The COVID-19 Pandemic and Sexual & Reproductive Health in Africa: A Zambian Perspective

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COVID-19 Situation in Zambia

• Population estimated at 18.4 million (United Nations, 2019)
• COVID-19 outbreak declared on 18\textsuperscript{th} March 2020
• Cumulative cases: 12,097 (31\textsuperscript{st} August 2020)
• Case distribution by sex: male (66\%) and female (34\%)
• Most affected age groups: 20-29 (22\%), 30-39 (28\%), 40-49 (24\%), 50+ (18\%)
COVID-19 Situation in Zambia

• Deaths: 288
• MoH: 76% of overall COVID related deaths are brought-in-dead (BID)
• MoH: increase in number of BIDs attributed to delayed access to health facilities (MoH, 23 August 2020, COVID-19 Daily Updates)
• Active cases: 340
Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 2nd August 2020.
ZAMBIA COVID-19 STATISTICS
DAILY STATUS UPDATE – 31st AUGUST, 2020

72 NEW CONFIRMED CASES; 1 DEATH; 15 RECOVERIES
New cases reported from: 65 Lusaka, 3 Chipata, 2 Chikankata, 2 Livingstone
Death reported from: 1 Lusaka (facility death)
Recoveries reported from: 15 Lusaka

Tests in the last 24hrs: 1,169 (115,570 Cumulative)

CUMULATIVE CASES: 12,097
TOTAL RECOVERIES: 11,469
COVID-19 DEATHS: 95
COVID-19 ASSOCIATED DEATHS: 193
ACTIVE CASES: 340

Total deaths 288

*Data changes may reflect retrospective data consolidation and/or reporting delays

Ministry of Health: @mohzambia
COVID-19 Situation in Zambia

Figure 3: Age and Sex distribution of confirmed cases, as of 2nd August, 2020
COVID-19 Response/Mitigation Measures

• Partial lockdown/COVID-19 Restrictions
• Mandatory wearing of face masks in public
• Frequent washing/sanitizing of hands
• Closure of all social places like bars
• Limiting number of people to 50 in social gatherings e.g. weddings,
• School closure of non-examination grades
• Practice social distancing
• No traditional greetings with handshakes
• Travel restrictions or no unnecessary travel/restrictions in movements
• Stay at home
Effects of COVID-19

• COVID-19 has impacted on the sexual and reproductive health of women

• Limited access to essential SRHR services
  • COVID-19 restrictions on movements (stay at home)
  • Fear of COVID-19 infection at health facilities prevent many women accessing SRH services
  • Reduced income to facilitate movement
  • Future health implications of untreated SRH conditions

• Diversion of SRHR health workers to COVID-19 response
  • Limited staff available to provide SRH services at health facilities
  • Less concentration on family planning services
Effects of COVID-19

• Diversion of SRHR financial resources to COVID-19 response
  • Huge shift of health resources to COVID-19 response has negatively affected provision of SRH services (considered non-essential)

• Health workers contracting COVID-19
  • Over 300 health workers have been infected with COVID-19 in Zambia
  • Quarantining of health workers exposed to COVID-19
  • Limited personal protective equipment (PPE) for health workers
Effects of COVID-19

• Limited SRH screening services
  • COVID-19 is having an effect on SRH screening services e.g. reduced smear testing, STI screening
  • Reduction in gynecological visits

• Scaled down SRH outreach services
  • No community mobilization for SRH outreach services

• Vulnerable people impacted the most
  • Poor households are least likely to access SRH information
Effects of COVID-19

• Effect on SRH commodities supply
  • Disruption in the wide supply chain system (effects of closure of borders, production factories)
  • Shortage of SRH commodities (e.g. Copperbelt (META))
  • Threat to availability and continuity of care
  • Exposure to unintended pregnancies
  • Effect on fertility preferences among women (limited access to contraception)
• Effect on gender-based violence
  • Increase in cases of sexual and gender-based violence
  • COVID-19 restrictions on movement: stay at home expose women to GBV
  • Economic and social distress (loss of jobs, lack of income) contributed to increased risk of GBV against women
  • School closure for non-examination grades: expose young girls to GBV and teenage pregnancies
Interventions for Continuity of SRH Services

• Responses to essential SRHR services
  • Despite COVID-19 restrictions on movements women should still be encouraged to seek SRH services
  • Ensure continuity in dissemination of SRHR messages on multimedia platforms

• Supply chain of SRH commodities
  • Ensure an uninterrupted supply of essential SRH commodities

• Funding to SRH services
  • Government (MoH) should ensure that funding to SRH services is not diverted to COVID-19 response

• Availability of SRH health workers
  • Government (MoH) should ensure that SRH health workers are available at health facilities and provided with PPE
  • Ensure continuity of family planning and maternal health programmes