April 21rst, 2021

Ms.
MARIA CLAUDIA PULIDO
Interim Executive Secretary
Inter-American Commission on Human Rights
Washington, DC, United States

Ref. The pandemic of Covid-19 and the impact on human rights of women and children affected by Zika virus in Brazil

The Center for Reproductive Rights (CRR), the Center for Justice and International Law (CEJIL), Anis - Institute of Bioethics, Human Rights and Gender and Global Health Justice Partnership (Yale University) address this submission to you, and through you to the Inter-American Commission on Human Rights (hereinafter "IACHR" or "Commission") to request a hearing on the human rights situation of women and girls in Brazil in the context of Covid-19, in particular women affected by the Zika virus, as well as their children, within the framework of the 180th Period of Sessions to be held virtually between June 21 and July 2, 2021.

The object of this request is to present updated information to the Commission on i) the Brazilian State failures to address the consequences of the Zika epidemic, especially regarding the situation of women and children affected by the Zika virus, that has worsened as a consequence of the Covid-19 pandemic; ii) how the Brazilian State's failure over the years to fulfill its obligations regarding ESCR is related to both the Zika epidemic and Covid-19´s disproportionately impact on marginalized groups, especially women and children who have inadequate access to health services, basic sanitation, and clean water, iii) the increased situation of vulnerability in which these women find themselves as a consequence of the regression in terms of sexual rights and reproductive rights observed in the country and aggravated in the context of the Covid-19. The present request becomes even more relevant on this occasion due to the recent pronouncement of this Commission, which urged States to incorporate, in all their responses to the pandemic of Covid-19, the gender perspective from an intersectional approach, taking into account the different contexts and conditions that increase the vulnerability to which women are exposed[i].

In the following pages we will explain the rationale and objectives of our request.

I. Background and context supporting the request

The Zika virus was first detected in Brazil in April 2015. In November 2015, the country declared a national public health emergency that ended in May 2017. Between 2015 and 2020, 19,622 suspected cases of infants and children with congenital Zika syndrome (CZS) were reported in Brazil. Most infections occurred in the Northeast region, a part of Brazil marked by poverty and inequality, and disproportionately affected black women of reproductive age[ii]. It is important to consider that the zika virus is still circulating in the country. In 2019, a new lineage has been detected as a potential risk of a new epidemic[iii] and new zika cases continue to be identified. Only between January to September 2020, the Ministry of Health identified 6,705 new suspected cases of Zika infection [iv]. Data from the Ministry of Health also indicate that between January and December 2020, more than 1,000 suspected cases of babies with CZS were registered - which represents, on average, almost three cases per day.

In 2017, Human Rights Watch released a report showing how Brazil had not addressed long-standing human rights issues that worsened the impact of the Zika epidemic and potentially fueled future outbreaks and increased other public health risks[v]. The failure to address these issues has likely worsened the impact of the Covid-19 pandemic, as states have focused on responding to the coronavirus and, at least in some locations, have cancelled in-person therapy for children affected by Zika[vi]. According to the report, the Zika epidemic

exacerbated human rights problems that already existed, such as inadequate access to water and sanitation, unequal access to health care for families with fewer resources, and restrictions on sexual and reproductive rights. This scenario was further exacerbated in the context of Covid-19.

In the same year, Anis produced the report "Zika in Alagoas: the urgency of the rights 2017" in which it mapped the profile of women affected in that state and drew attention to the fact that they are "mostly teenagers or very young women, black and indigenous, with little education, and integrally dependent on increasingly fragile social policies in the country"[vii]. According to the research, the severity of the outbreak could have been substantially reduced if women had adequate access to water, sanitation, and hygiene.

Also in 2017, DhESCA Brazil Platform issued a report calling attention to the negative impact of austerity economic measures on human rights in the country, especially with regard to populations affected by the triple epidemic of Arboviroses (Dengue, chikungunya and Zika) in Pernambuco. At the time, the report warned of the disproportionate impact on women of cuts in investments in access to water and basic sanitation. It also emphasized the barriers for families with children affected by SCZ to obtain food, medicines and medical procedures necessary for their survival, and recommended a series of measures to the Brazilian State in this regard[viii].

In 2018, CRR, Harvard University's T.H. Chan School of Public Health, and the Global Health and Justice Practice of the Yale University School of Law and Public Health published a report highlighting Brazil's failures to respond to rights obligations and to meet basic resource needs in the context of the Zika epidemic. The report showed that the Brazilian government's response to the epidemic failed to consider the experiences of women infected with Zika and their children with disabilities as a result of the virus[ix] .

According to the report, at a minimum, a rights-based approach to the Zika emergency should include: (i) access to quality and comprehensive information about the virus, its risks, and available reproductive health options; (ii) access to comprehensive reproductive health services, including contraceptives, quality maternal health, and termination services when needed; (iii) making reasonable accommodations, including welfare plans, that ensure the full inclusion and developmental support of children with disabilities; and (iv) protecting their (and their families') right to an adequate standard of living by providing access to sufficient, safe, acceptable, physically accessible, and affordable water for personal and household use.

On these occasions, public health experts have criticized Brazil's prioritization of vector control as a way to control the spread of Zika, as it suppressed other preventive strategies, such as comprehensive sexual and reproductive health services, social protection of children with disabilities, and improved water and sanitation infrastructure.

In this sense, government warnings have not been accompanied by adequate information or health services that would allow women to make informed decisions about their reproductive health. Instead of being given the tools necessary to deal with the epidemic, the report shows that women in Brazil often face violence, stigma, or criminalization when seeking reproductive health services, when available.

Despite reports like these, little has been done since then. In April 2020, a federal law was enacted creating a special pension for children with Zika virus congenital syndrome born between January 1, 2015, and December 31, 2019 (Law 13.985 / 2020)[x] . However, the law excluded children born after this date and for conditions the receipt of the benefit to an excessively low income cut-off. Moreover, to receive the referred pension, the State started to prohibit its accumulation with the Benefício de Prestação Continuada ("BPC"), a constitutional benefit that guarantees a minimum wage to low-income people with disabilities and elderly, and to require the withdrawal of lawsuits against the public power related to the issue.

In May 2020, the Supreme Court rejected, on procedural grounds, a constitutionality control lawsuit, filed in 2016, which aimed to protect the economic and social rights of women, families, and children by expanding access to BPC and requiring the availability of laboratory tests free of charge, given that diagnostic information is necessary to make informed decisions about family planning and preventing sexual transmission of the virus[xi] . The petition also required access to reproductive services, including long-term reversible contraception and voluntary termination of pregnancy, and requested the provision of health services for children with CZS and their families[xii] .

Although the merits of the lawsuit have not been discussed, the Supreme Court's decision represents a considerable setback for the protection of people affected by the Zika virus, particularly considering that, five years after the Zika outbreak, Brazil has not taken adequate measures to respond to the rights violations of women affected by the epidemic and their families.

The scenario becomes even more serious considering that, in recent years, Brazil witnessed a conservative rise, which was aggravated by the election of a president who openly opposes sexual and reproductive rights[xiii].

Moreover, the pandemic of Covid-19 has contributed to worsen the scenario of rights violation of people affected by Zika and to overshadow the debates around the Zika virus, its consequences and the new cases in the country[xiv] .

To date, more than 350,000 people have died from COVID-19 in Brazil[xv], in what has been considered by experts “an institutional strategy for the spread of the virus, promoted by the Brazilian Government under the leadership of the Presidency of the Republic”[xvi].

The Covid-19 pandemic has disproportionately impacted marginalized groups who have inadequate access to health services, basic sanitation, and clean water[xvii] . As an example, studies show that the mortality rate of Covid-19 in the country has been higher for pregnant women, [xviii], indigenous[xix] and black people[xx] when compared to the general population. Moreover, the Covid-19 pandemic has overloaded already precarious health services[xxi], and the measures employed to combat it make access to these services even more difficult, including for example the suspension of elective surgery[xxii] and therapies for children affected by Zika[xxiii].

As the 2020 Anis report "Zika in Brazil: lessons of reproductive justice for responses to humanitarian crises”[xxiv] demonstrates, women affected by Zika once again were not included in the center of the answers in the face of the humanitarian crisis caused by pandemic of Covid-19. According to the document, the demands of the crisis of Zika remain relevant, and are exacerbated by the pandemic, especially considering the increase of inequality and poverty. The report also emphasize that, with multiple health needs, children affected by Zika become more vulnerable to the harmful effects of illness by Covid-19, but that, despite this fact, there are no specific protection and care measures for women and children during the Covid-19 pandemic.

i) Economic, Social and Cultural Rights in the Context of Zika and Covid-19

The Brazilian State's failure over the years to fulfill its obligations regarding the protection of the right to an adequate standard of living through the provision of access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use was crucial to the outbreak of the Zika epidemic in the country.

Since then, little has changed and, in the context of Covid-19, the systematic violation of this right contributes to the spread of the virus and falls, once again, disproportionately on women.

As with many other infectious diseases, the spread and impact of Zika is linked to social and economic inequalities. The World Health Organization has noted that "the burden of zika falls on the poor ... in tropical cities in the developing world, the poor cannot afford air conditioning, mosquito nets, or even insect repellents"[xxv] .

Communities living in substandard housing often have inadequate access to clean water and sanitation and other infrastructure conditions, which gives arboviruses like Zika the ability to thrive. Investing in water and sanitation infrastructure for communities most susceptible to the spread of Zika and other arboviruses is critical to eliminating mosquito breeding grounds and ensuring lasting control of the Aedes aegypti mosquito.

Despite Brazil's history of arboviruses, including dengue and chikungunya, the country did not prepare for the arrival of the Zika virus. Even today, access to water and basic sanitation remains very poor in many regions of Brazil, which has a direct impact on the effects of the pandemic of Covid-19. Studies have

observed the correlation between the locations that register a constant lack of water and that present higher death rates due to Covid-19[xxvi].

Currently, 86 million people in Brazil have precarious access to water (water of inadequate quality, with prolonged intermittency and in insufficient quantity) and 107 million people do not have their wastewater properly collected and treated or live with rudimentary[xxvii] cesspools. This corresponds to 43 and 52% of the population, respectively, in addition to the 35% who do not have access to garbage collection (adequate solid waste)[xxviii].

According to UNICEF, 6 out of 10 Brazilian children and adolescents live in poverty[xxix] . Living with open sewage is a deprivation that affects the largest proportion of children and adolescents in Brazil, more than the lack of access to water and education[xxx]. About 22% of Brazilian children live in houses with wells, ditches or rudimentary sewers; 70% of these young people are black and most of them live in the North, Northeast and Center-West regions of the country[xxxi].

The problem disproportionately affects vulnerable populations, afro-descendants and indigenous people, living in rural and peripheral areas in the north and northeast regions of the country. About 5 million households are located in places characterized by an irregular urban pattern, such as favelas, slums, communities, stilt houses, etc[xxxii]. In relation to the relative number, there are municipalities, such as Belém and Manaus, where these residences represent more than 50% of the total of occupied residences (55.5% in Belém and 53% in Manaus)[xxxiii].

Likewise, the water scarcity situation has worsened in regions where there is growing pressure for natural resources for the development of extractive activities, such as mining, which has caused the forced displacement of people and communities, mainly indigenous and traditional ones that depend directly on water resources for their survival.

This overall scenario also affects and is aggravated by the Covid-19 pandemic. Although it is not an arbovirus, combating Covid-19 requires access to clean water and sanitary conditions to help its transmission[xxxiv] . On the other hand, the lack of regular access to water has a direct impact on health, increasing vulnerability and the incidence of diseases in general[xxxv] specially among women[xxxvi] . In this context, poor communities have shown limited testing resources and higher fatality rates from COVID-19 compared with communities with better living conditions.[xxxvii]

In addition, lack of access to water and sanitation burdens women[xxxviii]. As is well known, women are traditionally responsible for tasks related to household care and cleaning, as well as activities to fetch water externally when necessary.

In addition to these activities, women are responsible for the tasks of caring for people who are ill or who need special attention, which increases their risk of exposure to the virus that causes Covid-19, especially when considering that children affected by syndromes related to the Zika virus could be more vulnerable to the effects of becoming ill with Covid-19 due to conditions such as bronchoaspiration[xxxix].

Similarly, the situation is also aggravated by the interruption of medical appointments and services for children with Zika virus-related syndromes due to the Covid-19 epidemic. This has happened due to the risk of contamination and also due to the overload of the health system caused by patients affected by Covid-19[xl].

In this regard, the Commission noted in its Resolution No. 04/20 on the human rights of persons with Covid-19 not only the need for States to give special attention to the rights, in particular to health, of persons belonging to social groups in situations of vulnerability, but also to ensure the continuity of essential diagnostic services, treatment, care and rehabilitation for other diseases, pathologies or medical needs.

ii) Reproductive Rights in the Context of Zika and Covid-19

As seen, the discussion about reproductive rights was central during in the context of the Zika epidemic. At that point, many women and girls, frightened by the news of the epidemic, sought to avoid or delay

pregnancy. However, many found it difficult to avoid unplanned pregnancy—either because they lacked clear and accessible basic information about reproductive health, or because they encountered barriers in accessing contraceptive methods, especially long-term ones. In addition, the criminalization of abortion in Brazil forced many women to turn to clandestine, and often unsafe, procedures to terminate unwanted pregnancies — endangering their health and even their lives[xli].

Despite that, the situation of reproductive rights in Brazil seems to have worsened in recent years. In 2014, the Minister of Health of Brazil declared that any hospital with an obstetric practice should be able to perform legal abortions[xlii] . However, in 2019, only 76 of the 175 medical centers indicated by the ministry were providing the procedure, and hospital staff were often unaware of the regulations regarding legal abortion[xliii]

A recent case exemplifies the barriers that women and girls continue to face when trying to access abortion services in the country, even when their case falls under the legal exceptions (rape, risk for woman's life or fetus with anencephaly). In August 2020, a 10-year-old girl, who had been repeatedly abused by her uncle since the age of six, was forced to fly more than 1,400 kilometers to the city of Recife in the Northeast of the country to access the procedure that had been denied in her hometown[xliv] . In this regard, it was reported that the Minister of Women, Family and Human Rights of Brazil tried to prevent the execution of the procedure by sending " representatives [(...) to] delay the interruption of pregnancy and, in a series of meetings, put pressure on those responsible for conducting the procedures, including offering benefits to the local guardianship council"[xlv] .

Subsequently, the Brazilian Ministry of Health enacted a resolution imposing barriers on access to legal abortion services. Among its provisions, the new rules included mandatory reporting by healthcare personnel of any case of rape to law enforcement authorities, and obstacles such as making it mandatory for doctors to inform women about the possibility of seeing the fetus through ultrasound and sign a statement of responsibility with an "express warning" that if it "does not correspond to the truth" they could be prosecuted for fraud and illegal abortion, punishable with up to five and three years in prison, respectively.[xlvi] . The measures are the kind of prerequisites that international human rights bodies have deemed unnecessary barriers responsible for preventing women's access to health services and that should be eliminated[xlvii] . After intense public pressure, the normative was altered again, in order to suppress part of the aforementioned measures, but with the maintenance of the notification of cases to the police as part of the procedure to access to legal abortion services.[xlviii]. In addition to having maintained one of the main barriers that keep victims of violence away from health care, the successive normative changes intensify the legal uncertainty that leads health professionals to increase the indirect barriers of access in a context of criminalization[xlix].

Unsafe abortion is the leading direct cause of maternal death in Brazil [l], and the complications it causes represent the third leading cause of obstetric bed occupancy in the country[li] . Accordingly to Pesquisa Nacional de Aborto, conducted by Anis, 1 in 5 women in Brazil up to the age of 40 have had at least one abortion[lii]. In 2015 alone, almost half a million women had an abortion in the country [liii], and more than 200,000 women seek hospital treatment for unsafe abortions anually[liv] . In addition, for fear of being prosecuted and eventually arrested, many women refuse to seek medical treatment despite being in a very vulnerable situation, which causes women to die in many cases due to lack of medical care or as a result of unsafe clandestine abortions[lv] .

Furthermore, Brazil actively persecutes women who have abortions considered illegal. In the state of Rio de Janeiro, between 2007 and 2011, there were 334 police reports of women who allegedly had illegal abortions [lvi]. Between 2007 and 2010, 128 women were prosecuted[lvii] . In 2017, in 30% of the cases of illegal abortion prosecuted the Court of Justice of the State of Rio de Janeiro, the woman had been denounced by the hospital where she had sought medical attention after a botched clandestine intervention[lviii] .

Women arrested or prosecuted in Rio are usually low-income black mothers with no criminal record[lix]. They are also disproportionately poor, illiterate, and use public health services[lx]. More than half of the women investigated and charged with illegal abortion have completed only elementary school, and only 8 percent have completed high school[lxi]. In contrast, women with higher levels of education who have abortions are less likely to have complications afterwards. [lxii]

Since the pandemic began, violence against women has increased, including in the Americas[lxiii] , and public health responses to Covid-19 have amplified barriers to accessing sexual and reproductive health goods and services, as well as justice institutions[lxiv] .

In 2020, the Brazilian State denied access to information requested by Anis - Instituto de Bioética regarding stocks of family planning supplies, including contraceptive methods and medicines for legal abortion and obstetric emergencies. The information was considered confidential because its disclosure would supposedly put national security or public health at risk, according to official allegations. The lack of public transparency casts suspicion on the conditions of continuation of these fundamental services for the protection of girls' and women's health , and makes social control of public health policies impossible. In June 2020, the federal government had already canceled the only technical note that reinforced the essentiality of maintaining sexual and reproductive health services and established guidelines for their provision during the pandemic, in addition to having exonerated the civil servants responsible for writing it, in a clear sign of anti-gender ideological persecution uncommitted to public health.

Maternal mortality is another serious problem that persists in the country. In 2017 alone, the maternal mortality rate was 60 per 100,000 live births nationwide[lxv], despite the decision rendered by the CEDAW Committee in 2011 in the case *Alyne da Silva Pimentel Teixeira v. Brazil.* At that time, in addition to holding Brazil responsible for Alyne's death, the CEDAW Committee found that Brazil's maternal health policies did not guarantee women's access to quality care during childbirth and did not address the specific and distinct health needs of women, especially women from low socioeconomic backgrounds and historically marginalized groups[lxvi] . The CEDAW Committee also made several structural recommendations, including to Brazil: to guarantee women's right to safe motherhood and access for all women to adequate emergency obstetric care[lxvii]; to provide adequate professional training for health care providers, especially in women's reproductive health rights, including quality medical treatment during pregnancy and childbirth, as well as timely emergency obstetric care[lxviii]; and to reduce preventable maternal deaths through the implementation of appropriate policies, in line with its previous recommendations[lxix].

However, Brazil has not adequately complied with the aforementioned recommendations[lxx] and, to this day, does not have adequate legislation on emergency obstetric care or against obstetric violence, and the lack of access to adequate and timely health services continues to disproportionately impact black women with low socioeconomic status.

Indeed, a 2013 study conducted in the state of Rio de Janeiro found that most of the obstetric centers analyzed were not able to provide emergency, prenatal, or legal abortion services[lxxi] . Another study showed that in Brasilia, black women accounted for three-fourths of the already high 53.9 deaths per 100,000 live births. Moreover, a greater proportion of black women were not accompanied by a partner during childbirth (68%), and for more than 50% of them, the reason for the absence of a companion was refusal by the health service, despite the existence of federal legislation on the subject[lxxii].

Brazil has also failed to meet the 2015 Millennium Development Goal of reducing the MM rate to 35 deaths per 100,000 live births[lxxiii] and is far from meeting the Sustainable Development Goals of 20 per 100,000 in 2030. In fact, as the Independent Monitoring Committee for the Implementation of the CEDAW Committee's General Recommendations noted in 2015, maternal health in Brazil exacerbates the trend of high rates of cesarean delivery and other interventions in pregnancy and childbirth care (e.g., use of oxytocin to speed contractions[lxxiv]).

In 2016, another case of a black woman who died in the state of Rio de Janeiro due to lack of timely access to quality emergency obstetric care reached the public debate[lxxv], and in 2020, another nearly identical case became known[lxxvi] .

This situation seems to have been aggravated even more during the pandemic. In June 2020, a study found that 124 pregnant or postpartum women died in Brazil due to Covid-19 (representing a 12.7% mortality rate among pregnant or postpartum women infected with Covid-19),and representing 77.5% of all maternal deaths reported in the literature at that point[lxxvii]. The same study noted that 22.6% of the women who died were not admitted to the ICU, and only 64.0% had invasive ventilation. [lxxviii] Ventilatory support was not offered to 14.6% of all fatal cases, while the remaining 21.4% received only noninvasive ventilation[lxxix] .

In addition to the critical maternal mortality issue in the country, it was noted during the pandemic that the number of hospitals actually offering legal abortion procedures dropped from 175 to 42 [lxxx]. Currently, in this context, thirteen of the country's twenty-six states do not provide access to legal abortion services[lxxxi].

In this regard, the Inter-American Commission on Human Rights has repeatedly observed that restrictions on abortion constitute a "grave problem" for women's health[lxxxii]. The Inter-American Court of Human Rights has observed that the "direct object of protection is, fundamentally, the pregnant woman, in view of the fact that the defense of the unborn is essentially accomplished through the protection of the woman. [lxxxiii]And, more recently, that adolescents have freedoms, among which are sexual freedom and control over their own bodies, which can be exercised according to their capacity and maturity[lxxxiv].

Given the context described, it is clear that there are still numerous structural barriers that prevent women and girls from effectively accessing sexual and reproductive health services, especially abortion services, even when their case falls under one of the legal exceptions, particularly in the case of black and poor women, the same ones who disproportionately bear the effects of the Zika epidemic and the Covid-19 pandemic. Nevertheless, federal government continues to adopt strategies that overlooks women´s rights, for example, by issuing, in relation to Covid-19, a recommendation to postpone their pregnancy, just as it was done during the Zika epidemic[lxxxv].

The dangerous situation faced by these women in Brazil requires the IACHR to issue recommendations to the Brazilian State in accordance with the guidelines of Resolution 4/2020 to ensure access to sexual and reproductive health services safely and freely during the Covid-19 pandemic, adopting not only policies to effectively combat the virus, but also protection measures against violence with a gender and human rights focus, in order to ensure victims of the Zika epidemic and their families access to quality and comprehensive information about Zika virus and the options available to ensure their right to reproductive health; access to comprehensive reproductive health services, including contraception, quality maternal health, and termination services when needed; the provision of reasonable accommodations, including welfare plans, that ensure the full inclusion and developmental support of children with disabilities; and the protection of the right to an adequate standard of living through the provision of access to sufficient, safe, acceptable, physically accessible, and affordable water for personal and domestic use.

II. Object of the hearing

The hearing will aim to present information to the Inter-American Commission on Human Rights and the Special Rapporteur on Economic, Social, Cultural and Environmental Rights (REDESCA) on the human rights situation of women and children in Brazil, disproportionately affected by Zika virus and the pandemic Covid-19, and the aggravation of their vulnerability in which they find themselves, especially regarding their reproductive and economic, social and cultural rights. Likewise, it seeks to address the lack of adoption of effective measures with gender perspective by the Brazilian State for the full protection of the rights of women affected by Zika, as well as their families, which puts them in a more vulnerable position to the virus and subsequently, also to Covid-19. The dangerous situation faced by these women in Brazil requires the IACHR to issue recommendations to the Brazilian State in accordance with the guidelines of Resolution 4/2020 to ensure access to sexual and reproductive health services safely and freely during the Covid-19 pandemic, adopting not only policies to effectively combat the virus, but also protection measures against violence with a gender and human rights focus, in order to ensure victims of the Zika epidemic and their families access to quality and comprehensive information about Zika virus and the options available to ensure their right to reproductive health; access to comprehensive reproductive health services, including contraception, quality maternal health, and termination services when needed; the provision of reasonable accommodations, including welfare plans, that ensure the full inclusion and developmental support of children with disabilities; and the protection of the right to an adequate standard of living through the provision of access to sufficient, safe, acceptable, physically accessible, and affordable water for personal and domestic use.

III. Requests

For all these reasons, we respectfully request the Honorable Commission to grant the aforementioned hearing as part of the upcoming 180th Period of Hearings of the IACHR and the Honorable Special Rapporteur on Economic, Social, Cultural and Environmental Rights to attend the said occasion.

We respectfully request that notices related to this request for hearing be sent to the following e-mail address: notificaciones@reprorights.org. We take this opportunity to reiterate our highest consideration and esteem.

Sincerely,

Center for Reproductive Rights

Center for Justice and International Law (CEJIL)

Anis - Institute of Bioethics, Human Rights and Gender

Global Health Justice Partnership - Yale University

[i] IACHR. The IACHR calls on States to incorporate a gender perspective in the response to the COVID-19 pandemic and to combat sexual and intrafamily violence in this context. 11 April 2020. Available at: < https://www.oas.org/pt/cidh/prensa/notas/2020/074.asp>

[ii] See for, example, MOCELIN, H JS et al. Analysis of the spatial distribution of cases of Zika virus infection and congenital Zika virus syndrome in a state in the southeastern region of Brazil: Sociodemographic factors and implications for public health. Int J Gynecol Obstet 2020; 148 (Suppl. 2): 61–69.

[iii] Kasprzykowskia, J I et al. A recursive sub-typing screening surveillance system detects the appearance of the ZIKV African lineage in Brazil: Is there a risk of a new epidemic?. International Journal of Infectious Diseases 96 (2020) 579–581.

[iv] Secretariat of Surveillance and Health. Ministry of Health. Monitoring of cases of urban arboviruses transmitted by Aedes (dengue, chikungunya and Zika), Epidemiological Weeks 1 to 38 , 2020. Boletim Epidemiológico, v. 51, October 2020.

[v] Human Rights Watch. Neglected and Unprotected: The Impact of the Zika Outbreak on Women and Girls in Northeastern Brazil/Esquecidas e desprotegidas: O impacto do vírus Zika nas meninas e mulheres no nordeste do Brasil. 12 July 2017. Disponível em: <hrw.org/report/2017/07/13/neglected-and-unprotected/impact-zika-outbreak-women-and-girls-northeastern>

[vi] Ximena Casas. New Zika Cases in Brazil Overshadowed by COVID-19. Human Rights Watch website. 28 May 2020. Available at: < https://www.hrw.org/news/2020/05/28/new-zika-cases-brazil-overshadowed-covid-19>

[vii] Debora Diniz. Zika in Alagoas: the urgency of rights. Brasília: LetrasLivres, 2017, p. 10. Available at: < https://anis.org.br/wp-content/uploads/2020/07/Zika-em-Alagoas-a-urgencia-dos-direitos-1.pdf>

[viii] Plataforma Brasileira de Direitos Humanos Econômicos ,Sociais, Culturais e Ambientais. Relatório sobre o impacto da política econômicasde austeridade nos direitos humanos. Brasil, 2017. Available at: <https://austeridade.plataformadh.org.br/wp-content/uploads/2017/11/publicacao_dhesca_baixa.pdf>

[ix] Center for Reproductive Rights; Harvard T.H. Chan School of Public Health; Yale Global Health Justice Partnership. Unheard voices: women's experiences with ZIka - Brazil/Vozes silenciadas: A experiência da mulher com o Zika vírus - Brasil. Center for Reproductive Rights, 2018. Disponível em: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CRR-Zika-Brazil%20(1).pdf

[x] Law No. 13.985, April 7, 2020. Available atm: <http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2020/lei/l13985.htm#:~:text=LEI%20N%C2%BA%2013.985%2C%20DE%207%20DE%20ABRIL%20DE%202020&text=Institui%20pens%C3%A3o%20especial%20destinada%20a,de%20Presta%C3%A7%C3%A3o%20Continuada%20(BPC)>

[xi] Supremo Tribunal Federal. ADI 5581, Rapporteur Justice Carmen Lúcia, jud. 4/05/2020.

[xii] See, Miller AM, Gomes JCA, Rodríguez-Alarcón S and Daryani P. Zika before the Brazilian Supreme Court: From a delay in hearing to denial of rights?. 21 Maio 2019. Disponível em: < https://law.yale.edu/sites/default/files/area/center/ghjp/documents/zika_before_the_brazilian_supreme_court_from_a_delay_in_hearing_to_denial_of_rights_.pdf>

[xiii] See Brandão ER, Cabral CS. Sexual and reproductive rights under at- tack: the advance of political and moral conservatism in Brazil. Sexual and Reproductive Health Matters. 2019;27:76-86, and Gomes JCA, Mendes CHF. Confidentiality and Treatment Refusal: Conservative Shifts on Reproductive Rights by Brazilian Medical Boards. International Journal of Gynecology and Obstetrics 152.3 (March 2021): 459–464

[xiv] Ximena Casas. New Zika Cases in Brazil Overshadowed by COVID-19. Human Rights Watch website. 28 May 2020. Disponível em: < https://www.hrw.org/news/2020/05/28/new-zika-cases-brazil-overshadowed-covid-19>

[xv] Dados provenientes do COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University em 27 de Janeiro de 2021. Disponíveis em < https://g.co/kgs/ScQwxP>

[xvi] Centro de Pesquisas e Estudos de Direito Sanitário (CEPEDISA) da Faculdade de Saúde Pública da Universidade de São Paulo (USP) e Conectas Direitos Humanos. Boletim Direitos na Pandemia n. 10 –Mapeamento e Análise das Normas Jurídicas de Resposta à Covid-19 no Brasil. São Paulo, 20/01/2021, Disponível em: <https://cepedisa.org.br/publicacoes/>.

[xvii] In this regard, see: Ipea - Instituto de Pesquisa Econômica Aplicada. Nota técnica: Apontamentos sobre a dimensão territorial da pandemia da COVID-19 e os fatores que contribuem para aumentar a vulnerabilidade socioespacial nas unidades de desenvolvimento humano de áreas metropolitanas brasileiras. April 2020. Available at: https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/200423_nt_dirur%20n%2015_web.pdf

[xviii] MLS Takemoto, MD Menezes, CB Andreucci, M Nakamura-Pereira, MMR Amorim, L Katz R, Knobel. The tragedy of COVID-19 in Brazil. Internationcal Journal of Gynecology Obstetrics, July, 2020. Disponível em: < https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1002/ijgo.13300>.

[xix] Articulation of the Indigenous Peoples of Brazil. COVID-19 and the indigenous people: Confronting violence during the pandemic. November 2020. Available at: < https://emergenciaindigena.apiboficial.org/files/2020/12/APIB_relatoriocovid_v7EN.pdf>

[xx] G1. Blacks are 62% more likely to die from COVID-19 in São Paulo than whites. 28 April 2020. Available at: < https://g1.globo.com/sp/sao-paulo/noticia/2020/04/28/pretos-tem-62percent-mais-chance-de-morrer-por-covid-19-em-sao-paulo-do-que-brancos.ghtml>

[xxi] Barbosa K et al. Acesso Desigual à Saúde no Rio de Janeiro: Dversidades Sanitárias Históricas e Direitos Urgentes à Vida Saudável. Mapa Social do Corona, n. 5. Observatório de Favelas; jul 2020. Available at: <http://of.org.br/wp-content/uploads/2020/07/Mapa-Social-do-Corona-05.pdf) >

[xxii] See, for instance, Agência Nacional de Saúde Suplementar (ANVISA. Nota Técnica Conjunta nº 1/2021/DIPRO/DIFIS/DIDES. 23 mar 2021.

[xxiii] Ximena Casas. New Zika Cases in Brazil Overshadowed by COVID-19. Human Rights Watch website. 28 May 2020. Available at: < https://www.hrw.org/news/2020/05/28/new-zika-cases-brazil-overshadowed-covid-19>

[xxiv] Luciana Brito & Gabriela Rondon. Zika no Brasil: Lessons from reproductive justice for responses to humanitarian crises. Brasília: Letras Livres, 2020. Available at < https://anis.org.br/wp-content/uploads/2020/12/ANIS-_-PB-ZIKA-NO-BRASIL-_-POR-_-RHO-1.pdf>

[xxv] Organização Mundial da Saúde. "One Year into the Zika Outbreak: How An Obscure Disease Became a Global Health Emergency" 5 maio 2016. Disponível em: < https://www.who.int/emergencies/zika-virus/articles/one-year-outbreak/en/>.

[xxvi] D V Manfio & E M Alves. <Deficiências no saneamento e a Covid-19: estudo de caso sobre falta de água, vulnerabilidade social e óbitos, no município de São Paulo. Observatório das Águas, jul 2020. Available at: https://observatoriodasaguas.org/deficiencias-no-saneamento-e-a-covid-19-estudo-de-caso-sobre-falta-de-agua-vulnerabilidade-social-e-obitos-no-municipio-de-sao-paulo/>. Also P R Martins-Filho et al. COVID-19 fatality rates related to social inequality in Northeast Brazil: a neighbourhood-level analysis., Journal of Travel Medicine, Volume 27, Issue 7, October 2020, taaa128, https://doi.org/10.1093/jtm/taaa128

[xxvii] Instituto Água e Saneamento. Saneamento 2020: passado, presente e possibilidades do futuro para o Brasil. São Paulo: IAS, 2020. Available at: <https://www.aguaesaneamento.org.br/saneamento-2020/>

[xxviii] *Id.*

[xxix] United Nations Children's Fund (UNICEF). Poverty in Childhood and Adolescence. 13 August 2018. Available at: <https://www.unicef.org/brazil/media/156/file/Pobreza_na_Infancia_e_na_Adolescencia.pdf>.

[xxx] *Id.*

[xxxi] *Id.*

[xxxii] Brazilian Institute of Geography and Statistics. Subnormal Agglomerations 2019: Preliminary classification and health information for tackling COVID-19. May 18, 2020. Available at: < https://biblioteca.ibge.gov.br/visualizacao/livros/liv101717_apresentacao.pdf>

[xxxiii] *Id.*

[xxxiv] United Nations Children's Fund (UNICEF), World Bank and SIWI. Technical Note - August 2020. The critical role of sanitation and hygiene promotion in the response to COVID-19 in Brazil. Available at: <https://www.unicef.org/brazil/media/9721/file/nota-tecnica-saneamento-higiene-na-resposta-a-covid-19.pdf>

[xxxv] BRK Ambiental & Instituto Trata Brasil. Women and Sanitation. March 2019. Available at: <https://mulheresesaneamento.com/pt/os-impactos-da-universalizacao-do-saneamento-sobre-as-mulheres>

[xxxvi] *Id.* p. 25.

[xxxvii] P R Martins-Filho et al. COVID-19 fatality rates related to social inequality in Northeast Brazil: a neighbourhood-level analysis., Journal of Travel Medicine, Volume 27, Issue 7, October 2020, taaa128, https://doi.org/10.1093/jtm/taaa128

[xxxviii] *Id.*

[xxxix] M Correia. “Minha filha morreu à míngua”. Agência Pública. 15 Apr 2020. Available at: < https://apublica.org/2020/04/minha-filha-morreu-a-mingua/?mc_cid=861d3a6af1&mc_eid=97864c06e1>

[xl] M Correia. “Minha filha morreu à míngua”. Agência Pública. 15 Apr 2020. Available at: < https://apublica.org/2020/04/minha-filha-morreu-a-mingua/?mc_cid=861d3a6af1&mc_eid=97864c06e1>

[xli] Center for Reproductive Rights; Harvard T.H. Chan School of Public Health; Yale Global Health Justice Partnership. Unheard voices: women's experiences with ZIka - Brazil/Vozes silenciadas: A experiência da mulher com o Zika vírus - Brasil. Center for Reproductive Rights, 2018. Disponível em: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CRR-Zika-Brazil%20(1).pdf

[xli] Law No. 13.985, April 7, 2020. Disponível em: <http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2020/lei/l13985.htm#:~:text=LEI%20N%C2%BA%2013.985%2C%20DE%207%20DE%20ABRIL%20DE%202020&text=Institui%20pens%C3%A3o%20especial%20destinada%20a,de%20Presta%C3%A7%C3%A3o%20Continuada%20(BPC)> , and Human Rights Watch. Neglected and Unprotected: The Impact of the Zika Outbreak on Women and Girls in Northeastern Brazil/Esquecidas e desprotegidas: O impacto do vírus Zika nas meninas e mulheres no nordeste do Brasil. 12 July 2017. Disponível em: <hrw.org/report/2017/07/13/neglected-and-unprotected/impact-zika-outbreak-women-and-girls-northeastern>

[xlii] Publica, *Pain in Double*, 29 May 2014. Available at: http://apublica.org/2014/05/dor-em-dobro-2

[xliii] Gender and Number; Article 19. Only 55% of hospitals that offered legal abortion services in Brazil are still serving in the pandemic. June, 2020. Available at: < http://www.generonumero.media/so-55-dos-hospitais-que-ofereciam-servico-de-aborto-legal-no-brasil-seguem-atendendo-na-pandemia/>.

[xliv] The Guardian. Brazil: outcry as religious extremists harass child seeking abortion. August, 17, 2020. Disponível em: < https://www.theguardian.com/world/2020/aug/17/brazil-protest-abortion-recife-hospital>.

[xlv] Folha de São Paulo. Minister Damares Alves Tried Prevent Abortion of A 10-year-old Child, September 21, 2020. Disponível em: < https://www1.folha.uol.com.br/internacional/en/brazil/2020/09/minister-damares-alves-tried-prevent-abortion-of-a-10-year-old-child.shtml>.

[xlvi] Ordinance Ministry of Health n. 2.282/2020ofAugust27,2020.Disponível em: < https://www.in.gov.br/en/web/dou/-/portaria-n-2.282-de-27-de-agosto-de-2020-274644814>. See:Alves, L. Brazilian doctors condemn new rules on abortion. The Lancet, Volume 396, Issue 10254, 808. Available at: < https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31956-5/fulltext>

[xlvii] See Human Rights Committee, General Comment No. 36: On the right to life (Art. 6 of the International Covenant on Civil and Political Rights), para. 26, U.N. Doc. CCPR/C/GC/36 (2018), para. 8.; Committee on Economic, Social and Cultural Rights, General Comment No. 22: On the right to sexual and reproductive health (Art. 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22 (2016), para. 41.; Committee on the Elimination of Discrimination against Women, General Recommendation No. 24: Article 12 of the Convention (Women and Health), (20th Sess., 1999), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, paras. 12(d), 17, U.N. Doc. A/54/38/Rev.1., chap I (1999), ¶ 14.

[xlviii] Ordinance of the Ministry of Health n.2,561/2020 of September 20, 2020.Available at:< https://www.in.gov.br/en/web/dou/-/portaria-n-2.561-de-23-de-setembro-de-2020-279185796> -.

[xlix] See Gomes JCA, Mendes CHF. Confidentiality and Treatment Refusal: Conservative Shifts on Reproductive Rights by Brazilian Medical Boards. International Journal of Gynecology and Obstetrics 152.3 (March 2021): 459–464

[l] RC Pacagnella et al. Maternal Mortality in Brazil: Proposals and Strategies for its Reduction. Rev. Bras. Ginecol. Obstet., Rio de Janeiro, v. 40, n. 9, pp. 501-506, Sept. 2018. Disponível em: < http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032018000900501&lng=en&nrm=iso>. Human Rights Watch, *World Report 2015: Brazil*, https://www.hrw.org/world-report/2015/country-chapters/brazil. *Veja-se também*, S de Zordo, *The biomedicalisation of illegal abortion: the double life of misoprostol in Brazil*, História, Ciências, Saúde - Manguinhos, Rio de Janeiro, 23(1), Jan-Mar 2016, pp. 19-35

[li] Debora Diniz, Marcelo Medeiros, and Alberto Madeiro. National Abortion Survey 2016. Science & collective health. 2017, vol.22, n.2, pp.653-660.

[lii] D Diniz; M Medeiros, A Madeiro. Pesquisa Nacional de Aborto 2016. Ciênc. saúde coletiva. 2017, vol.22, n.2, pp.653-660.

[liii] S de Zordo, *The biomedicalisation of illegal abortion: the double life of misoprostol in Brazil*, História, Ciências, Saúde - Manguinhos, Rio de Janeiro, 23(1), Jan-Mar 2016, p. 24.

[liv] Martins-Melo *et al*, *Temporal trends and spatial distribution of unsafe abortion in Brazil, 1996-2012*, June 2014, Available at: < http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4203075/#fn4>; Monteiro, Adesse and Drezett, Update of *estimates of the magnitude of induced abortion, rates per 1,000 women and ratios per 100 live births of induced abortion by age group and major regions. Brazil, 1995 to 2013*, Reproduction & Climacteric (2015).

[lv] S de Zordo, *The biomedicalisation of illegal abortion: the double life of misoprostol in Brazil*, História, Ciências, Saúde - Manguinhos, Rio de Janeiro, 23(1), Jan-Mar 2016, p. 24.

[lvi] G Kane; B Galli; P Skuster (Ipas), When Abortion is a Crime - The Threat to Vulnerable Women in Latin America, November 2014, p. 1

[lvii] *Id.*

[lviii] *Id.* See also Directorate of Research and Access to Justice of the Public Defender's Office of Rio de Janeiro. Report, November 2017, Available at: < http://www.portaldpge.rj.gov.br/Portal/sarova/imagem-dpge/public/arquivos/Relatorio_Final_Processo_Aborto.pdf>

[lix] *Id.*

[lxix] G. Kane, B. Galli & P. Skuster (Ipas). When Abortion is a Crime - The Threat to Vulnerable Women in Latin America, November 2014, pp. 7-8.

[lxi] *Id.*

[lxii] Guttmacher Institute. Higher Levels of Education Associated with Greater Access to Safe Abortion in Brazil. International Perspectives on Sexual and Reproductive Health, March 2015, Disponível em: < https://www.guttmacher.org/about/journals/ipsrh/2015/03/higher-levels-education-associated-greater-access-safe-abortion-brazil>

[lxiii] Inter-American Commission of Women, Violence against Women and the Measures to Contain the Spread of COVID-19, Chapter 1, Available at: < http://www.oas.org/es/cim/docs/COVID-19-RespuestasViolencia-EN.pdf>. See also, United Nations, Policy Brief: The Impact of COVID-19 on Women, 9 April 2020, Available at: < https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf>; UN Women, COVID-19 in Latin America and the Caribbean: how to incorporate women and gender equality into the management of the response to the crisis, 17 March 2020, Available at: < https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2020/03/briefing%20coronavirusv1117032020.pdf?la=es&vs=930/>.

[lxiv] Veja-se Working Group on discrimination against women and girls, Responses to the COVID-19 could exacerbate pre-existing and deeply entrenched discrimination against women and girls, say UN experts, Press Release, 20 April 2020.

[lxv] Maternal Mortality Inter-Agency Group (MMEIG) - WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Maternal mortality in 2000-2017. Internationally comparable MMR estimates - Brazil. Disponível em: https://www.who.int/gho/maternal_health/countries/bra.pdf?ua=1.

[lxvi] CEDAW, Communication No 17/2008, 27 September 2011, ¶¶ 7.4, 7.5 & 7.6

[lxvii] *Id*., para 8.2.a

[lxviii] *Id*., para 8.2.b

[lxix] *Id.* , ¶ 8.

[lxx] Indeed, in 2014, the Rapporteur for Follow-up on the 2012 CEDAW Recommendations noted that Brazil had not provided sufficient information on compliance with the recommendation. Letter from the Rapporteur for Follow-up to the Concluding Observations of the Committee on the Elimination of Discrimination against Women, December 16, 2014, pp. 4-5. Available at: <https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NOR/INT_CEDAW_FUL_NOR_19250_E.pdf>

[lxxi] Plataforma de Direitos Humanos - Dhesca Brasil. Report on maternal mortality in the context of the process of implementing the decision of the CEDAW Committee against the Brazilian State in the case of Alyne da Silva Pimentel / [redaction Beatriz Galli, Helena Rocha and Jandira Queiroz]. -- 1. ed. -- Brasília: UNFPA-United Nations Population Fund, 2015.

[lxxii] RL Theophilo; D Rattner; EL Pereira. Vulnerability of black women in prenatal and childbirth care at SUS: analysis of the Active Ombudsman survey. Ciência & Saúde Coletiva. 2018, v. 23, n. 11, pp. 3505-3516. Available at: < https://doi.org/10.1590/1413-812320182311.31552016>.

[lxxiii] RC Pacagnella et al. Maternal Mortality in Brazil: Proposals and Strategies for its Reduction. Rev. Bras. Ginecol. Obstet., Rio de Janeiro, v. 40, n. 9, pp. 501-506, Sept. 2018. Available at: < http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032018000900501&lng=en&nrm=iso>

[lxxiv] Alicia EYamin, BeatrizGalliandSandraValongueiro.Implementing international human rights recommendations to improve obstetric care in Brazil. InternationalJournalofGynecologyandObstetrics143.1 (October2018), pp. 114-120.

[lxxv] Geledés; Criola. The human rights situation of black women in Brazil: Violence and violations, 2016. Available at: < https://www.geledes.org.br/wp-content/uploads/2016/11/Dossie-Mulheres-Negras-PT-WEB3.pdf>

[lxxvi] Family suspects death of young woman in maternity hospital, and Rio's City Hall promises to investigate. Jornal Extra, September 2020. Available at: < https://extra.globo.com/noticias/rio/familia-suspeita-de-morte-de-jovem-em-maternidade-prefeitura-do-rio-promete-apurar-24617770.html>.

[lxxvii] M Nakamura-Pereira et al. Worldwide maternal deaths due to COVID-19: A brief review. IJGO. v.151, Issue, October 2020, 148-150

[lxxviii] *Id.*

[lxxix] *Id.*

[lxxx] Article 19. Legal Abortion Map. Available at: < https://mapaabortolegal.org/>.

[lxxxi] Article 19. Legal Abortion Map. Available at: < https://mapaabortolegal.org/>.

[lxxxii] See "Access to maternal health services from a human rights perspective," OEA/Ser.L/V/II. Doc. 69, http://cidh.org/women/SaludMaterna10Eng/MaternalHealthTOCeng.htm, paras. 29 and 84; and "Legal Standards Related to Gender Equality and Women's Rights in the Inter-American Human Rights System: Development and Application," OEA/Ser.L/V/II. 143 Doc. 60, http://www.cidh.oas.org/pdf%20files/REGIONAL%20STANDARDS.pdf.

[lxxxiii] Inter-American Court of Human Rights. Artavia Murillo ("In Vitro Fertilization") v. Costa Rica. Preliminary objections, merits, reparations, and costs. Judgement of November 28, 2012. Série C No. 257. Par. 222, 223. <http://www.corteidh.or.cr/docs/casos/articulos/seriec_257_ing.pdf.>

[lxxxiv] Inter-American Court of Human Rights. Case of Guzmán Albarracín and Others v. Ecuador. Judgment of June 24, 2020. Fund, Reparations and Costs. Par. 109.

[lxxxv] RC Pacagnella et al. Maternal Mortality in Brazil: Proposals and Strategies for its Reduction. Rev. Bras. Ginecol. Obstet., Rio de Janeiro, v. 40, n. 9, pp. 501-506, Set. 2018. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032018000900501&lng=en&nrm=iso>