

Equality Rights Alliance COVID-19 and Health Rights Statement

ERA members are concerned about the impacts of the COVID-19 pandemic and women's access to health rights in Australia. The right to health is enshrined in Article 12.1 of the International Covenant on Economic, Social and Cultural Rights (ICESCR),ⁱ where it is stated that:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Australia has committed to fulfil women's equitable access to health care, as a matter of gender equality, under Article 12.1 of the Convention to End All Forms of Discrimination Against Women (CEDAW):

States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.ⁱⁱ

While current data indicates that men face a greater risk of mortality from the disease,ⁱⁱⁱ health impacts of the pandemic are broad and gendered in multiple ways. For example, with regard to emotional and mental wellbeing, women in Australia are more likely to be experiencing anxiety symptoms.^{iv} Crucially, COVID-19 poses significant risks to women's health rights. An intersectional gender lens on health during the pandemic is crucial to ensure that Australia continues to meet international standards of rights.

Restrictions on access to health care will not be experienced equally, but will have the greatest impact on those who are already at greater risk of coercion and who face greater barriers to realising their health outcomes. Aboriginal and Torres Strait Islander women and all people are at an increased risk of poor health outcomes during the pandemic, because of existing health inequalities within the general population and increased barriers to accessing health care and services, particularly in regional and remote communities. Principles of shared-decision making and putting culture, as a positive social determinant of health, at the centre should be implemented in practice.^v Response to the COVID-19 pandemic in collaboration with organisations led by and for Aboriginal and Torres Strait Islander people to ensure cultural safety, justice and equity is welcomed.

Women and all people with disabilities and older people, including older women, are at greater risk from COVID-19 related illness than the broader population. Should the pandemic progress quickly or unexpectedly and health services come under critical pressure, there is concern around the guidelines that will be used to determine who is prioritised for life saving medical care. International experiences from the pandemic thus far have shown a precedent of discriminatory, ableist protocols and policies in the determination of access to treatment, which undermines the human rights of people with disabilities, and older women. In this context, it is crucial that human rights underpin medical decision-making frameworks, policies and protocols to protect women and all people with disabilities, and older women, during the pandemic.^{vi}

Some people on a range of temporary visas are not eligible for Medicare benefits. This means that they will be unable to use the increased Telehealth services provided as part of the government's COVID-19 response measures, and face greater financial barriers to accessing health care which is ultimately to the detriment of both women and people on temporary visas, and Australia's strategy to contain the pandemic.

The Beijing Declaration and Platform for Action (Para.17) affirms,

The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment;^{vii}

COVID-19 is impacting women's health rights. During the pandemic, access to menstrual health products, contraception, emergency contraception, and methods to promote safe sexual activity have been impacted by restricted access to health care, treatment as non-essential procedures, global manufacturing shortages and panic buying. At the same time, sexual activity may increase among people in households in isolation, increasing the likelihood of unintended pregnancies and need for financial and physical access to abortion care and services to be maintained, including through hardship support, enabling practitioner mobility and access to PPE. Women and pregnant people may also experience restrictions on their choice and rights in accessing perinatal care arising from risk management by and pressure on health services.

Further, there is evidence that domestic and family violence is already increasing while households are practicing social distancing, with cross-cutting impacts for women's health. The increased risk of domestic, family and sexual violence, while access to contraception options crucial to prevent pregnancies are reduced, will conspire to increase rates of reproductive coercion^{viii}, unintended pregnancy and reduce women's safety while accessing health care.

Recommendations:

1. Include an intersectional gender lens on all policy and investment measures in response to COVID-19, including through tools such as Gender Responsive Budgeting;^{ix}
2. Work alongside organisations led by and for Aboriginal and Torres Strait Islander people in responding to the COVID-19 pandemic and its implications for equitable health outcomes;
3. Avoid ableism and ensure equitable access to health care by underpinning all medical decision-making frameworks, policies and guidance with human rights standards;
4. Provide people on temporary visas with access to Medicare benefits regardless of their migration status;
5. Increase public health messaging for promoting health literacy in safer sex, contraceptive options and access to health care, and ensure that these are responsive to the context of the pandemic and evolving availability of contraception, other products and health services;
6. Support and promote measures to make contraceptive and family planning resources including contraception, condoms, dental dams, emergency contraception, pregnancy tests and menstrual health products freely available, while enabling privacy in their use;
7. Increase access to medical abortion via telehealth, and protect access to surgical abortion;^x
8. Implement clinical guidance that is reflective of WHO *Interim clinical guidance on Clinical management of severe respiratory infection (SARI) when COVID-19 disease is suspected* with respect to perinatal health care;
9. Increase support for women's specialist domestic and family violence services during and after the pandemic.

This statement is endorsed in whole or part by:

- Aboriginal Legal Rights Movement
- Alevi Federation of Australia
- Amnesty International Australia
- Australasian Council of Women and Policing
- Australian Baha'i Community - Office of Equality
- Australian Centre for Leadership for Women
- Australian Federation of Medical Women
- Australian Graduate Women
- Australian Motherhood Initiative for Research and Community Involvement
- Australian Women's Health Network
- CARE Australia
- Children by Choice
- COTA
- Federation of Ethnic Community Councils of Australia
- Feminist Legal Clinic
- Fitted for Work
- Girl Guides Australia
- Homebirth Australia
- Human Rights Law Centre
- Immigrant Women's Speakout Association NSW
- International Women's Development Agency
- JERA International
- Jessie Street National Women's Library
- Justice Connect
- Marie Stopes Australia
- Maternity Choices Australia
- Migrant Women's Lobby Group of South Australia
- National Association of Services Against Sexual Violence
- National Council of Churches Gender Commission
- National Council of Jewish Women of Australia
- National Council of Single Mothers and their Children
- National Council of Women of Australia
- National Foundation for Australian Women
- National Older Women's Network
- National Union of Students Women's Department
- NSW Council of Social Service
- Project Respect
- Public Health Association of Australia - Women's Health Special Interest Group
- Reproductive Choice Australia
- Safe Motherhood For All
- Sisters Inside
- Soroptimist International
- UN Women National Committee Australia
- Union of Australian Women
- United Nations Association of Australia Status of Women Network
- Victorian Immigrant and Refugee Women's Coalition
- VIEW Clubs of Australia
- Women in Adult and Vocational Education
- Women in Engineering Australia
- Women on Boards
- Women Sport Australia
- Women with Disabilities Australia
- Women's Electoral Lobby Australia
- Women's Equity Think Tank
- Women's Housing Ltd
- Women's Information Referral Exchange
- Women's International League for Peace and Freedom
- Women's Legal Services Australia
- Women's Property Initiatives
- Working Against Sexual Harassment
- YWCA Australia
- Zonta International Districts 22, 23 and 24

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- ⁱ International Covenant on Economic, Social and Cultural Rights, 1966, A/RES/2200A(XXI), Art.12.1
- ⁱⁱ Convention on the Elimination of All Forms of Discrimination Against Women, 1979, A/RES/34/180, Art.12.1
- ⁱⁱⁱ Jin, J-M. et al. 2020. Gender differences in patients with COVID-19: Focus on Severity and Mortality, *Frontiers in Public Health* 8:152, available from: <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00152/full>, accessed 4 May 2020.
- ^{iv} Australian Bureau of Statistics (ABS). *4940.0 - Household Impacts of COVID-19 Survey, 14-17 Apr 2020*, 1 May 2020, ACT: ABS, available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4940.0Main%20Features114-17%20Apr%202020?opendocument&tabname=Summary&prodno=4940.0&issue=14-17%20Apr%202020&num=&view=>, accessed, accessed 4 May 2020.
- ^v Department of Health, Commonwealth of Australia (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*, No. 12750, available from: <https://www.naccho.org.au/wp-content/uploads/management-plan-for-aboriginal-and-torres-strait-islander-populations.pdf>, accessed 22 April 2020.
- ^{vi} People with Disability Australia (PWDA), Women with Disabilities Australia (WWDA), National Ethnic Disability Alliance (NEDA), Australian Federation of Disability Organisations (AFDO), First Peoples Disability Network (FPDN), ACT Council of Social Services (ACTCOSS). (2020). Statement of Concern – COVID-19: Human rights, disability and ethical decision-making, available from: https://dpoa.org.au/wp-content/uploads/2020/04/Statement-of-Concern-COVID-19-Human-rights-disability-and-ethical-decision-making_Final.pdf, accessed 22 April 2020.
- ^{vii} Beijing Declaration and Platform for Action, 1995, A/RES/50/42, Declaration, Para.13
- ^{viii} Marie Stopes Australia. 2017. *Hidden Forces: Shining a Light on Reproductive Coercion White Paper*, Melbourne: Marie Stopes Australia, available from: https://www.mariestopes.org.au/wp-content/uploads/Hidden-Forces_MSA-RC-White-Paper_FINAL_WEB.pdf, accessed 9 April 2020.
- ^{ix} Williams, G. and Gissane, H. 2020. *Analysing the Gap: Opportunities to improve gender equality in Australia's public policy processes*. Canberra: Equality Rights Alliance, available from: <https://www.equalityrightsalliance.org.au/wp-content/uploads/2020/03/Web-ERA-Analysing-the-Gap-56PP-20200228.pdf>, accessed 4 May 2020.
- ^x For example, see Marie Stopes Australia. 2020. *Situational Report: Sexual and Reproductive Health Rights in Australia*, available from: <https://resources.mariestopes.org.au/SRHRinAustralia.pdf>, accessed 7 May 2020.