20 May 2020

Mr. António Guterres  
Secretary-General  
United Nations  
New York, NY 10017

Dr. Tedros Adhanom Ghebreyesus  
Director-General  
The World Health Organization  
Geneva, Switzerland

Subject: Civil society letter in support of the United Nations and the World Health Organization

Dear Excellencies,

We are writing to register our outrage at Acting USAID Administrator John Barsa’s letter to UN Secretary-General Antonio Guterres demanding the UN remove reference to “sexual and reproductive health” from the Global Humanitarian Response Plan’s (HRP) guidance on COVID-19. The removal of this wording is not symbolic—it will have a detrimental impact on people who need and rely on sexual and reproductive health services. We are deeply concerned about the health and human rights impact of this request, which comes at the same time the U.S. Government is attacking the WHO and threatening to freeze funding in the midst of the COVID-19 pandemic.

The COVID-19 pandemic continues to have far-reaching effects across the world, with disproportionate impacts on women, girls and gender non-conforming people, particularly from marginalized populations. Access to essential sexual and reproductive health services, including contraception, abortion, diagnosis and treatment of sexually transmitted infections and reproductive cancers, HIV diagnosis and treatment, gender-affirming care, and maternity care, remains imperative during the COVID-19 health emergency. It is, in fact, a matter of life and death. UNFPA estimates that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if the average lockdown, or COVID-19-related disruption, continues for six months with major disruptions to services. These interruptions in access to services are anticipated to result in as many as seven million unintended pregnancies, further increasing the need for abortion services and quality maternity care. Furthermore, even the least severe models indicate a reduction in essential interventions could result in thousands of additional maternal and child deaths.

Emerging evidence from numerous countries demonstrates that demand for these services continues and has even increased during the pandemic. Yet, that access is now being disrupted
by government directives including quarantines and limits on movement, pressures on health systems and workers, closures of health facilities, commodity stock outs, interruptions in global supply chains, and people’s fears about going to clinics because of the potential risks of exposure and stigmatisation. Limited access to health care in many low- and middle-income countries is exacerbated by existing U.S. policies, like the Global Gag Rule and the defunding of UNFPA, which have damaged health systems by forcing clinic closures, fragmenting the provision of care, and reducing access to the full range of reproductive health services including abortion, contraception, and access to HIV testing and treatment, among others.

In a number of countries, including the U.S., governments have taken actions to restrict SRHR services and particularly abortion care, using COVID as a pretext. Meanwhile, long-standing violations of sexual and reproductive rights continue, particularly among marginalized communities, like discriminatory national and international policies and laws and denial of access to comprehensive, quality information and services.

Evidence also reveals that the COVID-19 crisis is contributing to alarming increases in sexual and gender-based violence, particularly intimate partner violence, around the world. In countries experiencing lockdowns and restrictions on movement, women and girls who are trapped in violent situations are facing challenges accessing the critical services they need. This crisis is expected to set back the global response to gender-based violence significantly, with as many as 31 million more women experiencing violence as a result. The link between violence and poor sexual and reproductive health outcomes is well established.

Finally, the women and girls who are the front lines of COVID-19 responses, including those who provide essential sexual and reproductive health care, continue to lack the personal protective equipment, financial support, and social protection they need. Globally women comprise 98% of nurses and the majority of unpaid caregivers, whose work is valued at nearly 1.3 trillion USD a year. Gender equity in the health and social workforce is critical to having strong, resilient health systems and ensuring access to quality care for all people.

The United Nations and especially WHO have played a timely, crucial role in the multilateral response, providing science-based guidance to countries, coordinating financial and technical assistance, and supporting critical research efforts. The role of the UN and WHO in addressing COVID-19 has been essential in helping countries respond quickly to the pandemic and put in place measures that support the fulfillment of the right to health for all as agreed in the WHO’s Constitution. Especially at this critical time, both WHO’s specific work and the overarching work of the UN and its HRP must be protected and fully supported, to avoid an even bigger escalation of the pandemic.

The HRP is right to provide guidance to countries that access to comprehensive sexual and reproductive health services must be prioritized and is essential. In fact, it would be a serious breach of human rights, including the right to life, the right to equality, and the right to health,
and contradict all available evidence, if it did not. Past experience with health emergencies shows that if governments fail to ensure access to these critical, time-sensitive services, increases in unsafe abortion and maternal mortality are the unavoidable result.

Governments have agreed for more than 25 years that ensuring universal access to sexual and reproductive health services, including abortion services, and protecting reproductive rights, are both public health and human rights imperatives. The U.S. government’s cynical claims that these services are not essential and are “widely contested” contradicts sound public health approaches, accepted human rights principles, and data on the demand for these services, including in times of crisis. Governments around the world continue to take action to protect and expand access to comprehensive sexual and reproductive health care, including abortion. The joint statement from 58 countries on Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis, issued on May 6, 2020 demonstrates that support.

Acting Administrator Barsa’s demand that the UN remove reference to “sexual and reproductive health” from the Global HRP flies in the face of an evidence-based response to the COVID-19 pandemic. The Trump Administration is using the current crisis to advance its unscientific, anti-human rights agenda, and to pursue an extreme ideology that has become the hallmark of its vision of U.S. foreign policy. The UN and WHO must reject these efforts and continue to promote a response to COVID-19 that upholds long standing commitments to health, human rights, and gender equality.

Please consider this letter as the strongest possible expression of support for the continued work and global leadership of the UN and WHO during this pandemic, and for the continued stalwart commitment to the health and human rights of all women, girls and gender non-conforming people around the world.

Signed by the following organizations and individuals

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Abortion Rights Coalition of Canada
Abortion Support Network
Access Chapter 2
Act Church of Sweden
Action Group for Health, Human Rights, HIV and AIDS AGHA
Action Works Nepal
Advocates for Youth
African Alliance
African Women's Development and Communication Network - FEMNET
Aid Access
AIDOS - Italian Association for Women in Development
AIHMS-Global
Akina Mama wa Afrika
Aliansi Remaja Independen
Alianza por la Solidaridad
Alliance for Choice
American Humanist Association
American Jewish World Service
American Society for Reproductive Medicine
AMICA e.V. Germany
Amnesty International
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ASFAMM
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Association of Women of Southern Europe (AFEM)
Association pour les victimes du monde
Association Tunisienne des Femmes Démocrates
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AVAC
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Center Women and Modern World
Centre for Feminist Foreign Policy
Centro de Derechos de Mujeres
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CHANGE (Center for Health and Gender Equity)
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Coalition of African Lesbians
Colectiva Dignas Hijas
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Danish Family Planning Association
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Fiji Women's Rights Movement
FOKUS - Forum for Women and Development
Foundation le Grand Cru
Frontline AIDS
Fundación Arcoiris por el respeto a la diversidad sexual.
Fundación El Churo
Fundacion Orientame
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Global Fund for Women
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Global Law Enforcement and Public Health Association
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HIV Justice Network
HIV Modernization Movement Indiana
Human Rights Watch
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In Our Own Voice: National Black Women's Reproductive Justice Agenda
Initiative mawjoudin pour l'égalité
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International Alliance of Women
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International Center for Poverty Alleviation and Sustainable Development -CENPAD
International Center for Research on Women (ICRW)
International Child Development Initiatives
International Confederation of Midwives
International Network of Women Engineers and Scientists
International Planned Parenthood Federation
International Service for Human Rights
International Women’s Health Coalition
International Women's Anthropology Conference
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Men Against Violence
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MPact Global Action for Gay Men’s Health & Rights
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#nandenaino project
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National Federation of Business and Professional Women's Club-NYC
National Organization for Women
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Nga Kaiawhina o Wai 262
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Population Connection Action Fund
Population Council
Population Foundation of India
Population Institute
Population Services and Training Center
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REDAAS
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Regional Centre for International Development Cooperation (RCIDC)
Religious Coalition for Reproductive Choice
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