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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](mailto: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

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**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 State  Other (please specify) |
| Name of State  Name of Survey Respondent | ProCoRe |
| Email | [info@procore-info.ch](mailto:info@procore-info.ch)  Website: <https://procore-info.ch/> |
| Can we attribute responses to this questionnaire to your State publicly\*?  \*On OHCHR website, under the section of SR health | Yes No  Comments (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.*

# Key questions

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.

Between 17 March and 6 June 2020 sex work was banned throughout Switzerland. From October 2020 onwards several cantons again introduced partial or total bans of sex work. Many sex workers got into an emergency situation and were at the same time unable to access and receive state support (see point 2). Consequently, many sex workers – and in particular the most exposed and vulnerable - were unable to continue to cover their basic needs, including (reproductive) medicines, the payment of health insurance and doctor’s visits. In the beginning of 2021 ProCoRe noted an increase in violence, unwanted pregnancies and rates of sexually transmitted infections among sex workers in different locations of Switzerland. For example, one specialised organisation with a focus on outreach work/health carried out a reference testing for STIs at the beginning of February 2021. It was found that STIs among sex workers had increased from an average of 20 per cent to 57 per cent. This was seen as a direct consequence of the cantonal bans which had forced many sex workers to work illegally to cover their basic needs and the needs of their families. In the illegality, the negotiating position of sex workers is seriously weakened and many are prompted to accept unwanted services (such as services without protection).

1. 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.

Between 17 March and 6 June 2020 sex work was banned in all of Switzerland. From October 2020 onwards several cantons again introduced partial or total bans of sex work, while other services with physical contact continued to be permitted. Sex workers who out of need continued to work illegally were criminalised and had to pay high fines if caught by control authorities (500 CHF up to several thousands of CHF if they were caught more than once). Some were imprisoned or expelled from the country.

Sex workers were generally faced with several obstacles to access state support measures during the Covid-19 pandemic: these range from language barriers and a more difficult access to information in general but to information about their eventual rights as well, to missing rights (due to an illegal residency or lack of Swiss residence permit), difficulties to provide evidence of loss of income (e.g. due to missing receipts), widespread stigmatisation and fear of consequences under immigration law (potential loss of residence permit in case of the receipt of state support, according to the Federal Act on Foreign Nationals and Integration). For example, only in February 2021 the State Secretary for Migration issued a directive to all cantons, stating that welfare assistance due to Covid-19 shall have no consequences under immigration law. However, the directive is not legally binding and it is still up to the cantonal migration offices to decide on each case.

1. Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?
   1. Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?

Due to the national and later cantonal bans of sex work the social outreach workers of our 27 member organisations who mainly offer psycho-social support and STI/HIV-prevention, were not able to continue their work and be present at places of sex work as they usually do. Access to sex workers (who continued to work illegally) was therefore severely restricted, as was their right to information and counselling. This has in particular affected the most vulnerable sex workers with the fewest resources: those for example who enter and work in Switzerland illegally, or with only a tourist visa, who do not speak the national languages and do not have community connections to exchange and receive information on counselling and other relevant services, including available low-threshold health services.

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

During the various bans of sex work in different cantons access to reproductive health services was more restricted than usual, mainly due to fears of stigmatisation and legal consequences (as sex workers were working illegally) and lack of or restricted access to information (see 3.1.). While in some cantons there are low-threshold reproductive health facilities that offer services for persons without health insurance and/or for those who reside in Switzerland illegally, many cantons do not have such facilities. Access to (low-threshold) reproductive health services was therefore already restricted for the most vulnerable sex workers (e.g. those without legal permit and without health insurance) before the Covid-19-pandemic. During the pandemic, access restrictions increased for many sex workers due to the illegalisation of their work.

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

In Switzerland, out of 26 cantons only a few have low-threshold reproductive health facilities that offer services for persons without health insurance or without a legal residence permit. Yet even those facilities demand a consultation fee of around CHF 60, excluding the fees for medicines (including reproductive health medicines). For the most vulnerable sex workers, this fee is already too high, not to mention the fee for an abortion for example. This was particularly the case during the Covid-19 pandemic as the incomes of most sex workers severely decreased while at the same time unwanted pregnancies increased. See also our [expert report on Covid-19 and sex work.](https://procore-info.ch/wp-content/uploads/2021/03/ProCoRe_Expertinnenbericht_Covid19_Sexarbeit-1.pdf)

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

In March 2020 the Swiss Ministry of Health reacted very quickly and supported a project by ProCoRe aiming at combating the negative impact of the Corona pandemic on sex workers. The project guaranteed the flow of information within the ProCoRe-network (which includes 27 specialised member organisations) through the regular provision of relevant information and legal clarifications related to sex work. At the same time, ProCoRe was able to develop information material for sex workers (for example protection concepts in the erotic industry) in various languages. The project management also regularly informed the public about the difficult situation of sex workers during the Corona pandemic through regular public relations and media work as well as the publication of expert reports. With the help of private donations and foundations, the project management set up a national emergency fund and, via the 27 member organisations distributed over CHF 400,000.00 to sex workers for food, medication, medical bills and emergency accommodation within a few months.

1. 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.
2. 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.
3. 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.