

Training course in adolescent sexual and reproductive
health 2020

Approaches to ensuring the continuity of SRH information
and services provision to adolescents in the context of the
COVID 19 crisis: and using the opportunity of COVID-19
to build back better

Erika Dupuis

Lakeridge Health Hospital / International Youth Alliance for Family Planning,
Oshawa, Canada

canada@iyafp.org

Question 1.1

Name one issue described in the FP2020/IAAH statement that hinders adolescents' access to SRH information and services in your country.

One issue that hinders adolescents' access to SRH information and services in Canada, as mentioned in the FP 2020/IAAH statement, is the loss of access to schools and communities which link students to significant supports, networks, sexual education, and health services (IAAH & FP2020, 2020). However, this issue varies dramatically in Canada, as in-school activities have resumed in-person, but families and children have the option to continue virtual school or in-person.

Question 1.2

Describe briefly what approach you would use to overcome this issue.

One approach to overcome the issue, as mentioned earlier, is utilizing virtual programming currently being offered to students to ensure adequate and meaningful sexual and reproductive health programming. This includes sessions on SRHR and providing students with connections to local community health agencies to access further information.

Question 2.1

Which recommendation(s) on CSE does the example from Education as a Vaccine Nigeria illustrate?

Communicating CSE messages through mass and digital media to adolescents who have access is an example explored from "Responding to the Sexual and Reproductive Health Needs of Adolescents in the Context of the COVID-19 Crisis" (UNFPA 2020).

Question 2.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

As mentioned above, the example would be feasible in Canada; however, it is not currently utilized. Canada has implemented a national strategy for public messaging on COVID-19, but not CSE. As a result, if Canada and the Canadian Government have the capacity to develop a national initiative for COVID-19 tracking, it indeed can also develop national messaging for CSE for adolescents and youth.

Question 3.1

Which recommendation(s) on contraception does the example from RFHA Fiji illustrate?

The RFHA Fiji has implemented contraceptive services through mobile outreach and peer educators to advance AYSRHR in Fiji (Plesons & Chandra-Mouli 2020). Since COVID-19, the RFHA Fiji also established a helpline, telephone services, static clinics, and social media campaigns (Plesons & Chandra-Mouli 2020). This illustrates that the RFHA has adequately and effectively addressed barriers to access amidst the pandemic.

Question 3.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Helplines, additional telephone services, and static clinics would be incredibly beneficial to Canadian youth during the COVID-19 pandemic. Many youths in Canada are experiencing difficulty accessing and seeing their family doctor face-to-face and are currently opting for telephone consults and appointments. That being said, telephone services are not always accessible or feasible. Therefore, static clinics would be an optimal, additional service atop telephone service.

Question 4.1

Which recommendation(s) on comprehensive abortion care does the example from FRHS India illustrate?

FRHS India has implemented additional efforts to increase access to abortion services during COVID-19, including increased media advertisements, clinical outreach teams, revision of service delivery guidelines, and reduced cost of abortion services (Plesons & Chandra-Mouli 2020).

Question 4.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Canada does not allow for advertisements and public messaging on abortion services; thus, this method may not be feasible. However, mobile clinical outreach teams would be viable and should be deployed to connect with young women and girls across the country to support their navigation services during the pandemic. Abortion services remain a publicly-funded health care service.

Question 5.1

Which recommendation(s) on maternal care and mental health does the example from the University of Nairobi and the Nairobi City Council in Kenya illustrate?

The University of Nairobi and the Nairobi City Council in Kenya implemented training for health workers using Zoom to complete interpersonal psychotherapy, hotline and psychotherapy services, and additional capacity building training via phone messages, seminars, and CMEs (Plesons & Chandra-Mouli 2020).

Question 5.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

As a therapist in Canada, I can wholly state that virtual psychotherapy services are viable in Canada. I currently work at a hospital in outpatient services for those experiencing addiction-related concerns. I currently provide all of my counselling work via telephone or Zoom.

Question 6.1

Which recommendation(s) on HIV does the example from the Zvandiri in Zimbabwe illustrate?

Zvandiri in Zimbabwe has modified service delivery to include youth-led, evidence-based age and developmentally appropriate information on COVID-19, as well as virtual case management, home visits, and virtual support groups (Plesons & Chandra-Mouli 2020).

Question 6.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Virtual therapies, virtual support groups, and virtual case management are viable and feasible in Canada as this is the primary method of health care support for young people and their families. Due to the recent rise in COVID-19 infections, however, targeted home visits may not be possible, creating a risk for viral transmission.

Question 7.1

Which recommendation(s) on gender-based violence does the example from Centre for Catalyzing Change in India illustrate?

The Centre for Catalyzing Change in India has developed new protocols during the pandemic for intimate partner violence, including telephone surveys, awareness-raising within communities, capacity building of frontline workers, greater mobile phone access, and increased telephone counselling services (Plesons & Chandra-Mouli 2020).

Question 7.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Canada has witnessed a significant increase in the dangers associated with intimate partner violence due to the pandemic, as those who experience violence have less opportunity to leave their relationships due to financial instability, housing insecurity, and many more. As a result, many women-based organizations like C3 have developed additional supports for women, including hotlines, pools of money for emergency escape, and additional telephone volunteers.

Question 8.1

Which recommendation(s) on HPV does the example from the Ministry of Health of Laos illustrate?

The Ministry of Health in Laos developed new initiatives to respond to the COVID-19 crisis, which included working with village leaders to identify HPV vaccination sites in various communities and issued communication messages to provide updates on vaccination services (Plesons & Chandra-Mouli 2020).

Question 8.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

In Canada, the HPV vaccination is administered in elementary school in grade 8, approximately 13 years of age. Otherwise, HPV vaccinations are available through primary health care providers. Mobile vaccination service delivery sites could and should be implemented in Canada for those who do not have a health care provider or those who cannot travel within communities due to risk and fear of viral transmission.

Question 9.1

Which recommendation(s) on menstrual health does the example from the Footprints Foundation in South Africa illustrate?

The Footprints Foundation in South Africa has responded to the COVID-19 crisis by developing partnerships with several federal departments and institutes and securing permits to deliver dignity packs and food parcels to schools, shelters, and youth health centres (Plesons & Chandra-Mouli 2020).

Question 9.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

It would be feasible to implement such an initiative in Canada. Schools and youth-serving organizations and centres should be providing materials and supplies for youth to take home, including menstrual health items and contraceptive items and information on nearby, available services. While this premise is feasible, there are significant concerns over the transmission of the COVID-19 virus through items (although transmission occurs significantly less from physical contact versus airborne particles). Therefore, many frontline workers may feel uncomfortable being in frequent contact with service users in a given community.

Question 10

In what ways do you think COVID-19 might, in fact, present an opportunity for accelerating progress on ASRHR?

While the COVID-19 has exacerbated many inequities that are present within Canadian society, such as income, housing, racial, gender, and food inequities, the main takeaway I believe the Canadian government will utilize in moving forward on ASRHR is being able to utilize virtual platforms, such as a phone or computer, to conduct services (whether it be physical health or psychological wellbeing). More organizations have also developed partnerships and coalitions as a result of the pandemic, fostering a more inclusive and holistic view of service delivery. Finally, the COVID-19 pandemic provides a powerful lever to disrupt and challenge restrictive laws and policies related to ASRHR (Plesons & Chandra-Mouli 2020).

References

1. International Association for Adolescent Health; Family Planning 2020. International youth day August 12, 2020: Protect adolescent health in COVID-19 response. International Association for Adolescent Health; 2020 Aug 12 [cited 2020 Nov 01]. Available from: <https://www.gfmer.ch/SRH-Course-2020/pdf/IAAH-FP2020-statement.pdf>
2. United Nations Population Fund (UNFPA). Not on pause: Responding to the sexual and reproductive health needs of adolescents in the context of the COVID-19 CRISIS - Technical Brief. UNFPA; 2020 Jun. Available from: <https://www.gfmer.ch/SRH-Course-2020/pdf/Not-on-pause.pdf>
3. Plesons M, Chandra-Mouli V. Responding to the sexual & reproductive health needs of adolescents in the context of the COVID-19 crisis [slide]. Geneva Foundation for Medical Education and Research; 2020. Available from: <https://www.gfmer.ch/SRH-Course-2020/ppt/SRH-needs-adolescents-covid19-Plesons-Chandra-Mouli-2020.pptx>