Short Communication

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Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Nepal

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ABSTRACT

The national lockdown imposed in Nepal as a response to the COVID-19 pandemic is having indirect consequences on sexual and reproductive (SRH) in Nepal. Although the Government of Nepal and partners have committed to ensuring the continuity of SRH services during the pandemic, this comment aims to illustrate the potential impacts to SRH if these commitments are not met.

Keywords: COVID-19; Nepal; reproductive health; sexual health.

INTRODUCTION

On March 24, 2020 the Government of Nepal initiated a complete national lockdown in response to the COVID-19 pandemic, banning all international and national flights and restricting public movement within the country. While health facilities remain open during the national lockdown, resources and capacity to provide sexual and reproductive (SRH) services are becoming strained, in part due to being diverted to respond to COVID-19.[1] Provision of SRH services are also impacted as issues develop with supply chains, resulting in health posts running out of contraceptives.[2]

The subsequent effects of the national lockdown itself has indirect consequences on SRH services in Nepal. Women and service providers, especially in remote areas, are finding it difficult to reach some centres due to travel restrictions, thus forcing them to close. These closures have caused an increase in calls to Marie Stopes Nepal call centres from women needing access to SRH services. Since the start of the lockdown, efforts have been made to ensure that clinics re-open in some areas but not all, meaning some women do not have access to life saving services.[3] As COVID-19 cases in Nepal increase, the national lockdown will likely continue with stricter rules making access to SRH services more difficult and likely causing a significant increase in unwanted pregnancies and unsafe abortion.[4] Previous research has shown that the adverse effects of an epidemic on SRH derives from the indirect repercussions of the virus, such as a decline in routine health services, rather than the virus itself.[5]

The reproductive health sub-cluster, joint led by the Government of Nepal and the UNFPA, have committed to ensuring the continuity of essential SRH supplies and services during the pandemic.[1] In this comment, we illustrate the potential impacts on SRH if lifesaving SRH services are not given sufficient resources and priority during and after the pandemic in Nepal.

POTENTIAL IMPACTS OF THE PANDEMIC ON SRH OUTCOMES IN NEPAL

Table 1 presents two scenarios of the potential impacts the COVID-19 pandemic response could have on SRH outcomes in Nepal. The estimates are special tabulations from the Guttmacher Institute's Adding It Up 2019 study on SRH provision in 132 low-and-middle incomes countries including Nepal[6] and are based on an illustrative scenario for low- and middle-income countries.[7] Further details are available elsewhere on the assumptions underlying this illustrative scenario and how the estimates are generated.[8] Underlying data for Nepal included the 2016 Demographic and Health Survey[9] and recent estimates of abortion.

The first theoretical scenario estimates the annual impact of a 10% proportional decline in short-acting reversible contraceptive use in Nepal caused by reduced access to SRH services resulting in an estimated 131,700 additional women with an unmet need for modern contraceptives and an estimated 19,000 extra unintended pregnancies over a 12-month period. Additionally, a 10% proportional decline in service coverage of essential pregnancy-related and newborn care could lead to an additional 6,000 women and 9,000 newborns experiencing major complications without care, resulting in 70 maternal

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deaths and 260 newborn deaths. The second scenario examines the impact of a 10% shift in abortions from safe to unsafe, assuming that there would be no change in the overall number of abortions or live births. Using this assumption, an estimated 14,500 unsafe abortions would occur in place of safe abortions.

Table 1. Potential annual impacts of a 10% proportional decline in use of sexual and reproductive health care services resulting from COVID-19-related disruptions in Nepal

Disruption in essential SRH care	Impact in Nepal
10% proportional decline in short-acting contraceptives*	131,700 additional women with an unmet need for modern contraceptives
	19,000 additional unintended pregnancies
10% proportional decline in service coverage of essential pregnancy-related and newborn care†	6,000 additional women experiencing major obstetric complications without care
	70 additional maternal deaths
	9,000 additional newborns experiencing major complications without care
	260 additional newborn deaths
10% shift in abortions from safe to unsafe‡	14,500 additional unsafe abortions

Source: Special tabulations of data from Sully EA et al., Adding It Up: Investing in Sexual and Reproductive Health, 2019, New York: Guttmacher Institute, 2020.[6]

*Short-acting contraceptive methods are oral contraceptive pills, the injectable, emergency contraceptive pills, male and female condoms, the lactational amenorrhea method, and fertility awareness-based methods.

†The 10% reduction in service coverage encompasses changes in access for some interventions (e.g., delivery in a facility) and changes in the content or quality of care for others (e.g., provision of magnesium sulfate for eclampsia treatment).

‡Unsafe abortions are those performed by persons lacking the necessary skills (untrained), or in an environment that does not conform to minimal medical standards (e,g. unapproved by the government), or both. Notes: Service changes are presumed to be the average change over a year, and impacts are on an annual basis. Numbers presented in the table are rounded.

CONCLUSIONS AND RECOMMENDATIONS

A drop in SRH services caused by the response to the pandemic could be detrimental to women in Nepal.[1,3] The potential impacts in Nepal of a 10% proportional decline in SRH services over a 12-month period not only highlight the detrimental impact on the health of women and newborns in Nepal but also identify threats to the progress made to SRH in Nepal in recent years.[10]

With Nepal having one of the highest maternal mortality ratios in the region (239 per 100,000 live births),[9] signalling an already weak health system, it is important that actions are taken to mitigate the situation. The Government of Nepal alongside its partners should first ensure that SRH is seen as essential, including access to contraception, safe abortion care and maternity services, which are also experiencing a drop in the number of patients.[11] As an essential health service, providers and those accessing these services should be exempt from the strict travel restrictions and given travel 'passes' to allow them to travel safely to health centres. Those in more remote areas are vastly more restricted due to the closure of public transport services, therefore there should be efforts to support health services to access vehicles in order to collect patients or provide home visits. Care should also be taken to reduce the amount of resources and staff taken away from SRH services while ensuring that staff have suitable resources (such as Personal Protective Equipment) to protect themselves and their patients from the virus itself.

The current context of isolation caused by the national lockdown is also likely to impact the SRH to more vulnerable groups. Adolescents in Nepal have a high unmet need for family planning[1] and partners of migrant workers have a low rate of contraceptive use.[12] An increase in the number of migrant workers arriving back in Nepal due to the pandemic increases the likelihood of unintended pregnancies. To avert this risk it is essential that efforts are made to support the emerging needs of this group and other vulnerable groups including women of the so called 'not touchable caste' (Dalit) and postpartum women.

Reproductive rights in Nepal are guaranteed by the Constitution and Laws of Nepal, with the Government of Nepal having obligations to ensure that women and girls have their SRH rights met.[13] These obligations have not dissolved in the current context and systems and resources must be put in place to ensure that SRH services are not disrupted during this pandemic. Data should also be collected on the actual disruption of services and service seeking in Nepal to gauge and mitigate the negative impacts on SRH during public health emergencies.

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