



Amidst the pandemic of COVID-19 where countries are putting in place physical distancing and lockdown measures in an effort to contain the outbreak, our priority remains: to serve the communities that need us most while ensuring the highest standards of safety for our service providers and clients.

IPPF Member Associations (MAs) continue to deliver sexual and reproductive health care to women and girls, in all their diversity, in 25 countries in East Asia, South East Asia and the Pacific.

Like many organisations, we are rapidly adapting to the situation, such as improving our telemedicine services to ensure women and girls who are staying at

home are able to reach out and receive information and one-to-one consultations quickly, and revisiting our clinic and appointment schedules to protect our service providers and clients while staying open for the communities we serve.

We are committed to continue providing high quality sexual and reproductive health information and services to women and girls, vulnerable people, including the elderly, adolescents and young people, people living with disabilities, members of the LGBTQI+ community, minority groups, migrants and refugees.

Together, we will make it through these unprecedented times.

**Tomoko Fukuda**  
Regional Director

## Impact of COVID-19 on Sexual and Reproductive Health and Rights (SRHR)



Following the spread of COVID-19 worldwide, we have seen lockdowns implemented across the East Asia, South East Asia and the Pacific impacting our programmes and service delivery. The impact of COVID-19 on availability of and access to sexual and reproductive health care is evident.

**64% (16) of our Member Associations (MAs) reported a decrease in the number of service delivery points** since the outbreak, with community-based distribution and mobile clinics being the most affected.

**19 MAs (76%) reported having to scale down the availability of services** either by decreased hours, sites, and number of working health services providers.

MAs are making efforts to keep their health facilities open by reducing opening hours and operating with limited health service providers and increased protective measures in place.

**36% (9) of our Member Associations are experiencing shortages of key SRH commodities**, predominantly around contraception. Access to safe abortion and HIV-related medicines, a challenge during stable times, has become more difficult.

## Impact of COVID-19 on the sexual and reproductive health and wellbeing of women and girls is expected to be devastating. Guttmacher Institute estimates:

**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 132 low- and middle-income countries**

Disruption in essential SRH care	Impact
10% decline in use of short- and long-acting reversible contraceptives	48,558,000 additional women with an unmet need for modern contraceptives
	15,401,000 additional unintended pregnancies
10% decline in service coverage of essential pregnancy-related and newborn care*	1,745,000 additional women experiencing major obstetric complications without care
	28,000 additional maternal deaths
	2,591,000 additional newborns experiencing major complications without care
	168,000 additional newborn deaths
10% shift in abortions from safe to unsafe†	3,325,000 additional unsafe abortions
	1,000 additional maternal deaths

\*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, or in an environment that does not conform to minimal medical standards, or both. Notes: Service changes are presumed to be the average change over a year, and impacts are on an annual basis. See footnotes in text for analytic details regarding contraceptive methods, essential pregnancy-related and newborn care, and major complications. SRH=sexual and reproductive health. Source: reference 13.

Source: Guttmacher Institute, *Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries, 2020*.

[https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health?fbclid=IwAR0Zar-3imjLQ1IPs595xNMfAzDxhW6R\\_bSxa3DCBFcpVWj0oq5NoVxCF18](https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health?fbclid=IwAR0Zar-3imjLQ1IPs595xNMfAzDxhW6R_bSxa3DCBFcpVWj0oq5NoVxCF18)

**“We hope that we can serve all who need this service, but the demand is stretching our manpower and resources.”**

- Dr Susan Fan, Family Planning Association of Hong Kong.

## What do We Need

In some countries, our health facilities are struggling to stay open as funding sources are being redirected towards the COVID-19 response and lockdowns mean less clients avail to services. We may risk losing a skilled workforce, not only in SRH service delivery but also with the soft skills to provide services to young people and care for survivors of sexual and gender-based violence (SGBV). This will impact our ability to deliver services and meet the SRH needs of our communities if these health facilities are no longer in operations.

We also need **financial resources or donations-in-kind**:

- ◆ To meet the increased need for Personal Protective Equipment (PPE) for service providers and outreach workers
- ◆ To ensure the ongoing supply of reproductive health and contraceptive commodities
- ◆ To set up technologies or new approaches to reach our clients such as virtual consultations, virtual education sessions and telemedicine including hardware and software.

You can support us by getting in touch with us through Gessen Rocas, Director Strategic Partnerships, Advocacy and External Affairs: [gessenrocas@ippfeseaor.org](mailto:gessenrocas@ippfeseaor.org) or [rdeseaor@ippfeseaor.org](mailto:rdeseaor@ippfeseaor.org)



# We are present in 25 Countries in the Region, and these are some of Our MAs at the Frontlines



**China Family Planning Association (CFPA)** coordinated the distribution of hygiene equipment to factories including hand sanitisers and face masks, and CFPA volunteers are promoting prevention measures, particularly, how to use masks properly, frequent washing of hands and observing physical distancing.

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**Mongolia Family Welfare Association** peer educators have taken to social media to continue comprehensive sexuality education (CSE) with short video recordings on friendship and communication, preventing mobile phone addiction, what is adolescence?, and age, love and relationship. You can watch the videos [@mfwa.mn](https://www.facebook.com/mfwa.mn) on Facebook.



While their clinics are closed across New Zealand in line with the government's efforts to eliminate COVID-19, **Family Planning New Zealand (FPNZ)** strengthened their telemedicine services by increasing telephone consultations on SRH matters such as oral contraception, abortion services and referrals, treatment of STIs, hormone replacement therapy, contraception options and many more. Over the last three weeks, FPNZ has delivered over 3,000 virtual appointments and have now started providing injectables while preparing to offer insertion services for long-acting reversible contraception as the government moves from Alert level 4 to level 3 next week. FPNZ have also stopped charging a co-payment on their services to increase access during this difficult time for families with reduced household income.

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The **Reproductive and Family Health Association of Fiji** are utilizing social media to increase awareness on the availability of SRH services and information hotlines, reaching 32 new youth clients in April after ramping up social media postings. RFHAF clinics are operating between 6am and 7pm, 7 days a week.





The **Family Planning Organisation of the Philippines (FPOP)** chapters in 14 provinces are working closely with local government units (LGUs) to identify and refer pregnant and lactating women, and women and girls of reproductive age in general, to their health facilities to ensure uninterrupted access to antenatal care and family planning methods.

In partnership with the Port Authority, **Solomon Islands Planned Parenthood Association** volunteers are conducting integrated SRHR and family planning and COVID-19 prevention awareness sessions with captains and crew members onboard shipping vessels at the Point Cruz Wharf.



**Papua New Guinea Family Health Association** clinics are fully operational and working side-by-side with their respective Provincial Health Authorities (PHA) to provide SRH and FP services while the PHAs concentrate on their preparations for a COVID-19 outbreak.

With all community-based activities suspended, the **Reproductive Health Association of Cambodia** is pivoting from their usual face-to-face awareness and education sessions to a virtual outreach model.



All **Family Planning Association of Hong Kong's (FPAHK)** health facilities remain open, adapting to the COVID-19 situation to protect both services providers and clients. At the height of the infection in Hong Kong, FPAHK shortened their opening hours, revised staff deployment schedules to establish staggered shifts, and spaced out appointments for more frequent disinfection and to minimise crowds in the waiting areas.

The **Federation of Reproductive Health Association of Malaysia** has taken to WhatsApp to keep in touch with the communities they serve, offering online consultations with service providers and appointments scheduling.



# Our Advocacy Asks

We call upon the governments in East Asia, South East Asia and the Pacific to ensure that sexual and reproductive health and rights (SRHR) needs are addressed during this pandemic and beyond, by

1. Upholding a human rights-based approach
2. Applying a gender lens to the COVID-19 response
3. Ensuring the meaningful engagement of civil society actors
4. Ensuring access to SRH services and information
5. Ensuring access to safe and comprehensive abortion care
6. Supporting SGBV victims and survivors
7. Supporting the continued provision of resources for SRHR, including commodities and supplies
8. Strengthening data collection and response systems
9. Upholding commitments to Universal Health Coverage (UHC)



# Our Global and Regional Actions

IPPF developed an **IMAP statement on COVID-19 and SRHR** to provide guidance and support sustained provision of essential and life-saving SRH services in the context of the COVID 19 pandemic.

<https://www.ippf.org/sites/default/files/2020-04/IMAP%20Statement%20-%20COVID-19.pdf>

IPPF released the findings of our **COVID-19: Survey on global impact**, which is the largest global set of data available so far on how organizations delivering sexual and reproductive healthcare have been hit by COVID-19.

<https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

IPPF has formed a **COVID-19 Global Taskforce** to coordinate the Secretariat's response to COVID-19, ensuring our Member Associations are supported to continue their lifesaving work.

<https://ippf-covid19.org>



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The COVID-19 epidemic is one of the greatest challenges our Federation has faced.



[What is Slack?](#)



## The International Planned Parenthood Federation

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF ESEAOR is supporting 22 Member Associations and three (3) Collaborating Partners in a total of twenty-five countries.



### Contact information

**Natasha Kaur, Senior Officer  
Advocacy and External Relations**  
[natasha@ippfeseaor.org](mailto:natasha@ippfeseaor.org)

**Navreena Levan, Communications Officer**  
[nlevan@ippfeseaor.org](mailto:nlevan@ippfeseaor.org)

Website : <https://www.ippfeseaor.org/>

Facebook : <https://www.facebook.com/ESEAOR/>

Instagram : <https://www.instagram.com/ippfeseaor/>