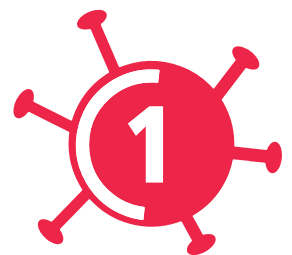
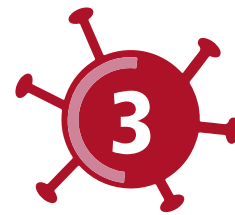


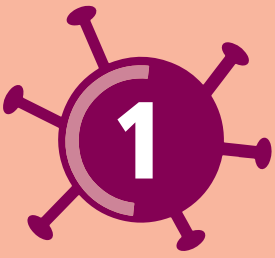
HOW TO ADDRESS THE IMPACT OF COVID-19 ON WOMEN, GIRLS AND VULNERABLE GROUPS AND THEIR SEXUAL AND REPRODUCTIVE SAFETY



IPPF EN RECOMMENDATIONS TO THE EUROPEAN INSTITUTIONS AND MEMBER STATES

The COVID-19 pandemic and its consequences are having a significant impact on people's lives. The crisis risks exacerbating already existing inequalities for women, girls, underserved and vulnerable groups. It is notably endangering their sexual and reproductive health and safety. The EU and its Member States must tackle these renewed threats to women's human rights, sexual and reproductive health and rights (SRHR), gender equality as well as increased risks of domestic and sexual and gender-based violence, in their domestic and global response to the COVID-19 crisis.





CARING FOR THOSE MOST IN NEED FIRST, TO LEAVE NO ONE BEHIND

Whilst COVID-19 is impacting everyone's lives, some groups are more affected than others and will suffer long-term devastating consequences if responses to COVID-19 don't address their needs. In the absence of mitigating measures, the crisis will aggravate existing inequalities and disproportionately affect women, girls, underserved and vulnerable groups, including refugees, migrants, ethnic minorities, people living with disabilities or mental illness, members from the LGBTQI community, those living with HIV, sex workers, people who struggle financially or live in poverty.

THE EU AND MEMBER STATES MUST ADDRESS THE NEEDS OF THE MOST AFFECTED, THROUGH AN INTERSECTIONAL APPROACH, TO ENSURE THAT RESPONSES TO THE COVID-19 CRISIS DO NOT EXACERBATE EXISTING INEQUALITIES.



COMBATING INCREASED RISKS OF DOMESTIC VIOLENCE AND SEXUAL AND GENDER-BASED VIOLENCE (SGBV), AN UTMOST PRIORITY

Confinement measures led to an alarming increase of domestic violence and SGBV, including intimate partner violence. Women and children who experience violence by family members are now forced to be isolated with their perpetrators, making it much more difficult for them to escape and get support. **The UN secretary-general, the Council of Europe, EIGE and FRA** have called on governments to put women's safety first and act to protect women during the crisis and in the future. The Istanbul Convention remains the most advanced framework in this field and Member States must intensify their efforts to comply with its standards.

MEMBER STATES MUST ENSURE THAT SERVICES AND RESOURCES REMAIN AVAILABLE AND ACCESSIBLE FOR WOMEN AND CHILDREN AT RISK OR SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE (SGBV).



ADDRESSING WOMEN'S NEEDS SO THAT THEY ARE NOT HIT THE HARDEST

Gender roles and caretaking responsibilities: Women traditionally undertake most of the household work and caretaking of children and elderly family members, which now includes those who contracted COVID-19. With the closing of schools, confinement measures result in additional responsibilities for women. This makes it harder for women to maintain paid employment.

Women most at risk of poverty: Women tend to have the most precarious and less well-paid jobs, putting them at both immediate and longer-term risk of income loss and economic hardship.

The composition of the health workforce: Globally, women represent 70% of the health and social workforce, putting them at a higher risk for contracting the disease.

Underrepresentation of women in decision-making: Despite women forming the majority of the essential workforce during the crisis, they are underrepresented in spaces of decision-making. The design and planning of interventions have been mostly dominated by men.

THE EU AND MEMBER STATES MUST INCLUDE WOMEN INTO DECISION-MAKING AND ENSURE THAT THE ECONOMIC AND SOCIAL RESPONSE TO THE CRISIS ADDRESSES THEIR SPECIFIC SITUATIONS, THROUGH A GENDER-SENSITIVE APPROACH.

THIS INCLUDES:

Declaring these services as essential and ensuring that they remain operational

Adapting alert and referral mechanisms so that women can seek help under lockdown without alerting their abusers

Organising additional and alternatives places for shelters

Increasing funds for civil society organisations who support survivors

Ensuring that the police and judicial systems continue to protect women and prosecute abusers

Improving and harmonising data collection, and developing awareness-raising campaigns.

THE EU MUST SUPPORT MEMBER STATES IN THESE EFFORTS, THROUGH FUNDING AND SHARING OF BEST PRACTICES.



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CONTINUING TO GUARANTEE ACCESS WITHOUT DISCRIMINATION TO ALL SEXUAL AND REPRODUCTIVE (SRH) CARE, AS ESSENTIAL SERVICES TO PEOPLE'S HEALTH AND WELL-BEING

Access to SRH care and rights is key for people's health and well-being, including and especially during COVID-19. The crisis and its consequences are limiting the availability and accessibility of essential SRH services, thereby endangering the health and safety of women and girls and vulnerable people across Europe and globally. Many care-providers have closed their facilities, reduced the number of their staff, and discontinued the provision of SRH services, including abortion care. Access to SRH information, counseling and education, contraceptive care, detection and treatment of STI/HIV and reproductive cancers have also been limited, and dignified childbirth experiences are disrupted in several countries. Some countries did take positive measures to adapt the way they provide care and treatment, which should be emulated by all Member States (for more information, see [EPF/IPPF EN Report](#)). The Council of Europe Commissioner for Human Rights [called](#) on Member States to ensure full respect of women's SRHR. There is also a risk of shortage of SRH commodities, including contraceptives, abortion and HIV-related medicines, due to a global supply chain crisis.

MEMBER STATES MUST RECOGNISE SRHR SERVICES, INCLUDING ABORTION CARE, AS ESSENTIAL, OFTEN TIME-SENSITIVE AND POTENTIALLY LIFE-SAVING HEALTHCARE SERVICES. MEMBER STATES MUST CONTINUE TO GUARANTEE ACCESS WITHOUT DISCRIMINATION TO ALL SRHR SERVICES, INFORMATION AND COMMODITIES DURING THE CRISIS, INCLUDING CONTRACEPTION, SAFE ABORTION CARE, MATERNAL HEALTHCARE, AND STIs/HIV AND REPRODUCTIVE CANCER PREVENTION, DETECTION AND TREATMENT.

This means that Member States must adapt their legislation, policies and service-delivery models to decrease the burden on healthcare services, protect patients and healthcare professionals from unnecessary exposure to the virus, whilst guaranteeing access to SRHR.

THIS INCLUDES:

Addressing needs for personal protective equipment and reproductive health commodities

Allowing telemedicine for all SRHR consultations; supporting the remote provision of SRH information, counseling and education

Allowing access to contraception particularly emergency contraception without prescription, or facilitating access to prescriptions through telemedicine

Allowing early medication abortion from home

Removing medically unnecessary administrative obstacles for women seeking abortion care, such as mandatory waiting periods, mandatory trips to healthcare facilities or hospitalisation, and considering extending delays for accessing abortion care

Ensuring there are enough healthcare facilities and doctors providing abortion care throughout the country, and that refusals of care by doctors due to their private beliefs do not jeopardize access to abortion care

Limiting the impact of COVID-19 on childbirth experiences and ensuring dignified maternal healthcare.

MEMBER STATES SHOULD CONSIDER MAKING THESE IMPROVEMENTS PERMANENT. THE EU MUST SUPPORT MEMBER STATES IN THESE EFFORTS, THROUGH FUNDING AND SHARING OF BEST PRACTICES.

SAFEGUARDING HUMAN RIGHTS, DEMOCRACY AND THE RULE OF LAW IN EUROPE, DESPITE THE USE OF EMERGENCY MEASURES

Whilst most Member States have adopted legitimate emergency measures to respond to the public health crisis, some governments have exploited the COVID-19 pandemic to consolidate their authoritarian power, to weaken democracy and the rule of law, or to trample on human rights, in particular those of the most vulnerable, including women's reproductive freedom and the rights of transgender people.

MEMBER STATES MUST ENSURE THAT ALL EMERGENCY MEASURES TAKEN TO RESPOND TO THE PUBLIC HEALTH CRISIS PURSUE A LEGITIMATE PURPOSE, ARE STRICTLY NECESSARY, PROPORTIONATE, WITH A DEFINITIVE END DATE, AND SUBJECT TO DEMOCRATIC SCRUTINY. THE EU AND THE COUNCIL OF EUROPE MUST MONITOR THE IMPLEMENTATION OF THESE EMERGENCY MEASURES TO PROTECT EUROPEAN VALUES.



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CONTINUING TO PRIORITISE GENDER EQUALITY, WOMEN'S RIGHTS INCLUDING SRHR, HUMAN RIGHTS, AND SUPPORT TO CIVIL SOCIETY ORGANISATIONS (CSOs) THAT DEFEND THESE VALUES, BOTH WITHIN AND OUTSIDE THE EU

CSOs play a key role in realizing human rights for all, particularly the most marginalised, by performing service-delivery, community outreach, advocacy and watchdog activities. Women's rights organisations, shelters for victims of domestic violence, SRHR organisations, are key actors in the realization of women's rights and SRHR. Their activities must continue during and after the crisis. **MEMBER STATES AND THE EU MUST MAINTAIN AN ENABLING ENVIRONMENT FOR CSOs, BOTH WITHIN AND OUTSIDE THE EU, NOTABLY THROUGH SUFFICIENT LEVEL OF FUNDING.** The European Commission should ensure **flexibility** in the existing EU-funded projects and programmes, remove co-funding requirements and allow beneficiaries to reallocate the funding received to respond to the crisis. It must also ensure **continuity** and consider adopting a **contingency plan** to avoid a shutdown of Union programmes at the end of this year, should an agreement on the 2021-2027 Multiannual Financial Framework (MFF) not be reached in time.

The **Recovery Plan and revised MFF proposal** of the European Commission cannot undermine funding allocated to **gender equality, women's rights including SRHR, human rights, and to CSOs that defend these values, both within and outside the EU**, to ensure continuity between previous and future programmes and to address the disproportionate impact the crisis will have on women and vulnerable groups. The Citizens, Equality, Rights and

Values Programme, the Health strand of the European Social Fund Plus, and the NDICI are particularly important instruments in this regard. **The European Commission annual Work Programme should not delay initiatives** aimed to improve gender equality and protect human rights, including the renewal of the **Gender Action Plan**, or the implementation of the **Gender Equality Strategy**.

In addition to their actions inside Europe, the EU and its Member States must also **prioritize global solidarity**. To do so, they must maintain sufficient levels of **ODA funding**, and support partner countries to respond to the crisis in a comprehensive manner, including to **ensure universal access to SRHR** as part of Universal Health Coverage. It is important that donors do not reallocate funding that was already allocated to SRHR to other priorities related to the COVID-19 response. The EU must include SRHR in its humanitarian and development response to the COVID-19 pandemic.

