



AOFOG statement on impact of COVID 19 in SRH services in the AOFOG region (Updated on 26th June 2020)

The COVID-19 pandemic has vastly affected the lives of all, especially those of women, both pregnant and non-pregnant, and their families. The COVID-19 pandemic has also wreaked havoc on health systems, led to a global economic shutdown, and upended life as we know it. As the virus spreads at alarming rates, the fallout has spanned the globe and revealed the ill-preparedness of governments, health systems, and social safety networks to respond to the longstanding and emerging needs of people worldwide, especially relating to the health and rights of women and girls. While the global response has rightly focused on containing the virus and treating the infected, it has also illustrated gaps in our existing approach to sexual and reproductive health care and articulated the need to embrace a comprehensive approach to health care long after the crisis ends.

The committee feels that the important issues relevant to SRH during the COVID-19 pandemic are as follows:

- Due to the lockdown leading to disruption of family planning and immunization services, there is expected to be a huge burden of unintended pregnancies, and newborn and young children falling out of immunization programs, and its aftermath.
- Consideration of extended use of some of the long-acting methods (if women unable to attend a clinic) such as the implants and hormonal IUDs as has been recommended in the UK.
- During the COVID-19 pandemic, using telehealth services has been strongly recommended by global and national peak bodies to increase timely access to early medical abortion for women, and increase access to sexual and reproductive health services.
- Awareness of the possibility for increased rates of domestic violence and its impact on women's sexual and reproductive rights. Citizens must be sensitised towards the increased risks of depression due to the prolonged lockdown resulting in lost income, unemployment and economic hardship leading to violent, abusive, impulsive, compulsive, and controlling behavior and aggression directed towards cohabiting partners and romantic partners. It is also important that bystanders and neighbours should be urged to intervene if they suspect abuse, using tactics such as the banging on the door or ringing the bell. They should also be provided the benefit of anonymity if they choose to report a case. Reaching out to people facing domestic violence and in distress needs to be classified as an 'essential service' by the government.
- Impact on marginalized groups: consequences of the COVID-19 outbreak are felt most acutely by the elderly population and those already marginalized in society, including women and girls—particularly low-income and those in rural settings—LGBTQI individuals, people with disabilities, and indigenous people among others.
- Regular on-line webinars have been conducted to help members in the AOFOG region to be able to provide safe and up to date measures for effective SRH services.

Finally, the bottom line is that sexual and reproductive health needs do not cease to exist simply because COVID-19 demands greater attention and resources. Policymakers have a responsibility to use this crisis to inform investments in health care and to ensure that sexual and reproductive health and rights will not, once again, be left behind.

References

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