

How can Uganda 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.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 the Ugandan Government can ensure that the Covid-19 outbreak does not disrupt the provision of critical SRH/FP services during the emergency period to help ensure the country remains on track to meet its SRH/FP targets. It is designed to inform discussions in the National Task Force on COVID-19, the subcommittee on Continuity of Services during the COVID-19 response, the respective district COVID-19 Task-Forces, and the Parliamentary Committee on Health. The brief also aims to inform service providers on how they can modify their service provision approach within the context of voluntary and informed choice.

Utilisation of family planning services have begun to decline across the country

Worryingly, the District Health Information System (DHIS2) shows that during March and April 2020, facility visits for family planning services have declined by 5% overall, with the largest decline among those of under 15 years of age.³

- **7% reduction** among New FP users.
- **25% reduction** among <15-year-old users

- **7% reduction** among 15-19-year-old users
- **3% reduction** among 20-24-year-old users
- **3% reduction** among 25-49-year-old users
- **3% reduction** among 50+ year-old users

The fall in FP translates into a 4% reduction in couple years protected (CYPs) in March (down from 316,474 in February to 305,374 in March) and a 33% reduction in April, when only 203,366 CYPs were achieved.

The fall in family planning uptake is caused by a lack of guidance being issued to providers on the need to continue to provide FP/SRH services during the COVID-19 emergency. For example, Reproductive Health Uganda (RHU) conducted only 50% of their planned outreach visits, while Marie Stopes Uganda (MSU) and Population Services International (PSI) conducted only 66% and 4% respectively.

Reduced contraceptive use and excess deaths

We expect that a discontinuation of SRH/FP services across Uganda during the COVID-19 crisis will lead to **42,000-166,000** additional unintended pregnancies, between **9,100-36,600** more unsafe abortions and between **120 and 480** more maternal deaths over the next 12-month period.⁴

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.

Table 2: Impact of COVID-19 on key family planning indicators based on Track20 modelling

| Scenarios for Estimating the impact of COVID-19 on contraceptive use | % age Change in mCPR from 2019 to 2020 | mCPR (AW) 2019 | mCPR (AW) 2020 | Implied 2020 modern users | Implied lost users from changes | Unintended pregnancies | Additional unsafe abortions | Additional maternal deaths |
|--|--|----------------|----------------|---------------------------|---------------------------------|------------------------|-----------------------------|----------------------------|
| Baseline 2020: mCPR continues to grow | 1.0% | 29.2% | 30.2% | 3,304,000 | - | - | - | - |
| 1. No growth in mCPR from 2019 | 0.0% | 29.2% | 29.2% | 3,192,000 | 112,000 | 42,000 | 9,100 | 120 |
| 2. Decline in mCPR (AW) from 2019 | -1.0% | 29.2% | 28.2% | 3,083,000 | 221,000 | 83,000 | 18,300 | 240 |
| 3. Greater decline in mCPR (AW) from 2019 | -3.0% | 29.2% | 26.2% | 2,864,000 | 440,000 | 166,000 | 36,600 | 480 |

Source: Ministry of Health Uganda Family Planning Technical Working Group (FPTWG)

Ensuring continued access to FP/SRH services during the health emergency

It is vital that the Government of Uganda takes immediate action and defines SRH/FP services as essential during this public health emergency and in the recovery phase, and that it adopts the following measures to ensure uninterrupted access to services.

How to continue family planning and reproductive and sexual health services

The infographic consists of six circular icons arranged in two columns, each with a corresponding text description:

- Develop continuity of FP/SRH services guidelines**: Represented by a document icon with a checklist.
- Promote self-care**: Represented by a person icon with a speech bubble containing a plus sign.
- Ensure provider safety and facility readiness**: Represented by a hand icon with a stethoscope.
- Shift to long acting contraception and multi-month dispensing**: Represented by a T-shaped icon representing a long-acting contraceptive.
- Shift to doorstep delivery and strengthen community health worker led FP/SRH service provision**: Represented by a door icon with a box and a person walking.
- Develop an alternative delivery system through the private sector**: Represented by a hand icon holding a plus sign.



Develop continuity of FP/SRH services guidelines

- **The Continuity of Services Committee** works closely with the Reproductive Health Division at Ministry of Health and the Family Planning Technical Working Group (FPTWG), and should develop detailed FP/SRH district-level guidelines. The guidelines should be disseminated to all Resident District Commissioners (RDCs) and District Task Forces across the country to ensure compliance.



Ensure provider safety and facility readiness

- **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 SRH/FP services are considered essential and that they are permitted to travel to their nearest health facility during lockdown.
- **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 Zambian 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
 - Facilitate inter-facility transfer of commodities within the same district



Shift to doorstep delivery and strengthen community health worker led FP/SRH service provision

- Bring SRH/FP services closer to women and girls during periods where their mobility is severely restricted. Equip community health workers with appropriate Information Education and Communication (IEC) materials and

contraceptive supplies during this period, and with the knowledge of where to refer clients to if they needed additional services.

- To make access to SRH/FP more widely available in this period, designate some women in the community to become depot holders of contraceptives for women and households in the neighbourhood.



Promote self-care

- Promote contraception and other products such as DMPA-SC and emergency contraception pills that can be self-administered as well as the necessary information and counselling on what to do in the event of a complication.
- The approval for DMPA-SC self-injection has now been secured. Efforts to raise awareness among District Health Officers on the guidelines and training of Community Health Workers to support clients is ongoing. Support community health workers and retail pharmacies to distribute these products and to provide information on where to go in the event of a complication.



Shift to long acting contraception and multi-month dispensing

- There are multiple benefits of promoting a shift to long acting reversible contraception (such as an implant and IUD), during a public health emergency as they decrease the need for patients to visit health facilities, have a lower risk of becoming out of stock, and are more cost effective for governments.⁵
- 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.



Develop an alternative delivery system through the private sector

- Make SRH/FP products freely available in places such as shops and pharmacies to help increase access during the lockdown period. Contract private doctors to provide more specialised SRH/FP services, such as long-acting reversible contraception, free of cost, as well as post-partum and post abortion family planning services in the context of informed choice.

We call on the government to:

1. Declare FP/SRH as essential services during the COVID-19 emergency

Ensure that in this time of crisis, services related to contraception, abortion and maternity care are as essential to people's lives as food, shelter and security. By their very nature, these health services are always time-sensitive because a pregnancy cannot be put on hold and a lack of access to these services risks increases the number of indirect deaths.⁶

2. Ensure sufficient funding for life-saving SRH/FP services

Prioritise uninterrupted funding for the Minimum Initial Service Package (MISP) for SRH as part of the emergency response.⁷ This includes contraceptive services and sexual and gender-based violence services.

3. Ensure continued access to SRH/FP commodities and services

Make health facilities a safe environment for continued SRH/FP service provision by providing front line health staff with the appropriate personal protective equipment. Adopt innovative measures (such as procuring services from the private sector) to prevent service disruption during this public health emergency.

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 provision of SRH/FP information and services to adolescent girls and other vulnerable groups

Make use of social media and other digital platforms to promote alternative methods of family planning, including self-administered methods like DMPA-SC. Services to protect and support women and girls from domestic violence must be funded as a core part of the emergency response.

References

- 1 <https://www.who.int/publications/i/item/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 Used February 2020 FP access data in DHIS2 as a reference.
- 4 Estimated using Track 20 methodology (http://www.track20.org/pages/data_analysis/publications/methodological/summary.php)
- 5 <https://www.ncbi.nlm.nih.gov/pubmed/18372257>
- 6 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>.
- 7 <https://cdn.iawg.rygn.io/documents/IAWG-Full-Programmatic-Guidelines.pdf?mtime=20200410142450&focal=none#asset:30551>

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