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Empowering women: promoting access to contraception in Europe

Addendum to the report[1]
Committee on Equality and Non-Discrimination
Rapporteur: Ms Petra BAYR, Austria, Socialists, Democrats and Greens Group

1. Introduction

1. On 4 December 2019, the Committee on Equality and Non-Discrimination approved the report that I had prepared on "Empowering women: promoting access to contraception in Europe" and unanimously adopted the relevant draft resolution.

2. The ongoing COVID-19 pandemic crisis has had an impact, among other things, on the calendar of activities of the Parliamentary Assembly, with the cancellation of several meetings. The report and the draft resolution, therefore, have not yet been discussed by the Assembly. This makes it possible, and necessary, to present an addendum to the report, which aims to take stock of the latest developments in the area of sexual and reproductive rights in Europe. Once again, these developments are a consequence of a pandemic that, as rightly stated by various observers, is first and foremost a health crisis but which has serious repercussions on democracy, human rights and the rule of law.

3. I will therefore endeavour to present the challenges originating in the COVID-19 crisis in the area of sexual and reproductive health and rights, as well as some positive developments, particularly in terms of measures adopted to facilitate access to contraception. As lockdown procedures are eased and our societies are gradually trying to return to normal functioning, some of these measures should be maintained.

2. The impact of the COVID-19 crisis on sexual and reproductive health and rights

4. The COVID-19 pandemic has had a severe impact on European societies. In medical and human terms, over 1.5 million cases and 150.000 deaths were recorded as of mid-May 2020. The spread of the virus has burdened, and often overwhelmed, public health services across Europe and throughout the world. This situation of extreme emergency has pushed other types of healthcare down in the scale of priorities. Sexual and reproductive healthcare have been among the first services to be negatively impacted. In addition, the lockdown situation and other limitations of freedom of movement adopted in most member States to contain the virus have hindered women's access to such services, aggravated in certain cases by inexistent or insufficient information about their availability.

5. As shown by the report "Sexual and Reproductive Health and Rights during the COVID-19 pandemic",[2] published jointly by the European Parliamentary Forum for Sexual and Reproductive Rights and the International Planned Parenthood Federation European Network (IPPF EN) in April 2020, in a number of member States women have often been left without access to essential medical services such as

1. Adopted unanimously by the Committee on 5 June 2020.
2. Sexual and Reproductive Health and Rights during the COVID-19 pandemic, a joint report by EPF & IPPF EN, 22 April 2020.

contraception, testing for HIV and sexually transmitted infections (including anonymous testing, often crucial for young people living with their parents), and reproductive cancer screenings. Challenges were also reported as regards the availability and provision of essential services for pregnant women and new-borns.

6. On the other hand, the crisis has obliged governments and service providers to come up with innovative solutions to tackle the crisis. Positive developments included measures adopted to facilitate access to sexual and reproductive healthcare, such as telemedicine (telephone and online consultation) and access to contraception, including emergency contraception without prescription. In the Netherlands, Rutgers, an international non-governmental organisation has provided sexuality education programmes that are meant for home-schooling.[3]

7. Furthermore, in its March 2020 technical brief "COVID-19: A Gender Lens – Protecting sexual and reproductive health and rights and promoting gender equality", the United Nations Population Fund (UNFPA) highlighted a risk that the crisis may have an impact on the supply chain of means of contraception.[4] UNFPA's COVID-19 update of 30 March then confirmed that some of the supplies were affected by the lockdown in countries where the production of the testing facilities were located.[5]

8. In her statement of 7 May 2020,[6] the Council of Europe Commissioner for Human Rights, Dunja Mijatović, drew attention to the fact that the pandemic has tended to deepen existing gender inequalities but also reported some positive developments, such as the possibility in France to buy contraception pills in pharmacies on the basis of a previous prescription without having to renew it.

9. Some member States have used the emergency situation to try to curtail women's rights. Attempts to restrict access to sexual and reproductive healthcare, ban sexual education or use the situation to push – and in one member State, succeed – to end legal gender recognition for transgender people call for vigilance and continuous monitoring of the situation.

10. The severity of the challenges faced in the area of sexual and reproductive health and rights in connection with the pandemic has raised awareness of the need of a gender-based response among policy makers globally.

11. On 6 May 2020, at the initiative of the Swedish government, a statement on "Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis"[7] was released jointly on behalf of the people and governments of 59 countries in Europe and beyond. This statement is another successful example of Sweden's leadership in promoting and practicing a feminist diplomacy.

12. The statement highlights that "the pandemic makes existing inequalities for women and girls […] worse and risks impeding the realization of human rights for women and girls". It adds that "[the] participation, protection and potential of all women and girls must be at the center of response efforts. These efforts must be gender-responsive and consider different impacts surrounding detection, diagnosis and access to treatment for all women and men".

13. The statement also indicates that "Sexual and reproductive health needs, including psychosocial support services, and protection from gender-based violence, must be prioritized to ensure continuity" and highlights the commitment to supporting "the active participation and leadership of women and girls at all levels of decision-making". Another crucial indication is that "funding sexual and reproductive health and rights should remain a priority to avoid a rise in maternal and new-born mortality, increased unmet need for contraception, and an increased number of unsafe abortions and sexually transmitted infections."

14. We can only welcome the level of awareness shown by the signatories and the language used in the joint statement; and recommend that actions follow accordingly.

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3. Covid-19: Pandemic puts sexual health and rights under pressure, Rutgers, 17 April 2020.
4. COVID-19: A Gender Lens – Protecting sexual and reproductive health and rights and promoting gender equality, UNFPA, March 2020.
5. UNFPA Supplies COVID-19 update – No° 3 – 16 April 2020.
6. COVID-19: Ensure women's access to sexual and reproductive health and rights, Statement by the Council of Europe Commissioner for Human Rights, 7 May 2020.
7. Joint press statement "Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis", Ministry for Foreign Affairs of Sweden, 6 May 2020.

15. On 19 May 2020, I hosted a webinar on "COVID-19 and sexual and reproductive health and rights: challenges and opportunities", aiming to discuss and raise awareness of the threats to sexual and reproductive health and rights in the context of the pandemic, but also to share good practices identified in tackling problems encountered. Dunja Mijatović, Council of Europe Commissioner for Human Rights; Monica Ferro, Director of the Geneva office of the United Nations Population Fund; Fourat Ben Chikha, General Rapporteur of the Assembly on the Rights of LGBTI people; Caroline Hickson, Regional Director of IPPF EN; Neil Datta, Secretary of the European Parliamentary Forum; and Orla O'Connor, Director of the National Women's Council of Ireland, contributed to the discussions.

16. Participants in the event agreed that while the pandemic had aggravated existing inequalities between women and men and hindered access to sexual and reproductive healthcare, they underlined the importance of political will in tackling challenges arising from the pandemic crisis. Countries that put care for people first have found solutions to guarantee such services throughout the pandemic (such as telemedicine, as mentioned before).

17. The need to respond effectively to the unprecedented crisis has created positive momentum as regards innovative solutions – this must be used to strengthen and turn them into long term, sustainable solutions. As the most acute phase of the pandemic ends and Europe gradually goes back to normality, authorities must continue their efforts to tackle barriers in access to sexual and reproductive rights. This is not only a moral imperative but also, as highlighted by Commissioner Mijatović, a legal obligation for Council of Europe member States.

18. The General Rapporteur on the Rights of LGBTI people, Fourat Ben Chikha drew attention to the fact that the health crisis had specific repercussions on LGBTI people. Among other things, in a situation in which healthcare other than emergency treatment for COVID-19 isn't considered a priority, access to hormone or gender-affirming treatment, which may be crucial for the health of transgender or intersex people, or to HIV-related care, has often become more difficult. The General Rapporteur stressed the need for further efforts and more work to reduce discriminatory attitudes to LGBTI people in the field of health care and ensure access to their sexual and reproductive health rights.

19. Several speakers at the online event underlined that reliable information and data on the impact of the COVID-19 epidemics on sexual and reproductive health and rights is not sufficient and more should be done to collect data and conduct research to be able to design evidence-based policies and enforce them correctly.

20. It is difficult to look on the bright side of a health crisis that has taken such a heavy toll on our communities and is still far from being solved. However, acting as a sort of magnifying lens, the crisis has revealed existing inequalities and has made decision-makers aware of them, offering an opportunity to take adequate countermeasures and corrective action. The momentum created in this context should be maintained, and this generation-defining crisis could, to a certain extent, become an opportunity for positive change.

3. Proposed amendments to the draft resolution

21. The COVID-19 related developments should also be reflected in the draft resolution adopted by the committee on 4 December 2019, Doc. 15084. In this regard, I propose the following amendments:

Amendment A:

After paragraph 8, insert the following paragraph:

"The COVID-19 pandemic has affected women and men differently, increased gender inequalities and made women and girls more vulnerable to violations of their human rights in areas including gender-based and domestic violence and sexual and reproductive health and rights. Policies in response to the pandemic should consider the gendered aspects of the crisis. Sexual and reproductive health and rights should be prioritised, and adequate resources should be allocated."

Amendment B:

After paragraph 9.4.1, insert the following paragraphs:

"9.5. as regards the response to the COVID-19 pandemic:

9.5.1. consider access to contraception, including emergency contraception, and maternal healthcare before, during and after childbirth, as essential health care services to be maintained during the crisis and take all necessary accompanying measures to guarantee the provision of and access to such services;

9.5.2. guarantee access without discrimination to sexual and reproductive healthcare services and facilitate it, including by authorising telephone and online consultations and access to contraception without prescription, particularly in the case of the restriction of people's movement in connection with the COVID-19 pandemic; and maintain in force such measures, in so far as possible, after the end of the health crisis."