WEBINAR SERIES

Promoting health throughout the life-course during the COVID-19 pandemic

WEBINAR-6: COVID-19 PANDEMIC – CHALLENGES AND OPPORTUNITIES FOR ADOLESCENT HEALTH

Meeting the needs of adolescent contraception during the pandemic

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Progress in the 25 years since the International Conference on Population & Development & prospects for the next 25 years
More adolescents, especially in sub-Saharan Africa
More boys/young men than girls/young women
Growing up in smaller households
Growing up in the context of increased life expectancy
More likely to be digitally connected
More likely to be enrolled in school, & to complete school
Growing up in the context of declining poverty
Rates of unemployment & underemployment in young people are higher than those in adults, with growing sex disparities in those who are unemployed
Rates of working poverty have increased
25 years after the International Conference on Population & Development

Progress in some areas of adolescent sexual & reproductive health

- Girls & boys are more likely to initiate sexual activity later than they did in the past.
- Girls are less likely to be married & to have children before 18, more likely to use contraception & to obtain maternal health care.
- They are less likely to support & experience female genital mutilation.
- Boys & girls are less likely to have sex with a partner who they were not married to or living with; they are also more likely to use condoms.
- HIV incidence is declining slowly but deaths among adolescents due to HIV have not.
- There are no clear trends on unsafe abortion, & mortality & morbidity resulting from it.
- From the limited available evidence levels of STI & intimate partner violence are high and are growing.
Averages mask disparities

Adolescents’ realities are very different, with many – even in high income countries – being left behind.
“We cannot let the huge advances we have made thus far in accelerating girls’ & boys’ education, delaying child marriage, addressing sexual & reproductive health needs, & building agency, be dissipated.”
Shireen Jejeebhoy
WHO guidance on maintaining essential health care in the context of COVID-19 addresses all population segments & all health issues
The Lancet Commissions

Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission

Provision of comprehensive sexuality education
Provision of contraceptive counselling and services
Provision of comprehensive abortion care to the full extent of the law
Provision of antenatal, intrapartum, and postnatal care
Prevention and treatment of HIV and other STIs
Prevention, care and response to sexual and gender-based violence
Prevention of cervical cancer through HPV vaccination
Provision of menstrual health information and products
“Ensuring that this package is available, accessible & acceptable to adolescents requires an approach that looks at adolescents as biologically & socially distinct from other age groups & acknowledges that they face some barriers in obtaining SRHR services.”

“Successful implementation will rely on an enabling legal and policy environment and on a service delivery model that considers the determinants of adolescent SRHR and ensures integrated services, free or at very low cost, provided through a variety of platforms, respectful of the rights and evolving capacities of adolescents.”
Promising initiatives in responding to the SRH needs of adolescents in the context of COVID-19

5 questions

❑ Were you delivering this service to young people before the COVID-19 crisis?
❑ What new approaches are you using overcome the barriers created by COVID-19 and the response to it, to reach young people with this service?
❑ Why did you decide to use these approaches?
❑ How did you develop these approaches?
❑ How are you working to find out if these steps are in fact working?

Independent vetting of the service providers by organizations led by adolescents & young people
PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)

RECOMMENDED ACTION – Modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

→ Communicate CSE messages through mass media and digital media to which adolescents have access.

→ Inform health-care providers on the important role they could play in informing and educating adolescents, and ensure that they have access to age-appropriate, accurate and up-to-date information that they can pass on to adolescents.

→ Explore possibilities of delivering CSE out of school, following local policies on physical distancing (e.g. conducting training sessions outdoors and with smaller amount of participants) and ensuring access to PPE during training. Provide educators, including peers, with updated information on COVID-19 and how it affects young people.

→ Encourage health care providers to use contact with adolescents to (i) communicate key CSE messages, (ii) provide educational materials and (iii) inform them about educational programmes in mass media or digital media.
Illustrative example: Comprehensive sexuality education

What modifications/additions have been made in the context of COVID-19?

EVA already had a diverse portfolio of digital initiatives:

- **SMS Based Platform Online** This is a platform for young people to ask questions and get answers from trained counselors on their SRH & relationship concerns for free by texting questions to short code.
- **Mobile Applications:** There is *Frisky*, a sexual health information and risk assessment app and *Diva*, a menstrual health and care app for girls & young women.
- **Social Media:** Sharing information and having conversations via Instagram, Twitter and Facebook.

To respond to the COVID-19 crisis, EVA is doing the following:

- Radio jingles and WhatsApp campaigns to provide the right information & debunk myths and misconceptions.
- Retrained counsellors to provide information and counselling without discrimination.

What is being done to determine if these modifications/additions are working?

- Using inbuilt analytics
- Direct feedback from young people
PROVISION OF CONTRACEPTIVE COUNSELLING AND SERVICES

**RECOMMENDED ACTION** - Maintain and modify

**SPECIFIC MEASURES FOR DELIVERY OF SERVICES**

- Inform adolescents where and how to access contraceptive counselling and services, including changes, if any, to service delivery times, location, etc. during the COVID-19 response.
- In health facilities, ensure that adolescents have access to the full range of contraceptive methods, including condoms and emergency contraception.
- Ensure that forecasting for commodities and procurement planning are taking adolescents’ needs into account, and adjust for potential alterations in method choice.
- In case the preferred method is not available, support the adolescent to identify an alternative method that meets his/her needs and preferences.
- Consider waiving restrictions (if these exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge.
- Consider providing multi-month supplies with clear information about the method and how to access referral care for adverse reactions.
- Counselling and services should continue to be provided discreetly and confidentially to adolescents, especially if someone else accompanies the adolescent to the consultation.
- Consider establishing alternative delivery modalities for contraceptives that are more accessible to adolescents (such as through pharmacies, shops or community-based delivery).
- Consider setting up hotlines for adolescents providing information and advice on contraception self-use, side effects, method choice and other SRHR-related questions.

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**Illustration:**

- A medical professional is speaking to a young woman:
  - **Medical Professional:** Can we get contraceptive pills here? We normally go to the clinic but we do not want to now.
  - **Young Woman:** I hear you. You had sex without a condom yesterday, and you want to avoid a pregnancy.
  - **Medical Professional:** I advise you to use emergency contraception. It is important to do so as soon as possible, today or tomorrow.
  - **Young Woman:** Yes, you certainly can.
Illustrative example: Contraception

What modifications/additions have been made in the context of COVID-19?

- Pathfinder International has supported the Ministry of Health’s efforts to improve access to & adolescent friendliness of public health facilities in four regions (Amhara, Oromia, SNNP & Tigray) since 2007.
- To respond to the COVID-19 crisis:
  (i) TELEGRAM groups have been set up in each region with regional & district (woreda) staff, health facility managers, health service providers & peer educators to provide accurate & up to date information.
  (ii) ‘A guide to Adolescent and Youth Health & Development in the era of COVID-19 has been developed.
  (iii) Once the emergency phase ended, efforts were made to reopen/reactivate public health facilities. Integration of adolescent friendly elements has been extended to some new public health facilities.

What is being done to determine if these modifications/additions are working?

- Quarterly reports from the public health facilities using age disaggregated data
- Feedback from peer educators & adolescent users
- Level of participation in the TELEGRAM groups.
Illustrative example: Contraception

What modifications/additions have been made in the context of COVID-19?

- Kaiser Permanente provides a range of adolescent responsive health & social services.
- To respond to the COVID-19 crisis:
  (i) Tele-counselling services are promoted & made easy to access.
  (ii) Depending on the case e.g. to present contraceptive options, this is followed up with a video-counselling.
  (iii) If home management is not possible e.g. through home pregnancy testing or pharmacy purchase of contraception, a clinic hospital appointment is set up (e.g. to insert an Intra-Uterine Device).
  (iv) Virtual or physical contact is used to check on other issues e.g. HPV vaccination status & advice on HIV/STI risk reduction.

What is being done to determine if these modifications/additions are working?

- Follow up calls with clients.
- Online feedback on satisfaction
Illustrative example: Contraception

What modifications/additions have been made in the context of COVID-19?

- **Love Matters** is India’s leading digital Sexual & Reproductive Health and Rights information initiative catering to the needs of 18 to 24 year olds.
- In Bihar, Love Matters launched a WhatsApp chatbot service called ‘Ranjana’ to
  - answer adolescents’ questions related to SRH, including contraception
  - direct adolescents to the nearest clinic providing adolescent-friendly services
  - connect adolescents with the nearest peer educator to facilitate home delivery of certain contraceptive methods, if needed.

What is being done to determine if these modifications/additions are working?

- Focus group discussions with adolescents revealed this need.
- The idea was tested using a proof-of-concept pilot.
3/3 We must work more actively with pharmacies & shops to expand contraceptive access.

Results:
Among surveyed participants who had ever had sexual intercourse & had used modern contraception at last sexual intercourse, 59% obtained it from a pharmacy. ...Pharmacies were valued for their convenience, privacy, non-judgemental & personable staff, service speed, as well as predictable & affordable prices.

Conclusion:
....Policy makers should recognise the role of pharmacies as contraception providers & look for opportunities to link pharmacies to the public health system. This would create a network of accessible & appealing contraception services for young people.
From Bad to Worse

The COVID-19 Pandemic Risks Further Undermining Adolescents’ Sexual and Reproductive Health and Rights in Many Countries (August 2020)

An already dire situation

“Young people in low- & middle-income countries have experienced persistent inequities in sexual & reproductive health & rights for generations.”

Potential negative effects of the pandemic

Estimates based on data from 132 low- & middle-income countries suggest that for 15–19-year-olds:

- “A 12% average decline in modern contraceptive use would result in an additional 734,000 unintended pregnancies.
- A 25% average decline in essential pregnancy-related care would result in an additional 134,000 major obstetric complications & an additional 3,400 maternal deaths.
- A 23% shift in abortions from safe to unsafe would lead to an additional 491,000 unsafe abortions.”

Averting future harm

“It is critical that policymakers not divert allocated funds away from adolescent sexual and reproductive health care...”
The COVID-19 crisis is a threat to adolescents. It is also an opportunity for us to do better for & with them.
Learning work

- Building a bank of case studies on ongoing basis from all six WHO regions
- Synthesizing learning i.e. how have the experiences been applied, what it take to do & what were the responses to it.

Disseminating the from country learning

- Disseminating NOT ON PAUSE & the accompanying case studies in English, French & Spanish
- E-course with the Geneva Foundation for Medical Education & Research
- Country support through an AYSRHR TA Mechanism on request