

AOFOG statement on impact of COVID 19 in SRH services in the AOFOG region

(Updated on 12 May 2021)

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. As of 12 May 2021, the number of persons infected has skyrocketed to 161.1+ million, killing 3.35+ million people, and rising on a daily and alarming basis with the second wave of COVID infection sweeping many parts of the world, the Asian subcontinent in particular!!

The committee currently feels that the important issues relevant to SRH during the continuing 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.
- Girls and young women faced significant barriers in accessing essential sexual and reproductive health information and services before the COVID-19 crisis. Now, amid a pandemic that is straining even the most robust of healthcare systems, there is a real risk that these rights will move even further from reach.
- With lockdown leading to a shadow pandemic of gender-based violence – and rates of child marriage, teenage pregnancy and female genital mutilation (FGM) predicted to increase exponentially – information and services that protect and promote girls' and young women's sexual and reproductive health and rights are more vital than ever.
- In just a single year, a 10 percent decrease in sexual and reproductive health services in low- and middle-income countries could lead to another 49 million women with unmet need for contraception; another 15 million unintended pregnancies, another 28,000 maternal deaths and 168,000 newborn deaths due to untreated complications, and another 3 million unsafe abortions and 1,000 maternal deaths due to unsafe abortions.
- 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.
- On-line webinars being conducted on a regular basis have helped members in the AOFOG region to continue to provide safe and up to date measures for effective SRH services.
- There are several safe and effective vaccines that prevent people from getting seriously ill or dying from COVID-19. Vaccines are a critical tool in the battle against COVID-19 and getting vaccinated is one of the best ways to protect yourself and others from COVID-19. People who have already been infected with SARS-CoV-2, should still get vaccinated unless told otherwise by their health care provider. It is important to contact the local healthcare professionals who are trained to advise on the availability of these vaccines and on its benefits and potential side-effects. Although these vaccines are effective in reducing the severity of the COVID-19 infection, it is uncertain how effective they are in preventing its spread. Even if one has been vaccinated, it is advisable when leaving the house to wear a mask, maintain appropriate distancing and wash one's hands.

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. In addition, FIGO has very recently announced that the integration of SRH services into the Universal health coverage (UHC) is being undertaken which aims to make promotive, preventive, curative and rehabilitative health services available for the entire population. This will hopefully ensure that quality healthcare services are controlled and regulated by governments, which are expected to subsidise the cost of provided services, making them available and affordable for the whole population regardless of socioeconomic status. The experience of countries that have integrated SRH services into UHC shows an increase in accessibility of services for marginalised populations.

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