

## Commentary



# COVID-19 and Ebola virus disease outbreaks in the Democratic Republic of Congo: adolescents and young people's sexual and reproductive health during public health emergency response

Simon Binezero Mambo, Franck Katembo Sikakulya, Bives Mutume Vivalya, Amos Makelele M'yisa, Wamyil Jemimah Fwangmum, Solomon Adomi Mbina

**Corresponding author:** Simon Binezero Mambo, Youth Alliance for Reproductive Health, Goma, Democratic Republic of the Congo. binezerosimon.mambo@gmail.com

**Received:** 19 Feb 2022 - **Accepted:** 08 Mar 2022 - **Published:** 09 Mar 2022

**Keywords:** Covid-19, Ebola Virus Disease and Sexual and reproductive Health

**Copyright:** Simon Binezero Mambo et al. PAMJ - One Health (ISSN: 2707-2800). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Cite this article:** Simon Binezero Mambo et al. COVID-19 and Ebola virus disease outbreaks in the Democratic Republic of Congo: adolescent and young people sexual and reproductive health during public health emergency response. PAMJ - One Health. 2022;7(21). 10.11604/pamj-oh.2022.7.21.33892

**Available online at:** <https://www.one-health.panafrican-med-journal.com/content/article/7/21/full>

## COVID-19 and Ebola virus disease outbreaks in the Democratic Republic of Congo: adolescents and young people's sexual and reproductive health during public health emergency response

Simon Binezero Mambo<sup>1,2,&</sup>, Franck Katembo Sikakulya<sup>3</sup>, Bives Mutume Vivalya<sup>4</sup>, Amos M'yisa Makelele<sup>1</sup>, Wamyil Jemimah Fwangmum<sup>2</sup>, Solomon Adomi Mbina<sup>2</sup>

<sup>1</sup>Youth Alliance for Reproductive Health, Goma, Democratic Republic of the Congo, <sup>2</sup>Department of Public Health, School of Allied Health Sciences, Kampala International University, Ishaka, Uganda, <sup>3</sup>Department of General Surgery, Kampala International University-Teaching Hospital, Ishaka, Uganda, <sup>4</sup>Department of Psychiatric and Mental Health, Kampala International University-Teaching Hospital, Ishaka, Uganda

## &Corresponding author

Simon Binezero Mambo, Youth Alliance for Reproductive Health, Goma, Democratic Republic of the Congo

## Abstract

*The Democratic Republic of the Congo (DRC) is facing major public health challenges due to series of outbreaks, notably the Ebola Virus disease (EVD). Like other countries of the world, the DRC is also challenged by the new coronavirus pandemic. The confluence of these major outbreaks of the Ebola virus disease and coronavirus disease 2019 (COVID-19) has affected many interventions within the healthcare sector, consequently challenging the social and economic wellbeing of the people. In the past two and half decades, the DRC has made promising progress in adolescents and young peoples' sexual and reproductive health and rights, although they are limited and uneven. Like other African countries, the government of DRC has instituted measures to respond to these outbreaks, which have led to a shift of priorities in addressing the health challenges. The government diverted resources from their intended needs to curb or control the cases of Ebola virus disease and the COVID-19 pandemic, and this has affected the availability, accessibility and affordability of sexual and reproductive health care services for adolescents and young people. As the DRC decides how best to control the COVID-19 and EVD, it is important to reflect on lessons learned from past outbreaks. The DRC Government and other stakeholders must prioritize adolescents and young people' sexual and reproductive health needs by maintaining the provision and strengthening supply chains of reproductive health information and services during COVID-19 pandemic and EVD epidemic. This commentary provides the rationale and makes a call for greater investment and prioritization of sexual and reproductive health (SRH) needs of adolescents and young people during public health emergencies preparedness and response efforts.*

## Commentary

**Progress in adolescents and young peoples' sexual and reproductive health in DRC:** sexual and reproductive Health is associated with important burden across the countries, especially among adolescents and young people, the Democratic Republic of the Congo (DRC) has experienced several disease outbreaks and has been facing a double burden of Coronavirus Disease 2019 (COVID-19) and Ebola Virus Disease (EVD) [1]. DRC has made great progress for adolescents and young people sexual and reproductive health for the past 25 years since the International Conference on Population and Development (ICPD), which is evident in the strong political will, increased donor support, a growing number of implementing organizations, a minimum package of youth-friendly services was integrated into 80 health facilities in 56 health zones, and the Ministry of Public Health having established a task force for the coordination of adolescents and young people's integration efforts [2]. In 2015, the DRC organized a round table on the sexual and reproductive health of adolescents and youth, which gave more visibility and cohesion to partners working in this field, In 2016, the Programme National de Santé des Adolescents (PNSA) published the quadrennial national strategic plan for the health and well-being of adolescents and youth: 2016-2020 being one of the first of its kind in sub-Saharan African countries [3]. To further express the strong political will of the government, the President of the DRC in December 13, 2018, signed a revised comprehensive public health bill into law. This law enable access to family planning services for all women, including adolescents and young people, and legally protect a woman's ability to choose use of family planning.

In response to COVID-19 and EVD there is less attention to the SRH consequences; this is an important omission, across the country, there is absence of focused responses from governments to protect the gains made in adolescents and

young people's sexual and reproductive health and rights, it is clear that the COVID-19 pandemic has stalled and affected many interventions within the health sector [4]. The UNFPA COVID-19 pandemic global response plan, it specifies that sexual and reproductive health and rights is a significant public health issue that demands urgent and sustained attention and investment. The Inter-Agency Working Group on Reproductive Health has recommended that comprehensive sexual and reproductive health services should be maintained as long as the system is not overstretched with COVID-19 case management. This commentary provides the rationale and makes a call for greater investment and prioritisation of sexual and reproductive health (SRH) needs and services of adolescents and young people during public health emergencies preparedness and response efforts.

**COVID-19 and Ebola virus diseases, threaten to undo the progress made in adolescents and young people's sexual and reproductive health in DRC:** the ongoing double burdens of COVID-19 and Ebola virus infections in DRC threatens to limp the achievements made and negatively impact the young people's sexual and reproductive health [5]. Ebola is not new to the Democratic Republic of the Congo (DRC), the tenth Ebola outbreak in eastern DR Congo began on August 1, 2018, and the WHO declared its end on June 25, 2020, this was the second largest in the world, and was particularly challenging as it took place in active conflict regions. The Ebola virus disease outbreak was well controlled in North-eastern DR Congo following a multisectoral response, but the 11<sup>th</sup> Ebola virus disease outbreak was announced on June 1<sup>st</sup>, 2020 after a cluster of cases was detected in the Mbandaka area of Équateur Province and declared its end on 18 November 2020 [6]. The Ebola virus disease (EVD) epidemic of the last decade has shown how health emergencies expose fragile health systems and disproportionately affect the rights of girls and women. The government responds to the case of EVD by diverting resources away from the needs of women and girls, despite their heightened risks [5,7,8]. DRC national

multisectoral response against COVID-19 committee instituted mitigating measures such as lockdowns, travel bans and other community-based measures such as use of face masks, regular handwashing and sanitizing to prevent large scale spread and prevent the collapse of the health system that may be impacted due to the increase in the number of cases [4,8,9]. However, instituting these measures is also associated with deleterious economic, social, health impacts and has taken a toll on access to life-saving sexual and reproductive health services and the response to gender-based violence, at a time when young people require these services the most.

**There is less attention to the adolescents and young people's sexual and reproductive health in the public health emergencies response:** the DRC public health emergency response has been learned from past outbreaks in several significant ways with new biomedical technologies, a greater focus on engaging with the social sciences to learn from communities what they need from the response, and new approaches of case management including decentralized testing and improved burial practices. However, the lessons gained in regards to how to maintain access to and utilization of SRH services during an outbreak, have been less systematically applied [5]. There is much attention to the effects of school shutdowns, household food shortages, household tensions including violence and mental health problems as a result of COVID-19 [10]. The double disease burden of EVD and COVID-19 has stalled and affected many interventions within the health sector. There is scarcity of data on young people's sexual and reproductive health services in DRC during the COVID and EVD outbreaks; however, reports and newspaper articles highlight both increased need for sexual and reproductive health services and reduced ability to use these services since the outbreaks in the affected regions, data produced by the Social Sciences Analytics Cell (CASS) and its partners reveals an increased risk of teenage pregnancy, repealed opportunities to provide sexual and reproductive health education

that could normally be provided in schools, and increased incidence of sexual and gender-based violence (SGBV) nationally, particularly severe in the North-Kivu [10]. Data from March to May 2020, shows a reduction in the use of family planning services in Kinshasa. Healthcare workers highlighted the difficulties in engaging adolescent girls with their services since the beginning of the COVID-19 outbreak. The data indicates a perceived increase in the number of pregnant women and girls who, without other option, seek clandestine abortions or drugs from pharmacies to perform abortions on their own [10]. Mitigating the potential negative effects of COVID-19 and Ebola on young people's sexual and reproductive health is vitally important. The catastrophic losses for sexual and reproductive health are irreversible, the current response to the COVID-19 crisis is incomplete unless we include sexual and reproductive health care component.

**Sexual and reproductive health needs and services must be prioritized from the outset during preparedness and response efforts:**

the study that bleeds is Ebola, which evaluated the impact of the tenth Ebola outbreak in the DRC on Sexual and Reproductive Health in the North-Kivu revealed that separate Ebola coordination structure and the initial lack of coordination with the health cluster meant that SRH needs were not prioritized within the EVD response and SRH programs did not sufficiently adapt to the changing dynamics of the EVD outbreak and response [5]. To minimize the preventable SRH burden, crucial healthcare services must remain accessible during public health emergencies. During any public health emergency, adolescents and young people have a continued need for SRH care and information, and must be equipped with comprehensive, culturally responsive, and evidence-based education to best meet their needs. From the onset of a public health emergency, response actors should work within existing SRH structures to capitalize on their knowledge of the context and the SRH needs of the population. A recent study suggests that SRH

care services should be maintained as essential during and in the aftermath of any public health emergency, while relieving pressure on public health systems. Healthcare workers trained in SRH should also be trained to work in public health emergencies to ensure needed care related to both SRH and the outbreak disease are prioritized. Government and SRH stakeholders need to shore up and strengthen supply chains to make SRH medicines and supplies more accessible to both providers and patients during a public health emergency. Community health workers, local youth-led initiatives and organizations should be empowered and assisted to ensure the continuity of SRH services in the community in case of limited mobility and access to normal services. The latter should be more skilled by online community outreaches through radio, phone and internet means. Youth friendly spaces in community and health-facilities aimed at listening to the concerns and needs of adolescents and young people should be created to continue offering SRH services, protect young people and limit the spread of COVID-19 and EVD. Moreover, young people should be integrated into COVID-19 and Ebola responses. Active involvement of young people could augment their knowledge on the outbreak and allow them to play an effective role in the prevention and response, including as social and community workers, where needed and possible. To ensure young people's SRH needs are being met during a public health emergency, the operational and central levels of the Ministry of Public Health must be informed daily of the SRH care services provided to the community and ongoing SRH challenges adolescents and young people face. Establishing a partnership between public and private sectors is vital to creating new ways of providing information, and support to adolescents and young people. Public health emergency preparedness and response plans should include guidance for delivering SRH and conducting research during health emergency responses, including maintaining youth-friendly SRH information and services. Figure 1 illustrates a framework for integrating adolescent and youth

sexual and reproductive health (AYSRH) care services in the preparedness and response to a public health emergency.

## Conclusion

The DRC Government instituted mitigating measures to combat COVID-19 and EVD, integrated efforts are vital to explicitly address the potential negative effects of COVID-19 and EVD outbreaks on adolescents and young people's sexual and reproductive health is vitally important. Ripple effects of the COVID-19 and EVD outbreak are more likely to affect young people in particular, as they already have higher rates of unmet need for health services, face greater social and economic hurdles to accessing care, and have limited access to prevention programs, including legal services. Prioritizing adolescents and young people's sexual and reproductive health during preparedness and response plan of public health emergencies should be considered as indispensable components of health services that do not strain, but strengthen health systems.

## Competing interests

The authors declare that no competing interests.

## Authors' contributions

SBM and SAM developed the concept and content. All the authors contributed intellectually to the content and approved the final version.

## Acknowledgments

We thank Dr. Venkatraman Chandra-Mouli, (Department of Reproductive Health Research, World Health Organization, Geneva, Switzerland) for his intellectual comments and contributions to the manuscript.

## Figure

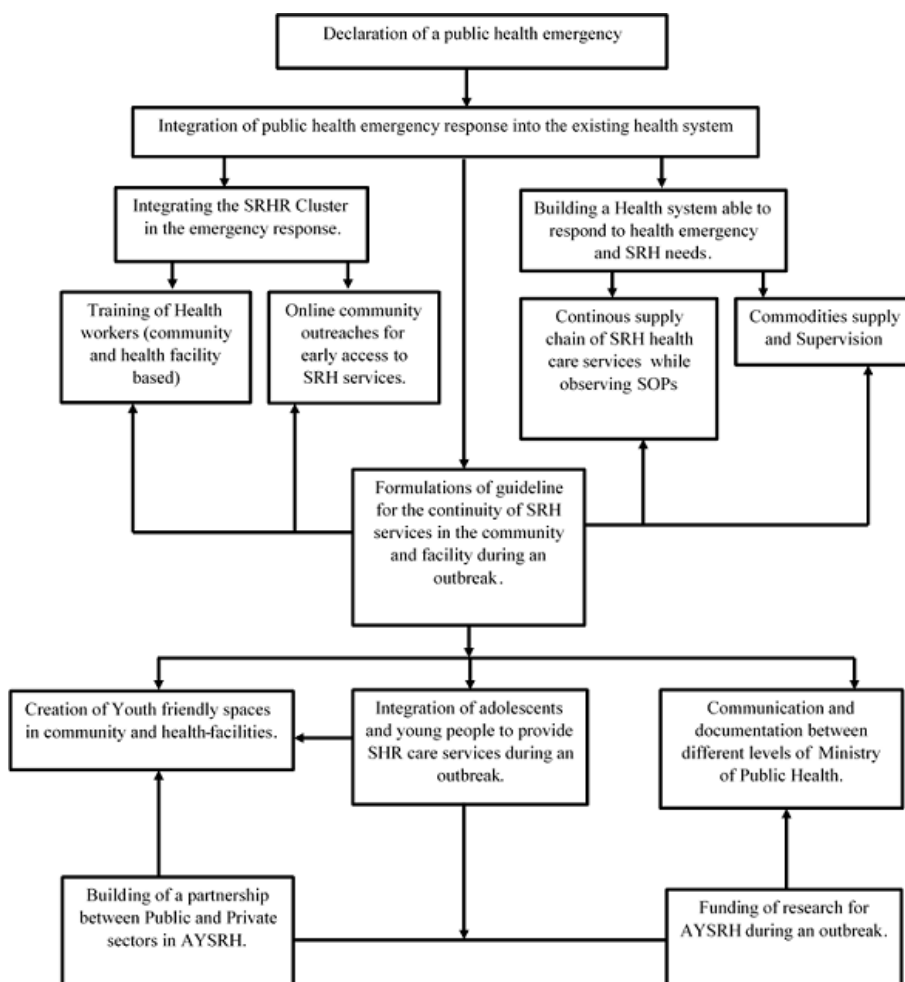
**Figure 1:** proposed model to integrate of AYSRH care services in the preparedness and response to a public health emergency

## References

1. Nachega JB, Mbala-kingebeni P, Otshudiema J, Zumla A, Tam-fum JM. Comment the colliding epidemics of COVID-19, Ebola, and measles in the Democratic Republic of the Congo. *Lancet Glob Heal.* 2020;8(8): e991-2. [PubMed](#) | [Google Scholar](#)
2. NFPA. Regional report: assessment of adolescents and youth-friendly health service delivery. Accessed Feb 19, 2022.
3. Kwete D, Binanga A, Mukaba T, Nemuandjare T, Mbadu F, Kyungu M *et al.* Family planning in the Democratic Republic of the Congo: encouraging momentum. *Formidable Challenges.* 2018 Mar 30;6(1): 40-54. [PubMed](#) | [Google Scholar](#)
4. Chattu VK, Yaya S. Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings. *Reprod Health.* 2020;17(1): 1-5. [PubMed](#) | [Google Scholar](#)
5. McKay G, Black B, Mbambu Kahamba S, Wheeler E, Mearns S, Janvrin A. Not all that bleeds is Ebola: how has the DRC Ebola outbreak impacted sexual and reproductive health in North-Kivu? New York, USA. The International Rescue Committee. 2019.
6. Marquants F. Republique Democratique Du Congo Note d'information - Epidémie de la maladie à virus Ebola en Equateur 15 août 2020, rapport # 52 Statistiques depuis le debut de l'épidemie. 2020.
7. UNFPA. Rapid assessment of Ebola impact on reproductive health services and service seeking behaviour in Sierra Leone. 2015. Accessed Feb 19, 2022.



8. Stark L, Meinhart M, Vahedi L, Carter SE, Roesch E, Scott Moncrieff I *et al.* The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of Congo. *BMJ Glob Heal.* 2020;5(11): 5-7. **PubMed** | **Google Scholar**
9. WHO. Ebola virus disease - Democratic Republic of the Congo. Accessed Feb 19, 2022.
10. Sciences S, Cell A. The impacts of the COVID-19 outbreak response on women and girls in the Democratic Republic of the Congo. 2019. Accessed Feb 19, 2022.



**Figure 1:** proposed model to integrate of AYSRH care services in the preparedness and response to a public health emergency