

20 May 2020

Mr. António Guterres  
Secretary-General  
United Nations  
New York, NY 10017

Dr. Tedros Adhanom Ghebreyesus  
Director-General  
The World Health Organization  
Geneva, Switzerland

Subject: Civil society letter in support of the United Nations and the World Health Organization

Dear Excellencies,

We are writing to register our outrage at Acting USAID Administrator John Barsa's letter to UN Secretary-General Antonio Guterres demanding the UN remove reference to "sexual and reproductive health" from the Global Humanitarian Response Plan's (HRP) guidance on COVID-19. The removal of this wording is not symbolic--it will have a detrimental impact on people who need and rely on sexual and reproductive health services. We are deeply concerned about the health and human rights impact of this request, which comes at the same time the U.S. Government is attacking the WHO and threatening to freeze funding in the midst of the COVID-19 pandemic.

The COVID-19 pandemic continues to have far-reaching effects across the world, with disproportionate impacts on women, girls and gender non-conforming people, particularly from marginalized populations. Access to essential sexual and reproductive health services, including contraception, abortion, diagnosis and treatment of sexually transmitted infections and reproductive cancers, HIV diagnosis and treatment, gender-affirming care, and maternity care, remains imperative during the COVID-19 health emergency. It is, in fact, a matter of life and death. UNFPA estimates that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if the average lockdown, or COVID-19-related disruption, continues for six months with major disruptions to services. These interruptions in access to services are anticipated to result in as many as seven million unintended pregnancies, further increasing the need for abortion services and quality maternity care. Furthermore, even the least severe models indicate a reduction in essential interventions could result in thousands of additional maternal and child deaths.

Emerging evidence from numerous countries demonstrates that demand for these services continues and has even increased during the pandemic. Yet, that access is now being disrupted

by government directives including quarantines and limits on movement, pressures on health systems and workers, closures of health facilities, commodity stock outs, interruptions in global supply chains, and people's fears about going to clinics because of the potential risks of exposure and stigmatisation. Limited access to health care in many low- and middle-income countries is exacerbated by existing U.S. policies, like the Global Gag Rule and the defunding of UNFPA, which have damaged health systems by forcing clinic closures, fragmenting the provision of care, and reducing access to the full range of reproductive health services including abortion, contraception, and access to HIV testing and treatment, among others.

In a number of countries, including the U.S., governments have taken actions to restrict SRHR services and particularly abortion care, using COVID as a pretext. Meanwhile, long-standing violations of sexual and reproductive rights continue, particularly among marginalized communities, like discriminatory national and international policies and laws and denial of access to comprehensive, quality information and services.

Evidence also reveals that the COVID-19 crisis is contributing to alarming increases in sexual and gender-based violence, particularly intimate partner violence, around the world. In countries experiencing lockdowns and restrictions on movement, women and girls who are trapped in violent situations are facing challenges accessing the critical services they need. This crisis is expected to set back the global response to gender-based violence significantly, with as many as 31 million more women experiencing violence as a result. The link between violence and poor sexual and reproductive health outcomes is well established.

Finally, the women and girls who are the front lines of COVID-19 responses, including those who provide essential sexual and reproductive health care, continue to lack the personal protective equipment, financial support, and social protection they need. Globally women comprise 98% of nurses and the majority of unpaid caregivers, whose work is valued at nearly 1.3 trillion USD a year. Gender equity in the health and social workforce is critical to having strong, resilient health systems and ensuring access to quality care for all people.

The United Nations and especially WHO have played a timely, crucial role in the multilateral response, providing science-based guidance to countries, coordinating financial and technical assistance, and supporting critical research efforts. The role of the UN and WHO in addressing COVID-19 has been essential in helping countries respond quickly to the pandemic and put in place measures that support the fulfillment of the right to health for all as agreed in the WHO's Constitution. Especially at this critical time, both WHO's specific work and the overarching work of the UN and its HRP must be protected and fully supported, to avoid an even bigger escalation of the pandemic.

The HRP is right to provide guidance to countries that access to comprehensive sexual and reproductive health services must be prioritized and is essential. In fact, it would be a serious breach of human rights, including the right to life, the right to equality, and the right to health,

and contradict all available evidence, if it did not. Past experience with health emergencies shows that if governments fail to ensure access to these critical, time-sensitive services, increases in unsafe abortion and maternal mortality are the unavoidable result.

Governments have agreed for more than 25 years that ensuring universal access to sexual and reproductive health services, including abortion services, and protecting reproductive rights, are both public health and human rights imperatives. The U.S. government's cynical claims that these services are not essential and are "widely contested" contradicts sound public health approaches, accepted human rights principles, and data on the demand for these services, including in times of crisis. Governments around the world continue to take action to protect and expand access to comprehensive sexual and reproductive health care, including abortion. The joint statement from 58 countries on *Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis*, issued on May 6, 2020 demonstrates that support.

Acting Administrator Barsa's demand that the UN remove reference to "sexual and reproductive health" from the Global HRP flies in the face of an evidence-based response to the COVID-19 pandemic. The Trump Administration is using the current crisis to advance its unscientific, anti-human rights agenda, and to pursue an extreme ideology that has become the hallmark of its vision of U.S. foreign policy. The UN and WHO must reject these efforts and continue to promote a response to COVID-19 that upholds long standing commitments to health, human rights, and gender equality.

Please consider this letter as the strongest possible expression of support for the continued work and global leadership of the UN and WHO during this pandemic, and for the continued stalwart commitment to the health and human rights of all women, girls and gender non-conforming people around the world.

**Signed by the following organizations and individuals**

**Organizations:**

Abortion Rights Campaign

Abortion Rights Coalition of Canada

Abortion Support Network

Access Chapter 2

Act Church of Sweden

Action Group for Health, Human Rights, HIV and AIDS AGHA

Action Works Nepal

Advocates for Youth

African Alliance

African Women's Development and Communication Network - FEMNET

Aid Access

AIDOS - Italian Association for Women in Development  
AIHMS-Global  
Akina Mama wa Afrika  
Aliansi Remaja Independen  
Alianza por la Solidaridad  
Alliance for Choice  
American Humanist Association  
American Jewish World Service  
American Society for Reproductive Medicine  
AMICA e.V. Germany  
Amnesty International  
Anna Nordstrand  
ARC Donegal  
ARROW  
Ärzte der Welt  
ASFAMM  
Asia Pacific Alliance for SRHR  
ASOCIACIÓN AMAR C  
Association for Women's Rights in Development (AWID)  
Association of Women of Southern Europe (AFEM)  
Association pour les victimes du monde  
Association Tunisienne des Femmes Démocrates  
Associatiuon Suisse des droits des femmes ADF-SVF  
Atria - Institute for Gender Equality and Women's History  
AVAC  
AYNI DESARROLLO  
Bangladesh Model Youth Parliament (Protiki Jubo Sangshad)  
BEFA Women And Child Care Foundation  
BEITY  
BOHA  
Brook  
Canadian HIV/AIDS Legal Network  
Catholics for Choice  
Catholics for Choice Board Of Directors  
Católicas por el Derecho a Decidir - Colombia  
Católicas por el Derecho a Decidir Perú  
CDD Argentina  
Center for Women's Global Leadership  
Center Women and Modern World  
Centre for Feminist Foreign Policy

Centro de Derechos de Mujeres  
Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos - PROMSEX  
CHANGE (Center for Health and Gender Equity)  
CHOICE for Youth & Sexuality  
CLACAI, CONSORCIO LATINOAMERICANO CONTRA EL ABORTO INSEGURO  
Coalition of African Lesbians  
Colectiva Dignas Hijas  
Colectiva por la Libre Información para las Mujeres  
Communication For Action and Results Uganda  
Create2030  
Damj for justice and equality  
Danish Family Planning Association  
DAWN (Development Alternatives with Women for a New Era)  
Dictirs for Choice(UK)  
Disciples Justice Action Network (DJAN)  
DKT International  
DKT WomanCare Global  
DKTWomancare  
Doctors for Choice Germany  
Doctors for Choice Malta  
Doctors for Choice(UK)  
DSW (Deutsche Stiftung Weltbevölkerung)  
DUSHTHA SHASTHYA KENDRA (DSK), Bangladesh.  
EELV  
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Equidad de Género, Ciudadanía, Trabajo y Familia  
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FEDERACIÓN PLANIFICACIÓN FAMILIAR ESTATAL  
Federation International of Gynecology and Obstetrics  
Feminist Legue  
Feminist Task Force  
Fiji Women's Rights Movement  
FOKUS - Forum for Women and Development  
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Frontline AIDS  
Fundación Arcoiris por el respeto a la diversidad sexual.  
Fundación El Churo  
Fundacion Orientame  
Fundacion para Estudio e Investigacion de la Mujer  
Gatef orginzation  
Gestos - HIV, Communication and Gender  
Global Fund for Women  
Global Justice Center  
Global Justice Institute, Metropolitan Community Churches  
Global Law Enforcement and Public Health Association  
Global Network of Sex Work Projects (NSWP)  
GLSEN  
Groupe TAWHIDA BEN CHEIKH and RAWSA MENANA  
Grupo de Información en Reproducción Elegida (Mexico)  
Guttmacher Institute  
Gynuity Health Projects  
Habitat Mujer Salud  
Health GAP  
Heartland Alliance International  
HELP Resources (NGO)  
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HIV & AIDS Legal Clinic Ontario  
HIV Justice Network  
HIV Modernization Movement Indiana  
Human Rights Watch  
Humanists UK  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
Initiative mawjoudin pour l'égalité  
Initiatives des Femmes en Situations Difficiles pour le Développement Durable et Intégré,  
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INPPARES  
interACT: Advocates for Intersex Youth  
International Alliance of Women  
International Campaign for Women's Right to Safe Abortion  
International Center for Poverty Alleviation and Sustainable Development -CENPAD  
International Center for Research on Women (ICRW)  
International Child Development Initiatives  
International Confederation of Midwives  
International Network of Women Engineers and Scientists

International Planned Parenthood Federation  
International Service for Human Rights  
International Women's Health Coalition  
International Women's Anthropology Conference  
International Women's Development Agency (IWDA)  
International Youth Council ( IYC MOROCCO)  
International Youth Council Morocco  
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IRDANA  
Japanese Organization for International Cooperation in Family Planning (JOICFP)  
JAWW  
Ke Nako Mental Health Foundation  
KeM Consulting  
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Maternity Worldwide  
Médecins du Monde France  
Medical IMPACT  
Men Against Violence  
MenEngage Alliance  
Mercy Corps  
Milieudéfensie  
Moluccan Council of Women  
MPact Global Action for Gay Men's Health & Rights  
MUJER Y SALUD EN URUGUAY - MYSU  
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National Abortion Federation

National Alliance for Maternal Health and Human Rights (NAMHHR)  
National Federation of Business and Professional Women's Club-NYC  
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Nga Kaiawhina o Wai 262  
Nigerian Women Agro Allied Farmers Association  
Not Without Black Women  
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Organización de Trabajadoras Sexuales  
OutRight Action International  
Oxfam America  
PA Religious Coalition for Reproductive Justice  
PAI  
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PaRiter  
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Plan International  
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Planned Parenthood Federation of America  
Population Connection Action Fund  
Population Council  
Population Foundation of India  
Population Institute  
Population Services and Training Center  
Positive Women  
Positive Women's Network - USA  
Presbyterians Affirming Reproductive Options (PARO)  
Pro Choice Germany  
PRO Global/Pensioners without Borders  
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Regional Centre for International Development Cooperation (RCIDC)  
Religious Coalition for Reproductive Choice



Reproductive Health Training Center of Moldova, Regional Sexual & Reproductive Health and Rights Coalition  
Restless Development  
RESURJ  
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RFSU/IPPF Sweden  
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Taller Salud  
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The Kvinna till Kvinna Foundation  
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The Well Project  
The WiseUp Initiative for Good Health and Community Development  
The Women's Collective  
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Women Deliver  
WO-MEN Dutch Gender Platform  
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Women First Digital  
Women Health Protection  
Women in Global Health  
Women on waves  
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Women's Link Worldwide  
Women's Alliance for Theology, Ethics, and Ritual (WATER)  
Women's Environment and Development Organization  
Women's Global Network Network for Reproductive Rights  
Women's Health in Women's Hands Community Health Centre  
Women's Major Group  
Women's Refugee Commission  
Women's Rights Foundation  
Women's Support and Information Centre  
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Youth Coalition for Sexual and Reproductive Health and Rights  
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