



IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH

IMPACTO DEL COVID-19 EN LA SALUD SEXUAL Y REPRODUCTIVA

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Mr. Editor

Peru is going through a pandemic originated by coronavirus disease (COVID-19) and we continue to maintain mandatory social isolation as a preventive measure to reduce infections. Due to this event, many health establishments had to suspend care, also affecting Sexual and Reproductive Health (SRH) services, especially external consultation services. Due to this event, many health establishments had to suspend their attention, also affecting Sexual and Reproductive Health (SRH) services, especially external consultation services. Limited access to those services would increase the rate of unwanted pregnancies, abortions, sexually transmitted infections (STIs), complications during pregnancy, intimate partner violence, and maternal and infant mortality⁽¹⁾.

The national health emergency because of COVID-19, leads to imbalances in the timely provision of medical care and interruption of routine primary and essential services⁽²⁾. However, this would mainly affect the most vulnerable population groups, such as women of low socioeconomic status, ethnic minorities and young women⁽³⁾. It is possible to point out that many of them are continuous users of these family planning programs, prenatal and postnatal care, among other attention.

Before the arrival of COVID-19, there were other epidemics of the 21st century that challenged the actions of different health systems, with low and middle-income countries being the most affected by the pre-existing shortage of health, logistical and human resources. The Ebola outbreak in 2014 caused delays in the care of pregnant women, increasing miscarriages and bleeding⁽⁴⁾. This could be as a consequence of the fear of the patients of infection of the virus and as a consequence, not going to health facilities in a timely manner.

On the other hand, the crisis caused by COVID-19 is having an effect on the supply chains of medical and other essential supplies, which could negatively affect the import, availability and distribution of modern contraceptives, emergency contraception, antiretrovirals for HIV / AIDS, antibiotics to treat STIs, and medications for maternal and neonatal health, among other inputs from national health programs^(4,5).

The World Health Organization point out services related to reproductive health, including care during pregnancy and childbirth, should be considered essential during the current pandemic⁽⁶⁾. Although it is true that before the quarantine regime, health establishments had the necessary supply of contraceptives, as a result of social isolation, these could not be delivered or distributed to users. Therefore, it is convenient health professionals in charge and the authorities involved adopt the necessary measures so that these supplies can be acquired on time. However, the health attention may be weakened by the reduction of health personnel due to contagion or by the presence of some risk factor for COVID-19 infection and the containment measures that would have to be adopted.

Finally, the current pandemic has generated concern in both developed and underdeveloped countries.

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Therefore, governments have granted greater economic resources, health strategies and efforts to control COVID-19, including Peru. However, health systems should not set aside SRH requirements for

the population, avoiding violating their rights. It is necessary to monitor and investigate this post-pandemic aspect or when the incorporation of patients to health facilities is gradual.

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