



## REALIZING UHC NEEDS DURING THE COVID PANDEMIC AND BEYOND

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Impact Area: Self-Care

*Join the SCTG as we celebrate UHC Day to promote health for all. Throughout our 12 Days of UHC series, SCTG members and partners share insights and lessons from their organizations on how self-care is part of the solution to achieving our goal — build a safer and healthier future and health systems that serve and protect us all.*

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**“I needed to see a doctor but feared visiting a facility due to covid-19. The lady health worker (LHW) of my area told me about Ipas’s Sehat Kahani (a mobile and web-based application for integrated digital health) and linked me to a provider through the app. It was unbelievable initially but then I decided to try the LHW and the experience was amazing. I got connected to a provider who listened to me and gave detailed advice. It should continue and be available to every woman.”** This experience from a woman in rural Pakistan shows how an Ipas Pakistan telehealth initiative is gradually building confidence and promoting abortion self-care by increasing women’s agency and access, even in the Covid-19 context.

Universal health coverage (UHC) cannot be complete without including the full range of sexual and reproductive health and rights (SRHR) services. Abortion is one of the most important and time-sensitive services needed by women and girls; however, it is often neglected during crisis situations, such as the Covid-19 pandemic.

Abortion is essential health care and a human right; the global pandemic has reinforced this. SRHR champions advocated that abortion access should be included as one of 16 signal functions of UHC service provision at the country level. We know that UHC cannot be achieved until safe abortion care is an integral part of health programming globally.

A recent Guttmacher study highlights the potential impact of Covid-19 pandemic on SRHR in low- and middle-income countries: A 10% decline in contraceptive use would leave an additional 49 million women without access to modern contraceptives. If 10% of safe abortions become unsafe, there would be an increase of 3 million unsafe abortions and 1,000 more maternal deaths.

There are several contributing factors to these staggering statistics, such as lack of personal protective equipment, Covid-19 related lock downs, increase in gender-based violence, overburdening of fragile health systems, and misperceptions of abortion as a non-essential procedure.

In order to achieve the mandate of UHC, nations must ensure the rights of every woman and girl to safe abortion care. Countries have been mandated by both the Sustainable Development Goals and the Political Declaration from the high-level meeting on UHC.

At the advent of Covid-19 pandemic, Ipas Pakistan understood that the SRH landscape would quickly change and anticipated that digital solutions would be necessary. We thought that the current digital platform in SRH space, Sehat Kahani, could be modified to include abortion self-care, post abortion care and post abortion contraception through a rights-based approach to ensure that women and girls in need get the right information at the right time, with privacy & confidentiality.

Ipas Pakistan took a strategic step in maintaining continuum of abortion care during COVID for vulnerable women and girls in Pakistan through a **Hybrid Provider-Community Telemedicine Accompaniment Model**; by triangulating a private digital health platform and Ipas-supported services, along with strong government buy-in.

In this model, there is typically a provider available online as well as a community-based health worker (in Pakistan's context, the LHW) to provide accompaniment support to clients, with focus on autonomy, choice and women's needs, thus moving beyond over-medicalized care and toward "no touch" protocols. Female physicians in the private and public sector are trained on virtual safe abortion care. Since women may not have smart phone apps, which would allow them to access these providers directly, Ipas enlisted LHWs in the community, who have smart devices, to serve as access points. Rather than travel to a facility, women can present to the LHW to be linked with an online provider and vice versa. The providers counsel and help women manage their own abortion outside health facilities, through the app. They also offer counseling on family planning services and refer any woman who needs postabortion care to a nearby health facility. As of December 2020, more than 150 consultations have been done.

Despite challenges and limitations, telehealth abortion has the potential to greatly expand access for women and girls in Pakistan and across the world. Fully realizing this potential requires overcoming multiple obstacles, some specific to abortion and others more generally related to telehealth. In Pakistan, abortion law reform efforts and strategies to improve harm reduction approaches are underway. Sindh province has introduced a bill in the provincial assembly and the Ministry of Health has included abortion in the essential service package for Covid-19. There is much more to do to create awareness among hard-to-reach communities, build digital

technology capacity, expand providers' client reach, address stigma, myths and misconceptions around abortion and family planning, and ensure 24/7 access to teleconsultations.

And in order to achieve the mandate of UHC, *all* nations must ensure the rights of every woman and girl to safe abortion care, even during crises.