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

 **Malta replies**

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.

No change to access to available services.

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.

No change.

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?

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

No change to available services. A new GU clinic has been opened in Gozo. Currently national sexual heath strategy being revised at drafting stage.

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

No change to accessibility to available services. Some COVID-19 hospital infection control limitations and testing requirements were introduced temporarily during the peak of COVID transmission reducing visiting time and partner presence during delivery and post-natally.

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

In 2020 there were decreased visits to the GU clinic. Statistics confirm that in view of COVID there were limitations in access to care on two levels – one when actual GU services were closed in the periods   during which outpatient services were closed in Mater Dei Hospital and also an effect with respect to testing capacity since priority was given to using resources to sample COVID tests over tests related to GU services. There has been increased use of point of care tests for STIs during this period in order to be able to mitigate this shortfall in laboratory capacity.

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

Health promotion messages on social media and a helpline address was provided (sexualhealth.malta@gov.mt) for support by sexual health nurse.

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.

No change.

1. 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. N/A
2. 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. N/A