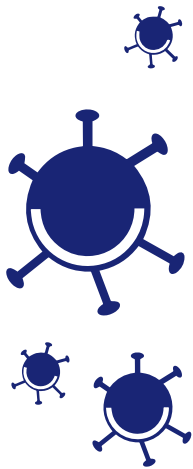




COVID-19 IPPF Innovation and best practice: Telemedicine abortion care



Practising self-isolation and curfew to prevent COVID-19 is a key barrier for clients to access medical information and Sexual and Reproductive Health (SRH) services, including family planning, safe abortion, STI/HIV management, cervical cancer care, and antenatal and postnatal clinics. The pandemic has also been shown to increase sexual and gender-based violence (SGBV) and domestic abuse. Continued access to SRH services delivery and securing sexual and reproductive health and rights is crucial. Digital Health Interventions (DHIs) including telemedicine, teleconsultation and tele-counselling has been introduced, expanded, and adapted by various International Planned Parenthood Federation (IPPF) Member Associations across the globe.

Virtual patient consultations, self-assessment smartphone applications, hotlines and remote provision of medications are a few examples of telehealth and telemedicine applications used to improve SRH during the pandemic. While telehealth will not and should not replace face-to-face services, many Member Associations seek to maintain digital health interventions developed during COVID-19 to complement face-to-face and improve access to services in the long-term.

The initial findings of International Planned Parenthood Federation's (IPPF) COVID-19 impact survey March 2020 indicated that young women and girls faced barriers to accessing youth-friendly abortion care and health facilities in Togo.

This Learning Brief highlights innovations through Association Togolaise pour le Bien Etre Familial's (ATBEF) COVID-19 enhanced abortion care implementation plan in response to the pandemic.

COVID-19 impact

Togo declared a state of emergency in April 2020 with immediate curfews and borders shut. Schools and universities closed with young people unable to access safe spaces for essential sexual and reproductive healthcare. To guarantee the continuity of youth-friendly services ATBEF has started providing services through its mobile application 'Infos Ado Jeunes'. The app had previously focused on providing accurate information about sexual and reproductive health to young people. To overcome challenges in accessing healthcare facilities during COVID-19, ATBEF adapted this app by adding a toll-free teleconsultation service on which young clients can now access abortion consultations and pre- and post-abortion counselling.

Enhancing services in the pandemic

Online teleconsultants are available for 24 hours and seven days a week for young women wanting to access abortion care. During the teleconsultation, the counsellor provides all the information on abortion services, then books the client with an ATBEF clinic and informs the provider of a client's referral for abortion care services. Follow-up is conducted through direct calls or via WhatsApp, Messenger, Telegram and between the provider and the client who requested the service. The model is an excellent referral pathway for young people thereby, increasing access to services when they face challenges travelling to clinics. The app has eased client flow working under COVID-19 safety measures. ATBF has provided 900 young people with teleconsultation service and over 800 young people with online SE sessions. The implementation of SE in Togo has been successful due to support from the Ministry of Education (MOE). The MA has also played a critical role in knowledge transfer on the use of the app and the e-learning platform to the MAs of Ghana, DRC, and Madagascar through a peer-to-peer approach.

Key challenges

- There is a need to improve demand generation to get more young people to download and use the app.
- Need to extend the application to other service points for wide geographical coverage.

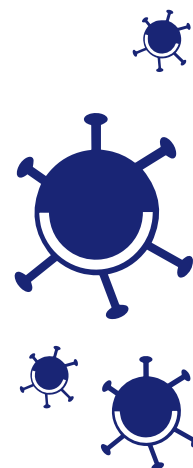
Next steps

- Key reflection remains on sustaining the value, impact and model beyond COVID-19 and assessing the various adaptations needed for the future.
- An opportunity exists for the MA to work with the Ministry of Education to integrate it to the national curriculum while also working with the communities to get buy-in from all stakeholders.
- The MA will continue to seek improvements on the app and e-learning platform to meet the needs of the youth on internet connectivity by including offline options.

Successes

- Enabled clients to continue to access services while they face challenges travelling.
- This service has eased client flow in clinics. Young people now have uninterrupted access to a wide range of information and services, including abortion consultations, pre-abortion counselling, and contraception information.
- The app has been adapted for young people by going beyond providing information and facilitating youth services appointments.
- The app has become a platform for nation-wide discussions on the SRH of young people and increasingly becoming an actual mechanism for exchange and knowledge sharing across the country.
- 24-hour service system on demand.

Recommendations for SRH services, governments, and civil society organizations (CSOs)



- As physical access to health centres can be limited during the pandemic, it is critical to expand women's ability to access abortion through a range of care models, including out-of-clinic care options such as telehealth solutions, home-based provision of abortion care by healthcare providers, and supporting women to access self-managed medical abortion as a safe and legitimate alternative care option. SRH service providers should ensure that these options remain available as long-term safe and acceptable models of care beyond the pandemic.
- While the range of abortion care models should be expanded to include out-of-facility models, in-clinic care - including for surgical abortion - should be maintained to ensure options are available for the woman to make the best choice for her. Investments should be made for innovative abortion care models through the revision of national policies and guidelines integrating and retaining remote access as an out-of-clinic care option within the abortion care pathways beyond the pandemic. Strategies should be used such as task-shifting to additional cadres of healthcare providers, remove requirements for unnecessary tests, minimise the number of clinic visits and enhance infection prevention standards to facilitate in-clinic care during a pandemic.
- Governments must recognize abortion as an essential health service, to enable continued provision of and access to abortion care during a pandemic. It is critical to ensure that countries have emergency preparedness plans to secure access and funding to essential support SRH abortion services and supplies, including quality medical abortion. Mifepristone, misoprostol, and combi-packs including both medicines should be registered, included in national essential medicines lists, and made available in country to facilitate procurement and supply.



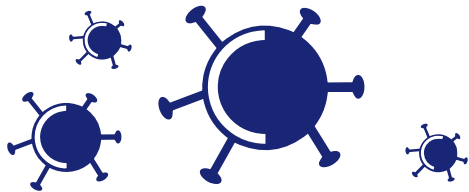
Endnotes

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: [COVID-19 Survey Results | IPPF \(ippf-covid19.org\)](https://ippf-covid19.org/)

IPPF COVID-19 Impact survey 2 June 2020: [COVID-19 Round 2 Survey Results | IPPF \(ippf-covid19.org\)](https://ippf-covid19.org/)

IPPF COVID-19 Impact survey 3 November 2020: [COVID-19 Round 3 Survey Results | IPPF \(ippf-covid19.org\)](https://ippf-covid19.org/)



About ATBEF

The Association Togolaise pour le Bien-Etre Familial (ATBEF) was formed in 1975. ATBEF's services include voluntary counselling and testing (VCT) for HIV and AIDS, antenatal and post-natal care, post-abortion care, pre-marital counselling, and infertility treatment. ATBEF carries out its work through over one hundred service points, including permanent clinics, mobile units, associated centres, and community-based distributors/community-based services (CBDs/CBSs). The majority of clients are poor, marginalized, socially excluded or under-served.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

Published: May, 2021

Image 1: Togo/ IPPF/ Xaume Olleros

Image 2: Togo/ ATBEF

Design: David Foster