

COVID-19 in Zambia: Ensuring the continued 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 pandemic¹.

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 itself².

This policy brief outlines how the Zambian Government can ensure that the Covid-19 outbreak does not disrupt the provision of

critical SRH/FP services during the emergency period. The brief is designed to inform policy makers and health service providers on how they can practically modify their service provision approach and ensure that the country remains on track to meet its SRH/FP targets. These include Zambia's commitment to increase the modern contraceptive prevalence rate among married women from 48%³ to 58% by 2020⁴ and use of family planning programmes to harness the demographic dividend.

The Zambian Government has received donor funding to support the national Covid-19 response. These funds, if prudently utilised, made transparent and tracked, will assist the Government to stay within the resource parameters approved by Cabinet for the fight against Covid-19 and avoid using funding that is earmarked for SRH/FP services.⁵



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 directly to the disease⁶.

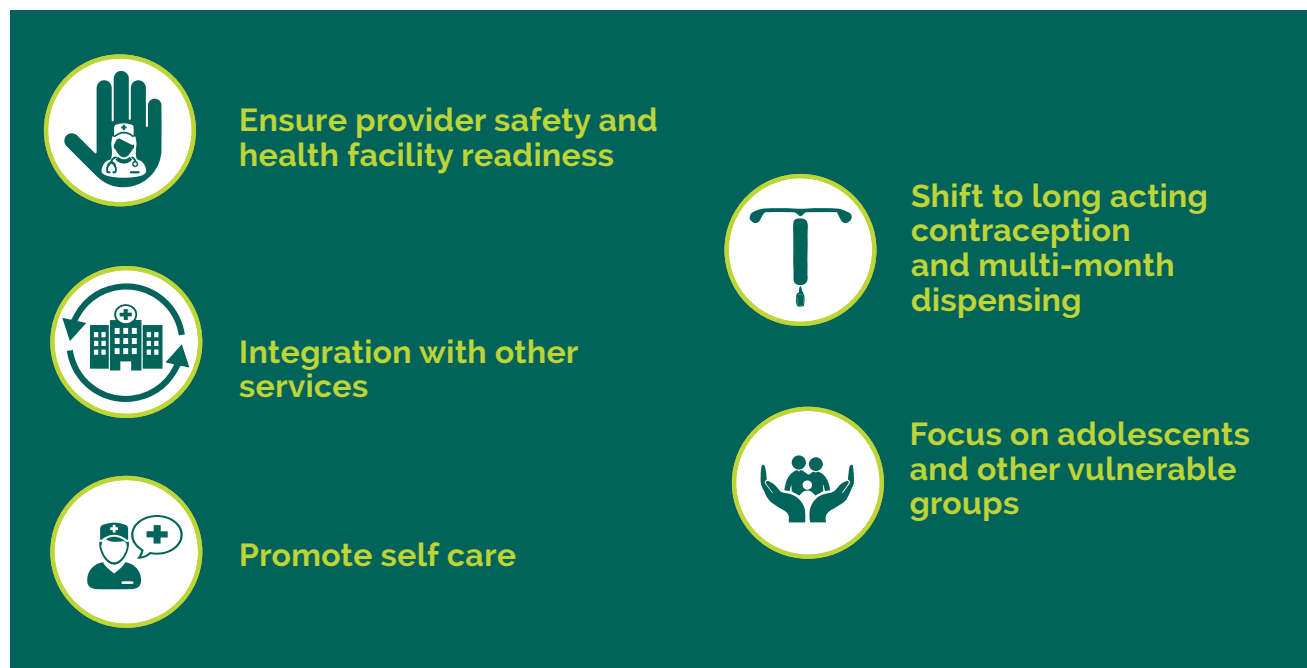
Modelling estimates using the Lives Saved Tool (LiST) model indicate that COVID-19 disruptions in Zambia have the potential to leave 494,700 women and girls without access to family planning services, and could result in an increase in maternal mortality by 27% over the next year⁷.

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.

We also anticipate witnessing an increase in morbidity and mortality due to an underutilisation of essential services if health facilities cannot ensure protection from disease transmission and safety and of their patients when they access these services.

How to continue family planning and reproductive and sexual health services

Ensuring continuity in service provision will enable Zambia to maintain the gains it has made in reducing maternal mortality and in increasing modern contraceptive prevalence rates⁷. It is therefore vital for the government to take immediate action to classify SRH/FP services as essential during this public health emergency and the post crisis recovery phase, and to adopt the following measures:



Ensure provider safety and health 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 that SRH/FP services are considered essential services during the COVID-19 response.
- **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

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.

Promote self-care

- **Promote SRH/FP self-care interventions**, like the self-injectable Sayana Press, during the COVID-19 emergency as a way to maintain access to contraception as these are user controlled and do not require the supervision of a health worker. They can be distributed through community health workers and retail pharmacies, alongside necessary information and counselling on what to do in the event of a complication. This can be coupled with the use of social media and other digital platforms to disseminate information.



Shift to long acting contraception and multi-month dispensing

- **Promote a shift to long acting reversible contraception** (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 provide⁸.
- **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 other vulnerable groups

- **Set up a help line and services to 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 and abuse. For example, in the first ten days of lockdown in France, the police recorded a 30% increase in the number of reported cases of intimate partner violence⁹.
- **Ensure that the rights of vulnerable groups are protected** while the containment measures are in place¹⁰ as evidence suggests that COVID-19 is exacerbating existing inequalities among these groups, including people living with disabilities and mental health conditions.

We call on the Zambian Government to:

1. Declare SRH/FP services as essential 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 .

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

Prioritise uninterrupted funding for contraceptive services, comprehensive abortion care including related commodities and sexual and gender-based violence services.

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

Make health facilities a safe environment for continued SRH/FP service provision by providing front line health staff with the appropriate PPE. Develop and disseminate guidelines for provision of SRH/FP services during Covid-19 and ensure subnational dissemination and utilisation. Adopt innovative measures such as task shifting as well as use of social media and other digital platforms to provide information that supports self-care interventions to prevent service disruption during this pandemic.

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.

5. Ensure transparency, accountability and efficient use of donated and allocated COVID-19 resources

Make prudent, transparent and accountable use of all COVID-19 resources by publicly publishing the disbursements and expenses, which will help ensure that resources earmarked for SRH/FP are used for their intended purposes and that the provision of routine SRH/FP services can continue post-recovery period. In addition, implement effective monitoring and evaluation systems to ensure prudent use of the resources.

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