

**Submission to the Working Group on Discrimination Against Women and Girls
Sexual Rights Initiative
September 2020**

I. About the SRI

1. This submission is made by the Sexual Rights Initiative.¹ The Sexual Rights Initiative is a coalition of national and regional organizations based in Canada, Poland, India, Egypt, Argentina and South Africa, that work together to advance human rights related to sexuality at the United Nations.

2. As the call for submission highlights, unaddressed, historical, structural and systemic discrimination and violence in the world create situations of crisis. Systems of patriarchy, racism and xenophobia and/or neoliberal capitalism created and continue to further and entrench this discrimination and violence increasing situations of crisis across the world. The impacts of any crisis on women and girls has to be addressed considering neoliberal policies that have defunded or privatized public health systems, eroded labour rights and other networks of protection, and promoted precarious forms of labour.² And this system is built upon patriarchal and racist policies continuing the systems set up during colonisations and continuing in newer ways. At this moment in time, the multiple and intersecting crises the world has been experiencing for centuries have never been so visible. Global mobilizations in the streets have drawn public attention to systemic racial discrimination. The economic crisis caused by COVID-19 has exposed the brokenness and inequality of global capitalism. The punitive and restrictive measures initiated by governments under the guise of responding to COVID-19 alongside the collapse in global solidarity between states, highlight the insidious rise of authoritarianism, nationalism and the hollowing out of state capacity. All of these forces have shaped and continue to shape the modern world contributing to crises from armed conflict to environmental destruction. These structural oppressions manifest in different crisis situations while exacerbating the existing forms of discrimination they cause.

II. Sexuality

3. Gender and sexuality are not the domain of particular genders, sexes or orientations, but of every person. WHO defined sexuality as "... a central aspect of being human throughout life encompass[ing] sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or

¹ <http://www.sexualrightsinitiative.com/>

² Sexual politics in times of pandemic, Sexuality Policy Watch available at <https://sxpolitics.org/sexual-politics-in-times-of-pandemic/20734>

expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”³

4. Gender and sexuality are not singular, isolated identities of an individual, but are deeply symbolic, culturally meaningful concepts that affect and are affected by many other aspects of human life. A person’s sexuality is about personhood and self-determination, consequently it cannot be divorced from the social, political and economic contexts in which people live. Rights related to sexuality and gender are intrinsically linked to people’s experience of their bodies. The bodies of all persons cannot be framed within a singular axis but are very closely linked to the politics of race, economics, class, religion, and more and vice versa. People’s relationships to their bodies are intrinsically linked to dominant ideologies, which are always gendered and racialized. For instance, white supremacy targets people of colour, while compulsory heterosexuality automatically targets queerness. While people’s individual circumstances may differ, their oppressions share a commonality: patriarchal gender norms and stereotypes that seek to subordinate women’s, girls’ and gender non-conforming persons’ decisions about their own bodies to the State, through laws, policies and their implementation. Most often, these practices, laws and policies are driven through institutions – state or non-state - that have a vested interest in maintaining gender, racialised, classed stereotypes and maintaining the status quo.

5. Consequently, fulfilment of sexual and reproductive health and rights requires states to consider these social, economic, and political contexts. The Committee on Economic, Social and Cultural Rights in its General Comment 22 explained that “the right to sexual and reproductive health is also deeply affected by ‘social determinants of health’, as defined by WHO. In all countries, patterns of sexual and reproductive health generally reflect social inequalities in society and unequal distribution of power based on gender, race, ethnic origin, age, disability and other factors. Poverty, income inequality, systemic discrimination and marginalization based on grounds identified by the Committee are all social determinants of sexual and reproductive health, which also have an impact on the enjoyment of an array of other rights. The nature of these social determinants, which are often expressed in laws and policies, limits the choices that individuals can exercise with respect to their sexual and reproductive health. Therefore, to realize the right to sexual and reproductive health, States parties must address the social determinants as manifested in laws, institutional arrangements and social practices that prevent individuals from effectively enjoying their sexual and reproductive health.”⁴ At the same time, discussions on SRHR should not be limited to the prevention of negative health consequences and violence. They should also be about affirming rights. In other words, the invocation of sexuality cannot be restricted to a “problem” that should be addressed. During times of crisis, sexuality and intimacy still brings meaning to people’s lives and perhaps can have greater significance.

³ WHO, 2006a: https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

⁴ UN Committee on Economic, Social and Cultural Rights (CESCR), *General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, 2 May 2016, [E/C.12/GC/22](https://www.unhcr.org/refugees/article/12oftheinternationalcovenantoneconomic-social-and-cultural-rights), para. 8

III. Structural Discrimination and its manifestation

6. The Special Rapporteur on Contemporary forms of Racism, Racial Discrimination, Xenophobia and Related Intolerance in 2008, highlighted that the resurgence of racism and xenophobia are premised upon two fundamental aspects: “the promotion of a purely materialist form of liberalism, marked by hostility towards, and questioning of, religion and spirituality, which are caricatured as running counter to progress and liberty; and a selective, hierarchical, ideological interpretation of human rights and fundamental freedoms.”⁵ This is manifested in electoral successes of racist, xenophobic governments that have directly and indirectly instilled fear of the “other” and furthered impunity for violence against those who are ‘othered,’ including through their treatment of migrants. As the Special Rapporteur remarks, this fear is also propagated by manipulating historical prejudices and ideological discourse often based on specious “security” concerns.

7. Public debates on racial equality regularly overlook the intersections between racial discrimination and xenophobia with sexuality and gender and the particular ways that these intersections compound the discrimination experienced. Similarly, public debates on human rights related to sexuality and gender often fail to account for the impact of racial discrimination and xenophobia. The recent exposures of systemic racism in reproductive rights organisations illustrates this point around erasure of experiences of racial discrimination at the altar of particular kind of human rights.

8. The Special Rapporteur on human rights defenders explained: “Globalization and neoliberal policies have... led to economic disempowerment and power inequalities that affect the rights of women. Non-State actors such as businesses, organized criminals, investors and financial institutions have been growing in power and influence over States and societies.”⁶ The instability and insecurity created by the decline of social services and by the privatization and monopoly of public goods and services produce ideal conditions for regressive forces to take advantage of the lack of social cohesion to put forth their ideologies and impose their beliefs.

9. Meanwhile, as the state rolls back and leaves people to the workings of the capitalist market, which only benefits a small minority in any community, women have to take on more and more of the burden of care and bear the brunt of deepening inequality, poverty and violence that ensues. Economic uncertainty and exploitation predictably lead to social crisis, with vulnerable populations often experiencing heightened violence, crime and exploitation. High unemployment rates and insufficient workplace regulations lead to appalling work conditions and badly paid (often temporary) jobs. This has the further effect of lowering living standards and limiting access to basic resources for the majority, while a

⁵ UN Human Rights Council, *Report submitted by Mr. Doudou Diène, Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance*, 20 February 2008, [A/HRC/7/19](#), para. 56.

⁶ A/HRC/40/60, [Report of the Special Rapporteur on the situation of human rights defenders](#) on women human rights defenders, para 33

small minority benefit and work to keep the exploitative economic system in place. Consequently, while the global economy has doubled since the end of the Cold War, half the world lives under \$5.50 a day.⁷ The Special Rapporteur on extreme poverty has reiterated the ways in which inequalities are exacerbated due to growth-based economies, and has rightly called for redistribution of wealth⁸ and for universal social protection floors⁹,

10.. The state and those with power use the economic, political and social instability to successfully create the myth of the “authentic and true” also read as “original” patriot/national, often modelled after the majority and/or the powerful. This originality is defined by those in power in both formal and informal institutions. To sustain this every person must ascribe to this homogenous identity which is perpetuated and backed by states. In addition, this “original culture” is often conflated with a “particular brand of nationalism” which can be very intolerant to dissent or to difference or variation from this ascribed, unified homogeneous identity. Women and girls are often held “responsible” for the creation of more “authentic” patriots, or punished for giving birth to children that are not of the dominant class. Sexual violence is an extreme and well-documented manifestation of this ideology. More commonly, deviations from the norm of heterosexuality and endogamy¹⁰ are considered a crime/betrayal/sin, depending on other axes of oppression, resulting in violence, discrimination and denial of dignity and self-determination. The example of murders of young women sanctioned by village councils in India, for violating caste and religious norms illustrates this phenomenon.

IV. Intersectionality as an analytical and organising tool

11. When black feminist scholars and activists such as bell hooks, Audre Lorde and Patricia Hill Collins, articulated the need for an intersectional analysis they did so against a dominating discourse that homogenised women’s experiences of patriarchy in ways which failed to acknowledge black women’s experiences. It provided a conceptual framework to understand how power intersects with identities along various axes, including those of race, gender, disability, sexuality, class and nationality among others. The lens of intersectionality is crucial to understanding how sexuality and gender work, in life and, overwhelmingly, in law. To defend people effectively from abuses targeting their sexuality and gender requires thinking about their lives and bodies as a whole because race, ethnicity, class, faith and geography shape how people experience their sexualities and genders. Sexuality and gender, in turn, shape how individuals, communities and states interpret their environments, laws and policies.

⁷ A/HRC/44/40, Report of the Special Rapporteur on extreme poverty and human rights, The parlous state of poverty eradication, para 21

⁸ A/HRC/44/40, Report of the Special Rapporteur on extreme poverty and human rights, The parlous state of poverty eradication, para 42

⁹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25858&LangID=E>

¹⁰ An example is that of caste-based discrimination furthered by perpetuating endogamy in the guise of similar “cultural background.”

12. Intersectionality ensures that women and girls' lives and bodies are not essentialised in an inaccurate and inadequate attempt to quantify discrimination and violence. Such an approach often privileges single aspects of identity over intersectionality and obscures and devalues the experiences of people whose identities consist of multiple attributes, each of which can lead to discrimination on its own but which together form the whole of a person's experience that is bigger than the sum of the individual parts. Identities are neither singular attributes nor sum total of multiple attributes. Therefore, an issues-based approach to discrimination and violence that can recognise the multiple attributes that come together in people's lives and not privilege one over all others is necessary. This means recognising, for example, that the experience of race is a gendered one, or that experience of sexual orientation is a racialised one, and not assuming that sexual orientation is unaffected by race, gender, ability, and so on.

13. Intersectionality offers us of a radical critique of patriarchy, capitalism, white supremacy and other forms of domination, and it complicates any sense of gender, sex, class, or race as singular and discrete identities. As the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance highlights, "the idea of "intersectionality" seeks to capture both the structural and dynamic consequences of the interaction between two or more forms of discrimination or systems of subordination. It specifically addresses the manner in which racism, patriarchy, economic disadvantages and other discriminatory systems contribute to create layers of inequality that structures the relative positions of women and men, races and other groups. Moreover, it addresses the way that specific acts and policies create burdens that flow along these intersecting axes contributing to create a dynamic of disempowerment."¹¹ It rejects any hierarchy of one categorical determination over others and brings us to the conclusion that no form of oppression or subordination ever stands alone. This analysis is necessary to understand the way power often (re)orients itself and offers up and creates hierarchy of rights. The result is a fragmentation of people's lives and pitching one right against the other including and especially when it is related to sexual and reproductive health and rights. The use of homonationalism¹² and femonationalism¹³ are two such examples of the manipulation of fragmented SRHR and xenophobic rhetoric.

V. Violations of SRHR by states during crisis

14. The COVID-19 pandemic has laid bare the deep inequalities in all our societies drawn on gender, race, class lines. It serves as a stark warning that the systems and structures that govern us are extremely flawed and unsustainable. The need to manage the crisis has also opened up the fact that states, while closing borders and arresting human rights defenders, are also simultaneously struggling with debt and are having to redirect existing resources to

¹¹ A/HRC/44/57, Report of Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, Racial discrimination and emerging digital technologies: a human rights analysis, para 50

¹² For more details please see; Jasbir Puar: From Terrorist Assemblages to The Right to Maim

¹³ For more details please see; Sarah Ferris: In the Name of Women's Rights: The Rise of Femonationalism

pandemic-related programmes. According to the Independent Expert on the effects of foreign debt on human rights, “debt agreements and property rights (real, personal and intellectual) exist in a broader legal and social universe in which human rights law should prevail.”¹⁴

14. Women and girls, particularly those from marginalised groups, are impacted by the policies which are the product of historic and ongoing oppressions and institutions. For instance, in Perú and Panamá, and also in the Colombian cities of Bogotá and Cartagena, sex/gender segregated permissions to go out for supplies were issued, as a measure to contain the COVID-19. These governments have chosen sex/gender as a criterion for segregation, that is, the use of sex/gender as a criterion “to facilitate the task of monitoring”. While none of these countries recognize the right to gender identity, this measure increased the risk of transphobic violence for trans persons and anyone else with non-normative gender expression. Acts of violence, both verbal and physical, were perpetrated both by police and civilians.¹⁵ Perú withdrew the measure shortly after its enactment, because it proved ineffective: the days allocated to women saw huge numbers of persons in supermarkets and grocery stores while those same shops were almost empty on the days allocated to men. Brazil on the other hand decided to have the military oversee the management of the health crisis.¹⁶

14. The way crisis exacerbates violence is best explained by this quote (translated from Spanish), “the COVID 19 pandemic, like other crises, brings to light structures, processes and formations that produce inequalities, exclusions, stigma and risks, and which under normal conditions remain hidden. It is as if the crisis opens up a kaleidoscope of very old and very new issues in terms of politics, economics and, above all, biopolitics. Quarantine is revealing in how it tends to accentuate the gender biases of the separation between public and private and the sexual division of labour. Above all, it has unambiguously illuminated how the “family”, the private world, is not a safe place for women, children, or even the elderly. This puts in check the conservative ideology that views the “family” as a sacred refuge. These revelations also tell us how deeply rooted and difficult to transform the orders of gender and sexuality are”¹⁷

Conservative ideologies, misinformation and propaganda

15. Information, its dissemination and use are a significant factor creating and / or furthering a crisis. As the Special Rapporteur on racism points out, “technology produced by powerful global North corporations is created in a very specific political, economic, social

¹⁴ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25732&LangID=E>

¹⁵ For more details please refer to <https://cerosetenta.uniandes.edu.co/las-lecciones-que-dejo-el-fallido-intento-del-pico-y-genero-en-peru/>

¹⁶ The management was handed over to the military through an order the week of April 10. For details please see <https://sxpolitics.org/sexual-politics-in-times-of-pandemic/20734>

¹⁷ Interview with Sonia Correa in the newspaper Página 12: “The crisis brings to light inequalities that in normality remain hidden”, available at: <https://www.pagina12.com.ar/263425-sonia-correa-la-crisis-saca-a-luz-desigualdades-que-en-la-no>

and governance context. It can have egregious effects in other contexts, such as those in the global South. One example is the role that Facebook played in Myanmar.”¹⁸ The transformations in the media ecosystem are sharpening the panorama of misinformation through social networks as the main tool of polarization and sexual, racial and ethnic discrimination. Polarization is not a passing phenomenon, it precedes the COVID-19 pandemic, and it is the format that public space is acquiring and the way in which we communicate (or paradoxically, we stop communicating) in current societies.¹⁹

16. Conservative, anti-human rights groups and governments are using misogynist propaganda to roll back regional and international standards on gender-based violence, including the Istanbul Convention. This is a particular focus of the so-called “anti-gender ideology” movement that is especially active in Latin America and Europe. According to the Observatory of Universal Rights (OURs), these forces use two strategies, “(i) the co-optation and subverting of existing human rights standards and (ii) campaigns to develop and obtain consensus on agreed language that is deeply anti-rights.”²⁰ The misinformation and restriction of human rights under the pretext of the COVID-19 crisis is not only a rhetoric shared by religious fundamentalism, but a political stance shared by secular and religious fundamentalisms that seek to prioritize some rights over others, with those of women and girls always being discriminated against and destined to be the object of control in relation to their bodies and decisions.

15. Their strategies not only violate existing normative frameworks, but also establish a double standard of rights, for instance an insistence on using "complementarity", instead of equality. This displacement in language, on the one hand, ignores the demands of gender equality, and on the other reinforces the patriarchal status quo that assigns roles and expectations for each person based on a sexist and misogynistic paradigm that perpetuates inequality and violence. It attacks the human rights framework and promotes a confused rhetoric about human rights.

Laws, policies and administrative measures

17. Punitive regulation is one of oldest means of denying SRHR particularly to women and girls. Criminalising abortion, contraception, emergency contraception, adolescent sexuality, same-sex sexual contact, and sex work are some of the most common forms of violations of SRHR. Times of crisis exacerbate the impact of these regulations. For instance, natural disasters can decimate existing systems, including health systems, causing untold damage to people and infrastructures. In such circumstances criminalisation and penalisation do not build trust within the existing populations. Most countries in Latin America have restrictive regulations regarding abortion, and with the pandemic women, girls and gender-non-

¹⁸A/HRC/44/57, para 16, See also A/HRC/39/64

¹⁹For more information see Sexuality Policy Watch, <https://sxpolitics.org/sexual-politics-in-times-of-pandemic/20734>

²⁰ <https://oursplatform.org/wp-content/uploads/Rights-At-Risk-OURs-Trends-Report-2017.pdf>

conforming persons are forced to seek unsafe clandestine abortions or to carry unwanted pregnancies to term.

18. One of the consequences of crisis and instability of any kind is that, often the state apparatus compensates for the instability by increasing measures to control its population, punish dissent and use the narrative of fear to monitor and police people. Policing and control also take the form of protectionism, i.e. vulnerable women and girl victims need protection – from themselves and/or from real and perceived dangers. This protection function reframes state obligations away from respecting, protecting and fulfilling human rights and fundamental freedoms of people to ‘protecting people’. This distinction dislocates the bodies of women and girls as autonomous people to being victims without agency and in need of protection. Highly protectionist legislation has even justified measures like protective detention that reinforces gender and cultural stereotypes and punishes women.²¹ An example of this is the practice of “rescuing” and “rehabilitating” sex workers, with no regard for the wishes, desires or decisions of the sex workers themselves. Paternalistic and infantilising formulations of women and girls essentializes the experiences of women and girls, denying them their human rights. It often leads to victim-blaming in cases of violence and places the burden of preventing violence on women and girls, absolving the state and perpetrators of all responsibility.

19. State and non-state actors often target Women Human Rights Defenders (WHRDs)²² because they act counter to patriarchal stereotypes of women as submissive and obedient by fighting for human rights and protesting publicly. Such actions challenge patriarchal norms in addition to power structures – state and corporate power. As the Special Rapporteur on Human Rights Defenders highlights, “women defenders often face additional and different risks and obstacles that are gendered, intersectional and shaped by entrenched gender stereotypes and deeply held ideas and norms about who women are and how women should be”.²³ The environment in which WHRDs operate is characterized in many countries by increasing and incessant arbitrary arrests and detention, including judicial harassment, threats, intimidation, summary and extrajudicial executions, torture, and inhumane and degrading treatment because of their activities.²⁴ According to the report of African Commission on Human and Peoples’ Rights, “[i]n 2012, the Office of the Special Rapporteur on human rights defenders in Africa received fifty (50) urgent appeals, fourteen (14) of which concerned women human rights defenders and nine (9) were filed by

²¹ Ratna Kapur, *Human Rights in the 21st Century: Take a Walk on the Dark Side* in “Wronging Rights?: Philosophical Challenges for Human Rights” (eds. Aakash Singh Rathore & Alex Cistelean), Routledge (2011) page 42.

²² The Special Rapporteur on the situation of human rights defenders defines women human rights defenders as both female human rights defenders, and any other human rights defenders who work in the defence of women’s rights or on gender issues, please refer to <https://www2.ohchr.org/english/bodies/hrcouncil/docs/16session/A-HRC-16-44.pdf>

²³ A/HRC/40/60, [Report of the Special Rapporteur on the situation of human rights defenders](#) on women human rights defenders, para 6

²⁴ The African Commission on Human and People’s Rights, Report on the Situation of Women Human Rights Defenders in Africa

women. The communications were related to arbitrary arrests and detentions, two (2) cases involved threats of rape and murder and two (2) were related to intimidation and "judicial harassment". The appeals were related especially to women NGO leaders, human rights defenders dealing with sexual orientation and gender identity and members of women's organizations, human rights activists and journalists."²⁵

VI. Geopolitics, macroeconomic policies and impact on SRHR

20. As mentioned above²⁶ in this submission, crises are often followed by neo-liberal capitalist economic responses with conditionalities accompanying loans by international financial institutions and donor countries. SRHR is manipulated by states and private corporations to ensure profits for large multinational corporations as these regimes inevitably lead to privatisation of essential services. As in the case of Poland "the abortion issue is being discussed mainly as a political issue, as a question of conflicting values, as a mirror reflecting the position of the Church in the Polish state, and the influence of religion in politics, and finally, as an issue of women's rights and the collision of international law with the practical consequences of the law. Much less frequently, however, is the prohibition of abortion in Poland discussed in terms of economics, prices, profit and the extent of involvement of the private sector in reproductive health care."²⁷

21. Persistent deficits, unavailability of public funds in absolute terms and low prioritisation of health by governments in their public expenditure fuel and exacerbate privatisation. None of these factors work alone and regularly they feed into each other resulting in making health systems inaccessible for the ones that most need it. Further, for women and girls, these structures and governance failures do not operate singly; they combine with and compound systemic and institutional discriminations in every society. The impact of privatisation means that profit is prioritised over rights of patients and everyone is viewed as customers. Consequently, the ones that are prioritised are the ones with higher buying/bargaining power. This automatically means that marginalised groups who have lesser buying power do not have access to health services resulting in further marginalisation. They are often turned away or accrue crippling debts to access basic health care because privatisation is always accompanied by erosion of social services increasing morbidity. This, compounded with discrimination based on gender, race, caste, class, sexuality and gender non-conformity among other grounds, and the criminalisation and environment of fear created by state and non-state actors regularly results in the violation of many women's and girls' basic right to life before, during and post pregnancy. There are many manifestations of these multiple factors and each represents the state's failure to prioritise and address the systemic failures in the health systems putting women and girls' lives and well-being at risk. As highlighted by the Special Rapporteur on Extra Judicial

²⁵ The African Commission on Human and People's Rights, Report on the Situation of Women Human Rights Defenders in Africa

²⁶ Para 6 and 7

²⁷ Agata Chełstowska (2011) Stigmatisation and commercialisation of abortion services in Poland: turning sin into gold, *Reproductive Health Matters*, 19:37, 98-106, DOI: [10.1016/S0968-8080\(11\)37548-9](https://doi.org/10.1016/S0968-8080(11)37548-9)

Executions, "for the vast majority of women and girls, their human rights journey entails confronting a system of State actions and inactions, feeding and fed by systemic discrimination, resulting in violation of their rights to basic necessities and ultimately in a violation of their right to life."²⁸ The Special Rapporteur on Violence against Women, Its Causes and Consequences in her report to the General Assembly highlights that, "the poor working conditions of many health professionals and the historical overrepresentation of men in the gynaecological and obstetrical field is in contrast with the obligation of States to ensure the availability and quality of maternal health-care facilities, goods and services, the adequate training of providers and the gender balance of the health professionals"²⁹

22. Aid, international funding and technical cooperation practices modelled like aid, are often harmful to existing health systems and undermine women's human rights particularly on SRHR. Generally, "funders fail to focus their activities on the health needs of recipient states and direct assistance towards health systems development, inadequately incorporate the inputs of affected communities in their activities, and attach conditionalities to the receipt of funding for health."³⁰ International health financing is not designed to make existing domestic health systems sustainable. On the contrary, it has the impact of making health financing reliant only on international financing. Consequently, every change in donor priority requires a complete overhaul of health infrastructure in the recipient country. One of the most prominent examples illustrating this phenomenon is the reinstatement of the Mexico City Policy also known as the Global Gag Rule by the United States of America.³¹ Constantly responding to changing donor priorities results in an absence of sustained, well-developed, context-specific, available, accessible, acceptable and quality institutions or commodities for people. In the case of women's and girls' health this is linked to the ways in which health systems are not adequately equipped to deal with health complications linked to pregnancy, and to the fact that women and girls' autonomy is not the basis for health options. Traditional systems in global south states are upended to "modernise" without adapting to the context of these states. Some examples include the kinds of contraception available and pushed into global south economies like Depo-Provera³², and the dismantling of traditional birth attendant systems instead of training or adapting the existing systems, among others.

²⁸ A/HRC/35/23, para. 90.

²⁹ A/74/137; Special Rapporteur on Violence against Women, Its Causes and Consequences in her report to the General Assembly on a human rights-based approach to mistreatment and violence in reproductive health services with a focus on childbirth and obstetric violence, para 39; available at https://www.un.org/en/ga/search/view_doc.asp?symbol=A/74/137,

³⁰ A/HRC/67/302, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on health financing in the context of right to health available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N12/461/01/PDF/N1246101.pdf?OpenElement>

³¹ To understand the impact of the same please refer to <https://www.ippf.org/global-gag-rule>, <https://www.hrw.org/news/2018/02/14/trumps-mexico-city-policy-or-global-gag-rule>

³² Caitlin Lambert (2020) 'The objectionable injectable': recovering the lost history of the WLM through the Campaign Against Depo-Provera, *Women's History Review*, 29:3, 520-539, DOI: [10.1080/09612025.2019.1695354](https://doi.org/10.1080/09612025.2019.1695354)

VII. Recommendations

- Apply an intersectional and rights-based approach to pandemics and crises prevention and responses by states: It is necessary to have an intersectional approach in their policies and programmes. Prevention and elimination of violence and discrimination will be meaningful only if the root causes are addressed including structural and institutional oppressive structures.
- Cancel debt and suspend aid conditionalities that seek to reduce public spending on social and health services: Debt and aid conditionalities often push states to introduce austerity measures, greater privatisation dismantling the welfare systems. These in turn present a governance gap exacerbated during any crisis.
- Implement tax justice: Progressive tax regimes are essential to fund the public systems including health. These can also be the first step in reducing inequalities.
- Institute universal social protection floor: According to ILO, National social protection floors should comprise at least the following four social security guarantees, as defined at the national level:
 - Access to essential health care, including maternity care.
 - Basic income security for children, providing access to nutrition, education, care and any other necessary goods and services.
 - Basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability.
 - Basic income security for older persons
- Ensure that everyone can enjoy their rights to sexuality and gender including rights to bodily autonomy starting with decriminalising abortion, sexuality, sex work: This is essential because criminalisation leads to more violence and discrimination. Everyone should have the right to sexuality and gender and to express and access those rights. Criminalisation hampers this very basic aspect of the person hood.
- Recognise unpaid care work: Women's unpaid care work should be recognised and acknowledged. Non-recognition keeps the system of gendered labour exploitation to continue.