The Global Impact of COVID-19 on SRH and rights

FSRH COVID-19 Webinar
Wednesday 24 June 2020

Please wait, the meeting will start shortly.

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Welcome

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- All participant cameras and microphones will automatically stay off for the duration of the webinar.

- Chat is open for discussion with your peers but we will not be answering questions via the chat.

- You can ask live questions to the panel during the Q&A using the Q&A button.

- For any technical issues, please message technical support using the chat.

- The webinar is due to finish at 20:30.
Today’s agenda

- Welcome
- Global perspectives on Covid-19
- Q&A
- Close
Speakers

- **Annabel Sowemimo**, SRH Trainee, Founder of Decolonising Contraception
- **Chelsea Morroni** - Deputy Director, FSRH CEU and Founder and Director of Botswana Sexual and Reproductive Health Initiative
- **Dázon Dixon Diallo** - Founder and President of SisterLove, Inc, Co-Chair, Act Now End AIDS National Coalition
- **Benjamin Black** - OBGYN, Humanitarian Advisor
COVID-19 impact on sexual and reproductive health services: the Botswana experience

Dr Chelsea Morroni
Senior Research Associate, Botswana Harvard AIDS Institute Partnership
Director, Botswana Sexual and Reproductive Health Research Initiative
Reader in International Sexual and Reproductive Health, Liverpool School of Tropical Medicine
Deputy Director, FSRH CEU

24 June 2020

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Background: Botswana

- Population 2.3 million
- Low population density and geographically dispersed
- Economy entirely reliant on mineral wealth (diamonds)
- Import most food and commodities via South Africa
- Classed as upper-middle income
- One of the most unequal income distributions globally
HIV
SRH context: Botswana

Contraceptive prevalence rate: 64%
• 81% condoms, 13% OCP, 5% injectables
• LARC use negligible
• High unmet contraceptive need
• Estimated 46-60% of pregnancies unintended

Unsafe abortion a leading cause of maternal mortality

Cervical cancer is most common cancer and cause of cancer death in women
Gender-based violence
South Africa bans travel to Europe
Botswana follows with travel ban on 20\textsuperscript{th} March

What should we expect in our context?
Total confirmed COVID-19 cases

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

Source: European CDC – Situation Update Worldwide – Last updated 18th June, 16:30 (London time)  OurWorldInData.org/coronavirus • CC BY
Why are COVID-19 case numbers still low across the African continent?

The benefit of hindsight:

Having seen what was happening in northern Italy, and increasingly in the rest of Europe, most African countries introduced:

- Early travel bans
- Social distancing measures
- Strict lockdowns
COVID-19 – the Botswana response

**20 March 2020:** Travel restrictions, stopping travel from Europe and the USA and other highly affected countries; social distancing measures, limiting public gatherings of more than 10 people, limiting numbers of the public to 50 in commercial establishments with 1-2 metres distance between them, and closing bars.

**23 March 2020:** Closing all land borders to non-essential travel, allowing only goods.

**24 March 2020:** Enforced quarantine for all travellers from neighbouring countries.

**30 March 2020:** First COVID-19 case

**31 March 2020:** First COVID-19 death

**2 April 2020:** Lockdown implemented, lifted end of May

**31 March 2020:** First COVID-19 death

What next?
COVID-19 in Botswana – what next?

Despite social distancing interventions, case numbers are increasing rapidly.
More than 47 million women in LMICs could lose access to contraception.

Source: Jacob Bigio and Madhukar Pai
How is COVID-19 impacting SRH?

Robertson et al. Lancet Glob Health 2020; 8: e901–08
Impact of COVID-19 on SRH in Botswana

Suspension of ‘non-critical’ services; facility closures; decreases in SRH providers; suspension of all SRH outreach services (serve most marginalized)

Botswana uses hand-held records with no centralised system making transition to telemedicine challenging

Supply-chain disruptions: shortages of condoms and OCPs; ART stock-outs

**Decreased access to FP/ STI/ HIV/cervical cancer/post-abortion services**

Inter-zonal travel bans; transport disruptions restricting movement to health facilities; closures of schools and other educational institutions; return to home villages

Decreased demand / access – particularly among the most vulnerable (young people, LGBTI, immigrants, sex-workers; post-abortion care clients)

**70% decrease in attendance for SRH care (no replacement services); No EC uptake; No LARC insertions or removal services; No cervical cancer screening; Delayed pre-cancer and cancer care; No cross-border travel for abortion; Young people’s services virtually empty.**
Impact of COVID-19 on SRH in Botswana
An opportunity for change

Policy and guideline changes
Longer duration of contraceptive supplies; Delayed replacement of LARC; Discontinuation of unnecessary examinations before contraceptive initiation/”LARC checks”; Improved post-abortion care; For PLHIV, multi-month dispensing of ART

Training, mentoring and stakeholder collaboration
Whatsapp groups for SRH providers; Virtual trainingsCOVID-19 SRH guidelines

Identified priorities for going forward
Expansion of outreach and community-based models of care; Replacement for face-to-face consultations (telephone, video, online); LARC and postpartum / post-abortion contraception; Dedicated EC product and pre-emptive supplies; Self-care modalities (STI/HPV testing; self-administered injectable, PreP); For PLHIV, integration of HIV/STI/FP/cervical screening and non-clinic based ART distribution models; better forecasting and supply-chain management

Research
COVID-19 impact surveys; monitoring impact; documenting adaptations and innovations
Lessons (re-) learned

• Sexual and reproductive health rights and justice must underpin the response.

• Consider and mitigate against indirect effects from the outset.

• Continually motivate for essential services designation of SRH care.

• Train, mentor, support and protect front-line healthcare workers.

• Involve users as active participants in developing, delivering and evaluating adaptations.

• Adaptations and innovations must be incorporated into official guidelines and policy.
Thank you and acknowledgements

Botswana Ministry of Health and Wellness
(SRH Department and Division of Family Planning)
-Lesego Mokgaya
-Sifelani Malima
-Tshego Maotwe

Botswana Family Welfare Association
-Nene Mmoloke, Lead nurse

University of Botswana Department of O&G
-Dr Rebecca Luckett
-Dr Doreen Ramogola-Masire

LeGaBiBo

Dr Merrian Brooks, Botswana UPenn
Prof Joseph Jarvis, LSHTM
Aamirah Mussa, BSRHI
“I would like to pat ourselves on the back for changing how we do things so quickly. I did not think we could do it but we had no choice other than to find a way to serve our clients who depend on us and help people in Botswana have children by choice, not by chance. Now we know we can do anything...”

Family planning nurse, Gaborone
COVID-19 and SRH
Lessons from Previous Epidemics?

Benjamin Black
Ebola/COVID-19 - Similar, but Different

Symptoms of CORONAVIRUS (COVID-19)

- Fever
- Shortness of breath
- Cough

EBOLA: SIGNS AND SYMPTOMS

- Fever
- Vomiting
- Bloody diarrhoea or urine
- Headache
- Body weakness
- Sore throat
- Muscle pain
- Bleeding from body openings
Ebola Epidemics and SRH – What have we learnt?

Appropriate care for pregnant women in Ebola outbreaks

On Feb 10, new WHO guidelines were released for the management of pregnant and breastfeeding women in the context of Ebola virus disease, outlining appropriate steps for clinicians to take in DR Congo. The country has had 3428 confirmed cases of Ebola over the past 18 months, the second worst outbreak after the 2014-16 west Africa outbreak of around 28,000 cases.

Pregnant women require special guidelines in Ebola-strewn areas for several reasons. First, evidence suggests that almost 100% of pregnant women who contract Ebola have adverse pregnancy outcomes, as well as increased mortality. Few infants born to mothers with Ebola survive, and the mothers will require specialty care that necessitates greater coordination between Ebola services and reproductive health services.

Second, as a new report into the impact of Ebola on pregnant women lays out, lack of coordination in these areas has created additional delays in women receiving the urgent pregnancy-related care they require. Pregnancy complications, such as unexplained bleeding, are regularly confused with Ebola symptoms, resulting in pregnant women being transferred to Ebola care facilities despite not having Ebola. A study from Guinea noted a 51% decrease in visits to family planning facilities during an Ebola outbreak.

Third, there are implications for breastfeeding. A letter published in The Lancet this week by the authors of the WHO guidelines highlights that Ebola virus can be transmitted to infants in the breastmilk of mothers who have recovered from Ebola and are entirely asymptomatic. Facilities must be in place for the testing of breastmilk and appropriate milk substitutes must be made widely available for infants at risk.

Secondary impacts of Ebola disproportionately affect women and the economically disadvantaged. It is vital that coordinated services are put in place to ensure proper attention to maternal care and reproductive health of women in these areas, and these guidelines are an important step in the necessary widespread dissemination of this information. Treatment of Ebola and its complications must not come at the cost of the health of mothers and their children. — The Lancet

Sexual and reproductive health in Ebola response: a neglected priority
Key Recommendations from 2019 Mixed Methods Evaluation of DRC Ebola Epidemic and SRH Interaction

- SRH embedded into the response from the outset
- Reduce delays at every stage of patient journey
- Support individuals and communities to mitigate SRH risks during and after the epidemic
- Formulate SRH guidelines involving experts in all relevant fields. Including isolation facility, health centre and community. Direct and indirect.
But… COVID-19 is not Ebola

Sexual and Reproductive Health Facility (e.g. EmONC) ↔ COVID-19 Isolation/Treatment Centre (CITC)
Dangerous Intersections

Navigating Sexual & Reproductive & Racial Justice in the Global COVID19 Pandemic

PEOPLE ⚖️ POWER ⚖️ PROTEST

Dazon Dixon Diallo DHL MPH Founder/President

Atlanta | Johannesburg
Intersectionality

Introduced by legal scholar Kimberlé Crenshaw, intersectionality is a framework for understanding the ways that the multiple aspects of our identities intersect, influence one another, and compound to create unique experiences. The concept is regularly used to describe the ways that societal privilege and oppression is complicated by the different parts of our identity that are marginalized or privileged in society.
Intersectionality Matters: UN Women...
Centring sexual and reproductive health and justice in the global COVID-19 response
Black SRJ Policy & Funding Priorities in the COVID19 Response

Policy Recommendations
• Economic Securities
• Healthcare
• Housing & Food Security
• Immigration
• Civil Liberties & Criminal Justice
• Research & Science

Funding Recommendations
• Existing Funding Commitments
• New Funding
• Trust Our Leadership
• Direct Supports to Organizations
• SRJ Movement Stimulus
• Learn from the past & Change the story of our future
Bryan Stevenson’s sage strategies for sustaining social justice

- PROXIMITY
- CHANGE THE NARRATIVE
- PROTECT HOPE
- GET/MAKE UNCOMFORTABLE

Founder/Executive Director
Equal Justice Initiative
National Museum for Peace & Justice
Montgomery ALABAMA
No Repro Justice, No Future Peace

A Luta Continua...
Next steps

- Next webinar
  - 8 July The impact of COVID-19 on SRH and Health Inequalities

- Please fill out the short feedback survey.

- Join our COVID-19 Facebook group

- The recording of this session will be hosted on our YouTube channel within a week.
With thanks

- To our speakers
- To all of you for attending
- To our sponsor

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