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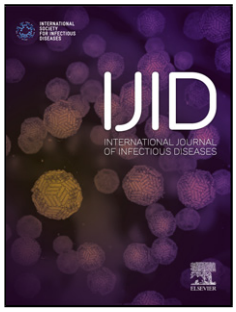

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Safeguarding gains in the Sexual and Reproductive Health and AIDS Response amidst COVID-19: The Role of African Civil Society

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Highlights

- COVID-19 is reversing gains made in the sexual and reproductive health response
- Women and girls' sexual and reproductive health services must remain essential
- Civil society organisations can safeguard sexual and reproductive health amid crisis
- Civil society organisations must promote better accountability by African governments

ABSTRACT

We outline the role of African Civil Society in safeguarding gains registered to date in the sexual and reproductive health and HIV response. We make a case why civil society organizations (CSOs) must vigilantly be engaged in the COVID-19 response in Africa. Lockdown disruptions, and rerouting of health funds to the pandemic, have impeded access to essential Sexual and Reproductive Health (SRH), and social protection services. Compounded by pre-existing inequalities faced by vulnerable populations, poor SRH outcomes amid COVID-19 calls for CSOs' intensified demand on accountability of Governments. CSOs also rapidly close community-health facility gaps and provide safety-nets to mitigate the COVID-19 gendered impact. **Keywords:** Africa, COVID-19, Civil Society, CSOs, Gender, Sexual and Reproductive Health,

MAIN TEXT

The emergence of COVID-19 in Africa has presented the most severe public health challenge for the continent in recent history, placing 1.2 billion people at risk (El-Sadr and Justman, 2020). Health systems in Africa are already strained (Medinilla et al., 2020), with other infectious diseases such as HIV, malaria and tuberculosis (TB) (Mhango et al., 2020)(Fig.1). Currently, South Africa a country with the highest

numbers of people living with HIV and one of the largest TB burdens in the world (Hansoti et al., 2019, WHO, 2019) has the highest number COVID-19 infections on the continent (Isilow, 2020) (Fig. 1).

COVID-19's Gendered Impact threatening Sexual and Reproductive Health: COVID-19 does not discriminate, but its impact does. Africa has pre-existing inequalities that result in economic and social injustices and poor health outcomes within the extensive disruptions caused by the COVID-19 pandemic.

Experiences from the Ebola epidemic demonstrated a long-term adverse impact on Sexual and Reproductive Health (SRH) outcomes. This occurs when countries are concerned with emerging disease outbreaks (Chattu and Yaya, 2020), and reroute limited resources to contain epidemics while neglecting other essential health needs of their populations. In low to middle-income countries, COVID-19 public health disruptions have a potential annual impact of a 10% decline in SRH service access, in particular by girls and women (Oladele et al., 2020, Riley et al., 2020). COVID-19's gendered impact is illustrated by an upsurge in violence against women and girls in Africa (Ajayi, 2020, UN Women, 2020), specifically sexual gender-based violence (SGBV), and unintended pregnancies (The World Bank Group, 2020). Women and girls under stringent lockdown rules have limited access to social protection, threatening their SRH rights (UN Women et al., 2020, United Nations Human Rights Office of the High Commissioner, 2020). In Kenya, thousands of school girls have become pregnant during the lockdown period (Wadekar, 2020), and many pregnant women have abruptly reduced options for care, as health centres which they normally accessed have shut down, with health care providers assigned to the pandemic

response (MSF, 2020). In Tunisia, a survey illustrated that approximately 50% of SRH services have been either reduced or suspended, since the pandemic onset (OECD, 2020b). COVID-19 lockdowns, which have continued for about six months, are anticipated to reduce access to contraceptives for approximately 47 million women in 114 low- and middle-income countries, contributing to an additional seven million unintended pregnancies, and about 13 million child marriages which would have otherwise not occurred between 2020 and 2030 (UNFPA, 2020). Likewise,access to HIV medicines by women and girls living with HIV and pre-exposure prophylaxis (PrEP) by female sex workers have been compromised. A recent mathematical modelling study predicted that disruption of reliable antiretroviral therapy supply, for individuals in need, could lead to more than 500,000 additional deaths in sub-Saharan Africa in 2020–2021 (AVAC, 2020, UNAIDS, 2020b).

The COVID-19 gendered impact is intensified by interrupted access to education (Burzynska and Contreras, 2020), skills development and learning spaces, affecting adolescent girls and young women (AGYW). AGYW are expected to continue their education and learning through either online or home-based facilities, neither of which are accessible by more than 90% of learners on the African continent (da Silva, 2020). The education system across the continent is still far from ready to cope with the new delivery methods (Association for the Development of Education in Africa, 2020). AGYW on the continent have resultantly been derailed off their educational trajectory, with impeded access to comprehensive sexuality education (CSE) and contraceptives, increased exposure to SGBV, early and unintended pregnancy, female genital mutilation, poor menstrual hygiene management (Yamakoshi et al., 2020) and forced or child marriage. This adverse impact on AGYW's SRH outcomes has contributed to

an increase in poor mental and psychosocial well-being, characterised by anxiety, depression, frustration and feelings of isolation; and compounded by their exposure to poverty and hunger (Plan International, 2020b).

The multidimensional poverty index (MPI) has worsened due to the COVID-19 pandemic, with 57.5% of the Sub-Saharan Africa population being already categorized as poor by the MPI before the pandemic (Alkire et al., 2020). This exacerbates the risk of poor SRH outcomes for AGYW. Alongside the COVID-19 crisis, there has emerged a hunger crisis (United Nations, 2020, WHO, 2020) and a economic recession crisis (International Monetary Fund, 2020). Loss of access to income, food price increases, and weakened food chain supplies, coupled with the adverse impact of the climate crisis on agriculture and subsistence farming, have grossly reduced livelihoods security for a high proportion of families in Africa (Blanke, 2020, FAO, 2020). Many have resorted to marrying off girl-children as a form of survival, and security for the girl-child (Batha, 2020). Keeping girls in school is a proven strategy to achieving good SRH outcomes, as determined over a decade before the advent of COVID-19 (Haberland and Rogow, 2015, Kimera et al., 2019, UNFPA, 2013). Unfortunately, this preventative strategy is under serious threat by the pandemic.

COVID-19's Impact on African civil society organisations **(CSOs):** Most African CSOs pre-COVID-19 were already facing a series of hurdles. As efforts intensify to tackle the pandemic, it is prudent to allay potentiality of COVID-19 leaving a footprint as *The Crisis that Crumbled CSOs*. Climate crisis, economic meltdowns, food insecurity, political strife, an exodus of skilled human capital (to the Global North), shrinking resource availability, restrictive policies, are among hurdles they navigated

daily, pre-COVID-19. During COVID-19, these challenges have worsened (Save the Children, 2020). New and different challenges have emerged, including and determining a reengineered mode of operating virtually and remotely as teams; access to digital assets to enable efficient digital operations; abrupt cost-cutting; and access to cash and resources being the most uncertain (O'Connell, 2020). African CSOs are in jeopardy, as investors may overlook CSOs vital role to the continent's health and development landscape; and hasten to invest only in governments. Aid agencies in the SRH and HIV response must continue to deliver on their SDG commitments; by promoting and funding a localisation agenda where resources reach local partners, including women-led organisations (Plan International, 2020a). This calls for the need to support CSOs directly, as they hold first-hand knowledge on the needs of communities amid the pandemic's impact.

Despite the above backdrop, African CSOs have continued to persevere their commitment to advancing equality, safety and security of vast populations they support, reflecting the nature of resilience. Achieving the Sustainable Development Goals (SDGs) and United Nations Agenda 2030, specifically targets under SDGs 3, 4 and 10, and sustaining SRH and HIV response gains and saving lives, implicate the critical role CSOs have in the COVID-19 response. CSOs close gaps unmet by governments or aid agencies; and provide safety nets for populations left behind. CSOs are best placed to foster an accountability agenda underscoring a human rights-based (HRB) COVID-19 response that recognises the fundamental right to health (Pūras et al., 2020). CSOs ensure interventions, reporting of data and dispatch of resources is done equitably, in an unbiased and inclusionary manner. When CSO are engaged in the pandemic response, it becomes localised (Stevens, 2019), more

relevant and sustained (Global Taskforce of Local and Regional Governments, 2018). Reemphasising the localisation of services aligns with the intent of Universal Health Coverage (UHC) to enable all people to have access to health services they need, at the time they need them, and wherever they are (local, and not needing to travel far for the services). Meanwhile, supporting CSOs to establish digital accountability networks is imperative to ensure that their role in preventing injustice in the health sector is realised. This has been effective in maintaining SRH and HIV response momentum in the African context (Mullard and Aarvik, 2020), such as the *Ushahidi* open-source platform and *MobiSAfAIDS* Application (Pade-Khene et al., 2020).

African CSOs as Tipping Points in the SRH and HIV Response during COVID-19: To amplify these comparative advantages, and mitigate COVID-19 adversities on SRH outcomes, African CSOs are urged to apply the following five Principle Actions which are summarised in Figure 2:

1. *Demanding and tracking accountability of government around optimal use of COVID-19 funds and resources*. CSOs, as the citizenry, must exert duty-bearer accountability to report transparently on both resource usage and the true impact of the pandemic. Recently in Zimbabwe, the Minister of Health and Child Care was removed from the position, on allegations of fraud over a US$ 60m COVID-19 equipment deal (Cassim, 2020). South Africa is probing allegations of corruption involving ZAR500 billion (US$26.3 billion) of the COVID-19 relief fund allocated by the government to ease the impact of the pandemic (Hassan Isilow., 2020). Other cases of mismanaged COVID-19 funds have been reported in the Democratic Republic of Congo, Uganda and Kenya (Nyabiage, 2020). These corruption risks were identified before the emergence

of the above examples. CSOs must arise vigilantly to take stock of, and promote, four key areas: public procurement, whistleblowing, free speech and press, and development aid. In addition, lessons learnt on corruption that arose during the Ebola outbreak in West Africa (2014-2016) (Transparency International, 2020) should be reinforced.

CSOs must institute monitoring, assessing and recommending health systems strengthening, in synergy with judicial systems, human rights institutions, and parliamentary structures, for the attainment of SRH rights throughout the pandemic. CSOs can further facilitate digital civic participation in social accountability monitoring processes, which are feasible to sustain in the African context. Concurrently, CSOs need to advocate governments to pursue commitments made in alleviating the humanitarian crisis, including strengthening the implementation of the *Grand Bargain*, so that resources reach local actors (Development Initiatives, 2020).

2. ***Keeping SRH and HIV central to the UHC agenda***, by ensuring African policymakers and aid agencies do not divert from the UHC commitments, amid the pandemic. This requires that fund-rechannelling to the COVID-19 response does not compromise other essential healthcare; and that a Minimum Initial Services Package continues to be availed to all (Tran et al., 2020). This is particularly critical for settings that are fragile and in the humanitarian state, which characterises several African countries. Where minimal resources in health care systems have been abruptly rechannelled to the COVID-19 response; services such as SRH and HIV services have been de-prioritized. As such, CSOs must monitor the plight of disadvantaged and at-risk populations (MSF, 2020, The Global Fund, 2020, United Nations Office for the Coordination of Humanitarian Affairs, 2020), amidst pandemic disruptions. They must

remain emphatic and bold in their advocacy to government and aid agencies so that human rights and dignity are upheld, and *No-one is Left Behind* within the pandemic response. CSOs must remind governments of the fundamental right to health, beyond the pandemic, and demand inclusion. A bold example is a stance taken by the Moroccan CSOs, who exerted agency for inclusion, upon realising their exclusion from the outpatient management strategy (APA News, 2020).

3. ***Utilising evidence in lobbying governments to invest in innovative and good practice models***, such as a differentiated service delivery (DSD) approach which facilitates multi-month ART access in the HIV response, to TB Preventative Treatment (TBT), within the COVID-19 response. CSOs must vigilantly identify working models, to motivate their replication and scale-up. An example is the leveraging of The HIV Coverage, Quality, and Impact Network (CQUIN) by ICAP to foster a real-time exchange of questions, resources, and lessons learned related to DSD and COVID-19; including utilisation of special webinar series and a dedicated WhatsApp group (ICAP, 2020). Such initiatives enable South-to-South exchange as network countries confront the pandemic. Another good practice is from Algeria, where people living with HIV (PLHIV) have been identified as a priority population in the national COVID-19 response plan. CSOs play an active role in this plan, by collaborating with the government in enabling continuity of HIV prevention, treatment and care services; including dispensing multi-moth Antiretrovirals (ARVs) to PLHIV, using a volunteer method (UNAIDS, 2020a).

Towards this principle, CSOs also have a critical role to play in unlocking barriers to access to information, social protection and safety nets for communities.

Disadvantaged populations, including women, displaced persons and key populations would need special attention under the prevailing circumstances. CSOs can galvanise access to communication, and prevent physical distancing turning into isolation for populations most vulnerable to poor SRH outcomes.

4. ***Mitigate the Gendered Impact of COVID-19***, by tracking and inputting to response designs by governments, to avert gender-based disparities (International Budget Partnership, 2020, ReliefWeb, 2020). This involves ensuring women participate in COVID-19 response decision-making; and their needs are integrated into policy, service delivery and investment decisions. Where women and girls have limited access to communication, including data for mobile phones, it has compromised their reportage in the event they are in unsafe situations, such as violence. CSOs with lay community health cadres can close service gaps for women by facilitating the provision of contraceptives, counselling, and preventative services related to maternal health, thus averting mortality (Roberton et al., 2020). CSO cooperation with other social movements and unions will enhance clamp down on the gendered impact of the pandemic. An example is from the Gambia, where the Gambian Teachers Union has media outreach against girl-child marriages, promoting girl's participation in distance learning and providing telephone hotlines for reporting sexual violence cases (Education International, 2020).

5. ***Advocate that African governments remain vigilant in securing access to new therapeutics*** at reasonable cost from the global market; and biomedical solutions are not monopolized, nor restrained by trade or export bans and restrictions (OECD, 2020a). This is particularly crucial in light of the anticipated reduction in Africa's GDP growth in 2020 (McKinsey & Company, 2020). Simultaneously ensuring that anti-

meritocracy measures are consciously applied, to mitigate inequitable access, where new medicines are made available. COVID-19 is an opportunity for instituting more equitable systems, that leave no-one behind.

A key ingredient to effectively applying the five Principle Actions, and increasing legitimacy of African CSOs, is to perform an introspective examination of their operative shortcomings and unique competencies. CSOs will be better positioned to execute their above-outlined mandates, amid COVID-19, in which they adopt i) organised coordination and defined cooperation, between CSOs, within and between countries; ii) strengthened transparency; and iii) engaged human capital, who are additionally skilled in integrating digital innovation into the SRH and HIV response.

African CSOs have an opportunity to capitalise on the global pause-button launched by the pandemic. They can leverage this opportunity to define a new norm that enables a more sustained SRHR response, which can withstand crisis and new hazards post-COVID-19. As such, enabling better continental preparedness in potential future shocks, and preserving the trajectory towards achieving the SDGs by 2030 and African Union Agenda 2063. Out of the looming crisis, a reframed social contract that places health at its centre, could be a borne legacy of COVID-19 (The Lancet, 2020).

Authors' contributions

Conceptualization: Godfrey Musuka, Rouzeh Eghtessadi, Zindoga Mukandavire

Literature review: Godfrey Musuka, Rouzeh Eghtessadi

Supervision: Godfrey Musuka

Writing – original draft: Godfrey Musuka, Rouzeh Eghtessadi, Zindoga Mukandavire

Writing – review and editing Godfrey Musuka, Rouzeh Eghtessadi, Zindoga Mukandavire, Farirai Mutenherwa and Diego Cuadros

Ethical Approval

Not Applicable

Conflict of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Figure 1. A shows the duration of Lock-downs in African countries. B shows the COVID-19 attract rate per 100,000 people per country. C illustrates the estimates of contraceptive prevalence (any method and modern methods) for women aged 15-49 in 2015, and D illustrates the population density of people living with HIV (density per 5km x 5km pixel resolution).

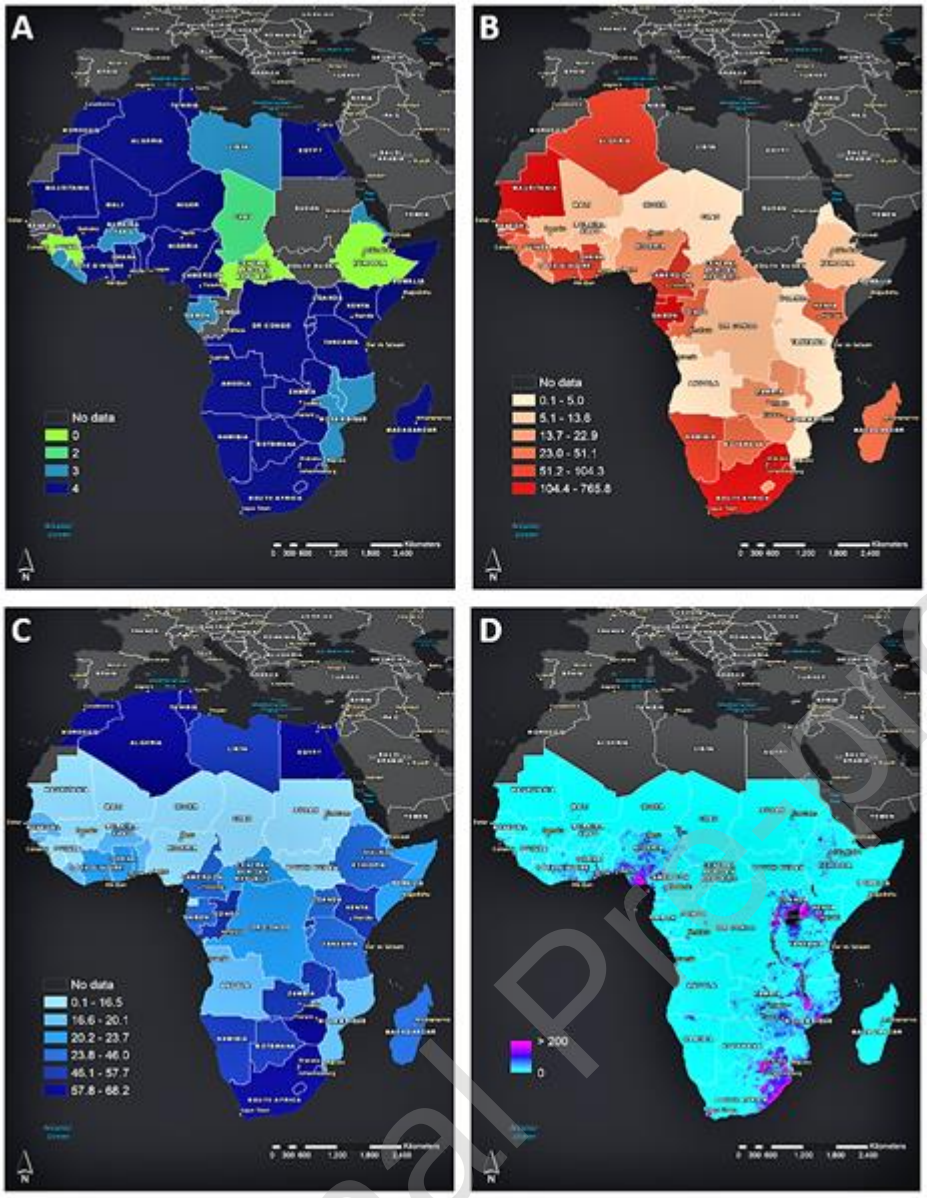
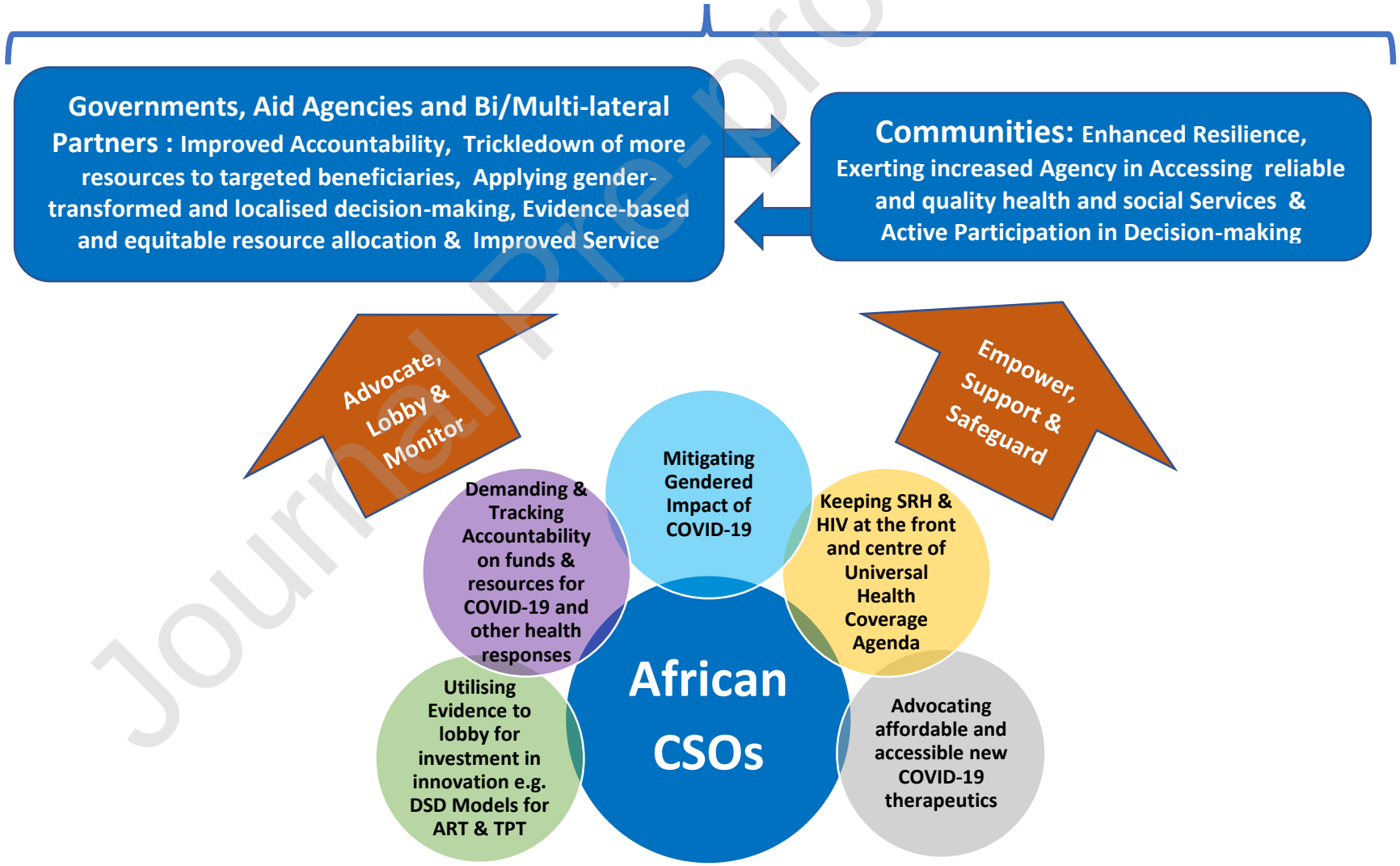


Figure 2. Conceptual model showing the role of African CSOs in the COVID-19 response



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