

INDIRECT IMPACTS OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND OUTCOMES IN HUMANITARIAN SETTINGS

Lucy Singh^{1,2} and Neha S Singh²

¹Kings College London; ²London School of Hygiene and Tropical Medicine



Background

- Humanitarian settings, particularly those in low- and middle-income countries (LMICs), present increased sexual and reproductive health (SRH) challenges for individuals and health systems¹
- Previous infectious disease outbreaks in such settings have demonstrated negative impacts on SRH services and outcomes, as fragmented health systems are further overstretched²
- The COVID-19 pandemic has magnified the SRH challenges in LMIC humanitarian settings on an unprecedented scale. However, evidence on the impacts of COVID-19 is lacking.

Objective

To to assess the evidence on how the COVID-19 pandemic has impacted SRH service coverage, utilisation, and outcomes in LMIC humanitarian settings.

Methods

- Three electronic databases and nine grey literature sources searched using comprehensive search strategy
- Detailed inclusion and exclusion criteria used to screen returned qualitative and quantitative citations for eligibility
- Quality assessment using the Critical Appraisal Skills Tool (CASP) for qualitative studies, the Newcastle-Ottawa Quality Assessment Scale for quantitative studies and the Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) checklist for grey literature
- Data extraction was undertaken on included articles and analysed through narrative synthesis.

Results

- 7742 citations were screened and 42 were included in the review (Figure 1)
- All included studies were cross-sectional (mixed-methods studies n=19, qualitative studies n=13, quantitative studies n=10), and quality was mostly medium to high
- Most studies involved populations affected by acute or protracted conflict, with only one study including populations affected by natural disasters
- Narrative synthesis identified reduced provision of and access to SRH services, and increased morbidity including sexual and gender-based violence and unplanned pregnancies. Impacts on service uptake varied across and within settings with no clear overall pattern. Adaptations to improve SRH service access including telemedicine were reported, however implementation was hindered by resource constraints.

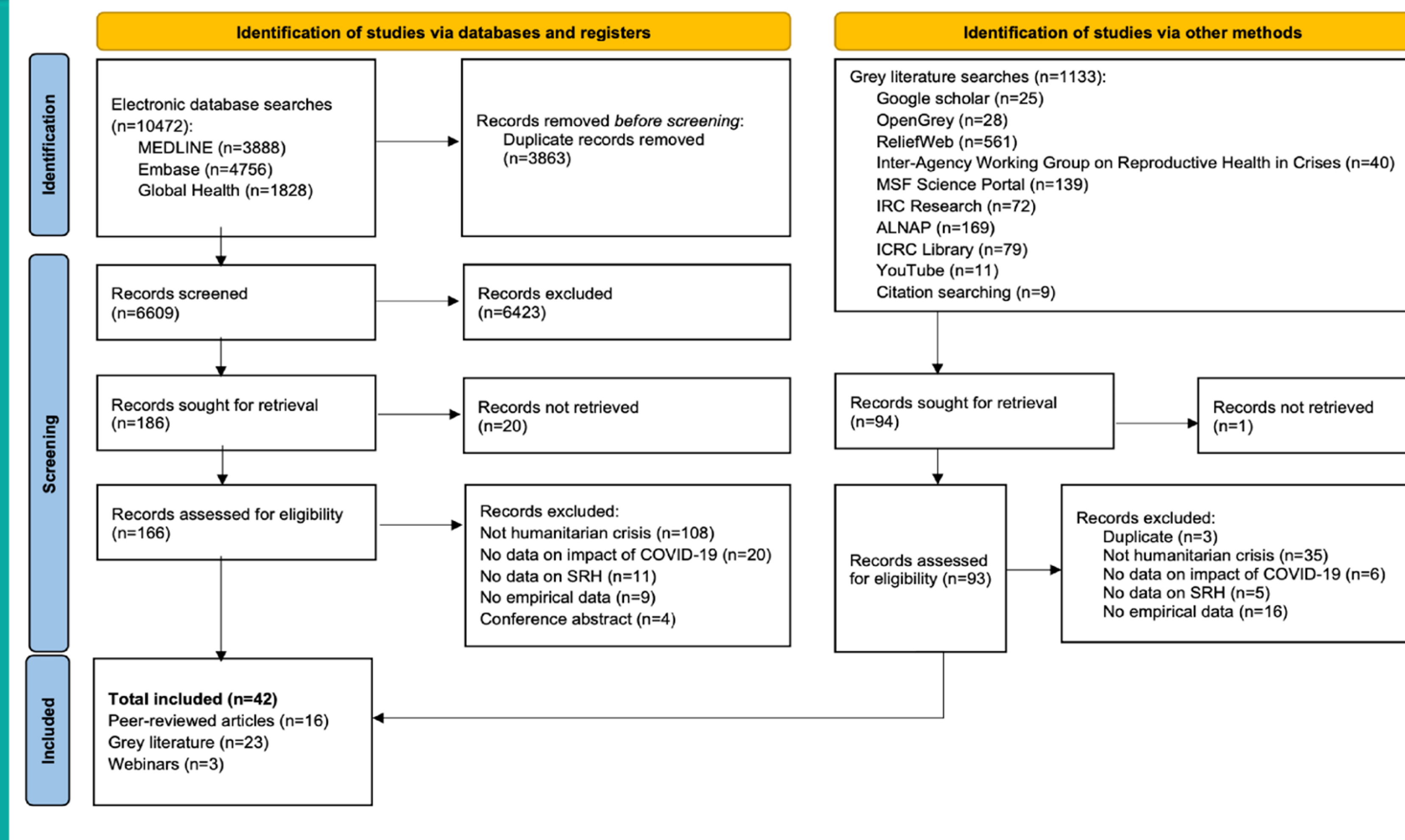


Figure 1: Modified PRISMA Diagram

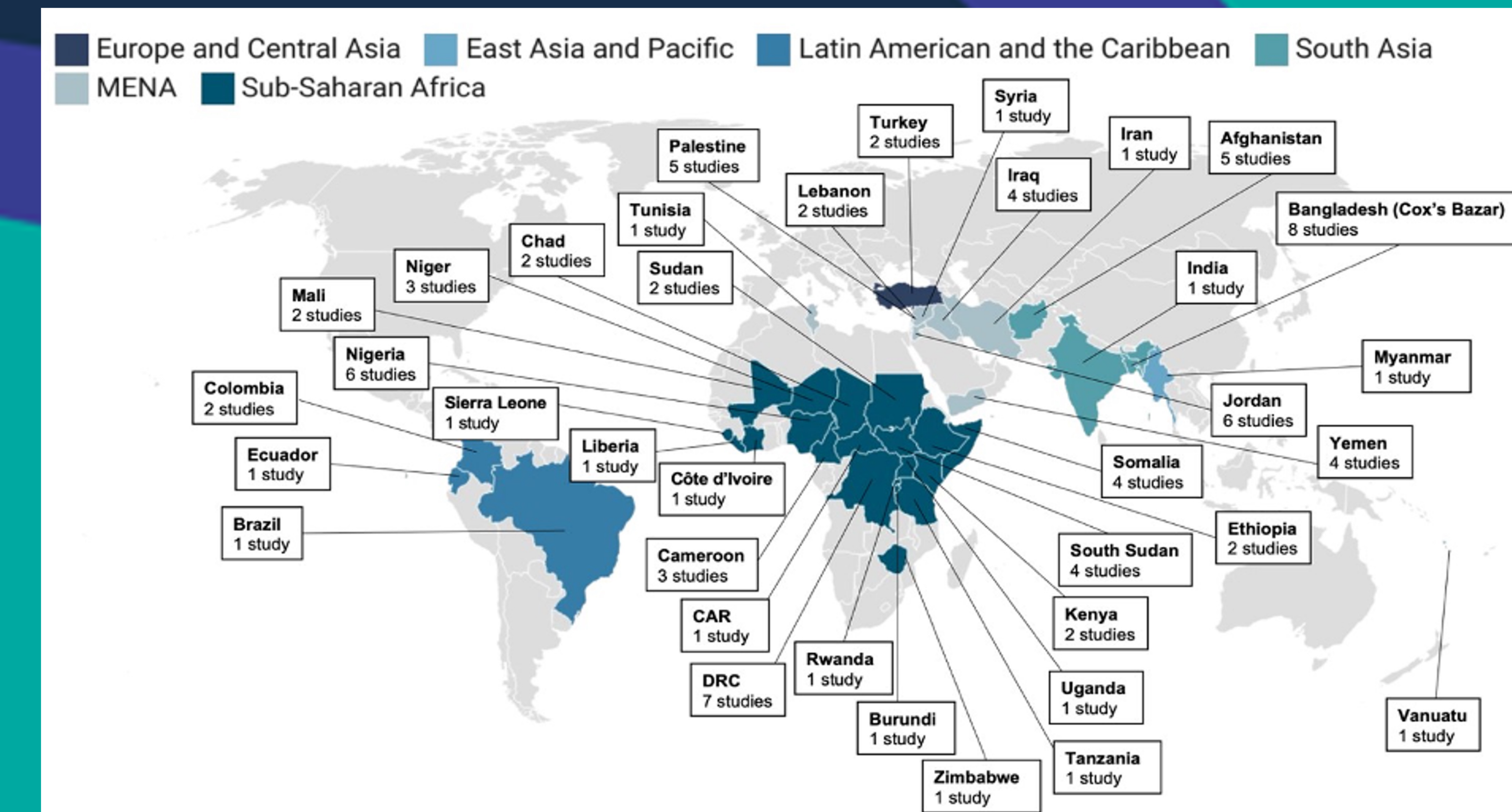


Figure 2: Distribution of research by country

Conclusions

- The COVID-19 pandemic has indirectly negatively impacted SRH at the individual- and health-system level in LMIC humanitarian settings.
- Further research on the impacts on service uptake is required.
- SRH programmers should target interventions to meet the increased SRH needs identified.
- Policy-makers must incorporate SRH into emergency preparedness and response planning to mitigate indirect impacts on SRH in future outbreaks.

References

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- Sochas L, Channon AA, Nam S. *Counting indirect crisis-related deaths in the context of a low-resilience health system: The case of maternal and neonatal health during the Ebola epidemic in Sierra Leone*. Health Policy Plan. 2017 Nov 1;32(suppl_3):iii32