

# Another Starting Point

## ISSUE

The rapid adoption of telemedicine during the COVID-19 pandemic is unleashing its potential - now and in the future - to provide effective and efficient health care, both in rural and under-served areas, as well as in more technology-rich urban and peri-urban areas. "Telemedicine is the remote diagnosis and treatment of patients by means of telecommunications technology." (Oxford Languages) The technology can range from a fax machine or cell phone to video conferencing and even robotics depending upon the supporting technological infrastructure

## WHAT OTHERS ARE DOING

- New data from countries in the global north and south where telemedicine for abortion has been temporarily made available or expanded during COVID-19 illustrates that women were successfully and safely able to self-manage their abortion.
  - Nivi, an online platform, started its COVID response delivering actionable SRH information to users through targeted digital channels. It also offered links to e-pharmacy and online consultations. Nivi users in India accessed family planning (FP) and medical abortion (MA) conversations more than 300,000 times in the first six months of 2020.
- 2200 members of The Obstetrical and Gynecological Society of Bangladesh provided telemedicine services to 300,000 patients during the pandemic.
- Marie Stopes International has set up or adapted telemedicine programs in the UK, Australia, and South Africa. Its programme in South Africa has served over 1,300 women including in rural, underserved regions of South Africa in lockdown, proving that telemedicine programmes can be successful in low resource settings.
- WHO has promoted using digital platforms to support essential health service delivery, including contraception, safe abortion to the full extent of the law, and antenatal and postnatal care.

## WHAT YOU CAN DO

- FIGO has taken a strong, positive stance on the use of telemedicine for medical abortion and self-care methods of contraception. Become familiar with the evidence and what others are doing.
- Encourage your society to advocate to its government to upgrade the technological infrastructure and to keep temporary regulatory changes, which were lowered during the COVID-19 epidemic, to be permanent.
  - Even if your service area has low bandwidth for video calls, consider increasing use of screening and patient follow-up via cell phone.
- Help your patients overcome their fear of telemedicine through promotion of self-management in their health care.
  - Share your experiences, including examples, regarding family planning and abortion during the pandemic with us so we can share them with the membership in a future edition of the newsletter. Please also share lessons from advising governments to ensure that SRH and Maternal Health services are on the Essential Services List in your country. the sexual and reproductive health needs of adolescents in the context of the Covid-19 crisis.

Check this box next month for Another Starting Point from the FIGO Committee on Contraception & Family Planning.