

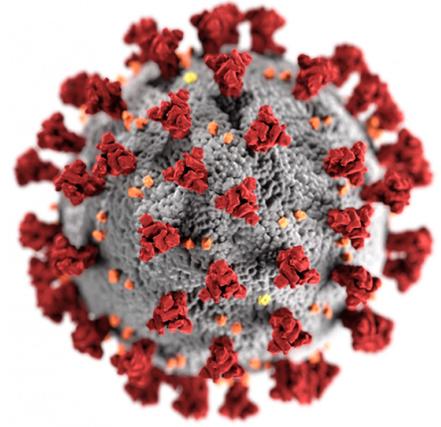


COVID-19
RESPONSE

COVID-19 TECHNICAL BRIEF FOR FAMILY PLANNING SERVICES



Introduction



The first case of pneumonia caused by a novel Corona virus was reported to the World Health Organization (WHO) from Wuhan, (Hubei province) in China on 31st December 2019. Subsequently, the disease COVID-19 spread and was reported in other parts of the world. WHO declared it a Public Health Emergency of International Concern on 30th January 2020. The disease was further escalated to the status of a pandemic on March 11, 2020¹.

As a response to the pandemic, governments imposed travel bans on an unprecedented scale to contain the transmission, closing their borders and implementing mandatory screening of citizens returning from affected areas. In addition, many countries enforced partial or complete lockdowns restricting the movement of their citizens to “shelter in place”. Governments also introduced stringent population-based interventions, such as physical distancing, surveillance with testing, and contact tracing, quarantine and isolation to slow the rate of transmission, to avoid a surge of demand on the already strained health care system and to flatten the epidemic curve of new infections^{2,3}. In spite of these measures, the numbers of COVID-19 cases and deaths continue to rise globally⁴.

The global lockdown, with the ensuing declining production and industrial outputs, has rendered millions of workers jobless and some countries are witnessing unprecedented requests for unemployment benefits.⁵ Humanity has rarely faced such large scale lockdowns and restrictions in mobility and the COVID-19 pandemic offers a hitherto unfamiliar programmatic scenario.

This document analyzes the possible consequences of the pandemic on the rights of individuals and couples to family planning, and endeavours to provide technical guidance to countries for continued commitment and investment in promoting family planning, especially during these challenging times. As sexual and reproductive health and reproductive rights are fundamental to achieving the Sustainable Development Goals (the 2030 Agenda), upholding human rights, especially during these unprecedented times of the pandemic is crucial to ensuring that there is no regression of progress made to date.

- **THE COVID-19 PANDEMIC HAS EVOKED UNPRECEDENTED RESPONSE FROM THE GLOBAL COMMUNITY WITH PARTIAL OR COMPLETE LOCKDOWNS IN COUNTRIES AND VARIOUS DEGREES OF RESTRICTION ON MOVEMENT OF CITIZENS**

- **THE INCREASING NUMBER OF CASES HAVE OVERWHELMED HEALTH SYSTEMS THAT ARE FINDING IT DIFFICULT TO COPE WITH THE LARGE NUMBER OF CASES**

- **THE PANDEMIC HAS ADVERSELY AFFECTED THE GLOBAL ECONOMY AND MILLIONS OF WORKERS HAVE BEEN RENDERED JOBLESS; FAMILY INCOMES HAVE DECLINED DRASTICALLY**

- **LOCKDOWNS HAVE ALSO AFFECTED THE AVAILABILITY OF ESSENTIAL GOODS AND SERVICES IN MANY PARTS OF THE WORLD, INCLUDING ACCESS TO CONTRACEPTIVES**

Rationale for promoting Family Planning at this time



1. *Increased demand for modern contraceptive method*

- Restriction of movements and lockdowns result in cloistering of individuals, couples and families. Historically, research has demonstrated that during lockdowns that completely restrict movements and when people spend more time at home, there is the possibility of increased pregnancies, which may be due to planning a family, increased unprotected sex or increased sexual activity because couples are less occupied by other recreational activities outside of the home. In the latter two situations there is a probability that the usual contraceptive methods (especially short acting reversible methods such as condoms or oral contraceptive pills) will only be available for a limited period of time and couples are likely to run out of stocks quite soon.
- The situation is more complex for couples who had not been using a method earlier and were planning to start one around this time. For couples using reversible contraceptive methods, there might be a need for replacement (due to side effects, complications, or completion of duration), or switching to another method. During such scenarios, going out to procure a contraceptive could be relatively difficult because of limitations in access to health services caused by the lockdown, and also because of the fear associated with the risk of acquiring the infection when venturing out of the house. This could lead to a reduction in contraceptive utilization, and a surge in unintended and unplanned pregnancies.⁶
- In addition, a number of countries have witnessed mass scale movement of migrant workers from their place of work back to their homes (either within the country or from abroad) as a result of prolonged periods of lockdown or closure of their work facilities. This phenomenon, which generally occurs during holiday seasons, may lead to unplanned sexual activity as couples reunite after a long gap. Moreover, it can be assumed that given the scenario of widespread restriction on movements, these couples will have limited access to modern contraception and, hence, be at risk of unplanned pregnancies.
- During quarantine and lockdowns, rates of intimate partner violence appear to have increased, which sometimes includes sexual coercion and sexual assault. In such cases, emergency contraception should be available for the prevention of unintended pregnancies.



NOT HAVING THE MONEY TO SUPPORT AN ADDITIONAL CHILD IS A LEADING REASON THAT COUPLES WILL CHOOSE TO AVOID AN UNINTENDED PREGNANCY

2. Health risks associated with unplanned and unintended pregnancies

- It is also important to note that unplanned and unintended pregnancies (especially in women who are less than 18 years old, or more than 35 years old, have more than 5 children, or whose children are closer than 2 years) are associated with higher adverse pregnancy outcomes, maternal morbidity and mortality. Women who are unable to obtain contraception and who do get pregnant will decide to either continue their pregnancy (will require antenatal care and support during delivery), or may opt for an abortion. The Covid-19 response has already brought about substantial financial hardship for many families, and not having the money to support an additional child is a leading reason that couples will choose to avoid an unintended pregnancy or terminate one⁷.
- The decision to opt for an abortion will involve increased contact with health care providers, thereby augmenting the risk of infection to both patients and staff. In situations where abortions are unsafe or illegal, the chances of complications and life-threatening risks are further heightened.
- There is insufficient information on the impact of COVID-19 infection on pregnant women and currently, no evidence that they are at higher risk of severe illness than the general population. While limited, current evidence does not reveal increase risk of adverse pregnancy outcomes in women infected in late pregnancy⁸ and the effect of COVID-19 infections during the first trimester of pregnancy and its outcomes have not been studied to date. Thus, while there is inadequate data on the adverse consequences of COVID-19 infection on pregnancy outcomes^{9,10} the influenza epidemic of 1918; the Asian flu epidemic of 1957; the SARS coronavirus infections, and data from seasonal influenza demonstrate adverse pregnancy outcomes¹¹.
- Studies have cited some severe respiratory viral infections associated with high maternal mortality rates¹². This has been explained by the physiologic changes in pulmonary function during late pregnancy. The gravid uterus has been shown to elevate the diaphragm by up to 4 cm in the third trimester, while oxygen consumption is increased by 20% in pregnancy and functional residual capacity is decreased, thereby rendering the woman intolerant to hypoxia¹³. With epidemiological studies of pregnant women with COVID-19 are limited, the risks for pregnant women could be compounded by restrictions of movement and limited access to maternity services including antenatal care, skilled birth attendance and emergency obstetric care.



**EVERY \$1 INVESTED
IN MEETING THE
UNMET NEED FOR
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- The current situation is unprecedented, and it is unclear how long lockdowns and restrictions on movement will last. Past experience from various humanitarian crises has shown that emergencies are associated with higher levels of maternal malnutrition, which has long been recognized as a determinant on foetal growth, birth weight and infant mortality. Women with unintended pregnancies and maternal malnutrition are more likely to be associated with poor pregnancy outcomes. Hence, the importance of preventing unintended pregnancies, especially in humanitarian contexts.

3. *Systemic factors affecting modern contraceptive use during the pandemic*

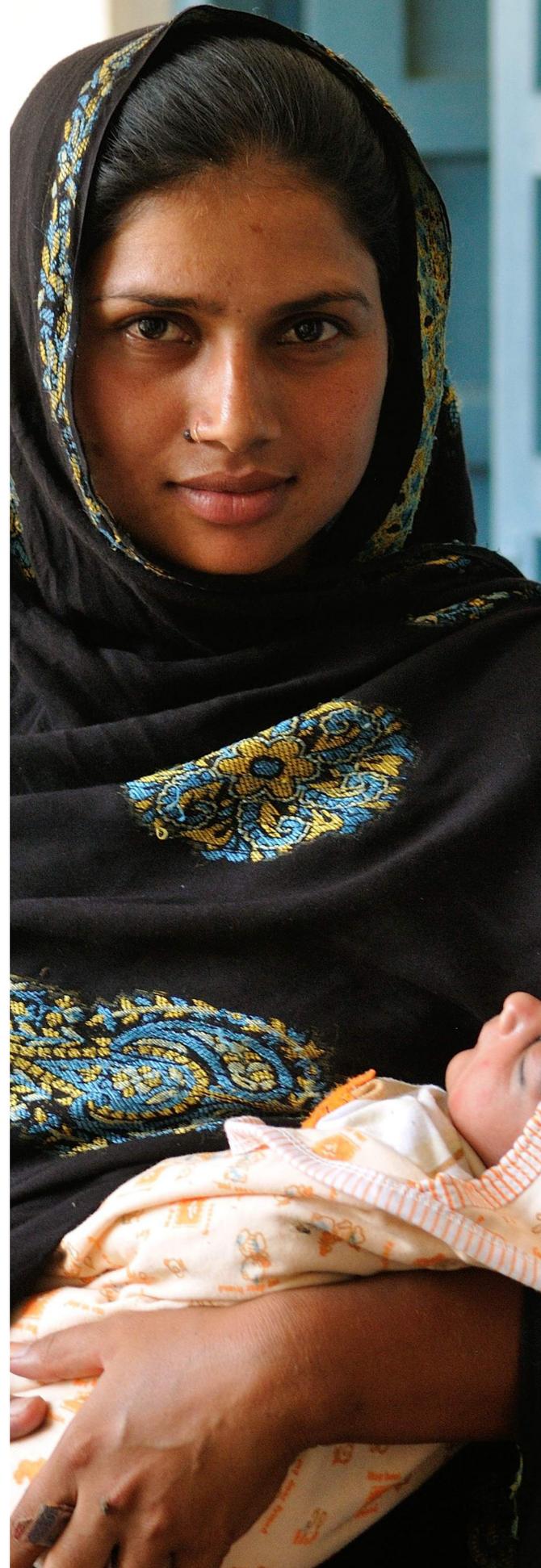
- During humanitarian crises, with shifting priorities, government funding is often diverted to life saving efforts (rescue, relief and rehabilitation) and SRH services do not receive the attention they deserve. Furthermore, even within the health care facilities, the immediate focus is on life saving interventions and on cases of the infection, and family planning services are neglected. This was also demonstrated during the Ebola epidemic in West Africa¹⁴.
- Due to various compounding factors (such as reduced productions at the manufacturer levels; delays in shipments; delays in receipt of shipped goods and delays in in-country transportation and distribution), disruptions of SRH supplies (particularly contraceptives) may also be expected. Under such programmatic contexts, where supply chains are under pressure and at suboptimal levels of performance, the supplies of contraceptives, that are often not deemed as an “**essential supply**” are most affected.
- During phases of global economic slowdown and impending recession, it makes more programmatic sense for governments to invest in interventions with proven investment benefits and robust returns. A UNFPA-commissioned study (UNFPA, 2019) has clearly shown that to end the unmet need for family planning by 2030, an investment of US\$ 68.5 billion is required - the per capita equivalent being only US\$ 1.4 per person per year. In such scenarios, investing in family planning is logical because of the high returns that it yields. Every \$1 invested in meeting the unmet need for contraceptives yields \$120 in accrued annual benefits in the long-term (\$30-50 in benefits from reduced infant and maternal mortality and \$60-100 in long-term benefits from economic growth).¹⁵

Justifications

- 1) LOCKDOWNS CLOISTER COUPLES TOGETHER AND INCREASE THE POSSIBILITY OF SEXUAL ACTIVITY AND THE RESULTING UNINTENDED PREGNANCIES**
- 2) CONTRACEPTIVE AVAILABILITY AT HOMES IS LIKELY TO RUN OUT AFTER SOME TIME AND REPLENISHING STOCKS IS DIFFICULT BECAUSE OF RESTRICTIONS OF MOVEMENT**
- 3) VIRAL INFECTIONS HAVE BEEN ASSOCIATED WITH CONGENITAL BIRTH DEFECTS AND EVIDENCE FOR COVID-19 IS LIMITED**
- 4) THERE IS LITTLE EVIDENCE TO CONCLUDE THAT MEDICINES PRESCRIBED FOR TREATMENT OF COVID-19 INFECTION ARE FREE FROM TERATOGENIC EFFECTS**
- 5) DURING HUMANITARIAN CRISES, MATERNAL NUTRITION GETS COMPROMISED AND MALNOURISHED PREGNANT WOMEN HAVE HIGH INCIDENCE OF POOR PREGNANCY OUTCOMES**
- 6) HEALTH SYSTEMS ARE ALREADY OVERBURDENED BY THE COVID-19 RESPONSE AND THE FOCUS IS ON LIFE SAVING MEASURES AND CRITICAL CARE. SRH ISSUES ARE GENERALLY NEGLECTED DURING EMERGENCIES.**
- 7) HEALTH SUPPLY CHAINS ARE PERFORMING AT SUB-OPTIMAL LEVELS WITH HIGH PROBABILITY OF STOCKOUTS OF ESSENTIAL SRH COMMODITIES.**
- 8) DURING GLOBAL ECONOMIC SLOWDOWN, IT MAKES PROGRAMMATIC SENSE TO INVEST IN INTERVENTIONS WITH PROVEN RETURNS. FAMILY PLANNING IS ONE OF THE MOST COST EFFECTIVE INTERVENTION WITH VERY HIGH RETURNS ON INVESTMENT.**

What Needs to be Done: *Ensuring family planning service provision*

- Development partners and multi-lateral agencies need to support national governments to ensure that their responses are comprehensive as well as equitable and inclusive, so that no one is left out and countries can continue to make progress in achieving the Sustainable Development Goals. Policy makers must ensure that universal health coverage includes pregnant women, adolescents, and marginalized groups and must designate sexual and reproductive health, family planning, and community health centres as **essential health services**, reallocating resources accordingly^{16, 17}
- National governments should prioritize adequate protective measures for all health workers Family planning care providers (including midwives and all other cadres of health staff providing family planning), whether based in health facilities or within the community, are essential health care workers and must be protected and prioritized to continue providing care to women of reproductive age. To be able to provide health services, including family planning, service providers should be able to feel safe that they are protected against potential exposure to persons with COVID-19 infections.
- With large-scale lockdowns and limited availability of various contraceptive options, it will be important to review programmatic challenges concerning changes in contraceptive choices and behaviour of couples that will impact the method mix in the country. It will be important to analyze changes in contraceptive choices and explore possible solutions such as innovative internet or mobile phone counselling services
- It is critical to address the issues related to availability of trained human resources. Shortage of health care providers and/or workers in factories and in the health system, can happen because of illness, physical distancing measures, and/or partial or complete lockdowns that hamper their ability to travel to their work places. These need to be tackled at the policy level.
- The concept of promoting community-based distribution of contraceptives (Short Acting methods such as oral contraceptive pills and condoms) through **Community Volunteers & Depot Holders** can also be explored.
- Governments may also consider relaxing restrictions on the quantities (cycles) of short acting contraceptives dispensed to users so as to avoid frequent repeat visits.
- Governments may consider promoting long acting reversible contraceptive methods, such as implants, that do not require frequent replenishment and can withstand



pressures of supply chain weaknesses. Intra-uterine device insertions and tubal ligation may be provided to postpartum women who opt for such methods. However, it may not be advisable to support permanent methods, such as non post-partum sterilization, under routine programming, to reduce contact of women with health facilities and health providers, and to reduce the workload on health facilities at the height of the COVID-19 pandemic. The removal of IUDs may be required if necessitated because of side effects and/or complications. In such cases, other modern methods should be made available for women to choose.

- Health systems need to be prepared to meet demand for a potential surge for Emergency Contraception, as a result of unplanned sexual activities.
- Governments may also consider “**Task Shifting**” and permitting other cadres of trained health workers to provide some contraceptive methods such as injectables and oral contraceptive pills.
- In some countries, where immunization programmes are continuing, synchronizing supplies of essential SRH commodities with national immunization programme (EPI) supplies, has been implemented to overcome challenges related to supplies of short acting contraceptives. Governments may also consider integrating Family Planning services with maternal and newborn care, adolescent health care, psychosocial counselling and other services, both in static sites and during outreach sessions to expand access.

Meeting Supply Chain Challenges

- Governments may consider strengthening federal coordination among various agencies and departments to identify and address supply-chain issues and gaps, such as systemic bottlenecks to access to contraceptives.
- It is important for governments to undertake frequent and rapid (at monthly intervals) assessments of the health supply chain status and enforce remedial measures to address any identified weaknesses.
- Better coordination and data availability of stock balances for contraceptives can enable governments to promote sharing or inter-regional transfers of overstocked commodities in cases where one region has overstocks and other regions are facing a stockout, thereby reducing stockouts as well as unnecessary wastages.
- Shortage of commodities has multiple causes, including problems with the decreased manufacturing levels, reduced supplies of raw material and reduced freight options, and weakened global supply chains. While Governments can consider asking manufacturers to maximize production, they can also direct their suppliers and others to maximize the availability of raw materials. Promoting procurement of generic products may also be considered for maximizing cost efficiency.
- Ministries of Health may also explore the possibility of partnering with other ministries and departments (agriculture / forestry / internal security; etc.) and the private logistics solutions providers for transportation and distribution of contraceptives and other commodities

Promoting partnerships with the private sector

- It is important to promote public–private partnership, especially with individual health care providers in rural areas, to deliver contraceptives to their clients, where the reach of the health system is poor, or in places with vacancies of health staff.

- Governments may also consider advocating with faith based organizations and civil society organizations for supporting physical distancing measures and for removing myths and misinformation against contraception as well as for promoting distribution of contraceptive supplies
- It is advisable for Governments to consider setting up Helplines to provide information on the places where clients can go to obtain contraceptives, including emergency contraception and abortion services (where legally permitted). Such helplines could also be used for counselling purposes to provide evidence based information to clients. This can also be supplemented by web based consultancy platforms and involve the private or NGO sectors.
- The possibility of partnering with IT and communications agencies should also be explored for promoting telemedicine and for developing free Apps (providing information on contraception availability and use) for mobile phones that can be popularized among young people and couples.

The COVID-19 pandemic has affected human life in a unique and hitherto inconceivable manner. As confirmed cases of COVID-19 mount, the pandemic is claiming numerous lives, overwhelming health systems, and by all signs triggering geopolitical change that will extend well into the future. While the health impact has been devastating, the effect on the economy and the lives of individuals, especially the most marginalized, has been unparalleled. During such unfortunate circumstances, it is vital to also focus on ensuring rights-based family planning, because it is intimately associated with fundamental human rights, addresses the issue of equity, equality as well as universality, and provides valid and practical solutions to the vital economic quagmire that has unfolded as a consequence of this global crisis.

Endnotes

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