

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/srrihealthindex.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) | <input type="checkbox"/> Member State <input type="checkbox"/> Observer State <input type="checkbox"/> Other (please specify) INGO |
| Name of State Name of Survey Respondent | Ipas Pakistan/Dr. Shabbir Awan |
| Email | shabbirg@ipas.org |
| 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 CDESCR.*

***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

0. 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.

Opportunities - The global COVID-19 pandemic is impacting day-to-day life in Pakistan – not solely from economic disruptions but also additional stress on public services that jeopardize human capital accumulation for Pakistan, which compelled Government to consider the criticality of universal healthcare and social protection services that are durable to exogenous shocks such as Pakistan is facing now. Abortion care has been included in national health insurance scheme for the poorest of the poor.

Currently, now is an important window of opportunity to consider innovative models to meet the abortion needs of women and girls. The need for abortion care is not going to stop during the crisis and likely it will increase due to gender-based violence and reduced access to contraception. Although self-care interventions are being rapidly promoted and adapted in response to the covid-19 situation, it cannot be discarded as an afterthought once the pandemic has subdued.

Pakistan is responding positively due to the current situation by expanding telehealth initiatives and SRH is an essential part of Ipas telehealth project. We can anticipate that abortion restrictions that are put in place in response to covid-19 now, will be difficult to remove after we return to the new normal, post-covid-19. We can't lose gains that have been made and we can certainly use this opportunity to allow for and expand medical abortion self-care.

Moreover, Ministry of Health Pakistan included SRHR service provision in their COVID guidelines "Continuation of Sexual, Reproductive and Maternal Health Services during COVID-19", where they emphasized on the provision of critical services and SRHR related commodities per the Minimum Initial Service Package (MISP), telemedicine approaches for contraception and safe abortion care, self-care practices, and practices for medical treatment of pregnancies and abortions and related complications. These guidelines have declared comprehensive contraception and abortion care as a part of essential health services that should be available at health facilities 24/7.

Challenges - With limited access to contraception during the COVID-19 pandemic, the incidence of unsafe abortions has the potential to increase exponentially in developing countries^{4[6]} and it affected Pakistan too. Moreover, due to reallocation of inpatient resources related to the pandemic, hospitals were not able to accommodate the increased volume of women suffering life-threatening consequences of unsafe abortions and might have succumbed to clandestine unsafe UE practices .

¹ Aly, J., Haeger, K.O., Christy, A. *et al.* Contraception access during the COVID-19 pandemic. *Contracept Reprod Med* **5**, 17 (2020). <https://doi.org/10.1186/s40834-020-00114-9>

Finally, women who do become pregnant during the pandemic are more likely to develop major complications and, due to strained hospital services, may not receive the appropriate care required to address these complications.

One of primary barriers to access is a shortage of contraceptive medications and devices, as a result of supply chain disruption in Pakistan and during COVID, with the closure of population welfare department, Government organization working for contraception across the country has further exacerbated the FP access for vulnerable women/girls

Since the advent of COVID, abortion provision was considered by some policy makers and public health systems to be a nonessential activity, and therefore public health facilities were ordered to halt operations. In OPDs that have remained open, appointments for UE, MA, FP counseling and contraceptive administration may have been de-prioritized and re-scheduled.

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.

N/A

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?

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

N/A

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

During the first wave of pandemic, population welfare department (PWD) facilities all over the country remained closed for a long time, and the services provided by PWD; such as family planning, counselling were halted, and this unavailability and inaccessibility of commodities and service provision impacted the population significantly.

Given details above in question 1

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

Continuity of SRHR services has worsened due to the prevailing pandemic when the focus of the health system of the country is solely on fighting the COVID-19 - both human and financial resources were diverted from other health programs to fight the pandemic. Following are the challenges posed to access SRH services during pandemic:

1. Unavailability of isolation spaces in facilities to provide care for the newborns and women in labor, the emergency maternal and reproductive health services will bear the brunt.
2. Antenatal and postnatal related treatments and issues have been aggravated due to staff shortage, undefined SOPs, lack of safety and security measures. This unpreparedness resulted in unrest among the healthcare providers (HCPs).
3. HCPs protested all over the country due to lack of PPEs. This shortage of PPEs not only spread infections among the patients and attendants but affected HCPs majorly and resulted in the casualties of HCPs.

Moreover, COVID-19 has compelled the donor/s to pull out funds from SRHR and invest in public health and covid response.

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

Many CBOs/INGOs/NGOs collaborated with Government of Pakistan to take preventative measures to contain the spread of virus.

- Telehealth channels for SRHR services
- Media campaigns for awareness and spreading information

2. 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.

Ipas Pakistan and various other local and international organizations along with the national/provincial governments of Pakistan are doing a lot of efforts in improving the right to have access to SRHR services. Ipas Pakistan along with Government has advocated for various regulatory/policy changes which has resulted in the approval of a postabortion family planning policy for Sindh province; Standards and Guidelines on safe uterine evacuation on national level; the same are adopted/adapted by Sindh and Punjab province.

3. 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

4. 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