

Asks for European Donors on COVID-19 Care - Equality - Solidarity

European donors should maintain current and future ODA funding and should support civil society, partner countries and multilateral organisations through a comprehensive response to the COVID-19 pandemic, which includes critical investments in health and support to Sexual and Reproductive Health and Rights (SRHR). Universal health care, human rights, equality and solidarity should be at the core of any public policy and funding decision.

COVID-19 AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Due to the de-prioritization, disruption and decrease in the provision of sexual and reproductive health (SRH) services as well as mobility restrictions and changes in health-seeking behaviour, the COVID-19 pandemic has **strongly impacted the realization of SRHR, whereas SRH and FP services are essential and can be lifesaving**. A survey done by IPPF showed that 5,633 static and mobile clinics and community-based care outlets have already closed because of the outbreak, across 64 countries. The Africa region has been the most impacted, with 447 clinics shutting down.

This situation translates into very concrete and dire impact for communities around the globe: scaling down of HIV testing, limited access to contraceptive care services and commodities, limited access to services on gender-based violence, and reduced availability of abortion care. It is estimated by the Guttmacher Institute that a **10% decline in short- and long-term reversible contraceptive use** would result in **an additional 49 million women with an unmet need for modern contraception in low and middle income countries** and an additional 15 million unintended pregnancies. This would lead to more unsafe abortions and other negative outcomes.

Further, pandemics **compound existing gender, age, race and class inequalities and vulnerabilities**, increasing risks of abuse and human rights violations. In times of crisis such as this outbreak, women and girls may be at higher risk, for example, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household. Besides, the majority (70%) of health and social workers are women, and women and girls represent a large part of the informal sector. Thereby they face a higher risk of exposure to the virus and with the imposed mobility restriction this further negatively affects household viability and food availability. **Women provide the essential care in times of crisis. Their SRHR needs are essential too** - also for their family, community and society well-being and survival. UNESCO also estimates that over 89% of the total student population are currently out of school because of Covid-19 closures. The closure of schools, routine health services and community-level centres could lead to increased rates of child, early and forced marriage, increased levels of sexual violence and limited access to SRH information and services for adolescent girls and young women, all of which contribute to the rise in unintended pregnancy rates and the number of maternal and child deaths.

Finally, it should be avoided that the global focus on responding to COVID-19 leads to increased **illness and death in other areas**, including through maternal mortality and HIV. Such a pattern has been documented during previous epidemic outbreaks, for example during the Ebola crisis in Sierra Leone, where it has been estimated that nearly 4,000 people died due to Ebola and at the same time child and [maternal mortality reached a record level of 45.000](#).

KEY ASKS TO EUROPEAN GOVERNMENTS REGARDING THEIR INTERNATIONAL RESPONSE TO COVID-19:

Continued **provision of essential sexual and reproductive health services** remains critical during the global response to the pandemic. We welcome the contributions our governments have already made as part of their international response to COVID-19, including for the development of a vaccine. We are **calling on donors to further strengthen their support**, including to redress the longer-term impacts of COVID-19, in particular in the global South, where health systems are already under a lot of pressure.

It is vital that donors **commit new and additional funding** to the global response to the crisis in particular to benefit the most vulnerable countries and communities, and do **not redirect current funding** already allocated to SRHR to other sectors as part of the pandemic response.

- With this in mind, we - and other civil society - will **keep donors accountable to the commitments they have already made** on SRHR, and to ODA more broadly - where possible, to keep it at 0,7 % of January 2020 GNI. A lower GDI and economic recession should not affect ODA in the longer term, exactly in times when countries in the Global South most need it.
- Further, we ask that donors provide **additional investments in health system strengthening** and ensure that Universal Health Coverage, a human rights based and gender-responsive approach and **access to SRHR** are central to these investments.

- **Donor coordination and multilateralism** are essential and will be crucial to respond efficiently to the crisis. Donors should therefore adopt a **comprehensive, coherent and integrated response** to the COVID-19 pandemic and use multilateral tools and fora to guarantee their coordination. We are in this regard calling for continued and increased financial and political support to the World Health Organisation (WHO), given the recent decision by the US administration to halt funding to the lead UN partner in global health responses. We are further calling on donors to support the UNFPA COVID-19 Global Response Plan, which sets out strategic priorities for ensuring the continued provision of sexual and reproductive health services, addressing gender-based violence, and ensuring the supply of contraceptives and other reproductive health commodities.
- We further call on donors to support coordinated solutions to minimize disruptions to **supply chains for SRH commodities** brought about by lockdown measures taken to respond to COVID-19. They should urgently mobilize and provide adequate resources to ensure continued provision of essential SRH commodities, including contraceptive (and emergency contraception), menstrual hygiene, obstetric and other reproductive and primary health care commodities, throughout – and beyond – this crisis. This should include **increased collaboration with key stakeholders in this space, including the UNFPA Supplies programme**. The UNFPA COVID-19 Global Response Plan sets out important interventions, including for ensuring the supply of contraceptives and other RH commodities, which donors should support.
- Donors should take into account the additional challenge COVID-19 poses in **contexts already facing crises**, as populations may be particularly vulnerable and health systems already overstretched or weak. Therefore, **essential preventive, promotive, and curative sexual and reproductive health services should be maintained in fragile and humanitarian settings** during the COVID-19 outbreak period, with the Minimal Initial Service Package (MISP) part and parcel of a humanitarian response.
- As **Civil Society Organisations** (CSOs) serve the most marginalised and vulnerable groups, they have a key role to play in community outreach, service delivery and advocacy, when it comes to SRHR. Donors should **prioritise support for local women and girls' rights and SRHR organisations** who have extensive experience and reach in delivering services to the most underserved communities, through making funding available and accessible to them. Further, existing female health care workers and local women and girl leaders should be meaningfully involved in decision making to ensure that responses to COVID-19 outbreaks adequately address the needs of women and girls in their local community.

KEY PRINCIPLES FOR AN EFFICIENT, EFFECTIVE AND INCLUSIVE DONOR RESPONSE:

- **SRHR information and services** must remain a **central component of essential health services** during the COVID-19 pandemic - as also committed to in the Universal Health Coverage declaration agreed last year, with SRH an essential component of the UHC package.
- Governments should ensure a **human rights-based, gender-responsive and intersectional approach** and target their responses to address the needs of the most marginalised and vulnerable populations.
- Further, they should help secure the response to COVID-19 does **not reinforce harmful gender norms, discriminatory practices and inequalities**. Therefore, the prevention, protection and response to sexual and gender-based violence (SGBV) should be ensured in all settings, including in the context of COVID-19.
- Finally, governments and global health institutions should consider the direct and indirect **age, sex and gender effects** of the virus and response to the outbreak when conducting analysis of the impacts. Therefore, governments should also ensure that gender-related indicators are included in country-level response systems and that **robust data disaggregated by sex and age** are routinely collected.



Countdown 2030 Europe (C2030E) is a Consortium of 15 leading European non-governmental organizations advocating towards European donors for increased funding and support to Sexual and Reproductive Health (SRH), including Family Planning (FP), in international development cooperation. Consult C2030E website and join us on twitter for more information on SRHR in EU policies, including the latest figures on European donor support to SRHR.



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