Maintaining Access to Contraceptives During COVID-19 Disruptions: Assessing Risk and Mitigation Strategies for Afghanistan

Analysis based on MICRO v2 (June 18, 2020)

What are the potential risks?

COVID-19 could result in a range of disruptions that may impact contraceptive use: Clinical staff may be reassigned to COVID19 response activities and may have reduced time or capacity to provide FP services, stay at home orders and social distancing policies may limit the ability of both women and clinical staff to access clinics, women may choose not to come to health facilities due to fears of potential exposure, supply chains may face distributions that limit the availability of supplies. While these disruptions will affect many health services, family planning has unique considerations because women are able to use a range of different contraceptive methods sourced from different places and COVID-19 is likely to create risks that vary by method and source. Additionally, a rights-based family planning program leaves these choices in the hands of users.

The graph on the left shows estimated users in March 2020 by method and sector (utilizing data from the CGA2019). The table on the right categorizes the level of risk of different users if COVID-19 disrupts service delivery and the share of users who fall into each risk group. The split of users is also shown by sector the vulnerabilities may be even higher for the public sector. This summary can help highlight where the largest risks are from a service delivery perspective in order to prioritize short-term "bridge" efforts to sustain access to contraception during COVID-19 disruptions.

<table>
<thead>
<tr>
<th>Users by method and sector, March 2020</th>
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<tr>
<td></td>
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<tr>
<td>Condom</td>
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<tr>
<td>Pill</td>
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<tr>
<td>Injectable</td>
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<td>Implant</td>
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<td>IUD</td>
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<td>Sterilization</td>
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<td>Other</td>
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What is the potential impact on women?

The potential impact of COVID-19 on contraceptive use will vary depending on the severity and duration of disruptions. Estimates have been made of the range of potential impacts under different scenarios. Mitigation strategies to ensure women continue to have access to contraception can help reduce these outcomes (see next page for details on these strategies).

<table>
<thead>
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<th>Level of risk from a service delivery perspective:</th>
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<tr>
<td>Share of Current Users</td>
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<tr>
<td>Low: LAPM users</td>
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<tr>
<td>Medium: Pills, Condoms &amp; Other Modern Methods</td>
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<tr>
<td>High: Injectable</td>
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Risk assessment notes:
- Existing users may be able to continue to use their methods throughout any disruptions. Women seeking new LAPMs may be advised to use other methods in the short-term if services are not available.
- Women can access their method from pharmacies and shops with limited interaction with the health care system. Those accessing from private sector sources may face fewer barriers.
- Except in contexts where self-injection is already widely spread injectable users will need regular interactions with health care providers for reinjections.

High summary (based on high disruption for 12 months)
- Women unable to use modern contraception resulting in unintended pregnancies: 349,000

Medium summary (based on moderate disruption for 6 months)
- Women unable to use modern contraception resulting in unintended pregnancies: 173,000

Low summary (based on low disruption for 3 months)
- Women unable to use modern contraception resulting in unintended pregnancies: 84,400

Impact estimates based on different levels of decline by method and sector. Numbers also account for the loss in additional growth in users that would be expected without COVID-19 (based on pre-COVID-19 patterns of growth in mCPR). The longer disruptions last the more impact in terms of this loss in additional users, as well as the more impact on unintended pregnancy as the longer women are without contraception the higher their risk of experiencing an unintended pregnancy. Default assumptions are aligned to the scenarios used for the UNFPA Impact of the COVID-19 Pandemic of Family Planning. See: https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital-for-details.

Results in this brief use the CGA 2019 as a starting place and explore different scenarios to quantify potential shifts in contraceptive needs that could result from service delivery disruption and different mitigation strategies. Using the MICRO model scenarios can be developed: https://www.rhsupplies.org/activities-resources/tools/micro/
Women using injectable contraceptives may be able to switch to self-injection of DMPA-SC if available and if policies permit self-injection. Self-injection reduces the need for face-to-face contact with health care workers, and advance provision of multiple doses at once would limit the need to return for re-supply.

The ability of women to utilize self-injection as a means of self-care will not only depend on the regulatory and policy environment, but also the ability to scale-up self-injection programs. This would include ensuring adequate supply and distribution of DMPA-SC and ensuring that women can get access to training on self-injection and follow up care as needed. If self-injection supplies will primarily be accessed through private channels, affordability must also be considered (see more below).

Women seeking a method that is unavailable or inaccessible due to disruptions may instead seek a self-care method that can obtained with no or limited face-to-face interaction with a health care provider. This could include pills (likely POP since no blood pressure screening is needed), condoms, EC, LAM, SDM, or other self-care methods.

Women switching to contraceptive pills as a self-care alternative, coupled with advance provision of 6 or 12 cycles, could lead to large increase in supplies needed to meet demand. If, as recommended by some institutions, progesterone-only-pills (POP) or "mini-pills" are prescribed for this "replacement" role (due to lack of contraindications thus minimizing the need for blood pressure screening), then much of the pill consumption could be for POP, a method that in most countries has very low demand.. If, as recommended by some institutions, progesterone-only-pills (POP) or "mini-pills" are prescribed for this "replacement" role (due to lack of contraindications thus minimizing the need for blood pressure screening), then much of the pill consumption could be for POP, a method that in most countries has very low demand.

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