

Impact of Public Health Emergencies on Sexual and Reproductive Health and Reproductive Rights in the Arab Region

The Covid-19 Case





BACKGROUND

In the last decade the world has experienced many public health emergencies, similar to the current novel COVID19 pandemic (e.g. Ebola, MERS, Cholera, Polio and Zika epidemics). Demand on health care services continued during health emergencies including general health care such as Non-Communicable Diseases (NCDs), mental health services, immunization programs, as well as SRH services such as family planning (FP) and maternal health (MH)^{1,2}. Although often overlooked, SRH is essential for sustainable development and women's empowerment³. SRH is a basic human right, which has been captured in many international agreements such as the Programme of Action of the International Conference on Population and Development (ICPD-PoA), the Sustainable Development Goals (SDGs), especially goal 3 on health and goal 5 on gender equality, as well as the commitments made during the World Humanitarian Summit (2016), to name a few. While these international conventions and treaties have been ratified by almost all countries and have called for giving more importance to reproductive health during crises, SRH is still not well prioritized at the level of other needs such as food, water, sanitation and hygiene (WASH), or shelter.

The current coronavirus disease outbreak (COVID19) is affecting many aspects of our lives since it was

- 1 UNFPA (2020) COVID19- Preparedness and Response. Interim Technical Brief: Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID19-. Available at: <https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19->
- 2 UNFPA (2020) COVID19- Preparedness and Response. Interim Technical Brief: Modern Contraceptives and Other Medical Supply Needs, Including for COVID19- Prevention, Protection and Response. Available at: <https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-modern-contraceptives-and-other-medical-supply>
- 3 Starrs AM, Ezech AC, Barker G, et al. (2018). Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. Lancet. 391, pp. 2692-2642. Available at: [https://doi.org/10.1016/S0140-6736\(18\)67360-0](https://doi.org/10.1016/S0140-6736(18)67360-0)

Covid 19- related data provided on 12 April 2020



declared a pandemic by the World Health Organization on 11 March 2020⁴. As of April 11th, 2020, all countries in the Arab states region have reported confirmed cases (Yemen being the last one to report a case on April 10th). The regional case fatality rate (CFR) of 3.3 is below the global average of 5.8. Moreover, Saudi Arabia continues to report the highest numbers of confirmed cases, whereas Algeria reported the highest case fatality rate in the region at 13% as of April 8th. As the weeks and months pass by we will see the full impact of COVID19 on the health systems and on individuals, particularly women and girls. Experience with other epidemics showed that sexual and reproductive health (SRH) and reproductive rights (RR) are often overlooked, while they have a severe effect on the health and well-being of women and girls. Additionally, crisis situations are known to exacerbate existing vulnerabilities and neglect to take into account the needs and rights of the most marginalized.^{5,6} The United Nations Population Fund (UNFPA) is already noticing that the current public health emergency amplifies the burden on often already weak health systems, affecting the provision of sexual and reproductive health services. For example, in some Arab countries health professionals have been asked to support the COVID19 response, instead of providing SRH services such as antenatal care and other maternal health services.



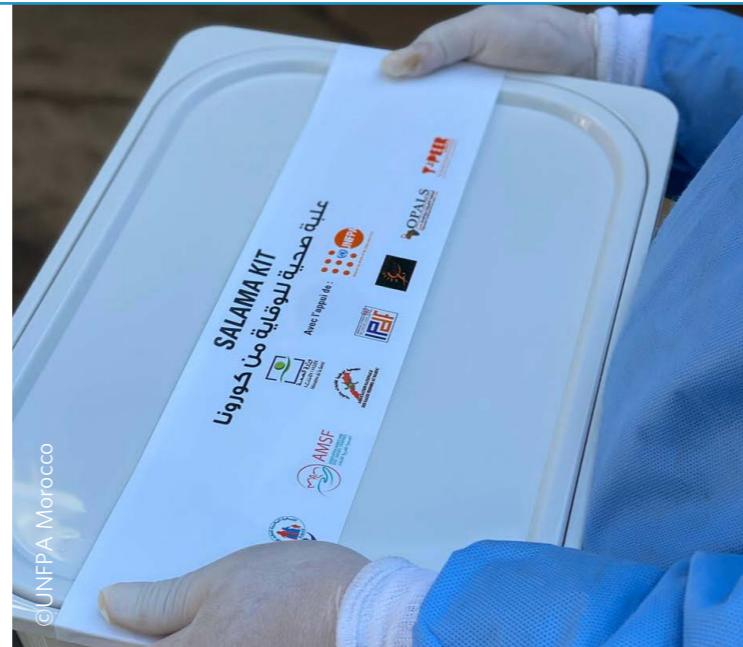
"In one of the hardest hit Arab countries, a near stock-out of post-exposure prophylaxis (PEP) drugs was experienced, these medicines are essential to prevent HIV-infection post-exposure to the virus e.g. by having touched blood of an HIV+ person, or if a person has been raped. Due to the disruptions in the global supply chain, it was nearly impossible for the PEP drugs to arrive in the country on time."

Due to the current crisis, the supply chains of contraceptives, life-saving medicines, including ARVs, and Personal Protective Equipment (PPE) are disrupted, due to transport limitations between and within countries. Additionally, UNFPA country offices report a stark increase in call to GBV-hotlines, and reports of intimate partner violence (IPV).

- 4 WHO (2020) WHO Director-General's opening remarks at the media briefing on COVID19-. Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---19-march-2020->
- 5 UNFPA (2020) COVID19- A Gender Lens: Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality. Technical Brief. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID19-_A_Gender_Lens_Guidance_Note.pdf
- 6 The Regional Risk Communication and Community Engagement Working Group (2020) COVID19-: How to include marginalized and vulnerable people in risk communication and community engagement. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID19_-CommunityEngagement_130320.pdf?fbclid=IwAR1JZWNVaJYmXaKQGJBFBKBTzFBSS5NIC3hPwGf_v6liZtjmWyUeS20dcxs

A. EFFECTS ON REPRODUCTIVE HEALTH OUTCOMES

Statistics show that 60% of preventable maternal deaths and 53% of under-five deaths occur in humanitarian and fragile contexts^{7,8}. The main reason being lack of availability, accessibility and affordability of comprehensive emergency obstetric care. It is to be expected that STIs/HIV transmissions increase in areas of high population density and with little freedom of movement due to the promiscuity and lack of needed supplies. Also, lack of family planning increases risks associated with unintended and teenage pregnancies. Another vulnerability is that malnutrition and epidemics increase risks of pregnancy complications. Lastly, risk of sexual and gender based violence increases during social instability.



Maternal health

While Zika, MERS and SARS are known to cause adverse pregnancy outcomes including miscarriages, prematurity, fetal growth restrictions and maternal deaths, there is no current evidence of adverse effects on pregnant women from COVID19. Nevertheless, pregnancy is a risk factor for increased illness and death in outbreaks due to the physical and immune system changes that occur during and after pregnancy.¹ Safe pregnancies and childbirth depend on functioning health systems and strict adherence to the infection prevention and control (IPC) measures. Indeed, more than 500 women and adolescent girls die every day from complications of pregnancy and childbirth in contexts with fragile health systems.⁹ It is therefore of utmost

importance that health facilities continue their operations and that women have uninterrupted access to essential maternal health services, particularly Emergency Obstetric and Newborn Care (EmONC) to avoid excess maternal and newborn morbidity and mortality. For example, following the outbreak of Ebola, there was an 18% decrease in the number of women attending for antenatal care, a 22% decrease in postnatal attendance visits and an 11% decrease in the number of women seeking to deliver at a healthcare facility. This resulted in a 34% increase in maternal mortality at health facilities and a 24% increase in stillbirth rate¹⁰. The Ebola crisis also showed additional delays in the care women received when experiencing pregnancy complications. This led to adverse pregnancy outcomes,

7 UNFPA (2015). Maternal mortality in humanitarian crises and in fragile settings. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/MMR_in_humanitarian_settings-final0_4.pdf

8 # UNFPA (2017). Maternal deaths and humanitarian crises. Available at: <https://www.thelancet.com/action/showPdf?pii=S2-2930949%2817%6736-0140>

9 UNFPA (2016) Uniting as one humanity. Available at: <https://www.unfpa.org/press/uniting-one-humanity>

especially in relation to spontaneous abortions and hemorrhage¹¹. These examples show that it is critical that all women have access to emergency obstetric care, the continuum of antenatal and postnatal care, including screening tests according to national guidelines and standards, especially in the epicenters of the pandemic, where access to services for pregnant women, women in labour and delivery, and lactating women is negatively impacted. To avoid infections within the health center, pregnant women who show signs of infection must be treated with utmost priority due to increased risk of adverse pregnancy outcomes. Moreover, identified cases must be segregated from antenatal, maternal and neonatal health care units.

Ultimately, national governments need to ensure that, when medical resources are scarce, access to healthcare is maintained, including sexual and reproductive health services with special attention to pregnant women among vulnerable populations such as persons living with disabilities, persons living with HIV, people belonging to indigenous groups and people living in poverty.^{12,13}



Family planning

Family planning (FP) is a life-saving intervention even during health emergencies. However, research shows that the unmet need for family planning is greater in fragile states(see figure 1). Unhindered access to voluntary FP prevents unintended pregnancy and reduces recourse to unsafe abortions and associated maternal health mortality and morbidity. With prolonged stress on the health systems to address a public health emergency, there is usually a disruption of the normal delivery of sexual and reproductive health, including family planning services and information. Access to supplies, medicines and services, including family planning, is also impacted by movement and transport limitations.

11 McKay G, Black B, Mbambu Kahamba S, et al. (2019). Not All That Bleeds Is Ebola: How has the DRC Ebola outbreak impacted Sexual and Reproductive Health in North-Kivu? New York, USA: The International Rescue Committee 2019

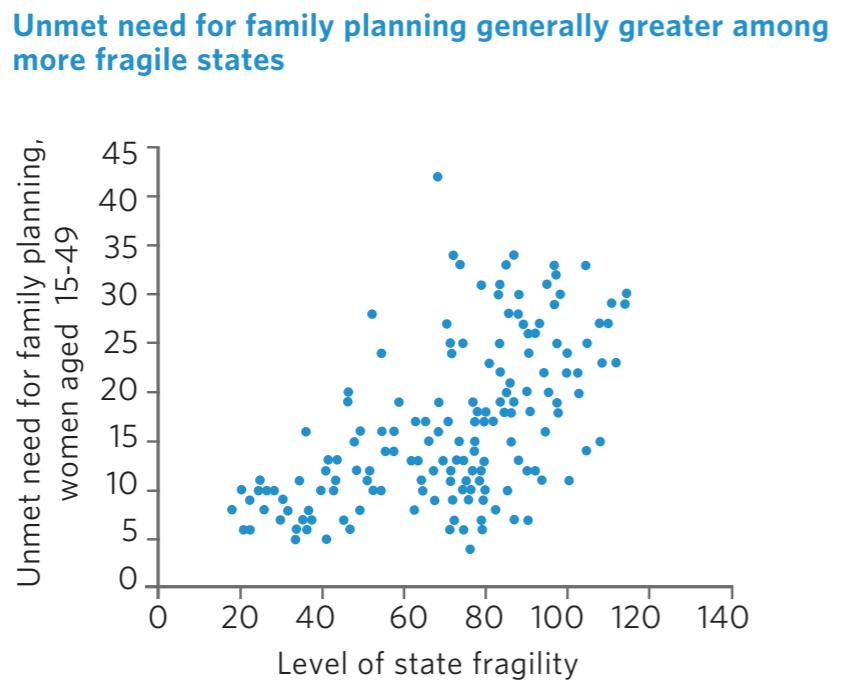
12 World Health Organization (2020) COVID19:- Operational guidance for maintaining essential health services during an outbreak. Available at: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

13 UNFPA (2020) Coronavirus Disease (COVID19-) Preparedness and Response. UNFPA Interim Technical Brief: Adolescents and Young People & Coronavirus Disease (COVID19-). Available at: <https://www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid19->

On the other hand, many persons wanted to avoid, or delay, pregnancy and childbearing, and even more so during crisis situations. During the Ebola epidemic, many men and women agreed that it was best to avoid a pregnancy and therefore sought family planning services. Also, the need for emergency contraceptives and safe-(post) abortion services increased during the

emergency. Unfortunately, these services were not well integrated in the Ebola response, and inaccessible¹¹. During times of emergencies, provision of modern short- and long-acting contraceptives, information, counselling and services, including emergency contraception, is lifesaving and should be available and accessible.

Figure 1: Unmet need for family planning in fragile states¹⁴



Countries in the Arab region are already experiencing the effects of a disrupted supply chain, with expected stock-outs of some commodities and supplies. DKT International, a contraceptive provider, reports that many contraceptive manufacturers in China are not back to full capacity after the COVID19 outbreak that hit many parts of the country. Supply of raw materials, like progesterone, a contraceptive hormone, are also impacted. Some manufacturers are even forced to source from new suppliers¹⁵. Additionally, as transport

of persons and goods is limited, transportation and importation of contraceptives into the countries poses severe challenges for a sustainable contraceptive supply chain. It can be expected that larger interruptions in availability of family planning commodities may lead to a baby boom in 9 months time.



14 UNFPA (2015) State of the World 2015: Shelter from the Storm. Available at: https://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf

15 Purdy, C. (2020) How will COVID19- affect global access to contraceptives — and what can we do about it? Available at: <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it96745>



Menstrual hygiene

Women's and adolescent girls' menstrual hygiene needs do not change during an emergency. However, adequate and dignified menstrual hygiene management is often overlooked during an emergency including during a public health crisis. Nevertheless, menstrual hygiene items and other sexual and reproductive health commodities are central to women's health, dignity, empowerment, and sustainable development.⁵ This is also particularly relevant in the context of COVID19 given that an estimated 70% of the health workforce are female. Therefore, national governments should ensure that women and girls have access to sanitary pads and other menstrual hygiene management products according to the local context and that particular attention should also be paid to female health care workers' needs.

Adolescent sexual and reproductive health

Any crisis, including disease outbreaks can heighten adolescent girls' risks to HIV infection, unintended pregnancies, maternal death, sexual violence and child marriage¹³ (see figure 2). As for adolescent pregnancies, the response during the 2014 Ebola crisis showed that adolescent pregnancy rate increased up to 65% in some communities due to the socio-economic conditions imposed by the outbreak¹⁷. In Zaatri Camp in Jordan, evidence has shown deliveries among girls under 18 years of age has increased from 5% in the first quarter of 2013 to 8.5% in 2014.¹⁸ A

It is of utmost importance that governments take appropriate measures to avoid adverse health outcomes. When movement is limited, clinics can provide women with contraceptives (pills, injectables, and condoms) for a three month period to avoid an unmet need.¹⁶ However, the Zika outbreak also highlighted power imbalances between men and women, avoiding women's bodily autonomy, including sexual and reproductive and family planning decisions. This was amplified by the women's inadequate access to health care and insufficient financial resources to travel to healthcare facilities.⁵

16 IASC (2020) Interim Guidance on Scaling-up COVID19- Outbreak in Readiness and Response Operations in Camps and Camp-like Settings. Available at: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp/>

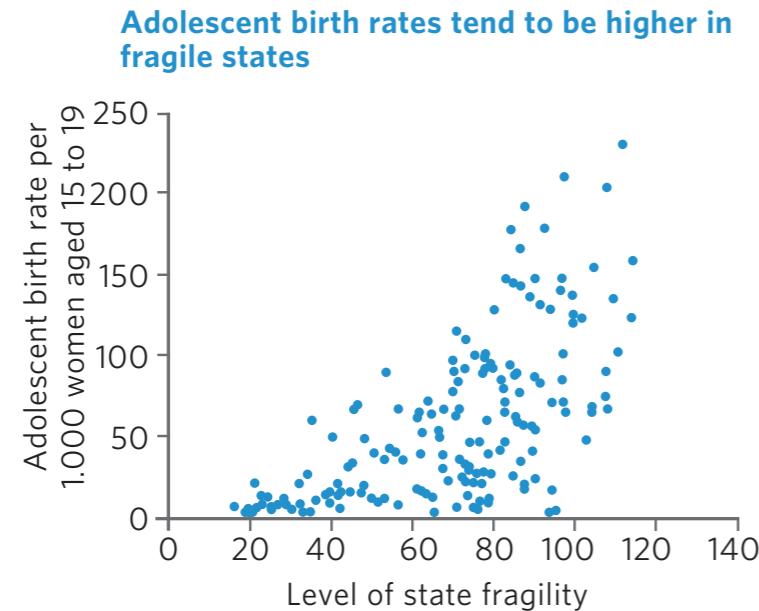
17 UNDP (2015) Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone. Available at: https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html

18 Sahbani, S., Al-Khateeb, M., Hikmat, R. (2016) Early marriage and pregnancy among Syrian adolescent girls in Jordan; do they have a choice? Pathogens and Global Health Volume 2016,110 - Issue 6. Available at: <https://doi.org/10.2047724.2016.1231834/.1080>

World Bank report on the economic lives of young women found that in villages highly affected by Ebola, spent more time in close proximity to men leading to unintended teenage pregnancies and transactional sex. According to the report, girls in villages highly affected by Ebola were 10.7

percentage points more likely to become pregnant than girls in villages with low levels of disruption, with most of these pregnancies occurring out of wedlock¹⁹. It is therefore of utmost importance that adolescents have access to contraception services, including emergency contraception.

Figure 2: Adolescent Birth Rates in fragile states¹⁴



Young people with HIV, who bear a disproportionate burden of the global HIV epidemic, are at greater risk due to weak immune systems and dependency on regular supplies for antiretroviral medication, and other services, which may not be prioritized. Additionally, single adolescent parents will have no choice but to continue working and providing for their children. Little is known about the impact of public health emergencies on adolescent sexual and reproductive health, therefore, there is a need for disaggregated data for future use in evidence-based decision making. Surveillance and response systems must collect data on sex, age, occupational and pregnancy status⁵.

Lastly, adolescents and youth, especially adolescent girls and young women, who already tend to face very high levels of domestic and intimate partner violence, may

experience even higher levels of violence driven by quarantine and isolation.^{5,13}

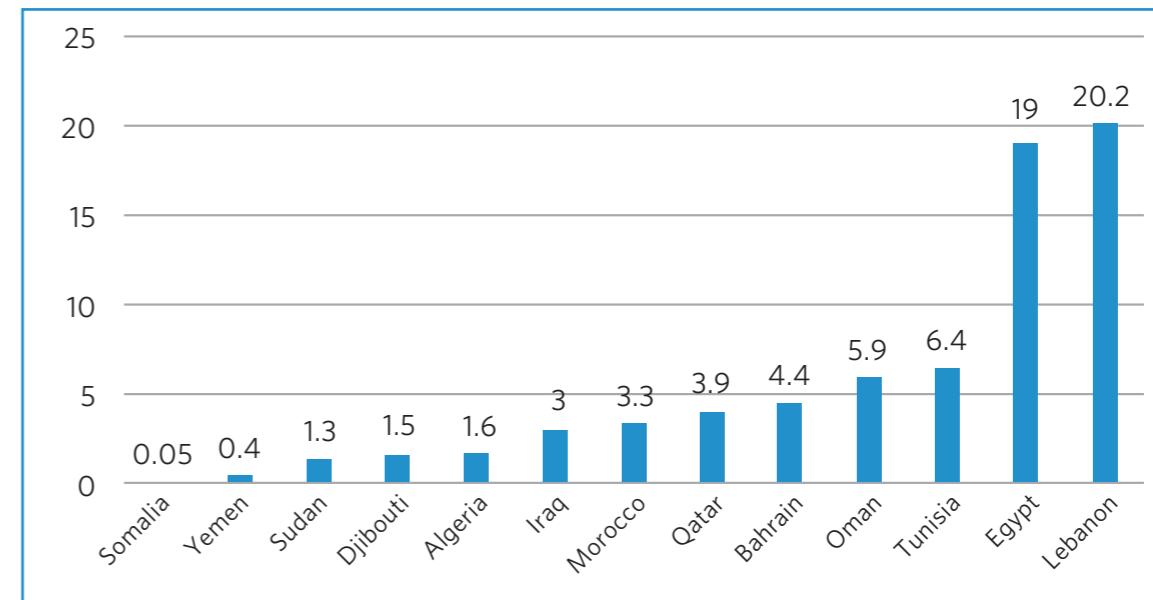


19 World Bank (2019). Policy Research Working Paper 8760. The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program. Available at: <http://www.worldbank.org/research>

B. HEALTH STAFF

As shown with the Ebola epidemic and HIV-pandemic frontline health workers have a high risk of becoming infected, the same applies to COVID19¹. In the 2015-2014 Ebola epidemic in West Africa, many health workers died and already fragile health systems were weakened, which resulted in increased maternal, infant and child deaths.²⁰ Globally, 70% of the health and social workforce are made-up of women. The Arab states region continues to witness lower-than-needed investments in the midwifery workforce, and data from the reference decade (17-2007), shows that the density of nurses and midwives in most countries of the region has not improved and even declined in several countries including Egypt, Morocco, Somalia, Sudan and Syria²¹ (also see figure 3).

Figure 3: Ratio of Obstetricians and Gynecologists per 100,000 persons in 2018²²



Moreover, female health workers have a double caring role, as they have to look after their families and communities. Given women's front-line interaction with communities and their participation in much of the care work, they face a higher risk of exposure. In order to cope with the additional needs of the health system, general practitioners, specialised doctors and nurses are requested to support with the COVID19 response. In the Arab region, we are noticing that human and financial resources are diverted from sexual and reproductive health services to address the needs in the intensive care units, emergency rooms and infectious diseases departments. In some countries, doctors and nurses are not even showing up to their work at all, due to either the physical or psychosocial impact of COVID19, which of course has immense repercussions on the continuity of care.

20 Kieny, M.P., Evans, D.B., Schmets, G., et al., (2014). Health-system resilience: reflections on the Ebola crisis in western Africa. Bulletin of the World Health Organization 850 :92 ;2014

21 WHO (2019) Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region. Available at: http://applications.emro.who.int/docs/RC_Technical_Papers_4_2019_en.pdf?ua=1&ua=1

22 LAS-UNFPA (2019) Report on the Emergency Obstetric Care health workforce in the Arab region

At the time of writing there is a global shortage of personal protection equipment (PPE), which is essential and, indeed, life-saving when responding to an infectious disease outbreak. While we all rely on health care workers to take care of our needs, they also need to be able to protect themselves to minimize their own risk of exposure and infection. Instead, health workers globally and more often than not have to work in an unsafe environment. As business and manufacturers have closed, we may expect even more delays in the provision of PPE, similar to the disruption of the family planning commodities supply chain. Regardless, the protection of health workers, in particular midwives, nurses, obstetricians and anesthesiologists, must be prioritised as critical and life-saving and they have to be provided with personal protective equipment if they are treating infected patients.¹⁵



"In one of the Arab countries located near the Mediterranean Sea, the nationwide lockdown, lack of PPE, fear among communities, economic impact and lack of transportation, have meant that all major primary health care providers have significantly scaled down or, in some cases, stopped SRH services. Routine antenatal and postnatal care has stopped (high risk cases still receive services), as well as scaling down family planning services. Providers are attempting alternate care modalities, including telemedicine, digital health outreach, as well as home and mobile clinic services."

In times of crisis, frontline health workers are under a lot of strain, not only physically but also mentally. In addition to their daily work, they often also have to take care of their families. Health workers may worry about their family's safety and risk of infection due to their work. Therefore, it is important that psychosocial support is provided for affected individuals, families, communities and health workers; governments should make this a critical part of their response.



CONCLUSIONS AND RECOMMENDATIONS

Experience with other public health emergencies showed that sexual and reproductive health and reproductive rights are often overlooked in the response, leading to severe adverse effects on the health and well-being of women and girls. It is for this reason that we call on national governments and other stakeholders to ensure the continuation of all essential health services, integrating and mainstreaming sexual and reproductive health and reproductive rights from the on-set of the crisis and throughout the response phase.

Health systems emergency preparedness is critical to protect health workers, maintain the provision of essential health services and improve health outcomes in all settings. Therefore, we call on national governments to invest more in preparedness and strengthening of the health systems to make them more resilient and responsive to ensure a continuum of services, including SRH, in such circumstances. UNFPA encourages national governments to promote public and private partnership by mobilizing the private sector to step up for the enhanced social responsibility programmes (e.g. supplies of sanitary items, medical equipment). A public health emergency poses the opportunity to establish and strengthen existing relationships, to bridge any gaps in the health system that might occur. National government may also wish to promote South-South and triangular cooperation, this may be exchange of commodities and human resources but also good practices, technical assistance in the preparedness phase.

UNFPA also calls on national governments to ensure that all health workers have personal protective equipment. This is essential to decrease the risk of infection. As well as to provide psychological care for affected individuals, families, communities and health workers; governments should make this a critical part of their response.

Moreover, public health emergencies also affect marginalized groups and this amplifies existing vulnerabilities. In order to adequately respond to the different vulnerabilities, we call on national governments and health clinics to collect disaggregated data by sex, age, geography, legal and pregnancy status. National governments must ensure that marginalized groups are not scapegoated, stigmatized or otherwise targeted with specific, discriminatory measures, and should include marginalized groups in decision and policy making processes. UNFPA therefore calls on Arab States governments to address obstacles and barriers to service provision in a timely manner, enabling women and girls to continue to access needed services.



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