



Asia Pacific Alliance for Sexual and Reproductive Health and Rights: submission to the Report of the Special Rapporteur on the Right to Physical and Mental Health.

The Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA) welcomes the Report of the Special Rapporteur on the right to physical and mental health and the opportunity for civil society to provide input to the upcoming thematic report to the General Assembly on “The right to sexual and reproductive health – challenges and opportunities during COVID – 19”.

APA is a regional civil society network with a mission to mobilize civil society advocacy to hold governments and other stakeholders accountable for commitments and obligations towards the realization of sexual and reproductive health and rights (SRHR) of all persons in the Asia Pacific. APA’s submission to the report on regional, with a focus on examples from Bangladesh, China, India, Indonesia Nepal, Pakistan, Thailand, Fiji, and Australia.

1 Marginalized groups and individuals have been disproportionately affected by the impacts of the COVID19 pandemic due to historical injustices, criminalization of behaviour, and inequities in access to quality health services including SRHR. Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) people, sex workers, people living with HIV, and migrants are some of the communities that have been adversely affected by emergency measures utilized to combat its spread, such as greater restrictions in freedom of movement including lockdowns, increased policing, and suspension of SRHR services.

1.1.1 Sex workers. Lockdowns greatly affected the SRHR of sex workers; in Nepal and Thailand negotiation power for condom use / price went down due to their poor economic status. In Bangkok, when bars and entertainment establishments were closed down, many sex workers had to sleep in the bars where they worked since they did not have a safe place to return to. As their work was unrecognized, they weren’t eligible for government support as other workers were¹.

1.1.2 People Living with HIV. People living with HIV (PLHIV) faced increased vulnerabilities due to lockdowns and service disruptions. In China, CSOs found that 33% of PLHIV risked running out of antiretroviral medicines (ARV) and 49% did not know where to collect their next supply ². In Thailand, clinics sent ARVs to patients, however this caused privacy issues since some PLHIV did not wish to disclose their status to their families or neighbours³. In India, a study by Swasti Health Catalyst showed that PLHIV faced difficulties in accessing care due to lack of transportation, financial issues preventing travel, and challenges with police including violence

¹Asia Pacific Alliance for Sexual and Reproductive Health and Rights (forthcoming) Civil Society led self-care initiatives in the Asia Pacific region during the COVID19 pandemic,

² UNAIDS (2020) UNAIDS and China working together during the COVID-19 outbreak to ensure that people living with HIV continue to get treatment. Available on: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/february/20200218_china_covid1

³ Asia Pacific Alliance for Sexual and Reproductive Health and Rights (forthcoming) Civil Society led self-care initiatives in the Asia Pacific region during the COVID19 pandemic



and harassment. This led to a considerable proportion of PLHIV having an interrupted supply of ARV⁴.

- 1.1.3 Women living with HIV (WLHIV). In Nepal, there were strong restrictions from traveling, WLHIV were faced with a dilemma – they had to disclose their status to the authorities to be able to travel to centres to obtain ARVs. Many women were afraid of the discrimination and stigma they would face by reporting their status to the police, and to families who were not aware of their status.
- 1.1.4 Women and young women. For all women, COVID19 travel restrictions made it difficult to go to other districts far to obtain contraceptives or condoms; only when the lockdown ended were they able to go back on medication. Pregnant women who lived far from hospitals were afraid of how they would be able to safely give birth. In Nepal, young women who had unplanned pregnancies found it difficult to go to an abortion centre because of the lockdown.⁵ Women coming for safe abortion services during first trimester decreased by 25% due to lockdown,; after lockdown was eased there was 50% increase in women seeking safe abortion services.⁶ The number of young people seeking SRHR services also declined during lockdowns because of the interrogation by police about their mobility and the purpose of their visit to health facilities, lack of information about service provision, and privacy issues.
- 1.1.4.1 In Nepal, one study found that institutional births decreased by 52.4% between March-May 2020 (during lockdown), and this was even less among the marginalized ethnic groups⁷, increasing the inequality experienced by ethnic women.
- 1.1.5 The LGBTIQ community were particularly affected by the lockdown and restrictions. Transgender people experienced increased difficulties accessing hormones and gender-affirmative health care. Transgender women were afraid to go the hospital out of fear of COVID19, when their medication and hormone supplies were running low. Many people identifying as LGBTIQ saw no other option than to move into commercial sex work due to a lack of income. In the Philippines, there were instances of LGBT people being humiliated for traveling outside of curfew⁸. In Nepal, young LGBTIQ and people with disabilities who required menstrual hygiene products faced more challenges in accessing them due to restrictions in movement; the relief package that the government provided mostly consisted of food essentials.
- 1.2 Increases of sexual and gender-based violence as a result of lockdowns and restrictions on freedom of movement have been described as “the shadow pandemic”.

⁴ Swasti Health Catalyst (forthcoming) The rights to SRHR, challenges, and possibilities during COVID
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⁵ Interview with Sita Shahi, Regional Coordinator, International Community of Women Living with HIV in Asia and Pacific ICWAP) on 19 March 2021. (

⁶ <https://www.jlmc.edu.np/index.php/JLMC/article/view/351>

⁷ [Providing maternal health services during the COVID-19 pandemic in Nepal - The Lancet Global Health](#)

⁸ Human Rights Watch. <https://www.hrw.org/news/2020/04/08/philippines-uses-humiliation-covid-curfew-punishment>



- 1.2.1 Bangladesh Rehabilitation Assistance Committee (BRAC) documented an increase in incidents of violence against women and girls by 70% in March and April 2020 compared to the same period in 2019.⁹
- 1.2.2 People identifying as LGTBIQ were targeted as they were seen as not 'complying with societal rules', resulting in increased violence. In Bangladesh, the pandemic has forced some women, transgender women, and Hijra into doing sex work to survive¹⁰ placing them at a greater risk of violence and with lesser ability to negotiate for condom use, including violence at the hands of law enforcement agencies.¹¹
- 1.2.3 In Nepal, young women faced problems of blatant discrimination and violence. Since most rural schools could not provide access to online education, young girls were put into traditional gender roles and given responsibilities like cooking, cleaning, and feeding cattle, depriving them of education. News of early marriages and social media harassment was common.¹²
- 1.2.4 In Nepal, some LGTBIQ youth who had not come out to their family about their sexual orientation and gender identity/expression (SOGIE) felt unable to do so. This added to violence, bullying and harassment of LGTBIQ youth. There were also instances where LGTBIQ persons and those who support them were harassed and bullied online, through tik tok or instagram¹³.

2 Legal and other measures introduced in countries included:

- 2.1 In Nepal, the Family Welfare Division of Ministry of Health and Population developed an interim guideline for reproductive, maternal, newborn and child health services during COVID-19 pandemic to ensure proper services.¹⁴ And the National Center for National Centre for AIDS and STD Control (NCASC) updated its guideline on Interim Guidance for Continuing HIV Program Service Delivery during COVID19 pandemic, to prevent community workers, healthcare workers and beneficiaries from COVID19 infection while serving/ giving services.¹⁵

⁹ Human Rights Watch (29 October 2020). "I Sleep in My Own Deathbed" Violence against Women and Girls in Bangladesh: Barriers to Legal Recourse and Support. <https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers> accessed on 2 May 2021.

¹⁰ Interview with Bandhu in Asia Pacific Alliance for Sexual and Reproductive Health and Rights and Riksförbundet för sexuell upplysning (forthcoming) Report on Effects on COVID-19 Restrictions on Sexual and Reproductive Health and Rights of Marginalized People in Bangladesh, Georgia, Ghana, Kenya, Mexico, and Nepal.

¹¹ UN Women (2020), *The impact of COVID-19 on women's and men's lives and livelihoods in Europe and Central Asia: Preliminary results from a Rapid Gender Assessment*, UN Women, p.15. <https://eca.unwomen.org/en/digital-library/publications/2020/07/the-impact-of-covid19-on-womens-and-mens-lives-and-livelihoods>

¹² Interview with YUWA in Asia Pacific Alliance for Sexual and Reproductive Health and Rights and Riksförbundet för sexuell upplysning (forthcoming) Report on Effects on COVID-19 Restrictions on Sexual and Reproductive Health and Rights of Marginalized People in Bangladesh, Georgia, Ghana, Kenya, Mexico, and Nepal.

¹³ Riju Dhakal, YUWA Nepal, email communications, 6 April 2021.

¹⁴ Ministry of Health and Population (2020) Interim Guidance for RMNCH services in COVID 19 Pandemic <https://publichealthupdate.com/interim-guidance-for-rmnch-services-in-covid-19-pandemic/>

¹⁵ Ministry of Health and Population (2021) Interim Guidance for Continuing HIV Program Service Delivery During COVID-19 Pandemic. <https://publichealthupdate.com/interim-guidance-for-continuing-hiv-program-service-delivery-during-covid-19-pandemic/>



- 2.2 In Bangladesh the National Preparedness and Response Plan for COVID19 does not fully address the emergency needs of LGBTIQ and Hijra communities¹⁶
- 2.3 In India, advocacy by Population Foundation of India and other NGOs led the Ministry of Health and Family Welfare to include SRH services, including family planning, in the list of essential services. However, during lockdown SRH services at facilities and in outreach were not being provided, and there was shortage of SRH supplies, including medicines and contraceptives in the market¹⁷.
- 3 *In Asia Pacific, the closure of hospitals for non-essential services, travel restrictions, overburdened health providers, limited hospital beds and delays in SRHR supplies damaged the quality and continuity of SRHR services in the region. Resources, such as equipment and staff, involved in the provision of SRH services were diverted to tend to Covid19 cases.*
- 3.1.1 Few governments in Asia Pacific initially classified SRHR as essential services, making access to SRHR difficult and significantly disrupted by the pandemic. In Indonesia, Nepal and Thailand, the government only continued essential services, which excluded SRH (including legal abortion services in Nepal). And in Pakistan, health clinics and pharmacies were closed, or were asked to suspend SRHR services not classified as essential, such as abortion care.¹⁸
- 3.1.2 In Nepal, as of May 2021, the government decided to use all beds in government hospitals in the capital for treatment of coronavirus patients.¹⁹
- 3.1.3 In Bangladesh, LGBTIQ communities had challenges in accessing information on COVID19 and SRHR services. According to Bandhu, only 36% of 80 transgender and Hijra survey respondents knew that COVID19 could affect people of all ages, gender, ethnicity and other social categories. And 62% of LGBTIQ respondents stated that they had no access to healthcare information tailored to LGBTIQ communities.²⁰
- 3.1.4 Women and girls in Bangladesh also had limited access to SRHR services. In April 2020, childbirth deliveries at health facilities dropped by 60%, and utilization of adolescent health services also dropped by 70%, compared to January 2020.²¹ In 2020, Bangladesh was estimated to have had 179,774 additional unintended pregnancies and 28.9% more unsafe abortions.²²

3.2 Impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.

¹⁶ Interview with Bandhu in Asia Pacific Alliance for Sexual and Reproductive Health and Rights and Riksförbundet för sexuell upplysning (forthcoming) Report on Effects on COVID-19 Restrictions on Sexual and Reproductive Health and Rights of Marginalized People in Bangladesh, Georgia, Ghana, Kenya, Mexico, and Nepal.

¹⁷ Alok Vajpeyi, Population Foundation of India, email communications 27 May 2021

¹⁸ Asia Pacific Alliance for Sexual and Reproductive Health and Rights (forthcoming) Civil Society led self-care initiatives in the Asia Pacific region during the COVID19 pandemic,

¹⁹ [Capital's govt hospitals to treat COVID patients - The Himalayan Times - Nepal's No.1 English Daily Newspaper | Nepal News, Latest Politics, Business, World, Sports, Entertainment, Travel, Life Style News](#)

²⁰ Bandhu Social Welfare Society (Bandhu) (2020), p.10.

²¹ Government of the People's Republic of Bangladesh (2020). *Bangladesh Preparedness and Response Plan for COVID-19*, p.37-38.

http://www.mohfw.gov.bd/index.php?option=com_docman&task=doc_download&gid=23359&lang=en accessed on 2 May 2021.

²² UNICEF (2021), p.21-23.



- 3.2.1 In India, limited interactions at ART centers due to Covid19 precautions, delay in receiving medication, and unavailability of tests, left people living with HIV dissatisfied with the care they received. Deprioritization of routine non-ART care including basic health services led to delayed health-seeking; further compounding existing in-access.²³.
- 3.2.2 In Nepal, young people living with HIV were affected as they did not have access to their regular health check-up and ART. Though ARTs were delivered at homes by some organizations, full body check-up for CD4 counts and viral load tests were not available, which affected their course of treatment. Restrictive mobility, lack of information access about service provision, privacy issues, were faced by youths residing in urban areas as well.²⁴
- 3.2.3 In Nepal, LGBTIQ people could not easily access SRHR services and medicines; particularly transgender people who could not access hormonal medications, leading to complications.²⁵
- 3.2.4 In Indonesia, on remote islands family planning services are performed by midwives on outreach visits, and they were unable to travel during the lockdown, leading to a high unmet need for contraceptives. Since women prefer IUDs or injectable contraceptives due to a strong belief in side-effects of other methods, oral contraceptive pills were not an option for them²⁶.
- 3.3 Information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.
- 3.3.1 The supply chain for contraceptive commodities and medicines faced heavy disruptions due to factory closures and travel disruptions in Asia, where most condoms and contraceptives in the world are manufactured. During the outbreak, factories in China and India were closed, and factory workers were asked to stay home or work at reduced hours. There were delays in shipping and supply chain disruptions. In South Korea, supplies of SRHR commodities, including medical abortion pills, were affected because international planes could not land.
- 3.3.2 The social isolation of transgender people has increased, many of whom have already been rejected and excluded from their families and communities. Before the Covid19 pandemic they were able seek social and emotional support from peers and rights organizations, but physical distancing measures and lockdowns have prevented transgender communities from accessing these vital resources to sustain their mental health. In many countries in the region, such as Nepal, LGBTIQ youth have increased mental health issues.²⁷
- 3.3.3 Migrant workers are often not able to “socially distance” and there is a lack of access to accurate information in their own language on preventative healthcare measures including SRHR. According to Caram Asia, working and living in cramped quarters with poor ventilation, fearful of authorities, with limited mobility, language barriers, and fear of losing wages or being laid off, are

²³ Swasti Health Catalyst (2021) The rights to SRHR, challenges, and possibilities during COVID
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²⁴ https://visim.org/uploads/publication/publication_Impact%20Assessment%20COVID-19%20and%20Youth%20SRHR%20in%20Nepal.pdf

²⁵ Interview with Riju Dhakal, YUWA, in Asia Pacific Alliance for Sexual and Reproductive Health and Rights and Riksförbundet för sexuell upplysning (forthcoming) Report on Effects on COVID-19 Restrictions on Sexual and Reproductive Health and Rights of Marginalized People in Bangladesh, Georgia, Ghana, Kenya, Mexico, and Nepal.

²⁶ Asia Pacific Alliance for Sexual and Reproductive Health and Rights (forthcoming) Civil Society led self-care initiatives in the Asia Pacific region during the COVID19 pandemic

²⁷ Interview with Riju Dhakal YUWA, in Asia Pacific Alliance for Sexual and Reproductive Health and Rights and Riksförbundet för sexuell upplysning (forthcoming) Report on Effects on COVID-19 Restrictions on Sexual and



all factors that contribute to migrant's vulnerability in facing the COVID-19 pandemic, compounded by barriers to accessing SRHR.

3.4 COVID19 pandemic has provided opportunity for good practices such as civil society self-care initiatives to address the gaps and shortfalls in SRHR/HIV services, information and education.

3.4.1 In Nepal, the non-profit sectors were specifically more comprehensive and active in their circulation of knowledge products and information using radio, phone calls, toll-free services, and digital platforms. SRH services have been actively communicated through tele-health facilities by the Family Planning Association of Nepal, Marie-Stopes, and others

3.4.2 In Fiji, Reproductive and Family Health Association of Fiji (RFHAF) utilised social media during the pandemic to reach new clients, including a campaign using TikTok and Facebook focused for vulnerable populations such as young people. Messages were tailored to create inviting spaces for key populations to access contraception and STI screening services.²⁸ RFHAF clinical data has shown an increase in the number of vulnerable and marginalized community members accessing these essential services, including adolescent girls, sex workers, LGBTQI and young people.

3.4.3 In Australia, funded telehealth was introduced at the start of the pandemic making it possible for people who have difficulty accessing mainstream health services to access SRHR. During the first six months, more than 1,500 clients accessed Family Planning New South Wales telehealth services in 1,900 consultations²⁹. More than 95% were women who accessed contraception, gynaecological and pregnancy management services. Telehealth has proved itself an essential strategy to address unmet need.³⁰ After ongoing advocacy, the Australian 2021/2022 Federal Budget extended access to telehealth for all clients seeking SRHR³¹.

3.4.4 In Bangladesh, HIV self-testing was introduced in Bandhu Social Welfare Society service centres between February - April 2021. Beneficiaries collect test kits from the service centre where a medical assistant gives them counselling regarding the Oraquic HIV-self testing method, beneficiaries give consent.

4.0 Restrictions on movement have been used to curb freedom of expression and shrink civil society space in a number of countries in Asia, affecting SRHR activists and NGOs.

4.1 In Bangladesh, the Digital Security Act (2018) threatens the safety and security of LGBTIQ communities. The law allows invasive surveillance³² and arrests without warrant those who use digital media to publish and distribute information deemed harmful or a threat, "annoys"

²⁸ Nate Henderson *et al.*, "Providing essential sexual and reproductive health services during the pandemic," *Rural and Remote*, 23 no 2 (2021): <https://www.ogmagazine.org.au/23/2-23/providing-essential-sexual-and-reproductive-health-services-during-the-pandemic/>

²⁹ Family Planning New South Wales. Medicare Benefits rebate for telehealth statement. Accessed June 9, 2021. <https://www.fpnsw.org.au/advocacy/policy-statements/medicare-benefits-rebate-telehealth-statement>

³¹ Family Planning New South Wales. Media Release 12 May 2021. Accessed June 9, 2021.

https://www.fpnsw.org.au/sites/default/files/assets/Media-Release_Telehealth-Announcement_12May.pdf

³² Interview with Bandhu on 29 March 2021.



- a person or “affects the image or reputation of the country or to spread confusion.”³³ In 2020, dozens including human rights defenders were charged under the Act for publishing critical comments on the government’s response to the pandemic.³⁴
- 4.2 In Thailand, the strict measures have hampered civil society, the government closed spaces such as shelters and banned public meetings. In Nepal, the government introduced a new social media bill that states that criticism towards the government is a criminal offense. And in India, human rights activists have been charged under the anti-terrorism laws.

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³³ Government of the People’s Republic of Bangladesh, Legislative and Parliamentary Affairs Division, Ministry of Law, Justice and Parliamentary Affairs (2019). *DIGITAL SECURITY ACT, 2018*, Article 25.

<https://www.cirt.gov.bd/wp-content/uploads/2020/02/Digital-Security-Act-2020.pdf> accessed on 2 May 2021.

³⁴ Front Line Defenders (2021). *Global Analysis 2020*, p.31.

https://www.frontlinedefenders.org/sites/default/files/flid_global_analysis_2020.pdf accessed on 3 May 2021.