

## COVID-19 Contraception and Family Planning

**Contraceptive and Family Planning services and supplies are CORE components of essential health services and access to these services is a fundamental human right.**

This standard needs to be respected and protected as such by governments prioritising scarce resources during this pandemic. But with the focus of many health systems on the response to the COVID19 pandemic, the provision of basic contraception counselling, the delivery of contraceptive products and services and the functioning of supply chains have been disrupted and women and men are at a disadvantage in seeking care from their regular providers.

The UN Secretary-General has issued a call for 'continued delivery of sexual and reproductive health services such as access to contraceptives without prescription during the COVID19 crisis, and key global partners and governance bodies have strongly voiced this in the articles below:

WHO: (<https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/>),

UNFPA (<https://www.unfpa.org/resources/coronavirus-disease-covid-19-pandemic-unfpa-global-response-plan>),

IPPF (<https://www.ippf.org/resource/imap-statement-covid-19-and-sexual-and-reproductive-health-and-rights>)

FSRH (<https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/>)

Some of the expected impacts of the Coronavirus include delays in seeking, accessing and receiving care (the three delays); an increased burden of mortality and morbidity among women and newborns related to unwanted pregnancies; undesirable pregnancy-related outcomes; and an increased cost of dealing with morbidities by a health system that is already overwhelmed. In addition, many families are dealing with issues resulting from lockdowns and reduced access to food and other necessities.

These issues make it all the more important to prioritise the provision of contraception, not only in the midst of COVID 19, but at all times. Starting from this uncompromising position, we present six key action points for policy makers, political leaders and health system providers:

### **1. Social Distancing and limitations on mobility speaks to an urgent need to expand postpartum family planning services, particularly long-acting reversible contraceptives [LARCS] such as Contraceptive implants, Post-partum IUDs or Injectables.**

Access to health care has been an issue across many parts of the globe from time immemorial. The increase in prenatal care and institutional births seen over the last 20 years have become incredibly valuable and precious - as a 'one off' opportunity to provide women with counselling about contraceptive options and comprehensive and integrated health care. The COVID19 pandemic has led to the partial and sometimes complete close down of sexual and reproductive health services in many parts of the world. Antenatal, delivery, and postnatal care may be the only opportunities women have to access contraception.

To make optimum use of these points of care: - prenatal care and messages must include counselling on birth-spacing - maternity units across the globe must urgently develop

postpartum family planning services concentrating particularly on long acting [contraceptive methods such as postpartum IUD](#), which are more effective and reduce the need for return trips for supplies.

- midwives who serve women who may not be able to reach facilities for delivery should work with local health systems to deliver contraception messages and products to facilitate birth spacing, including exclusive breastfeeding and contraceptive methods for women and/or their partners.

## **2. Self-care family planning methods should be promoted and supplied to women and men proactively.**

Self-care family planning methods include emergency contraceptive pills, injectables, condoms, vaginal rings, and fertility awareness methods and can be used or resupplied safely to users. [WHO provides extensive guidance on their correct use](#). However, given the major role of users themselves and the private sector in their delivery, they are often underutilized within health systems. For example, self-injectable contraceptive methods should be made widely available as well as one-year stocks of the oral contraceptive pill. Given the lockdown experienced in many communities and the increased risk of gender-based violence for women accessing services, having these supplies on hand can help women exercise control over their lives.

## **3. Barriers to accessing contraception need to be lifted.**

Some of the problems caused by the barriers to contraception can be mitigated with effective task shifting/sharing between health care providers. In many countries nursing and midwifery education includes contraception advice and provision.

Other suggestions for increasing access are:

- Making processes simpler so that women can access methods as easily as possible without compromising safety include: (<http://www.srhm.org/news/covid-19-awake-up-call-to-eliminate-barriers-to-srhr/>).
- The devolution of processes from large unified systems will help to provide rapid and necessary context specific changes to protocols easing access to those most in need.
- Task sharing/shifting, with nurses and midwives providing counselling and contraceptive methods such as IUDs, implants and injectables in addition to prescribing contraception (<https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.12602>); <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.12603>).

In many countries, pharmacies and patent drug vendors are not allowed to sell products directly to users, based on outdated safety or market protection efforts, rules that should be lifted to ease access to contraception. The criteria for skilled provision of methods is well highlighted in evidence-based WHO practice guidelines, but not always followed in national norms.

## **4. Implement telemedicine using mobile phones and social media as an adjunct to improving information and access to contraception.**

The provision of health services by professionals utilizing technology to exchange information with women should be maximized and expanded rapidly in all areas of health. The use of digital health tools has been explored before but now is the time to capitalize on pilot interventions such as using mobile phone, websites and call centers, which have

been shown to work in a range of development contexts. Novel ways of sharing information such as social media could be used to the benefit of women and health care providers should engage with these tools. The delivery of contraceptive products to people's doorsteps would be a major improvement in access and also free women's time waiting in crowded health services dealing with ill patients.

## **5. We need to anticipate and address likely supply chain needs and challenges.**

The sudden reduction in cross border commerce of materials used in the manufacturing of key contraceptive methods, e.g. active pharmaceutical ingredients, polymers and packaging materials, the limits on transportation within countries as well as the increased bureaucracy with importation of goods across the globe is likely to [result in shortages of key contraceptive methods](#). Governments need to plan ahead for specific supplies and commodities in their supply chains, as well as ensure oversight and logistics requirements to ensure that supplies reach clients and facilities in the last mile. Mitigation strategies addressing the tracking, security, storage and re-supply of products must be developed ahead of time and tested on how their resilience may be affected in conditions associated with the pandemic.

## **6. Health care workers must be provided adequate Personal Protection Equipment (PPE).**

Transparent information and education to all health care workers about Coronavirus, its route and mode of transmission as well as the national and local epidemiology of its spread will allow them to understand how best to safely continue to provide essential health care services in their settings. It is likely that many health workers will be asked to help with the COVID 19 pandemic. In any case, guidance on and provision of PPE is an absolute priority. If equipment is in short supply, then solutions must be sought locally through public-private partnerships, community engagement and innovative technologies. At the same time, staff at all levels of the health system must be reminded that all women and men need access to reliable contraceptive and family planning services, and efforts at integration where feasible should be pursued. Pharmacists are a key ally. For more information about the role of FIGO, its members and its policies, [please consult the FIGO website](#), or contact your national associations of Ob-Gyns and those of allied professionals such as nurse, midwives and community health workers.

## **About FIGO**

FIGO is a professional organisation that brings together obstetrical and gynecological associations from all over the world.

FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing FGM and gender based violence (SDG5).

# FIGO Statement

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We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization (WHO) and a consultative status with the United Nations (UN).