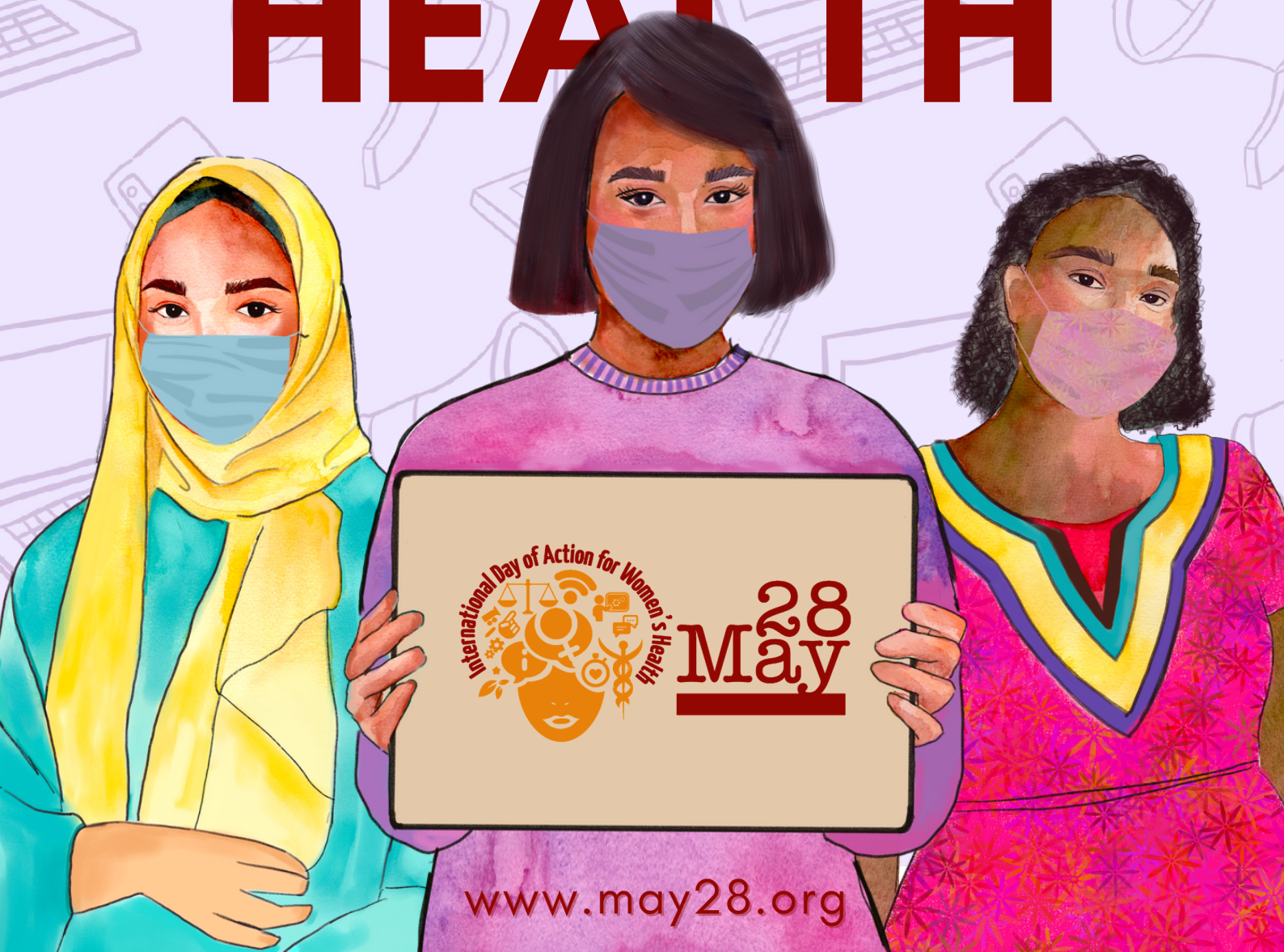


#WomensHealthMatters #EndInequalityPandemic
#SRHRisEssential

2021

INTERNATIONAL DAY OF ACTION FOR WOMEN'S HEALTH



www.may28.org

CALL FOR ACTION

JOIN US

MAKE A STAND

TAKE ACTION



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.

#WomensHealthMatters #EndInequalityPandemic
#SRHRisEssential



CALL FOR ACTION

2021



Call for Action!

COVID-19 may have impacted all of us, but we are not all impacted equally. It adversely impacted women's health and overall well-being particularly for those who are living in the Global South. The pandemic has exposed and exacerbated long-standing social and gender inequalities that are manifested in many forms across contexts and are operating at different, intersecting levels and infringes upon women's rights, among them, women's rights to life, health, bodily autonomy, equality and non-discrimination, and freedom from violence.

Long-existing inequalities are exacerbated.

More than a year since COVID-19 reached global pandemic proportions, it continues to wreak havoc in contexts where public healthcare systems are dismal and vaccines remain inaccessible. Inequality is stark on a global scale as Northern countries begin mass vaccinations and look forward to recovery while the Global South deals with new COVID-19 surges, strains, and variants. 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.

The experience with COVID-19 exposes how low spending on public healthcare, inadequate social safety nets and weak labor rights have left the majority of the world's countries vulnerable.¹ Regimes of healthcare privatization in many countries have led to woeful unpreparedness in pandemic response.² Governments have then resorted to social control measures, such as lockdowns and curfews, and increased police presence,³ to contain the virus and prevent already overwhelmed health systems from collapsing.⁴ Such measures have acted acutely against working-class and marginalized populations across various contexts. Selective enforcement of measures according to social class and harassment of women and LGBTQIA+ by police personnel have been identified in several countries.⁵ Social class and race are also important factors in determining who is allowed internal movement and returning home from abroad.^{6,7} Migrant workers, along with asylum seekers and refugees, have shouldered significant impacts of movement restrictions and endured long-term separation from families and communities.⁸ More generally, blue-collar workers, migrant workers and workers in the informal sector have few or no options to work from home and have less access to protective

¹ "Fighting Inequality in the Time of COVID-19: The Commitment to Reducing Inequality Index 2020." Oxfam International. October 20, 2020. <https://www.oxfam.org/en/research/fighting-inequality-time-covid-19-commitment-reducing-inequality-index-2020>.

² Assa, Jacob & Calderon, Maria. "Privatization and Pandemic: A Cross-Country Analysis of COVID-19 Rates and Health-Care Financing Structures". 2020. 10.13140/RG.2.2.19140.65929.

https://www.researchgate.net/publication/341766609_Privatization_and_Pandemic_A_Cross-Country_Analysis_of_COVID-19_Rates_and_Health-Care_Financing_Structures

³ "The Criminalization of a Pandemic: A Cross-Regional Feminist Analysis." RESURJ. March 18, 2021.

<https://resurj.org/resource/the-criminalization-of-a-pandemic-a-cross-regional-feminist-analysis/>.

⁴ Sagot, Montserrat. "Death, Social Control and the Possibility of Welfare in the times of COVID-19." OpenDemocracy. May 26, 2020. <https://www.opendemocracy.net/en/democraciaabierta/muerte-control-social-y-las-posibilidades-de-bienestar-en-tiempos-del-covid-19-en/>.

⁵ "The Criminalization of a Pandemic: A Cross-Regional Feminist Analysis." RESURJ. March 18, 2021.

<https://resurj.org/resource/the-criminalization-of-a-pandemic-a-cross-regional-feminist-analysis/>.

⁶ Ibid.

⁷ "How COVID-19 Has Ignited New Struggles over Workers' Health and Safety." RLS Geneva. May 03, 2021.

https://rosalux-geneva.org/how-covid-19-has-ignited-new-struggles-over-workers-health-and-safety/#_ftn1

⁸ "The Criminalization of a Pandemic: A Cross-Regional Feminist Analysis." RESURJ. March 18, 2021.

<https://resurj.org/resource/the-criminalization-of-a-pandemic-a-cross-regional-feminist-analysis/>.

equipment,⁹ and hence, risk infection to earn a living, and during lockdown situations are forced to stay at home or under temporary unemployment.¹⁰

The use of social control measures is worrying not only for its imposition of homogeneity¹¹ to the detriment of marginalized populations but as well for allowing ground for political opportunism¹² and authoritarianism.¹³ Across regions, containment measures and emergency powers have been employed to tighten control of power and shrink spaces for civil society holding governments to account.^{14,15} Evidently, such measures do not represent a humanitarian solution to COVID-19 but governments continue to pursue these to maintain control amid inadequate health responses and failing healthcare systems.

Delivery of essential health services was disrupted and sexual and reproductive health and rights (SRHR) were deprioritized.

In a global pulse survey conducted in the first quarter of 2021, the WHO found that around 90% of countries are still experiencing significant disruptions to essential health services, marking no substantial change since the first survey conducted in June 2020.¹⁶ They cite sexual and reproductive health services, particularly 'family planning and contraception' and HIV services, as well as mental health services as some of the most extensively affected.¹⁷ This is evident in cases documented in the past year of maternal healthcare facilities converted into dedicated COVID-19 facilities¹⁸ and sexual and reproductive health (SRH) services, including safe abortion and post-abortion care, in many areas suspended.¹⁹ In areas where services were available, social measures such as curfews and mobility restrictions present significant barriers for women to access SRH information and services.²⁰

It has to be made clear, however, that decreased access to SRHR amid the pandemic is not just a result of disruptions along service delivery chains or even lack of existing healthcare infrastructure, but is indicative of a much larger and long-standing problem, the deprioritization of women's health. A global survey conducted last year found that countries with more restrictive abortion laws were less likely to address SRHR impacts caused by the pandemic.²¹

⁹ Godderis, Lode. "Good Jobs to Minimize the Impact of Covid-19 on Health Inequity." Lode Godderis: Good Jobs to Minimize the Impact of Covid-19 on Health Inequity. April 20, 2020. https://www.ilo.org/global/topics/safety-and-health-at-work/events-training/events-meetings/world-day-safety-health-at-work/WCMS_742059/lang-en/index.htm.

¹⁰ Ibid.

¹¹ Sagot, Montserrat. "Death, Social Control and the Possibility of Welfare in the times of COVID-19." OpenDemocracy. May 26, 2020. <https://www.opendemocracy.net/en/democraciaabierta/muerte-control-social-y-las-posibilidades-de-bienestar-en-tiempos-del-covid-19-en/>.

¹² "The Criminalization of a Pandemic: A Cross-Regional Feminist Analysis." RESURJ. March 18, 2021. <https://resurj.org/resource/the-criminalization-of-a-pandemic-a-cross-regional-feminist-analysis/>.

¹³ Thomson, Stephen, and Eric C Ip. "COVID-19 Emergency Measures and the Impending Authoritarian Pandemic." *Journal of Law and the Biosciences*, vol. 7, no. 1, 2020, doi:10.1093/jlb/ljaa064. <https://academic.oup.com/jlb/article/7/1/ljaa064/5912724#227896841>.

¹⁴ Ibid.

¹⁵ "The Criminalization of a Pandemic: A Cross-Regional Feminist Analysis." RESURJ. March 18, 2021. <https://resurj.org/resource/the-criminalization-of-a-pandemic-a-cross-regional-feminist-analysis/>.

¹⁶ "COVID-19 Continues to Disrupt Essential Health Services in 90% of Countries." World Health Organization. April 2020. <https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-essential-health-services-in-90-of-countries>.

¹⁷ Ibid.

¹⁸ Green, Andrew. "Maternal Health Services Take a Hit amid Global Lockdown." Devex. May 25, 2020. <https://www.devex.com/news/maternal-health-services-take-a-hit-amid-global-lockdown-97263>.

¹⁹ "Contraception and COVID-19: Disrupted Supply and Access." IPPF. April 17, 2020. <http://www.ippf.org/blogs/contraception-and-covid-19-disrupted-supply-and-access>.

²⁰ "Women Face Greater Danger during Coronavirus COVID-19 Pandemic: MSF." Médecins Sans Frontières (MSF) International. July 2020. <https://www.msf.org/women-and-girls-face-greater-dangers-during-covid-19-pandemic>.

²¹ Endler, Margit, Taghreed Al-Haidari, Chiara Benedetto, Sameena Chowdhury, Jan Christilaw, Faysal El Kak, Diana Galimberti, Claudia Garcia-Moreno, Miguel Gutierrez, Shaimaa Ibrahim, Shantha Kumari, Colleen McNicholas, Desirée Mostajo Flores, John Muganda, Atziri Ramirez-Negrin, Hemantha Senanayake, Rubina Sohail, Marleen Temmerman, and Kristina Gemzell-Danielsson. "How the Coronavirus Disease 2019 Pandemic Is Impacting Sexual and Reproductive Health and Rights and Response: Results from a Global Survey of Providers, Researchers, and Policy-makers." *Acta*

In fact, for some governments, the pandemic became pretext to intentionally rollback on women's rights and introduce regressive policies, particularly anti-abortion and anti-transgender legislation, and to use pandemic restrictions to carry out confinements and arrests of human rights defenders (HRDs), including women and LGBTQIA+ HRDs.²²

Even before the pandemic, women's health is already relegated at the household level. Research shows that needs of male family members are often prioritised when essential services like education and healthcare become too expensive.²³ Women and girls are also likely to lose out when vaccines are rolled out, if not made widely-available,²⁴ even as they make up 70% of the healthcare workforce and are at the frontlines of their own communities.²⁵

Healthcare workers in low to middle income countries were more likely to contract COVID-19, due to shortages of PPE, increased workload, inadequate training and infection control practices, and pandemic fatigue.²⁶

Women's and girl's health and autonomy are at heightened risk.

The impacts of COVID-19 on women's health go beyond women's physical health. Emerging studies suggest that the pandemic has resulted in a huge gap between men and women reporting to challenges associated with mental illness, where women cite unpaid care burdens as their main source of stress, in addition to worries about livelihoods, food, and health care,²⁷ speaking to the general situation of women that has been worsened by the pandemic.

Women, who 'generally earn less, save less and hold insecure jobs,'²⁸ have been hit particularly hard as the pandemic drives a disproportionate increase in their unemployment (as compared to men) and decrease in their overall working time.²⁹ Women are also food-insecure, usually eating last and the least in their households.³⁰ The same conditions that make women resource insecure also make them vulnerable to gender-based violence (GBV). Tensions associated with stay-at-home measures, economic closures and food scarcity have been found to precede many instances of GBV.³¹ Now dubbed a "shadow pandemic", GBV presents itself as an important

Obstetricia Et Gynecologica Scandinavica 100, no. 4 (2020): 571-78. doi:10.1111/aogs.14043.

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/aogs.14043>

²² "Defend LGBTQIA Rights! Fight for Equality and #SRHR4All." WGNRR. June 28, 2020. <http://wgnrr.org/defend-lgbtqia-rights-fight-for-equality-and-srhr4all/?fbclid=IwAR0CvS5J2l6ltm4yTxn-gKK940cUPvqNfOPZgT4FgGxIkP3YI3BYkhTFkA0>.

²³ "People over Profits: Make COVID-19 Medicines and Vaccines Free and Fair for All." Oxfam International. July 03, 2020. <https://www.oxfam.org/en/blogs/people-over-profits-make-covid-19-medicines-and-vaccines-free-and-fair-all>.

²⁴ Ibid.

²⁵ Ojiambo, Sanda. "Post-crisis Recovery Is a Chance to Address Gender Inequality." *Subscribe to Read | Financial Times*. March 07, 2021. <https://www.ft.com/content/3b06891c-86cd-46a3-bd3a-29b49f9783da>.

²⁶ Mehta, Sangeeta, Flavia Machado, Arthur Kwizera, Laurent Papazian, Marc Moss, Élie Azoulay, and Margaret Herridge. "COVID-19: A Heavy Toll on Health-care Workers." *The Lancet Respiratory Medicine* 9, no. 3 (2021): 226-28. doi:10.1016/s2213-2600(21)00068-0. [www.thelancet.com/journals/lanres/article/PIIS2213-2600\(21\)00068-0/fulltext](http://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00068-0/fulltext).

²⁷ "Financial Insecurity, Hunger, Mental Health Are Top Concerns for Women Worldwide." CARE. October 28, 2020. <https://www.care.org/news-and-stories/press-releases/financial-insecurity-hunger-mental-health-are-top-concerns-for-women-worldwide/>.

²⁸ "New Global Index Shows Catastrophic Failure to Tackle Inequality Left Majority of World's Countries Woefully Unprepared for COVID-19." Oxfam International. December 11, 2020. <https://www.oxfam.org/en/press-releases/new-global-index-shows-catastrophic-failure-tackle-inequality-left-majority-worlds>.

²⁹ "COVID-19 and Its Economic Toll on Women: The Story behind the Numbers." UN Women. <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>.

³⁰ "Financial Insecurity, Hunger, Mental Health Are Top Concerns for Women Worldwide." CARE. October 28, 2020. <https://www.care.org/news-and-stories/press-releases/financial-insecurity-hunger-mental-health-are-top-concerns-for-women-worldwide/>.

³¹ "Gendered impacts of COVID-19 and equitable policy responses in agriculture, food security and nutrition." Food and Agricultural Organization of the United Nations. 2020. <http://www.fao.org/policy-support/tools-and-publications/resources-details/en/c/1276740/>.

public health issue as 1 in 3 women globally is said to have experienced some form of GBV in their lifetime.³²

The worsening GBV situation is just one aspect of how the pandemic harms women and girls' ability to decide over their bodies. Data collected by UNFPA prior to the pandemic shows that only 55% of women and girls are able to make decisions on their SRHR, which includes deciding on their own health care; deciding on the use of contraception; and being able to say no to sex³³. Serious shortfalls in bodily autonomy make women even more vulnerable as the pandemic brings economic hardships and diverts resources from SRHR and other gender-focused interventions³⁴.

As such, this May 28, International Day of Action for Women's Health, we are speaking out to #EndInequalityPandemic and express outrage against the systematic neglect and denial of SRHR services to women and girls. Our aim this year is to highlight, promote, and support the many different ways activists and advocates are mobilizing to challenge inequalities and demand accountability.

We will be steadfast in our feminist solidarity. We will stay focused, energized, reflective, and motivated, for which taking care of ourselves and each other is essential. We will share our stories, make a stand and take action.

³² "Violence against Women." World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

³³ "My Body is My Own: Claiming the Right to Autonomy and Self-Determination, State of World Population 2021. United Nations Population Fund. 2021. <https://www.unfpa.org/sowp-2021>.

³⁴ Ibid.

JOIN US

JOIN US



Join us!

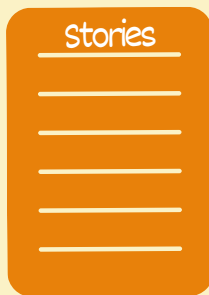
Share your country contexts, community initiatives, and efforts, and personal stories of the pandemic. Tell us about your planned campaign activities and we can share updates on the official May 28 website and campaign partners' social media channels!



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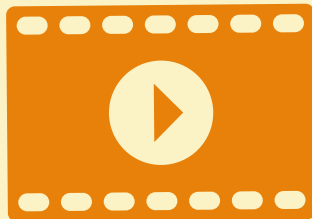


may28campaign@gmail.com



Share your stories and case studies.

What are the challenges women and girls face regarding their health and rights in your context? Do you have stories of resistance and solidarity? Email us at may28campaign@gmail.com.



Help us create videos for the campaign that could be shared with everyone!

Send us short statements with your calls and demands and we will turn them into short videos. Email us at may28campaign@gmail.com



Keep the conversations going. Use the hashtags:

#WomensHealthMatters
#EndInequalityPandemic
#SRHRisEssential
#May28



Watch out for Action Alerts to know how you can support ongoing campaigns and send solidarity to other organizations.

JOIN US

MAKE A STAND



MAKE A STAND

Make a stand!

Join us in holding governments accountable to their existing commitments on gender equality and access to SRHR information and services. Together, we can amplify our voices by calling on governments and international organizations to:

1. Ensure access to universal healthcare for all and particularly for women and girls by increasing public healthcare expenditure and strengthening public health infrastructure and community health systems, including GBV referral pathways and pandemic response mechanisms;
2. Address inequities in the distribution of essential medicines and vaccines by supporting the approval of the TRIPS waiver proposal and emphasizing human rights over profit and property;
3. Utilize an intersectional and gender-responsive approach to address the negative and lasting impact of the COVID-19 crisis on women, adolescents, and girls, and build a strong evidence base that fills research gaps on gender and SRHR is used to inform decisions, policies, and programs at all levels;
4. Ensure timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception, anti-retroviral medication, post-abortion, and safe abortion services, and ensure continuity of care.
5. Support calls for livable wages and ensure provision of aid throughout quarantine periods. Expand social safety nets and ensure that they should be gender-responsive and facilitate women's access to health;
6. Empower marginalized communities to make informed decisions over their own health, and encourage health-seeking behaviors by ensuring people's right to comprehensive healthcare including sexual and reproductive health services, information and education, GBV services, and mental health services. This includes self-care protocols and the use of telemedicine for SRHR;
7. Empower young people to access sexual and reproductive health information and services in times of crisis, including access to Comprehensive Sexuality Education and linkage to adolescent and youth-friendly sexual and reproductive services;
8. Ensure human rights are respected and promoted for all by focusing on safety and health rather than arrests and confinements and protecting women human rights defenders from gender-based harassment and violence;
9. Ensure prevention, response, protection and accountability mechanisms to address gender-based violence that is survivor-centered; and
10. 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.

MAKE A STAND

TAKE ACTION



TAKE ACTION

Take action!

More than ever, we need to be alert, organise, mobilise, and take care of our communities. Let us use the spaces we have to open conversations, update each other on our challenges, make art and help each other imagine better!

- Organize solidarity teach-ins. Contribute to the campaign by organizing online and offline events to examine the health situation of women and girls and related issues such as gender justice and COVID-19, vaccine justice, healthcare privatization and impacts on women's health, civil society innovations and community practices, and COVID-19 impacts on SRHR, GBV, and bodily autonomy.
- Create safe spaces for discussions about your experiences. Develop strategies to mobilise and organise locally to discuss how COVID-19 exacerbated unequal access to health and to document the violations you have experienced.
- Occupy virtual spaces and platforms. Create podcasts, organize a Twitter rally, be visible on Facebook. Use the hashtags:
#WomensHealthMatters #EndInequalityPandemic #SRHRisEssential
- Utilize channels such as community radios to reach those who have no access to the internet and mobile technology.
- Be Creative! Organize art contests, virtual galleries, and online concerts!
- Hold virtual media forums and public meetings to raise awareness about the urgent need to address inequalities and ensure access SRHR to remain essential.

#WOMENSHEALTHMATTERS MAKE A STAND! TAKE ACTION!

This call for action was developed collaboratively by global campaign partners:



TAKE ACTION