

# Telemedicine and Access to Sexual and Reproductive Health in sub-Saharan Africa during COVID-19

Dr. Olusesan A. Makinde, MBBS, PhD

Managing Partner

Viable Knowledge Masters

Abuja, Nigeria

[makindeo@viableknowledgemasters.com](mailto:makindeo@viableknowledgemasters.com)



# Outline

- COVID-19 realities
- Epidemiology of COVID-19 in Africa
- Consequences on Health Services
- Telemedicine as an option for access to care
- Pros and Cons of Telemedicine
- Next Steps



# The Outbreak of our time

- COVID-19 is presenting as a one-in-a-lifetime outbreak with devastating socio-economic and health consequences.
- Practically, all countries of the world have been affected by the outbreak since first reported in December 2019.
- More than 24 million cases and 830,000 deaths have been recorded by August 28<sup>th</sup> 2020



# Epidemiology of COVID in Africa

- First reported in Egypt in February 2020
- Since then, all countries on the continent have been affected.
- More than 1.2 million cases recorded by August 28, 2020.
- More than 28,000 dead and 45,000 health care workers infected.

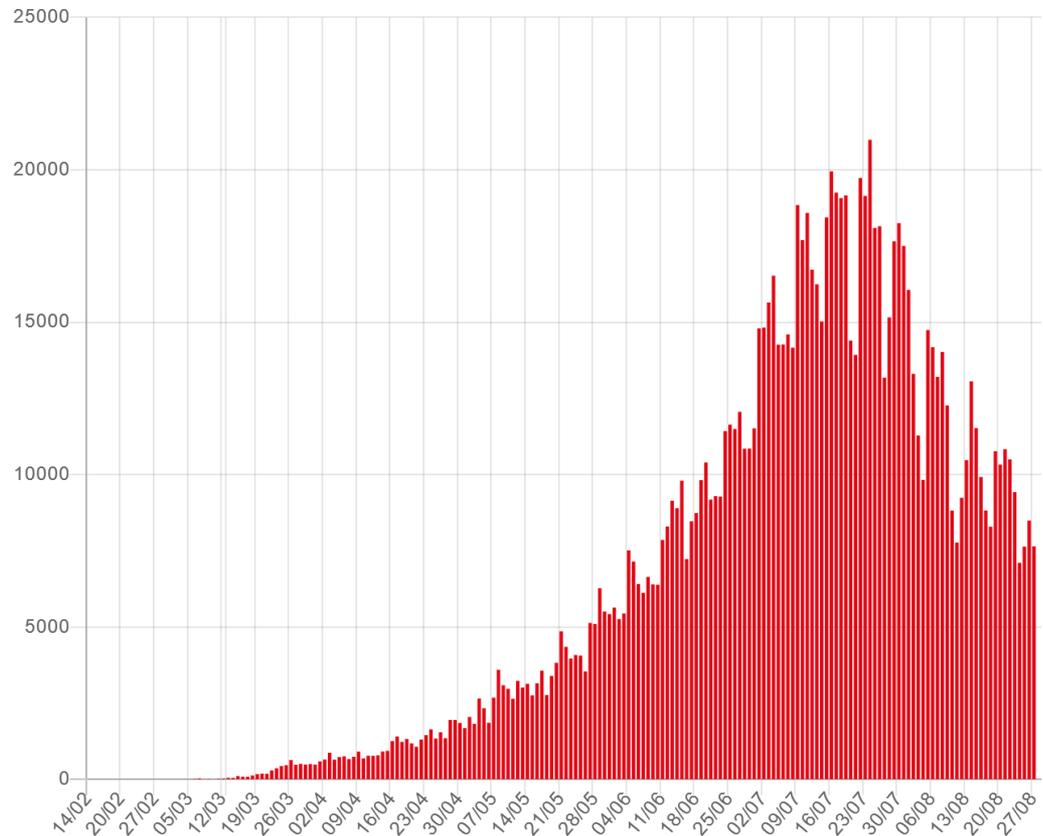


# Distribution of Cases – 28<sup>th</sup> August

Confirmed	HCW	Dead	Recovered
<b>1220490</b>	<b>45996</b>	<b>28866</b>	<b>954079</b>
confirmed covid-19 cases per country (55)			
SOUTH AFRICA	618286	EGYPT	98062
MOROCCO	57085	NIGERIA	53317
ETHIOPIA	46407	GHANA	43841
ALGERIA	43016	KENYA	33389
CAMEROON	19142	CIV	17702
MADAGASCAR	14592	SENEGAL	13294
SUDAN	13045	LIBYA	12274
ZAMBIA	11601	DRC	9915
GUINEA	9213	GABON	8468
MAURITANIA	6993	NAMIBIA	6712
ZIMBABWE	6292	MALAWI	5496
DJIBOUTI	5383	EQ. GUINEA	4928
CAR	4698	ESWATINI	4433
CONGO	3979	CAPE VERDE	3699
RWANDA	3672	MOZAMBIQUE	3651
SOMALIA	3275	TUNISIA	3206
GAMBIA	2797	MALI	2730
UGANDA	2670	SOUTH SUDAN	2517
ANGOLA	2415	GUINEA-B.	2205
BENIN	2145	SIERRA LEONE	2013
BOTSWANA	1633	BURKINA	1357
TOGO	1326	LIBERIA	1298
NIGER	1175	LESOTHO	1051
CHAD	1004	SAO TOME	894
TANZANIA	509	BURUNDI	431
COMOROS	422	MAURITIUS	354
ERITREA	317	SEYCHELLES	136
SAHARAWI ARD	25		

Africa : Daily confirmed cases

[More Stats](#) [Last Sources](#)



11.5 million tests done so far.  
 Downloaded 29/08/2020 from  
<http://covid-19-africa.sen.ovh/index.php?map=cases&hitmap=ok&confirm=ok&isnc=1>

# How does COVID-19 affect SRH Services?



# Challenge to Access of Services

- Lockdowns and restrictions in movement
- Fear of contracting COVID-19 during hospital visits – decision to seek adequate health services
- Closure of Services: Health facilities converted to COVID-19 isolation centers



# Consequences of Distortion in Services

- Added gaps to already low access to SRH services.
- Riley and colleagues estimate that: Distortion of services for up to 12 months in LMIC due to COVID-19 will result in:
  - Additional 48.5 million women with unmet need for modern contraceptive services
  - More than 15 million unintended pregnancies.
  - Additional 28,000 maternal deaths
  - Additional 168,000 newborns experiencing complications.



What can be done to address this gap created by COVID-19 ?



# Telemedicine as an option

- WHO defines telemedicine as —the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.



# Telemedicine Use in SSA

- Telemedicine was first introduced in Africa about 2 decades ago. However, due to cost and need for specialized equipment, its use was not very popular.
- Recent advances have however turned this around
  - No need for specialized equipment
  - High proliferation of mobile devices
  - Reduction in cost of internet access



# Telemedicine Use in SRH Services

- As a means of providing Medical Termination of Pregnancy - Gomperts RJ, et. al. Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services. BJOG Int J Obstet Gynaecol. 2008;115(9):1171–8.
- Parajuli R and Doneys P. Exploring the role of telemedicine in improving access to healthcare services by women and girls in rural Nepal. Telemat Inform. 2017 Nov 1;34(7):1166–76.



# Potential Gains of Telemedicine

- Eliminates direct contact
  - Good for patients
  - Good for health workers
- Wider network of coverage where health facilities are inaccessible because of lockdowns or conversion to isolation centers.
- Psychologically reassuring for those afraid of contracting disease.
- Cost of access might not be as high as in-person consultation.



# SRH Services that can be provided remotely during COVID-19 Outbreak

- STI care
- Medical Termination of Pregnancy
- Routine and low-risk pregnancy care and medical follow up.
- Counselling and Consultation services
  - Family planning



# Challenges to Deployment of Telemedicine

- Low literacy levels – in rural areas
- Cost of internet – though this has reduced significantly than it was 10 – 20 years ago, it might still prove difficult for some
- Lack of standards
  - How do we ensure quality of care is maintained
  - Data privacy



# In Conclusion

- The outbreak has redefined the standards and mechanism of care.
- We need to wake up to the new reality of our time. Without a vaccine, our new normal shall remain for a long time and the health system needs to respond accordingly by implementing appropriate interventions to limit nosocomial transmission of COVID-19.



# Reference

## COMMENTARY

### **The Role of Telemedicine in Addressing Access to Sexual and Reproductive Health Services in sub-Saharan Africa during the COVID-19 Pandemic**

DOI: 10.29063/ajrh2020/v24i2s.8

*Kolawole A. Oyediran<sup>1</sup>, Olusesan A. Makinde<sup>2\*</sup>, and Olugbemiga Adelakin<sup>3</sup>*

John Snow Inc., Arlington USA<sup>1</sup>; Viable Knowledge Masters, Abuja, Nigeria<sup>2</sup>; UNFPA, Cairo, Egypt<sup>3</sup>

**\*For Correspondence:** Email: *sesmak@gmail.com*

#### **Abstract**

The outbreak of COVID-19 threatens continued access to non-urgent healthcare including sexual and reproductive health (SRH) services. With the epicentre of the outbreak projected to shift to sub-Saharan Africa (SSA) after making significant impact in China, Europe, USA, and South America, it is necessary for countries in this region to begin to plan for how to tackle a rapid surge in cases. Health facilities are already being primed for increased presentation of COVID-19 cases. As countries prepare, they also need to consider how non-urgent services will not be interrupted. Estimates of a potential disruption in access to long and short acting contraceptives for up to 12 months will result in an additional 15 million unintended pregnancies and additional 28,000 maternal deaths. Thus, effort must be made to ensure that the gains made in SRH outcomes over several years are not lost. The potential of utilizing telemedicine to continue to offer healthcare services to the population for non-urgent care needs to be considered. It will not only provide for continued access to important services that can be delivered remotely but will reduce the risks of COVID-19 infection for both the client and the health workers. (*Afr J Reprod Health 2020 (Special Edition); 24[2]: 49-55*).



# References

- Oyediran KA, Makinde OA, Adelakin O. The Role of Telemedicine in Addressing Access to Sexual and Reproductive Health Services in sub-Saharan Africa during the COVID-19 Pandemic. *Afr J Reprod Health* [Internet]. 2020 Aug 11 [cited 2020 Aug 13];24(2). Available from: <https://ajrh.info/index.php/ajrh/article/view/2289>
- Riley T, Sully E, Ahmed Z and Biddlecom A. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low-and Middle-Income Countries. *Int Perspect Sex Reprod Health*. 2020; 46:73–76.



**THANK YOU**

