



The Japan Parliamentarians Federation for Population

NEWS LETTER

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COVID-19 Impact: What we know so far – Japan

The International Planned Parenthood Federation (IPPF), founded in 1952, is the world's largest NGO in the field of sexual and reproductive health (SRH). In 2019, IPPF, with its member associations (MAs) in 130 countries including Japan, delivered 252.3 million SRH services worldwide. Ms. Shidzue Kato, Japan's first woman parliamentarian and a pioneer of the family planning movement, was one of the founding members of IPPF, and since its foundation, Japan has forged a close partnership with IPPF. For 46 years since its establishment in 1974, the Japan Parliamentarians Federation for Population (JPFP) has been a partner of IPPF, which has also supported the activities of JPFP.

This issue of the newsletter features an interview with Dr. Kunio Kitamura, Chair of the Japan Family Planning Association (JFPA), which was posted on the IPPF website. JFPA is an MA in Japan and it strives to achieve a society where everyone can have access to voluntary SRH services, especially under the ongoing COVID-19 pandemic, when people around the world are struggling to find out how to deal with the virus.

Vulnerable people are more likely to be severely affected by disasters, whether from natural or man-made causes, and are hit hardest by COVID-19. Limited access to SRH services due to the coronavirus pandemic leads to an increase in unwanted pregnancies and abortions, which can have grave life-threatening consequences. It should be more recognized that these tragedies are preventable if appropriate measures are taken.

Source: <https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-japan>



27 May 2020

An interview with Dr. Kunio Kitamura, the Chair of the Japan Family Planning Association (JFPA), on the impact of COVID-19

How has Japan been affected by COVID-19?

The coronavirus (COVID-19) is spreading rapidly. The Japanese government announced a national emergency on 7 April, but the impact of this policy is yet to be seen.

What impact is COVID-19 having when it comes to sexual and reproductive health (SRH) services?

With strict measures imposed on the movement of people and the economy, JFPA has been discussing ways to continue to provide SRH services according to our mission, which is: "Reproductive health services accessible for everybody, everywhere in Japan". JFPA is a small organization of around 20 staff and board members. Our team was working hard before and after the start of the pandemic to provide SRH services to all those in need. Regardless of the situation, our services must continue to be provided. Taking into consideration the incubation period of the virus, JFPA introduced working from home for the first time. By keeping a limited number of staff present at the office to do essential tasks, other staff work from home to continue the business.

Which services will be the worst hit?

Trainers' training is one of our core missions, and in 2019, more than 8,000 trainers participated in a total of 70 training seminars hosted by JFPA. Seminars in 2020 were partly rescheduled to prevent the spread of the

coronavirus, as large-scale in-person sessions cannot be done without close contact between the attendees in a confined environment. JFPA has been preparing for the rescheduled seminars so they can be held once the pandemic is over, and we are discussing ways to conduct online seminars soon.



Can you tell us about any innovative measures that have been introduced in Japan to provide services in a different way than usual?

JFPA’s Family Planning Research Center, or the JFPA Clinic, is open as usual to provide medical assistance including consultations, hotline services, public relations, and advocacy work. The telephone hotlines, namely the Adolescent and Family Planning Hotline and EC/OC Helpdesk continue to be open from 10am to 4pm from Monday to Friday (excluding weekends and holidays), every week. The number of incoming calls has not risen rapidly for these two hotlines.

However, calls from women currently under fertility treatments have increased at the Tokyo Fertility Treatment Hotline, which is sponsored by the Tokyo Metropolitan government. This is because of the announcement made by the Japan Society for Reproductive Medicine on 1 April asking clinics to “propose hiatus to clients receiving fertility treatment until the pandemic has slowed down and the danger of contracting the virus has decreased, or drugs that prevent or cure COVID-19 that can be prescribed during pregnancy is produced.”

Have you been trialing anything else?

JFPA had already officially rolled out an easy-to-use search page in September 2019 for those in need of emergency contraception (EC). The page can be accessed via a QR code scanned by a smartphone camera, and by feeding the user’s GPS data, a list of 20 medical facilities starting from the nearest to the user’s location is displayed on a browser. Alerts are shown next to facilities that may be closed on that day. There is a MAP feature that provides step-by-step instructions to reach the facility.

Can you tell us more about the clinic services?

Our JFPA clinic has not been designated to take in clients that might have COVID-19 yet, but more women who are using low dose oral contraception (OC) and low estrogen/progestin (LEP) pills (covered by the national health insurance scheme) are visiting the clinic. Luckily, our clinic has not run out of medicine or other commodities, but many clients have voiced their fears of losing access to contraception once a severe lockdown is imposed. The government issued a notice to launch online medical consultations from 10 April, regardless of previous face-to-face consultations at the clinic. Even so, medical professionals must be ready to provide the most needed, lifesaving SRH services.

What options are there for women to access emergency services?

There are two options for EC in Japan:

1. Reduce the possibility of pregnancy by 90.8% with emergency contraception using a gestagen pill (Levonorgestrel) within 72 hours of sexual contact
2. Inserting a copper IUD within 120 hours of sexual contact.

EC is prescribed upon consultation with a gynecologist in case of sexual contact without contraception, failed contraception, rape, and other emergencies. In case you do need an EC prescription, contact the clinic and arrange a visit to talk about your needs.

What message do you have for people and your staff in Japan when it comes to SRH services and COVID-19?

Even under these extremely strained circumstances we cannot lose sight of our goal to “realize a society that allows access to reproductive health services, whenever and whoever it may be”. As we see the increased threats and attacks on sexual and reproductive health and rights (SRHR) issues, together we must continue to fight for the advancement of SRHR including comprehensive sex education. It is essential now more than ever.

For back issues, please visit: <http://www.apda.jp/en/index.html>

