St. PAUL'S INSTITUTE
FOR REPRODUCTIVE HEALTH AND RIGHTS

Biannual

SPIRHR BULLETIN

Issue 1 | July - December 2020

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THE NEW SRH BUILDING

ABOUT ST. PAUL INSTITUTE FOR REPRODUCTIVE HEALTH AND RIGHTS (SPIRHR)

SPIRHR was established and registered by the Federal Democratic Republic of Ethiopia Agency for Civil Society in September 2019 as a local non-governmental organization with the vision of strengthening and facilitating effective and quality sexual and reproductive health and rights programs at St. Paul's Hospital Millennium Medical College (SPHMMC). SPIRHR is an independent institution targeting to ensure the project's implementation in the most efficient and effective way while ensuring accountability and transparency. Since its inception, SPIRHR has continued supporting the implementation of major program activities that were jointly planned with SPHMMC Ob/GYN faculties while taking the lead in the administration and coordination of RH infrastructure development as per a collaborative framework outlined by a memorandum of understanding. Through the collaborative effort of SPHMMC and SPIRHR, SPIRHR will continue to invest in four key priority areas of intervention: training, research, advocacy, and clinical services. SPIRHR aim to reduce maternal mortality and morbidity through coordinated sexual reproductive health and rights and enable girls and women to reach their full potential.

SPIRHR INFRASTRUCTURE DEVELOPMENT

One of SPIRHR core activities is a construction of B+G+4 building that is designed to provide Sexual Reproductive Health Service within the premise of SPHMMC. The building is believed to help the institution to continue excelling in SRHR with an accelerated momentum and transform the quality of care in reproductive health services. It is also expected to host national and international conferences providing a platform for knowledge transfer.

MESSAGE FROM THE DIRECTOR

Dear readers,

I warmly welcome you to the first issue of the biannual St. Paul Institute for Reproductive Health and Right (SPIRHR) bulletin. Since its establishment and registration by the Federal Democratic Republic of Ethiopia Agency for Civil Society in September 2019 as a local non-governmental organization, SPIRHR has continued to invest in four key priority areas of interventions: training, research, advocacy, and clinical services. By working on these four pillars, we aspire to contribute our share in reducing maternal mortality and morbidity.

This first issue focuses on the activity performed in the second biennium of the year 2020. It is intended to introduce SPIRHR and also update partners and stakeholders on the progress made and challenges encountered during this period. It is my utmost hope that this will help in cultivating the sexual and reproductive health and rights effort. Most importantly, it will help create awareness and show the existing challenges of SRHR, which will foster resource mobilization and allocation.

In the past one year, sexual and reproductive health services were affected enormously across the globe. Despite the unparalleled challenges brought by the COVID-19 pandemic, there were several undertakings during the same period. St. Paul Institute for Reproductive Health and Rights, in collaboration with Saint Paul's Hospital Millennium Medical College, conducted the second national RH symposium, which was a hybrid event that hosted scholars, ministries, partner organizations, and reproductive health advocates. The first family planning and reproductive health fellows of St. Paul's Hospital Millennium Medical College have also completed their training and geared with the necessary knowledge and skill to help the nation's effort on reducing maternal mortality by ensuring sexual reproductive health and rights. The bulletin covers these and other endeavors and challenges during the second biennium of 2020. This is part of SPIRHR's advocacy work, which will be distributed both electronically and through printout to all stakeholders and partner organizations.

I hope you will have an informative reading. Your thoughts on the publication are very much appreciated, and feel free to send us an email at: **tesfaye.hurisa@spirhr.org** or **metti.midekssa@spirhr.org**. We look forward to hearing from you.

Tesfaye H. Tufa (MD)
Director, Saint Paul Institute for Reproductive Health and Rights

EDITORIAL MESSAGE

Reproductive Health Rights in Ethiopia

Hold out against the backlash

Reproductive health rights are key elements of the broader human rights and crucial for achieving sustainable developmental goals. Access to compassionate and non-coercive reproductive health (RH) services should be ensured for women and girls. Emerging challenges like conservatism, fundamentalism and religious nationalism; however have posed a treat to global achievements gained in the last 30 years. The Global Gag Rule, imposed by the Trump Administration and the terrible health consequences sustained on poor women across many parts of the world was just one of the setbacks.

Ethiopia has achieved sizable progress on ensuring access to reproductive health services in the past 15 years. The 2005 abortion law, which was won after years of bitter struggle; was the prime mover for the national successes of reducing maternal mortality and morbidity. Recently, this glimpse of hope; however, encountered backlashes from anti-choice movements.

Particularly, the COVID pandemic has threatened to turn back the clock on Reproductive health rights. Service interruptions, shortage of supplies and competing priorities were some of the hurdles. The pandemic paved the way for increased contest from the anti-choice movements. Religious nationalists and conservatives deliberately unleashed their propaganda on the hard won reproductive health gains on unprecedented extent. This contest imperiled ambivalence on the future of the rights. Despite that, the current anti-choice pushbacks certainly are not insurmountable

It is high time for Policy makers, professionals, NGOs, activists, women organizations and academia: to put concerted efforts into elevating and protecting the RH rights and choices. Holding out against the back lash is the most pressing concern of the present-time.

SPIRHR bulletin therefore calls on the following actions:

- Avoiding services inequalities
- Sustaining RH commodities supply
- Increased coordination and advocacy

Malede Birara (MD, MPH); Editor in chief
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NEWS

The second national symposium on RH conducted

St. Paul Institute for Reproductive Health and Rights (SPIRHR), in collaboration with SPHMMC hosted the 2nd national symposium on RH with a theme: RH care provision in the era of COVID-19, challenges and mitigation strategies. Considering the time, the event was held in a hybrid fashion where most attended it virtually while very few were present in person.

The first day was marked with welcome note from SPIRHR director and a panel discussion among different stakeholders including Ministry of Health (MOH) and partner organizations. It was great to have Drs Meseret Zelalem (MCH director, MOH), Nega Tesfaw (OBGYN working at MSI), Malede Birara (OBGYN, General secretary of ESOG), and Mahlet Yigeremu (OBGYN, from AAU-MF). The panel was chaired by Dr. Mengistu Hailemariam (director, CIRHT Africa). It was followed by a lively discussion with questions coming from virtual and in-person audiences.

The rest of the first day and half of the next day was reserved for original articles dealing with services and programs. The best oral presenter was selected by a panel of experts and awarded at the end.

This year, as was done in the previous year, there were two great state of the art lectures by two invited speakers before the end of the symposium. Prof. Sarah Prager, who is division head for Family Planning at the University of Washington, discussed on abortion and family planning services during the COVID pandemic. Dr. Dorine Irakunda who is a clinical advisor at PSI enlightened the audience on "self-care intervention in sexual and reproductive health in the time of COVID-19; challenges and opportunities". Both were very engaging and informative lectures to the wide symposium audience.

SPIRHR and SPHMMC plan to continue holding this annual symposium together with other relevant stakeholders.

SPIRHR signed a contract agreement to build SRH building

St. Paul's Hospital Millennium Medical College is set out to provide high quality Sexual and Reproductive Health programs and dedicated a space within the premises to build a State-of-Art

facility. In realization of this project, SPHMMC is collaborating with SPIRHR and SPIRHR signed a contract agreement with Bamacon Construction PLC to build Center of Excellence for Reproductive health. The building is planned to be completed with high quality within a year after the commencement of the construction.

The B+G+4 building is designed to provide sexual Reproductive Health services with dedicated space for clinical service, sim lab, research, education and training center with conferences rooms and offices. The specifications were also developed in ensuring high quality one stop comprehensive women Centered RH services and training facility which will further expand the clinical space for Michu clinic at SPHMMC.

Appropriate stakeholders at SPHMMC participated on the initial designing and development of the building to ensure quality and best functional outcome. SPIRHR in collaboration with SPHMMC will continue to coordinate and supervise administration and execution of the contract on the basis of general description and project program.

Three Reproductive Health fellows completed their training at SPHMMC

Every individual has the right to decide freely and responsibly – without discrimination, coercion, and violence – the number, spacing, and timing of their children, and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD 1994). It is impossible to protect and fulfill the very reproductive health and right definition of ICPD 1994 without clinical expertise that provides the highest standard of sexual and reproductive health care and without reproductive health researchers that advocate evidence based reproductive rights. As an institution caring for the ICPD mission, St. Paul's Hospital Millennium Medical College department of Obstetrics and Gynecology trained three reproductive health fellows at the highest level.

The training is the first of its kind in the region and the graduates will deliver advanced clinical service, training, and lead implementation and policy researches that will impact reproductive health at a national & global level.

The department of Obstetrics and Gynecology, SPHMMC, as mandated by the Academic commission of the college started a Reproductive health fellowship program in 2017 GC. The program goal is to produce physicians who are competent clinicians, trainers, researchers, advocates and leaders in issues related to family planning, comprehensive abortion care and broader reproductive health.

It is a minimum of two years program at the end of which candidates become subspecialists in reproductive health primarily family planning and comprehensive abortion care. The training involves clinical attachments, deductive trainings (seminars and tutorials), attachments abroad, including a one year clerkship at WHO, Geneva (on a competitive basis), attending various local and international relevant conferences, and taking a supervisory role in training of residents, undergraduate medical students and related in-service trainings.

The clinical year training is supervised by experienced professors and sub-specialist from USA medical schools like the University of Michigan and the University of Washington.

The first year was clinical training to provide advanced reproductive health care to boost clinical skill, to provide advanced person-centered reproductive care. The Second year is a medical officer rotation at the WHO, Sexual and reproductive health and research department.

This program was conceived and strongly supported by Prof. Senait Fisseha who is senior advisor to the DG, WHO and international programs director at STBF. We are very grateful to her contribution and continued support. Drs. Jason Bell and Sarah Prager were very instrumental in shaping the program and mentoring the fellows. We are also thankful to Dr. Feiruz Surur, the then department chair, Dr. Abdulfetah Abdulkadir – fellowship director – and the current department chair, Dr. Tadesse Urgie, for their key administrative guidance and leadership of the program. We would also like to acknowledge the other department members and center of excellence for RH (now SPIRHR – St. Paul Institute for Reproductive Health and Rights) team for their contribution to the success of the program.

The 3 reproductive health sub-specialists (from left to right: Dr. Lemi belay, Dr. Tesfaye H. Tufa, Dr. Ferid Abbas)

Dr. Lemi Belay

"In most developing countries reproductive health services are meant to save a life than providing person centered and right based service.

This occurs mostly because of lack of awareness, social and cultural beliefs, restrictive laws, and poor availability of services among others. I am very happy to be among the first cohort of reproductive health subspecialists in Africa with my colleagues, Dr. Ferid and Dr. Tesfaye. It is exciting to be fully on board to provide the highest standard of reproductive health care and advocate reproductive rights. No words can completely capture the joyous feelings in my heart when I think of the WHO experience. It is all about augmenting the ability to balance and coordinate numerous priorities and well-developing problem-solving skills, thinking strategically and flexibly, and the ability to meet deadlines and multi-task in a fast-paced environment and adaptability to changing business needs. Besides, it is enhancing team management skills and the ability to establish and maintain a good working relationship. I lead surveys on research prioritization, conducted systematic reviews, and contributed to evidence synthesis and the WHO guideline developments. I also prepared webinars for WHO guideline dissemination and published various studies in peer-reviewed international journals."

Dr. Ferid Abbas

"Ethiopia has made significant progress over the past decade in sexual and reproductive health. However, there are still many challenges ahead of us. Women still have a high unmet need for RH services. I find the impact of socioeconomic status on access to care very concerning. The current political, social, and economic challenges in different parts of the country are more likely to affect women and children as they are the vulnerable group. The fellowship gave me a unique opportunity to understand we need to have a holistic approach to address the current problems. It is a high time we shift our focus to the quality of care. I feel there are several areas for improvement. These include the policy, the health system we have in place for the implementation of the policy, and the service delivery. Since I didn't have much experience in working in a non-clinical environment, the experience at WHO was a bit challenging especially at the beginning. Through time I was able to navigate my way in the working environment. The team was also very supportive. In addition, my hands-on experience from the global south was an input. I was able to work on the global aspect of reproductive health. It is evident for me now how countries have similarities but are also different in terms of their health challenges. I was able to see how evidence informs policy and programmatic decisions in different countries and participated in the global guideline development process."

Dr. Tesfaye H. Tufa

"Ethiopia has made a remarkable improvement in sexual and reproductive health. The change in the legislation which was driven by high abortion related maternal mortality has helped women to have access to safe abortion care. Over the decades, the contraceptive prevalence rate has increased remarkably. Despite so many astonishing achievements, we are still lagging behind in meeting both the national and global goals set by WHO. There are multiple layers of sexual and reproductive health challenges that should be approached systematically. It is my utmost hope and ambition that we will be part of the solution at both policy and implementation level. Our expertise should bring a better day to Ethiopian women to enjoy their reproductive health and rights to the maximum. I got first-hand experience on the global perspective of reproductive health, become part of experts involved in decision making at a global level, and see how decisions are made to help countries ameliorate the health of their society. I've also learned the technical aspects of guideline development which is used as global guidance. I also got unique opportunities on global stages to present research findings as well as disseminate WHO guidelines."

CURRENT SRHR ISSUES

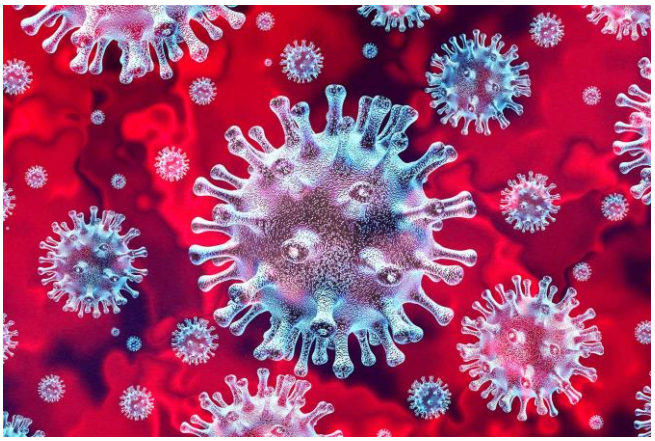
Innovative approaches and resilience to sustain SRHR services amid COVID-19 pandemic

Tesfaye H. Tufa, MD

History shows that family planning and safe abortion services become more critical during pandemics and lockdowns. But access to sexual and reproductive health services is adversely affected globally during these pandemics. Border closure is a closure of options for women in some parts of the world.

This lack of access to a basic SRHR has a serious implication on maternal health, leading to maternal morbidity and mortality. The pandemic did not only bring a challenge. It also presented an unparalleled opportunity where several innovations and new ways of thinking were introduced. Moreover, it has shown how prepared the world is and how fragile the health system is to respond to pandemics.

On top of lack of awareness, additional factors that prevented women from receiving sexual and reproductive health services during the pandemic include transport blocks, cancelation of market days, which serves as a reason to leave home for some women, and massive lockdowns and curfews. In some countries, community-based outreach programs (getting the service to the women's hands) were employed to help them get the service to a place where they live. In other countries, women used mobile applications to order contraception, and it will be delivered to their homes directly.



Integrating SRHR services to the emergency COVID-19 response of the government is another important way of sustaining the sexual and reproductive health service during the pandemic. In some countries, SRHR services were integrated with the country's national immunization program, while in other countries, it was provided with food delivery services.

With an overstretching health system that is mainly focused on treating COVID-19 cases, the de-medicalization of abortion will help women enormously by giving them the right to self-manage abortion.

Self-care and de-medicalization have helped in maintaining access to safe abortion in certain settings across the world. Women in these settings have medications for inducing abortion without visiting formal health institutions. This novel approach will positively change the existing landscape of safe abortion services in countries that adopted this approach.

Some countries established telemedicine services to deliver home-based care and have shown a tremendous number of users only few weeks after the program initiation.

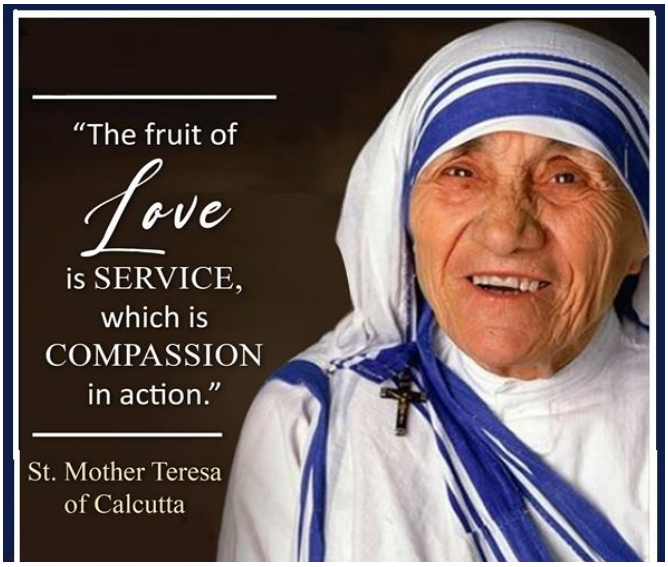
This remote option of getting family planning and abortion services will create a pathway to sustain the SRHR services without increasing COVID-19 exposure. This is a considerable shift from the traditional way of getting abortion and family planning, and most hoped will enrich and maximize options for safe abortion and family planning.

Ethiopia is also suffering from the global pandemic, and studies conducted in the country have shown disruptions on SRHR services. Both family planning and abortion care services were profoundly affected during the first six months of the pandemic. Several approaches were used to combat misinformation and maintain access to SRHR services. The Federal Ministry of Health is working diligently with other stakeholders, and changes are being witnessed in the number of women requesting/receiving SRHR services. The initiated approaches should continue, and other innovations in similar settings need to be tested and incorporated into the existing endeavors to keep the momentum and maintain access to SRHR services.

Compassion in Action

Semere Negash, MD

Compassion is not Pity! But an emotional response to another's pain and suffering involving an authentic desire to help. As such a compassionate act has a two-way nature to it, what is instilled by the giver is returned in kind by the recipient. It is inevitable to evoke religion when talking about compassion, which is not without merit, because compassion is used by all 'people of the book' including Judaism, Christianity and Islam. The universal principle of 'do for others what you ought others do for you' is channeled through the virtue of compassion, which I hope is a concept shared by all contemporary society. Also, as a prominent advocate of compassion in mundane life and the leader of Buddhism, the Dalai Lama, to emphasize its universality, once said, "Whether one believes in a religion or not and where one believes in rebirth or not, there isn't anyone who doesn't appreciate kindness and compassion".



"The key work of doctoring according to Kleinman lies in the interpretation of narratives of illness brought to him by the patient where illness narratives edify us about how life problems are created, controlled, made meaningful Kleinman (1988). For him, diagnosis is a thoroughly semiotic activity where words have meanings that stretch beyond their immediate objective reference. So showing, for example, compassion on the part of the practitioner lies in an understanding that illness has a meaning beyond its relationship to a particular part of the body and is bound up as a social construction and given a particular meaning in the patient's wider world. Without knowledge of the patient's wider perspective how can you be seen to be treating the patient adequately as a person in his or her own right?"

***Robin Wynyard**: Providing Compassionate Healthcare: Understanding compassion, the tangled roots of compassion (2014)*

In these days of technological advancement, everything is a shortcut. Every activity is 'advanced' in a way that shortens time and saves money. When applied in the field of medicine, this would inevitable mean cutting down on patient-doctor interaction. Computer screens are not meant to replace patients. It would otherwise heavily bear on the emotional space for the expression of compassion, which is inexplicable without a physical interaction.

Compassionate acts/compassion in action, may sometime need the right narrative to be fully appreciated and reciprocated. An example of this comes from Jonathon Miller, a medical doctor turned opera director. He cites the example of when he was a young intern on a geriatric ward in a hospital. An elderly gentleman out of humanity and courtesy had got out of bed to show a female visitor the way out of the ward, totally forgetting that he had no pajama bottoms on. Someone might use the word 'disgust' associated with this incident or just put it down to senility using such words to construct their social world of interpretation in which to situate this event. But for the elderly gentleman on the ward it was part of his constant effort to show others and himself that he was no less human than they.

"So what is all this fuss about compassion?" You say; well, it might just happen to be the missing link that bridges the ever widening gap between the hard science and the art of medicine. It's not 'just a commendable value' that all society across the world agrees upon as a good way of behaving towards others, but also a glaring scientific fact backed by a concrete evidence from thousands of researches that it, among very many other things boosts immunity, promotes self-care, reduces medical cost and keeps burnouts at bay.

The Global Gag Rule – 36 years of America's erratic support of reproductive health

Jaclyn Grentzer, MD, MSCI

The Mexico City Policy, sometimes referred to as the Global Gag Rule (GGR), was first implemented by U.S. President Ronald Reagan in 1985. It is a U.S. government policy that blocks funding for foreign non-governmental organizations (NGOs) that "perform or actively promote abortion as a method of family planning in other nations." This means that any foreign NGO that provides information, referrals, or services for legal abortion or advocates for access to abortion services in their country cannot receive U.S. funding – even if that funding is earmarked for contraceptive services only. Of note, American NGOs are not targeted in this policy because the use of U.S. funding for abortion related care, both domestically and globally, has been restricted through several other legal provisions since the early 1970s.

Starting in 1985, the Global Gag Rule was alternately rescinded by Democratic presidents and then reinstated by Republican presidents. This continued for 32 years, until 2017 when, during Donald Trump's presidency, he not only reinstated the GGR, but also later expanded the existing policy in a memorandum called the Protecting Life in Global Health Assistance (PLGHA). This new policy maintains the previous requirement that foreign non-governmental organizations (NGOs) that receive global family planning funding "will not perform or actively promote abortion as a method of family planning or provide financial support to any other

organization that conducts such activities". It also applied to foreign NGOs receiving ANY global health assistance at all, not just funding for family planning. Including NGOs that receive grants and cooperative agreements issued by the Department of State, Department of Defense, and Department of Health and Human Services, as well as the United States Agency for International Development (USAID).

The Trump administration took this suppression of reproductive health one step further when, in 2019, the Department of State issued new guidance that the PLGHA would now also apply to any organizations that were associated with NGOs receiving US federal funding, EVEN IF, those organizations were not directly receiving funding themselves. This was the most broadly applied restriction of global reproductive rights that had every occurred.

The actions of the Trump administration directly contradicted the public health literature showing that the GGR had no documented benefit, but did have significant documented harm in the areas where U.S.-funded family planning NGOs existed. In a recent Lancet article, Brooks et al reported on reproductive health outcomes in Sub-Saharan Africa between 1995-2014. When the policy was in effect, countries whose reproductive health services were heavily dependent on U.S. aid showed a 40% increase in abortions and a 14% decline in modern contraceptive use. In Lesotho, at a time when 1 in 4 women were infected with HIV, institution of the policy during President Bush's administration (Republican) effectively cut off all sources for barrier contraception and barrier protection against HIV and other sexually transmitted infections for 8 years.

And finally, a recent estimation by the International Planned Parenthood Federation (IPPF) found that had funding not been blocked by the Trump administration, they could have prevented 20,000 maternal deaths, 4.8 million unintended pregnancies, and 1.7 million unsafe abortions. In addition, IPPF could have provided treatment for 275,000 pregnant women with HIV, 70 million condoms, 725,000 HIV tests, and 525,000 treatments for sexually transmitted infections. While these figures are shocking, they barely reflect the true breadth of the GGR's harmful effects on woman around the world, as well as its effects on the achievement of the World Health Organization's Sustainable Development goals, in particular those targeting maternal mortality, sexual and reproductive health, and achieving gender equality while empowering all women and girls.

Fortunately, the newly elected U.S. President, Joe Biden, rescinded the GGR on January 28, 2021 signaling the United States' recommitment to global reproductive health and rights. But how long must foreign NGOs sustain this roller-coaster ride of U.S. funding? And how long must women around the world be penalized just for seeking basic reproductive health services during a Republican president's term? A permanent solution is necessary. The Global Health, Empowerment, and Rights (HER) Act is just that. Introduced to the U.S. Congress in 2019, it is a congressional bill that, if passed, would serve as an enduring safeguard to global reproductive health and rights funding. The Global HER Act would repeal the GGR, prevent a future president from unilaterally reinstating it, and ensure that foreign NGOs would be able to support health programs abroad that ensure comprehensive access to reproductive care.

Global reproductive rights, access, and activism is profoundly supported by funding from the United States government, and the Biden administration has the power to advance this agenda in a meaningful way. Let us not be passive spectators for the next 4 years, but powerful advocates for women around the world.

COVID-19 and FAMILY PLANNING – a sharp edged sword and a watermelon

Abraham Fessehaye, MD

Our world has counted one year since it learned to co-exist with the COVID-19 pandemic. That has come with a heavy cost: millions of lives lost, hospitals stretched beyond their capacities, resources wasted, and an economic downfall triggering more poverty and instability. There is not any sector left untouched either by the immediate and/or indirect consequences of the pandemic.

Governments across the world have focused on the effects of the pandemic in terms of COVID-related illnesses and deaths that has overwhelmed the capacity of their nation's hospitals and other healthcare facilities. However, these same governments have overlooked the pandemic's effects on provision of sexual and reproductive health services.

Family planning, in all of its forms, including contraception provision has been sliced in to pieces by the negative impact of the COVID-19 pandemic. It has proven to be as vulnerable as a watermelon would be under the edge of a sharp sword.

Lockdowns and other restrictions have been hampering access to contraceptive supplies and services. During physical distancing, isolation and working from home, couples were predicted to be more prone to increase the time dedicated to sexual intercourse. Deemed "an essential health service which by no means should suffer because of COVID19", family planning services in most parts of the world have either been suspended or overlooked by both the governmental and private sectors. In many countries, family planning services are taken for granted to be a reproductive health right and as such are readily available. However, we are now in the era of experiencing how it looks to have that access denied. The only sustainable way to significantly reduce maternal mortality, curb maternal morbidity, ensure gender equality, and as a byproduct of these, to improve the economy, is in great danger of being compromised.

As the world struggles to fight the second wave of the pandemic in one hand and works hard to have a fair distribution of vaccines in the other, there is a steadily growing fear that family planning service provision might progress from being not only compromised, but to being labeled as non-essential. The consequences are visible on the ground. Studies show that access to family planning services has been profoundly reduced at the same time as rates of gender-based violence has increased. Together these two factors can lead to an increase in the number of unintended pregnancies and convey that women have less autonomy over their own bodies.

It has been estimated that a 10% decline in use of contraceptive methods would result in 15,401,000 additional unintended pregnancies in 132 low- and middle-income countries. This translates in to

1,745,000 additional women experiencing major obstetric complications, and 3,325,000 additional women resorting to unsafe abortion.

Sadly, we have a disturbing report of a 30% decline in family service provision in some countries now. Buried in this statistic lies a foreseeable major setback for our world in terms of what had already been achieved by the Millennium Development Goals and an amplification of the challenge to meet the Sustainable Development Goals. This amplifies the scale of maternal mortality and morbidity, economic slowdown, and a worsening of poverty.

A study from India shows that the numbers of first doses of injectable contraceptives given decreased by 36% during the early period of COVID-19 pandemic, while intrauterine device(IUD) insertion has shown a 21% decrease in the same period. A similar study done in Ethiopia in the same period reported a decrease in family planning service uptake by 29.4 % in a national referral hospital.

There are lessons learned from these reports and many other similar reports from around the world. We have been dangerously close to repeating similar mistakes to that happened in the past. Reports from the 2014–2015 Ebola epidemic showed that the shutdown of routine services resulted in more maternal and child mortality and morbidity than the outbreak itself, a percentage of that directly related to a decrease in sexual and reproductive health services.

We do not have to repeat mistakes of the past; we can make the world better by making a far better choice – put our voices together to a raise a noise so that sexual and reproductive health services are not left behind.

It is not out of our control to reverse family planning service provision to the pre-pandemic level, and even beyond that. There is a way out. Developed countries have already responded with a rapid implementation of innovations like telemedicine, maintaining long-acting reversible contraception (LARC) access through brief procedural visits following a virtual consultation and a 'click and collect' policies allowing contraceptive prescriptions to be sent directly to pharmacies or to patient's homes after a 'telephone/video visit'.

The way forward should be for countries to include family planning and reproductive health services in the package of essential services. FIGO's Contraception and Family Planning Committee are urging maternity units across the globe to turn their attention to offering and providing immediate postpartum family planning and postpartum. LARC is of particular value during the pandemic given their low failure rates due to user independence, and the fact that women do not need to return for constant resupplies.

As noted above, several strategies have arisen to combat this slashing of sexual and reproductive health services by the sword of COVID-19. Together we can ensure that these services don't get divided into pieces like a watermelon, but instead are as strong as diamonds against COVID-19s sharp edge.

YOUTH ENGAGMENT

As COVID-19 exacerbates SRH challenges, SPIRHR recognizes eight young leaders in Ethiopia taking a stand for advocating youth SRH

As part of the second National Reproductive Health Symposium, St. Paul's Institute for Reproductive Health and Rights(SPIRHR) in collaboration with Saint Paul's Hospital Millennium Medical College (SPHMMC) hosted a half day youth pre-conference on November 12th. It recognized eight youth champions from Ethiopia who have been working on promoting and fostering Sexual and Reproductive Health and youth wellbeing during the COVID-19 pandemic.

SPIRHR identifies young people not solely as beneficiaries but as equal and valuable partners in projects, research, programs, and initiatives that are led, co-led, and centered around young people.

The SPIRHR youth pre-conference represented young Advocates from different parts of Ethiopia with a range of diverse professions and advocacy experience.

These eight remarkable SPIRHR youth champions will receive training and resources to extend their influence on Sexual and Reproductive Health and actively shape programs that affect the health and rights of girls, women, and young people. They will have the opportunity to take their work to new heights, including enhancing their advocacy knowledge and skills through the mentorship of highly recognized ObGyn consultants and access to resources and grant to innovative youth focused SRH initiatives.

Meet SCORA

Standing Committee of sexual and reproductive health & rights, including HIV/ AIDS. We are the St. Paul's branch among thousands of passionate medical students committed to promoting sexual and reproductive health and rights worldwide. We work on multiple SRHR concerns, including menstrual hygiene, Gender-based violence, gynecological cancers, gender equality, and maternal health. We are continuously trying to stir conversations among medical students in St. Paul's and build our skills and capacity in SRHR.

Since we mainly work through campaigns and trainings, had significantly jeopardized our work with the coming of COVID-19.

With universities being closed, our members went back home. We lost touch with offices that were helping us and new initiatives we were trying to embark upon.

However, with COVID-19, more SRHR problems like the high incidence of GBV, decreased accessibility of contraceptives, decreased antenatal and postnatal visits, increased death from HIV/AIDS rose, and we couldn't sit back. SCORA St. Paul's officially started its online advocacy for sexual and reproductive health and rights in early April. But our most exciting feat didn't happen till October.

In October, breast cancer awareness month, we ached to increase breast cancer literacy to the higher-risk population: middle-aged women. After lengthy discussions and contemplations, we can easily see such women even during a pandemic: Edir. Edir is a traditional saving system where people living in the same area contribute a fixed amount of money per month to help one another in times of need. Besides serving this purpose, the gathering allows women and men to share ideas, concerns, and recent happenings. After preparing a flyer which contains all essential information about breast cancer, we sent it off printed to our local edirs where they are distributed to be read by all women and their family members. It was a proud moment for us. SRHR advocacy is an everyday challenge that requires a lot of effort and creativity. SCORA St. Paul's is pleased to prove its commitment to better girls, adolescents, and women through SRHR works.