



MEMORANDUM

To: Office of the High Commissioner for Human Rights (OHCHR)

From: Families:Now Platform (Plataforma Familias: Ahora)

Date: January 31 2023

Re: Call for input on promoting and protecting economic, social, and cultural rights within the context of addressing inequalities in the recovery from the COVID-19 pandemic.

Introduction

About Families:Now

Families: Now is a conglomerate of organizations working on improving the quality of lives for families in all their diversity, by promoting human rights.

We recognize all forms of families as interdependent groups of people, who by choice or circumstance are bound to one another through love, support, care and responsibility. We understand that family relationships play a fundamental role in society, that they are diverse and that they are shaped and reshaped throughout life.

We promote that what is important in families is not their configuration, but that family relationships are healthy and seek the well-being and development of the life project of each of its members.

We intend that family relationships promote the ethics of care: with oneself, with others, with society and with the planet.

We demand that the State guarantee all people the rights, resources and tools they need to build, nurture and rebuild healthy family relationships, in a free and responsible manner, especially the guarantee of conciliation between family and work life.

We promote a commitment of families to the solutions to the challenges of the 21st century and to the achievement of the Sustainable Development Goals, among others: guaranteeing health and well-being, consolidating gender equality, confronting the climate crisis, overcoming inequalities and ending poverty, fostering coexistence and peaceful conflict resolution, and generating solidarity across borders, especially in the face of migratory phenomena.¹

About this small brief:

The COVID-19 pandemic has been an unprecedented public health emergency with significant human rights and democracy challenges². Among them, the pandemic deepened inequalities and hindered the overall realization of sustainable development³. In the context of economic, social, and cultural rights (ECSRs), chronic underinvestment in public health, social protection, housing, education, water, sanitation, food, among other areas, has been exposed⁴.

The Office of the High Commissioner for Human Rights (OHCHR) has highlighted these worrying realities of the Global South:

Particularly, the Region of the Americas showed one of the highest numbers of Covid-19 cases and deaths in the world⁵. The OHCHR emphasized the negative socio-economic consequences of the pandemic particularly on vulnerable populations including indigenous peoples, women, persons in detention, people of African descent, people with disabilities and people on the move⁶.

¹ For more information on our platform please visit: <https://familiasahora.org/#nuestra-declaratoria>

² OHCHR | High Commissioner letter to National Human Rights Institutions on COVID-19, and related guidance, OHCHR, <https://www.ohchr.org/en/documents/tools-and-resources/high-commissioner-letter-national-human-rights-institutions-covid-19> (last visited Dec 20, 2022).

³ Special Rapporteur on the Right to Development: the COVID-19 Pandemic Triggered the Largest Global Economic Crisis in More Than a Century, Leading to a Dramatic Increase in Inequality Within and Across Countries, OHCHR, <https://www.ohchr.org/en/news/2022/09/special-rapporteur-right-development-covid-19-pandemic-triggered-largest-global> (last visited Dec 20, 2022).

⁴ Presentación del informe sobre los derechos económicos, sociales y culturales, OHCHR, <https://www.ohchr.org/es/statements/2022/07/introduction-report-economic-social-and-cultural-rights> (last visited Dec 20, 2022).

⁵ *Ibid.*

⁶ *Ibid.*

Specially, migrants were prevented from crossing international borders⁷. The already existing stigma and discrimination against these groups were intensified in this context⁸.

The pandemic has affected the enjoyment of ESCRs particularly of vulnerable populations disproportionately, including LGBT groups, women, migrants, people with disabilities, ethnic and religious minorities among others⁹. For example, in the case of LGBT groups the response of the pandemic followed and deepened the patterns of social exclusion and violence¹⁰. Thus, an approach that considers the ESCRs is imperative to fight inequalities exacerbated by the COVID-19 pandemic¹¹.

This report will provide the OHCHR with a summary of different documents produced by our local partners in Colombia, with regards of the consequences of COVID 19 in different vulnerable groups.

The organizations that have submitted documents for this report are:

Pro Familia Colombia

FUCOGA

Universidad Católica Luis Amigo (from their Gender and Family Law study group)

Semillero Conversex Javeriana Cali Colombia

⁷ *Ibid.*

⁸ *Ibid.*

⁹ ACNUDH | A/HRC/46/43: La cuestión de la realización de los derechos económicos, sociales y culturales en todos los países: efectos de la enfermedad por coronavirus (COVID-19) en la realización de los derechos económicos, sociales y culturales - Informe del Secretario General, OHCHR, <https://www.ohchr.org/es/Issues/ESCR/Pages/ImpactofCOVID19onESCR.aspx> (last visited Dec 20, 2022).

¹⁰ OHCHR | An LGBT-inclusive response to COVID-19, OHCHR, <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/lgbt-inclusive-response-covid-19> (last visited Dec 20, 2022).

¹¹ ACNUDH | A/HRC/46/43, *supra* note 8.

a) Women and girls:

a.1) Background

According to information provided by Profamilia Colombia,¹² (Profamily Colombia), the COVID-19 pandemic exacerbated existing inequalities in the access of women and girls to essential health information, products, services, and care for vulnerable groups which are usually marginalized because of their ethnicity, socioeconomic status, age, disability, sexual orientation, among others¹³.

Data surveyed by Profamily Colombia shows that women and girls were less likely to have access to both routinary and emergency health care and services during the pandemic¹⁴. However, information on the actual situation of women and girls in this respect is still insufficient¹⁵.

Profamily Colombia also published a study, called Solidaridad ("Solidarity")¹⁶ describing how the impact of the pandemic has been harsher on women in vulnerable situations. In the 18-29 age range, 23% of women and 21% of men lost their jobs during the pandemic; 16% of women and 14% of men have had a mental illness such as depression, anxiety, schizophrenia, or loss of sleep; 24% of women and 15% of men have had ear, nose, or throat problems; 85% of women and 75% of men were very worried that someone in their family would have a medical emergency during the pandemic and would not receive care.

With regards to sexual and reproductive health, another study by Profamily Colombia shows¹⁷ that during the Covid-19 pandemic, a number of needs in the area of sexual and reproductive health were not met, according to the data surveyed. Figures show 20% of people had some need for Sexual and Reproductive Health (SRH) care that were not met¹⁸. 12% of women consulted a gynecologist; only 9% of women had access to contraceptive methods and 4% needed

¹² Profamilia: anticonceptivos, medicina general, ligadura, vasectomía..., PROFAMILIA, <https://profamilia.org.co/> (last visited Jan 13, 2023).

¹³ Profamily Colombia, *Solidarity I - Public response to non-pharmacological interventions to reduce service use demand and mortality from COVID-19 in Colombia*.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ Sandra Marcela Sánchez et al., *Informe 4. Salud sexual y salud reproductiva desatendidas durante la cuarentena en Colombia*. (2020).

¹⁸ *Id.* at 4.

contraception consultation¹⁹. 21% decided not to seek medical help because they preferred to comply with the quarantine rules²⁰. 6% said their IPS and EPS suspended health care and 4% did not have access to medical care because they could not afford the service, while 3% said telemedicine services were not available²¹.

Contraceptive needs during quarantine were highest for the young: 18–24-year-olds (17%) and 25–29-year-olds (14%)²².

The restrictive measures taken by governments during the pandemic meant that access to sexual and reproductive health services was seriously affected in regularity, continuity, and availability²³. According to the United Nations Population Fund, under the COVID-19 pandemic stress, health systems redirected resources from sexual and reproductive health services to other types of services, negatively impacting women's access to contraceptive methods, prenatal care, and other essential services²⁴.

Another issue that had an impact on women's rights was the fact that domestic and gender-based violence increased dramatically during lockdowns: the reports increased by 163% compared to 2019 figures²⁵.

According to Profamily Colombia, the most common concerns during the Covid-19 pandemic were reduced income, changes in their working conditions and /or loss of jobs in the context of the economic recession affecting the country²⁶. People were afraid these concerns would lead to them to suffer anxiety, depression, and other mental health conditions²⁷. In their survey, Profamilia Colombia states that 60% of female health care workers felt nervous compared to 40% men²⁸.

¹⁹ Sánchez et al., *supra* note 16.

²⁰ *Id.* at 4.

²¹ Sánchez et al., *supra* note 16.

²² *Ibid.*

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *Ibid.*

Also, we received information from one of our partner organizations called Fundación Centro De Comunicación y Producción Generacion Alternativa²⁹ (Alternative Generation Communication and Production Center Foundation)- FUCOGA. A study by FUCOGA shows that in 40% of households, the main breadwinner is a woman who is also in charge of the housework and care and whose income worsened during the pandemic³⁰.

As Families: Now Platform, we recommend the following policies that are still sorely needed regarding women and girls. The Covid 19 pandemic and its consequences have shown how their human rights have been affected and it is vital to address the short-term and long-term consequences to fight stigma, discrimination, and the accompanying socio-economic problems for these vulnerable groups³¹.

Access to sexual and reproductive health care, advice, and information as well as contraception and menstrual hygiene supplies during emergency situations such as the COVID-19 pandemic, should be considered public health priorities³². Sexual and reproductive health services must be able to adapt and innovate in the context of future outbreaks so that women, in particular, have the necessary information and access to prevent unwanted pregnancies and protect themselves against STIs³³. Sexual and reproductive health, contraception, menstrual hygiene products are vital basic needs- not privileges³⁴.

In other words, the health system must consider sexual and reproductive healthcare as an essential service even in the context of a public health emergency³⁵. Access to contraception, gynecological and urological consultations, abortion as permitted by law, STIs prevention and treatment, advice, and information on unwanted pregnancies as well as comprehensive care for gender violence

²⁹ SOMOS, G-ALTERNATIVA, <https://www.generacionalternativa.org/blank-cjg9> (last visited Jan 20, 2023).

³⁰ FUCOGA

³¹ *supra* note 12.

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ *Ibid.*

situations should be prioritized³⁶. This is particularly important in vulnerable settings, where health services would be more easily compromised as compared to the situation in larger cities³⁷.

These recommendations fall in line with³⁸ the June the 1st, 2020 World Health Organization (WHO) recommendations that urge health care providers to be well informed and coordinated, and to make rapid adaptations and innovations in the context of COVID-19, the objective being that essential services such as sexual and reproductive health services should be maintained accessible and available throughout the pandemic and beyond. Among these recommendations, the following should be noted³⁹:

- Prioritize and adapt essential health services such as contraception, gynecological, urological consultations, and violence care to changing contexts and needs.
- Bring primary care in sexual and reproductive health closer to youth and adolescents by providing quality information on the use and access to contraceptive methods and prevention and care of gender-based violence and violence against women.
- Coordinate funding with public health officials (particularly those responsible for sexual and reproductive health) and remove financial barriers to access for those groups with the greatest need during quarantine.
- Strengthen communication strategies to support appropriate use of these essential services (where and how to access contraceptive services, gynecological and urological consultation, gender-based violence care and psychological support).

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ Sánchez et al., *supra* note 16.

³⁹ *Ibid.*

b) Ethnic minorities:

b.1) Background

According to information provided by Profamily Colombia, one in four Afro-Colombians and one in five indigenous persons needed access to some sexual health and reproductive service during lockdown⁴⁰. For indigenous people, the main need was access to contraceptive methods (8%) and for Afro-descendants it was gynecological consultation (14%)⁴¹.

Even more, 40% of indigenous people surveyed and 34% of Afro-descendants suffered some form of domestic violence during the quarantine period⁴². Among indigenous people, the greatest concern is violence at home (29%) while for Afro-descendants, the greatest concern is that their children are bored and are misbehaving (25%)⁴³.

b.2) Recommendations

Our partner organizations identified the situation regarding Ethnic Minorities in their studies and this has also been found to be non-compliant by the State of Colombia in the recommendations of the Third Cycle of the UPR.

Recommendations made in the UPR-Third Cycle included the continued implementation of policies that contribute to the elimination of all forms of discrimination and exclusion, strengthen the right to equality and non-discrimination and redouble efforts to combat racial discrimination, especially against Afro-Colombians and indigenous peoples⁴⁴. The government should work with civil society to strengthen protection for members of vulnerable communities by implementing effective collective protection schemes tailored to ethnicity, gender, and regional circumstances⁴⁵. Additional human and financial resources should be allocated to improve access to health services

⁴⁰ Sánchez et al., *supra* note 16.

⁴¹ *Ibid.*

⁴² *Ibid.*

⁴³ *Ibid.*

⁴⁴ *supra* note 38.

⁴⁵ *Ibid.*

with a view to reducing the infant and maternal mortality rates, particularly among indigenous groups⁴⁶.

As data shows the EPU recommendations have not been effectively implemented during the pandemic and the Colombian authorities still need to work in order to ensure protection for members of these vulnerable communities.

c) Migrants, refugees, and asylum-seekers:

c.1) Background

According to the data provided by the civil organizations, migrants, refugees, and asylum seekers show the highest percentages of sexual and reproductive health needs that went unmet during the pandemic: 25%⁴⁷.

Also, the measures taken to prevent COVID 19 transmission, such as physical distancing and lockdowns, fostered various forms of violence within households endangering personal security and mental health. Such measures were particularly hard on migrant women and other vulnerable groups who had to share accommodation in unsuitable housing conditions⁴⁸.

d) Lesbian, gay, bisexual, transgender and intersex persons:

d.1) Background

LGBTIQ+ people suffer discrimination and institutional violence in Colombia⁴⁹. The State has repeatedly refused to establish regulations and implement public policies to protect this sector of the population⁵⁰. In addition, they are often subjected to cultural violence by health care

⁴⁶ *Ibid.*

⁴⁷ Sánchez et al., *supra* note 16.

⁴⁸ *supra* note 12.

⁴⁹ Daniela Sampredo Torres, *Barreras de acceso a la salud de las personas transgénero en Colombia*, <https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox/FMfcgzGrbcFTBQmgCPXPqpWtVrMWPvzm?projector=1&messagePartId=0.3>.

⁵⁰ *Ibid.*

professionals when they seek psychological, medical, hormonal, surgical and stabilization treatments needed for their sexual transitioning processes⁵¹.

In the Covid-19 pandemic, their access to comprehensive health care worsened since resources were largely allocated to the emergency and therefore there was a marked reduction of surgical other procedures needed by transgender people⁵².

Transgender people's right to comprehensive health care is not fully respected in Colombia mainly for two reasons:

First, technical barriers⁵³. In Colombia there is no non-discrimination comprehensive health care protocol. The lack of non-discriminatory comprehensive health care protocols affects the rights of LGBTIQ+ people in specialized procedures, like gender affirming care, linked to human dignity, free development of personality, a fulfilling life and integral health⁵⁴.

Second, economic barriers⁵⁵. Gender affirming care procedures in Colombia are very expensive. The Colombian health system requires the payment of extra fees for medical and psychological consultations, delivery of medicines and surgical interventions and hospitalizations. This means that for every medical, psychological or specialist consultation, diagnostic test, hormonal treatment and surgical procedure, an extra fee must be paid. Therefore, even within the public health system, gender affirming care is costly and perhaps even unaffordable for people from low-income backgrounds, which often leads them to resort to unsafe low-cost procedures and low-quality hormonal cocktails that may endanger their health.

d.2) Recommendations

One of the organizations of our Platform, Universidad Católica Luis Amigo, Colombia, has recommendations regarding the technical barriers: Establishing a Protocol for Access to Comprehensive Health Care without Discrimination to Transexual persons, as well as specialized guides and procedures for comprehensive care for transgender children and adolescents. These

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

health treatments should be covered by the Public Health System and included in the Mandatory Health Plan⁵⁶.

The Superintendence of Health should monitor the training of healthcare staff to ensure they can provide information and care that is free of stereotypes and prejudices. Health professionals should not prescribe treatments and/or make psychological evaluations based on their prejudices about the identity, gender expression or sexual diversity of their patients⁵⁷.

Regarding the economic barriers, it is recommended that the Colombian State collects data on the number and needs of transgender and intersex persons; adjusts the birth registration systems to include the transgender or non-binary option.; takes affirmative action to allow low-income, unemployed or informally employed transgender persons to access comprehensive health procedures and treatments to perform sex transition and reaffirm their sexual identity and gender expression as a fundamental right⁵⁸.

e) **Children and adolescents:**

e.1) Background

Adolescents and children faced many needs and challenges during the COVID-19 pandemic due to the measures taken to mitigate COVID-19 transmissions such as social distancing and schools' closures⁵⁹.

According to a study conducted by Profamily Colombia, the main difficulties were related to mental health caused by isolation and confinement; education challenges caused by moving classes to an online format and the lack of access to technological media⁶⁰. Another area is food security

⁵⁶ *supra* note 75.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ Profamily Colombia, *Understanding the experiences and resilient practices of adolescents and youth during the COVID-19 pandemic in Colombia*, <https://profamilia.org.co/wp-content/uploads/2021/02/Report-PMNCH-Extensive-version.pdf>.

⁶⁰ *Ibid.*

since families had problems in purchasing food as a result of rising prices and lack of financial resources brought by formal or informal employment loss⁶¹.

Adolescents and children had limited access to health care and services, especially sexual and reproductive health needs, since human and financial resources were allocated to the emergency⁶².

e.2) Recommendations

The situation of children and adolescents in Colombia has been surveyed by our partner organizations and also been identified as non-compliant with the Third Cycle of the Universal Periodic Review (UPR).

The situation described above clearly shows that children and adolescents rights need to be further protected in the wake of the pandemic⁶³

As Families:Now Platform we recommend authorities to adopt short- and medium-term measures to mitigate the impacts of the pandemic on children and adolescents. Expanding economic and social protections systems can help reduce the consequences of health emergencies and protect the rights of young people⁶⁴.

In particular, the following recommendations for each area could be adopted:

Mental health: the government should facilitate access to mental health information, services, and care, for example, by means of a hot line⁶⁵. Mental health services should be covered by the National Health Care Plan and mental health care education should be provided so that young people can recognized their feelings and sensations and learn to manage anxiety and grief⁶⁶.

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ *supra* note 38.

⁶⁴ *supra* note 93.

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

Food security: the government should implement income support measures for vulnerable groups, control excessive price increases, strengthen local producers' markets, and promote small scale agricultural products, adopt stimulus tax and monetary policy packages for the less privileged among others⁶⁷.

Education: develop additional strategies to be used at all levels of education during schools' closures, address and reduce the internet and technology access gap by declaring internet as a basic service, develop strategies for the inclusion of all children and adolescents in the school system and the prevention of school dropouts and provide teachers with training and tools to adopt their methods to current learning conditions⁶⁸.

Health: provide universal health coverage (UHC) system that benefits all the population. This coverage should include all health services, including mental health. Regarding sexual and reproductive health coverage, it should not be discontinued during emergencies situations such as the pandemic and resources should be allocated so that sexual and reproductive needs can be met⁶⁹.

A comprehensive approach including access to contraceptives, retroviral drugs, HIV pre-exposure prophylaxis (PrEP) care, prevention of STIs, menstrual health products, maternal care, and abortion services as provided by the law should be easily accessible to children and adolescents⁷⁰.

Also, training health care personnel is essential to ensure respectful treatment and care in relation to sexual and reproductive health needs⁷¹.

I. Addressing structural discrimination in economic planning and budget decisions

According to FUCOGA⁷², in Colombia, women are more vulnerable to poverty and precarious economic situations. Given that in 40% of households it is a woman who is the head and main

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² FUCOGA

breadwinner, the “feminization” of poverty must be addressed as an issue of social concern. Women also undertake most of the household chores which place an extra burden on them in terms of time spent on doing these chores and the fact that they are not considered “labor” and are therefore unpaid. Having to deal almost exclusively housework and family care means that women lose opportunities for formal jobs and often depend on solidarity income.

In order to transition towards an “a-patriarchal” or “de-patriarchal” model of societal organization, some proposals have been made such as a structural tax reform, and the introduction of a permanent basic income. New public policy approaches must be implemented with alternative conceptual guidelines resulting from rethinking traditional models.

Those most affected by the restrictive measures taken by the Government during the Covid19 pandemic were the poor (estimated 40% of the population) who depended on precarious jobs or were self-employed. A basic income financed by the State in at least half a legal minimum wage in force would be a step forward.
