

Reversed gains in the advancement of SRHR in Kenya; effects of COVID-19

*This article, by MeTA Kenya Coordinator, **Dorothy Okemo**, was originally published by [Access to Medicine Platform](#), our partner in Kenya working on the Health Systems Advocacy (HSA) Partnership, and snakebite treatment and prevention. It has been republished here with full permission.*

[Coronavirus \(COVID-19\)](#) is an infectious disease that causes respiratory illness with symptoms such as cough, fever and, in more severe cases, difficulty in breathing. On the 11th of March 2020, COVID-19 was declared a global pandemic by World Health Organization (WHO), news that undoubtedly instilled fear and panic amongst people.

The outbreak of this disease has demonstrated different national capacities to respond to health emergencies. Globally, governments have taken stringent measures to control the spread of the disease including school closures, transport restrictions, personal distancing measures including working from home, suspension of church services, meetings and other social gatherings and so on. This has caused untold disruptions for health systems as well as economic and social status of affected nations.

With the focus now fully shifting to the control of the spread of coronavirus, other disease burdens are inevitably facing neglect and less focus, including provision of sexual and reproductive health services and [commodities](#). Discussions around Universal Health Coverage (UHC) whose main tenet is on primary health care, should have been a natural starting point in the prevention and testing of coronavirus.

The focus on UHC, which was set to be [rolled](#) out in all the 47 counties in Kenya this year, has taken a back seat putting into question whether country health priorities are even informed by broader thinking on sustainable models that can combat existing and emerging diseases. UHC is and should remain the corner stone for combating disease at the most fundamental level i.e. the heart of the community.

For instance, if the provision of commodities and services that support ante-natal care is compromised, the ability to monitor, treat and prevent potential health complications throughout the course of the pregnancy will be affected, and in turn contribute to an increase in newborn and maternal deaths. Postnatal check-ups and immunisation will be even more difficult to access with the imminent strain on availability of health workers offering these health services in addition to managing the COVID-19 cases coupled with the curfew and restrictions on movement.

Even as we look forward to a remission in the number of new COVID-19 infections in the coming months, an increase in full recoveries and a possible discovery of effective medication or vaccines against this deadly virus, we must not forget the need to continue

providing the highest quality health care to our citizens, including SRH services. As a country we need to take measures that comprehensively protect the gains made in child and maternal mortality, TB, STIs and HIV infections, and efforts towards reduction of teenage pregnancies. The Ministry of Health at a national and county level need to adopt a total approach in the application of UHC to strengthen our health system to be able to deal with old and new diseases. This way, long after the COVID-19 threat is under control, we will not be faced with other health challenges that were eradicated years ago or whose indicators were showing marked improvement.

As we deal with the COVID-19 pandemic let us not forget to strengthen, prioritise and sustain the positive gains on all health indicators and particularly reproductive health covering newborn, child, maternal, contraception and STI treatment to achieve UHC 2030 and [Africa Union\(AU\) 2063](#) targets.