**The impact of COVID-19 lockdown on access to sexual and reproductive health services in parts of the East and Southern Africa region**

By Thuthukile Mbatha

Since the sudden spread of COVID-19 in many countries globally over the past few months, a number of countries imposed national lockdowns as an important measure to flatten the curve of new infections and protect vulnerable people. The Covid-19 lockdowns have brought a lot of uncertainties, fear and challenges. As a result, from the beginning of the lockdowns, many services became interrupted, including critical services such as those related to sexual and reproductive health (SRH).

SRH services were already under a strain before the Covid-19 outbreak due to underfunding and the reintroduction of the Global Gag Rule (GGR) by the President of the United States of America, Donald Trump. Very limited domestic funds are channelled towards addressing SRH services, and in developing countries such services are mostly funded by international donors. Decreases in funding from America, the largest international donor, has opened a huge gap in access to such services by restricting funding and imposing restrictions on the provision of certain SRH services.

According to the report of Guttmacher Lancet Commission, SRH rights are important for the achievement of the Sustainable Development Goals (SDG). Such services are crucial in closing the gap of unmet need for contraception for 214 million women in developing countries which, in 2017, would have prevented 67 million unplanned and unwanted pregnancies. The provision of contraceptives to all women in need would lead to a drastic decline in infant and maternal mortality rates. However, there have been persistent global shortages of contraceptives, with South Africa noting stock-outs of popular contraceptives such as the injectable, oral pills and abortion medication.

Despite being categorised as essential services by the World Health Organisation (WHO), industries that manufacture commodities such as condoms and contraceptives are amongst those that are hard hit by the restrictions of lockdown. Malaysian-based, Karex Berhad, the largest global condom manufacturer and supplier, had to undergo a 10 day business closure due to Covid-19 at the end of March. Once production resumed it operated with less than half of its usual capacity, which meant significantly lowered production. The company has warned of a possible shortage of 100 million condoms due to the temporary closure of business. Manufacturers in China, India and Thailand have been similarly affected.

Oral contraceptive production has also suffered a blow. India, one of the big exporters of generic medicines and contraceptives, ordered limitations on the exports of certain drugs, including progesterone products, which is a key ingredient in many hormonal contraceptives. In addition, transportation of such products has also been affected due to closed international borders across the world.

This paper looks at the impact of Covid-19 lockdown on access to SRH services in parts of the East and Southern Africa region.

**South Africa (lockdown: 27 March 2020 – indefinitely)**

In South Africa, the national lockdown started on the 27th of March 2020. What was meant to be a 21 day lockdown became an indefinite, multi-staged lockdown due to the rapid spread of the virus across the country. The government released regulations that outlined broadly what goods and services were essential and would be provided or made available during lockdown. All healthcare services including those related to SRH formed part of the essential package.

At the beginning of the lockdown, however, there was a lot of confusion in communities and among some healthcare providers, about which services were essential. Some people who would go to the clinics to seek SRH services were turned away and informed that the clinics were solely attending to Covid-19 related matters. This meant restrictions in access contraceptives; HIV prevention and treatment interventions; screening, testing and treatment of STIs; screening, testing and treatment of cancers of the reproductive system; and abortion services.

The WHO recommends that countries ideally provide 3 to 6 months' supply of anti-retroviral treatment (ART) for clinically stable people living with HIV during the Covid-19 pandemic. Following this recommendation helps to avoid the risk of possible infection as a result of regular visits to healthcare facilities to collect chronic medication. Treatment Action Campaign (TAC) recently conducted a rapid survey involving people living with HIV to assess whether public health facilities were adhering to the WHO recommendation, but about 28% of the respondents reported having been provided 1 month or less supply of their ART.

The interruption of SRH services at the beginning of lockdown prompted civil society organisations including SECTION27and Sexual and Reproductive Justice Coalition (SRJC), Women's Legal Centre among others, to submit calls to the Department of Health to confirm and publicly declare SRH services as essential. In response, the Gauteng Department of Health (GDoH) admitted to having released a circular that may have been misinterpreted by healthcare providers to exclude SRH services

such as abortion and contraception. The response further committed to providing information and healthcare services to the youth and general public during such critical times. The GDoH further provided contact information for a person with whom future cases should be directed for quicker rectification to ensure great service for people living in Gauteng. As part of the response, an amended circular was sent to all public health facilities in Gauteng affirming that SRH services should also be prioritised during Covid-19 lockdown.

The obligation for everyone to be confined at home during lockdown, and tension and pressure due to widespread job losses has created a breeding ground for sexual and gender based violence (SGBV) against women and children. Since the beginning of lockdown, SGBV has been on the rise, with some women and children forced to be "locked down" with their abusive partners or family members. Between 27 and 31 March 2020, there were over 2300 reported cases of SGBV to the South African Police Service. A rise in reported cases of SGBV was anticipated by the Minister of Police from the first declaration of the Covid-19 State of Disaster on the 15th of March 2020. As a result he ordered the reinforcement of the Family Violence, Child Protection and Sexual Offenses units in police stations. Regrettably, putting such measures in place has not prevented the surge in the number of cases of women dying at the hands of their partners. On 17 June 2020, in his address to the nation, President Cyril Ramaphosa announced that he was aware of 21 women and children who were murdered during the lockdown period.

The influx in reported cases of SGBV has also put a strain on the already over-stretched women's shelters, whilst the demand for social distancing has led to fewer people being admitted to women's shelters. Moreover, some women's shelters have been repurposed to serve as health centres as part of the response to Covid-19. Shelters across the country have reported a notable increase in the number of women in need of a place of safety.

There has been a huge focus on the provision of food parcels by both government and independent donors with a limited focus on the provision of sanitary wear, especially for girls who had been reliant on free sanitary wear from schools or NGOs before the lockdown. Maintaining menstrual hygiene for girls from poor families has been a nightmare, with some parents no longer affording to buy their daughters sanitary pads due to loss of income. This has led to many women and girls needing to use pieces of cloth in order to manage their menstruation. The job losses as a result of lockdown have increased the pool of women who now cannot provide for themselves, sacrificing basic reproductive health needs including buying sanitary wear of their choice. Recognising the challenges posed by the lockdown, different government departments including the Department of Women, Youth and Persons with Disabilities (DWYPD) and DSD have recently collaborated with the United Nations

Population Fund (UNFPA), Water Aid Southern Africa, Footprints Foundation and Langelihle Youth Foundation to form a partnership that will ensure access to menstrual health and hygiene products to the most vulnerable and disadvantaged women and girls during and beyond lockdown.

The huge focus on Covid-19 has placed people living with other diseases and living in hotspot areas at a disadvantage because some medical treatments that ordinarily require hospitalisation are deprioritised. Recently, a group of doctors working at Groote Schuur Hospital in Cape Town, the epicentre of the pandemic, warned against the redeployment of health personnel to address the demand created by the pandemic. According to the doctors, medical personnel were moved from specialised wards including oncology and anaesthesiology to be on the frontline fighting Covid-19. This means that treatment of cancers, including cancers of the reproductive system, is on hold and will create a backlog at the end of the epidemic.

The Covid-19 exposed already existing flaws in the public health system and has been expensive, resulting in the reprioritisation of some government funds. It is not surprising that some SRH related funds were also reprioritised. According to the supplementary budget review R40 million that was allocated to HIV/AIDS schools programme through the Life Skills subject has now been channelled towards providing information on measures to respond to the pandemic.

**Uganda (lockdown: 25 March 2020-indefinitely)**

Uganda registered the first case of Covid-19 in March 2020. In response, government introduced a number of tight restrictions including the closure of schools, hotels, retails shops and bans on public gatherings as well as privately owned and public transport. No one was allowed to drive their personal vehicles unless they formed part of essential services. This made it difficult for some essential service workers who did not have their own transport to get to work. At the beginning of lockdown, there were high rates of police brutality and victimization of people who were seen on the streets. The elderly were being abused, arrested and victimised by the police for walking on the streets to get to health care facilities. This was due to the misinterpretation of the government lockdown guidelines by the police.

Pregnant women were giving birth or dying on the side of the road trying to get to the nearest hospital on foot. Many women ended up choosing home births as the only option available to them due to very limited transportation services. Collection of life saving medicines such as ART and other medications was almost impossible unless one obtained a special permit from the two designated Resident District Commissioners (RDCs) in each district.

The SRHR Alliance Uganda, which includes organisations such as Center for Human Rights and Development (Cehurd), Reach A Hand Uganda (RAHU) and many others, wrote an open letter to the Prime Minister urging him to deliver maternal health and SRH services including commodities to Ugandan women. No response was received, however, some recommendations from the letter were implemented by the government. These include a directive that anyone that needs to access a health service, including those related to SRH, only needed a permit from the local council government chairperson instead of the RDC (a higher level – and less accessible – office). While an improvement, this remained a hurdle for women needing to access abortion, post abortion care or even contraceptives. Pregnant women received a waiver so that they could access healthcare services provided that they could prove that they are pregnant through showing their belly. There has since been an improvement in access to services for the general public with a relaxation of the transport regulations.

Civil society organisations appealed to the Country Director of the World Bank (as one of the biggest funders of SRH work in the country) and to the Minister of Health, through an open letter to ensure that access to SRH services is prioritized and categorized as essential. The Minister of Health endorsed some recommendations and civil society organisations such as those that are members of the SRHR Alliance Uganda were involved in the drafting of the guidelines and standard operating procedures for accessing SRH services for all during lockdown.

Initially, the Covid-19 response in Uganda did not prioritize young people and their needs, including general health and mental health-related issues, because priority was given to those most at risk of contracting Covid-19 (such as the elderly and those with pre-existing conditions). Young people coming from child-headed homesteads were forced to stay at home with no income, food or medicine, and no contingency plans were made for their survival. There has been a rise in child marriage cases, including parents selling off their children to older men for food.

Some young people are locked down with perpetrators of abuse who are also their relatives or guardians. Such young people cannot access healthcare services, including counselling, because of the movement restrictions.

In the context of job losses and economic activity shrinking during the Covid-19 lockdown, the decision to spend money on SRH services has been a difficult one. Over 100 clinics offering SRH services closed because they were not classified as essential and commodities such as contraception were perceived as a preserve of those who can afford them.

One of the expected outcomes of Covid-19 might be a rise in early and unwanted pregnancies, as some women and girls cannot access contraception and abortion services. According to the Ministry of Health in Uganda, there is a high chance that many learners in their teens will go back to school pregnant at the end of lockdown. At the beginning of June 2020, there were 60 reported early and unintended pregnancies among teens aged between 13 to 15 years living in two districts, Luuka and Kaliro, which occurred during lockdown. Most of these pregnancies are reportedly linked to sexual abuse. The issue of early and unintended pregnancies in Uganda has been a long standing issue which had prompted the establishment of several campaigns and initiatives to eradicate it. However, with the closure of the schools, girls do not have access to information and services related to SRH.

Whilst post abortion care is legal in Uganda, a number of healthcare providers have been wrongfully arrested during lockdown for providing such services. This is due to the law being ambiguous on the matter for years.

**Kenya (lockdown: 16 April 2020 – indefinitely - partial lockdown)**

The beginning of the Kenyan lockdown involved shutting down of most economic activities and a curfew being imposed from 19:00 to 05:00. The country's economy was not completely shut, and some work was allowed following the curfew guidelines. In May, the curfew hours were reduced to between 21:00 to 04:00 to allow traders more business time. No movement is allowed between the hours of curfew. Even when movement is permitted, poor people struggle to access services because of hikes in transport prices due to the requirements of social distancing.

At the beginning of lockdown, many people including pregnant women refrained from going to clinics and hospitals to access healthcare services despite there being messaging encouraging health seeking behaviour. The messaging around Covid-19 has been intimidating, unclear and confusing, and people reported that it instilled fear in many that if they go to hospital, they will get infected with Covid-19.

Both healthcare providers and the Minister of Health have reported hospitals being empty with women no longer going for their contraceptives, antenatal care visits and other services related to SRH. Hospitals in most parts of the country also reported a decline in the number of births taking place in hospitals and that young children have also been missing their vaccinations.

One of the challenges posed by the Covid-19 lockdown has been the closure of a number of NGOs offering SRH services. Where private clinics provide contraception and abortion services, they do so at unreasonably hiked prices. The effects of lockdown on the supply chain and transportation of contraception has worsened the already existing contraceptives stock-outs at the government health facilities. Since a number of NGOs and community-based organisations have had to suspend outreach

work, social media and other media platforms have been used extensively to provide SRH information and referral to services. Activists have been mapping out services and sharing them on social media platforms, so that women and girls receive accurate information about the services they need.

**Zimbabwe (lockdown: 30 March 2020- indefinitely)**

Zimbabwe has also seen interruptions in the delivery of SRH services since the start of their lockdown. At the beginning of lockdown, anyone who wanted to access services required a permit from the police which can be intimidating for some young people who would need the permit to access their contraceptives or any other SRH service. The fear was fuelled by reported experiences of people who had been turned away by the police because they assumed that family planning was not a priority despite government declaring it as essential.

Young people living with HIV had no choice but to brave going to the police and disclose their HIV status to obtain a permit to travel to the clinic. According to young people who have tried to access healthcare services, healthcare providers have been helpful. Understanding the uncertainty of the duration of the lockdown, patients were given a couple of months' supply of their vital and chronic medications as per the WHO's recommendation to avoid having them travel to the clinics in the next coming months.

Some lockdown side effects include funding for SRH services being channelled towards the country's Covid-19 response; NGO-funded health facilities closing and not providing services during lockdown; and access to permits to obtain SRH services being difficult to obtain as the decision to issue the papers or not was left to the discretion of the law enforcement officer. Moreover, one of the biggest challenges was the lack of protective personal equipment (PPE) for the health personnel, which led to a strike of doctors and nurses when the lockdown began.

According to activists on the ground, during the first level of lockdown, advocacy was difficult and had to be done virtually. The only NGOs that could operate were those rendering services that supported the country's response to Covid-19 and organisations were required to have a permit to operate even if they offer essential services. Initially, many NGOs that provide healthcare services to key population groups were closed, leaving the public health facilities as the only option. Recently, NGOs have done community outreach work including refills of Pre-Exposure Prophylaxis (PrEP), ART and contraception for specific key population groups such as sex workers and queer folk.

The second level of lockdown has seen the relaxation some restrictions including transportation and the re-opening of all heath facilities. Everyone, including young people, can now access services freely as long as they adhere to the guidelines of social distancing and wearing face masks. Since inter-

provincial travel is still discouraged, NGOs operating in multiple cities are still required to apply for a permit to move around and operate.

**Lesotho (lockdown: 29 March - 5 May 2020)**

Lesotho was the last country in Africa to report a positive Covid-19 case. The country has had very few cases of patients who were tested Covid-19 positive. The national lockdown was short lived as, due to the low number of Covid-19 cases, the impact of the lockdown on the economy was greater than the risk of contraction of the virus. This led to public calls for a blanket removal of all the restrictions.

During lockdown there was an interruption of access to services due to movement restrictions and particular services not being classified as essential. Access to HIV testing and prevention services (including PrEP administration, condoms distribution, and HIV counselling) were prohibited, with healthcare providers providing such services classified as non-essential health workers. During this period community outreach services were stopped. Moreover, the shortages of PPE meant that only a few health services were being offered with priority being given to the healthcare providers in the forefront of the fight against Covid-19. During the first two days of lockdown, doctors, nurses and other health personnel went on strike due to insufficient PPE. The issue was later resolved.

Abortion, as an illegal service in the country, was more difficult to access even for those with life-threatening cases because of the transport restrictions. Abortion is largely unreported in the country, and is therefore difficult to document, however, illegal and unsafe abortions have contributed to the rise in hospital admissions due to botched abortions resulting in maternal mortality.

With a total number of 12 infections, the lowest in Africa, in May 2020, the government instructed the reopening of all economic activity (including activity classified as non-essential) as well as some school grades, all health services and universities. However, people are still required to adhere to the rules of social distancing and wear masks in public spaces. Large gatherings are still prohibited with the maximum of 50 people during funerals.

**Tanzania – no lockdown**

Tanzania and Malawi are the only two countries in the Southern African Development Community (SADC) that did not impose any form of lockdown in their response to Covid-19. Citizens were required to observe some social restrictions to limit the spread of Covid-19. Since the first case of Covid-19 was reported in Tanzania, a number of NGOs that support key population groups have withdrawn from conducting outreach – where they delivered information and provided referrals for family planning services – in fear of the risk of contracting the virus. Tanzania's Covid-19 response has been very controversial, with President Magufuli recently declaring Covid-19 a satanic disease which can be

prayed away. Such misleading information has led to people neglecting some Covid-19 safety measures such as social distancing and wearing of masks.

Considering the generally restricted access to services, the closure of health NGOs means that some key population groups, including young people and queer folk, do not have access to SRH services. Operational NGOs have been providing information and referrals to government health facilities. With an unclear government plan for addressing Covid-19 in the country, doctors have been showing concern over increasing infections in Dar es Salaam and other parts of the country, in the context of insufficient PPE for health personnel. This means that pregnant women, and people living with HIV and other comorbidities in high density areas, are at a higher risk of contracting Covid-19 and ultimately death.

**Conclusion**

The Covid-19 lockdowns in countries across the region have affected different aspects of people's lives, including their rights to SRH and their socio-economic rights. The Covid-19 lockdowns were imposed to slow the spread of Covid-19 but they have had unintended detrimental effects on the lives of many people across the region and have undermined some of the efforts that have been made over the years to ensure the realisation of SRHR.

Public health systems in many countries across the region have been under strain and gradually deteriorating for years. The spread of Covid-19 exposed the huge gaps that exist within the public health systems, leaving the poor, and especially women and children, as the most vulnerable to health system failings. Not only have women and children suffered the consequences of the systematic health failures, but the notable increase in reported sexual and gender based violence since the beginning of lockdown has also been concerning. The loss of income for some people has increased dependency on the States' limited resources, therefore widening the gap between the rich and the poor and increasing the pool of people requiring access to services and commodities.

Covid-19 has reminded us of the power of activism. Activists all over the region have been key in identifying the gaps and voicing out concerns of the most vulnerable in the communities. Due to the collaborative work of civil society organisations during this time, we have seen governments being held to account and changes being made to enhance access to critical services such as those related to SRH. The role of the activists within the Civil Society space is relevant now more than ever as they are the eyes, ears and voice of the voiceless. With the increasing easing of restrictions across the world, there is a need for continued collaboration in holding government accountable to the commitments they have made towards the advancement of SRH and rights such as those outlined in

the Maputo Protocol, SADC SRHR strategy and scorecard and SDGs. Moreover, educating and providing communities, especially young people, with information and services that will enable them to make the best sexual and reproductive health decisions is very important. In this way we can preserve the gains that have been made towards achieving the SDGs.