

## A round-up of articles in 2020

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When I wrote my last editorial in April 2020, we had all begun living through the awful effects of the COVID-19 pandemic. Seeking to draw attention to the implications of the global emergency on sexual and reproductive health and rights, SRHM published a call for papers and organised a webinar. We were not disappointed by the response. The webinar was highly attended and attracted participants from across the world.<sup>1</sup> We received a multitude of papers on the topic. You can read the published articles in Issue 1 of this year. Prominent amongst the range of subjects which arose were delays in provision of abortion care and barriers to its access, the disproportionate burdens borne by young people in seeking services, effects on the availability of contraception, increases in sexual violence and the special challenges faced by displaced people and those in humanitarian emergency settings, because of the pandemic. Thankfully, solutions and adaptations for effective sexual and reproductive health service provision have since begun to emerge, including the utility of telemedicine, the merits of self-care, and the value of having services close to the community through, for example, community health workers. Others have announced “calls to action” to bring together, document and share solutions.<sup>2</sup> I look forward to seeing more articles, supported by evidence and empirical research, on practical ways to respond to COVID-19 and other pandemics, built on a sexual and reproductive rights foundation, in the years that come.

As we approach the close of the year, much hope is being placed on what are reported to be high efficiency vaccines against COVID-19. Without undermining the significance of these advances, I give no apologies for repeating the warnings given time and again about “magic bullets” (vaccines, in this case) being a panacea for all ills. Vaccines are not going to redress the inequities which exist in

health service provision and the realisation of human rights. The phenomenon of “long COVID”, where individuals experience extended poor health from contracting the virus, is not solely a clinical condition. We are likely to see COVID-19 have long term, negative effects on the health of health systems. In the economically restrained years to come, supposedly “low-priority” areas of health provision, including many sexual and reproductive health services, may face the biggest cuts in resource allocation. Ultimately, this will, as always, affect the poorest and most marginalised populations. The UK government’s decision to retract from its original pledge to allocate 0.7% of its GDP annually for international development is disheartening. The papers we have published this year bear testimony to the fact that, all over the world, much, much more is needed to right the fragilities of health systems exposed by the pandemic.

With or without COVID-19, there are concerns represented in this year’s articles which continue to hold weight in the sphere of sexual and reproductive health and rights. From Argentina, Blas Radi presents a philosophical analysis of how trans people face a scenario where they are compelled to choose between a right to gender identity and a right to sexual and reproductive health. An intersectional, reproductive justice paradigm is proposed to bridge the schism.<sup>3</sup> The multiple levels of challenge faced by those who menstruate – from the level of individuals’ knowledge, to the social experience of stigma and the unacceptability of amenities at institutional level – are brought out in two papers from India.<sup>4,5</sup> In Namibia, despite the success of litigation in cases of forced sterilisation, women continue to suffer negative psychological and socio-cultural effects, even a decade after being sterilised.<sup>6</sup> Abortion and the law is discussed in several articles,

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from settings as diverse as Nigeria, Thailand and the US.

The second issue of 2020 brings to light how considerations of sexual and reproductive health and rights can, and should be, centre stage in discourse on universal health coverage. There is an under-representation of sexual and reproductive health and rights in broader public health discussions. We believe that assimilating core principles of equity, solidarity, gender equality and human rights is key to achieving health for all. This collection of articles places sexual and reproductive health and rights in focus within the context of universal health coverage, with country case studies from across World Health Organization regions and papers on an array of topics, covering political, policy and legal analyses, design and delivery of health services, budgeting and financing, as well as matters of social justice in the form of power, agency, stigma and discrimination.

Donald Trump lost the US election this year. The influence of the US presidency at an international level can never be underestimated and equally applies in sexual and reproductive health and rights. In the third issue of this year, the destructive effects of the US administration's expansion of the Global Gag Rule restricting abortion access is competently documented in Kenya, Madagascar and Nepal. Summarised in the editorial by the guest editors, Terry McGovern and Anand Tamang, the impacts include funding losses, impudence of science and disruption of already fragile health systems. As McGovern and Tamang state, the Global Gag Rule has served to “embolden hostility to SRHR and breed mistrust and self-censure”.<sup>7</sup> The harms done by the US administration during Trump's presidency have affected not just abortion services, but have had downstream impact, with reduced access to contraception, and increases in unsafe abortion and unintended pregnancies. We have every

confidence that the knowledge base captured in these articles can be used effectively to influence future policy and action.

The diversity of settings and nations represented in the journal reminds me that SRHM has strengthened collaborations in several South Asian countries this year. In 2021, we will be publishing an issue focused on South Asia which will use a regional lens to generate locally relevant evidence to inform local agendas. Papers from various countries in Africa are generally well represented in the journal and an edition of selected articles translated into French can be obtained from the SRHM website. This effort has been possible because of collaboration with the Moroccan non-government organisation “All for Reproductive Health”, (ESR) and the National School of Public Health (ENSP). We pursue future collaborations with them to boost the publication of work from French-speaking African nations, with original articles written in French.

We consult widely about future themes for the journal. Some of the suggestions we have received include the areas already touched upon – abortion, youth and LGBT rights, humanitarian and emergency settings, gender identity and sexual violence. Unsurprisingly, some topics have become more prominent. Black Lives Matter and the unequal burden of COVID-19 across different ethnic groups have roused interest in race and inequities within sexual and reproductive health and rights. The social isolation experienced by many during COVID-19 has given rise to concerns about linkages between mental health and sexual and reproductive health and rights. As we begin to see how crucial the wellbeing of planet Earth is, the connection between the environment, human rights and human health across all domains cannot be ignored. I have little doubt that all these, and more, will be consequential pieces published in future journal issues.

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