How the Covid-19 pandemic is impacting sexual and reproductive health and rights and response: results from a global survey of providers, researchers, and policy makers.

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The International Federation of Gynecologists and Obstetricians (FIGO) committee on Human Rights, Refugees, and Violence Against Women:

Rationale

- Crisis exacerbates pre-existing vulnerabilities.
- Women and children suffer most from jeopardized systems

Aim

- Overview of global trends in access to SRHR during the Covid-19 pandemic
- Identify steps taken to mitigate decrease in access and use of services.

Quantitative component

Section 1 of 5

Impact of the Covid-19 pandemic on sexual and reproductive health and rights (SRHR)

The results from this survey may be published in a research article. By participating you consent to the use of your anonymous responses.

Section 2 of 5

Access to abortion during the Covid-19 pandemic

Description (optional)

Are there national guidelines for the provision of abortion care in your country?

- Yes
- No

Which of the following regulations applied to abortion in your country before COVID 19 Check all * that apply.

- Abortion allowed only for rape/incest/fetal abnormality/risk to woman´s health or life
- Mandatory waiting/reflection period or two-doctor assessment
- Parental consent required for minor

In your opinion, are women choosing to come for abortion care to the sa

- Yes
- No
- Don´t know

What, if any, are the barriers to access to abortion for women in your co pandemic?

- No transport available
- Pharmacies closed
- Can no longer afford an abortion
- Clinics are not open for abortion services
- Not able to leave the house
- Scared to leave the house beacuse of risk of infection
- There are no barriers

Section 4 of 5

Gender-based violence (GBV), sexual violence (SV), child marriage and female genital mutilation (FGM) during the Covid-19 pandemic

Description (optional)

How is access to services for GBV and SV today compared to before the Covid-19 pa

- It is the same
- There is less access
- There is much less access
- There is no access

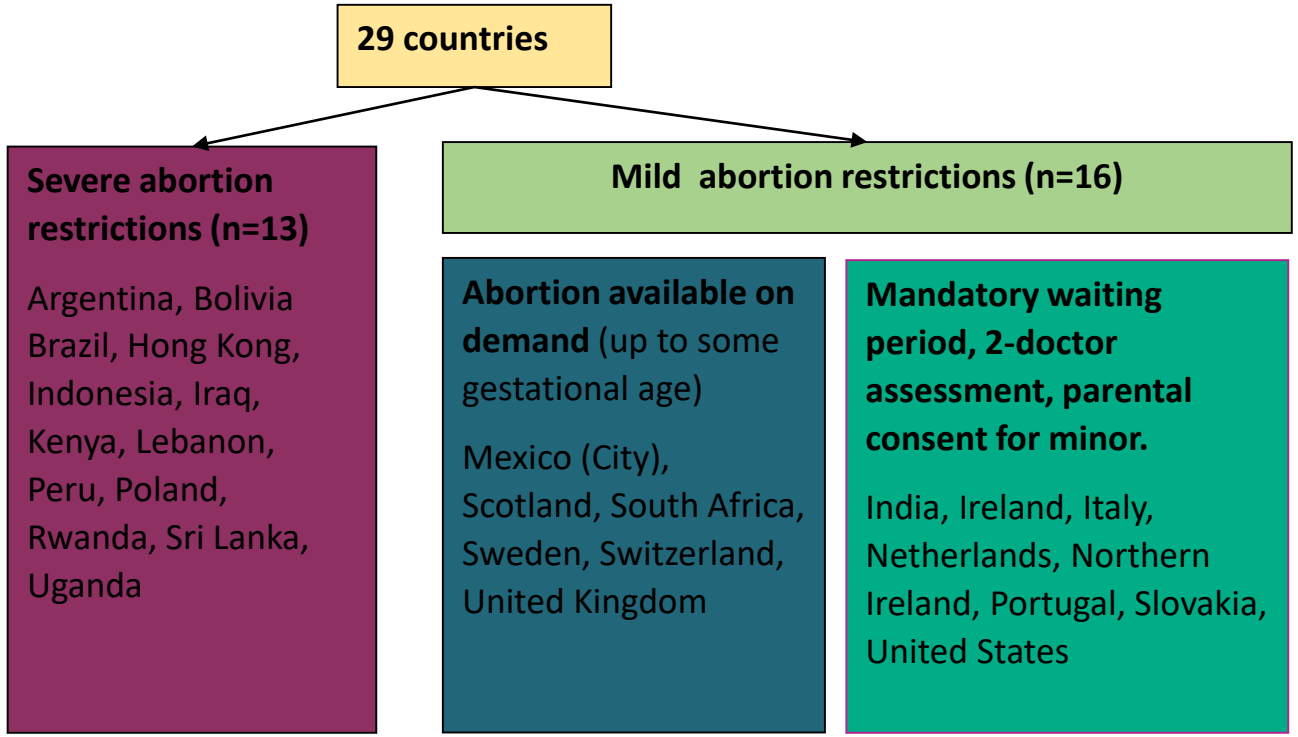
Qualitative component

- *"In your own words, what are the main threats to sexual and reproductive health and rights for women in your country during the current pandemic and why?"*
- *"What would be required by clinical providers, policymakers and organizations to address these threats?"*

Respondents

51 respondents and 29 countries

Africa (n=4), Asia (n=6), Australia (n=2), Europe (n=11), North America (n=1), South America (n=5)



Impact of the Covid19 pandemic on SRHR services

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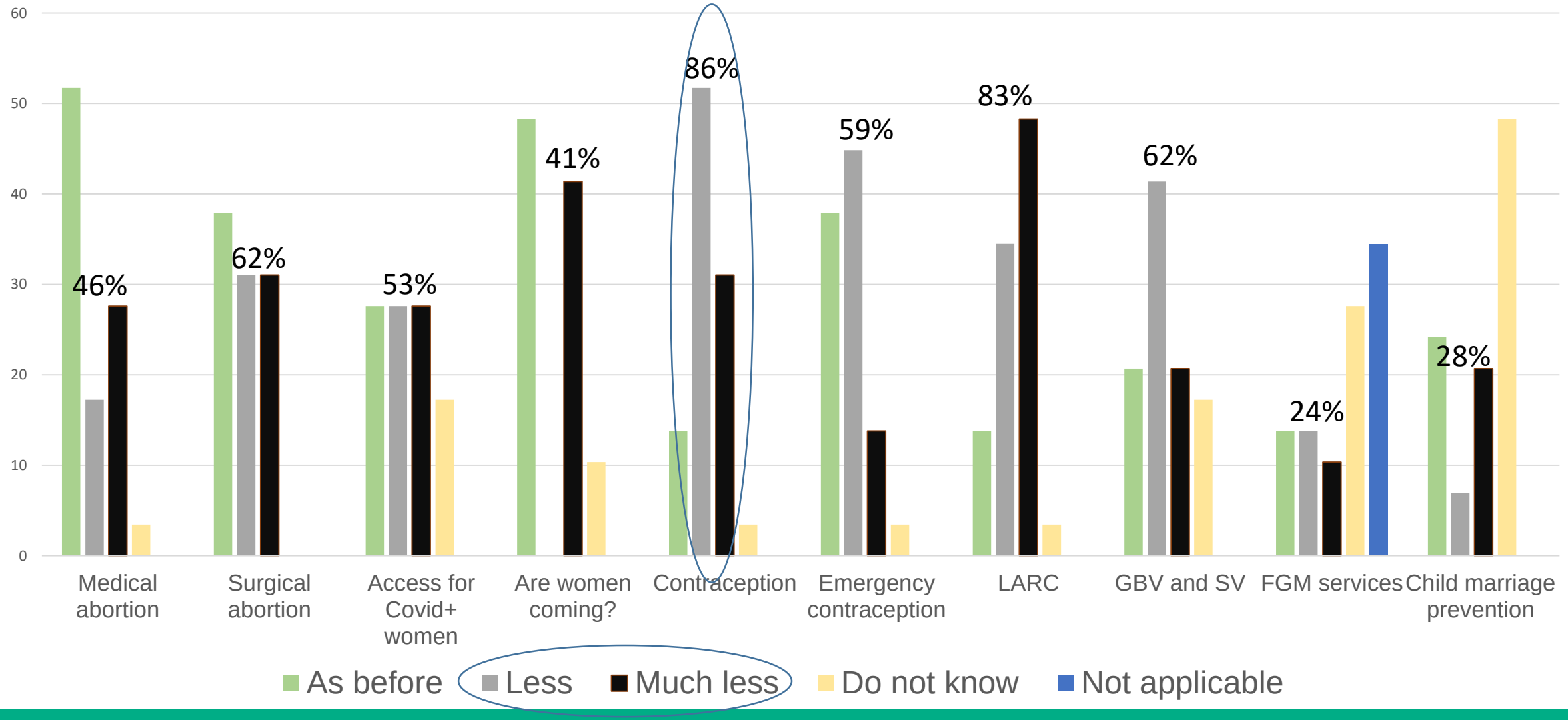

Threats to SRHR

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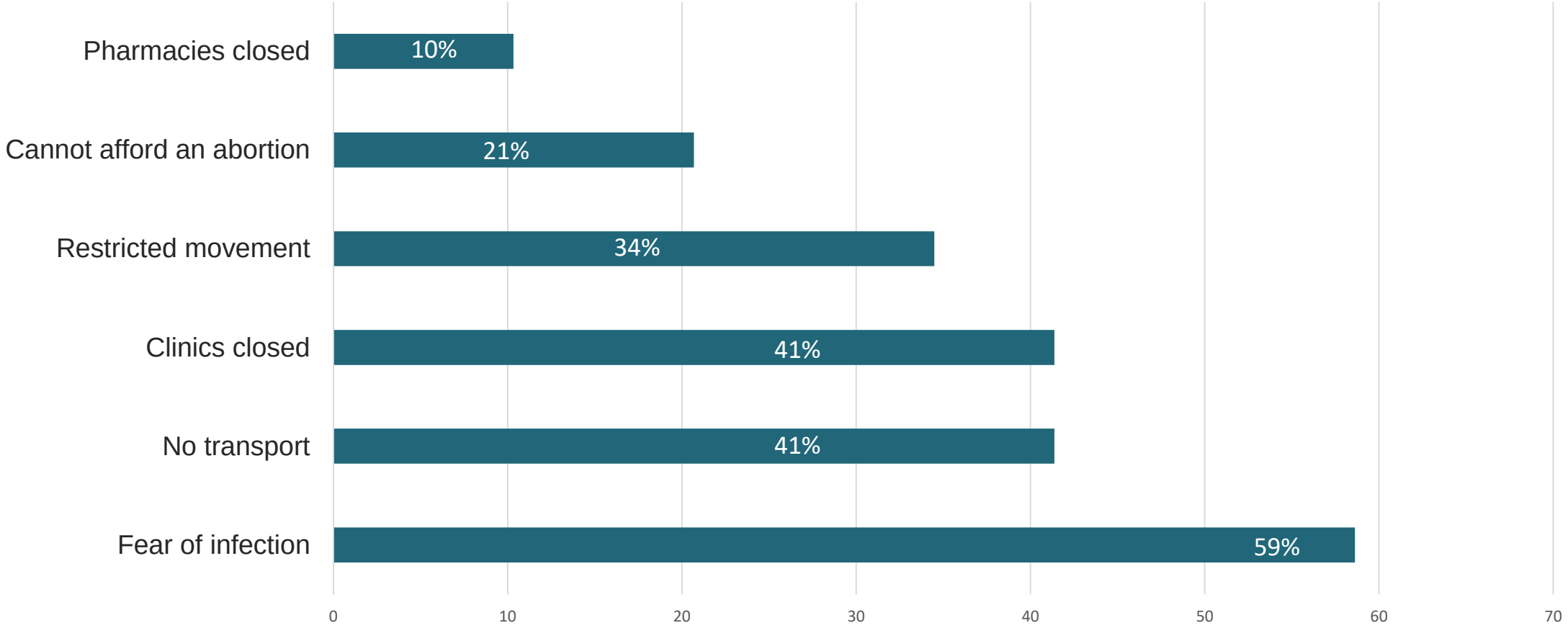
"The biggest threat is that attention has been focused only on COVID patients. Outpatient sexual and reproductive health care has been suspended. In public sector hospitals and health centers, there are no obstetric, gynecological, or family planning consultations."

"No involvement from the health authorities to guarantee access to abortion and contraception. The clinical providers organized themself to guarantee access to abortion."

Barriers to abortion access related to Covid-19

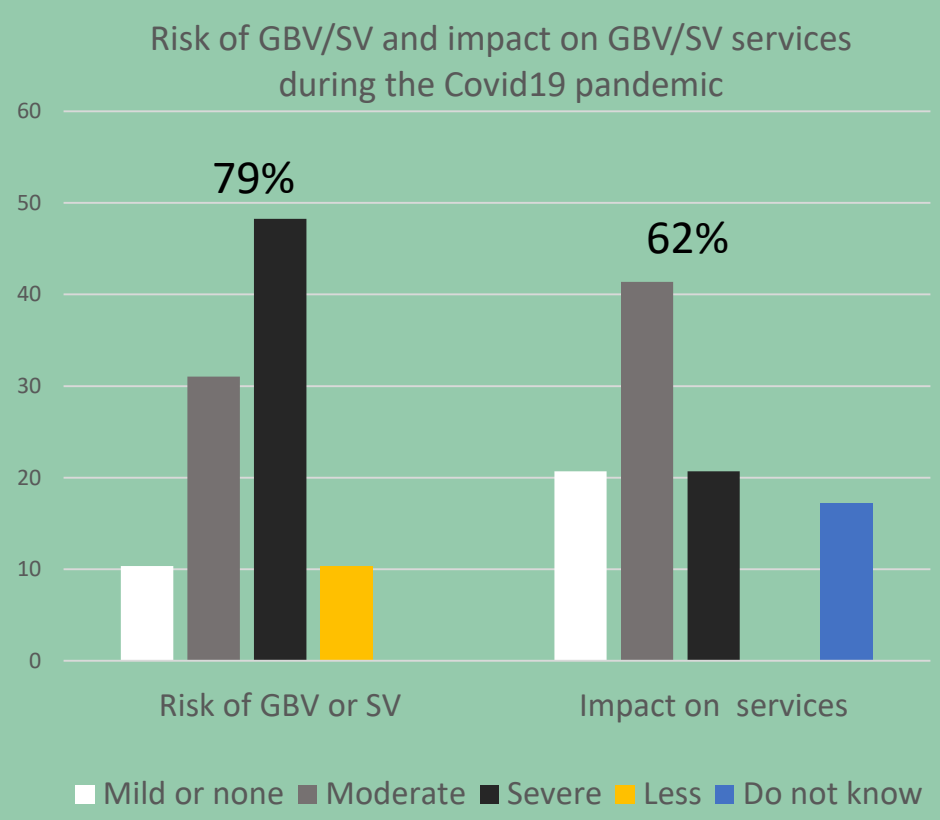


Barriers to SRHR access

“People are not allowed to leave their homes. If they were to leave the homes, there are no means of transport. Both public and private vehicles are not allowed to move.”

“Increased risk of gender-base violence. Increased stigmatization. Not being able to leave the house- wives require a husband's permission in some instances to obtain contraception. COVID-19 has exacerbated underlying issues.”

Risk of Gender-based and sexual violence



"Being in the same house with the abuser with no alternative shelters..."

"Violence increased due to lock down and restriction of movement which affects mental health of all family members. "

"Women are more exposed to their husbands, thus increasing GBV."

Effect of the Covid-19 pandemic on access to abortion and contraceptive services according to pre-existing restrictions on abortion

Impact of the Covid-19 pandemic on access	Abortion policy		Chi-square test
	Mildly restrictive (n=16) number (%)	**Severely restrictive** (n=13) number (%)	p-value
Abortion access			
No effect	**10 (62.5)**	**5 (38.5)**	**0.154**
Less access	**3 (18.8)**	**2 (12.5)**	
Much less access	**2 (12.5)**	**6 (46.1)**	
Do not know	**1 (6.3)**	**0 (0)**	
Access for Covid+ women			
No effect	**7 (43.8)**	**1 (7.7)**	**0.118**
Less access	**5 (31.2)**	**3 (23.1)**	
Much less access	**3 (18.7)**	**5 (38.4)**	
Do not know	**1 (6.3)**	**4 (30.8)**	
Are women coming as before?			
Yes	**11 (68.8)**	**3 (23.1)**	**0.026***
No	**4 (25.0)**	**8 (61.5)**	
Do not know	**1 (6.2)**	**2 (15.4)**	
Access to family planning			
No change	**3 (18.8)**	**1 (7.7)**	**0.776**
Less access	**9 (56.2)**	**6 (46.2)**	
Much less access	**4 (25.0)**	**5 (38.4)**	
Do not know	**0 (0)**	**1 (7.7)**	

Policy changes in abortion and family planning services in response to the Covid-19 pandemic according to pre-existing restrictions on abortion

Policy changes in response to Covid19	Abortion policy		Fisher´s Exact test
	Mildly restrictive (n=16) number (%)	Severely restrictive (n=13) number (%)	p-value
Abortion care			
Yes	**11 (68.8)**	**0 (0)**	**<0.001**
No	**5 (31.2)**	**13 (100)**	
Policy change (n=11)			
Number of visits required	**none**	**6 (37.5)**	
Gestational age limit increased	**none**	**4 (25.0)**	
Home abortion facilitated	**none**	**6 (37.5)**	
Dispensation of mifepristone facilitated	**none**	**4 (25.0)**	
Telemedicine allowed	**none**	**8 (50.0)**	
Contraceptive services			
Yes	**14 (87.5)**	**6 (46.2)**	**0.023**
No	**2 (12.5)**	**7 (53.9)**	
Policy change (n=20)			
Telemedicine consultation	**6 (46.2)**	**13 (81.3)**	
Over the counter contraceptives	**2 (15.4)**	**1 (6.3)**	
Amended in-clinic services	**2 (15.4)**	**7 (43.8)**	

Covid-19 as an excuse to ignore SRHR

"Family planning services (are) closed during pandemic, hospitals are dedicated to Covid19 patients, (..) they use every excuse to work against abortion."

"Lack of political will and support where sexual and reproductive health matters are concerned. Limited funds to those willing to implement interventions. Poverty pushing some negative decisions."

"We write Minister of Health on abortion- no answer.

And on contraception- no answer."

Covid19 as a window of opportunity

"We are treating up to 20% more women than usual. Women who previously turned to illegal online pill providers (…) are no longer doing so because they can access medication over the telephone via legal means. The pandemic has provided the means for a huge step forward in provision (…) and we will be aiming to keep this in place long term."

"As a result of Covid we have been able to set up a temporary medical abortion service for the first time but not funded or commissioned and will prob stop after things return to normal."

Tweetable abstract

Survey suggests countries that made SRHR a low priority before Covid-19

are doing little to mitigate decreased access due to the pandemic.

Final thoughts

1. We must not let the “new normal” become the “low normal” in relation to SRHR and in mitigating the impact of the covid19 pandemic, end up aggravating the epidemic of maternal mortality.

2. The state of exception that the pandemic represent is a window of opportunity to advance women´s rights by co-opting the advances made to manage the virus, such as telemedicine, better hygiene standards and better data and monitoring.

(Dmello et al. Lancet Global Health Aug 2020)

Thank you

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