## The right to sexual and reproductive health – Challenges and Possibilities during COVID-19

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

*The submission is prepared by the Women’s Resource Center Armenia NGO*

**Contact Details**

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| --- | --- |
| Type of Stakeholder (please select one) | [ ]  Member State [ ]  Observer State[ ]  Other (please specify) NGO |
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| Can we attribute responses to this questionnaire to your State publicly\*? \*On OHCHR website, under the section of SR health |  Yes NoComments (if any): |

**QUESTIONNAIRE**

# 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.

In March 2020 the Ministry of Health of Armenia decided for all healthcare facilities to postpone all non-essential surgeries. All non-essential procedures such as AI, non-urgent surgeries were postponed which was challenging for many women who previously undergo an expensive and long period of preparation for AI. No other regulation on SRHR issues was made during the state of emergency period. Abortion services were provided by many doctors during the state of emergency.

During the COVID-19 pandemic, access to abortion has been particularly challenging. Women face a lack of access to transportation to reach abortion facilities. During the state of emergency from the period of April 1st to May 17th, 2020, public transportation was not operating and many women had difficulties reaching health facilities. Women from rural communities were especially affected by this decision, as most SRHR services are provided in the bigger cities. The state did not introduce any sufficient measures during the COVID-19 pandemic to ensure wide access to abortion services for the most marginalized groups of women, and the mandatory 3-day waiting period has not been removed during the pandemic.

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.

As is mentioned in the response to the 1st question, the Ministry of Health decided for all healthcare facilities to postpone all non-essential surgeries. No other regulation on SRHR issues was made during the state of emergency. No specific legal or policy bans and criminalization were introduced for the state of emergency in Armenia.

During the state of emergency, there were structural barriers such as lack of transport, restrictions to the freedom of movement from one community to another, which influence the realization of women’s right to abortion, hormone therapy for transgender patients, HIV treatment, and sex work.

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?

All non-essential procedures such as AI, non-urgent surgeries, hormone therapy for transgender patients were postponed. The other services were provided 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?

No information is available.

* 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 state of emergency from the period of April 1st to May 17th, 2020, public transportation was not operating and many women had difficulties reaching health facilities. Another restriction was related to the freedom of movement from one community to another. These restrictions affected the availability and accessibility of sexual reproductive services. Women with HIV were facing challenges while getting HIV treatment.

It is important to mention that many hospitals were converted to COVID hospitals since Armenia had high numbers of infected.

On September 27th, 2020, armed operations were unleashed on the Nagorno Karabakh region by Azerbaijan, in stark violation of the UN Security Council's demand for cessation of armed hostilities during the COVID-19 pandemic. During the ongoing COVID-19 pandemic, the military operations launched by Azerbaijani armed forces caused the deadly virus to spread exponentially both in Artsakh and Armenia. During the 7 months prior to the war, only 951 COVID-related deaths were reported, while during the 44 days of the war, the number of deaths was 658, and within only half a month after the war, this number was 584. Overloaded hospitals with COVID infected and wounded soldiers affected the accessibility and quality of sexual reproductive services.

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

The COVID-19 pandemic poses particular threats to poor and marginalized (women with disabilities, LBT women, Yezidi women, women with HIV) women who face greater difficultly in protecting themselves from transmission due to lack of information, resources, and access to quality health and social services. It is a big challenge for many women to realize their SRHR rights during lockdowns and that is not only related to a lack of access to healthcare services but also in terms of intersectional discrimination which many women in Armenia face. The pandemic situation has led to women who are already vulnerable becoming even more vulnerable, as access to services has been reduced.

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

Abortion services were provided by many doctors during the state of emergency. Several examples were registered during the state of emergency by the doctors who were not keeping three days mandatory waiting period for those patients who seek abortion services though according to the law it was pre-condition for abortion services.

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.

On September 27th, 2020, Azerbaijan launched an aerial military and rocket attack on Nagorno Karabakh (Artsakh) setting the stage for a full-scale war. From the first day of Azerbaijan's attack up until November 10th, the date of the declared ceasefire, the Azerbaijani armed forces targeted civilians in both Artsakh and Armenia. On the first day of the attack, a pregnant woman was wounded by the fire and on the next day, she was ushered to urgent delivery.[[1]](#footnote-2)

Another violation of women's reproductive rights was a case of childbirth in a bomb shelter in Stepanakert that took place under heavy shelling by Azerbaijan.[[2]](#footnote-3) Due to the shelling, it was impossible to transfer the woman to a maternity hospital where she and her newborn would receive professional assistance.

Not only the civilian population but also civilian objects were targeted during the 44-day war. On October 28, Azerbaijani armed forces repeatedly bombed and fired rockets at Stepanakert, capital of Artsakh Republic and Shushi, the second-largest city. The fire was directed at the residential districts of the city and civilian objects, including Stepanakert's maternity hospital.[[3]](#footnote-4)  When it comes to the response of the host state, Armenia, it is important to note that the Minister of Health of Armenia issued a decree on September 30th, by which individuals temporarily evacuated to Armenia from Artsakh were entitled to free primary care and maternity care to be received at the Saint Gregory the Illuminator polyclinic and maternity hospital. Up until today, the hosting state prioritized safeguarding pregnancy and maternity-related services, while the other issues were left out of regulation and were not addressed either during wartime or after it. On March 11th, 2021, the Government of Armenia issued a decree to provide free reproductive health services to couples that have lost a child, including conscripted soldiers, in the 44-Day War.[[4]](#footnote-5)

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.

Information is not available.

1. 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.

Information is not available for the country. The organization has not been affected by the decrease in financial support.

1. See <https://bit.ly/3sxByYd> [↑](#footnote-ref-2)
2. See <https://lurer.com/?p=388496&l=am> [↑](#footnote-ref-3)
3. See <https://bit.ly/3izSR7i> [↑](#footnote-ref-4)
4. See <https://bit.ly/32zgqGo> [↑](#footnote-ref-5)