

IMAP Statement on COVID-19 and Sexual and Reproductive Health and Rights

This statement was prepared by the International Medical Advisory Panel (IMAP) and was approved in April 2020.

Background

The novel coronavirus was first identified in December 2019 in Wuhan City, China and coronavirus disease (COVID-19) declared a pandemic by WHO on 11 March 2020. Since then, cases of COVID-19 have risen exponentially throughout the world.^a

The global increase in the number of confirmed cases and reported deaths from COVID-19 has necessitated many countries to take stern measures to curb further spread of the disease. In addition to WHO's guidance for containment – to test suspected cases, isolate those who test positive, contact tracing and treatment of severe cases requiring hospitalization – countries have taken additional measures, including strict movement restrictions and containment efforts.

The COVID-19 pandemic and its consequences are negatively affecting the availability of and access to sexual and reproductive health (SRH) services. Many IPPF Member Associations and other SRH organizations are faced with the difficult decisions to reduce, reorganize or close SRH services in order to protect service providers and clients; and service providers and facilities are being called upon to support governments'

response to the pandemic. Availability of SRH services is affected by the reduction in health workers, scarcity of essential SRH commodities and supplies, lack of protective gear and equipment, and restricted mobility. In some instances there is a growing demand on Member Association clinics to provide SRH services, as public and private health facilities become unable or are unwilling to provide SRH services.

About COVID-19

COVID-19 is a respiratory disease caused by the novel coronavirus. Detailed information on transmission, prevention, signs and symptoms of COVID-19, and the management of severe acute respiratory infection, can be found in relevant WHO guidance (see References section).

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a Check for latest updates here: <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

The purpose of this statement

This statement's purpose is to provide guidance to IPPF Member Associations and other sexual and reproductive health and rights (SRHR) organizations to support sustained provision of essential and life-saving SRH services in the context of the COVID-19 pandemic. The statement also serves as a tool to advocate with donors and other stakeholders for additional resources to sustain SRH services throughout the pandemic. The statement reinforces IPPF's position and commitment to SRH and rights and gender equality.

Gender dynamics and how the pandemic is affecting vulnerable populations

Covid-19 is escalating existing inequalities for women and girls and discrimination of already marginalized groups, including refugees, people with disabilities and those in extreme poverty.

Women and girls are at the greatest risk of being negatively affected by COVID-19 as evidenced by lessons from past epidemics, including the Ebola and Zika outbreaks.¹ Typically, women are the majority of frontline health workers (up to 70%)², putting them at a higher risk for contracting the disease. Women and girls are predominantly the main caretakers, taking care of children and elderly family members, which

now includes those infected with COVID-19 in domestic isolation. The consequences of the pandemic have caused the closure of formal and informal work leading to a loss of income, which can lead to families turning to negative coping strategies to bring in money or reduce the cost of living. These negative strategies can also lead to sexual exploitation and abuse. Restriction of movement further isolates and increases the vulnerability of women and girls to sexual and gender-based violence (SGBV)^b as they find themselves in forced confinement with family members and/or partners who may be perpetrators of SGBV.

Young people are affected by the closure of social spaces including schools, community centres and health clinics where many of them receive comprehensive sexuality education (CSE) and SRH services. This results in many young people not having access to essential SRH services. It is estimated that around 90% of the world's student population is impacted.^c

A gender lens is critical in any intervention in response to the pandemic.³ The response must be gender responsive, while also acknowledging and recognizing the needs and rights of women and girls, and vulnerable people, including the elderly, adolescents and young people, people with disabilities and refugees.

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b IPPF recognizes that survivors of SGBV can be women, girls, men, and boys, however the majority of SGBV survivors are women and girls.

c Check for latest updates here: <https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures>

Emerging implications for sexual and reproductive health and rights

The COVID-19 pandemic, its consequences and the restrictive measures that have been put in place by many countries to contain the spread of the disease, have the potential to negatively affect access to essential SRH services.⁴ This includes information and counselling on SRH and CSE, contraception services, safe abortion services, maternal and newborn health services, services for gender-based violence (GBV), STIs/HIV, infertility and reproductive cancers, which could result in increased risk of unintended pregnancy, unsafe abortion and possible complications of pregnancy and childbirth, and maternal and newborn morbidity and mortality.

Furthermore, the COVID-19 pandemic has resulted in a global supply chain crisis due to the increased demand for essential medical and health equipment and supplies, the increased non-evidence-based use of personal protective equipment (PPE), and the simultaneous lockdown of countries around the world. This situation is impacting production and distribution of medical health products. Export restrictions in China and India, where approximately 70% of active pharmaceutical ingredients (APIs) are manufactured and made into final products, are threatening the critical supply chain of essential health products and could result in its disruption over the next several months. Global shortages of PPE and other essential SRH commodities and supplies have been documented in many countries.

Health services are already under intense pressure to cope with the high numbers of critically ill patients. This is stretching health systems as healthcare staff and essential medicines and supplies are diverted to respond to the pandemic.

On 23 March 2020, the Palestinian Family Planning and Protection Association (PFPPA) made the decision to close their service delivery points and headquarter office in West Bank, Jerusalem and Gaza strip areas until further notice 'in light of the latest updates regarding the spread of COVID-19 and instructions of the Palestinian Ministry of Health and the Government in Palestine'. The decision was considered necessary to protect service providers, staff and beneficiaries, notwithstanding the essential services, including SRH services, that the facilities provide to the community.

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Key messages regarding sexual and reproductive health services

As the COVID-19 pandemic extends globally, we are learning more about its social and economic impact, including on health systems and services, especially on SRH services. Member Associations should advocate to government officials, Ministries of Health and other local leaders in areas of operations using these key messages:

- SRH and rights are essential to gender equality and women's well-being, and maternal, newborn, child and youth health.
- Access to essential and life-saving SRH services is a human right.
- Provision of SRH services is essential and must be ensured to women and girls, as well as the poorest and most vulnerable populations, even more so in a context of a pandemic.

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Recommendations for Member Associations

Member Associations have a critical role to play to ensure continued provision of essential SRH services during the pandemic. Acknowledging the difficult circumstances faced by many Member Associations as they respond to and are directly impacted by the pandemic, the following recommendations provide guidance on actions that can be implemented to sustain SRH services:

1. Strengthen community education and awareness about COVID-19

Rumours, myths and misconceptions can lead to inappropriate response and to mistrust in the health system and of health workers, as evidenced in previous outbreaks. Community engagement is critical to the efforts to slow the spread of COVID-19, while educating and informing the public about COVID-19 will allay fear and mistrust.^{5,6}

Member Associations can:

For the public:

- Provide clear and consistent messages that are informed by current and up-to-date information on COVID-19, on the risks of infection and the recommended public health practices to protect themselves and prevent the spread of the virus, through hand washing, respiratory etiquette and social distancing.
- Wherever possible, use mobile technology, social media platforms and other innovative approaches to inform clients, young people and the community about the benefits of SRH services and the need to continue using them.

For service providers, staff and volunteers

- Familiarize service providers, staff and volunteers with specific guidance for preventing the spread of COVID-19 and encourage them to stay up to date with information from reliable sources such as the WHO website on COVID-19^d and relevant national health authorities.

- Educate and actively communicate with staff on the WHO guidance on risk communication for healthcare facilities and community engagement.^{7,8}
- Orient staff on the clinical symptoms and country-specific surveillance measures required of health workers for COVID-19.

2. Ensure continuity of essential sexual and reproductive health services

Member Associations should make every effort to ensure that essential SRH services, including CSE, remain available during the pandemic and that any changes about service delivery times and locations, as well as Member Association contacts, are clearly communicated to the public through the media, social media, text messages and posters.⁹ Key actions include:

- Promote and adopt innovative approaches such as: digital health^{10,11} (telemedicine, mobile apps, information through SMS etc) for counselling, to deliver sexual health information and sexuality education and for follow-up; self-care¹²; providing counselling and selected SRH services outside the clinic setting (e.g. alternate contraceptive/abortion options from provider induced to self-managed), including through community-based providers; mailing as well as doorstep distribution of contraceptives, medical abortion and other essential SRH products where appropriate.
- Support the provision of safe abortion services, including through self-managed medical abortion up to 12 weeks, post-abortion care as well as menstrual regulation. Whenever possible digital health can be used to support critical tasks of self-managed medical abortion, including counseling.
- Whenever possible clients should be counselled on the benefits of long-acting reversible contraception, as part of a wider range of contraceptive methods, to ensure long-term protection during the pandemic. Every health contact opportunity (e.g. infant immunization, post-abortion and post-partum care) can be used to offer the client contraception, including emergency contraception and other SRH services, while ensuring the principles of rights-based services and informed choice. Clients should be advised about the evidence-based possibility of keeping any subdermal implants for five years, LNG-IUS (52mg) for seven years, and Cu-IUD for up to 12 years. Where short-term methods of contraception are given, clients should be given multiple cycles to reduce the need to return for health services.
- Ensure that at every opportunity clients are provided with adequate supplies of essential SRH commodities such as contraceptives, condoms for prevention of STIs/HIV, ARVs and emergency contraceptives, to meet their needs during the pandemic. Clients can also be linked to community-based providers where available for replenishment of commodities.
- Prevention of SGBV and provision of care and support services to women and girls who experience GBV is essential and should be ensured during the COVID-19 pandemic through a flexible and adaptive approach that protects the safety of the service providers and the GBV survivors.^{13,14} Where it is not possible to provide these services directly, providers should give information about services

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available for survivors, including their opening hours and contact details and establish referral links.¹⁵ Given the sensitivities around SGBV, Member Associations must ensure the safety and confidentiality of survivors, as they may not be able to continue case management. Member Associations need to ensure a survivor-centred approach, where the survivor decides how to move forwards with her case.

- Provide other SRH services: STIs/HIV information and services, including counselling, condoms, antiretroviral treatment and prevention and STI treatment; antenatal care, normal labour care where possible, post-partum and post-natal care, as well as addressing complications of pregnancy and childbirth.
- Should the situation devolve into a humanitarian crisis (see IPPF Humanitarian Internal Guidance Note on COVID-19¹⁶) or occur in an already fragile or humanitarian context, Member Associations should prioritise life-saving SRH services, as outlined in the Minimum Initial Service Package (MISP), which includes ensuring access to contraception and safe abortion care.
- Advocate for resources and support from governments and donors to continue provision of essential SRH services.

Should the situation devolve into a humanitarian crisis or occur in an already fragile or humanitarian context, Member Associations should prioritise life-saving SRH services, as outlined in the Minimum Initial Service Package (MISP).

3. Ensure security of essential SRH commodities and supplies

IPPF will continue to actively monitor the impact of COVID-19 on the supply of contraceptives and other SRH commodities through updates from partners and manufacturers. To avoid scarcity of essential SRH commodities Member Associations need to:

- Increase coordination and collaboration with in-country stakeholders to monitor national stock levels and to plan and forecast the requirement of SRH commodities and supplies in a consolidated way.
- Map the landscape of regional and local distributors, wholesale organisations and manufacturers to limit requirements of lengthy, restricted and expensive international supplies.
- Develop and implement a set of policies and standard operating procedures (SOPs) to be able to respond to emergency requirements.
- Continuously plan 9–12 months ahead for essential SRH commodities and supplies.
- Timely escalate foreseen shortages of any medical health commodities to IPPF Regional Office and Central Office to seek support within the Federation.
- At clinic level, increase the frequency and number of controls for inventory management, with strict application of the rules of product management and logistics:
 - track stock levels all the time and keep records up to date
 - ensure compliance with first expired–first out approach
 - increase safety stock levels to anticipate longer lead times for health commodities
 - execute minimum monthly replenishing orders to anticipate risks of product shortages
 - adapt service provision strategies in case needed

4. Ensure safety of service providers and clients

Service providers may have increased risk of exposure to COVID-19 or incur burden of caretaking for family members, affecting willingness or ability to provide life-saving SRH services. Key actions for Member Associations include:

- Protect and ensure the safety of service providers, staff and clients in the health facility.
- Ensure that clients showing signs and symptoms of COVID-19 are given compassionate care and are not stigmatized.
- Provide psychological and social support to staff for their well-being.
- Train staff on infection prevention and control measures, including guidance on hand washing, use of face masks, rational use of PPE and health worker exposure risk assessment in the context of COVID-19, and ensure it is implemented consistently at all times.¹⁷
- Ensure strict infection prevention practices according to international and local guidance and use PPE.^{18,19}
- Develop clinic-specific procedures for physical distancing.
- Maintain well-organized clinics, with messages about prevention.

Conclusion

IPPF is committed to rights-based, gender transformative approaches to sexual and reproductive health service delivery. This IMAP statement aims to support Member Associations to ensure and protect these rights, more so during the ongoing COVID-19 pandemic and beyond. We must make every effort to ensure that SRH and rights are not compromised; that every effort is made to ensure that women and girls, adolescents and young people, and other vulnerable people have access to life-saving SRH services. These services should be an integral part of any response to the crisis and should be sustained whenever possible or provided through innovative approaches, including digital health, self-care and community-based services.

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Dedication

This statement is dedicated to all the frontline health workers who are at the forefront of the fight against COVID-19.

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The COVID-19 pandemic is constantly and rapidly evolving, and all guidance will continue to change as new knowledge and evidence becomes available. Please check guidance links regularly for updates.

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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