

REPRODUCTIVE MATERNAL NEONATAL AND ADOLESCENT HEALTH IN TIME OF PANDEMICS:

lessons learned and practical guidance





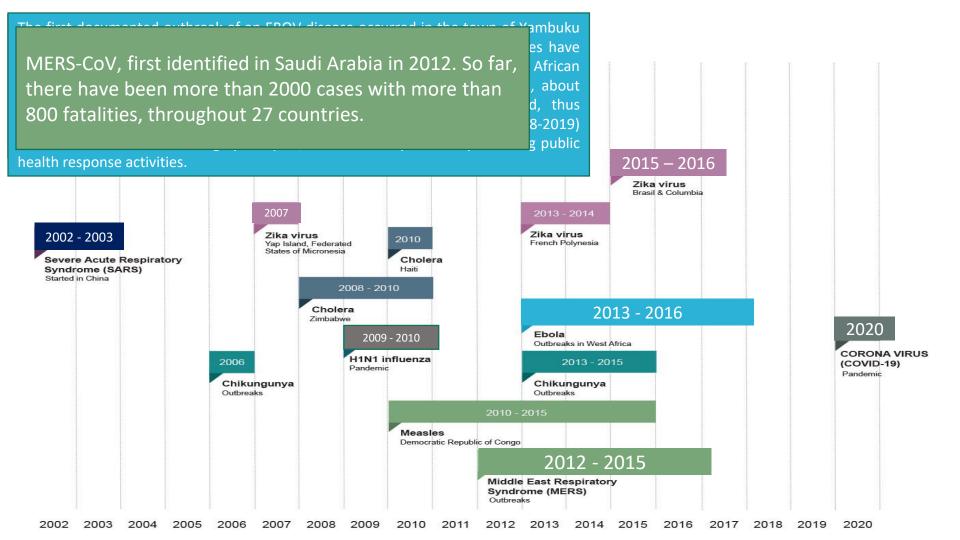
Outline

COVID-19 coronavirus

- Introduction
- Major emerging and re-emerging infectious disease outbreaks, from 2002 to 2020
- ✓ SARS_CoV
- ✓ Ebola
- ✓ Zika
- ✓ MERS_CoV
- Maternal and Newborn Health During Pandemics
- ✓ Lessons Learned
- Sexual and Reproductive Health During Pandemics
- ✓ Lessons Learned
- Gender Based and Domestic Violence During Pandemics
- Lessons Learned
- Additional Perspectives

Introduction

- Literature review of the major epidemics that occurred in the last decades, including SARS CoV, HIV/AIDS, Ebola, Zika and MERS CoV.
- Recognizing the manner and the extent to which epidemics affect women, children and other vulnerable populations is crucial in creating effective and equitable response measures.
- Provide a set of lessons learned from the past epidemics, with an emphasis on how to ensure a continuity of reproductive, maternal, child and adolescent health services during the Covid-19 pandemic.



Maternal and Neonatal Health

 7 million unintended pregnancies are expected to occur if the lockdown carries on for 6 months and there are major disruptions to health services.

Another study estimates that:

- In low and middle income countries, a 10% decline in service coverage of essential pregnancy-related and newborn care will result in:
- 1,745,000 additional women experiencing major obstetric complications without care;
- 28,000 additional maternal deaths;
- 2,591,000 additional newborns experiencing major complications without care;
- 168,000 additional newborn deaths.

Maternal and Neonatal Health



- It is essential that there is consistent messaging, which will help women and their families seek early advice and make timely decisions.
- It is also critical to ensure maternity wards are always perceived as safe places.
- In order to offer them proper follow up and protection, all pregnant women should be regularly tested as part of their antenatal care.

Maternal and Neonatal Health



- Healthcare Workers should undergo proper training in infection control and prevention practices, as well as in the proper use of personal protective equipments.
- Establishing a clear 'hazard' incentive payment can help boost the number of HCWs.
- Women who test positive for COVID-19, including those who are breastfeeding, should not be separated from their infants. Instead, they should heed precautions such as wearing masks when feeding their babies

Sexual and Reproductive Health

- 47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives, if the lockdown carries on for 6 months.
- For every 3 months the lockdown continues, up to an additional 2 million women may be unable to use modern contraceptives.



Sexual and Reproductive Health

- The access to to the full range of contraceptive methods should extend beyond routine health facilities.
- Promotion campaigns informing communities of what and where contraception can be accessed.
- Eliminate negative rumors or misunderstandings and build trust between community members and health care workers.

Sexual and Reproductive Health

- One of the major lessons learned from the Ebola response is that sexual and reproductive health needs and services must be embedded in the COVID-19 response from the very start.
- A Sexual and Reproductive Health (SRH) representative should have a seat at the table in COVID-19response co-ordination teams.
- It is important to ensure there is always an adequate supply of different kinds of contraceptives.

Gender Based and Domestic violence

- If the lockdown continues for 6 months, 31 million additional gender-based violence cases can be expected.
- For every 3 months the lockdown continues, an additional 15 million additional cases of gender-based violence are expected



Gender Based and Domestic violence

- Bolster violence related first-response systems. First responders should anticipate a surge of GBV at the outset of pandemic outbreaks and prepare accordingly, including through increasing staff and support resources.
- Health care providers should be trained in identifying women at risk of violence
- Health systems must institute protections for female health workers to mitigate risks of sexual harassment and violence.

Gender Based and Domestic violence

- Explore how technology can support those in quarantine who need access to GBV services. Build on existing initiatives that provide online support for legal aid and psychosocial support, noting gender disparities in access to technology.
- Expand shelter and temporary housing for survivors. There is a need to ensure there is housing available for women and girls at high risk of violence in their homes during pandemics.
- Train teachers to support the social reintegration of students once schools reopen and provide opportunities for these young people to face up to difficulties they have experienced, including grieving for family and friends lost to the virus/disease.

Additional Perspectives

- Gender adds another layer of susceptibility to infection. Women are disproportionately exposed to directly transmitted infectious diseases due to their traditional roles as caregivers.
- Children are continuously and consistently described as vectors of the virus, as they often do not show symptoms. The guilt associated with this constant accusation could be traumatic.
- The development of digital data collection methods will also provide the ability to capture information on women and girls in high risk situations. Such 'Apps' will help accelerate detection, reporting, active surveillance and rapid responses, with referral to the proper authorities

Thank You