We're innovating: IPPF is delivering care in new ways to beat the crisis. IPPF members are finding ways to deliver care with face-to-face work much harder or not possible. At least 24 members are already offering digital CSE, 12 members offering home delivery of SRH products and nine using telemedicine (source: IPPF member survey 27/3-1/4).

PPE is vital for face-to-face sexual and reproductive healthcare. IPPF’s number one priority during the ongoing COVID-19 pandemic is ensuring that members can continue to deliver lifesaving sexual and reproductive healthcare, in a way that is safe for both our staff and our clients. To do this, it is crucial that members have access to the right equipment and resources, when they need them. (source COVID-19 Taskforce) IPPF is doing all it can to provide it, but we need governments to step-up as well.

Extremists using COVID-19 to coerce and control women must be stopped. There have already been cynical attempts in countries like Poland and the USA by anti-choice extremists to use the pandemic as an excuse to restrict access to services including safe abortion. If country-wide lockdowns force abortion clinics to close or countries treat abortion as non-essential, that would lead to a reduction in safe abortion. Under the assumption that 10% of safe abortions become unsafe, we would see an additional three million unsafe abortions and an additional 1,000 maternal deaths due to unsafe abortions. (source Guttmacher Institute, 16/04/20).

Governments - make sensible changes now so women can get the care they need. Medical abortion care plays a crucial role in providing access to safe, effective and acceptable abortion care. (source: WHO, Medical Management of Abortion 2018). Access to telemedicine and the ability to take medicines in their own homes, such as medical abortion medication, should become standard. Sensible changes like this also help take pressure off hard-pressed public health systems.

COVID-19 is a crisis across all healthcare – including sexual and reproductive healthcare. The pandemic has already closed down thousands of IPPF service delivery points and forced dozens of members to reduce care (source: IPPF member survey 27/3-1/4).

Losing any sexual and reproductive healthcare to COVID-19 is devastating for women. Just a 10% proportional decline in short- and long-term reversible contraceptive use would result in an additional 49 million women with an unmet need for modern contraception in LMICs and an additional 15 million unintended pregnancies (source Guttmacher Institute, 16/04/20).

Women face more violence in lockdowns. It’s vital to counter SGBV. During this COVID-19 pandemic, where movement is restricted, people are confined, and protection systems weaker, women and girls are at greater risk of experiencing gender-based violence (Source: UNFPA technical briefing March 2020) Governments must ensure that services and resources are available and accessible for victims and survivors of sexual and gender-based violence.

The most vulnerable are hit hardest. Make them the priority in fighting COVID-19 The pandemic is having a devastating impact on the most vulnerable. It could reverse the limited progress made on gender equality and women’s rights. Women’s leadership and contributions must be at the centre of every country’s efforts to fight and recover from Covid-19. (Source: UN Secretary General April 2020)

Women carers need care too. They need sexual and reproductive healthcare. Women represent 70% of the primary healthcare workforce globally and are in the front lines responding to the COVID-19 crisis. (source: WHO Global Health Workforce Statistics 2018 update). Women globally spend 2.5 times more time on unpaid care and domestic work as men, and they are more likely than men to face additional caregiving responsibilities, when schools close.

Find out more about COVID-19: www.ippf.org/covid19