Sexual and Reproductive Health in Uganda under the Coronavirus Pandemic

A Written Contribution to the Special Rapporteur on the Right to Physical and Mental Health

Preamble

Universal access to sexual and reproductive health is essential to the enjoyment of the highest attainable standard of physical and mental health, as guaranteed by Article 12 of the International Covenant on Economic, Social, and Cultural Rights. Many challenges, indeed, obstruct individuals’ enjoyment of this right. These obstacles are interrelated and entrenched in society, operating at different levels: in clinical care, at the health systems level, and in the underlying determinants of health. In addition to biological factors, social, economic, and other conditions bear upon a woman’s sexual and reproductive health. It is often linked to poverty and economic stability in general. Criminal and other legal restrictions also affect abortion.

The Covid-19 pandemic and its mandatory procedures have impacted sexual and reproductive health services, especially those related to access to public services due to COVID-19 pandemic lockdown decisions in some countries and the difficulty of accessing health services.

Elizka Relief Foundation presents this written contribution to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, to highlight the right to sexual and reproductive health in Uganda in light of the repercussions of the Covid-19 pandemic.

First: The sexual and reproductive health in Uganda

**A. An overview of the right to sexual and reproductive health in Uganda.[[1]](#footnote-1)**

Even before the onset of the COVID-19 pandemic, every day more than 500 women and girls in countries with emergency settings were dying during pregnancy and childbirth due to a lack of quality sexual and reproductive health services. Moreover, the deteriorating economic conditions of Uganda, and the high incidence of poverty that results in high number of out-of-education.

The maternal mortality rate associated with the availability of the right to sexual and reproductive health increased, despite the progress made in reducing the maternal mortality rate in Uganda from 524 deaths to 336 deaths per 100,000 live births for the seven years, according to the 2001 and 2016 Uganda Demographic Health Survey (UDHS). Overall, an estimated 35 million women and girls aged 15-49 require humanitarian assistance with SRHR services.[[2]](#footnote-2)

**B. Challenges facing the right to sexual and reproductive health.[[3]](#footnote-3)**

Poverty and the failure to listening to the voices of women and girls who directly affected by violations are the chief reasons behind Uganda's lack of mechanisms and means to promote the right to sexual and reproductive health

**Second: The sexual and reproductive health** **in light of the Covid-19**

**A. Access to health services during the coronavirus pandemic.**

Meeting health needs was affected by the deterioration of the situation during the Corona pandemic, the countries taking measures such as closing places and other compulsory measures. Clinical staff may be preoccupied with the response of epidemic patients than providing health services to other patients. Or health centers may lack sufficient personal protective equipment to provide services safely.

The health workforce has been reassigned to care for HIV patients in some Ugandan health centers to reduce capacity in other services, which leads to the closure of health facilities in many places or the limitation of services provided in them[[4]](#footnote-4). The health pandemic in Uganda has also resulted in the absence of health care workers from their original work which may cause interruptions in the regular provision of essential sexual and reproductive health services, increasing the risks of unwanted pregnancies and sexually transmitted diseases.[[5]](#footnote-5)

Although the Ugandan government has issued directives to protect pregnant women's access to maternity services, access to essential sexual and reproductive health information and services such as contraceptives, family planning, and health protection has not been prioritized during the lockdown. That affected the right to sexual and reproductive health, as 28% of family needs were not met at that time.

In the context of the Corona pandemic restrictions on public transportation, access to health care services has become a privilege reserved for only a few. Consequently, women have to travel long distances to reach health centers and services, which puts the lives of expectant mothers in particular at risk. The fetus is also at risk because there is the possibility of birth occurring along the way, which is carried out by traditional dangerous methods[[6]](#footnote-6).

**B. Abortion rates and rates and maternal mortality.[[7]](#footnote-7)**

Ugandan women are at risk in light of the rising rates of the epidemic, especially women who are about to give birth and thus expose to the risk of unexpected complications during or after childbirth. The risk increases with concerns about the lack of access to quality health care services and information, insufficient supplies, and the absence of health care providers and goods to respond to emergencies.

Uganda is one of the countries with a high incidence of 314,300 abortions annually, representing 14% of all pregnancies, or 39 per 1,000 women aged 15-49, abortion rates within Uganda vary from region to other and range from 18 per 1,000 women in the western to 77 per 1,000 in the capital, Kampala[[8]](#footnote-8). Regarding contraceptive prevalence rates in Uganda as one of the most important ways to achieve high levels of reproductive health, only 39% of adolescents have access to healthy family planning services. Moreover, more than half of all pregnancies in Uganda are unregulated; a third of those cases end up in unsafe abortion due to a combination of economic and cultural challenges.

Unsafe abortion and its complications account for 5% of maternal deaths in Uganda, and worse still, treatment of complications from unsafe abortion poses costs to the Ugandan health care system. On average, post-abortion care costs about US$130 per patient, and women's use of abortion as a means of fertility control has increased recently in Uganda in the intervening years[[9]](#footnote-9).

The poor sexual and reproductive health environment in Uganda has resulted in diseases such as HIV. More than three million Ugandans are living with HIV; who require monthly access to ARVS medication. But in reality, the closure has directly impacted those eligible to access care and allow people living with HIV to obtain their medication and health care.

**C. Gender-based violence in light of COVID-19 and its impact on reproductive health**

The closure due to the Coronavirus has increased gender-based violence in Uganda, especially with the educational institution closure. Mental, physical, or sexual violence was practised against women, girls, and boys. There were many types of violence in Uganda, with physical violence representing (20%), sexual violence between women (13%) and men 4%, and spousal violence (39%) for both sexes[[10]](#footnote-10).

Approximately 3.3 million Ugandans experience domestic violence among adults each year, but with the government only taking care of COVID-19 patients, these victims are left unattended and vulnerable. In recent months, the number of gender-based violence cases has risen to 3,280, with only 1,148 cases reported to the police[[11]](#footnote-11).

**Conclusion**

Elizka Relief Foundation is following the sexual and reproductive health conditions in Uganda with concern, especially in light of the Coronavirus and its impact on maternal mortality rates and abortions, with the lack of appropriate means and financial capabilities in light of the poverty that Uganda suffers from. For its part, Elizka Relief Foundation presents the following recommendations:

**First:** The government and other stakeholders must establish good and safe alternative transportation to allow women to access much-needed health care. This coordinated response must be able to address emergencies for all mothers and children.

**Second:** Ugandan government and Ministry of Health should work closely with civil society organizations to raise public awareness of medical referral services during the COVID-19 lockdown and their right to quality health care.

**Third:** Paying attention to training and supporting health workers and supportive health care providers during the prevailing pandemic and providing all the necessary resources and systems to contain the spread of the virus safely and effectively while providing health care to others. That is done by providing them with reliable and up-to-date information, safety and protection equipment, and emergency services.

**Fourth:** Elizka recommends the Ugandan government to continue the management of the Covid-19 crisis while focusing on basic medical services that care for the mother's health. That can be done by stocking and supplying health care facilities and personnel with sufficient basic commodities to meet the women's needs, especially the emergency while controlling the spread of the Coronavirus.

**Fifth:** The need to find alternative means to ensure that young people and girls have access to information and services related to reproductive health and rights. That is, the correct information must be disseminated on online platforms for easy access and to prevent the continued misinformation of young people and girls with cultural legacies and misconceptions about their health and reproduction.

1. - United Nations Human Right, Sexual and Reproductive Health Rights, at: <https://www.ohchr.org/EN/Issues/Health/Pages/sexualandreproductivehealth.aspx> [↑](#footnote-ref-1)
2. Research Square, Sexual and Reproductive Health and Rights Challenges among Ugandan Youth during COVID-19 Pandemic lockdown: An online Cross-Sectional Study, at: <https://www.researchsquare.com/article/rs-48529/v1> [↑](#footnote-ref-2)
3. - Idem. [↑](#footnote-ref-3)
4. - Health Policy and Planning, Power, policy and abortion care in Uganda, Dec 2020, at: <https://2u.pw/z2sXo> [↑](#footnote-ref-4)
5. - CHURD Social Justice In Health, RIGHT TO HEALTH IN THE ERA OF THE COVID-19 PANDEMIC IN UGANDA, May 2020, <https://2u.pw/kUOH5> [↑](#footnote-ref-5)
6. - [Globalization and Health](https://globalizationandhealth.biomedcentral.com/)**,** A review of prospective pathways and impacts of COVID-19 on the accessibility, safety, quality, and affordability of essential medicines and vaccines for universal health coverage in Africa, April 2021, at: <https://2u.pw/8NAGy> [↑](#footnote-ref-6)
7. **- Idem.** [↑](#footnote-ref-7)
8. - Care, How Ugandans Keep Health Care Accountable, March 2021, at: <https://2u.pw/w4nWy> [↑](#footnote-ref-8)
9. - Africa Health Sciences, Sexual, reproductive health needs and rights of young people with perinatally Acquired HIV in Uganda, at: <https://2u.pw/74UTP> [↑](#footnote-ref-9)
10. - Emerald Publishing, Prevention & response to gender-based violence (GBV) during novel COVID-19 lockdown in Uganda, March 2021, at: <https://2u.pw/u5pDG> [↑](#footnote-ref-10)
11. **- Idem.** [↑](#footnote-ref-11)