

COMMENTARY

A Research Agenda on the Sexual and Reproductive Health Dimensions of the COVID-19 Pandemic in Africa

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The outbreak of the novel coronavirus disease, COVID-19, was first reported in Wuhan in Hubei province of China in December 2019. It has since spread across the world, and as of 30th March 2020 reached over 150 countries, with a total of 693,224 confirmed cases and 33,106 deaths¹. Of these totals, 42 countries in Africa had reported 3,486 confirmed cases and 60 deaths. The epicenter of the epidemic has shifted several times since mid-February 2020 from China to Iran, and then to Western Europe (Italy and Spain in particular), and is presently in the United States of America. The expectation is that the next big waves of infections will be in Africa and South America².

In the absence of an effective therapy or vaccine and without pre-existing immunity there are several reasons to anticipate more severe adverse consequences of large outbreaks of COVID-19 in Africa including for the sexual and reproductive health of vulnerable women and young people. The high burden of communicable and non-communicable diseases like malaria, HIV, tuberculosis, Lassa fever and diabetes as well as weak and under-resourced health systems, high levels of poverty, poor housing, limited access to clean water and sanitation, inadequate transport and energy infrastructure, and high population mobility would inevitably result in far more devastating economic, social and health fall-outs from the pandemic in Africa³.

This near-inevitability of disproportionate COVID-associated social, health and economic adversities even if some African countries end up with relatively small total numbers of confirmed cases is because the huge health system deficits, weak national economies, and lower standards of living far outweigh all of the hypothesized advantages from having younger populations and hotter climatic conditions⁴. In particular, widespread person-to-person or community transmission could very quickly overwhelm the health

systems given that a country's capacity to cope with epidemics is strongly dependent on its quality of healthcare and public health infrastructure⁵.

It is also to be noted that some of these challenging socio-economic realities make it especially difficult for many African countries to effectively implement at scale COVID-19 transmission mitigation measures like social distancing, frequent hand washing with soap and water, and stringent travel restrictions and quarantine measures. They equally significantly limit their capacities to identify cases through early and rapid testing, isolate and treat confirmed cases, and conduct contact tracing.

The question may therefore be asked why should sexual and reproductive health be a key issue within the response to this destructive pandemic when focus ought to exclusively be on how to quickly contain its spread and mitigate its impact. This question is made even more legitimate by the seemingly greater need to urgently find answers to several 'unknowns' about this new disease such as its clinical severity, extent of transmission and infection, and potentially effective treatment options.

The fact of the matter is that sexual and reproductive health (SRH)-related behaviors do not cease during health and other emergencies but responding to some of their outcomes like pregnancy, sexual and gender-based violence, and sexually transmitted infections at the individual, community and health system levels tend to become more challenging during epidemics⁶⁻⁸. We know from previous international health emergencies that they tend to have disproportionate impacts on the SRH of certain segments of the population especially poor and socially marginalized women and youth. Epidemics also tend to exacerbate prevailing gender inequalities, increasing risks of gender-based violence and sexual abuse⁷⁻⁹. More generally, given that SRH issues often do not usually attract high policy and resource attention in

many countries, there is need to highlight the broad links between the pandemic and SRH and rights since these relate to large segments of the population and would be even more ignored as much of the health sector's resources get diverted to the emergency response to COVID-19¹⁰.

The literature on COVID-19 is a rapidly expanding one although little of the analyzed empirical material relates to SRH issues and within this area, much less to Africa. This knowledge gap is only slightly compensated for with findings and insights from studies on the 2014-2015 Ebola Virus Disease (EVD) outbreak in West Africa (see Kun et al, 2020 for insights from some of these studies)⁹. Even so, the broad consensus today is that the scientific community still has huge knowledge gaps to fill about many aspects of COVID-19.

The research questions presented below to guide empirical investigations of the links between COVID-19 and SRH and rights in Africa are largely informed by the limited knowledge available to date on the pandemic. They will almost certainly have to be updated and even revised in the weeks, months and years ahead as more data are generated that improve our understanding of the pandemic and its SRH dimensions. So, put together, these questions are only being proposed as a provisional research agenda. They also certainly do not amount to an exhaustive list of relevant research questions. They may for now be treated as examples of the sort of questions that should guide research on the links between COVID-19 and SRH and rights in Africa.

Indicative Research Questions

For presentational convenience, the questions are classified along three axes – *biomedical*, *health systems impact*, and *socio-behavioral and economic*. It is important to note that how the issues captured by these questions and the empirical investigations of them are handled in any setting will vary by the phase of the pandemic – the emergency response versus the recovery phase. In addition, analysis of the generated answers to these questions must be at least age-sex disaggregated to be more valuable to enhancing our understanding of the consequential differentials in exposure to and impact of COVID-19 transmission.

Biomedical issues: It is a fact that we know far less than we need to know especially in the African context about the basic biology and epidemiology of this novel coronavirus to be able to prevent and manage the COVID-19 outbreak^{3,7,9}. Even extant empirical generalizations around COVID-19's higher fatality rate

among men than women and among older than younger persons as well as the close-to-zero probability of intrauterine transmission may yet be revised as more data become available over time^{11, 12}. Thus, without fostering more understanding of some of the issues encapsulated by the questions below, we cannot even begin to clearly delineate the SRH dimensions and implications of the pandemic in Africa.

- How long does it take to develop symptoms after exposure to the novel coronavirus?
- Is SARS-CoV2 (the virus that causes the disease, COVID-19) primarily transmitted by asymptomatic persons or by persons with more severe COVID-19 symptoms?
- Are pregnant women more susceptible to COVID-19 infection and does this vary by stage of pregnancy?
- Do the recovery rates of pregnant women infected with COVID-19 differ from those of uninfected pregnant women? And if so, why?
- Are there any adverse effects of maternal infection with COVID-19 on fetal and newborn health and safe childbirth?
- Are persons with STI/HIV-related immunosuppression at greater risk of contracting COVID-19 and of experiencing poorer recovery rates?
- What are some of consequences of COVID-19 for male sexual and reproductive health, given for example, the potential pathogenicity of SARS-CoV2 to testicular tissues⁹?
- To what extent do any pre-existing SRH-related conditions elevate COVID-19 infection and fatality rates?

Health systems impact issues: Given the huge human resource, equipment availability, information management, and medical consumables gaps in national health systems across Africa, the almost universal enforcement of lockdowns across Africa, and based on the lessons learnt from the 2014-2015 EVD outbreaks in West Africa and insights from China's efforts to contain the COVID-19 outbreak, a number of health systems-related questions relevant to SRH-COVID-19 inter-linkages may be worthy of serious investigation in Africa.

- To what extent are human, financial and technical resources for SRH services shifted away to COVID-19 emergency response services?
- Do the utilization levels of essential SRH services decline during the COVID-19 emergency response period and how long do they take to return to their pre-outbreak levels during the recovery phase?

- What is the waiting time for the average woman or young person to access essential SRH services (family planning, ANC, safe abortion, STI/HIV) before, during and after the COVID-19 emergency response?
- What is the frequency of stock-outs of SRH commodities at public and private sector service delivery points due to COVID-19 associated supply chain disruptions?
- To what extent did persons infected with COVID-19 suffer any provider-initiated barriers to accessing SRH services?
- What is the level of unmet need for protection and hygiene products for female frontline health workers who make up the majority of health workers involved in COVID-19 care and treatment?

Socio-behavioral and economic issues: Given that COVID-19 is caused by a new virus, we have so much to learn about its social, behavioral and economic impacts and how these affect the SRH of vulnerable populations although research is beginning to expand on this cluster of issues (see UNECA, 2020; UNFPA, 2020b; CARE, 2020; and AIIB, 2020, for examples). Insights from studies of previous epidemics (EVD, Zika, H1N1, etc.) also provide some clues on key questions to consider in trying to better understand the socio-behavioral and economic impacts of COVID-19, and their inter-linkages with SRH issues.

- To what extent did COVID-19-driven lockdowns, panic, anxiety and misconceptions hinder women's and young people's access to essential SRH services?
- Were women and girls exposed to higher risks of sexual and gender-based violence as a result of the COVID-19 enforced home stays?
- Did women's bearing of increased burden of unpaid domestic work and child care during the COVID-19 emergency period further hinder their uptake of SRH services?
- What have been the gender-differentiated impacts of the economic disruptions wrought by COVID-19 on access to SRH services for men, women and young people?
- How have stigma and discrimination associated with COVID-19, and their effects on clients and health care providers affected the uptake of SRH services by infected persons?
- How widespread were COVID-19-associated hikes in prices of SRH commodities and services and to what extent did these affect their uptake by different subpopulations?

- Are there any discernible trends in rates of contraceptive use discontinuation, unintended pregnancy, and induced abortion attributable to COVID-19 induced disruptions to the accessibility and utilization of SRH services? And, if so, which sub-populations have been more impacted and why?

It stands to reason that studies may be designed to answer several of these questions across the three categories since the issues that they raise are actually interconnected in the real lives of women and young people and within communities and health services. In addition, high quality research on these questions would not come cheap. It is hoped that some of the clarity that the above-suggested questions would stimulate around research objectives and methodology could help efforts to fund-raise for such research.

Conclusion

As with the rest of the world, the COVID-19 outbreak across Africa is a rapidly evolving one marked by responses that are based on a modest evidence base. It is thus critical to aid national responses to this pandemic that are further hampered by health system and public health infrastructure deficits through prioritizing the generation of evidence-based information and insights that can be quickly deployed to better target, sharpen, refine and improve COVID-19 transmission prevention, impact mitigation and control interventions. Sexual and reproductive health scholars and researchers in Africa can contribute their quota through focused multi-disciplinary research that yields answers to the above-listed and related questions. Generated knowledge from such efforts would be essential for ensuring adequate attention to the SRH-related fall-outs of the pandemic. Failure to do so would amount to a missed opportunity for strengthening national health systems' capacities and community engagement to sustain the accessibility and quality of SRH services for vulnerable populations during health emergencies. Emerging and re-emerging infections are here to stay and SRH researchers across Africa have an important role to play in boosting national preparedness for future epidemics and pandemics.

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