

Keeping women's health essential despite Covid-19 shortages

Opinion by Anu Kumar

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Fear, panic as women navigate pregnancy during a pandemic

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Editor's Note: Anu Kumar is the president and CEO of [Ipas](#), an international reproductive health and rights organization. She provides strategic leadership for Ipas teams in countries across Asia, Africa and the Americas. The views expressed in this commentary are her own. View more [opinion](#) on CNN.

(CNN) — The world is changing daily as a result of Covid-19. Like millions of people, I now have a virtual workday. I am fortunate – I'm safe and comfortable at home with my family in North Carolina, practicing social distancing.



Anu Kumar Courtesy of Anu Kumar

I can't help but think of the impact of Covid-19 on places like Dharavi, a slum in India with no running water and intermittent electricity. I visited many years ago and I remember well the look of the place, dusty narrow roads filled with potholes, mountains of trash where the rag pickers worked, and the smell of raw sewage. Soap and clean water are a dream, and social distancing nearly impossible.

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Imagine living there or somewhere like it. Now, imagine you need access to contraception or a safe abortion in this setting. The limited health facilities and providers that were previously available are gone, at least temporarily, due to the pandemic.

Realities like this make access to abortion and contraceptives urgent, even when the world isn't facing a pandemic, but perhaps never more so than now.

As more countries impose necessary lockdowns and restrictions on in-person medical treatment and allocation of resources, contraception and abortion are becoming harder to access, particularly in low-income countries. As a result, there will likely be an increase in unplanned pregnancies and unsafe abortions, compounded by restricted mobility, disruption in contraceptive supply chains and higher rates of reported interpersonal violence.

According to the World Health Organization (WHO), women and girls around the world have roughly 25 million unsafe abortions each year. Tens of thousands die from complications, and millions more suffer serious, often permanent injuries. The Guttmacher Institute, a research organization devoted to advancing sexual reproductive rights, says these numbers will rise as clinics close and health facilities stop providing abortion care.

In fact, they posit we may see an additional 3 million unsafe abortions and over 1,000 maternal deaths this year.



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With government and health systems urgently focused on curbing coronavirus infections, and despite the bleak realities confronting women in need and their families, reproductive health advocates are still finding ways to keep sexual and reproductive health care, including contraception and abortion, essential.

And some of these efforts have been quite effective.

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While governments and health systems focus on fighting the virus and protecting citizens' health, it is important that policymakers and providers prioritize sexual and reproductive health as well. Abortion in particular is time-sensitive and cannot be delayed without profound consequences for women and their families. This looks a little different in countries around the world.

In Bangladesh, according to Ipas's country director, Dr. Sayed Rubayet, the organization supports 28 health care facilities for Rohingya in the Cox's Bazar district, one of the world's largest refugee camps. These facilities provide essential and legal abortion services (known as "menstrual regulation" in the country), post-abortion care and family planning services to many of the 900,000 refugees struggling for survival.

But mobility restrictions imposed by the government during the pandemic and the fact that abortion is not considered a critical service have left six of these clinics without trained health providers, forcing them to suspend services, Rubayet says. They are rapidly trying to ensure that more clinics don't lose service providers – and at the 22 clinics that remain open and operational.

After weeks of advocacy efforts, Rubayet reports he was successful in convincing the Refugee Relief and Repatriation Commissioner and the WHO office in Cox's Bazaar to recognize reproductive health care workers in the facilities as critical providers and issue vehicle passes to them so they can continue to provide reproductive health services to Rohingya women and girls. All clinics are once again in operation.



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In South Africa, the government has issued travel restrictions, prohibiting non-essential movement. But there is little information from government sources on sexual and reproductive health services. Local and international NGOs are using social media platforms, SMS messaging and community radio to share information informally to help women find reproductive health care

while navigating lockdown restrictions.

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And in other parts of Africa, Ipas is joining the cause, using social media – Twitter, Facebook and WhatsApp – to raise awareness about safe abortion care and amplify Covid-19 public health messages.



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In Bolivia, a country with restrictive abortion laws, the government has also implemented strict travel restrictions, making it difficult to access public health facilities. Even if women are able to get to a facility, gynecology and obstetrics services are often understaffed and women may not be able to receive reproductive health services.

This shortage of health-care workers has been highlighted during Covid-19, according to our country director, Malena Morales. Ipas is now using social media and telecommunications to counsel women on unsafe abortion and to provide information on contraceptives.

As police and the military are still permitted to move about freely, Ipas Bolivia is working with police units they have already trained in reproductive health and rights to transport contraceptive supplies to health facilities.

Bringing health care home

In Kenya, the government has responded to the Covid-19 pandemic by mandating a country-wide overnight curfew and travel restrictions in and out of the capital city Nairobi, Mombasa and two other counties.

The Reproductive Health Network Kenya (RHNK), a network of health professionals in private and public health facilities, is working to broaden access to medication abortion (abortion induced by pills).

This is a nonsurgical method using a combination of pharmaceutical drugs that can be used by women up to 10 weeks pregnant. The WHO has approved the use of medication abortion as a safe and effective way to end a pregnancy that does not require a physician, but rather, a trained health care provider to screen the woman for eligibility and give her all the information on the dosage regimen, possible complications, and follow-up care.

Pharmacists are important, particularly now when the risk of infection is higher in busy hospitals and frontline health workers are stretched providing Covid-19 care. The Ipas team in Kenya, in partnership with RHNK and DKT International, a nonprofit organization that provides products for family planning, HIV/AIDS prevention and safe abortion, is training pharmacists via WhatsApp

videos on how to dispense medication abortion drugs for women who do not want to go to health facilities out of fear of being infected. The pharmacists are linked to the network providers across the counties for referral in case of any arising complications from the abortion procedure.

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Abortion has been safe, legal and supported by the government in Nepal since 2002. But with communities spread across immense rural and mountainous areas, a woman might spend a full day or more walking to access health care. Now, strict travel restrictions mean most cannot access health facilities even on foot.

The Ipas Nepal team is working with the Ministry of Health and Population and other partners to ensure abortion remains included as an essential service and has also proposed that counseling and provision of medication abortion and contraceptive services through telemedicine be allowed.

These kinds of innovations – bolstered by the World Health Organization (WHO) guidelines, which state, “women’s choices and rights to sexual and reproductive health care should be respected regardless of COVID-19 status, including access to contraception and safe abortion to the full extent of the law” – have led many governments to recognize that abortion care is, in fact, essential.

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And while several states in the US do not share the WHO’s sentiments, all countries – developed or developing – should remain committed to providing women their reproductive rights. In order to move forward, after the worst of the pandemic has passed, we need a collective vision for how to build back an even stronger world. Reproductive health advocates and their partners are helping to lead the way – let’s follow them.

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