

LEAVING NO ONE BEHIND

The world we are living in today is mired by the COVID-19 pandemic, the largest health and socioeconomic crisis that we have ever seen. As the pandemic continues to grow, governments and health systems are taking unprecedented action to contain the spread of COVID-19, restricting movements and redirecting resources to fight the outbreak.

In East Asia, South East Asia and Oceania Region (ESEAOR), access to sexual and reproductive health (SRH) services, from antenatal care, contraception, anti-retroviral treatment and abortion, has suffered significantly. The ESEAOR continues to be the most disaster-prone region and with COVID-19, countries may have to contend with multiple disasters, further stretching resources and reducing the population's ability to cope.

As the breadth of the pandemic continues to unfold and the true impacts emerge, sexual and reproductive health and rights (SRHR) must be a priority to ensure women and girls and other vulnerable groups have access to life-saving SRH services without discrimination.

The pandemic further exacerbates pre-existing gender and social inequalities and excludes vulnerable groups – essentially making a bad situation for women, girls and other vulnerable groups including the elderly, adolescents and young people, people living with disabilities, members of the LGBTQI+ community, indigenous people, migrants and refugees, even worse.

Governments must define and implement people-centred programmes grounded in human rights, with meaningful engagement of civil society organisations, that are both gender-responsive and youth-centred.

We call on Governments to recognise that SRHR is a public health issue and ensure adequate investment is made.

Universal access to sexual and reproductive health (SRH) services especially for the most marginalised populations is a human right

Pandemics are not equalizers. The impacts of COVID-19 will be felt the most by the most marginalized in our communities especially women and girls, and including people employed in the informal sector, people living in poverty, older persons, indigenous peoples, persons with disabilities, young people, ethnic or religious minorities, lesbian, gay, bisexual and transgender people, migrants and refugees, amongst others. Almost 4.3 billion people of reproductive age worldwide will have their right to health unrealised due to inadequate sexual and reproductive health care throughout their lives.ⁱ Globally women perform three-quarters of unpaid care work, including household disease prevention and care for sick relatives. Furthermore, women represent nearly 70 per cent of healthcare workers globally.ⁱⁱ It is critical to support their needs, including on the frontlines of the COVID-19 response.ⁱⁱⁱ

SRH information and services are essential for universal health coverage (UHC) and primary health care (PHC), and governments must integrate SRHR into UHC and PHC, and increase domestic funding for SRHR to strengthen health systems.¹

We call on Governments to

- Ensure access to essential SRH services and information, including comprehensive sexuality education (CSE) during the response to the pandemic and in its aftermath.
- Prioritise support for healthcare workers in the frontlines against COVID-19, strengthening health systems with adequate resources for SRH during the response to COVID-19 and to mitigate the impact of future outbreaks
- Ensure non-discriminatory response including access to testing or treatment and every person is served no matter their gender, age, religion, sexual orientation, ethnicity, race, financial status or otherwise
- Ensure sufficient public spending on SRH and harmonize health investments.
- Ensure that women and marginalized populations employed in the health sector enjoy equal opportunities, social protection, ongoing training, and can advance to leadership positions



The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF ESEAOR is supporting 22 Member Associations and three (3) Collaborating Partners in a total of twenty-five countries.

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i Starrs A, et al. (2018). Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet. 391(10140) pp. 2542–2692. The Lancet Commissions. 391 (10140), pp.2642–2692.

ii International Labor Organization. (2018). Care work and care jobs for the future of decent work. Retrieved April 23, 2020 from https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

iv IPPF (2019) Advocacy Common Agenda retrieved April 23, 2020 from https://www.ippf.org/sites/default/files/2019-12/IPPF%20Advocacy%20Com-mon%20Agenda%20English.pdf