10 May 2021

I have the honour to address you in my capacity as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolution 42/16.

I would like to invite you to respond to the questionnaire below. Submissions received will inform my next thematic report on the right of everyone to sexual and reproductive health – challenges and opportunities during COVID-19, which will be presented to the UN General Assembly in October 2021.

The questionnaire on the report is available at OHCHR website in English (original language) as well as in French, and Spanish: (<https://www.ohchr.org/EN/Issues/health/pages/srrighthealthindex.aspx>).

All submissions received will be published in the aforementioned website, unless it is indicated that the submission should be kept confidential.

There is a word limit of 3000 words per questionnaire. Please submit the completed questionnaire to srhealth@ohchr.org. The deadline for submissions is: **10 June 2021.**

Tlaleng Mofokeng

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

**----------------------------------------------------------------------------------------------------------**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

|  |  |
| --- | --- |
| Type of Stakeholder (please select one) | ☐ Member State ☐ Observer Statex Other (please specify) Civil Society  |
| Name of StateName of Survey Respondent | Frontline AIDS - Global INGOClare Morrison  |
| Email | cmorrison@frontlineaids.org |
| Can we attribute responses to this questionnaire to your State publicly\*? \*On OHCHR website, under the section of SR health |  Yes x NoComments (if any): |

**QUESTIONNAIRE**

# Background

The right to sexual and reproductive health is an integral part of the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights and a key priority theme for the work of the Special Rapporteur on the right to physical and mental health during her tenure.

The Special Rapporteur, Tlaleng Mofokeng will focus her next thematic report to the General Assembly on “The right to sexual and reproductive health – challenges and opportunities during COVID – 19”.

# Objectives of the report

With her report, the Special Rapporteur intends to shed light on the current status/level of realization of the right to sexual and reproductive health and the availability, accessibility, acceptability and quality of related services, during the COVID-19 pandemic. Building on the work and previous reports of the mandate, she aims to further develop understanding of the structural and systemic issues preventing all persons from freely and fully enjoying the right to sexual and reproductive health.

She will focus on elements historically neglected, including the impact of colonialism and racism in the enjoyment of these right, with an intersectional approach and will also analyze the impact of COVID -19 and related policies, legal developments and practices on access to sexual and reproductive health services. She will also aim to present challenges and opportunities in the operationalization of the right to sexual and reproductive health in the current context of pandemic.

*For the purpose of this questionnaire:*

*The* ***Right to sexual and reproductive health*** *entails the right to make free and responsible decisions and choices, free of violence coercion and discrimination regarding matters concerning one’s body and sexual and reproductive health. It also entails entitlement to unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of CESCR.*

***Sexual reproductive health care*** *refers to services, goods and facilities including:*

* *Pregnancy and post-natal related services*
* *Family planning and contraception, including access to safe abortion*
* *Prevention, diagnosis and treatment of reproductive cancers, sexually transmitted infections, and, HIV/AIDS*
* *Hormonal treatments*
* *Gender affirming treatments*
* *Access to information on all aspects of sexual and reproductive health issues.*

1. Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

Across 100 countries, Frontline AIDS and our partners, 160 local community based and national level organisations, provide HIV prevention and treatment to some of the world’s most marginalised people, including adolescent girls and young women, LGBT people, sex workers, people who use drugs and those living with HIV. Together we are reaching over 5 million marginalised and other vulnerable people with HIV prevention programmes and over 6 million people with sexual and reproductive health and rights interventions. **Women, girls, men, boys and gender non-conforming people living with and affected by HIV face unique challenges and human rights violations related to their SRHR that have been heightened by the COVID-19 pandemic and the reponse to it.** Through regular consultations with our partners we have built a picture of how their services and communities they work with have been impacted by the COVID-19 pandemic and how they have adapted to address these impacts while still trying to provide quality HIV and SRHR services.

COVID-19 is having a devastating effect on communities of marginalised people most affected by HIV throughout the world including women, men, girls, boys and gender non-conforming people particularly those who do sex work, use drugs, are refugees and/or are young. Frontline AIDS’ partners have documented[[1]](#footnote-1) **state-sponsored repression using COVID-19 regulations**, with human rights violations conducted under the guise of protecting public health, in particular against criminalized and stigmatized groups. In Kenya, Uganda, Nigeria, Zimbabwe and Mozambique COVID-19 measures have been treated as justification for an increase in violence, even deaths, perpetrated by law enforcement officials against **sex workers, people living with HIV, people who use drugs, lesbian, gay, bisexual and transgender (LGBT) people and refugees**. For example, the African Sex Workers Alliance (ASWA) reports that individuals have experienced increases in law enforcement measures, such as arrests, fines, violence and compulsory deportation. In Uganda, **people living with HIV** have had to disclose their HIV status to community leaders to receive travel passes which can prevent them accessing services or been denied the right to travel to services altogether.

Such repression and violations have a well-documented impact on the ability of those who are stigmatized and criminalized to access all services including HIV prevention, treatment and care, as well as broader SRHR.[[2]](#footnote-2)

An additional impact of policies, laws and other measures in response to the crisis, such as lockdowns, restricted movement and curfews, has been **the surge in people experiencing and reporting intimate partner and other forms of domestic violence with its consequential impact on SRHR,** especially affecting adolescent girls and young women who have had to remain home. In many cases, they are experiencing these types of rights violations at a time when emergency services - notably shelters have been reduced or closed, while pathways to referrals are also weakened,

A survey of 635 community members conducted by Gays and Lesbians of Zimbabwe (GALZ) in May 2020 found that 19.3% of respondents had been the subject of intimate partner violence during lockdown with their partners. Meanwhile, 47.5% of those staying with families said that it was psychologically stressful being with people who did not approve of their sexuality.[[3]](#footnote-3)

**One of the most problematic aspects of the response to COVID-19 for SRHR is the absence of SRHR and GBV provision in COVID-19 adaptation plans.** For example, in Nigeria, plans to address GBV were not included in the emergency plans being presented by the presidential Task Force on COVID-19. Women’s rights advocates, including Frontline AIDS partners, formed an alliance that carried out rallies. States supported their calls, and the President consequently created a new Inter-Ministerial Committee, which will propose legislative changes

The failure of policies, laws and other measures in response to the crisis to include SRH, HIV and GBV services as essential **has severely impacted access to, and provision of, SRHR and HIV services** and this is described further below. There are indications that the social and political exclusion of people living with and affected by HIV has increased during COVID-19 – with such groups not fully incorporated into or enabled to engage with responses to the pandemic. For example, in Uganda people who use drugs were excluded from government schemes providing food aid and COVID-19 prevention tools andyoung people were left out of planning and decision-making about the response to COVID-19.

**Restriction on mobility and face-to-face meeting has extremely curtailed vital SRHR outreach and community services.** For example, Gays and Lesbians of Zimbabwe (GALZ), an organisation for the lesbian, gay, bisexual, transgender and intersex community adapted quickly to the COVID-19 regulations, including stopping all community activities for the first 21 days during the lockdown (all community dialogues moved online) and reducing the number of passengers permitted in the GALZ programme vans. Key population programming can be hotspot based and closing these sites during lockdowns affects access to SRH and HIV prevention service and commodities.

Such restrictions also have resulted in a **reduction in much needed psychosocial support** for people living with and affected by HIV during the pandemic as they are unable to meet in person.[[4]](#footnote-4)

**There are, thankfully, examples of policies, laws and other measures** adopted by governments that have facilitated the well-being and livelihoods of marginalised groups. For example, in a handful of countries, sex workers are included in COVID-19 social protection measures. In many circumstances, social distance measures and police harassment means they are unable to work with consequences for their health and access to services.

2. Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one’s body and sexual and reproductive health.

The impacts of COVID-19 on SRHR are taking place when conservative pushback on SRHR is getting stronger. For example:

* **The High-Level Meeting on HIV/AIDS** negotiations (8-10 June 2021) [on the 2021 Political Declaration on HIV and AIDS](https://www.un.org/pga/75/2021/04/28/high-level-meeting-on-hiv-and-aids-3/)[[5]](#footnote-5) reflects the pushback from some countries on progressive language around SRHR, including resistance to commitments to comprehensive sexuality education, sexual and reproductive health and rights, rights of sex workers and LGBTI+ people.
* Some countries have introduced more restrictive policies regarding SRHR and HIV during the COVID-19 pandemic. For example, the Ugandan Parliament **recently passed the Sexual Offenses Bill, which contains a clause to criminalize same-sex relationships**. The bill prescribes a five-year-jail term for anyone guilty of same-sex acts and awaits the signature of President Yoweri Museveni.[[6]](#footnote-6)
* Even within the **gender equality movement, the language of Generation Equality Forum’s Acceleration Plan for Gender Equality** is not fully inclusive of trans women and sex workers despite the gender inequalities they experience that undermine their rights including their SRHR. We understand this is due to pushback within some Action Coalitions.

Fortunately, there have also been positive legal changes such as an amendment to the Education Act in Zimbabwe to allow pregnant girls to attend school[[7]](#footnote-7) that give hope that SRHR can (and should) be supported during times of crisis. At the international level the rescinding of the ‘global gag rule’ undermining SRHR around the world including for many people living with and affected by HIV is welcome. But in order to avoid chronic uncertainty over the long-term for SRHR organisations and the communities they work with, its rescindment needs to be made permanent.[[8]](#footnote-8)

3. Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?

* Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?

SRHR and HIV services, goods and information have been severely affected by the pandemic. Some of our partners report that in their countries SRHR and HIV services and community-based programmes have not been classified as essential services and were suspended. This seems to have particularly impacted marginalized people including youth.

Examples include:

* In **Kenya** male circumcision services were stopped for months and plans to revamp the national condom strategy were halted in the spring of 2020. Key population programming is largely hotspot based. During lockdown, the majority of these sites were closed. This affected access to SRH and HIV prevention service and commodities.
* In **Malawi** between April–July 2020 the provision of HIV services was severely disrupted – voluntary, medical, male circumcision (VMMC), community HIV testing services, PrEP and routine medical checks were suspended; social asset building and demand creation activities for adolescent girls and young women also stopped.A Malawian Ministry of Health Policy Brief (July 2020 draft) states that the provision of youth-friendly services in the first half of the year declined by around 30% across the country. Other sources report an increase in the number of teenage pregnancies, and it is likely that this will be mirrored by an increase in HIV infections among adolescent girls.
* In **Uganda**, services critical for SRH and preventing HIV such HIV testing, PrEP, drop-in centres for marginalised groups and VMMC were scaled back or stopped.Young people in particular found it hard to access sexual and reproductive health services, due to restrictions on movement and there was an increase in teenage pregnancies, early marriages and gender-based violence.
* In **Zimbabwe** during the COVID-19 lockdown imposed in early 2020 it was hard to access SRH and HIV prevention services - neither family planning nor HIV testing were included as “essential” services. Restricted operating hours for public and private clinics, and restricted public transport limited people’s access to condoms, lubricants and STI treatment. Adolescent girls and young women reported challenges in accessing contraceptives, putting them at risk of unplanned pregnancy and unsafe abortion.

Our partners also reported **stock-outs** of condoms and lubricants in Mozambique and Nigeria as well as STI drug stock-outs (and condoms) in Malawi.

Globally **HIV testing around the world dropped by 40 per cent last yea**r[[9]](#footnote-9) meaning that many people will not be linked into lifesaving HIV, SRH and other support services.

* Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.

[see above]

* Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.

Restrictions on SRH services have not just been felt at the service level. The communities we work with face a number of obstacles to their SRHR in their homes and communities that have been either exacerbated or created by the response to the COVID-19 pandemic. Obstacles include:

As already stated above, restrictions **on movement/travel and increased harassment and stigma** as a result of the response to the pandemic have made accessing SRH and related services difficult. In many contexts where our partners work and for the people they work with and support, SRH services and rights were already severely compromised by stigma and harassment pre-COVID.

**An increase in gender-based, intimate partner (IPV) and domestic violence** - One of the most pernicious indirect impacts of COVID-19 and its mitigation measures has been an increase in gender-based, IPV and domestic violence which also has well documented impacts on SRHR. This has been seen across the world as couples, families and households experience the emotional, physical and financial burdens of lockdown measures, combined with the threat of COVID-19 infection. In some cases, the increase is due to people simply having to spend more time with the existing perpetrators of such violence, and under more pressure. In others, it is due to specific changes in people’s circumstances due to COVID-19. An example of the latter is young LGBT people who have been forced to move back in with their families, due to being evicted from their accommodation. In such cases, marginalised communities often find themselves living with people who are unsupportive, or even overtly hostile to their gender identity and expression, HIV status or sexual orientation.

**Lack of access to information and education –** With schools closed and information being distributed almost exclusively online during COVID-19 lockdowns and restrictionsmany people have been left without even basic information on SRHR.Although virtual technologies are being used innovatively to reach people who are marginalised Frontline AIDS partners recognise that many people do not have access to technologies that enable them to engage with issues and services remotely. There are reports of information for sex workers being excluded from guidance on COVID-19 in Latin America and young people being excluded from the development of guidance in Uganda which led to the information not being tailored for their needs.

**Lack of access to other related services and rights –** our partners have documented problems faced by the communities they work with in accessing a range of services such as SRH, HIV-related and harm reduction services as well as maintaining their livelihoods. Our SRHR are inter-dependent on the realization of other rights such as those related to health, economic, education and political participation. Hence, for example, for sex workers not to be able to access their livelihoods because of police and community harassment, lockdown and social distancing methods, the closure of bars and bottle stores and being excluded from government support plans, has consequences for their SRHR. In Mozambique, REAct[[10]](#footnote-10) partners received reports of people who use drugs experiencing a total loss of income, while also struggling to access essential harm reduction support because services were closed or reduced due to COVID-19. As a result, women who use drugs engaged in sex work as a means of survival – increasing their already high levels of vulnerability.

**Economic impacts exacerbated by price hikes -** A survey, by the Kenya Sex Workers Alliance, found that more than 65% of 884 respondents could not get condoms or ART due to price hikes on public transport.[[11]](#footnote-11)

* Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic

For decades, Frontline AIDS has urged governments to view communities as an integral part of their health systems.  In countries where health systems are fragile and strained, community-led organisations and groups, which are already so vital to SRHR work, are having to urgently fill the gap as crucial formal services and community activities are scaled back or have shifted focus from SRH to COVID-19.

Examples include:

**Holistic support combining information, service and commodity provision or links to services including GBV services, psychosocial support, help with food and livelihoods**

* + In **Zambia**, **Dignitate** used a grant to provide mobile services to LGBT people living with HIV, including HIV care and support, food, counselling and action on increased levels of gender-based and intimate partner violence.
	+ **GALZ** in **Zimbabwe** has managed to link LGBTIQ to SRHR services, thus making sure that new infections are kept as low as possible. As a result of the project, 107 people received ART adherence/counselling support and ART initiation, 62 for post-exposure prophylaxis (PEP), 113 for emotional/psychological counselling, 160 for STI screening, 113 with items for food/shelter, and 105 for COVID-19 testing. Through the support from Frontline Aids, GALZ implemented food distribution, reducing possible starvations during the lockdown and COVID -19 era.[[12]](#footnote-12)

**Provision of information and commodities**

* In the **Ukraine** due to COVID-19 social distancing rules, men who have sex with men mixed less socially and visited LGBT drop-in centres less often, preventing them from accessing services. Responding to this challenge, the **HealthLink** Project launched an initiative called ‘Safe Boxes’. These are boxes containing a rapid oral HIV test, condoms, lubricants, information materials and a card with contact details for a local social worker, which are made available online and delivered via post.
* The **Zimbabwe Civil Liberties Union** used a grant to distribute protective equipment and sexual and reproductive health commodities to 2,500 people who use drugs, and to buy airtime to connect with volunteers.
* For years, **EVA in Nigeria**, has a service of answering questions on SRHR (HIV, LGBT, menstrual questions, relationships, mental health etc) in a programme called "My Question & Answer". They receive questions by email, social media, WhatsApp, SMS, and by phone. They created infographics on accurate information on SRHR and COVID-19 to be shared across all social media platforms.

**Linking with GBV support and services**

* In **the Democratic Republic of Congo**, **MOPREDS** used a grant to move a trans man who had been raped to a suitable hospital and, due to COVID-19 extend their stay with medical support and counselling.

**Economic justice**

* In **Vietnam** our partner, **Supporting Communtiy Development Initiatives (SCDI),** are communicating with the Vietnamese government to raise awareness of the economic impact on people without a formal income, such as sex workers, who are going hungry and are not able to apply for the government support being offered to those in the formal economy.

**The provision of information on COVID**

* **The African Sex Worker Alliance** have produced education materials on COVID-19 for sex workers.

**Advocacy and upholding rights**

* In **Uganda,**our partners have successfully requested a waiver from the government to allow for their vehicles to still be used freely during the lockdown, so as to continue to carry out their activities. Partners have also been working with lawyers to secure the release of the 19 people imprisoned from the LGBT youth shelter under the guise of COVID-19 restrictions.

**Research**

* + **GALZ and the ASWA** are among a number of organisations who have conducted research with their communities to understand the impact of COVID-19. A survey, conducted by ASWA in June 2020 found that most sex workers were unable to feed themselves or their families.[[13]](#footnote-13)

4. In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.

[see question 2 for relevant information]

5. Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.

**The UK government used the excuse of the COVID-19 pandemic impact on the domestic economy to introduce devasting cuts to its aid budget** with up to 40% cuts in global health ando flagship SRHR programmes forced to shut such as ACCESS (Approaches in Complex and Challenging Environments for Sustainable SRHR)(see question 6) and WISH (the Women's Integrated Sexual Health) which reach the most vulnerable people. This will have a devastating long-lasting impact for girls and women around the world and derail years of progress on gender equality.[[14]](#footnote-14) UK Aid to UNAIDS has also been cut by 85% which will undermine the delivery of the new Global AIDS Strategy (2021-2026) the UK fought so hard to defend. The UK has also withdrawn £130 million ($180 million) funding from, the UNFPA Supplies Partnership which would have helped prevent around 250,000 maternal and child deaths, 14.6 million unintended pregnancies and 4.3 million unsafe abortions.[[15]](#footnote-15)

6. Please indicate if your country, institution or organization has been affected by a decreased in financial support or aid, including through international cooperation, compared to pre-COVID time, and how this has affected sexual and reproductive health care.

**The ACCESS (Approaches in Complex and Challenging Environments for Sustainable SRHR)** programme, which provided HIV, SRHR and gender-based violence to some of the most marginalised, was axed in April and will be forced to shut by the end of this month. The programme commenced in October 2020 and was addressing SRHR-related challenges in humanitarian and crisis settings, focussed on Lebanon, Mozambique and Nepal as well as the dynamic and unique situation in Uganda that includes refugee populations and a myriad of other challenges. It was designed to bridge the critical gap between research and programming by drawing on existing and emerging evidence to inform the design of the programme through an adaptive, people-centred approach[[16]](#footnote-16). The closure of this programme just six months into the project, after two years of preparation and with £3 million in investment leaves some of most marginalized and under-served people without vital solutions to improve access to sexual reproductive health and rights, severely crippling our ability to achieve universal gender equality, as set out in SDG 5.

1. The majority of the information presented in this submission is drawn from Frontline AIDS (2021) Shadow reports for Kenya, Zimbabwe, Mozambique, Uganda, Ukraine, Nigeria, Malawi - <https://frontlineaids.org/resources/hiv-prevention-shadow-reports-2020/> and Frontline AIDS’ COVID-19 Response Log 2020-2021, (internal resource) - except where indicated. [↑](#footnote-ref-1)
2. A brief outline of evidence is given in Frontline AIDS (2019) A Practical Guide: Implementing And Scaling Up Programmes To Remove Human Rights Related Barriers To HIV Services [↑](#footnote-ref-2)
3. Frontline AIDS (2021) Crackdown in Lockdown [↑](#footnote-ref-3)
4. Salamander Trust et al (2020) Confined by COVID-19: women and girls, HIV and SRHR: The challenges,

the responses and calls to action - https://itpcglobal.org/resource/confined-by-covid-women-girls-hiv-and-srhr/ [↑](#footnote-ref-4)
5. GNP+ (2021) Statement in response to zero draft 2021 political declaration https://gnpplus.net/latest/news/statement-in-response-to-zero-draft-2021-political-declaration/ [↑](#footnote-ref-5)
6. Made for Minds (2021) Uncertain future for LGBT+ rights in Uganda as controversial bill is passed

https://www.dw.com/en/uncertain-future-for-lgbt-rights-in-uganda-as-controversial-bill-is-passed/a-57437925 [↑](#footnote-ref-6)
7. Education International (2020) New Zimbabwean law allows pregnant girls to continue with their education

https://www.ei-ie.org/en/item/23480:new-zimbabwean-law-allows-pregnant-girls-to-continue-with-their-education [↑](#footnote-ref-7)
8. Frontline AIDS (2021) President Biden repeals 'Global Gag Rule' - Frontline AIDS website https://frontlineaids.org/president-biden-repeals-global-gag-rule/ [↑](#footnote-ref-8)
9. Rigby, J. (2021) UK cuts risk 'resurgence' of Aids pandemic, MPs and campaigners warn. The Telegraph

https://www.telegraph.co.uk/global-health/science-and-disease/uk-cuts-risk-resurgence-aids-pandemic-mps-campaigners-warn/ [↑](#footnote-ref-9)
10. Rights – Evidence – ACTion (REAct) is a tool to record human rights violations that happen when accessing HIV and health services developed by Frontline AIDS - https://frontlineaids.org/our-work-includes/react/ [↑](#footnote-ref-10)
11. Frontline AIDS (2021) Crackdown in Lockdown [↑](#footnote-ref-11)
12. COVID-19 Response Log 2020-2021, Frontline AIDS (internal resource) [↑](#footnote-ref-12)
13. Frontline AIDS (2021) Crackdown in Lockdown [↑](#footnote-ref-13)
14. Safe Hands (2021) UK NGOs condemn government cuts to aid budget

https://www.safehands.org/news/2021/4/22/uk-ngos-condemn-government-cuts-to-aid-budget [↑](#footnote-ref-14)
15. UNFPA (2021) Statement on UK government funding cuts https://www.unfpa.org/press/statement-uk-government-funding-cuts [↑](#footnote-ref-15)
16. IPPF website page about ACCESS - https://www.ippf.org/our-approach/programmes/access [↑](#footnote-ref-16)