

ENSURING CONTINUITY IN THE PROVISION OF ESSENTIAL SEXUAL, REPRODUCTIVE, MATERNAL, NEONATAL, CHILD, AND ADOLESCENT HEALTH SERVICES FOR THE POPULATION IN THE CONTEXT OF COVID-19

COVID-19 Likely to Exacerbate Already High Social Inequalities Health in Latin America and the Caribbean

The novel coronavirus (SARS-Cov-2) that causes COVID-19 has spread rapidly since emerging in late 2019 in Wuhan, China. As a result, the World Health Organization declared the disease a global pandemic in March 11, 2020.¹ As of April 2020, the disease is present in 185 countries around the world, including all 54 countries and territories of the Americas.²

Most Governments in Latin America and the Caribbean (LAC) have declared a state of emergency, a humanitarian emergency, or a public health emergency. Some countries have also introduced restrictions on international travel, prohibition of mass gatherings, social distancing recommendations, regulations for non-essential commercial activities, curfews, and mandatory quarantine and/or nation-wide lockdowns.

As a result of these measures, existing **health inequalities are being aggravated** as the spread of COVID-19 accelerates. The most vulnerable populations (which includes women, children, adolescents, people with disabilities, Afro-descendants, indigenous, people living with HIV, the marginalized and the displaced) are most at risk of suffering devastating losses from COVID-19. Unfortunately, this reality is magnified further by health systems that in LAC are being challenged by the rapidly increasing demand generated by the pandemic (1). Modeling and available data from previous epidemics suggest that the projected indirect impacts of the COVID-19 pandemic are likely to include an increase in maternal, neonatal, and child mortality rates; more cases of unintended pregnancies; the spread of other infectious diseases such as malaria, HIV/AIDS, and tuberculosis; as well as all increases in malnutrition (2). These unintended health consequences will result from the overburdened health care system and restrictions in care due to reprogrammed resources and reductions in health care access to women (i.e. reproductive and maternal care) and children (i.e. vaccination coverage), and other services that have been severely compromised due to overwhelming demand (2,3).

The **COVID-19 pandemic** is causing health systems in LAC countries to face two **great challenges** in parallel:

1. Preserve and maintain the continuity of the essential health services beyond those needed for COVID-19 in population segments in vulnerable conditions.
2. Prevent and mitigate the effect of COVID-19, while working to overcome the barriers that impede vulnerable groups from being protected against the virus.

Much is still unknown about COVID-19, including potential mother-to-child transmission during pregnancy, delivery or through breastfeeding. As such, in addition to the lessons learned from other epidemics on their negative consequences on women's health, Governments and national authorities should continue to identify and maintain essential services in their countries, including for the most vulnerable populations.

¹ World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 Geneva2020 [Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>].

² Pan American Health Organization. COVID-19-PAHO/WHO Response, Report 4 (20 April 2020) [Available at: <https://www.paho.org/en/documents/covid-19-pahowho-response-report-4-20-april-2020>].

Key strategic areas to support continuity of care:

- A. **Prioritize COVID-19 prevention and response among vulnerable groups**, including: rural, poor, and indigenous and Afro-descendant communities; people living with comorbidities and underlying conditions such as malnutrition, anemia, chronic diseases (e.g. hypertensive disorders, diabetes, HIV/AIDS, among others); older adults (this group is at the highest risk from COVID-19);³ migrant populations; and victims of gender-based violence (including sexual violence).
- B. Ensure the **continuity of essential sexual, reproductive, maternal, neonatal, and children and adolescent health (SRMNCAH)**, including:
 - family planning counseling and services, clinical management and prevention and support for sexual violence survivors who are especially vulnerable during emergency situations;
 - sexual and reproductive health, including optimal access to contraceptives, care during pregnancy, childbirth, post-natal and obstetric complications;
 - growth monitoring, screening, and treatment for acute malnutrition in children and pregnant women, support for adequate maternal nutrition and infant and young child feeding;
 - immunization services;
 - maintaining supply chain inventory and distribution for vaccines, contraceptives, and essential medicines;
 - mental health and psychosocial support services adapted to the needs of vulnerable families, women, children, and adolescents;
 - introduction of novel digital approaches for service delivery such as telemedicine including using mobile phones and social media to complement access to information and to essential health services, including maternal health care services and contraception (4); and
 - ensure access to essential and necessary comprehensive medical care and treatment for people living with HIV, including multi-month prescriptions (MMP) and multi-month dispensing (MMD) for 3-6 months, especially for persons living with HIV stable on antiretroviral treatment (ART) (5).
- C. **Ensure access for adolescents to health information and services**, as they already face many legal, societal, and health systems barriers to access health services under normal circumstances.
- D. **Establish safe service delivery conditions to protect facility and community-level healthcare workers and caregivers⁴**: providing personal protective equipment (PPE) for health workers including midwives responding to COVID-19 should continue to be a critical priority to avoid further infections and prevent a depletion of the limited available health personnel resources.
- E. **Continue supporting and implementing robust health information systems** that track, monitor, and respond in real-time data collection during COVID-19, including:
 - maternal and neonatal mortality surveillance systems; and

³ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>

⁴ COVID-19: Strategic Planning and Operational Guidance for Maintaining Essential Health Services During an Outbreak. 20 March 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

- surveillance and response systems to collect data on pregnant women and children born with COVID-19, with disaggregation by sex, age, and gender.

Every Woman Every Child Latin America and the Caribbean (EWEC-LAC)

EWEC-LAC is the regional interagency mechanism for coordinating the adaptation and implementation of the Global Strategy for the Women's, Children's and Adolescent's Health (2016-2030)⁵ in LAC. Our goal is to accelerate regional efforts to reduce health inequities among and within countries.

The movement consists of the Inter-American Development Bank, Joint United Nations Programme on HIV/AIDS, Pan American Health Organization/World Health Organization, United Nations Population Fund, United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women, and the World Bank.

References

1. World Health Organization (2020). COVID-19 strategic preparedness and response plan: Operational planning guidelines to support country preparedness and response. Retrieved from https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4
2. Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. *Public Health* 143:60–70.
3. Rilay T., Sully. E., Ahmed, Z., Biddlecom, A. (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: 73-76. Retrieved from <https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>
4. International Federation of Gynecology and Obstetrics (FIGO) (2020). COVID-19 contraception and family planning. Retrieved from <https://www.figo.org/covid-19-contraception-and-family-planning>
5. Coronavirus Disease 2019 (COVID-19) and HIV: Key issues and actions, Prepared by the UNAIDS Cosponsors Regional Group (UCRG) for Latin America and the Caribbean. Retrieved from <http://onusidalac.org/1/images/coronavirus-disease2019-COVID-19-and-HIV-Brie-EN.pdf>

⁵ World Health Organization. What is the Global Strategy? The Global Strategy for Women's, Children's and Adolescent's Health, 2016-2030 [Available at: <https://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/>)