# KFW

## Digital technologies for access to sexual and reproductive health: learnings from the Covid-19 pandemic

#### One Pager

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In many countries in the Global South, access to basic sexual and reproductive health and rights (SRHR) services was insufficient even before the outbreak of the Covid-19 pandemic. This challenge was further exacerbated by the pandemic, but was partially mitigated with the help of digital technologies and innovative approaches. What can be learned from this for the future?

### Independent access to information and services made easier

Health apps and online education portals offer anonymous access to information regardless of location and time. During the pandemic, customers were able to order contraceptives via special apps; training on self-injection with contraceptives was successfully moved to virtual platforms. These developments were crucial as access to health services was limited during the lockdowns. However, they remain important even after the pandemic, especially in societies where issues surrounding sexuality and self-determination are taboo: women, young people and marginalised groups (sex workers, LGBTIQ+ people and refugees) can be reached in this way with information or simple telemedical advice. Especially in the context of safe terminations of pregnancy, this development is gaining in importance as women are able to connect with qualified healthcare providers via specialised video call or messaging services and, in some regions of the world, even receive a prescription for the medications they need.

### Improving healthcare services and more stable supply chains

During the pandemic, increased access to knowledge via digital platforms and e-

learning courses, as well as telemedical training, increased the quality of training for healthcare professionals, especially in the Global South.

At the start of the pandemic, there were disruptions in the global supply chain for contraceptives, including in production, shipping and distribution. The support of digital logistics management information systems (LMIS) and coordinated information flows enabled the supervision and follow-up of stock levels, consumption rates and risks of bottlenecks and overstocks, pipeline orders for each registered contraceptive method and the provision of life-saving health products for women during childbirth were made possible. Approaches using blockchain technology offer the opportunity to ensure transparent exchange of data across all parts of the supply chain, as well as security and traceability of transactions.

#### Challenges: Digital divide, interoperability, service quality and data security

In low-income countries, 9 out of 10 young girls and young women do not have internet access. Targeted measures are therefore needed to make digital health solutions in the area of SRHR accessible to disadvantaged groups and reduce inequalities.

The diversity and fragmentation of existing digital health technologies, as well as the rapid adoption of new solutions, make it difficult to integrate them into existing health systems. Strengthening these systems in the long term therefore requires the creation of interoperability in order to avoid duplication of data and to ensure a smooth exchange of data and information. Furthermore, continuous quality assurance is crucial to ensure that the growing amount of information is correct, up-to-date and comprehensive, as well as to prevent the risk of spreading fake news.

The security of sensitive data is of utmost importance, especially in the SRHR area, as identity theft, fraud and sexual abuse on the internet pose serious risks. Continuous training is therefore needed for healthcare professionals to effectively use digital health tools as well as comply with safety measures and guidelines.

### Conclusion: Potential is high, risks manageable

Digital technologies contributed significantly to ensuring that SRHR services were able to continue and expand during the pandemic. Continuing to develop innovative approaches and proactively addressing potential risks is critical to improving the quality and effectiveness of SRHR services in the long term and strengthening the resilience of health systems after the pandemic.