

Defending frontline defenders of sexual and reproductive health rights: a call to action-oriented, human rights-based responses

Kathryn Gilmore,^{1,2} Victoria Boydell ,^{3,4} International Planned Parenthood Federation, MSI Reproductive Choices, IPAS, International Federation of Gynecology and Obstetricians, International Confederation of Midwives

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¹Department of International Development, The London School of Economics and Political Science, London, UK

²Human Rights Centre, University of Essex, Colchester, UK

³School of Health and Social Care, University of Essex, Colchester, UK

⁴Global Health Centre, Geneva Graduate Institute, Switzerland

Correspondence to

Dr Victoria Boydell;
vickyboydell@gmail.com

The realities of the global COVID-19 pandemic have raised our shared awareness of healthcare providers, and the life-saving significance of their valiant efforts, specifically as they face dangers to their own well-being simply by performing their day-to-day jobs.¹ The threats faced by healthcare workers caring for affected communities also surfaced in the Ebola outbreak a few years earlier and in the context of provision of other vaccines.²

Safeguarding and protecting those who care for us, often during our hours of greatest need, is a matter of vital public interest. When the safety and well-being of health advocates and service providers are compromised, provision of care too is undermined. Yet, the abuse of those workers, of whom an estimated 67% are women,³ is found 'throughout the industrialized world, as well as in developing and transitional countries, and affects health-care workers in nearly all work environments'.⁴ Some workers are shunned for providing services to stigmatised populations, such as sex workers or those living with HIV/AIDs or for providing services that are stigmatised, such as abortion care. Abuse of health workers may take the form of daily intimidation and harassment, or extend to overt violence, including sexual assault. With perhaps upwards of 70% of all workplace hostility occurring in the healthcare and social services sector,⁵ we know that frontline health workers and advocates, in particular those working for sexual and reproductive health (sexual and reproductive health rights (SRHR)), are at significant risk. Recent international research finds that more than 60% of nurses and physicians report experience of abuse and intimidation related to their work.⁶

The actual rate may be much higher due to under-reporting.⁷

Hostility directed against those on the frontlines of healthcare and advocacy is reportedly most often at the hands of 'patients, their families, and visitors';⁴ but is also perpetrated by colleagues, institutions and communities. However, the literature does not directly assess what role is played by political and other leaders' expression of hostility to SRHR, and by regressive SRHR policies, in the hostility that frontline workers experience. Yet, those who advocate for, support and provide SRHR services, information and advocacy throughout the world, know that adverse political and social environments elevate these risks. For example, health workers providing legal abortion care can face intimidation, harassment and arrest from law enforcement due to lack of clarity or misinterpretation of national abortion laws and policies.

Around the world, some of the most ideologically charged public debates are directed at SRHR and services. Moreover, mounting aggression in public narratives from political actors alongside regressive government policies amplify hostility towards those who provide, protect and promote SRHR. Within such settings, our colleagues are often required to draw deeply on their own reserves of courage and resilience just to continue their daily work. They do so in countries and communities around the globe, often in the face of stigma, discrimination, belittlement, harassment and even violence, that is directed against themselves, their places of work, their colleagues, and even their families—impinging on their private as well as their professional lives.

What are the personal costs of delivering on the frontlines of SRHR in contexts of public and/or political hostility? What are the consequences of regressive laws and policies on SRHR for health workers, advocates and activists? What is being done to protect our colleagues, to defend their rights as they go about their work, and to seek redress and accountability when they experience abuse, are harmed or injured?

The effects of abortion stigma on providers of abortion care have been better documented but mainly in the USA. Stigmatisation of frontline HIV/AIDS care providers and advocates has also been documented. However, the larger picture of hostility against defenders of SRHR is not well described. We must also challenge the intersecting layers of discrimination SRHR workers experience, including racism and sexism, which can be exacerbated by gendered, hierarchical relationships between, for example, some male physicians and midwives, who mostly are women.

As leaders in our sector, and the representatives and employers of thousands and thousands of frontline workers for SRHR, we recognise that our collective knowledge of these matters is scattered, and, to date, primarily anecdotal. In addition, the evidence of a causal relationship between hostile public policies or narratives and harm to health workers and advocates has not been examined comprehensively. Best practices for effectively supporting those subjected to hostility have not been compiled and validated, even though authorities and employers have both legal and moral responsibilities to do so.

It is time the voices, experiences and concerns of our colleagues on the frontlines are heard. It is time that we, as institutional champions of SRHR advocacy and services, step up to match the courage of our frontline colleagues and take action to protect and uphold their human rights.

We have come together as leaders in our sector to do just that. After all, we have good reason to be concerned. In the past, violence against frontline SRHR workers has reached utterly tragic depths. In the USA alone, at least eleven SRHR providers have been murdered since 1990, with 41 bombings and 173 arson attacks against SRHR clinics perpetrated since 1977 (see, eg, *Anti-Abortion Violence*, Wikipedia). More recently, we have witnessed authoritarian leaders around the world deploy stigma, fear and hate-speech against those seeking and those providing and advocating for sexual and reproductive health services: all in order to shore up their own political power.

But for all these warning signs, the connections between attacks on sexual and reproductive rights and hostility to frontline workers are underreported and undocumented, meaning the proponents of public antagonism to SRHR largely escape accountability for the consequences of their actions.

The mental and physical health and well-being of our colleagues must be taken more seriously, as must

the cycle of strain, stress and demoralisation that such hostility perpetuates in the health system more broadly. But an absence of systematic documentation and analysis of the patterns and trends of hostility towards the frontline defenders of SRHR hinders us from a robust response and collective action.

We make this call to action to contribute to the mounting efforts to tackle hostility against health workers, including, for example, the WHO's Charter on *Health Worker Safety: a priority for patient safety*.⁸ As we do so, we commit ourselves to human rights-based responses and to an action-oriented inquiry into the situation globally for SRHR's frontline defenders—service providers and advocates—to better meet our own, and others', accountability for their safety, dignity and well-being.

Therefore, we are committed to work together to:

- ▶ Spotlight and take-up opportunities for immediate action to better respect, protect and fulfil the human rights of frontline workers and advocates, including, for example, by promoting clearer standards for their protection and guarantee of their rights to mental, physical and social well-being.
- ▶ Amplify the voices of those who are serving and advocating for SRHR in contexts of stigma and hostility.
- ▶ Better understand the needs of and the support wanted by frontline defenders of SRHR and put in place strategies for their protection tailored to their contexts and experiences.
- ▶ Build a more robust evidence-base about the nature and consequences of the stigma and hostility that frontline SRHR service providers and advocates face and the relationship between that and public, religious and political narratives. This will provide a baseline that we can monitor over time and use to better predict and manage the risks to our colleagues and thus enhance service sustainability and quality too.
- ▶ Raise public awareness more generally of the plight of workers and advocates under these circumstances, and facilitate best practice-sharing across the sector for better prevention, response to and protection of our colleagues.
- ▶ Nurture broad partnerships, calling on the relevant national and international professional associations, and the national and international human rights mechanisms, to join us in this effort to stand up for the rights of our colleagues to undertake their work free from discrimination, harassment, stigma and abuse.
- ▶ and, from there,
- ▶ Make recommendations to our own organisations, other employers of SRHR staff and volunteers, to Governments, and donors, on measures needed to enhance prevention, protection and provide appropriate remedial and legal responses when SRHR workers face and are subjected to harm.

Through our joint action, we will deepen knowledge of the nature and extent of the harmful effects of public policies and narratives hostile to SRHR as experienced by

frontline workers. We will work to systematically address those harms, and to better identify, advocate for and bring partnerships together to tackle the specific contextual or situational factors that are correlated to their commission. We will focus on what is, and is not, being done to respond and remedy the harms experienced and to also address impunity for their commission.

As we embark on this work together, we urge all who support, employ, fund and/or regulate the provision of SRHR services, to join us in standing up for the human rights of SRHR providers and advocates and affirm that they are entitled to undertake their roles without harassment, intimidation, fear or threat.

Join us in defending the defenders of the rights we all share to sexual and reproductive dignity, health and well-being.

Collaborators The Steering Group of Defending Frontline Defenders of SRHR includes Anamaria Bejar and Irene Donadio from International Planned Parenthood Federation; Sarah Shaw and Kate Austin from MSI Reproductive Choice; Maria Antonieta Castro Alcalde and Rouguiatou Balde from IPAS, Jameen Kaur and Jessica Morris from International Federation of Gynecology and Obstetrics; Sally Pairman and Molly Karp from International Conference of Midwives.

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ORCID iD

Victoria Boydell <http://orcid.org/0000-0001-5051-9167>

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