

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**



Dr Venkatraman Chandra-Mouli

Scientist

**Adolescent, Sexual & Reproductive Health
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and Research (SRH)
WHO, Geneva**

Adolescent Sexual & Reproductive Health & Rights

Progress in the 25 years since the International Conference on Population & Development & prospects for the next 25 years



25 years after the International Conference on Population & Development

New demographic realities

- ❑ 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**

Journal of Adolescent Health 65 (2019) S3–S15



JOURNAL OF
ADOLESCENT
HEALTH
www.jahonline.org

Review article

The State of Adolescent Sexual and Reproductive Health

Mengjia Liang, M.S.^a, Sandile Simelane, Ph.D.^a, Guillem Fortuny Fillo, M.Sc.^b,
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Lale Say, M.D.^e, Kristien Michielsens, Ph.D.^f, Danielle Marie Claire Engel, M.A.^a, and
Rachel Snow, Sc.D.^{a,*}



25 years after the International Conference on Population & Development

New social context



- 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

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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.**



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25 years after the International Conference on Population & Development

Averages mask disparities



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Adolescents' realities are very different, with many – even in high income countries – being left behind.



The pandemic's impact on adolescents

idr idronline.org/the-pandemics-impact-on-adolescents/

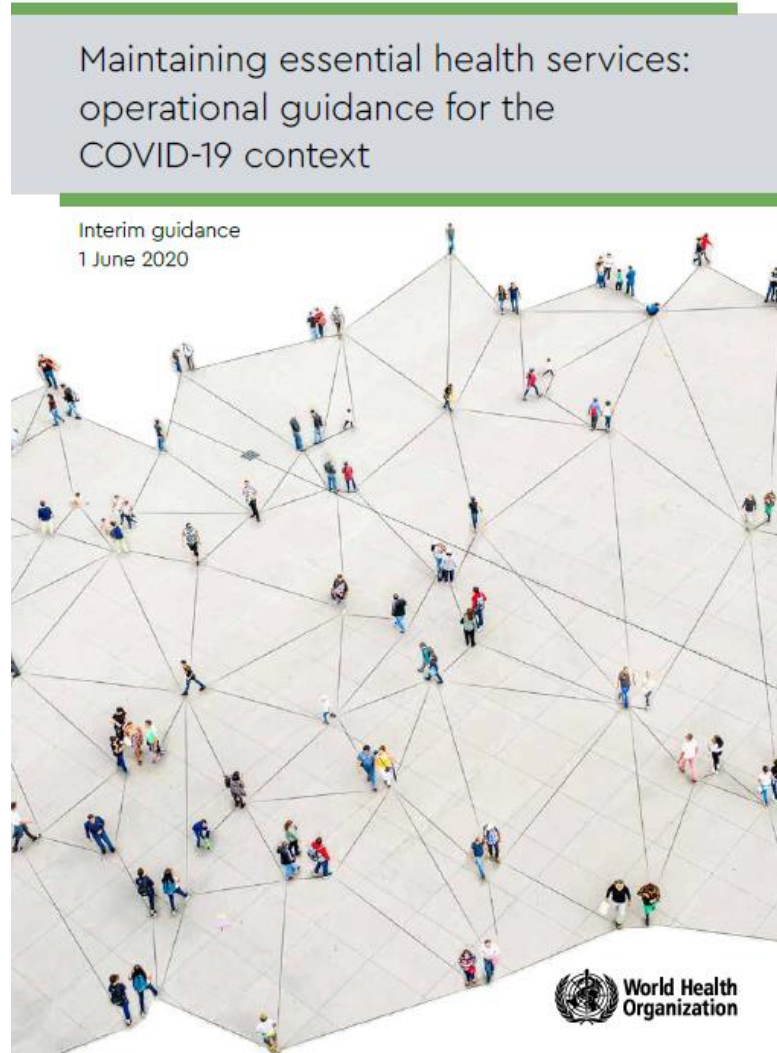
Shireen Jejeebhoy

May 20, 2020

“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



Community-based health care,
including outreach and campaigns,
in the context of the COVID-19 pandemic

Interim guidance
May 2020



<p>MY BODY</p> <p>6 QUESTIONS AND ANSWERS ADOLESCENTS, YOUTH AND COVID-19</p> <p>18 NOT ON PAUSE RESPONDING TO THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF ADOLESCENTS IN THE CONTEXT OF THE COVID-19 CRISIS</p>	<p>MY LIFE</p> <p>34 INVISIBLE BUT NOT FORGOTTEN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT WITH YOUNG PEOPLE LEFT BEHIND DURING COVID-19</p> <p>54 LEARNING BEYOND THE CLASSROOM ADAPTING COMPREHENSIVE SEXUALITY EDUCATION PROGRAMMING DURING THE COVID-19 PANDEMIC</p> <p>68 EQUALITY FOR GIRLS IN CRISIS ADAPTING CHILD MARRIAGE AND ADOLESCENT GIRLS PROGRAMMING DURING THE COVID-19 PANDEMIC</p>	<p>MY WORLD</p> <p>78 #YOUTHAGAINSTCOVID19 CAMPAIGN ALL THAT YOU NEED TO KNOW</p> <p>87 SURVEYS AND ASSESSMENTS ON YOUNG PEOPLE AND COVID-19 DOMAINS, QUESTIONS AND RESOURCES</p>
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Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission

Ann M Starrs, Alex C Ezech, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, Anand Grover, Laura Laski, Monica Roa, Zeba A Sathar, Lale Say, Gamal I Serour, Susheela Singh, Karin Stenberg, Marleen Temmerman, Ann Biddlecom, Anna Popinchalk, Cynthia Summers, Lori S Ashford

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





Review article

A Package of Sexual and Reproductive Health and Rights Interventions—What Does It Mean for Adolescents?

Danielle Marie Claire Engel, M.A.^{a,*}, Mandira Paul, Ph.D.^a, Satvika Chalasani, Ph.D.^a, Lianne Gonsalves, M.S.P.H.^b, David Anthony Ross, M.A., M.Sc., B.M.B.Ch., Ph.D.^c, Venkatraman Chandra-Mouli, M.B.B.S., M.Sc.^b, Claire B. Cole, M.P.H.^d, Cristina de Carvalho Eriksson, Ph.D.^e, Brendan Hayes, M.Sc.^f, Anandita Philipose^g, Sally Beadle, M.P.H.^h, and B. Jane Ferguson, M.S.W., M.Sc.ⁱ



“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



Education as a Vaccine (EVA)
Nigeria

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.



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.

Pathfinder International/Ministry of Health, Ethiopia

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



**Kaiser Permanente
Washington State, USA**

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

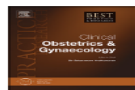


What modifications/additions have been made in the context of COVID-19?

- ❑ Love Matters is India's leading digital Sexual & Reproductive Health and Rights information initiative catering to the needs of 18 to 24 years 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.



Improving access to and use of contraception by adolescents: What progress has been made, what lessons have been learnt, and what are the implications for action?

Venkatraman Chandra-Mouli, Scientist, MBBS MSc^{*},
Elsie Akwara, Independent consultant, PhD

^{*}Department of Sexual and Reproductive Health and Research, World Health Organization/Human Reproduction Programme, Switzerland

3/3 We must work more actively with pharmacies & shops to expand contraceptive access.

Thapa Reproductive Health (2016) 13:49
DOI 10.1186/s12978-016-0155-7

Reproductive Health

RESEARCH

Open Access



A new wave in the quiet revolution in contraceptive use in Nepal: the rise of emergency contraception

Shyam Thapa^{1,2}

Abstract

Background: In Nepal, while the use of the emergency contraceptive pill (ECP) has been increasing rapidly in recent years, very little is known about the profile of ECP users. This study assesses the increasing role of ECP and the profile of ECP users in Nepal. Some policy and programmatic concerns are also addressed.

Methods: Survey interviews were undertaken involving 185 women who visited five metropolitan medical shops located in Pokhara seeking to purchase ECP for their own use. Descriptive statistics were calculated for data analysis.

Results: ECP is popular among young (<25 years old) and educated women. Also, nearly 70 % of the ECP users described their most recent sexual relationship as infrequent/casual. The overwhelming majority of users are aware that ECP is for emergency use only. Most ECP users are also aware of other options like condoms, the oral pill, and injectable contraceptives; and a considerable proportion of women using ECP had also used these methods before.

Conclusion: ECP is filling an important and unique role in reducing unplanned or unwanted pregnancy, especially among young, educated women, and those with infrequent sexual relationships.

Keywords: Emergency contraception, Users' profile, Nepal

What do we need to do differently to improve adolescents' access to contraceptive services ?

Open access

Original research

BMJ Open Mixed-methods study on pharmacies as contraception providers to Kenyan young people: who uses them and why?

Lianne Gonsalves ^{1,2,3} Kaspar Wyss,^{2,3} Jenny A Cresswell ¹,
Michael Waithaka ⁴ Peter Gichangi ^{4,5,6} Adriane Martin Hilber^{2,3}

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 **AYSRRHR** TA Mechanism on request