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Policy brief

How can Madagascar ensure the provision of sexual and reproductive health services during the COVID-19 pandemic?

COVID-19 is the biggest public health crisis the world has faced in the last century. But a women's right to make informed decisions about whether and when to have children does not end with the start of a pandemic. The World Health Organisation (WHO) has recognised this and classifies sexual and reproductive health (SRH) and family planning (FP) as essential services that must continue to be provided throughout the pandemic.

This is also because a disruption to reproductive and maternal health services risks lives, as we have seen during the 2013 to 2016 Ebola outbreak in West Africa, where a decrease in the utilisation of these services caused more deaths than the virus itself.[1]

This policy brief outlines how Madagascar can ensure that critical SRH/FP services are not disrupted by the COVID-19 outbreak and continue to be provided alongside the emergency response. It is designed to inform policy-makers and programme managers on how they can practically modify their service provision approach, within the context of voluntary and informed choice, and ensure the country remains on track to meet its SRH/FP targets of achieving a contraceptive prevalence rate (CPR) of 50% by 2020, up from 43%. Based on new legislation, the government places a strong emphasis on investing in the reproductive health of young people as well as on community-based distribution of contraceptives, improving contraceptive commodity security, engaging the private sector and increasing national resources for FP and on achieving the demographic dividend by 2055.

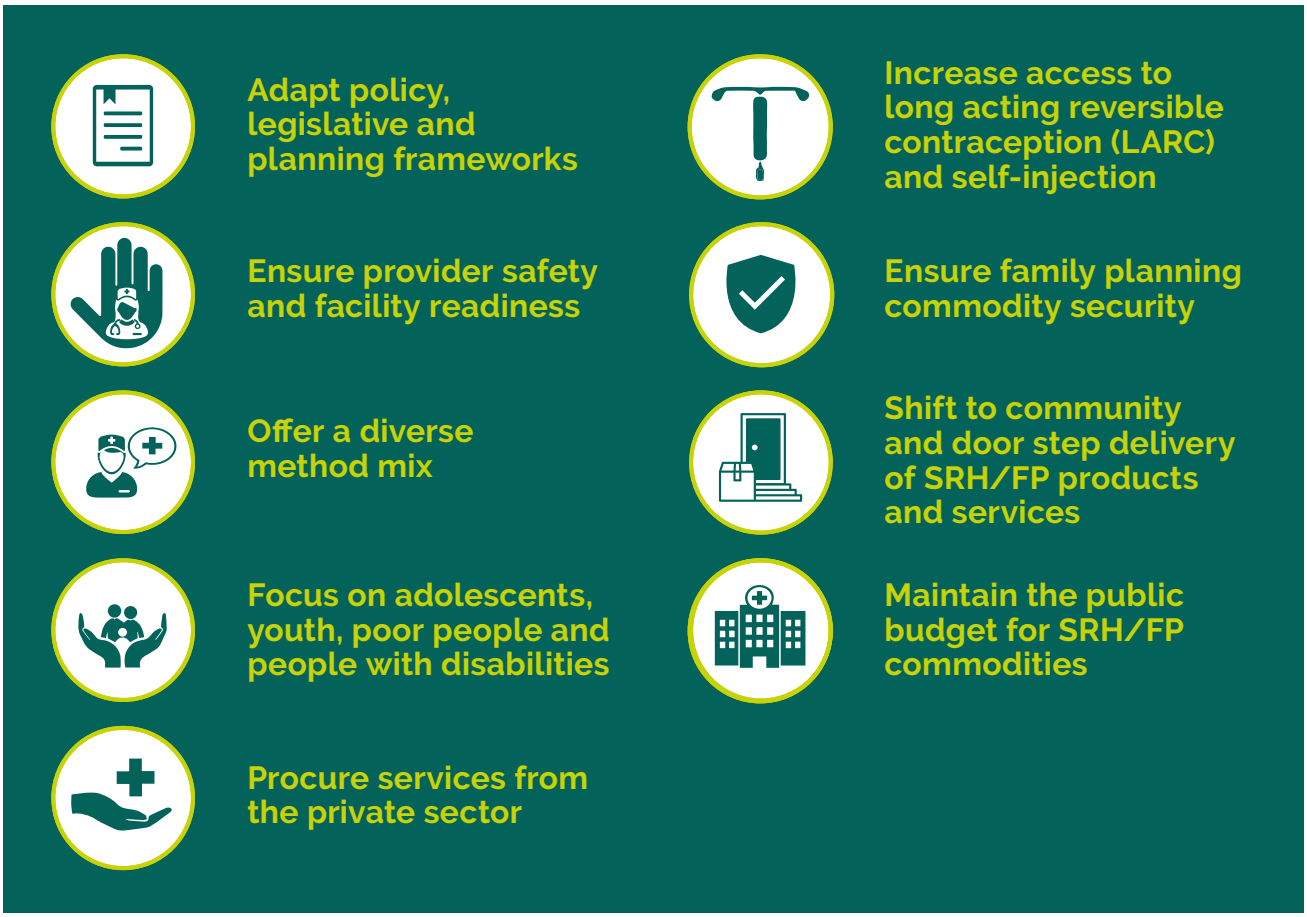
Continuing family planning and other sexual and reproductive health services saves lives

In Sierra Leone, it is estimated that disruptions in FP services during the Ebola outbreak resulted in around 2,150 additional maternal, neonatal and stillbirth deaths, compared to about 4,000 deaths that were directly attributed directly to the disease.[2] Modelling estimates using the Lives Saved Tool (LiST) model indicate that COVID-19 disruptions in Madagascar have the potential to leave 645,100 women and girls without access to FP services and could increase maternal mortality by 12% over the next 12 months.[3]

We expect that young girls will be disproportionately affected as they face greater barriers in accessing contraception during health emergencies, which increases the number of unintended teenage pregnancies and, subsequently, deaths from pregnancy-related complications.

It is therefore of vital that the Government of Madagascar classifies SRH/FP services as essential during this public health emergency and the post crisis recovery phase, and to adopt the following measures:

How to continue family planning and reproductive and sexual health services



Adapt policy, legislative and planning frameworks

- **Update key SRH/FP documents to ensure readiness and resilience for future health crises:** As the government has planned to update all key SRH/FP policy documents in 2020, it provides an opportunity to incorporate the impactful approaches that were adopted during the current COVID-19 crisis to ensure health facility readiness for future emergency situations and minimise disruptions to SRH/FP services.

Ensure provider safety and facility readiness

During the COVID-19 pandemic in Madagascar, all health centres and hospitals remained opened. To ensure services can be provided safely and effectively:

- **Equip health facilities with appropriate infection control measures:** Provide health facilities with appropriate personal protective equipment.
- **Raise public awareness of SRH/FP as an essential service:** The climate of fear surrounding COVID-19 has resulted in the population not visiting health facilities. The government must raise public awareness on the importance of continuing to take up SRH/FP services even during an enforced lockdown.

Offer a diverse method mix

- **Ensure comprehensive range of FP methods are available:** Informed choice is an essential part of a quality FP service and requires an ability to access a range of contraceptive options. Health facilities in Madagascar currently offer a comprehensive method mix. It is essential that public and private facilities can maintain this service during the health crisis to ensure the population can access the FP method of their choice.

Focus on adolescents, youth, poor people and people with disabilities

- **Ensure vulnerable groups are protected:** There is evidence that vulnerable groups, such as people living with disabilities and those with mental health conditions, are disproportionately affected by the consequences of COVID-19, resulting in increased inequalities.[4] It is essential to protect these groups while the containment measures, such as lockdowns and restrictions of movement and transport, are in place. This should include a dedicated helpline and provision of outreach services.

- **Uphold SRH/FP commitments to ensure access for the young and other vulnerable groups:** The country's SRH/FP law states that *all* individuals should have access to SRH/FP services, and includes a commitment to investing in the health and education of young people to achieve the demographic dividend. However, the statistics still show high levels of maternal mortality amongst adolescent mothers. There is a real risk the COVID-19 emergency will adversely impact SRH/FP access by the young and other vulnerable groups, leading to worsening health outcomes. The government should implement targeted measures to ensure access among these groups, for example, by leveraging social media and national media to promote FP, and community outreach through mobile clinic services.

Procuring services from the private sector

- **Partner with the private FP service providers:** Half of Madagascar's FP providers are private. Due to the better quality of care they offer and their proximity to urban and rural areas, people often prefer to use private FP providers. Make optimal use of these facilities to ensure continued access to FP services during the health crisis. With the reduction in purchasing power of much of the population due to the economic impact of COVID-19, the government should subsidise private sector services to make them accessible to the wider population.

- **Ensure SRH/FP services are included in health insurance packages:** health insurance schemes should include SRH/FP in their packages of care, and permit access to care from the private sector.

Increase access to long acting reversible contraception (LARC) and self-injection

- **Ensure implementation of DMPA-SC guidelines:** Following a successful pilot study, the Government of Madagascar recently launched depo medroxyprogesterone acetate – sub cutaneous (DMPA-SC), which permitted self-injection of the intramascular administered contraceptive. Government needs to promote this method during the COVID-19 emergency as it reduces the need to travel to a health centre and have interaction with a health provider.

- **Promote LARC**: Within the context of informed voluntary choice, make greater use of LARC during the health emergency as it requires fewer visits to health facilities, has a lower risk of becoming of stockout, and is thus more cost effective for governments to provide.[5]

Ensure family planning commodity security

- During the COVID-19 lockdown, the national medical store (SALAMA) has been operating on a minimal basis, which has impacted availability of contraceptive products in health facilities. During the health crises, **it is essential for commodities to be delivered on time and in sufficient quantities**. This will require strong forecasting of need by districts, ramping up of operations at SALAMA, and additional stocks so FP users can be given supplies for a longer period.

Shift to SRH/FP community and doorstep service delivery

- **Provide greater support to community agents:** Madagascar has 32,000 donor funded community health workers across 15 of its 22 regions available. This presents an opportunity to establish a community-based distribution system of natural and short term methods of FP, such as the contraceptive pill and injectables, during this health emergency. These community health workers need to be provided with more technical and financial support help them increase access to FP services.

Maintain the public budget for SRH/FP commodities

- **Uphold commitments to increase funding for contraceptive commodities during the pandemic:** In 2018, the Madagascan government committed to annually double allocations for the purchase of contraceptive commodities. The government also introduced a Finance Law in 2020, which removed taxes on contraceptive products for consumers. These advances need to be protected any potential economic-downturn caused by the COVID-19 pandemic, and the cost-effectiveness of providing FP services recognised: Every $1 invested in FP saves the health system $6.[6]

We call on the government to:

1. **Champion and fund sexual and reproductive health services as life-saving interventions**
   Prioritise access to SRH/FP services during and after the pandemic to avoid any adverse health outcomes and disruptions to SRH/FP services which could strain the health system. This would also enable the country to continue to move towards achieving its demographic dividend.

2. **Ensure continued access to SRH/FP services during the health emergency, including the most vulnerable groups**
   During the COVID-19 crisis, keep health facilities open, ensure health staff have the required protective equipment and supplies, and raise public awareness on the continued availability of SRH/FP services during the lockdown. At the same time, diversify SRH/FP service providers to include, for example, private facilities and community health workers. Rely more on long acting reversible contraceptives as well as those that can be self-administered, such as Sayana Press. Promote SRH/FP access among the most vulnerable, including the young and those with disabilities, on social media and in national media outlets.

3. **Support telehealth for reproductive health services and providers**
   Many reproductive health services can be safely and effectively provided via telehealth, including contraceptive counselling and selected prenatal and postpartum care. We urge the government to support these alternatives and revise policy documents to ensure they reference them.

References

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6 Based on estimations using the ImpactNow tool (http://www.healthpolicyplus.com/impactnow.cfm)

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