Policy Brief

COVID-19 in Pakistan: Ensuring the provision of sexual and reproductive health services during the 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.[1]

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.[2]

This policy brief outlines how Pakistan 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, federal and provincial governments, population welfare departments, development partners and other relevant stakeholders on how they can practically modify their service provision approach and ensure that Pakistan remains on track to meet the Council of Common Interest's recommendations on population control[3] and its international SRH/FP commitments (Table below).

Target	Timeline	Commitment
>90% Skilled birth attendance	By 2030	Sustainable Development Goals (SDGs)
<25 Under-five mortality rate	By 2030	SDGs
<12 Neonatal mortality rate	By 2030	SDGs
>60% Contraceptive prevalence rate (modern methods)	By 2030	SDGs, International Conference on Population Development (ICPD) 25
EPI Coverage (children between 12-23 months)	By 2030	SDGs
6.7 Million additional users	By 2020	Family Planning 2020
Lowering the Total Fertility Rate (TFR) to 2.2	By 2030	ICPD 25
Reducing maternal mortality to <70	By 2030	SDGs, ICPD 25

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

In Sierra Leone, it is estimated that disruptions in family planning 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 to the disease.[4]

Low- and middle- income countries are particularly vulnerable to the adverse impact of COVID -19 on maternal and child health. It is estimated that 47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives and that the pandemic could lead to 7 million unintended pregnancies if the lockdown continues for 6 months and causes major disruptions to health services, and to a sharp increase in gender-based violence. COVID-19 poses a serious risk to women and girls survival and wellbeing as Pakistan already has one of the highest maternal mortality rates in the South Asian region[5] and a strained health care system.

In response to the increasing burden the pandemic poses on healthcare workers and facilities, the Government of Pakistan has re-allocated resources away from essential services to tackle the outbreak and closed down the Population Welfare Departments as it was deemed non-essential. These measures have had a huge impact on the availability and utilisation of SRH/FP services, which will likely lead to an increase in maternal and new-born mortality and unmet need for family planning services over the course of the next year.

The United Nations Population Fund estimates that over a three-month period in Pakistan:[6]

- A 10% decline in SRH/FP service coverage could result in 103,563 additional births, an additional 1086 maternal deaths and 30,833 still births. It would also lead to an additional 528,065 unintended pregnancies and 222,843 unsafe abortions, and a further 1,228,827 additional women would face an unmet need for modern contraception.

- While a 20% decline in SRH/FP service coverage would result in 207,106 additional births, 2,133 maternal deaths, 58,541 still births, 924,144 additional unintended pregnancies and 389,976 unsafe abortions. 2,149,601 additional women would face an unmet need for modern contraceptive prevalence rates (mCPR).

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 Pakistan 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

- **Keep public health facilities open by adopting appropriate infection control measures:** This will require the provision of adequate personal protective equipment (PPE) to front line health staff and informing clients and communities that SRH/FP services are considered essential services during the COVID-19 response and that they are permitted to travel to their nearest health facility services during the lockdown.

- **Make comprehensive SRH/FP services available for both women and men**, along with maternal health care (including safe motherhood and pre- and post-abortion care). Due to the potential increase in gender-based violence, post-exposure prophylaxis (PEP) assay kits and emergency contraceptive pills should also be made available.

- **Ensure stock-up of FP and other commodities:** During the pandemic, there is a greater risk of stock out of FP and other commodities. The manufacturing of supplies may slow down and there may be transportation challenges for their delivery to health facilities due to travel restrictions and containment measures. The Pakistan government should take the following steps to address this:
  - Providing clients with multi-month supplies to prevent the need to return to health facilities
  - Closely monitoring contraceptive consumption to identify any shortages
  - Coordinating the supply of commodities across facilities to maximise their availability

Integration with other services

- **Increase access to SRH/FP information, counselling and services** by maximising opportunities to integrate them into other routine and essential health interventions such as post-natal and under five clinics, or while conducting community testing for COVID-19 to respond to reduced health service interactions during the pandemic.
- **Make counselling on uptake of post-partum and post abortion family planning services a priority** during the emergency and recovery period.
- **Integrate the Population Welfare and Health Department Services** to the extent possible, to effectively respond to the virus and reduce its potential impact on maternal health. Increase partnerships between provincial government departments to facilitate the provision of SRH/FP services through a system that is easily available at doorsteps, and other easy-to-access areas such as mosques or educational facilities.
- **Integrate SRH/FP information into existing COVID-19 information delivery platforms**, such as the government's COVID-19 awareness teams who work across districts to provide people with information regarding the disease and its spread and the COVID-19 mass media campaigns that have been launched.

Shift to community and door-to-door delivery

- **Equip community health workers with appropriate information, education and communication (IEC) materials on how SRH/FP services can be accessed during lockdown**, contraceptive supplies, and with knowledge on where to refer clients if they need additional services. Due to the severe restrictions on mobility as result of the lockdown, SRH/FP services should be brought closer to women and girls.
- **Coordinate the response of the provincial population welfare and health departments during the outbreak.** Lady Health Workers (LHWs) are a critical part of the health system, providing outreach reproductive, maternal and child health services and should be provided with additional training and PPE to increase door-to-door delivery of SRH/FP. A mobile phone application for LHWs may be developed to facilitate need-based commodity procurement and distribution among women in the community. This app may be integrated with existing systems, such as the dengue-dashboard or the Expanded Programme on Immunization (EPI) vaccinator's application.
- **Designate women in the community as depot holders** to make contraceptives more widely available during this health crisis.

Transition to long acting contraception and multi-month dispensing

- **Promote a shift to long acting reversible contraception** (LARC) (such as implants and intrauterine contraceptive devices (IUDs)) in the context of informed voluntary choice during this health emergency as they decrease the frequency of health facilities visits, have a lower risk of becoming out of stock, and are more cost effective for governments to provide.[7]
- **Provide clients with multi-month supplies** if they opt to take up or continue with a short-term contraceptive method to reduce their need for frequent health facility visits during the pandemic.

Focus on adolescents and vulnerable groups

- **Address the increased risk of violence against women.** Social distancing measures such as school closures and mobility restrictions expose women and children to an increased risk of domestic violence. Set up a 24 hour helpline to support victims and those at risk of domestic violence.

- **Ensure access to SRH/FP by adolescent and vulnerable groups.** In environments with good internet access, use social media and other digital platforms (such as Facebook and WhatsApp groups) to provide SRH/FP counselling and information on where services are available to adolescents. Set up a 24 hour help line to address SRH/FP needs of other vulnerable groups, including people living with disabilities and mental health conditions.

We call on the government to:

1. **Declare SRH/FP as essential services during the COVID-19 emergency**
Ensure that in this time of crisis, SRH/FP services are considered as essential to people's lives as food, shelter and security. By their very nature, these services are time-sensitive because an unwanted pregnancy cannot be put on hold and a lack of access to these services risks increases the number of indirect deaths.[8]

2. **Ensure sufficient funding for lifesaving SRH/FP services**
Prioritise uninterrupted funding for the Minimum Initial Service Package (MISP) for SRH as part of the emergency response. This includes contraceptive services, abortion care to the full extent of the law and sexual and gender-based violence services.

3. **Ensure continued access to SRH/FP services and commodities**
Keep health facilities open during the lockdown and make health facilities a safe environment for continued SRH/FP service provision by providing front line health staff with the appropriate PPE. Adopt innovative measures (such as task shifting, door-to-door delivery, promotion of long-acting reversible contraception (LARC) or greater use of social media and other digital platforms) to provide information pertaining to SRH/FP services and their availability, and create portals for them to access these services online.

   We recommend that the government works with United Nations Population Fund (UNFPA) and other international partners to ensure the timely distribution of FP and SRH commodities as international and domestic travel restrictions are already causing considerable disruptions to and exacerbating previous weaknesses of supply chains.

4. **Prioritise SRH/FP information and services for adolescent girls and other vulnerable groups**
Use innovative social media and other digital platforms to promote self-administered SRH/FP methods. This will ensure that vital information and services reach vulnerable adolescent girls. Services to protect and support women and girls from sexual violence must be funded as a core part of the emergency response.

References

1 https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

2 Elston JW, Cartwright C, Ndumbi P, Wright J. The health impact of the 2014-15 Ebola outbreak. Public Health. 2017;143:6070. doi:10.1016/j.puhe.2016.10.020

3 Ministry of National Health Services Regulations and Coordination, Government of Pakistan. Investing in Sustainable Population Growth in Pakistan: Call for Action, December 5th, 2018 URL: https://www.familyplanning2020.org/sites/default/files/Brief%20on%20Population%20Symposium_aa7.pdf

4 Laura Sochas, Andrew Amos Channon, Sara Nam, Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone, Health Policy and Planning, Volume 32, Issue suppl_3, 1 November 2017, Pages iii32–iii39, https://doi.org/10.1093/heapol/czx108

5 UNFPA, Maternal Health, 2020 URL: https://pakistan.unfpa.org/en/topics/maternal-health-8

6 UNFPA Pakistan Brief on Covid-19; Impact of COVID-19 on Reproductive Health, Family Planning and GBV in Pakistan

7 Mavranezouli I; LARC Guideline Development Group. The cost-effectiveness of long-acting reversible contraceptive methods in the UK: analysis based on a decision-analytic model developed for a National Institute for Health and Clinical Excellence (NICE) clinical practice guideline. Hum Reprod. 2008;23(6):13381345. doi:10.1093/humrep/den091

8 Sochas L, Channon AR, Nam SL. Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone. Health Policy and Planning 2017 Nov; 32 (3), pages iii32– iii39. https://doi.org/10.1093/heapol/czx108.

WISH2ACTION – Enabling Environment Pakistan
Street.30, Plot: 1 | I-10/4 | Islamabad | Pakistan
R-FPAP Regional Office
UAN: +92-(0)51-111 22 33 66 | Phone: +92-(0) 51- 4447294
Fax +92-51-4447275 | Email: samiahashimofficial@gmail.com