WGH WOMEN IN GLOBAL HEALTH SOMALIA

WGH WOMEN IN GLOBAL HEALTH GERMANY

Women in Global Health Germany

Executive Summary

Webinar "Impact of the COVID-19 Pandemic on Pregnancy, Birth and Sexual & Reproductive Health and Rights"

July 14th, 2020

Introduction: Vertret. Prof. Dr. Sabine Ludwig

Moderators: Prof. Dr. med. Clarissa Prazeres da Costa, Prof. Dr. Ute Lange

Speakers: Dr. Deqo Mohamed, Hawa Abdullahi Elmi, Prof. Dr. med. Bettina Kuschel, Christiane Bußmann

Overview COVID-19 Situation Somalia vs. Germany

In Germany, the Robert Koch Institute (RKI) has confirmed over 200 000 COVID-19 cases. Out of these, 186 000 have already recovered and 9 000 have died. The COVID-19 situation in Somalia is very different; the available data are scarce and not reliable. People might have symptoms or might be dying due to COVID-19, but are not going to hospitals to be tested. In the context of the provision of sexual and reproductive health and rights (SRHR), a few facts are as follows: Somalia has high maternal and infant mortality rates; the average population is very young, with girls aged 13-14 years already giving birth. Only one-third of the deliveries take place in clinics, while two thirds are domiciliary deliveries with support from Traditional Birth Attendants (TBA).

Changes due to COVID-19

Germany:

The speakers of the webinar reported sudden, easy and quick changes in hospitals in Germany (e.g. in the delivery rooms) due to the pandemic, which normally would have required lengthy paperwork. On the other hand, German gynecologists experienced a **shortage of Personal Protective Equipment (PPE)** at the beginning of the pandemic, but the availability rose rapidly after the first weeks. For midwives working in out-of-hospital settings, the access for PPE was not provided by the health care system itself, and was mostly organized by the midwives themselves along with professional associations. The situation for mothers and fathers in the delivery room and maternity ward changed significantly due to **restricted visitor rights.** The father and other close family members were only allowed to accompany the mother for 1-2 hours per day. These rules affected the family building process. To promote the support from family members, many mothers decided to leave the hospital earlier. **Breastfeeding** has seen a rise during COVID-19, because mothers reported that they could dedicate more time to it due to the lockdown restrictions.

The pandemic led to an increased use of **digital communication and consultation tools** for doctors and midwives. Due to the lack of PPE and supporting the idea of social distancing for the purpose of preventing infections, midwives were allowed to offer digital support, e.g. webinars for birth preparation or pre- and post-partum care. This enabled midwives to reach a wider audience easily and provide women with essential information. It is estimated that the lockdown has led to an increase in domestic violence against women and children. Based on their emerging experiences, our panelists estimated a rise in **deliveries** at the end of the year (possibly because of higher sexual activity during the lockdown period), followed by a potential drop in deliveries at the beginning of next year, resulting from the impact of the instable economic situation and

its impact on family planning decisions. However, this was based on anecdotal evidence and experience and no scientific data was put forward. The panelist also posited a decrease in abortions coming in to the clinic.

Somalia:

The Somalian panelists stated that pregnant women are afraid to visit healthcare facilities for their delivery, as they fear an increased risk of COVID-19 infection. This might be a major setback to the progress already achieved i.e. at present, 32% of mothers in Somalia are opting for institutional delivery due to the guaranteed professional support of midwives and doctors.

PPE is provided mainly in hospitals, but outside of the hospitals the supply is insufficient for midwives. Therefore, these midwives are **risking their lives to bring new life into the world.** Nevertheless, the COVID-19 pandemic can be seen as an **opportunity for Somalia to rebuild the health care system** e.g. governmental reimbursements for medical equipment were provided with unprecedented speed.

In Somalia, the following **digital solutions and communication tools** were implemented:

1. **Teaching and training through digital tools e.g. webinars,** at the beginning of the pandemic from international personnel to educate Somalian health care workers
2. The setup of a **COVID-19 Call Center** to provide medical information and knowledge about COVID-19 for the population from the government and health system
3. **Scaled-up communication** via phone calls and text messengers between professionals and patients to give them information regarding their treatment options and possibilities

The Somalian experts do not expect a decrease in deliveries in the future due to the economic fallout of the pandemic. After the pandemic, the majority of society is expected to "go on like before".

COVID-19: A catalyst for change?

As we have learnt in the webinar, new digital solutions helped the health care workers in various ways. Through the pandemic, **digitalization was made more realistic and is now made possible for the future**. Especially the lack of **midwifery care** in Germany could be improved by newly implemented digital solutions in addition to the common face-to-face contacts. Prior to implementation however, the limitations of **data protection** concerns need to be resolved. This slows down the digitalization process in Germany and makes it less responsive to quick changes. Not only Germany but also Somalia can benefit from the **new avenues of communication** during the pandemic e.g. teaching from around the world for Somalian doctors or keeping in touch with patients via telemedicine.

For Germany, it would be essential to realize that the pandemic can accelerate processes that are usually cumbersome and long-winded, enabling the workforce to move quickly as reported by the German participants. Such examples could provide best practices to be implemented into augmenting **preparedness for the future**.

For Somalia, the panelists are seeing great potential in the COVID-19 pandemic for change.

> ***"Everything will change. This is a wake-up call for everything. The way we interact, the way we do business, the way we do health care or how we look at our economics"***
> **-** *Dr. Deqo Mohamed., Somalia*

On the one hand, midwives were now much more **integrated into emerging awareness and response**, by performing additional general health care tasks. On the other hand, there was much attention on the **health care coverage** and **revolutionizing of the health care system**, using COVID-19 as an opportunity to invest in health care.

Compared to Somalia**,** there is no 'revolution' but rather **an expansion of the health care system in Germany** (e.g. implementation of epidemic preparedness).

Key Messages:

- Women, especially women in the childbearing period, are affected differently by the COVID-19 pandemic
- Sexual and Reproductive Health & Rights services have to be maintained as priority in hospitals and out-of hospital care, otherwise maternal and child mortality and morbidity as well as negative psychological effects due to experiences of reduced empowerment, self-efficacy, autonomy and social connection will increase (WHO guide on maintaining essential health services during outbreak)
- Availability of Personal Protective Equipment (PPE) must be prioritized to safeguard the well-being of our healthcare worker, it should be supplied and distributed equally
- Cooperation between the different WGH chapters is important to better advocate for change

Common aspects between Somalia and Germany during the COVID-19 crisis:

- Women are at the forefront of healthcare and thus at a higher risk of getting infected
- Data collection is not adequate and has to be improved
- New digital solutions can play a more prominent role in ensuring perinatal health care
- Empowerment of healthcare workers across professions (from nurses and midwives to doctors) is important as well as the education of young girls on SRHR

Disclaimer: our executive summary represents the opinions, experiences and data from our panelists. These are considered representative for the general situation in Germany and Somalia but may vary within the countries.