

The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine

April 17, 2020

Situation overview

Even during emergencies, **sexual and reproductive health (SRH) services are essential** and must continue. The provision of SRH services, including maternal health care and gender-based violence (GBV) related services, are central to health, rights and well-being of women and girls. The diversion of attention and critical resources away from these provisions may result in exacerbated maternal and neonatal mortality and morbidity. Until now, there is no scientific evidence indicating pregnant women have increased susceptibility to COVID-19 or increased risk of adverse outcomes. However, in general, pregnant women are more vulnerable to experiencing serious respiratory infections and must be treated with utmost priority.



Currently an estimated **210,000** pregnant and lactating women (PLW) in the West Bank and Gaza

Estimated

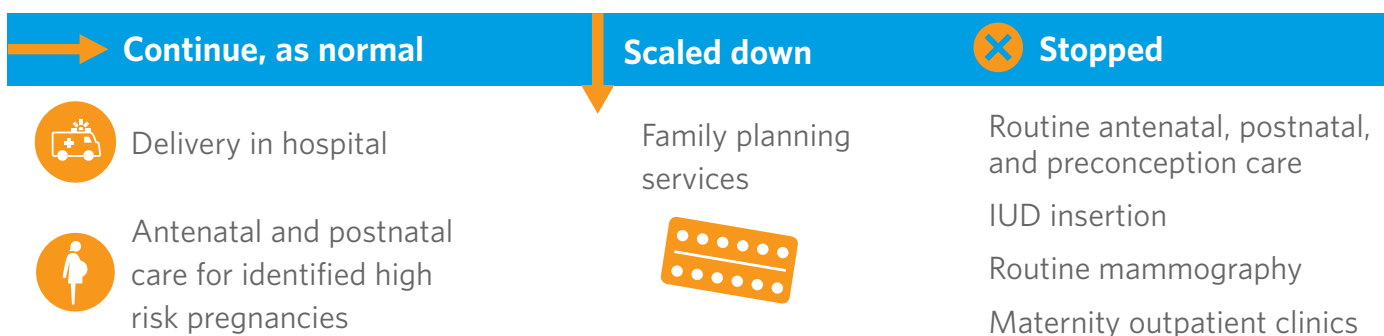
30,000 births



over the next 3 months

All major providers (MOH, UNRWA, NGOs) have scaled down SRH services as a result of the COVID-19 outbreak. This is putting women and girls, and their neonates, at a higher risk of death and disability. The impact on family planning and pre conception care services, may lead to an increase in unplanned pregnancies, which can be life-threatening for some women. Furthermore, GBV service providers, including SAWA helpline operators, have reported an increased demand for support, including for violence and abuse cases. Providers are mitigating risk (making appointment times, limiting number of patients in waiting rooms, etc.) and attempting alternate modalities for care, including hotlines and phone consultations (which can detect some high risk pregnancies), digital health outreach/education, as well as home and mobile clinic services. Coordination of SRH services among providers is occurring under the leadership of the Ministry of Health.

Among most major providers (MOH, UNRWA, NGOs) the following services have been impacted:



Challenges

- Lack of PPE for SRH care providers, leading to discontinuation of services.
- Even when services are available, there is a decrease in attendance among pregnant and lactating women (anecdotally reported up to 90% decrease) due to; fear of being infected; movement restrictions; lack of public transportation; and loss of wages and inability to afford transportation to services.
- Health providers are not specifically trained in provision of telemedicine for SRH. High risk pregnancies may go undetected due to lack of access to routine antenatal and postnatal care. Telemedicine cannot detect many high risk pregnancies and women may think they don't need services if they have received information over the phone.
- Economic impact of COVID-19 on families may lead to further deterioration of nutrition for many pregnant and lactating women, and household financial pressures may lead to a de-prioritization of women's health care.
- Severe impact on the mental health and wellbeing of women, particularly pregnant women, who are afraid for themselves and their children.
- Shortages of SRH supplies, particularly at MOH in Gaza where there is a 59% stock out of essential maternal and child health drugs¹. Resources (human and medical supplies) may be further diverted from SRH to the COVID-19 response.
- Potential increase in obstetric complications and/or home deliveries due to lack of access to transportation.
- Limited access to general women's health services, including for breast cancer and menopause.

Required actions

- Increase access to SRH services, potentially through alternate modalities, such as home visits and mobile clinics, and by supporting the development and implementation of a revised MOH emergency action plan for SRH.
- Provision of PPE for SRH providers in maternity wards, primary health centers, and for home visits/mobile clinics.
- Ensure planning and adaptation of quarantine centers and COVID-19 hospitals to address the needs of PLW in quarantine or with suspected/confirmed COVID-19.
- Provision of mental health and psychosocial support (MHPSS) services for women, particularly for pregnant and lactating women (PLW).
- Provision of life saving SRH pharmaceuticals and disposables, particularly in Gaza.
- Ensure PLW have access to transportation to attend essential services.

¹MOH Gaza Central Drug Store Report - March 2020

- Provision of food (or food vouchers), nutritional supplements, and pregnancy/dignity kits to vulnerable PLW.
- Continued community awareness on COVID-19 prevention, where to seek services, danger signs in pregnancy, and COVID-19 and pregnancy, including for people living with disabilities, and particularly in marginalized areas.
- Training on infection prevention and control in primary health care and maternity wards.
- Address health and nutrition needs, including the protection of breastfeeding.
- Continued coordination and monitoring of the SRH situation, led by the Ministry of Health. This will include agreeing on emergency protocols for routine and emergency services, ensuring SRH service continuity, and alignment with the national COVID-19 action plan.

Ongoing response

- Coordination among SRH partners through the SRH Working Group, led by MOH and co-chaired by UNFPA, and bilaterally, including monitoring of the situation and developing an SRH action plan (to be released by MOH as soon as possible). MOH and UNFPA conducted a rapid assessment to inform the response.
- MOH, UNFPA, WHO, UNICEF, and NGO partners are supporting the provision of PPE for healthcare providers.
- Partners are adapting services, such as conducting home visits and dispensing months of contraceptives at once. Some partners are exploring options for safely returning to provision of routine care (antenatal and postnatal).
- Information campaign in line with the national COVID-19 Risk Communications and Community Engagement strategy.

Further guidance for COVID19 in pregnancy and other SRH topics can be found through [WHO](#) and [UNFPA](#).

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