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Herder, Tobias; Jlah Doe, Richard ; Ahmed Abdalla Dafalla, Faihaa; Zula Timo, Yonas; Palmieri, Jack; Agardh, Anette

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PO Box 117  
221 00 Lund  
+46 46-222 00 00



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# Experienced effects of COVID-19 on HIV and SRHR: preliminary results from the GAPS-22 study

HERDER, T.<sup>1,2</sup>, JLAH DOE, R.<sup>1,3</sup>, AHMED ABDALLA DAFALLA, F.<sup>1,4</sup>, ZULA TIMO, Y.<sup>1,5</sup>, PALMIERI, J.<sup>1,2</sup>, AGARDH, A.<sup>1,2</sup>

1. THE GLOBAL ACADEMY OF SRHR 2. SOCIAL MEDICINE AND GLOBAL HEALTH, DEPARTMENT OF CLINICAL SCIENCES, MALMÖ, FACULTY OF MEDICINE, LUND UNIVERSITY, SWEDEN 3. MINISTRY OF HEALTH, OLDEST CONGO TOWN, MONROVIA, LIBERIA 4. FEDERAL MINISTRY OF HEALTH, DIRECTORATE OF POLICY AND PLANNING, SUDAN 5. POPULATION SERVICES INTERNATIONAL, ETHIOPIA

## Conclusion

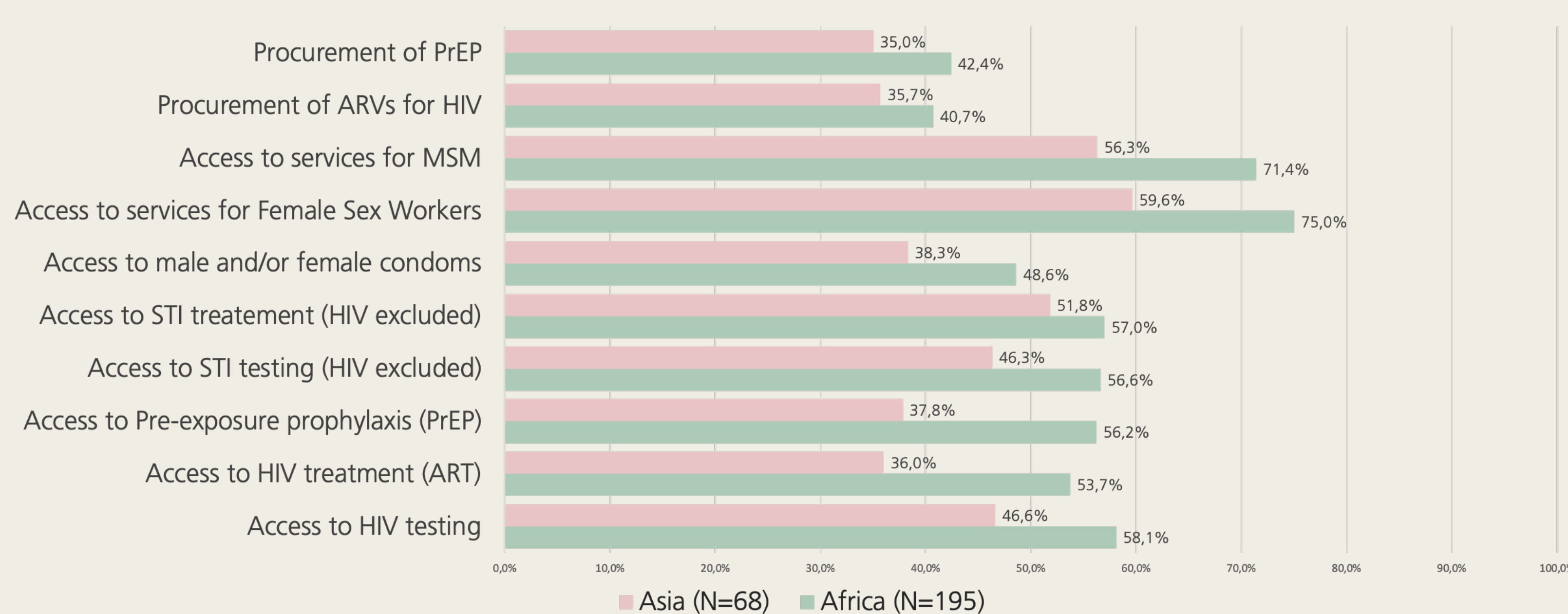
SRHR professionals in Asia and Africa experienced large negative effects on SRHR and HIV services during the COVID-19 pandemic. At the same time, the reported strategies to mitigate these challenges show innovative approaches that might have long-term positive effects on the accessibility of HIV care and services.

## Background

The Global Academy of SRHR (GA) is a global network and platform for professionals working with sexual and reproductive health and rights (SRHR). GA was initiated by Lund University with support from the Swedish International Development Cooperation Agency, Sida, and currently gathers 800 SRHR professionals from Ministries, Government Agencies, NGOs and Clinics in 38 countries, predominantly in Asia and Africa. In early 2020 GA started receiving reports of how COVID-19 was affecting access to sexual and reproductive health and rights from its members. Among other concerns, members reported increases of teenage pregnancies, limited access to ARVs, increases of sexual and gender-based violence, and increased discrimination against key populations.

## Main findings

Figure 1. Proportion of SRHR professionals who experienced *large to very large* negative effects of COVID-19



A total of 266 GA members answered the survey from 26 countries, predominantly in Africa (n=195) and Asia (n=68). The majority of respondents identified as female (62%), and 52% represented government agencies such as ministries and government hospitals. Main findings related to HIV are displayed in **Figure 1**. Among the reported strategies to mitigate the challenges, implementing online services, implementing differentiated service delivery models for ART and PrEP, and classifying HIV services for key populations as “essential health services”, can be mentioned.

Quotes on challenges:

*Covid 19 pandemic saw the introduction of lock down /.../ reversing a lot of gains in the provision of SRHR services*

*There was a shortage of ARVs and other commodities whereby some patients had to get a change in the regimen used in terms of ARVs prescriptions.*

Quotes on strategies:

*Implementation of differentiated service delivery models for ART and PrEP by providing longer duration of drugs.*

*HIV testing through unassisted HIV self testing approach and free distribution of test kits door to door.*

*HIV services for Key populations were declared as essential health service by the Government.*

*Multi month dispensing and Differentiated services (dispensing of ARVs) using non facility based options were utilized - home delivery or community based structures.*

## Method

To gather the global experiences among SRHR workers, the *The Global Academy multi-country study on the impact of the Covid-19 Pandemic on SRHR (GAPS-22)* invited GA members to answer an individual survey on work experiences of effects of COVID-19 on SRHR information, materials, and services. Invitations to answer the survey were personal, and data was collected between October and December 2022. The questionnaire consisted of a mix of multiple-response and free text answers. Descriptive statistics were used to summarize preliminary results.

## Contact

Tobias Herder, PhD  
Social Medicine and Global Health  
Department of Clinical Sciences, Malmö  
Lund University, Sweden

Email: tobias.herder@med.lu.se



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