

COMMENTARY

Impact of COVID-19 Pandemic on Sexual and Reproductive Health and Mitigation Measures: The Case of Ethiopia

DOI: 10.29063/ajrh2020/v24i2s.3

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Introduction

Ethiopia has made tremendous progress in sexual and reproductive health (SRH) in the past two decades, especially in reducing maternal mortality and morbidity. Ethiopia's dedication to reducing maternal mortality is exemplary. All maternity services including antenatal care, labor and delivery, postnatal care, family planning, and post abortion care were given free of charge to increase access to service. In 2019, 7,091,000 women were using modern contraceptive methods, which was estimated to avert 2, 755, 000 pregnancies, 607,000 unsafe abortions and 7400 maternal deaths¹. Women development army (community health workers) works to reduce maternal mortality, especially by increasing awareness of women on institutional delivery. However, the ongoing fear of the COVID-19 pandemics is threatening maternal health services including institutional deliveries^{2,3}.

Sexual and reproductive health services in Ethiopia amid COVID-19 outbreak

The tremendous burden caused by the COVID-19 outbreak is jeopardizing routine service delivery and undermining other health priorities. United Nations Population Fund (UNFPA) recently stated that Ethiopia's midwives grapple with COVID-19 while ensuring safe delivery². According to the Voice of America, health workers reported that COVID-19 travel restrictions in Ethiopia are forcing pregnant women to give birth at home³. The COVID-19 pandemic is already having adverse effects on the supply chain for contraceptive commodities by disrupting the

supply chain and by delaying the transportation of contraceptive commodities. Besides, equipment and staff involved in the provision of SRH services may be diverted to fulfill other needs, clinics may close, and people may be reluctant to go to health facilities for SRH services. Along with the COVID-19 pandemic, Ethiopia is also facing other infectious disease burdens like the recent yellow fever outbreak. The World Health Organization (WHO) has warned that the current national risk assessment of yellow fever outbreak in Ethiopia is high⁴ which might add further burden to the strained health care system.

If this continues unmanaged, the strained health care systems, disruptions in care, and redirected resources might result in non-pandemic-related maternal and neonatal mortality and morbidity, increased adolescent pregnancy and other reproductive health crisis like previous public health emergencies. For example, evidence from the Ebola virus outbreak in 2013–2016 in Western Africa shows the negative, indirect effects that such crises can have on SRH. According to an analysis of data from Sierra Leone's Health Management Information System (HMIS), decreases in maternal and newborn care due to disrupted services and fear of seeking treatment during the outbreak contributed to an estimated 3,600 maternal deaths, neonatal deaths, and stillbirth, a quantity that approaches the number of deaths directly caused by the Ebola virus in the country⁵. Evidence also shows that after the Ebola epidemic, the number of antenatal care visits and facility deliveries in Guinea, had not recovered to prior levels even after six months⁶. This implies that the pandemics had sustained

effects on the country's already inadequate level of care.

Marie Stopes International (MSI) warned that the current travel restrictions and lockdowns could have a devastating effect on post abortion and contraception. Estimating near 9.5 million people will miss out on service if service reduction continues for three months⁷. Guttmacher Institute published a projection of the impact of the pandemics on SRH services using 2019 data on SRH services from 137 low-and middle-outcome countries and considering a 10% reduction in service reduction⁸. According to the projection 10% service reduction will result in nearly 48,558,000 additional women with an unmet need for modern contraceptives and 15,401,000 additional unintended pregnancies. The same magnitude (10%) reduction in service will also result in an estimated 1,745,000 additional women experiencing major obstetric complications without care resulting in 28,000 additional maternal deaths. Similarly, it will result in 2,591,000 additional newborns experiencing major complications without care resulting in 168,000 additional newborn deaths. Furthermore, it will result in 3,325,000 additional unsafe abortions resulting in 1,000 additional maternal deaths from unsafe abortion.

The lessons from the past Ebola outbreak and the overwhelmingly burdened healthcare system related to the COVID-19 pandemic imply that there is possible maternal morbidity and mortality that can result from the pandemic in the absence of focused responses from governments to protect the gains made in sexual and reproductive health in Ethiopia over the past several decades.

Recommendations

In the light of the above concerns, many national and international organizations including the Ethiopian Society of Obstetrics and Gynecology (ESOG) have published strong statements of support for the importance of continuing reproductive health services amid COVID-19. This underscores that the Federal Ministry of Health Ethiopia (FMOH) and their partners (donors and non-government organizations) should take swift action, especially they should define SRH services

including post abortion care, contraceptive services, and maternal and newborn care as essential to continue during the pandemic. In addition, it is essential that resources and staff be maintained for sexual and reproductive health services. It is also critical that innovative methods, such as telehealth (voice or video calls) be utilized to maintain these essential services for low risk mothers to decrease the spread of COVID-19. Intrapartum and postnatal services may also be reorganized and modified by decreasing the number of face-to-face visits and provision of home care or telehealth services. Telemedicine and self-care family planning methods should also be encouraged to increase access to care amid the pandemic. No-touch contraceptive service includes remote evaluation and prescription of combined oral contraceptive pills, progesterone-only pills, barriers methods including emergency contraceptive methods. No-touch service includes telehealth, making contraceptives available without a prescription; decentralize the distribution of contraceptives, and deliver services packages at people's homes when possible. Though no touch service protocols are very important in increasing access to service and reducing the risk of virus transmission it should be interpreted within provider and client understandings and settings context. Furthermore, public sectors, private-sector actors, and their partners should strengthen national and regional supply chains to make sexual and reproductive health medications and supplies more accessible to providers and patients during the pandemic.

Declarations of Conflicts of Interest

The authors declare that they do not have any conflicts of interest.

Contribution of Authors

All authors contributed to the conceptualization, design, analysis and write up of the material reported in this manuscript.

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