COLUMBIA | MAILMAN SCHOOL OF PUBLIC HEALTH
GLOBAL HEALTH JUSTICE & GOVERNANCE

Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) Programs and Services

"It can be so challenging for people to even know where they can go to get care...and certainly it's been heightened since COVID."
–SRHR advocacy organization

BACKGROUND

The US COVID-19 response was characterized by politicization of public health guidance and fragmented leadership, especially at the federal level. In the absence of a coordinated federal response, state and local policies shaped SRHR and GBV service provision. In March and April of 2020, all 50 US states issued emergency declarations, 45 closed "non-essential businesses," and 44 issued mobility restrictions, including orders to stay home.

Researchers at Columbia University[1] reviewed state-by-state emergency orders, surveyed 94 GBV and SRHR service providers, and interviewed 24 GBV and SRHR service providers, advocacy organizations, and donors between July and September 2020 to understand how restrictive policies to contain COVID-19 were impacting critical GBV/SRHR services.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS

GBV AND SRHR SERVICE PROVISION WAS REDUCED

Significant operational disruptions resulted in reduced provision of certain services and diminished service quality. STI/HIV clinics reduced hours, doulas were forced to offer support remotely, and abortion providers reported significant challenges navigating COVID-19 restrictions. GBV shelters limited capacity, closed, or restricted who was allowed to stay. GBV advocates ceased in-person hospital support. Virtual platforms allowed GBV services to continue, but the adjustment was slow and cumbersome. GBV and SRHR advocacy suffered from shortened legislative sessions and de-prioritization by policymakers, with one interviewee feeling "perpetually on hold."

SERVICE UTILIZATION SHIFTED

Family planning service volume declined, possibly due to clinics triaging patients towards telehealth, people losing health insurance coverage, or fear of coronavirus infection. Even amid downward trends, demand for certain services such as long-acting contraceptives and home births increased. Adolescents experienced severely restricted mobility under orders to stay home, further limiting their access to abortion and other SRHR services. GBV organizations saw a dip in clients following the implementation of stay-at-home orders because clients assumed providers were closed, had more difficulty leaving home, or feared virus exposure. GBV hotlines saw an uptick in mental health-related calls.

21
states exempted some or all GBV survivors from mobility restrictions (only 6 explicitly exempted shelters)

21
states designated some or all SRHR services essential. Protections varied by state and were not always comprehensive

14
states exploited the pandemic to push anti-abortion agendas

8
states acted to protect both GBV and SRHR services, including abortion, in their emergency response measures

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[Teens] were not able to find any excuse to get out of the house, to go to the clinic, the courthouse, or to just get the abortion. So we did see a decrease in people that actually followed through the whole process.

–SRHR advocacy organization

[1]This study was conducted by the Program on Global Health Justice and Governance, Mailman School of Public Health Columbia University, with support from the Ford Foundation.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS (continued)

INFRASTRUCTURAL IMPACTS

GBV and SRHR service providers and staff struggled with increased workloads, frustration with ever-changing protocols, social isolation, grief, and fear. These factors were compounded by civil unrest and tension with law enforcement as movements for racial justice unfolded nationwide. The pandemic disrupted supply chains, increased operational costs, decreased revenue, and created widespread uncertainty about future public and private funding availability.

CRITICAL ROLE OF STATE AND LOCAL GOVERNMENTS

State and local government officials were key to facilitation of continued operations. Abortion providers cited exemptions from state emergency measures as particularly critical. Government-led response activities, such as frequent communication of data-driven recommendations or county-level coordination for distributing supplies were invaluable. Some states' pre-pandemic policy landscapes, like flexibility around telehealth reimbursement, helped mitigate COVID-19's impact on services. However, state and local governments also inhibited operations. For example, restrictions on testing for asymptomatic people prevented GBV survivors from accessing shelters.

EXACERBATION OF INEQUITIES

Access to GBV and SRHR services was unequal. Historically oppressed groups with unmet GBV and SRHR needs prior to the pandemic—including those with limited English proficiency, immigrants, rural populations, Black, Indigenous, and people of color, people with low income, people in detention, people with disabilities, sex workers, and LGBTQI individuals—only experienced further gaps in access and worsening GBV and SRHR disparities during the pandemic.

99%

of GBV and SRHR survey respondents agreed their work had been impacted by COVID-19

74%

of GBV survey respondents noted clinical management of rape or other GBV had been limited or stopped

46%

of survey respondents cited migrants, refugees, and displaced people as experiencing unequal access to GBV/SRHR services

WAYS FORWARD

Robust GBV and SRHR programs and services are proven to improve the lives of women, girls, and historically oppressed groups, while failure to provide comprehensive care presents significant human and economic costs. To ensure effective programming:

- **States must prioritize comprehensive GBV and SRHR services, including abortion, and deem them essential from the start of a public health emergency.**
- **State and local governments must support their health departments to link policy to implementation to ensure continued provision of and access to care.**
- **Federal and state policymakers must expand health insurance coverage, eliminate discriminatory policies, earmark funding, and tailor GBV/SRHR service delivery to historically oppressed groups.**
- **Federal and state policymakers must support providers' capacity to provide telehealth and other remote services and strengthen health insurer reimbursement mechanisms.**
- **Federal policymakers must increase funding for the Title X public family planning program and for Violence Against Women Act programs.**
- **Foundations must allow funding flexibility during emergencies, modify grant timelines to meet immediate needs, and earmark funding for historically oppressed groups.**

> *"The human presence is so important in our type of work and that's definitely lost. That has affected morale and has affected participants [...] it's hard to have an emotional, open conversation via screen."*
>
> –GBV service provider