



# NOT ON PAUSE

**RESPONDING TO THE SEXUAL  
AND REPRODUCTIVE HEALTH  
NEEDS OF ADOLESCENTS  
IN THE CONTEXT  
OF THE COVID-19 CRISIS**

**TECHNICAL BRIEF**

# INTRODUCTION

The coronavirus disease of 2019 (COVID-19) and the actions that countries are taking to respond to it are having a profound impact on the lives of adolescents (aged 10–19 years). In many places, schools have closed, hindering adolescents' abilities to continue their education and benefit from school-based services. Movement restrictions have been put in place, preventing adolescents from seeing their friends and partners, participating in their usual activities, and accessing supplies and services they need. Parents/caregivers may have had to stop working or are working from home, changing family dynamics. While all adolescents are affected by the pandemic and the responses to it, some adolescents are affected by it more negatively, based on the nature of the pandemic in the country, the responses put in place to address it there and their particular circumstances.

One major aspect of adolescents' lives that is being disrupted by COVID-19 is their access to health services. In many places, health facilities have closed or have limited the services that are available. Clinical staff who are occupied with the COVID-19 response may have less time to provide services, or lack the personal protective equipment to do so safely. Supply chain disruptions are limiting the availability of supplies and commodities.

Finally, adolescents may be unable to visit health facilities because of movement restrictions or may refrain from doing so because of fears about COVID-19 exposure.

The challenges in accessing and using sexual and reproductive health (SRH) services are layered on top of the many barriers to adolescents' access to and use of services in general. Restrictive laws and policies, parental or partner control, limited knowledge, distance, cost, lack of confidentiality and provider bias limit adolescents' autonomy and prevent them from accessing and receiving the sexual and reproductive health and rights (SRHR) information and services they need. Meanwhile, evidence from previous crises and projections about COVID-19 impacts suggest that this pandemic will have important repercussions for adolescents' SRH and well-being. For example, the 2014 Ebola outbreak in Sierra Leone contributed to increases in adolescent pregnancies and in sexual and gender-based violence.<sup>1,2,3</sup>

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1 UNDP and Irish Aid, *Assessing Sexual and Gender-Based Violence during the Ebola Crisis in Sierra Leone* (New York, UNDP, 2015). Available at: [https://www.sl.undp.org/content/sierraleone/en/home/library/crisis\\_prevention\\_and\\_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html](https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html)

2 Save the Children, UNICEF, Plan International and World Vision, *Children's Ebola Recovery Assessment: Sierra Leone* (Fairfield, Save the Children, 2015). Available at: <https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-response/ebola-rec-sierraleone.pdf>

3 L. Denney, R. Gordon and A. Ibrahim, *Teenage Pregnancy after Ebola in Sierra Leone: Mapping Responses, Gaps and Ongoing Challenges* (London, ODI, 2015). Available at: [https://securelivelihoods.org/wp-content/uploads/Teenage-Pregnancies-after-Ebola-in-SierraLeone\\_-Mapping-responses-gaps-and-ongoing-challenges.pdf](https://securelivelihoods.org/wp-content/uploads/Teenage-Pregnancies-after-Ebola-in-SierraLeone_-Mapping-responses-gaps-and-ongoing-challenges.pdf)



Projections from UNFPA suggest that, if the average lockdown (or COVID-19-related disruption) continues for six months, an additional 7 million unintended pregnancies and 31 million cases of gender-based violence could occur.<sup>4</sup> Likewise, as a result of disruptions in prevention programmes as well as impacts on household economic status, an additional 13 million child marriages and 2 million cases of female genital mutilation could occur in the next decade.

Recognizing these challenges, there are adolescent-specific and other adolescent-relevant actions – set out in the table below – that can be taken by health systems and health service providers to respond to the SRH needs of adolescents in the context of the COVID-19 crisis.

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4 UNFPA, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage* (New York, UNFPA, 2020). Available at: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>



# KEY CONSIDERATIONS

Service delivery to adolescents in COVID-19 times need to be informed by the following overarching considerations:

- **Adolescents are a heterogenous group.** While all adolescents have needs related to their SRH, some have greater needs than others and some face stronger barriers to accessing information and services, depending on their particular stage of development and circumstances. Some of these needs are exacerbated by the COVID-19 pandemic.
- **Adolescents – especially adolescent girls – are particularly vulnerable to increases in sexual abuse, unintended pregnancies and gender-based violence.** Disruption of social and protective networks and decreased access to services exacerbate these risks for adolescents. They can also create a sense of helplessness and increase the risk of anxiety and depression.
- **Adolescents are sexual beings.** Just like those of adults, adolescents' sexual thoughts, feelings and needs do not go away in the context of a pandemic. Furthermore, the discomfort, reticence and biases about acknowledging adolescents as sexual beings may be even stronger in times of crisis.

- **Adolescents may have specific challenges in seeking SRH information and services,** especially if school- and community-based services have stopped because of responses to COVID-19.
- **Data and evidence on adolescents' health needs and circumstances are lacking,** especially at the subnational level and for very young adolescents aged 10–14. This is a particular challenge in the context of COVID-19, when age- and sex-disaggregated data are key to staying alert to what is happening to whom, and to improving services in a timely manner.







In addition, service delivery should follow the principles of:

- **Doing no harm:** With physical distancing measures in place during this pandemic, essential person-to-person contact should be kept to a minimum and protective measures taken, and delivery should switch to contactless methods such as mass media and social media as far as possible.
- **Gender-sensitive, inclusive and human-rights-based programming:** Providing high-quality services to all adolescents in an inclusive way requires taking intentional steps to identify and reach socially vulnerable adolescents, including those living in humanitarian crises and conflicts and/or remote and rural communities. Adapt programmes to ensure they take into account the special challenges adolescent girls and adolescents with disabilities face during this pandemic, and ensure interventions do not depend solely on Internet or mobile phone services or require high levels of literacy.

# DELIVERING THE ESSENTIAL PACKAGE OF SRHR INTERVENTIONS TO ADOLESCENTS IN THE CONTEXT OF COVID-19

The guidance set out in this brief builds upon UNFPA's foundational document on [the essential package of SRHR interventions](#). Considerations for delivering this package to adolescents were subsequently detailed in the Journal of Adolescent Health's special supplement on the International Conference on Population and Development 25 years on.<sup>5,6</sup> Successful implementation of the package in the context of COVID-19 requires an approach that looks at adolescents as biologically and socially distinct from other age groups and acknowledges that they face some barriers to obtaining SRHR services.

It covers eight essential interventions for adolescents<sup>7</sup>, laying out for each:

- 1 → recommended action – maintain, modify, enhance, postpone
- 2 → specific measures for delivery of services
- 3 → reinstatement triggers, which mark the resumption of the pre COVID-19 interventions
- 4 → considerations for transition towards restoration and recovery

Note that the guidance draws from WHO's [Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context](#), and [UNFPA technical briefs focusing on COVID-19](#).

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5 UNFPA. Sexual and Reproductive Health and Rights: and essential element of universal health coverage. New York: UNFPA; 2019.

6 Engel et al. An package of essential sexual and reproductive health and rights interventions- what does it mean for adolescents? Journal for Adolescent health; 2019; 65; S41- S50.

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7 The provision of counselling and services for subfertility and infertility is part of the essential package of SRHB interventions but is less relevant for the adolescent population in general and in the context of COVID-19 in particular. For that reason, this intervention has not been included in this brief.

## 1

## PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)



**RECOMMENDED ACTION** – Modify

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### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

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- Communicate CSE messages through mass media and digital media to which adolescents have access.
- Inform health-care providers on the important role they could play in informing and educating adolescents, and ensure that they have access to age-appropriate, accurate and up-to-date information that they can pass on to adolescents.
- Explore possibilities of delivering CSE out of school, following local policies on physical distancing (e.g. conducting training sessions outdoors and with smaller amount of participants) and ensuring access to PPE during training. Provide educators, including peers, with updated information on COVID-19 and how it affects young people.
- Encourage health care providers to use contact with adolescents to (i) communicate key CSE messages, (ii) provide educational materials and (iii) inform them about educational programmes in mass media or digital media.

### MONITORING AND REINSTATEMENT TRIGGERS

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- The reopening of schools and resumption of community-based activities.

### CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

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- Resume CSE with the assumption that what was done during the period of closures and disruption was likely to have been piecemeal and fragmented, and not have reached many sub-populations, particularly those that were housebound and lacked media access. Core content may need repetition and reinforcement, with inclusive targeting to reach all adolescents.

## 2

## PROVISION OF CONTRACEPTIVE COUNSELLING AND SERVICES



**RECOMMENDED ACTION** – Maintain and modify

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### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

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- Inform adolescents where and how to access contraceptive counselling and services, including changes, if any, to service delivery times, location, etc. during the COVID-19 response.
- In health facilities, ensure that adolescents have access to the full range of contraceptive methods, including condoms and emergency contraception.
- Ensure that forecasting for commodities and procurement planning are taking adolescents' needs into account, and adjust for potential alterations in method choice.
- In case the preferred method is not available, support the adolescent to identify an alternative method that meets his/her needs and preferences.
- Consider waiving restrictions (if restrictions exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge within the relevant legal jurisdiction and in line with international guidelines.
- Consider providing multi-month supplies with clear information about the method and how to access referral care for adverse reactions.
- Counselling and services should continue to be provided discreetly and confidentially to adolescents, especially if someone else accompanies the adolescent to the consultation'.

- Consider establishing alternative delivery modalities for contraceptives that are more accessible to adolescents (such as through pharmacies, shops or community-based delivery).
- Consider setting up hotlines for adolescents providing information and advice on contraception self-use, side effects, method choice and other questions on SRHR.

### MONITORING AND REINSTATEMENT TRIGGERS

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- The resumption of routine health service provision from health facilities, removal of mobility restrictions and subsequent resumption of community health worker outreach visits and community-based distribution.

### CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

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- Enable adolescents who had to pause contraceptive use or change methods, because their preferred method was unavailable, to return to it.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



## 3

## COMPREHENSIVE ABORTION CARE



*Comprehensive abortion care where mentioned in the brief always relates to services provided to the full extent of the law in the specific country and context. Post-abortion care is legal in all countries.*

**RECOMMENDED ACTION** – Maintain and modify

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Inform adolescents where and how to access comprehensive abortion care, including safe abortion to the full extent of the law and post-abortion care, through appropriate channels.
- In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially.
- Consider relaxing policies to enable the use of telemedicine for the provision of medical abortion to adolescents to avoid unnecessary clinical visits.
- Consider reducing barriers that delay access to care and therefore increase risks of adolescents reverting to un-safe abortion practices. In particular, consider waiving restrictions (if these exist), such as on age, parental/spousal consent or marital status, and providing services subsidized or free of charge within the relevant legal framework and inline with international guidelines.
- Ensure that gender-based violence prevention and treatment services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.

- Ensure that sexually transmitted infection (STI) services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.
- Counsel adolescents on, and provide, post-abortion contraception, where desired, to avoid rapid repeat pregnancy.

### MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

### CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



## 4

## PROVISION OF ANTENATAL, INTRAPARTUM AND POSTNATAL CARE



**RECOMMENDED ACTION** – Maintain and modify

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Inform adolescents where and how to access maternal care through mass media and digital media where adolescents have access to them.
- Consider using telemedicine for counselling and screening, including for risk factors known to be increased in the context of COVID-19 and to which adolescents may be particularly vulnerable (e.g. mental health conditions and gender-based violence) and the occurrence of danger signs.
- Where comprehensive facility-based services are disrupted, (i) prioritize antenatal care contacts for pregnant adolescents, (ii) ensure that birth preparedness and complication readiness plans are adapted at each contact to consider changes to services and (iii) prioritize postnatal care contacts during the first week after childbirth.
- Put in place targeted outreach strategies where coverage and care-seeking among pregnant adolescents have declined.

For further recommendations see [UNFPA Technical Brief package on facility-based maternity service delivery and phone-based antenatal and postnatal care during the COVID-19 pandemic.](#)

### MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

### CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Plan to catch up on missed antenatal and postnatal care contacts.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



## 5

## PREVENTION AND TREATMENT OF HIV AND OTHER STIs



**RECOMMENDED ACTION** – Maintain and modify

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES (HIV AND OTHER STIs)

- Inform adolescents where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media.
- In health facilities, ensure the availability of HIV and STI diagnostics and medications are available and that HIV and STI testing and care are provided discreetly and confidentially.
- Ensure the availability of condoms and promote their use.
- Consider waiving restrictions (if these exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge.
- Prioritize HIV and other STI testing for adolescents who are at higher risk of infection and those presenting with defined conditions (e.g. screen people with tuberculosis for HIV).
- Encourage adolescents presenting for testing and care to refer their sexual partners, and/or offer them the possibility of dispensing treatment to their sexual partners themselves.
- Where possible, provide home-based HIV and other STI tests, as well as information about proper self-sampling and where to send samples. Establish clear pathways for further testing services and linkage to care.

- Where possible, use digital platforms and mobile health strategies (to minimize clinic visits) to provide adolescents with test results, treatment and prevention messaging, while ensuring privacy and confidentiality.

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES (HIV-SPECIFIC)

#### Prevention

- Provide for multi-month prescribing of pre-exposure prophylaxis, including for clients initiating it, if appropriate. Arrange for a facility-based visit after first month unless no exposure within past three weeks.
- Suspend voluntary medical male circumcision campaigns; continue post-operative follow-up.

#### Treatment

- For routine screening of adolescents living with HIV, use point-of-care CD4 cell count at start of anti-retroviral therapy (ART) and return to care to diagnose advanced AIDS.
- Emphasize same-day start for ART, including when the patient is starting outside a facility (e.g. during outreach or when attending mobile services).
- For ART treatment monitoring, reduce viral load testing to every 12 months unless otherwise clinically indicated.
- Modify services to promote out-of-clinic delivery of elements of the advanced disease package of care (prophylaxis, screening for CD4 count and tuberculosis screening).



## MONITORING AND REINSTATEMENT TRIGGERS

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- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

## CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

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- Run catch-up campaigns for HIV and other STI testing.
- Re-establish peer and group counselling and adherence support and tracing, and also re-engage people who have disengaged.
- Return to three-monthly dispensing, if preferred.
- Implement catch-up campaigns for full clinic check-ups and to assess viral load.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



# 6

## PREVENTION, CARE AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE



**RECOMMENDED ACTION** – Maintain and enhance

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### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

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#### Sexual abuse and sexual violence

- Inform adolescents where and how to get care, where access is possible, through mass media and digital media.
- Sensitize and alert health-care providers, community workers and support networks to the potential for increases in sexual and gender-based violence and ensure they are aware of adolescents' specific vulnerabilities (e.g. limited ability to report abuse).
- Strengthen screening and enhance care and support, including mental health and psychological support for adolescents.
- Ensure the availability of post-rape care services including emergency contraception, HIV post-exposure prophylaxis, and testing and treatment for STIs for adolescents.
- Identify safe houses, shelters or social service referrals for adolescents at risk of violence in or around their homes.
- Establish help lines or enhance existing help lines for adolescents to seek help if needed.

### Child marriage and female genital mutilation

- Communicate messages to adolescents and their families, through mass media and digital media where families have access to them, that child marriage and female genital mutilation are harmful and that they are forbidden (where legal restrictions exist).
- Advise community members and leaders to be vigilant about the possibility that child marriage and female genital mutilation may occur in increasing numbers during the pandemic.
- Establish help lines or enhance existing help lines for married adolescents or unmarried adolescents about to be married to seek urgent help if needed.

### MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities, removal of mobility restrictions and resumption of community-based activities.

### CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

- Inform adolescents that they can seek care if they have experienced sexual and gender-based violence and were unable to do so during periods of confinement.
- Inform adolescents that they can report the occurrence of child marriage or female genital mutilation if they were unable to do so during periods of confinement.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.

## 7

## PREVENTION OF CERVICAL CANCER THROUGH HPV VACCINATION



### RECOMMENDED ACTION – Modify

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- WHO recommends that all vaccination in schools and mass vaccination campaigns be temporarily suspended during the COVID-19 pandemic. The necessity of delaying HPV vaccination programmes should be re-evaluated at regular intervals.
- If school-based HPV vaccination initiatives continue - or when they resume - infection prevention and control measures need to be implemented to avoid increased risk of transmission of the COVID-19 virus among students, school personnel and health care providers.
- If a HPV vaccine series was interrupted, it is still safe and efficacious to administer the second dose with a longer interval. If needed, adjust the HPV vaccine schedule using the graph below, which indicates the range of interval flexibility between the first and second doses. There is no maximum recommended interval between doses, however, an interval no greater than 12–15 months is suggested.

### Interval for 2 dose schedule, initiated before 15 years of age



- If HPV vaccinations are postponed, start to design a catch-up programme for the period following the COVID-19 outbreak. It should assess immunity gaps and include strategies to track and follow up with girls who missed vaccinations.
- Engage the National Immunization Technical Advisory Groups (NITAGs) to review policies that may create barriers to catch-up vaccination (such as age restrictions) and revise if needed.
- Inform health workers and others involved in different aspects of HPV vaccine delivery (e.g. community health workers or teachers) about altered HPV schedules and updated age restrictions. Communicate the importance of HPV vaccination and the efficacy and safety of the new schedule or longer interval between vaccine doses.
- Inform adolescents and their parents about the importance of a full series of HPV vaccination and any altered HPV schedule, reassuring them about the efficacy and safety of HPV vaccination and the alternative interval.

#### MONITORING AND REINSTATEMENT TRIGGERS

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- The reopening of schools, resumption of community-based activities and removal of mobility restrictions.

#### CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

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- Close the immunization gap caused by COVID-19 through implementing a catch-up vaccination plan which includes:
  - Defining a strategy for tracking girls who missed doses during the pandemic, including those girls who changed schools or moved away.
  - Implementing vaccine checks at school entry.
  - Combining cohorts for catch-up if possible
  - Reviewing age restrictions linked to eligibility for HPV vaccination to ensure previous eligible cohorts are able to be fully immunized.
  - Reinforcing demand for the HPV vaccine by developing and implementing a communication strategy to reconnect with and inform communities of the altered vaccine schedule and eligibility.



## 8

## COUNSELLING AND SERVICES FOR SEXUAL HEALTH AND WELL-BEING, INCLUDING PROVISION OF MENSTRUAL HEALTH INFORMATION AND SERVICES



**RECOMMENDED ACTION** – Maintain and enhance

### SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Advocate with authorities to ensure that affordable menstrual products are available in stores as an essential service.
- Advocate for the inclusion of menstrual products in the distribution of food or non-food items to girls with limited movement or those in camps and institutions.
- Use contacts with a health-care provider to dispense menstrual products and to inform girls about alternative, reusable menstrual products.
- Engage community groups to extend the availability of affordable menstrual products.
- Ensure that menstrual health information is included in health service provision and that it is provided other health information efforts including those on self care.
- Ensure adequate access to essential medication for people under long-term treatment (e.g. hormonal therapy as part of gender-affirming care).

For further recommendations on menstrual health during COVID see the [UNICEF brief “Mitigating the impacts of COVID-19 on menstrual health and hygiene”](#) (April 2020).

### MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

### CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



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