

PROTECT ADOLESCENT HEALTH IN COVID-19 RESPONSE

The medical and public health community understands the foundational role of adolescence within human development, including how the key biological and developmental milestones of adolescence herald successful maturation and adult health and wellbeing. The healthy development of adolescents is also vital for the economic, social, and political development of nations. National governments have increasingly committed to investments in adolescent health, education, workforce development, and civic participation. In 2019, for example, governments convened in Nairobi to make commitments to improve the sexual and reproductive health and rights (SRHR) of women and adolescents through better access to quality information and services. At times of crisis, however, global commitments to adolescents risk being forgotten.

Today, the life trajectories of millions of adolescents and young people are threatened by the COVID-19 pandemic. Schools have closed, food shortages have occurred, purchasing power has been reduced, and unemployment rates have risen. Families are stressed and young people report high levels of mental health distress, yet access to health care has been reduced and social support networks have frayed. Evidence from past humanitarian and public health crises demonstrates a compelling need to proactively address the needs of adolescents in the context of COVID-19 to promote emotional wellbeing, prevent unintended pregnancy, STIs, HIV, violence, and abuse, and ensure adequate social, educational and economic support. A consequence of countries having 'locked down' to prevent the spread of COVID-19 is the disappearance of many factors that are protective of adolescents' health. This includes access to schools and communities that commonly link students to peer support and social networks, supportive adults, sexuality education, safe spaces, and health services and products. The loss of these factors will amplify existing vulnerabilities to poor outcomes, including unintended pregnancy and HIV. In countries where HIV prevalence is high, young people are reporting difficulties in obtaining life-saving anti-retroviral medication. Adolescents of both sexes may be exposed to a range of abuses and violations of their rights, including sexual, physical and emotional abuse, or be compelled into transactional sex, including by family members, to generate income for food and other necessities; and in extreme cases, young people may be trapped with abusive partners or other perpetrators of sexual and gender-based violence (SGBV). Millions of girls and young women are at greater risk of early marriage and subsequent early childbearing. The cost of the pandemic on the lost educational, economic, health and social potential of adolescents, families and communities has not yet been calculated but will be immense.

In the short term, responses to COVID-19 must fully consider



and address the needs of adolescents; this can be accomplished by drawing upon and adapting evidence-informed guidance and through consultation with multidisciplinary professionals including those with expertise in adolescent health and education, advocates, and young people themselves. Guidance must be put in place to mitigate adolescent risks and vulnerabilities to COVID-19 and related health concerns (e.g. mental health), which must include support for young people to easily obtain quality information, products and services on sexuality and reproductive health. Actions must also adapt to the evolving effect of the pandemic on families, schools and communities, as well as on health services.

Beyond short term needs (such as maintaining access to contraception, antenatal, and postpartum care) young women who give birth during the lockdown period should be encouraged and supported to return to school. We also need to address the needs of young men, especially young men who have sex with men. All young people, both male and female, need ready access to pre-exposure prophylaxis (PreP), post exposure prophylaxis (PEP), condoms and protection from potential abusers, as well as to be protected from discriminating legislation. And while there is some flexibility in the immunization schedules of adolescents vs those of younger children, adolescents must also have access to vaccines that they need. Specifically, if vaccinations for HPV are postponed, catch up programs will be needed.

Innovative approaches that sustain positive youth development programs will especially be needed. This is also an important opportunity for health professionals, advocates, and youth leaders to collaborate with and support governments to prepare for the SRHR needs of adolescents beyond COVID-19, both as the situation normalizes and stabilizes, and in light of the next humanitarian crisis which is sure to come.

In every country, adolescent responsive services were already limited before the pandemic struck, and quality SRH services for adolescents are likely to be even less available as countries target limited health resources towards the pandemic. Yet paradoxically, COVID-19 may provide an opportunity to interrupt this persistent cycle of inattention to adolescents within health systems, and more widely. The World Health Organization's Accelerated Action for the Health of Adolescents (AA-HA) and guidance on universal health coverage make a compelling case for greater investment in adolescent health services. These also provide direction on how to strengthen health systems to better respond to the health care needs of adolescents.

ACTIONS THAT HEALTH PROFESSIONALS AND ASSOCIATIONS CAN TAKE TO PROTECT AND PROVIDE FOR THE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS

Healthcare providers are respected leaders in their communities and the opinions of doctors, nurses, midwives, pharmacists, and community health leaders carry weight with individuals, families, and policymakers. The collective voice of healthcare providers and their professional associations can positively influence community and national laws, policies, guidelines and practices to ensure that the needs and preferences of adolescents and young people are reflected within efforts to mobilize community and national responses to the COVID-19 pandemic.

UNFPA projections suggest that six months of COVID-19 related disruptions and lockdowns will result in an additional seven million unintended pregnancies and 31 million cases of gender-based violence. Disruptions in programs to prevent child marriage and female genital mutilation (FGM), as well as the negative effects on household economic status is likely to result in an additional 13 million child marriages and two million instances of FGM.

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While the actions that health professionals and professional associations take will of course reflect community norms and legal and professional policy environments, there are many ways in which healthcare providers and their professional associations can support adolescent SRHR. Most providers understand the need to examine their own values and biases around adolescent sexuality and contraceptive use, and to consider how these might affect their ability to provide high quality, responsive services to adolescents. Tools, resources, and guidance documents have already been developed by global and local institutions for use by health professionals to support their efforts in making the case for greater attention to adolescents and COVID-19.

IMMEDIATE STEPS TO PROTECT ADOLESCENT HEALTH

Ensure COVID-19 guidance is informed by research evidence about adolescent health and development and SRHR

- Government guidance should commit to the health and development of adolescents, be evidence-informed, and reflect adolescent and youth input. Experts in adolescent health and education, as well as other sectors, must be consulted.
- Age-disaggregated data (e.g., 10-14 years, 15-19 years, 20-24 years) should be collected, analyzed, used, and reported to assess the effect of the pandemic on the health and wellbeing of adolescents and young people (e.g. birth rates, closely spaced pregnancies, unsafe abortion, STIs, HIV, SGBV, and other relevant health concerns), and to target prevention and treatment efforts.

Facilitate meaningful engagement of young people in the design, development, implementation, and evaluation of COVID-19 guidance

- Platforms should be established for young people to articulate their needs and preferences in COVID-19 guidance, contribute to the design and delivery of programs to address those needs, and hold healthcare providers, services, and governments accountable to meeting those needs.
- Guidance should represent underserved, vulnerable adolescents and young people, including those living with disabilities; lesbian, gay, bisexual, transgender, queer (LGBTQ) adolescents; ethnic minorities; young people living in marginal or fragile settings; and overlooked groups such as married adolescents and first-time parents
- Opportunities should be identified where adolescents and young people can be safely involved in addressing SRHR in the context of the pandemic in their communities

SUSTAIN AND EXPAND EFFORTS AS THE PANDEMIC EVOLVES

Promote adolescents' access to quality information, products, and services that address sexuality and reproductive health

- Adolescents must be aware of their right to privacy and confidentiality when obtaining SRHR services.
- Access to SRHR information must be sustained, inclusive of high quality, comprehensive sexuality education in schools, the community, and through social media. Promote platforms such as websites, hotlines, social media, and telehealth where adolescents can obtain SRHR information, services and products.
- Adolescent responsive approaches should be adopted by all health services and service delivery that is private, confidential, and consistent with national laws and professional guidelines must be promoted. Ensure that healthcare providers appreciate the benefits and anticipate the challenges of telehealth including how it might reach adolescents who might otherwise cut off from services, as well as how it can compromise adolescent privacy and confidentiality in ways that may limit help-seeking behaviors.

- Adolescents should have access to and choice of the fullest range of contraceptive methods and be encouraged to sustain contraception use. Advocate for hormonal contraception to be easily accessible and provided at low cost through pharmacies and, where applicable, non-pharmacy medicine outlets (including emergency contraception), and for condoms to be widely available. Long acting and reversible contraceptives (LARCs) are an important option for sexually active adolescent girls. There are no contraindications for LARC use by adolescents, and access to LARCs eliminates the need for resupply visits to health facilities or pharmacies.
- Contraceptive services can be integrated across other essential services that young people might seek during the pandemic (e.g. acute health care, mental health care, and all forms of SRH care including antenatal, delivery, and postpartum care; safe abortion and post-abortion care; HIV and STI prevention, care, and treatment). Likewise, support SRH service providers to identify other adolescent health needs (e.g. mental health or support for SGBV) and make appropriate referrals and linkages.
- Health care providers who come into frequent contact with adolescents can proactively reach them with relevant services, such as community health workers and pharmacists, through more intentional efforts in support of task-shifting. In line with physical distancing measures, essential person to person contact should be kept to a minimum and protective measures must be taken, to include the use of personal protective equipment (PPE). Advocate for pharmacists to be able to dispense contraceptive methods, including emergency contraception, without a prescription and to administer or supervise methods such as the injectable DMPA or DMPA-SC.

EDUCATE PARENTS AND COMMUNITY STAKEHOLDERS ABOUT HOW BEST TO SUPPORT ADOLESCENT SRHR AS THE PANDEMIC CONTINUES TO EVOLVE

- Parents need support to acquire the knowledge and skills that are needed to empower their adolescents while protecting them from SRHR risks and vulnerabilities, especially during the pandemic when their vulnerabilities are likely to be heightened.
- Innovative approaches such as community conversations can be encouraged between parents, teachers, local leaders, and adolescents and young people about adolescent health and development, sexuality, and reproductive health, Use these conversations to promote evidence-informed approaches that maximize healthy development and minimize risks.
- Misinformation must be addressed as well as the concerns of parents, communities, and health providers around adolescent contraceptive use, especially given the historical precedence that young women are often at increased risk of unintended pregnancy during a crisis
- Dialogue across key sectors is needed that addresses the importance of providing a range of supports to adolescents across the duration of the pandemic. In addition to health and education, this would ideally include labor, justice, civic participation, and gender.

SUMMARY

The scope and scale of the current pandemic is unprecedented. Although older adults are most likely to experience acute health consequences of COVID-19, there is still much that is unknown about the health effects of COVID-19 over the long-term. The pandemic will have a profound impact on today's adolescents as they experience new risks and adapt to the loss of critical protective factors such as school attendance, peer networks, supportive adults, and access to quality health information and services.

Countries have been slow to scale up adolescent responsive services, and in many instances continue to implement ineffective approaches. The pandemic means that quality SRH services for adolescents are even less likely to be available as countries target limited resources towards overt health needs. Yet it is also anticipated that the COVID-19 crisis will spark innovative responses. Adolescent health care providers and professional associations are important allies in ensuring that adolescents are centered in the full range of current and future responses that protect and improve adolescents' health including their sexual and reproductive health and wellbeing.