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How has the COVID-19 pandemic differed from your usual challenges?

The primary challenge is that Brazil is a country with continental dimensions and significant regional and social inequalities. Brazil has the 2nd highest number of COVID-19 cases in the world (740 thousand), with 38,406 total deaths and a fatality rate of 5,2%, or a mortality of 18,3 deaths per 100 thousand inhabitants.¹ The incidence of the epidemic in Brazil is on average 351 cases of COVID-19 per 100 thousand inhabitants, with a variation of 107 cases per 100 thousand inhabitants in the south of the country while reaching as many as 835 cases of COVID-19 per 100 thousand inhabitants in the northern region of the country.¹ This leads to substantial complexity and difficulty fighting this pandemic in countries with significant regional differences while also putting a devastating strain on our federal health system.

The rapid evolution of the curve of infected individuals resulted in state governments and municipal mayors developing contingency plans to redirect healthcare priorities toward fighting the epidemic. This led to the suspension of multiple outpatient procedures and elective surgeries in order to concentrate hospital supplies, materials and human resources (physicians, nurses, psychologists, etc.) in fighting COVID-19. Many sexual and reproductive health services in Brazil had their human resources reallocated, and – faced with this situation – GDC Brazil received complaints in several parts of Brazil from managers and providers about problems related to the maintenance and continuity of sexual health and reproductive services, including closure of programs for sexual violence assistance and legal abortion, as well as family and reproductive planning programs.

¹ <https://covid.saude.gov.br/> (NOTE: Statistics based on June 11, 2020)

Additionally, in multiple countries including Brazil, gender violence has increased due to the isolation of women quarantined with violent partners, who exert more control over them given the sense of greater impunity caused by isolation. This increase in aggression has led the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, to ask all countries to "include services for addressing domestic violence as an essential service that must continue during the COVID-19 response."

Another major challenge is the conflict and lack of unity among the health authorities regarding the strategies for fighting the pandemic, in opposition to what the WHO is proposing. There are significant differences between the federal government's positions (which wants less strict isolation measures, instead concentrating on vertical social distancing among the higher risk groups and is also proposing the opening of the economy, as such encouraging the population not to maintain social distancing) versus the regional and local governments with regard to these strategies (which are imposing horizontal social isolation and even lockdowns in some places). Faced with these differences and the lack of unity and agreement about the measures being implemented in the country, the epidemic continues on a clear ascending curve, without any signs of stabilizing in Brazil.

The last (though not least) important challenge is the lack of personal protective equipment (PPE) that many healthcare professionals have reported, and the difficult work conditions, as well as the growing occupancy rates in intensive care units (ICUs), including the recent collapse of the healthcare system in some regions in the north of the country.

How has the pandemic had an impact on you and on the people with whom you work?

My job is to bring awareness and to educate physicians, and to teach courses geared toward healthcare professionals and medical students about sexual and reproductive rights and clinical protocols based on scientific evidence for assistance related to sexual violence and legal abortion. Due to mandatory social distancing measures during this pandemic (and because I am in a high-risk group), these activities have been held remotely with healthcare providers and managers who are the real heroes in this fight.

We have been holding periodic meetings using virtual platforms with multiple physicians who are members of Doctors For Choice Brazil and other Partners. Discussions have included strategic issues related to advocacy and how we can reduce the negative impact this pandemic has had on access to legal abortion.

There is tremendous stress on the members of GDC Brazil and an increased level of anxiety among colleagues faced with COVID-19. However, the major threats to the rights of Brazilian women that have accompanied this pandemic have ignited a renewed will to fight for reproductive rights, including through our new project, "Expanding access to legal abortion in Brazil through advocacy and communication strategies."

Additionally, although we recognize the importance of suspending non-essential services and elective surgeries in order to redirect beds and personal protective equipment within the healthcare system to COVID-19 patients, we also recognize that legal abortion is essential care for women's health and it must be guaranteed to them, especially during the pandemic. For this reason, we have created [two important position papers](#) that have had a positive impact on the continuance of legal abortion services in Brazil during the COVID-19 pandemic.

What is most discouraging is witnessing the increase in the curve for infection and deaths due to COVID-19 in Brazil, its spread from cities inward to less developed regions— where healthcare resources are even more limited and less advanced compared to the large population centers – and realizing that each day we grow closer to a potential collapse of care for COVID-19.

However, nothing has had a more profound and emotionally negative impact than seeing physician and nurse colleagues that we know personally fall victim to COVID-19. These are our heroes, and they are in our thoughts and prayers and we are eternally grateful to them.

What do you need from the government in order to provide the best care?

First and foremost, we need the federal government to base its health measures on recommendations from the WHO and on the best scientific evidence in order to try to flatten the infection curve for COVID-19 and reduce the number of preventable deaths due to the collapse of the healthcare system. This is in addition to supporting and following through with the measures adopted by the state governors and municipal mayors.

Additionally, the government should invest in incentives for sexual and reproductive health programs and establish telehealth channels to help women who are victims of sexual violence and assist with legal abortion options, as these services are essential as indicated by the WHO and FIGO.