

“Reproductive Health is Vital” IACHR Hearing Petition

General Petition to the IACHR

Considering:

- What has occurred during these months with the access to reproductive health within the framework of the pandemic;
- Projections of the continued expansion of the pandemic and infection peaks in 2021;
- Scientific evidence and recommendations from the World Health Organization about the essential nature and urgency of the provision of reproductive health services
- And following the recommendations from the IACHR and its Special Rapporteurship on Economic, Social, Cultural, and Environmental Rights (ESCR), which within the framework of its Rapid and Integrated Response Coordination Unit (SACROI-COVID19) issued Resolution 01/20 “Pandemic and Human Rights in Americas;”

We, the organizations that are part of this hearing and the more than 80 organizations that have participated in this initiative as part of CLACAI, consider that to ensure the rights associated with reproductive health services in a timely, accessible and quality-driven manner, States must:

- **Reaffirm and** make their statements effective about **reproductive health services that tend to needs related to prenatal care, labor, access to contraceptives and abortion care being essential and urgent services**, which cannot be suspended or delayed.
- **Meet the needs of vulnerable and underprivileged groups of people**, who have seen their neglect and obstacles exacerbate. The case of immigrants is paradigmatic.
- **Issue appropriate guidelines and adaptations to maintain continuous reproductive health services.**
 - *Adopt telehealth strategies* for reproductive health services, including contraception counseling and safe pregnancy interruption.

- *Enable all healthcare levels for provision of outpatient reproductive health services, such as early pregnancy interruption, supply of contraceptives, STI testing, including HIV.*
 - *Provision of sufficient inputs to ensure the lowest number of visits to healthcare centers, delivering contraceptives for at least 3 or more months.*
 - *Waive the requirement for a medical prescription for an emergency contraceptive in all cases, including its delivery as a preventive measure.*
 - *Enable simple prescriptions and electronic prescriptions to buy all type of drugs related to reproductive health, particularly drugs for legal pregnancy interruption, contraception, including emergency contraception.*
- **Review restrictive legal frameworks for pregnancy interruption.**
 - *In the event of El Salvador and other countries with highly restrictive regulations or total prohibition of abortion, it is necessary for the AICHR to issue specific recommendations that urge these States to review their regulations urgently, given the situation of sexual violence, forced pregnancies, mortality and maternal morbidity derived from lack of access to essential health services and accumulated violence when women require post-abortion care in hospitals.*
 - *Update protocols and guidelines according to available evidence for safe and legal abortion, so as to allow abortion with outpatient drugs and in the first level of care.*
- **Ensure purchase of sufficient inputs** to ensure the continuous provision of drugs and inputs.
- Prioritize collection of correct and complete data broken down into age, gender and all **variables that allow to characterize the situation of people in terms of reproductive health**, such as national and ethnic origin, disability, among other variables, so the approach of equality and non-discrimination becomes a reality.
- **Improve the manner of complying with the obligation to provide information.**
 - *Remind the States that citizens and organizations of civil society are entitled to request and access public information.*
 - *Ensure people with access to accurate and timely information about sexual and reproductive health, assuring that healthcare personnel and other authorities and healthcare providers are fulfilling the duty of active transparency as this Commission has already affirmed.*

- *Adapt communication channels for information on health and reproductive rights. Information must be ensured not only virtually, by phone and through easily accessible procedures, but also through traditional means such as radio, printed graphics and television.*
- Improve **accountability mechanisms** for society on the actions for enforcement of reproductive rights.
 - *The States must enhance mechanisms, systems and times for production and analysis of data related to reproductive health of the population.*
 - *The States must design vertical and penalizing as well as non-penalizing accountability mechanisms with respect to the enforcement of human rights associated with reproductive health. They must also drive horizontal accountability mechanisms inside health services.*
 - *They must ensure participating mechanisms and be open to experiences and recommendations from civil society.*

RECOMMENDATIONS THE STATES WILL MAKE IN THEIR INTERVENTIONS:

1. Ecuador

The Ecuadorian State is recommended as follows:

- **Recognize** Sexual Health (SS) and Reproductive Health (SR) services **in a broad** and interinstitutional **manner as essential and urgent health services** according to international and regional standards of Human Rights, with a gender and intersectional focus, both in contexts of national emergency and humanitarian crisis and in post-pandemic and normalcy periods.
- **Modify existing SS and SR recommendations**, including therapeutic and non-punishable abortion, care for obstetric emergencies, care for victims or survivors of gender-based violence and care for ITS/HIV detection testing and treatments as essential services.
- The Ministry of Public Health is urged to **properly monitor access** of women, adolescents and LGBTIQ+ population **to non-punishable, therapeutic abortion** and care for obstetric emergencies to ensure access of women, children, adolescents and sexually diverse people to these services.
- **Strengthen training on Guidelines for Clinical Practice of Therapeutic Abortion** and Diagnosis and treatment of spontaneous abortion, incomplete deferred abortion and recurring abortion; current provisions regarding health professional secrecy and confidentiality and about the obligation of active transparency in

terms of health information. At the same time, the incorporation of clear indicators of compliance with standards and routes established in the abovementioned healthcare instruments must be ensured.

2. Peru

The Peruvian State is recommended as follows:

- **Comply with current regulations**, including the regulation issued within the pandemic, guaranteeing priority and preferential care for women; ensuring their access to sexual and reproductive health services; prioritizing healthcare for pregnant women, access to therapeutic abortion and modern contraceptive methods, including oral emergency contraception.
- **Improve networks of first-level healthcare services**, ensuring sexual and reproductive health services, including diversification of services offered both in person and through telehealth; and organization with the community with assigned budgets.
- **Implement current joint action protocols**, so that all victims of violence, including rape, have access to healthcare for their health needs; and therapeutic abortion is guaranteed for those women with forced pregnancies, especially girls.

3. Argentina

The Argentinian State is recommended as follows:

- **Ensure effective implementation of Act 27.610** regulating access to voluntary pregnancy interruption, which became effective recently nationwide. Furthermore, the implementation of existing public policies associated with sexual and reproductive health must improve and be reinforced.
- **Ensure access to information with respect to the operation of sexual and reproductive health services** in pandemic times for all people without any discrimination. This includes informative and awareness campaigns for society in general, as well as specific actions intended to inform health professionals about their duties with respect to the adaptations of sexual and reproductive healthcare during COVID-19.
- **Reinforce its health system through clear guidelines and directives**, so that health responses in sexual and reproductive healthcare in a pandemic context are concrete and sustained State policies and do not depend on the individual will of health professionals.

4. Brazil

The Brazilian State is recommended as follows:

- **Remove obstacles to access to legal abortion in cases of sexual violence**, which were created by **Ordinance 2.561 / 2020** by the Ministry of Health and any other provision that adds obstacles to abortion according to the law.
- **Investigate potential interference of State officials in non-compliance with reproductive rights** provided by the law.
- **Review laws and regulations on reproductive health**, so that they are based on scientific evidence and respect the fundamental rights of women and girls, without suffering from interference from particular moral perspectives.
- **Create health and social policies that allow effective social isolation for pregnant and puerperal women** and priority healthcare in case of COVID-19 infection.
- Considering the high maternal mortality rates as a result of COVID-19 in Brazil, **invest in quality hospital infrastructure to respond to emergencies of the obstetric population and avoid deaths** due to lack of supplies. It is also necessary that pregnant and puerperal women are included in priority vaccination groups.

5. Bolivia

The Bolivian State is recommended as follows:

- **Implement an Action Plan for Sexual and Reproductive Health in the COVID-19 pandemic immediately and effectively through competent authorities**, considering it as an essential service, with massive dissemination actions, so that citizens have access to these services, as it is anticipated that a third wave will occur soon in the country due to the profound deficiencies in the health system.
- **Make arrangements so hospitals for mothers and children and other healthcare centers (in the places where there are none) have supplies, health staff and all that is required**, so that the high maternal mortality rates in Bolivia do not increase due to the imminent saturation of hospitals caused by the sanitary crisis.
- **Do not infringe the rights of women, preventing or denying access to legal pregnancy interruption** in accordance with national regulations, assigning efforts that are necessary to ensure decisions of Bolivian women nationwide.

6. Chile

The following requests are formulated:

- **The IACHR must ask for information from the State about this reported situation. Based on that, the IACHR must issue a statement reprimanding Chile for its obligations related to the importance of guaranteeing the effectiveness of contraceptive pills** through strict quality control for them and proper inspection of the laboratories in charge of their production. Furthermore, the State must ensure access to voluntary pregnancy interruption (IVE) in the cases of women who require such procedure as they were affected by this situation.
- **The IACHR must exhort the State to take all prevention measures, so that similar situations do not repeat themselves in the future, as well as comprehensive compensation measures for the affected women**, including social work measures necessary to ensure accompaniment of unwanted maternity of women who decided to continue with their pregnancies through social-economic aids to raise those children, and effective access to mental healthcare to mitigate negative impacts of the situation on the rights and life projects of the affected women.
- **Chile must issue a statement on the obligations of private companies in charge of production of contraceptive pills in Chile**; they must be respectful of the guarantee of human rights and Chile must urge that this does not happen again in the future, reaffirming the standards developed by the Rapporteurship on ESCER of the IACHR in its Report on Business and Human Rights: Inter-American Standards, dated November 1, 2019, reminding the importance to produce and distribute contraceptive pills that comply with required medical and chemical standards, taking into account that essential elements of sexual health and reproductive autonomy of women rely on that.

7. Colombia

The Colombian State is recommended as follows:

- **Ensure through surveillance and control mechanisms that healthcare providers recognize reproductive health services as essential in practice**, which allow to overcome obstacles freely, especially for people who belong to vulnerable communities or live in rural areas, as well as for immigrant women.
- **Improve collection of** timely and complete **data**; particularly, there should be a **distinction between the cases in which an IVE occurred and the cases of**

abortions derived from complications during pregnancy. Also, the case of access to planned parenthood and HIV and ITS treatment.

- **Ensure chain of supply** of contraceptive methods, supplies for IVE, prenatal healthcare and HIV and ITS treatment, in addition to tests to diagnose HIV and ITS, especially in areas of difficult access in the country.
- **Take into account good practices adopted by service providers by adjusting services to telehealth**, which can offer great possibilities to expand access to reproductive health services in a safe manner and can contribute to closing gaps in information and access to consultation.

8. Uruguay

The Uruguayan State is recommended as follows:

- **Improve mechanisms to inform the population about the operation of sexual and reproductive health services in the pandemic**, including informative and awareness campaigns that continue over time.
- **Guarantee a duly labeled budget that ensures** contraceptive **inputs**, abortion medication, ITS/HIV treatment and other inputs necessary for sexual and reproductive health requirements, avoiding shortage.
- **Create mechanisms for women and younger women in situations of sexual and gender violence** that can effectively take them out of imminent danger.
- **Review the law on IVE to improve conditions for access to and universal coverage of these services** (control the abuse of conscientious objection and restriction for immigrant women with a minimum residence time of one year to have access to legal abortion).
- **Strengthen control and governance capabilities of health authorities to guarantee effective compliance with SSE guidelines and protocols and the operation of services provided by law**, with appropriate penalizing mechanisms for providers and professionals who do not comply with the provisions of the law. This would improve the system of information about these policies and also the transparency and accountability mechanisms.

9. El Salvador

The Salvadoran State is recommended as follows:

- **Review healthcare protocols for women who access public health services due to obstetric problems, precipitate deliveries or abortions**, so professional secrecy is guaranteed, complying with international standards, and women are

not reported in public hospitals based on prejudice within the framework of total criminalization of abortion.

- **Prioritize reproductive health services for women, adolescents and children under sexual violence**, who can face forced pregnancies.
- **Provide effective access to public information related to health services and indicators**, especially those related to sexual and reproductive health and complaints and investigation about sexual violence crimes against women and children.

^[1] Royal College of Obstetrics and Gynecology (RCOG). Coronavirus (COVID-19) infection and abortion care. Information for health care professionals. Translation available at: <http://www.redaas.org.ar/nuestro-trabajo-documento.php?a=177> document entirely in English at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/>; Ipas: Safe Abortion. An Essential Service during the COVID-19 Pandemic; Reproductive Health Education In Family Medicine.

Organizations involved

We have the backing and support of:



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