



The Crisis within a Crisis

While the novel coronavirus pandemic affects all segments of society, women and girls face special challenges. The COVID-19 pandemic has major implications for sexual and reproductive health and rights (SRHR). The World Health Organization has advised that “[w]omen’s choices and rights to sexual and reproductive health care... should be respected regardless of COVID-19 status.” There is, however, growing concern about the impacts that the pandemic, pandemic-related restrictions, and the resulting economic disruption are likely to have on SRHR and a broader range of issues affecting the health and wellbeing of women, girls, and LGBTQ+ people. Vulnerable populations and marginalized communities, in particular, are in danger of losing access to vital services.

Barriers to Sexual and Reproductive Health Services during the Crisis

While conditions vary widely from country to country, and even within countries, access to reproductive health services in many areas is jeopardized by:



The Closure of Clinics

Strict lockdowns and authorities inappropriately deeming reproductive health services as “nonessential” has caused clinics to shut their doors or severely limit their services.



Shortages of Health Care Providers

Health care providers are being diverted from other sectors to help respond to the pandemic. This may create a shortage of clinicians able to provide reproductive health care and increase the wait times for patients in need of services. In areas of the world with an already limited number of providers, this will severely weaken the capacity to meet the reproductive health needs of patients.



Threats to Provider Safety

As 70% of the world’s health care workforce is comprised of women, many women will be putting their own safety at risk as they seek to fill the health care gaps in their communities. Midwives all around the world are putting their lives at risk to ensure women can safely deliver their babies.



Diversion of Resources

As has happened during other epidemics and outbreaks, the sexual and reproductive health of communities could suffer from a diversion of financial resources to the fight against COVID-19. The 2013-2016 West African Ebola outbreak had a devastating impact on family planning programs, resulting in decreased access to contraception and an increase in unintended pregnancies.



Lack of Transportation

As some countries have barred private vehicles from the road, it is making it hard for patients and personnel to reach medical facilities. Additionally, many individuals needing access to reproductive health care providers will stop using public transportation to avoid the risk of infection.



Cancellation or Postponement of Gender-Affirming Surgeries

Many pursuing gender-affirming procedures or medication are met with canceled surgeries or the postponement of appointments. Delaying these life-altering procedures can often be detrimental to the mental health of the individual.



Loss of Household Income

Individuals seeking reproductive health care may be prevented from doing so by unemployment, underemployment, or loss of business income. People with low incomes may be unable to afford reproductive health care, especially if funding resources are being diverted away from free or subsidized reproductive health care services.



Reproductive Supply Stock-Outs

Health authorities have recommended that people stock up on any needed prescription drugs, like oral contraception, and other crucial health care supplies, including condoms, during the pandemic. However, because of lockdown measures causing manufacturing factories to shutter, a looming shortage of reproductive health supplies could make it exceptionally difficult for people to access their choice of contraception.

Projected Impact of COVID-19 on Sexual and Reproductive Health and Rights

While there are many uncertainties about the spread of COVID-19, the Guttmacher Institute and UNFPA have sought to gauge the potential impact on contraception, unintended pregnancies, unsafe abortions, maternal and newborn deaths, gender-based violence, and the number of child marriages.



Loss of Access to Contraceptives

47 million women will be unable to access modern contraceptives if the lockdown continues for 6 months.



An Uptick in Maternal and Infant Mortality

With a 10% decline in pregnancy-related and newborn health care, an additional 28,000 maternal deaths and 168,000 newborn deaths are expected to occur.



Increase in Unwanted Pregnancy

7 million unwanted pregnancies are expected to occur as a consequence of major service disruptions due to COVID-19.



Surge in Gender-Based Violence (GBV)

The pandemic could cause a one-third reduction in progress towards ending GBV by 2030 with an estimated 31 million additional GVB cases occurring if the lockdown continues for 6 months.



Increase in Unsafe Abortions

As lockdowns force abortion clinics to close or countries classify abortion as nonessential, a reduction in safe abortions is expected to occur. If 10% of safe abortions become unsafe, 3 million additional unsafe abortions can be expected, resulting in an additional 1,000 maternal deaths.



Spike in FGM/C

An anticipated one-third reduction in the progress towards ending the practice of FGM/C by 2030 can be expected, resulting in an additional 2 million FGM/C cases that would have otherwise been averted.



Increase in Major Complications during Birth

An estimated 1.7 million women who give birth and 2.5 million newborns will experience major complications and not receive the needed care as a result of a 10% decline in pregnancy-related and newborn health care.



Rise in Child Marriage

An expected 13 million child marriages could take place that otherwise would not have occurred between 2020 and 2030.

Global Supply Chain Disruptions

The world is experiencing an impending shortage of reproductive health supplies due to the global COVID-19 response. Disruptions to the supply chain are being experienced at every stage causing public health officials to fear that a reproductive health supplies shortage could persist for months. Should this occur, it will have harmful consequences on the reproductive health of many worldwide.

REPRODUCTIVE HEALTH SUPPLY CHAIN



Manufacture of Condoms and Pharmaceuticals

Most of the world's contraceptives are manufactured in Asia, and many factories were shuttered during the recent outbreak. Some of these contraceptive suppliers are not yet back to fully capacity. As a result, the world could experience a shortage of contraceptives, including condoms. Karex, a company that makes one in every five condoms globally, produced 200 million fewer condoms than usual from mid-March to mid-April. UNFPA recently sounded the alarm, warning that it can currently only get about 50-60% of its usual condom supplies. There could also be a critical shortage of oral contraceptives because Asian companies manufacture many of the components needed to produce them.



Shipping Contraceptives

With airports and seaports closed in many countries, the shipping of reproductive health supplies has been slowed both domestically and internationally. In some instances, the shipping and transportation of contraceptive supplies has been delayed because shipping companies are prioritizing the shipping of personal protective equipment.



Import Regulations

With concerns surrounding the possible transmission of COVID-19 via cargo, custom authorities in many countries have expanded their regulations and increased inspections. As a result of the heightened vigilance, delays in the importation of reproductive health supplies have been reported.



Wholesale Distribution

Due to lockdown restrictions, many medical salespeople are unable to continue visiting doctors and pharmacies to ensure contraceptive product availability. Additionally, stores and distributors are increasingly holding onto cash or investing in face masks and antiseptic gels instead of stock-piling contraceptives.



Clinics and Pharmacies

As clinics are overburdened with COVID-19 cases, health providers are asking patients with fevers to reschedule visits. Some providers are canceling noncritical procedures such as IUD insertions, reducing the range of contraceptive choice for many women worldwide.

Recommendations

Women, girls, and members of the LGBTQ+ community face the highest risk of suffering devastating losses from the pandemic. To evade, or at least minimize, this crisis within a crisis, governments and their partners must take swift and decisive action.

Sexual and reproductive health services, including abortion services, must continue to be available.

It is not enough to classify reproductive health services as essential. Governments and partners must commit to preserving access. Governments, moreover, should refrain from imposing unnecessary restrictions on people traveling to obtain sexual and reproductive health services.

The U.S. should resume its support for UNFPA and other donor nations should boost their support for SRHR in developing nations.

UNFPA's work is more important than ever as the world's largest provider of donated contraceptives. The Trump administration should lift its suspension of U.S. aid to UNFPA, which works to ensure that women and adolescent girls in developing countries have access to quality reproductive health care. Other nations need to boost their bilateral and multilateral support for SRHR.

Secure and strengthen global, regional, and national reproductive health supply chains.

Governments, multilateral institutions, and other suppliers,

including private companies, social marketers and NGOs, must work together to ensure contraceptive security. Without broader cooperation and information sharing, supply disruptions will be exacerbated, and reproductive health will suffer.

Make contraception available without a prescription.

Medically unnecessary regulations and restrictions on the over-the-counter sale of contraceptives should be removed and steps should be taken to facilitating multi-month dispensing of sexual and reproductive health pharmaceuticals.

Adopt innovative models of reproductive health care.

Where access to reproductive health care is jeopardized, greater use of telehealth consultations, self-managed abortion care, and self-care interventions should be considered.

Address unique needs of vulnerable and marginalized populations.

Special attention must be given to the vulnerable and marginalized populations, including women living in refugee camps, whose access to reproductive health care is likely to be jeopardized or exacerbated by the pandemic.

Sources

Ahmed, Z., Sonfield, A., & Guttmacher Institute. (2020, April 20). The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights. Retrieved from <https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights#>

Bietsch, K., Williamson, J., & Reeves, M. (2020). Family Planning During and After the West African Ebola Crisis. *Studies in Family Planning*, 51(1), 71–86. doi: 10.1111/sifp.12110

Purdy, C. (2020, March 11). How will COVID-19 affect global access to contraceptives - and what can we do about it? Retrieved from <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745>

Rasfan, M. (2020, April 8). Virus May Spark 'Devastating' Global Condom Shortage. Retrieved from <https://www.barrons.com/news/virus-may-spark-devastating-global-condom-shortage-01586319607>

Riley, Sully, Ahmed, & Biddlecom. (2020). Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. *International Perspectives on Sexual and Reproductive Health*, 46, 73. doi: 10.1363/46e9020

UNFPA. (2020, March 23). Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response. Retrieved from <https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-modern-contraceptives-and-other-medical-supply>

