HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

The provision of contraceptive methods during COVID-19: Considerations for DSD

CQUIN DSD and COVID-19 webinar series

5 May 2020

- Please type your name, organization and email address in the chat box and select “All panelists and attendees”
  - If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number ☺
- Please ask questions to the panelists in the “Q&A”

ICAP Columbia University Mailman School of Public Health

DIFFERENTIATED SERVICE DELIVERY

ITPC INTERNATIONAL TREATMENT PREPAREDNESS COALITION

CQUIN DSD and the COVID-19 response webinar series

- Tuesdays in April & May at 12N Abidjan/2PM Joburg/3PM Nairobi
- https://cquin.icap.columbia.edu/cquin-covid-webinars/
- Can access previous slides and recordings

ICAP Columbia University Mailman School of Public Health

DIFFERENTIATED SERVICE DELIVERY

ITPC INTERNATIONAL TREATMENT PREPAREDNESS COALITION

Housekeeping

1. Use the Q&A section to ask questions to all the panellists
2. Use the “chat” and select “All panellists and attendees” to discuss with the group and/or for any logistics challenges
3. Please note you are muted – so “raise your hand” if you would like to be unmuted

Today's agenda

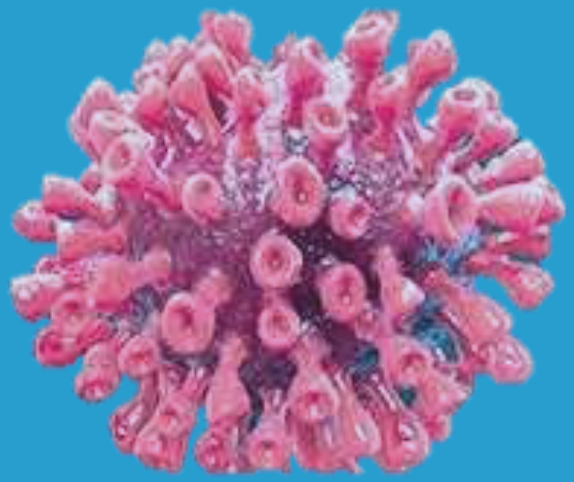
- **Contraception during COVID-19**- Dr Kavita Nanda, *Director of Medical Research,* FHI 360 USA
- **DSD and family planning**- Drs Chelsea Morroni & Helen Bygrave, *Consultants*, IAS Botswana & UK
- **Access to contraception among women living with HIV in Uganda during COVID-19**, Stella Kentutsi, *Executive Director,* NAFOPHANU, Uganda
- **Guidance in Kenya on continuity of Reproductive, Maternal health and Family planning services during COVID19** *Dr.Stephen Kaliti, Head,* Reproductive and Maternal Health, MOH Kenya

- **Panel discussion**- Dr Nanda, Dr Morroni, Dr Bygrave, Ms Kentutsi, Dr Kaliti, and Rumbidzai Chidora, *Technical Support Intern,* Zvandiri, Zimbabwe

- **Q&A, discussion and wrap up**

May 2020

Contraception in the era of COVID-19



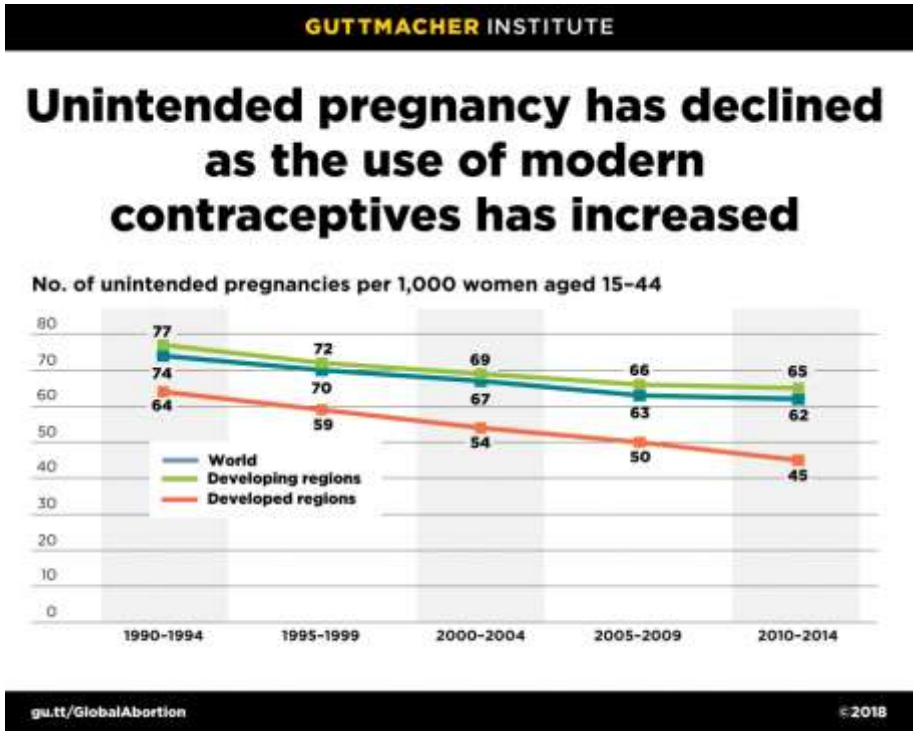
Kavita Nanda, MD, MHS
FHI 360

USAID FROM THE AMERICAN PEOPLE

fhi360 THE SCIENCE OF IMPROVING LIVES

Why should FP be a priority in DSD?

- **50% of pregnancies are unintended**, with consequences ranging from unsafe abortion to serious pregnancy complications that contribute to maternal and infant mortality
- **Contraception is lifesaving** and an essential component of reproductive health care, lowering maternal mortality and improving newborn and child health
- As communities prepare to meet an unprecedented threat due to COVID-19, providers should strive to ensure **continuity of reproductive health** care to women and girls in the face of facility service interruption



Potential impacts of COVID-19 on FP

- Lockdown-related disruption over 6 months could leave 47 million women in low- and middle-income countries unable to use modern contraceptives
- Leading to a projected 7 million additional unintended pregnancies

Source: UNFPA

How can health systems maintain high quality reproductive health services to women and girls?

Use of telehealth (1)

Use telehealth (SMS, WhatsApp, video calls, or telephone calls) to:

Counsel new clients requesting contraception and screen for medical eligibility

Issue new prescriptions and refills for user-controlled methods (combined or progestin-only oral contraceptives, patches, or rings) if no contraindications are evident

Send prescriptions directly to the pharmacy/clinic to limit contacts

Prescribe/dispense multi-month refills

Use of telehealth (2)

Use telehealth (SMS, WhatsApp, video calls, or telephone calls) to:

Manage and treat contraceptive side effects, including for LARC users, if possible

Counsel on fertility awareness methods and correct and consistent condom use in case of commodity supply disruptions

Use of telehealth (3)

Use telehealth (SMS, WhatsApp, video calls, or telephone calls) to:

Inform clients who desire LARC method insertion of available service locations

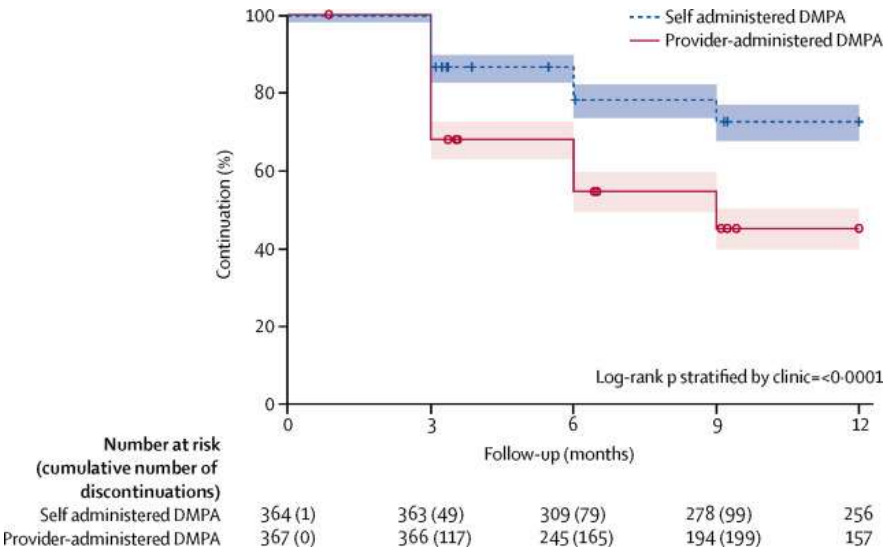
Counsel *current* LARC users on effectiveness of extended use*, postponing routine removals

- Copper IUDs – 12 years
- Levonorgestrel IUDs (Avibella, Mirena) – 6 years
- Etonogestrel implants (Implanon/Nexplanon) – 5 years
- Levonorgestrel implants (Jadelle, Levoplant) – if kept beyond 5 or 3 years, respectively, use additional method

*if not on enzyme inducing ARVs

Promote self care for FP

Train for and offer self-injection of Sayana Press (DMPA-SC), where available



Source: Burke 2018

Continue to promote LARC

Provide LARC methods safely

- **Continue to offer insertion of LARC methods, such as intrauterine devices and contraceptive implants, to new users where possible with adequate safety preparations**
  - make arrangements to avoid having too many clients in the waiting area (e.g., schedule clients individually, have clients wait outside, and/or ensuring adequate social distancing)
- **Limit direct contact with current LARC users to situations where removal cannot be delayed or when management of side effects requires a physical/pelvic exam or other tests**

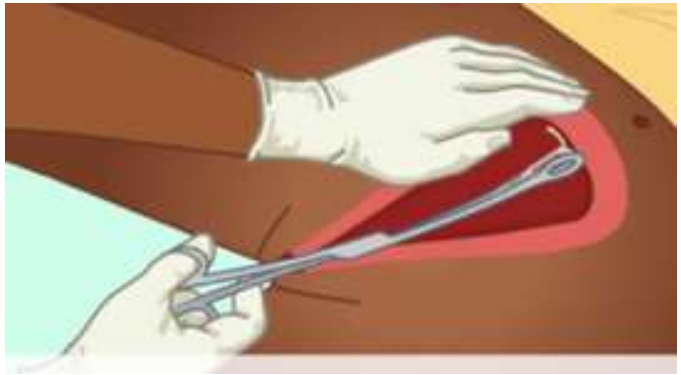
Additional considerations

Consider placing clients who desire permanent contraception on waitlists and offering them short acting bridge contraception

Provide advance prescriptions for emergency contraception to increase awareness and reduce barriers to immediate access

Considerations for postpartum women (1)

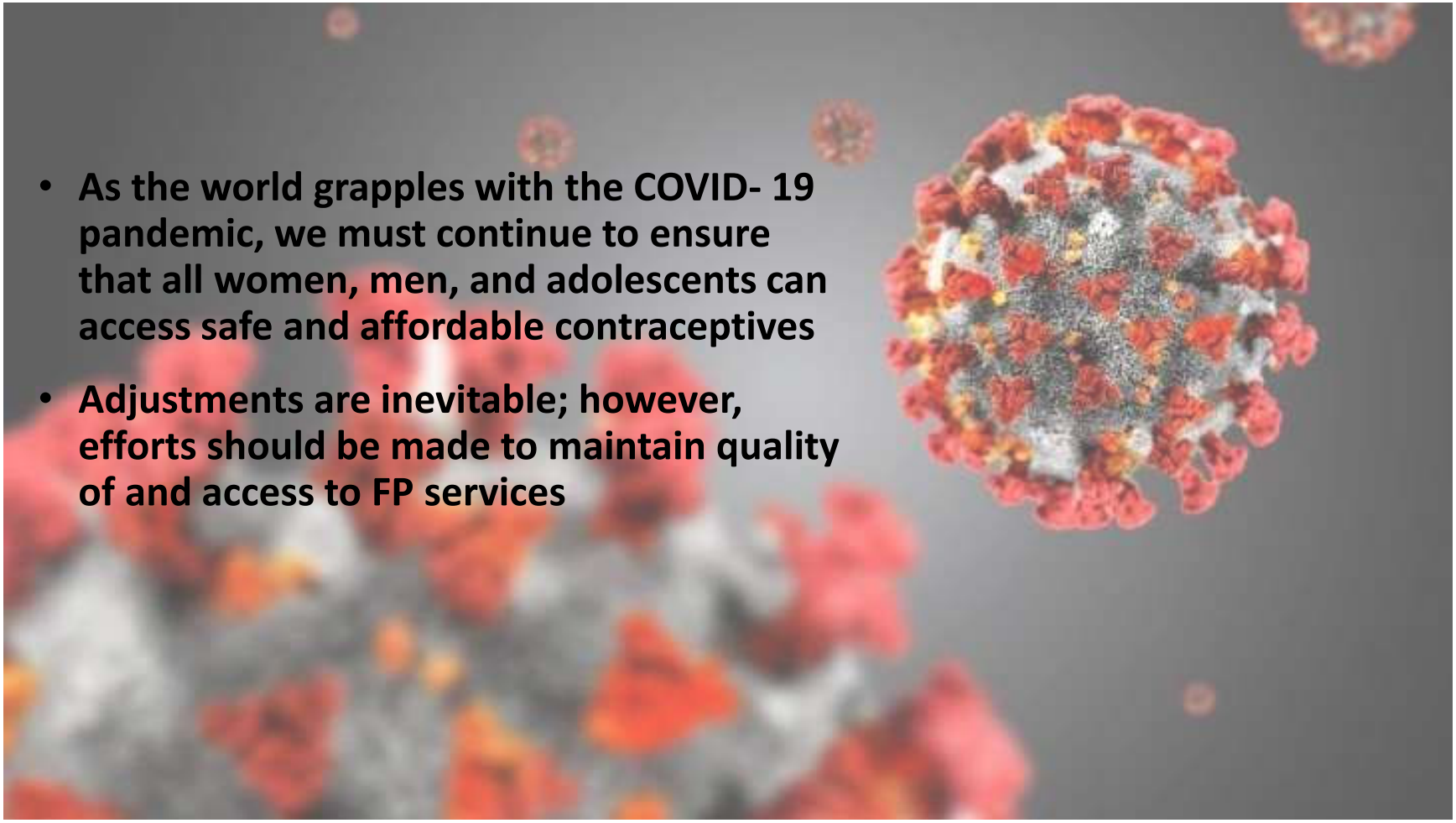
- Provide counseling on contraception before hospital discharge
- Provide LARC immediately postpartum for clients who desire LARC
- Perform permanent contraception procedures for clients who desire it at the time of cesarean delivery and/or after vaginal delivery, if available



Considerations for postpartum women (2)

- Counsel on correct use of the lactational amenorrhea method (LAM) for breastfeeding women
- Administer DMPA, if desired for non breastfeeding women
- Prescribe or dispense user-controlled methods, including Sayana Press, in sufficient quantities
- Provide method specific instructions to delay until the client is medically eligible per WHO criteria for breastfeeding and non-breastfeeding women

Summary



- **As the world grapples with the COVID- 19 pandemic, we must continue to ensure that all women, men, and adolescents can access safe and affordable contraceptives**
- **Adjustments are inevitable; however, efforts should be made to maintain quality of and access to FP services**

Acknowledgements

- Thank you to my coauthors, Elena Lebetkin, Irina Yacobson, Markus Steiner, and Laneta Dorflinger
  - Manuscript: https://www.ghspjournal.org/content/early/2020/04/20/GHSP-D-20-00119.full
- Thank you to other members of the ACOG LARC working group, whose recommendations formed the basis of many of these points
- This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), provided to FHI 360 through Cooperative Agreement AID-OAA-A-15-00045. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government

USAID FROM THE AMERICAN PEOPLE

fhi360 THE SCIENCE OF IMPROVING LIVES

DSD and family planning: opportunities during the COVID-19 pandemic

Leveraging differentiated ART delivery models to strengthen family planning care, 5 May 2020

Dr. Chelsea Morroni
Consultant, International AIDS Society, Botswana
Dr. Helen Bygrave
Consultant, International AIDS Society, UK

Where are we now?

Some progress…

- **53 million more women and girls** using a modern method of contraception since 2012[1]
- Contraceptive prevalence rate in **Eastern and Southern Africa has increased by 7%** since 2012[1]

But still…

- 225 million women have an unmet need for family planning annually[2]
- **Unmet need is 45% in sub Saharan Africa**[2]
- **44% of pregnancies in SSA unintended**[3]

↓

Unintended pregnancy high among women living with HIV[4]

Recent Data

Substantial unmet contraceptive need
Low levels of LARC use[9]
Condoms predominate over more effective methods[7,8]
Low levels of dual use[9]

Among women with HIV in Sub-Saharan Africa **66-92% reported a need, but only 20-43% used contraception[5]**

Malawi:
75% of pregnant women on ART reported pregnancy was unintended and 79% were using contraception (91% condoms) at conception[6]

Botswana:
49% of pregnancies unintended among women living with HIV; **no LARC use[12]**

South Africa:
28% of women attending ART clinics had an unmet need for contraception and 62% of pregnancies were unintended[7]

Zimbabwe:
39% of women in HIV care not using contraception; 80% in 15-19 year olds[10] 35% of pregnancies unintended[11]

Sample CQUIN-country data

Country	DSD Models	Unmet need	IUD	Implant	Oral pills	Injectable	S/C injectable?
Eswatini	FT; Clubs; Individual community; CAGs	24%	0.2%	4.6%	12%	30%	
Ghana	FT; Clubs; Individual community	37%	1.9%	28%	18%	28%	Y
Kenya	FT; Individual community; CAGs	23%	6%	18%	14%	48%	Y
Malawi	6 MMR; Individual community; CAGs	26%	1.8%	20%	4%	50%	Y
Uganda	FT; CLADs; CDDP	38%	4%	17%	6%	51%	Y
Zambia	FT; Clubs; CAGS	27%	1.5%	17%	16%	54%	Y
Zimbabwe	FT; Clubs; CARGS; Individual Community; Family groups	14%	0.8%	17%	57%	15%	

DSD family planning principles

1. **Engage people living with HIV / recipients of care**

2. **Utilize DSD referral and follow-up as an opportunity for continuity of quality FP care**
   - Routinely before entry into a DSD model and every subsequent clinical interaction
   - Range of methods

3. **Promote long-acting reversible contraceptives (LARCs, IUD and implant) in DSD models**

4. **Align FP and ART re-supplies in DSD models**
   - Match ART and contraceptive pill refill duration
   - Match re-injection schedule to ART refill schedule

5. **Integrate FP and ART care in DSD models in facilities and communities**
   - Aim to provide FP and ART on the same day, in the same location, and by the same HCW

Using the building blocks for FP care in DSD

Family planning care in CAGs, Ndihwa Kenya: The building blocks

	IUDs	Implants	Oral pills	Injectables
WHEN	Not available	Prior to entry into CAG DSD model or at any time contraception	Every 3 months, aligned	Every 3 months, aligned
WHERE	Not available	Same facility as DSD initiation and ART	Collect pill with ART at facility; group member in need nominated to collect ART	Given at facility; group member in need nominated to collect ART for others
WHO	Not available	Implant trained doctor, midwife or nurse	FP trained midwife, nurse or clinical officer provides script	FP trained midwife or nurse
WHAT	Not available	Jadelle & Implanon NXT; counselling, insertion / removal, side effects	COCs & POPs; counselling, dispensing, side effects	DMPA IM; counselling, giving of injection, side effects

Questions for discussion

- For each of the models being implemented in your programmes, are women accessing family planning ***within*** the model?
- What are the opportunities for and challenges to strengthening provision of LARC during the COVID-19 outbreak?
- If contraceptive pill refill duration is less than that of ART what can be done in your setting to align refills?
- Are there opportunities for community distribution for FP and ART?
- Is the DMPA sub-cutaneous/self-injectable available and can it be scaled up?

Thanks and references

- **Dr Anna Grimsrud**
- **Aamirah Mussa**
- **Recipients of care who visit our clinics**

1. Family planning 2020 progress report. http://progress.familyplanning2020.org/sites/default/files/FP2020_2019Report_FINAL_110819.pdf
2. Every Woman Every Child. The global strategy for women's, children's and adolescents' health (2016–2030). New York: Every Woman Every Child,2015. http://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf
3. Bearak J et al. Lancet Global Health. 2018.
4. Feyissa TR et al. AIDS Behav. 2019.
5. Sarnquist C et al. Current HIV research, 2013.
6. O'Shea MS. AIDS Care. 2016.
7. Schwartz SR. Plos One. 2012.
8. Alene KA and Atalell KA. BMC Women's Health. 2012.
9. Antelman G et al. Lancet HIV. 2015.
10. Webb et al. Abstract IAS. 2019
11. McCoy et al. PLoS One. 2014.
12. Mayondi et al. BMC Public Health. 2016.

Access to contraception among women living with HIV in Uganda during COVID-19

Stella Kentutsi
ED, NAFOPHANU
5 May 2020

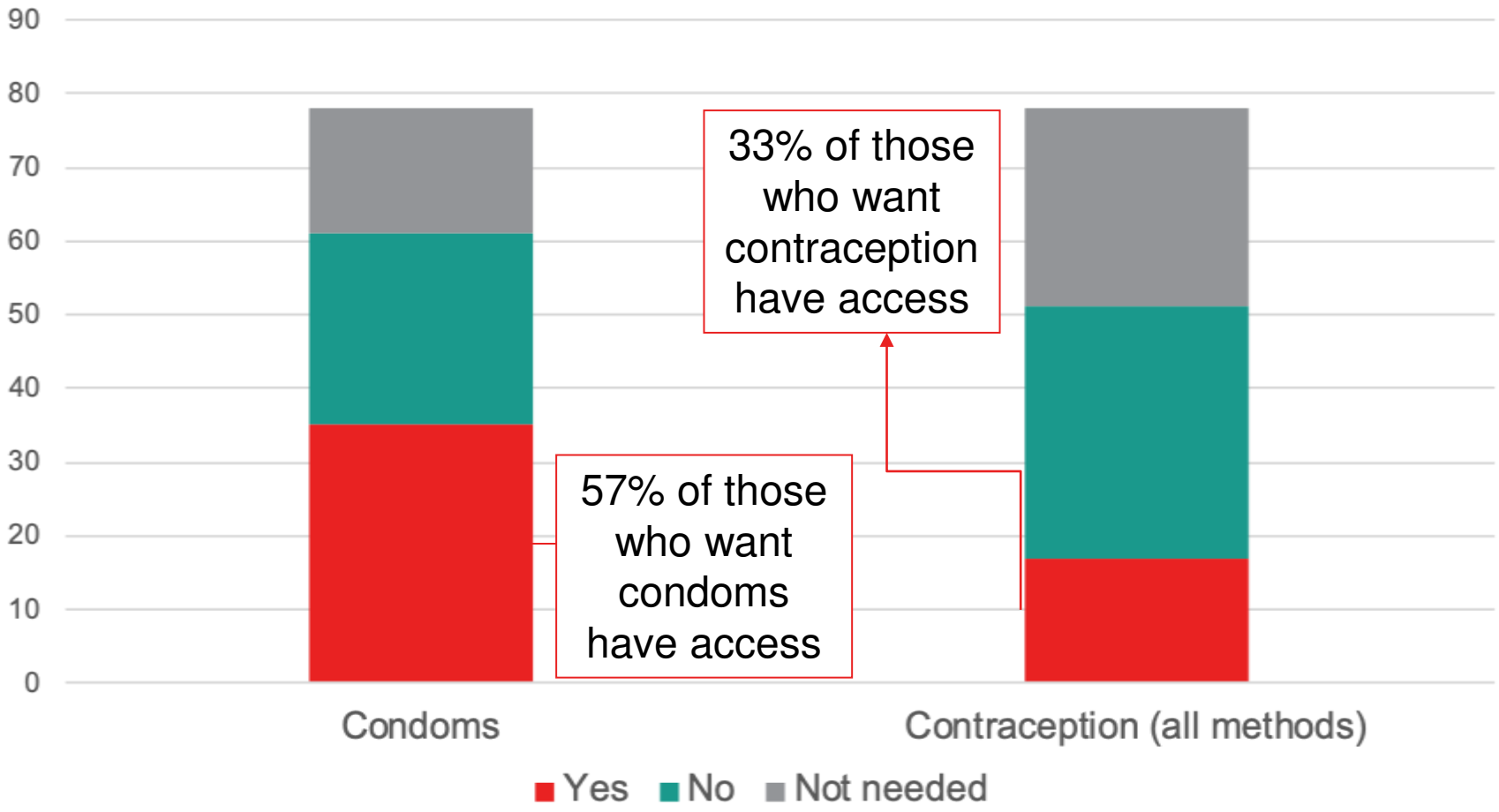
Contraception access for women living with HIV in Uganda

- 39% of women (including women living with HIV) in Uganda use Family Planning (FP), mostly short term methods like pills
- COVID-19 lockdown has severely disrupted access to FP→ no transport means, few frontline healthcare workers at facilities
- A few women can access nearby health facilities, others at home waiting for lifting of lockdown
- Likely to have a post COVID-19 baby boom
- Noted challenges of abstinence and negotiating condom use when spouses are mostly in the house

Rapid assessment on the needs of people living with HIV in the context of COVID-19 with UNAIDS & NAFOPHANU

- Conducted in late March-early April 2020 on survey monkey
- Reached 78 PLHIV (55% male, 67% urban, average age 27 years)
- **60%** of participants **had two or more people** on ART in the household including the respondent
- **23% (18/78)** of respondents had children in the household who were taking ARVs
- **73%** of the respondents knew three months as the usual/standard supply for ARVs (3MMD)
  - 68**% of all respondents** had ARV supplies for only a month or less
  - **32% had ARV supplies for 2 or more months,** no significant difference by gender or age

Access to condoms and contraception



PLHIV access to condoms and contraception

- Out of 78 respondents, 61 wanted to use condoms. Of these 31 were females that wanted to use condoms, however 16 respondents could access and 15 did not have access. On other hand, out of 30 males that wanted to use condoms 19 had access and 11 did not have access
- Out of 78 respondents, 51 wanted to use contraception. Of these 31 were females that wanted to use contraception, however only 8 respondents could access and 23 did not have access. On other hand, out of 20 males that wanted to use contraception, 9 had access and 11 did not have access

Proposed changes

- Integrate FP services in delivery of HIV/TB/OIs services
- Work with expert clients and other peer buddies to call PLHIV who require FP services so that home deliveries for drugs also include FP
- District/national taskforces should prioritize unmet need of FP during COVID19
- A specific study on access to FP services by WLHIV and impact on eMTCT

Uganda – Discharging COVID-19 patients

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Guidance in Kenya on continuity of reproductive and family planning care and services during COVID-19

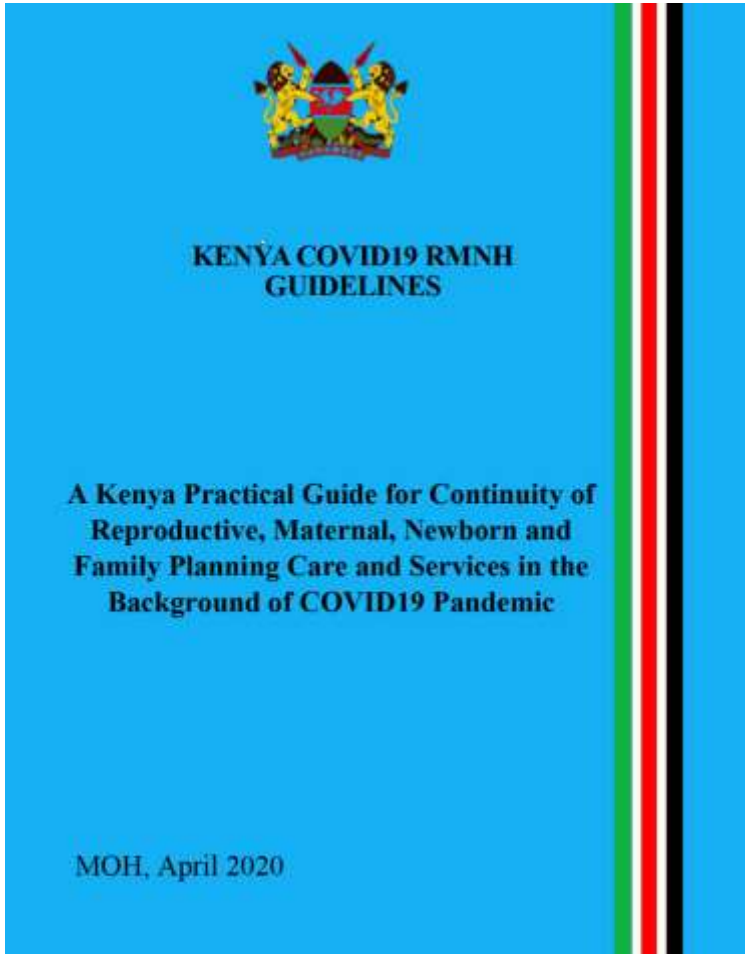
Dr Stephen Kaliti
Head of Reproductive and Maternal Health
Ministry of Health, Kenya
5 May 2020

Ensuring continuity of care and services

REPUBLIC OF KENYA

MINISTRY OF HEALTH

- Practical guide
- Preventive and clinical aspects
- Comprehensive
- Inbuilt country specific tools and extractable job aids
- Balance: Risk Benefit Analysis
- Popular version completed



Implementation

REPUBLIC OF KENYA

MINISTRY OF HEALTH

- Fright, Flight and Fight response of Health Systems
  - Recognizing system evolution through COVID-19 threat key to getting acts together to restart service
- COVID-19 outbreak challenged traditional architecture of service provision
- Health Care system designed on physical visits and face to face consultations
- Telemedicine
- Access within containment measures

Family planning and contraceptives

REPUBLIC OF KENYA

MINISTRY OF HEALTH

- Method specific
- Decongest facilities
- Telemedicine
- Shift to emphasis on low interaction, low skill method mix
- Dual protection
- Supply chain protection: Months of stock

Challenges

REPUBLIC OF KENYA

MINISTRY OF HEALTH

- Infodemic - Scaremongering to public
- Competing for attention - RMNH/FP need for sustained prioritization
- Resources to restructure service delivery – significant and need concerted unified approach
- Panic response – Motivational prescriptions not backed by delivery architecture
- Strained HR For Health – Material and operational constraints

Lessons learned

REPUBLIC OF KENYA

MINISTRY OF HEALTH

- Telemedicine/Digital access to care is not an alternative – it is an integral part of Health Care Delivery
- Creative partnerships can easily overcome traditional barriers to service access
- Vulnerable groups must be at the initial table of discussions during periods of violent assault to health systems
- Central command and government leadership is key to minimizing damage and shortening the time to recovery
- Purposeful clear guidance offers a lifeline to organized recovery
- Important to separate needs from wants – guides in resource allocation

Discussion and Q&A

Thank you

- Details of the past and future webinars in this series can be found at https://cquin.icap.columbia.edu/cquin-covid-webinars/
- DSD & COVID-19 resources:
  - bit.ly/DSDCOVID
  - https://cquin.icap.columbia.edu/network-focus-areas/covid-19/
  - http://itpcglobal.org/resources/