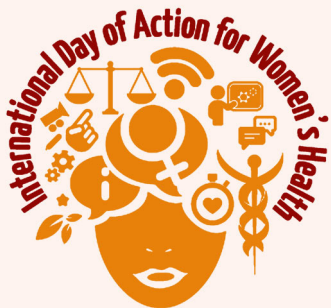


# 05.28.20

INTERNATIONAL DAY OF ACTION FOR WOMEN'S HEALTH



#SRHRisEssential #WomensHealthMatters #NoLockdownonRights #May28



## 28 May

[www.May28.org](http://www.May28.org)

MAY 28

INTERNATIONAL DAY OF ACTION  
FOR WOMEN'S HEALTH

# Call for Action

## Women's Health STILL Matters!

Women's access to essential SRHR information and services remains critical in responding to COVID-19.

**#SRHRisEssential**  
**#WomensHealthMatters**  
**#NoLockdownonRights**  
**#May28**



May 28 is the International Day of Action for Women's Health, which for over 30 years, women's rights advocates and allies in the sexual and reproductive health and rights (SRHR) movement worldwide have commemorated in diverse ways. Year after year, women, girls, advocates, and allies continue to take action and stand up for sexual and reproductive rights for what they are: an indivisible and inalienable part of our human rights.

Now, at a time when women's human rights, and, particularly, sexual and reproductive rights continue to be systematically violated worldwide, mobilization, both within and beyond our communities, remains essential in order to resist any rollback on our rights and advance sexual and reproductive justice for all. As the global geopolitical context threatens to become increasingly regressive, it is more important than ever to denounce any attempts at curtailing women's rights, including our human rights to decide freely upon all aspects of our bodies, our sexualities, and our lives, free from coercion, discrimination, and violence.

The current global crisis resulting from the COVID-19 pandemic directly impacts women's and girls' access to sexual and reproductive health services. Although early reports reveal that more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services.<sup>[1]</sup> Studies show that even before COVID-19, women and girls are dealing with multiple barriers in accessing SRHR information and services. This public health crisis exacerbates the risks for women and girls living in intersecting vulnerabilities, particularly those in contexts with fragile economic and health systems, as financial, technological, and human resources are diverted to respond to the COVID-19 pandemic.

Around the world, combatting COVID- 19 has become the top priority of governments after the World Health Organization (WHO) declared it a pandemic, realizing the severity of the infection and levels of inaction.<sup>[2]</sup> Responses to contain the virus focused on limiting movements of people by imposing home quarantine and physical distancing, while countries with better healthcare systems prioritize mass testing.<sup>[3]</sup> The WHO and US Centers for Disease Control and Prevention identified that those at-risk to COVID-19 are elderly, chronically ill, and immunocompromised individuals. However, the experience with previous epidemics shows us that emergency and outbreaks have gendered impacts that disproportionately affect women, girls, and LGBTIQ+ persons. They face increased threats of sexual and other forms of violence and having to stay at home during lockdown means being imprisoned with their abusers. Persons with disabilities, indigenous peoples, refugees, and LGBTIQ+ who are normally left out of the health care system will further experience discrimination as the pandemic strains resources and services.<sup>[4]</sup>

The provision of sexual and reproductive health services, including safe abortion and gender-based violence related services, is central to ensuring the health, rights, and well-being of women and girls. SRH services and commodities should not be overlooked in times of crisis; women continue to require comprehensive sexual and reproductive health services.

## In Uganda,

pregnant women have delivered at home or along the way to a health facility due to lockdown restrictions. They have missed antenatal appointments, family planning appointments, and girls cannot access post-abortion care services due to mobility restrictions.<sup>[5]</sup>

## In Kenya,

the focus on Universal Health coverage, which was set to be rolled out in all the 47 counties in Kenya this year, has taken a back seat. Coupled with curfews and restrictions on movement, this has affected the provision of commodities and services that support ante-natal care, treatment and prevention of potential health complications throughout the course of the pregnancy, and has complicated access to post-natal check-ups and immunization with the imminent strain on the availability of health workers offering these services.<sup>[6]</sup>

## In the Philippines,

a 26-year old woman died from complications arising from childbirth after being unjustly refused by six hospitals. To avoid being infected with COVID-19, Katherine Bulatao decided to give birth at home with the help of a midwife. However, due to complications, she needed to be referred to a hospital that could provide her life-saving care. The unjust refusals to provide the emergency treatment Katherine needed led to her untimely and preventable death.

## In Nepal,

without the early intervention of local advocates, a provincial hospital would have continued to implement its decision to close its maternity ward. The hospital management initially decided to divert its resources to the provision of treatment for COVID-19 patients by converting the maternity ward to a COVID-19 treatment center.

## In Pakistan,

a network of abortion service providers across the country has had to drastically reduce its operations during the lockdown and therefore the number of services typically provided, including supplying medical abortion pills, is severely curtailed. A small percentage of service providers have moved to telemedicine, but the number remains very low.



**This May 28, join women's rights activists around the world in calling on governments and the international community to ensure a rights-based, just, and sustainable approach to the COVID-19 pandemic.**

***Women's access to essential SRHR information and services remains critical in responding to COVID-19.*** Governments should continue to prioritize the delivery of essential SRH services to women and girls. Any public health strategy that is not mindful of human rights, including sexual and reproductive health and rights, will not only be inept and unsustainable but will also create an enabling environment for grave human rights violations.

The landscape for ensuring SRHR, including access to abortion, has never been easy even during "normal" times. Today, more than ever, despite our physical distance, we work in solidarity and continue our collective effort to oppose injustices in a myriad of ways. Our aim this year is to highlight, promote, and support the many different ways activists all over the world are currently responding to the challenges related to COVID-19. The current context shows us that once again preparing, mitigating, and responding to health crises is inevitably about examining and abolishing the inequalities in our society. As we tightly hold on to our hopes for the end of this crisis, we remain steadfast in our solidarity so that we do not go back to 'normal', but rather come out of this with a better and just world for all.



# Take Action

**We want to make sure your voice is heard!**  
**JOIN US NOW!**

We need to amplify our voices by speaking up on the challenges faced by women and girls during the COVID-19 pandemic in relation to sexual and reproductive health rights.

Express outrage and highlight the increase in cases of neglect and denial of SRHR services women and girls face in the name of prevention of COVID-19.

Encourage governments and CSOs to express a strong commitment to addressing SRHR and violence issues during COVID-19.

Strengthen feminist solidarity towards ensuring Women's Health in COVID-19 interventions.

Mobilize wider support for women's health within other social justice movements.



## **Be part of SRHR advocates all over the world holding governments accountable and making demands in light of the COVID-19 pandemic. Together, let us call on our governments to:**

1. Include reproductive health commodities such as menstrual health items, oral contraceptives, condoms, spermicide, and lubrication in the relief packages during the lockdown period.
2. Ensure women's timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception, post-abortion, and safe abortion services, and ensure continuity of care.
3. Ensure that some sexual and reproductive health clinics are left to offer services.
4. Gender-Based Violence pathways must reflect the changes according to the availability of facilities and services, and communities and service providers are informed of the changes. Hotlines to report gender-based violence must be in place and safe houses available and supported. Train frontline workers to recognize signs of GBV and how to refer to appropriate services.
5. Empower young people to access sexual and reproductive health services in times of crisis.
6. Ensure that Comprehensive Sexuality Education is still accessible for young people and linkage to adolescent and youth-friendly sexual and reproductive services are in place.
7. Ensure the non-disruption of healthcare services for young people especially young Persons Living with HIV (PLHIV) who will need treatment services such as antiretroviral medication refill.
8. Extend tax reduction for goods and commodities to menstrual health items and contraceptives.
9. Ensure proper language and communication mechanisms for all as pertaining to how to take care of themselves are inclusive of persons with disabilities.
10. Ensure psychosocial support is provided to all affected individuals including women who represent 70 percent of the health and social workforce combatting COVID-19.
11. Ensure that human rights are respected and protected during the lockdown period by focusing on safety and health for all rather than arrests and confinements.
12. Ensure that information, response plan, and aid do not reinforce discrimination, but rather respond adequately to the different needs of women and girls, LGBTIQ+ persons, homeless and displaced, refugees, migrants, asylum seekers, indigenous peoples, persons with disabilities, and other groups who are most marginalized and excluded.

# This May 28th, SPEAK OUT, SHARE HERSTORIES, MOBILIZE, ASSERT, AND SPREAD THE WORD!

## SPEAK OUT:

Host online awareness-raising activities on the need for a holistic, inclusive, sustainable, and human rights-based approach to women's health, including SRHR for all women and girls in all their diversities.

## SHARE HERSTORIES:

Contribute to the making of #LockdownHerstories Booklet. Send us your personal, collective, and community experience, actions, concerns/issues/challenges during the COVID-19 pandemic. Send your stories to [may28campaign@gmail.com](mailto:may28campaign@gmail.com).

## MOBILIZE:

Engage other partners and allies in the May 28th Campaign.

Share with us your campaign plans for May 28th to [may28campaign@gmail.com](mailto:may28campaign@gmail.com). We will make sure to inform others about your online activities!

## ASSERT:

Send your specific demands for women and girls to government bodies in charge of COVID-19 response. **You can find statement templates on the May 28th website later this month!** Send your demands through Twitter to governmental and international bodies. Find more tweet examples in the Campaign toolkit.

Visit and share [www.may28.org](http://www.may28.org) and learn more about the campaign and learn what you can do in your community!



## SPREAD THE WORD:

Download, print and distribute the Day of Action materials among your allies, partners, colleagues, and all those who support women's right to health and SRHR.

Spread the news about the Global Day of Action and tell the world about what you are doing on this day through social media – Facebook and Twitter.

Tweet! For Twitter, use the following hashtags **#SRHRisEssential** **#WomensHealthMatters** **#NoLockdownonRights** **#May28**. Check [www.may28.org](http://www.may28.org) for more ideas about social media engagement and sample tweets!

# Speak out, Mobilize, Assert!

**#SRHRisEssential**   **#WomensHealthMatters**   **#NoLockdownonRights**   **#May28**



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[1] [https://www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_women\\_9\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_april_2020.pdf)

[2] <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

[3] <https://www.vox.com/science-and-health/2020/3/22/21189889/coronavirus-covid-19-pandemic-response-south-korea-philippines-italy-nicaragua-senegal-hong-kong>

[4] <http://wgnrr.org/ensuring-srhr-in-a-rights-based-justice-sustainable-approach-to-covid-19-pandemic/>

[5] <https://www.reuters.com/article/us-health-coronavirus-uganda/in-uganda-mothers-in-labour-die-amidst-coronavirus-lockdown-idUSKCN21R2FA/>

[6] <https://haiweb.org/reproductive-health/>