

TITLE: Policy Implications Governing the Novel Sexual and Reproductive Health-COVID-19 Framework.

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1. Introduction

The universal imposition of the COVID-19 pandemic continues to threaten human security including sexual and reproductive health (SRH). This remarkable piece of work aims to assess the policy implications governing the novel SRH-COVID-19 Framework.

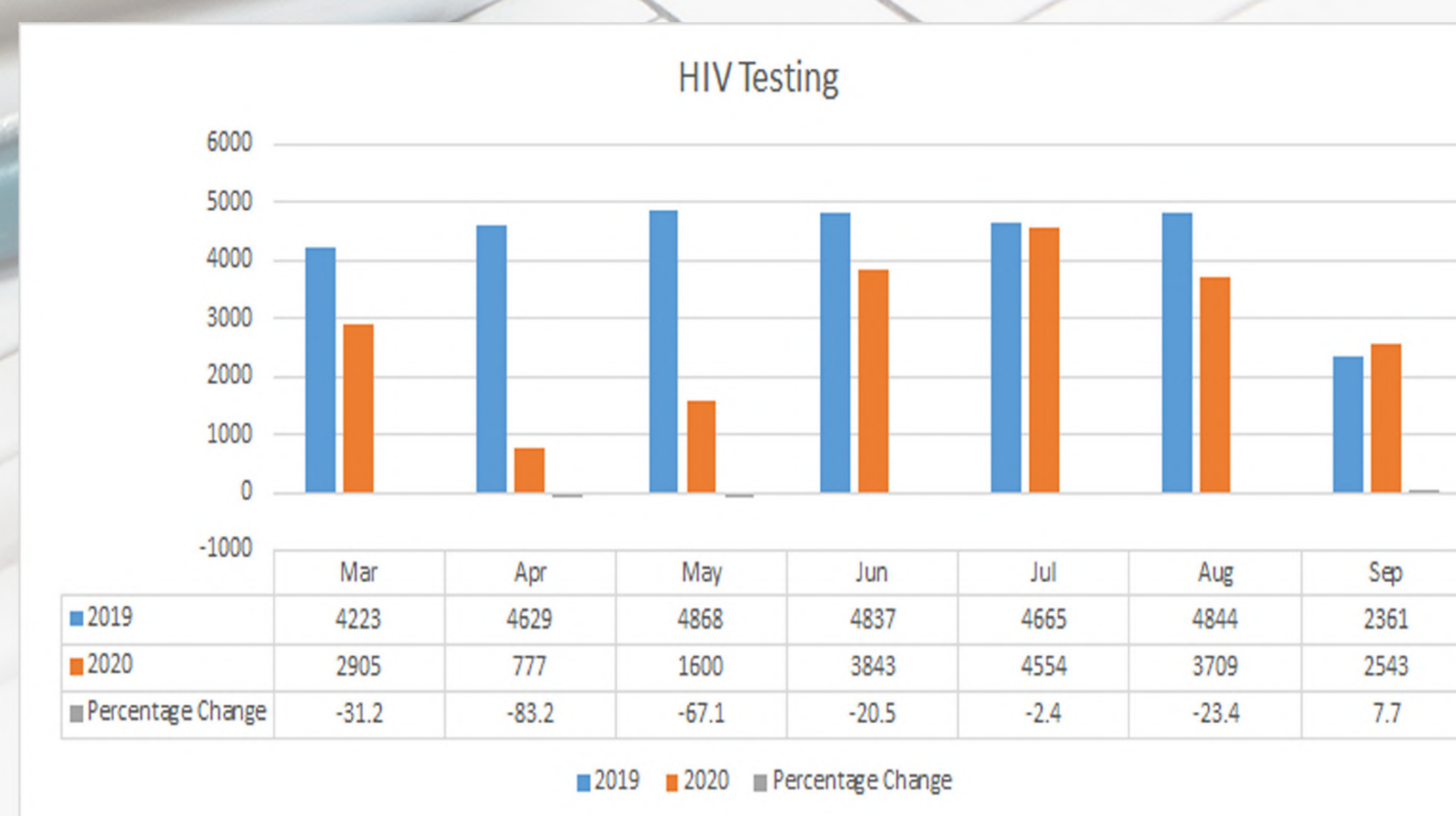
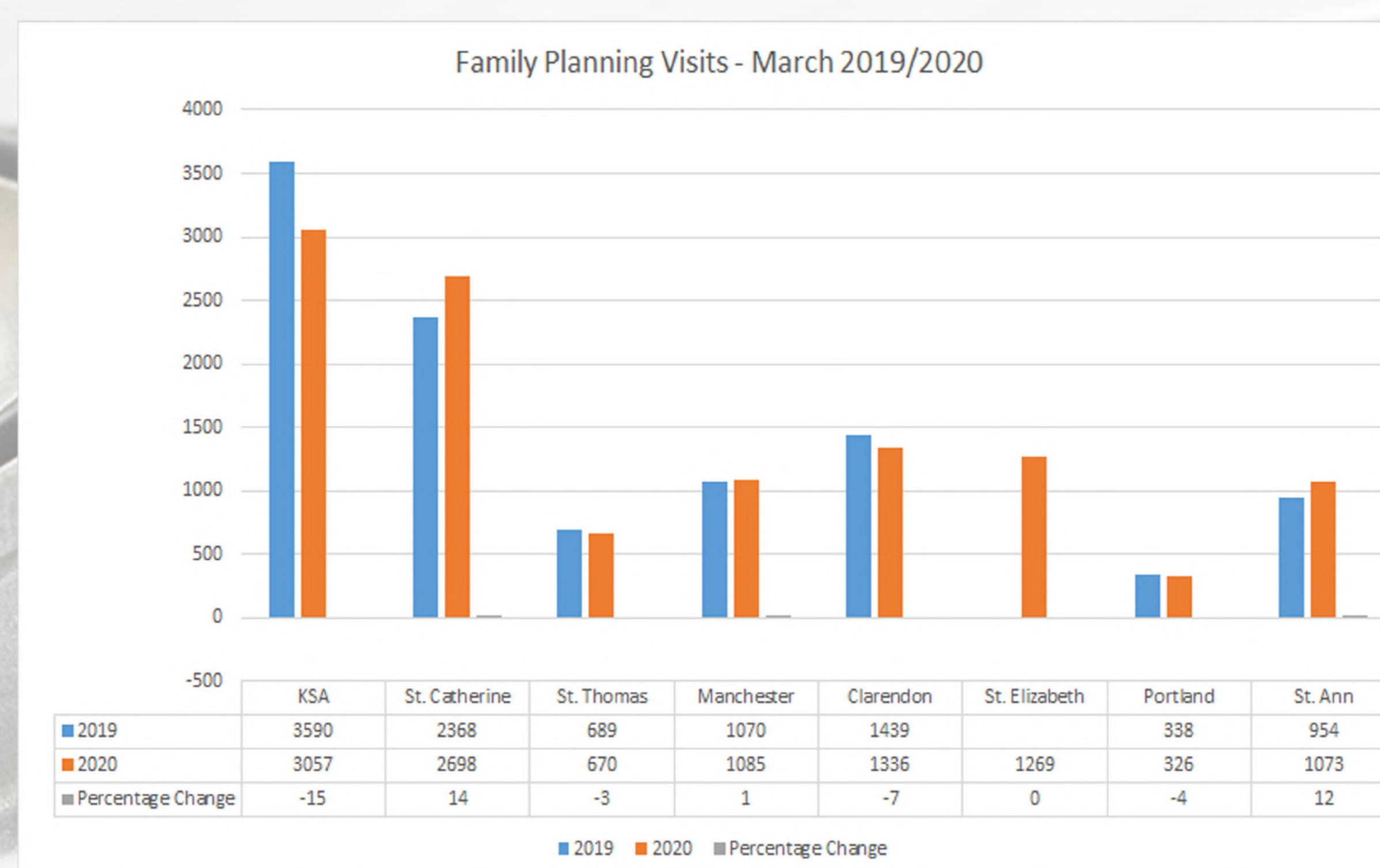
A paradigm shift was taken regarding the training of selected healthcare providers in Contraceptive Forecasting Techniques; conducting clinic monitoring (using the Logistics Indicators Assessment Tool); and enabling District Health Information System-2 (DHIS-2) Visits for HIV Prevention. This shift featured number, time/schedule, space and adjustments; wearing protective gears; sanitising; and conducting investigations regarding SRH service delivery. Clinic appointments were staggered, and specific SRH services curtailed to facilitate physical distancing.

2. Methods

Secondary analysis of administrative data collected from the primary healthcare data management system - Monthly Clinic Summary Report (MCSR); and the District Health Information System-2. Primary data on observation during the earliest stage of the COVID-19 outbreak was also solicited from our Nursing Supervisors of respective health regions.

3. Results

Approximately 35 trainees were apportioned (by ≥ 10) and staggered re number, time and space. Family planning service visits for some parishes decreased by maximum 15% when compared with the corresponding period of March 2019. The IUCD method that required clinical administration, was decreased by maximum 90%. The clinic monitoring observed protocol sometimes. There was a reduction in testing for HIV by 35.5% between March and September 2020. Consonant with these activities, the SRH-related targets under the Strategic Business and Operational Plans were adjusted, with consideration to the shift regarding the SRH-COVID-19 Platform. This was a way of balancing occupational and reproductive health security and reproductive rights, as per the WHO Guidelines.



4. Conclusion

Policy implications and posture are noted in six tiers: Capacity Building, Data, Access, Resources, SRH Service Delivery, and Occupational Health Security.

Policy Implications:

- 1) Staggering of clinic appointments could result in missed appointments, unintended/unwanted pregnancy and exposure to HIV/STIs.
- 2) The non-provision/reduction of certain contraceptives (eg IUCD) owing to physical distancing could result in the client choosing another method or accessing service from a private facility, which may be more expensive, short-term and not the ideal method.

5. Policy Implications Cont'

- 3) Stringent COVID-19 protocol observations could detract from learning during capacity building sessions.
- 4) Consideration to conduct training via online platform excluded some health care providers because of limited access to internet service or the lack thereof.
- 5) Lockdown/curfew-restrictions in some parishes likely affected access to SRH Services, hence a likelihood of unintended/unwanted pregnancy and an exposure to HIV/STI.
- 6) Decline in the number people coming out for HIV testing threatens the progress of the programme in reducing incidences of new infection by increasing the number of persons knowing their status - Fast-Track Target of 90-90-90 (by 2020, 90% of all people living with HIV knowing their status)

6. Reference

1. Ministry of Health and Wellness (2020), Monthly Clinic Summary Report (MCSR).
2. National Family Planning Board (2020), District Health Information System-2.