

Bangladesh's national COVID-19 response: Why investing in FP and SRH services is critical

The COVID-19 outbreak in Bangladesh is rapidly progressing. Like many highly contagious disease outbreaks, it is causing alarming levels of illness and mortality, disrupting the delivery of essential health services across the country and threatening to undo the fragile gains made to date in strengthening the health system. In addition to these serious short-term impacts, the epidemic will have important consequences in the medium to longer-term impacts both for health outcomes and for Bangladesh' economic growth.

Now is the time to redouble efforts to address the challenges brought about by this unprecedented health crisis and to develop robust post-crisis recovery plans. The national response will be greatly strengthened if the Government of Bangladesh can build on their five-decades long efforts to deliver comprehensive **family planning (FP)** and **sexual and reproductive health (SRH)** services.

Investing in family planning and sexual and reproductive health as part of the national COVID-19 response will:

1 Save lives

2

Reduce pressure on the over-burdened health system

3

Support economic growth and post-COVID recovery



1

Investing in FP/SRH services will save lives

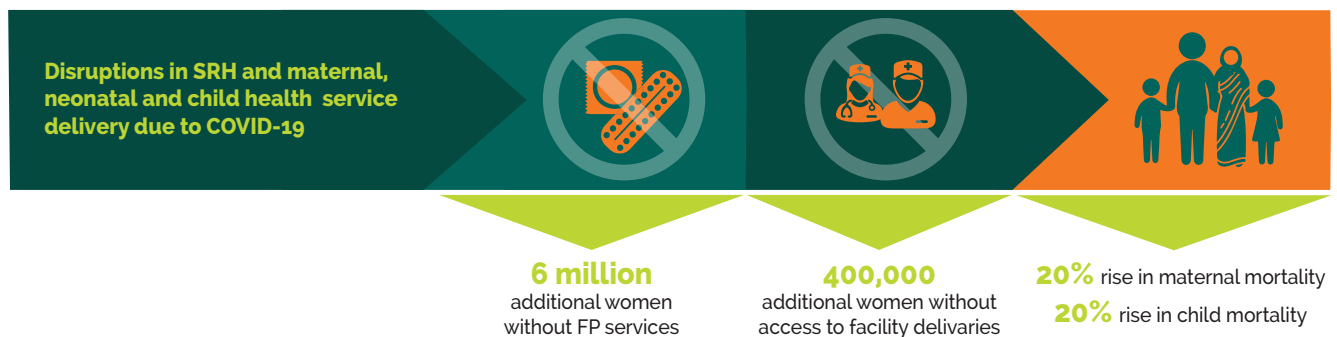
Bangladesh has a wealth of experience in tackling natural disasters, but little experience of handling pandemics such as COVID 19. It must therefore look to the experiences of other countries during similar emergency situations. The 2013-2015 Ebola outbreak in West Africa demonstrated that disruption to essential health services can cause more deaths than the spread of the virus itself.ⁱⁱⁱ In Sierra Leone, it is estimated that the decrease in health service utilization resulting from Ebola led to between 3,600 and 4,900 additional maternal and neonatal deaths and stillbirths, with 43% of these deaths attributed to reductions in family planning services. This compares with around 4,000 deaths attributed directly to the virus itself.ⁱⁱⁱ

In Bangladesh, additional maternal and neonatal deaths are likely to come from:

1. **More unwanted pregnancies**, linked to lower access to FP services and higher rates of adolescent pregnancy and child marriage
2. **An increase in unsafe abortions** as a result of unmet need for FP and restricted access to health care, particularly among young people
3. **Higher rates of home delivery and inadequate care for maternal complications** during pregnancy and childbirth

Young girls from poor households who are out of school due to COVID-19 mitigation measures are at particular risk of unplanned and unintended pregnancy, through widely reported rises in domestic violence, enforced early marriages and limited access to youth-friendly services.^{iv}

It is estimated that major service disruptions in Bangladesh could leave nearly 6 million more women without family planning services and some 400,000 without access to facility-based deliveries. Furthermore, children are far less likely to receive oral antibiotics for pneumonia and essential DPT vaccinations. These disruptions could result in shocking rises in both child mortality – by nearly 40%, and maternal mortality - by nearly 20% over a one-year period.^v



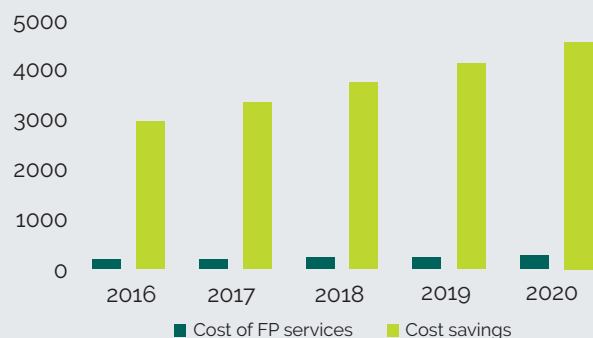
Investing in FP/SRH services will reduce pressure on Bangladesh' already over-burdened health system

The population in Bangladesh continues to grow at a fast pace and currently stands at more than 161 million (2019).^{vi} Every day, there are more than 8,000 births and, at any given point, some 2 million women are at different stages of their pregnancy and in need of essential health care. Bangladesh also has one of the highest adolescent pregnancy rate in the world. Access to information and timely use of FP services prevents unwanted pregnancies and their consequences, reducing the burden on the health system.

Family planning is one of the most cost-effective health interventions – it is relatively inexpensive to deliver while the benefits or 'returns on investment' are high. **It has been estimated that for every additional dollar or BDT 84 invested in FP services, USD 2.2 or BDT 200 are saved for pregnancy related care.**^{vii} Estimates from Bangladesh' Costed Implementation Plan (2016 – 2020)^{viii} show that cost savings from investing in FP services would amount to at least 10 times the costs. Consultations with experts suggest that this rising trend in cost savings is continuing, despite only small cost increases.

Providing individuals and couples with access to the FP services they need without delay during this uncertain COVID-19 pandemic, they will be able to care for their families and plan for their future, becoming both healthier and economically more productive. Thus, investing in FP will reduce pressure on Bangladesh' already overburdened health system.

Cost of FP/SRH services and cost savings resulting from reduction in unintended pregnancies



Source: Bangladesh Costed Implementation Plan 2016 – 2020



Investing in FP/SRH services will support Bangladesh' economic growth and post-COVID recovery

Continuing efforts by the Government of Bangladesh and its partners to reduce unmet need for FP during the COVID crisis will help to avoid the predicted high birth rate in years to come. This will contribute to improvements in the health and nutritional status of Bangladesh's citizens, and help to reduce levels of household poverty and food insecurity. The many benefits of delayed and better-spaced births include improved access to education and empowerment of girls, more of whom will enter the workforce. Households will be better positioned to participate economically and contribute to national economic growth.

In fact, providing comprehensive access to family planning services and information could make a significant contribution towards meeting the Sustainable Development Goals (SDG), including those related to improved water and sanitation services, poverty, food security, child stunting, education, income, and child labour, among other impacts.^{ix}



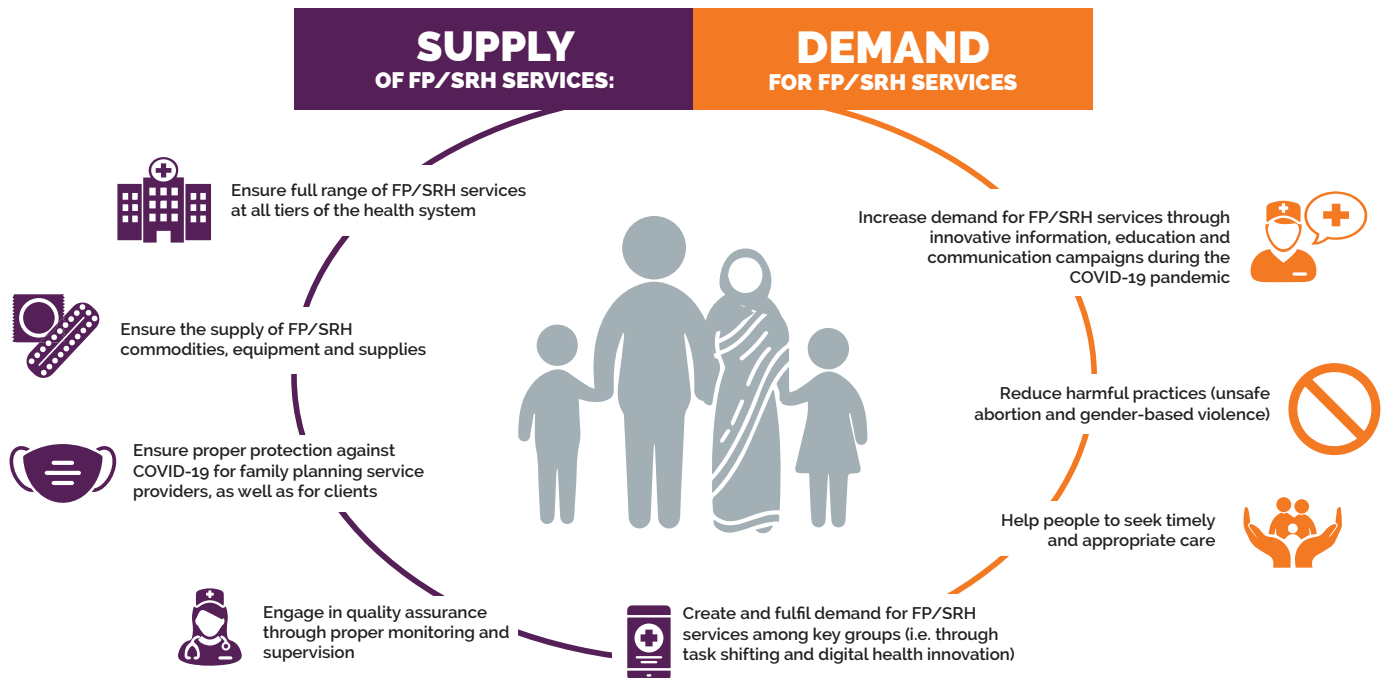
Interacting policy reforms to achieve Bangladesh's demographic dividend

Bangladesh is close to achieving its demographic dividend and is well on its way to achieving middle income status, which could not have been achieved without the country's strong FP programme. As part of the national COVID-19 response, the Government has prioritised the health, agricultural and industrial sectors in the 2021 budget, in an effort to minimise the effects of the pandemic on the economy, as well as on the country's overall development. In order to ensure that the country continues to reap this precious dividend, the Government must place greater emphasis on FP and SRH services within the health budget.



A call to action

To secure the short-, medium- and long-term benefits of investing in FP and SRH during the COVID-19 pandemic, the Government of Bangladesh needs to maintain a focus on:



During the COVID-19 pandemic, we call on the Government of Bangladesh to:

- Protect current allocations for FP/SRH programmes in order to ensuring the provision of essential FP/SRH services
- Provide additional earmarked funds to ensure a safe working environment in health facilities (i.e. for personal protection, disinfection and other safety measures) and to generate demand for and uptake of services among vulnerable groups
- Ensure the continuous supply of FP commodities, and address the COVID-related challenges for the global supply chain
- Focus on strengthening governance and monitoring systems for FP/SRH services at all levels to ensure more efficient use of allocated funds

References

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- ^{vii} <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>
- ^{viii} Costed Implementation Plan for the National Family Planning Programme, Bangladesh. 2016-2020, Ministry of Health and Family Welfare (MOHFW), Bangladesh.
- ^{ix} https://www.familyplanning2020.org/sites/default/files/Bangladesh-Commitment-Self-reporting-Questionnaire-2018_0.pdf.