



United Nations Human Rights Council – 45th Session

Joint statement ¹

Item 8 – General Debate

1 October 2020

Delivered by: Emeline Dupuis

In the Vienna Declaration and Programme of Action, States recognized that women’s rights are human rights and that all human rights are universal, indivisible, interdependent and interrelated. This should have been the basis for an intersectional[i] approach to human rights and the recognition that the denial of access to safe and legal abortion impacts all aspects of women’s lives.

Everyone has the right to life-saving interventions during or outside of crises.[ii] And yet, women and girls’ rights to bodily autonomy and safe abortion have been some of the first rights to be conveniently sacrificed under the guise of prioritizing COVID, as if health was a zero-sum game. That includes free, safe and legal abortion and comprehensive abortion and post-abortion care,[iii] without which women, girls and gender-non-conforming persons are forced to seek unsafe clandestine abortions or to carry unwanted pregnancies to term, in complete violation of our rights.[iv]

During this pandemic, some governments are increasing barriers to abortion services by deeming it a non-essential medical procedure,[v] or are instrumentalizing the crisis to further restrict access in law or practice.[vi] In health systems, for example, inadequate planning and the redeployment of medical personnel and resources to COVID-19 have decreased access to abortion and contraception.

Confinement measures have restricted the ability to travel to health facilities exacerbating the onerous requirements to comply with strict gestational limits on abortion. Moreover, confinement measures have resulted in a loss of livelihoods for many, such as sex workers, domestic workers, and informal workers.

The dramatic rises in domestic and intimate partner violence, the exponential increase in care burdens on women and girls, the closing of borders, crackdowns based on migration status, as well as systemic racism in policing and lockdown enforcement all limit access to abortion care.

¹Action Canada for Population and Development, [Cairo Institute for Human Rights Studies](#), Centro de Estudios Legales y Sociales (CELS) Asociación Civil, Stichting CHOICE for Youth and Sexuality, International Planned Parenthood Federation (IPPF) Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos – PROMSEX, Rutgers, Center for Reproductive Rights, Women’s International League for Peace and Freedom, Plan International, Conectas Direitos Humanos, International Movement Against All Forms of Discrimination and Racism (IMADR), International Service for Human Rights (ISHR), Swedish Federation of LGBT Rights – RFSL International Lesbian and Gay Association, International Humanist and Ethical Union

This does not have to be the case. During the pandemic, some states have expanded access by increasing legal limits for medical abortion and facilitating telemedicine procedures, proving that these barriers were never medically necessary.

These barriers and inequalities are not exceptional to this moment. Legal frameworks and policies criminalizing or otherwise restricting access to safe abortion existed before the pandemic. Moreover, social and other determinants of health[vii] are the product of the same capitalist, neo-liberal, patriarchal, racist and ableist power structures that shaped disparities in COVID-19 infection and mortality rates, consider some lives as expendable, and shape reproductive politics around population control and social control over women's bodies rather than bodily autonomy and reproductive justice.[viii] These systems of oppressions are also "pre-existing conditions" that cannot be part of an effective response.

For decades, global financial institutions, donors, and governments pushed austerity, structural adjustments, and privatization that eroded health systems. Now these actors are imposing these conditions on their COVID-19 loans and assistance, with devastating consequences for women and girls in the Global South.[ix]

On this International Safe Abortion Day, we urge states to respect, protect and fulfill women and girls' human rights and to:

- Ensure uncompromised access to available, accessible, acceptable and quality sexual and reproductive health commodities and services, including modern contraception and comprehensive abortion and post-abortion care on request, as part of universal health coverage and as essential health care, at all times, including during COVID-19. This should include the option of telemedicine, medical and self-managed abortion.
- Remove all legal, administrative and social barriers to safe abortion, including criminalization, and implement evidence-based guidance to abortion care, and maintain any positive changes to abortion laws and policies after the pandemic.
- Adopt an intersectional[x] and rights-based approach to COVID-19 response and recovery that addresses white supremacy and other systemic oppressions and determinants of health in law and practice. Center reproductive justice and its emphasis on the rights to bodily autonomy, self-determination and to parent or not in safe and healthy environments when regulating access to abortion, contraception, sexual and reproductive health services and all the material conditions necessary to enjoy these rights.[xi]
- Strengthen and finance public health systems through taxation and free from control from other governments, multilateral agreements and transnational corporations. This requires donor states, international financial institutions and other creditors and donors to adhere to human rights and ensure that financial and other assistance is sustainable, designed with meaningful participation of local feminist movements, women human rights defenders, young women and gender non-conforming people and does not depend on any conditionality negatively impacting human rights, such as austerity measures, privatization and structural adjustments.