

RCOG & FSRH position statement on international sexual and reproductive healthcare during the coronavirus pandemic

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Sexual and Reproductive Healthcare (FSRH) support the rights of women and girls across the world to access safe, high-quality sexual and reproductive healthcare.

During the coronavirus (COVID-19) pandemic access to normal healthcare processes will be disrupted. However, sexual and reproductive health services have been classified as essential by the World Health Organization, and must be recognised as such during the COVID-19 pandemic response and recovery periods.

It is the responsibility of each nation to minimise the impact of COVID-19 on the sexual and reproductive health and rights of their population. In addition, further protections should be considered in order to limit domestic and gender-based violence, which are linked to negative outcomes in women's sexual and reproductive health.

It is concerning that in many countries the COVID-19 pandemic has led to the partial and sometimes complete shutdown of sexual and reproductive healthcare services, impacting on women's and girls' human right to sexual and reproductive healthcare and bodily autonomy, and disproportionately affecting marginalised groups (such as those with a low income, people with disabilities, refugees and adolescents). Women and girls are facing significant restrictions in accessing essential services, particularly contraception, timely safe abortion care, post-abortion care, and emergency contraception. Additionally, the COVID-19 pandemic is already having adverse effects on the supply chain for contraceptive commodities and equipment involved in the provision of sexual and reproductive healthcare services.

We call on all governments to:

- Define and promote sexual and reproductive healthcare – including safe abortion, post abortion, contraceptive services, and maternal and newborn health – as essential and exempt from travel restrictions and stay-at-home orders, where care cannot be provided at home.
- Strengthen national and regional supply chains — by taking such steps as prepositioning commodities and identifying alternative suppliers — to make sexual and reproductive health medications and supplies more accessible to providers and patients.
- Define abortion care as an essential part of healthcare for women and recognise that abortion is time-sensitive: services must be maintained even where non-urgent or elective services are suspended, and barriers to access to abortion care should be removed.
- Encourage and facilitate greater use of remote consultations and medical abortion at home, especially where women and staff may be self-isolating or acute hospital facilities are unavailable.
- Prioritise any emergency legislative or regulatory changes which would enable greater use of telemedicine to deliver sexual and reproductive healthcare services, and ease restrictions on which healthcare professionals are permitted to certify an abortion. Such restrictions

disproportionately impact individuals belonging to vulnerable groups, including women living in poverty and women with disabilities.

- Ensure access to contraception including emergency contraception, through authorising telehealth consultations and provision of emergency contraception over the counter in pharmacies without a prescription.
- Ensure confidentiality, safeguarding and safety measures are maintained during use of telemedicine.

Relevant publications

[Position on essential SRH services](#) during COVID-19, FSRH, March 2020

[Operational guidance for maintaining essential health services during an outbreak](#), WHO, March 2020

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/>, RCOG, April 2020

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>, RCOG, April 2020