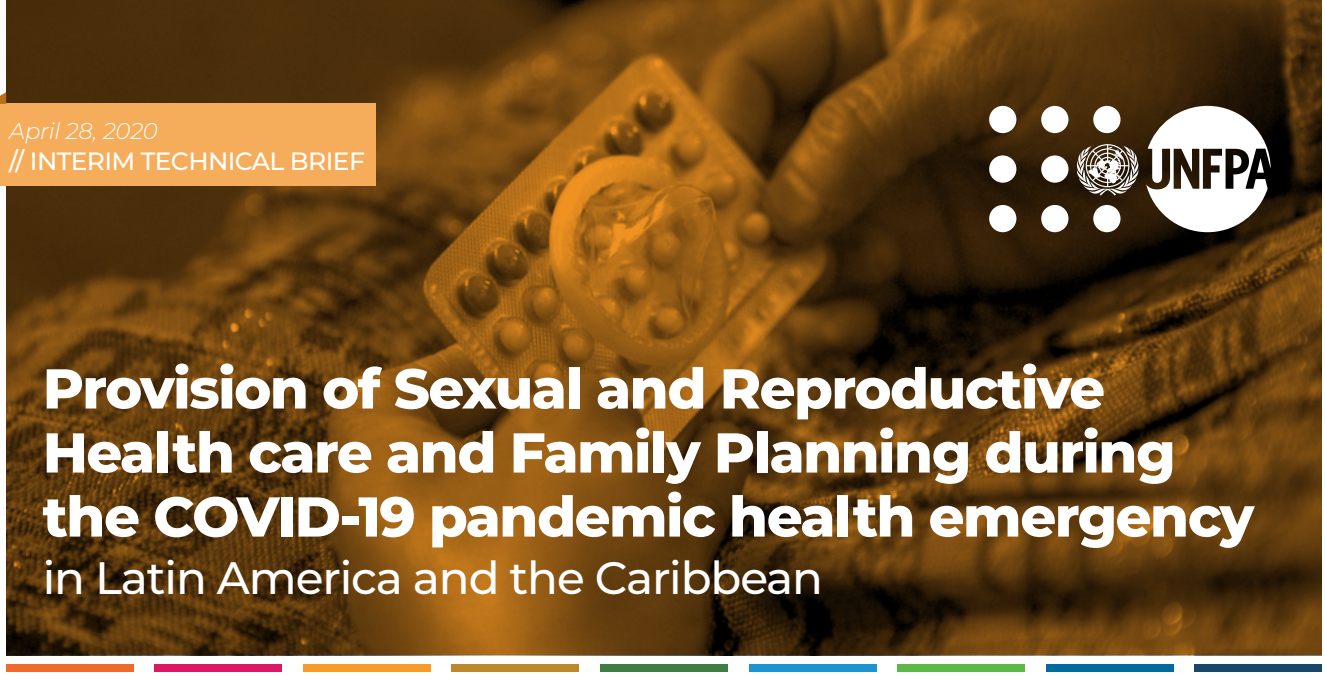

April 28, 2020
// INTERIM TECHNICAL BRIEF

Provision of Sexual and Reproductive Health care and Family Planning during the COVID-19 pandemic health emergency

in Latin America and the Caribbean

On January 30 2020, the World Health Organization (WHO) declared the novel coronavirus "a public health emergency of international concern". On March 11 2020, the WHO declared the coronavirus disease (COVID-19) outbreak a pandemic. Since that day, the number of confirmed cases of the disease and the number of deaths have increased exponentially. To date, April 28, more than 3 million cases have been confirmed in 185 countries and territories across the globe. The number of deaths reported so far exceeds 216,000, and the numbers continue to grow exponentially.

The unprecedented consequences of the pandemic and restrictive measures adopted by most countries have taken a toll on access to life-saving sexual and reproductive health services and the response to gender-based violence, at a time when women and girls need these services the most. UNFPA is working with governments and partners to prioritize the needs of the most vulnerable populations, especially women and girls of reproductive age, in line with UNFPA's transformative results, to end the unmet need for family planning, preventable maternal deaths and gender-based violence and harmful practices by 2030.

In response to the COVID-19 pandemic, almost all countries in the region ordered the adoption of confinement, social distancing, infection prevention and respiratory hygiene measures targeted at the population in an effort to slow down the spread of the epidemic and prevent the collapse of the health system due to the excessive increase in the number of severe cases of the disease.

Furthermore, the capacity of health systems to maintain access to outpatient services at the primary and secondary levels of health care has been significantly reduced or limited. This situation has been caused by the need to divert healthcare workers to services directly related to patients infected with the coronavirus, as part of adoption of measures to mitigate the pandemic, or due to the lack of capacity of services to maintain the hygiene and health conditions necessary for the provision of care. The epidemic itself, on the other hand, is discouraging adolescents and women from seeking health services for fear of getting infected.

Consequently, access to sexual and reproductive health services, including family planning and sexually transmitted infections treatment and prevention, has been reduced significantly. In some cases, even outpatient services have been suspended, leading to the postponement of non-urgent face-to-face consultations.

This situation can have serious short, mid and long-term consequences for people's health, such as unintended pregnancies, sexually transmitted infections, including HIV, unsafe abortions, maternal deaths and lack of timely care for high-risk pregnancies, among others.

This document, prepared by the Latin America and Caribbean Regional Office of the United Nations Population Fund (UNFPA-LACRO), is the result of a review of available literature, including recommendations from academic centers, medical scientific societies, and UNFPA and WHO guides and guidelines.

The objective of this technical brief is to assist country offices, governments and other organizations providing family planning services in the definition of strategies to address the urgent needs of family

planning users. These actions should significantly reduce the possibility of COVID-19 transmission between persons and excessive workloads for health care providers.

We must redouble our efforts to facilitate access to services and promote the continuity of contraceptive use by current users, in addition to giving them access to STI and HIV prevention and treatment. Services such as emergency contraception and voluntary termination of pregnancy (VTP) and/or legal termination of pregnancy (LTP), as well as clinical management of sexual violence and pregnancy, childbirth and post-natal care, must also be maintained.

The purpose of these recommendations is to assist public and private institutions in the definition of strategies and interventions to maintain services during the health emergency. The implementation of these recommendations is subject to the availability of human and financial resources, equipment and medical supplies, as well as the decisions of program managers and health care providers.
This document does not address maternal, neonatal or HIV/AIDS care, as specific guidelines for these services have already been published.

Sexual and reproductive health services that should be maintained during the lockdown period

Based on WHO and UNFPA recommendations, the following consultation services should be maintained: continuity of contraceptive use by current users and contraceptive counseling, voluntary termination of pregnancy (VTP), legal termination of pregnancy (LTP), evaluation of suspected symptoms of sexually transmitted diseases or HIV, emergency oral contraception and clinical management of sexual violence. In these cases, the recommendation is to have a system in place where users, both female and male, can schedule a visit, either over the telephone or through any other mechanism implemented by the health service.

> We must redouble our efforts to facilitate access to services and promote the continuity of contraceptive use by current users

If necessary, at the end of the telephone consultation, the person should be asked to get a medical consultation, which should be scheduled within the next 48 hours. These personal consultations should be scheduled with sufficient time between them to avoid large concentrations of patients. To ensure access to the telephone system, especially by the most vulnerable populations, health systems can establish publicprivate partnerships with cell phone providers so users can call even if they have no available credit. Ecuador, for example, reached an agreement with cell phone companies, which agreed not to suspend services due to lack of payment during the COVID-19 health emergency. (See box)

In Ecuador, the Telecommunications Regulatory and Control Agency (Arcotel) ordered telephone companies not to suspend cellphone and Internet data services, as well as fixed Internet services, due to lack of payment during the national emergency and state of exception. This order was issued by means of ministerial agreement 099 of the Ministry of Telecommunications (Mintel) on March 22nd 2020. This document establishes guidelines for the provision of, and access to, telecommunication services during the COVID-19 national health emergency, informed the Ministry.

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https://www.elcomercio.com/actualidad/operadores-telefonia-movil-internet-emergencia.html.

Providers in charge of interventions or face-to-face medical consultations should wear personal or individual protection equipment (PPE or IPE) in accordance with international standards. They should also follow all applicable infection protection measures, including social distancing, during the service. We highly recommend conducting diagnostic tests on all users or patients who have had contact with other persons infected or who show symptoms compatible with COVID-19. Health care providers should wear individual protection equipment (IPE) when attending to women with suspected or confirmed COVID-19 diagnoses.

In the situations described below, telephone consultations can be offered via WhatsApp, Skype, video calls or any other online tool available. In some cases, depending on the availability of health promoters or trained volunteers, these consultations can take place at the user's address, always wearing appropriate protection (IPE or PPE).

- Contraceptive counseling or assistance to initiate a method or for prenatal care, including the desire to change methods, abandoning contraception and/or contraceptive method side effects or adverse reactions, in accordance with applicable standards.

- Prescriptions and distribution of contraceptive methods.

- Delivery of contraceptive methods (each country must prepare a manual of procedures, adapted to local conditions, for the delivery of methods).

- Guidance for removal and replacement of long-acting reversible (LARC) methods.

- Referral to an established health center in case medical or personal assistance for removal is required. In the case of IUDs, if the user shows infection symptoms, the referral must be done in accordance with national technical standards.

- Counseling for women who want to stop using their current contraceptive method because they want to get pregnant.

The following are some recommendations to address specific situations:

ACCESS TO VOLUNTARY TERMINATION OF PREGNANCY (VTP) OR LEGAL TERMINATION OF PREGNANCY (LTP) SERVICES DURING THE COVID-19 HEALTH EMERGENCY (for countries where they are legal).

Access to voluntary termination of pregnancy (VTP) or legal termination of pregnancy (LTP) services, where they are legal, should not be compromised during the COVID-19 pandemic health emergency and lockdown.

We believe the provision of these services should be considered essential, as any delay of days or weeks beyond the gestational age limit for a safe intervention means such intervention can no longer be performed.

We suggest conducting diagnostic tests on women with COVID-19 suspected infections or symptoms requesting a voluntary termination of pregnancy, or who have been in contact with a person who tested positive for COVID-19 in the last 13 days.
Health professionals performing these interventions on women with COVID-19 suspected diagnoses or symptoms should be provided with IPE. They should also follow all measures required to prevent COVID-19 infections.

CARE FOR PATIENTS WITH SEXUALLY TRANSMITTED INFECTION (ITS/HIV) SYMPTOMS DURING THE COVID-19 HEALTH EMERGENCY

(See: Coronavirus Disease 2019 (COVID-19) and HIV: Key Issues and Actions **https://www.paho.org/en/documents/coronavirus-disease-2019-covid-19-and-hiv-key-issues-and-actions).**

We recommend setting up a hotline or telephone or online system –through WhatsApp, Skype or video calls–, depending on the technologies available in each country, for the provision of initial triage consultations.

- In case an STI is suspected, the patient or user must schedule a visit for clinical examination, counseling, taking of samples and complementary tests.

- If the diagnosis is positive, the corresponding treatment can be prescribed immediately in accordance with the national standard.

- In case it is necessary to wait for sample results before prescribing treatment, the provider must conduct the tests, prescribe a syndromic treatment and provide condoms.

- The service must contact the user so he/she can pick up or purchase the drugs prescribed at the medical office pharmacy and receive the condoms, without having to schedule another visit.

Delivery of treatment drugs and supplies should take place during off-peak or special hours, so users do not have to stand in line. This will also prevent large concentrations of people in waiting rooms. If there are sufficient health workers available, the delivery can be done at the person's address provided he/she authorizes it. In those communities where medical offices are closed due to the intensity of the pandemic, patients must be referred to hospital emergency services if the severity of the symptoms require it.

COVID-19 diagnostic tests must be conducted on patients with a suspected STI showing COVID-19 symptoms during the actual visit or those who refer having been in contact with a person who tested positive for COVID-19 in the last 13 days.

It is important to ensure health care providers have access to, and wear, IPE when attending to patients with confirmed or suspected cases of COVID-19, in accordance with WHO standards. They should also follow all applicable prevention measures.

PROVISION OF EMERGENCY CONTRACEPTION DURING THE COVID-19 PANDEMIC HEALTH EMERGENCY

An increase in the demand for emergency contraception may occur during the health emergency. That increase, which may be compounded by supply problems during this period, means that, in some moments, services may run out of levonorgestrel ECPs. In these cases, health providers should provide 8 combined oral contraceptive pills (30 mcg EE/150 mcg LNG (Microgynon)) to be taken in two doses of 4 tablets each, every 12 hours (Yuzpe method). The first 4 pills must be taken immediately after receiving them, and the other 4 must be taken twelve hours later.

Health services must guarantee the immediate delivery of emergency contraceptive pills (ECPs) and make sure the first dose is taken within 5 days of unprotected sexual intercourse. ECPs must be provided even if the woman does not have a prescription or has not consulted a physician, midwife or nurse. For this reason, it is necessary to establish alternative delivery points and inform persons that the earlier ECPs are taken the more effective they will be, always within 5 days of unprotected sexual intercourse.

Even in those cases where access to pharmacies for the purchase ECPs has not been reduced during the lockdown period, it is important to bear in mind that the population's economic situation is precarious and, therefore, it is important to ensure free-of-charge delivery is available without any additional administrative obstacles. Health providers should also facilitate the initiation of regular contraception after the use of ECPs, especially in the case of vulnerable women and adolescents.

GUIDANCE/COUNSELING AND PROVISION OF CONTRACEPTIVE METHODS DURING THE COVID-19 PANDEMIC HEALTH EMERGENCY

During the health emergency, we recommend setting up online consultation services (via telephone, video calls or any other technology available). These services should gather information about the reason for consultation (initiating contraception, changing methods, changing to a new method due to expiration or the lack thereof, side effects with current method, etc.). Despite the limitations of online consultations, they allow us to at least partially fulfill users' needs. In the case of adolescents, it will be necessary to ensure there are no additional barriers to the online or in-person care provided. If a user chooses to get an online consultation, it will be essential to follow the principles of confidentiality, privacy and respect for their rights.

An online consultation can assess the person's needs and medical conditions that, based on the WHO's Medical Eligibility Criteria (MECs), could be a contraindication for the use of a given method.

The provider should also go through a checklist to rule out pregnancy, as pregnancy is an absolute

contraindication for the use of any contraceptive method (category 4 of CMEs for all methods). (See checklist in annex). The provider must state in the user's clinical history that an online consultation was carried out due to the health emergency and the user understands it and has approved it.

During the online consultation, users should be clearly informed that everyone has the right to receive family planning services, and the staff in charge will respect their right to choose the method they prefer once the counseling session has ended and they have gone through the WHO's MECs for use of contraceptive methods.

During the online or telephone consultation, it is important to stress the importance of double protection (use of condoms), especially among adolescents. To this end, health services should ensure the availability of the corresponding supplies and facilitate their delivery; users should receive a sufficient quantity for a period of no less than two months.

During an epidemiologic emergency, the person in charge of providing counseling will sometimes offer an alternative method if the user's method of choice is not available. For example, if a woman prefers an implant, but the clinic is not providing implants due to self-isolation or social distancing measures, the counselor can offer a quarterly injectable contraceptive, which has an effect very similar to the implant and can be administered at home or at the health center without the need for medical consultation.

Every adolescent or woman who receives an alternative method during the emergency is entitled to change methods once health services are fully restored. It is important to consider that, during the pandemic, the best alternative we can offer is the use of LARC methods or methods with higher adherence rates, which require fewer visits, always with respect for the users' right to select the method of her choice.

If the woman or adolescent chooses to use combined oral contraceptive pills and she does not have a medical condition considered a contraindication for the use of such method, she can be informed of the brand name of the pills and where she can purchase them. The user should start taking them immediately as long as she has a reasonable certainty she is not pregnant. If the health center has pills available, the user should receive a single supply sufficient for 6 cycles so she does not have to return to the health center.

If the health service has sufficient staff, ECPs can also be delivered at the user's address provided she authorizes it. If the adolescent or woman chooses a long-acting method (an IUD or an implant), she should postpone initiating the use of that method to reduce the risk of COVID-19 infection as a result of the visit to the health service. In these cases, the woman can be encouraged to use a temporary method until conditions go back to normal.

One of the best methods to bridge users to other regular contraceptive methods during the pandemic is the quarterly injectable. In case quarterly injectables are not available, a monthly or bimonthly injectable method can be used. The quarterly injectable method is available in the private sector in some countries, in which case the provider must inform adolescents and women of this alternative.

During the online consultation, users should be clearly informed that everyone has the right to receive family planning services

To spread this information and increase access to family planning services, strategic partnerships can be established with Social Security bodies, local NGOs and the private sector. The State should also create mechanisms to ensure access to quarterly injectable contraception or other methods, at no cost, for the most vulnerable populations.

During the epidemiologic emergency, it is crucial for adolescents and women to receive information on the importance of using safe and high-efficacy methods that do not require frequent consultations, including, for example, contraceptive injectable methods in their own home or at the health center, without the need to stand in line or unnecessary delays, to ensure continuity of use of the method of their choice. Adolescents or women should also receive clear information so that, once the epidemiologic emergency is over and services

are restored, they can get the method they chose initially or continue to use the method indicated during the pandemic. The use of high-efficacy contraception during the health crisis should also be a priority for adolescents and women to prevent unintended pregnancies.

Finally, we recommend you visit the WHO and UNFPA websites for future updates on the effect some contraceptives may have on the clinical evolution of COVID-19.

For women or adolescent users of contraceptive methods (subsequent users) who only require a new supply to continue their use, the following options can be offered:

- Delivery of a 3-month supply of methods.

- Alternative easy-to-access locations for delivery of methods, for example, pharmacies, convenience stores, etc.

- Expand the distribution of contraceptive methods through health brigades, which must provide users with a supply of methods sufficient for six months.

Logistics systems must ensure the availability of contraception through the service network, and consider their distribution through alternative distribution points.

Post-obstetric event contraception should be offered to all women, with respect for their right to choose and ensuring long-acting methods are part of the contraceptive mix for adult and adolescent women.

The table below shows the contraceptive methods recommended for the post-partum or post-abortion period, and how many days after the obstetric event women can initiate their use.

Contraceptive methods recommended for use in the post-abortion and post-partum period

METHOD	WHEN TO START
Copper-bearing IUD*	Post-partum: During Caesarean section, within two days of vaginal postpartum or within one month of childbirth. Post-abortion: Immediately
Levonorgestrel IUD*	Same as copper-bearing IUD
Subdermal implants	Post-partum or post-abortion: Beginning on second day postevent
Progestogen-only oral contraceptives	Post-partum or post-abortion: Beginning on second day postevent
Progestogen-only injectables	Post-partum with breastfeeding: Beginning on week 6 postpartum Without breastfeeding: Beginning on day 2 Post-abortion: immediately
Combined oral contraceptive pills	Post-partum with breastfeeding: After 6 months. Without breastfeeding: between 21 and 28 days post-partum. Post-abortion: Immediately
Condom	Beginning on first sexual intercourse post-partum or postabortion.

*They cannot be inserted if there is a post-partum or post-abortion infection present.
Source: Adapted from Family Planning: A global handbook for providers, WHO 2018.

COUNSELING FOR WOMEN WHO WANT TO STOP USING CONTRACEPTION TO GET PREGNANT DURING THE COVID-19 PANDEMIC HEALTH EMERGENCY

Information about the effects of COVID-19 on pregnancy is still limited and under constant review.
While evidence available suggests pregnant women are not at higher risk for COVID-19 compared to the general population, changes in immunity during pregnancy may affect the response to the viral infection.

There is also no evidence of vertical transmission of COVID-19 or other coronaviruses that caused infections in the past, such as MERS and SARS. Only a few cases have been reported, but the evidence is still insufficient.

It is important to note that evidence of risks associated with COVID-19 for pregnant women and their newborns is still limited, and recommendations may change in the coming days and months.
For women suspected or confirmed with COVID-19, the use of a face mask is recommended during childbirth and the lactation period. **https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak**

What should a woman who wants to stop using contraception to get pregnant know?

We do not know how long the COVID-19 pandemic will last, but it is likely we will have to continue to take precautions for a period of 4 to 8 months.
It is important to reinforce the concept that anybody can get infected with the novel coronavirus, treatment available is still in a clinical trial stage, and no vaccine is available yet.

Supply Logistics

Mechanisms or strategies must be put in place to ensure national and local inventories are maintained. To this end, constant monitoring of inventories at all levels and innovative procurement and distribution mechanisms are required to ensure methods are always available at medical offices.

ENSURE ACCESS TO MEDICAL CARE FOR SEXUAL VIOLENCE SURVIVORS DURING THE COVID-19 PANDEMIC HEALTH EMERGENCY

Evidence available on other epidemic outbreaks and health emergencies shows vulnerability and risk increase for women and girls in this type of scenarios, and the COVID-19 global pandemic and outbreak, combined with lockdown measures, are not the exception. This situation has led to a significant increase in the number of GBV cases, including cases of sexual violence.

Therefore, it is important to ensure health facilities providing clinical management of sexual violence remain accessible and available in the different municipalities and cities, and also that they follow the guiding principles of care (confidentiality, privacy, safety and non-discrimination): i) medical care with protocols and timely clinical follow-up, ii) initial psychological first aid to survivors, and iii) timely referral to intra, inter and multi-sectoral services, following local and national standard operating procedures.

For clinical care based on national protocols, it is important to ensure all survivors have access to:

- Immediate care of life-threatening complications, if required.

- Within 72 hours of the event, access to post-exposure prophylaxis (PEP) to prevent HIV transmission. Survivors should receive a full 28-day supply of antiretrovirals during their first visit. Counseling and HIV voluntary tests should also be made available from the beginning, but this is not an essential requirement to start prophylaxis with antiretrovirals. In case an HIV test is conducted, the provider should not wait to receive the test results to start PEP. PEP should not be administered if the person is HIV-positive.

- Access to emergency oral contraception (ECP) within 5 days of unprotected sexual intercourse (it is important to bear in mind that ECPs, taken within 72 hours of the event are highly effective; if taken on day 4 or 5, their effectiveness will be moderate). Preexisting pregnancy must also be ruled out. If the survivor goes to a service provider within 5 days of the assault and she is pregnant, then the pregnancy is not the result of an act of sexual violence;

it may be a wanted pregnancy. Women should also be timely referred for prenatal care (in case of risk of pregnancy complications, including miscarriages, infections, premature birth, etc.).

- Presumptive treatment for STIs. This includes coverage for chlamydia, syphilis and gonorrhea in accordance with the national protocol, and treatment of other sexually transmitted infections in case they are prevalent (chancroid). Offer hepatitis B vaccination if indicated (first dose within 14 days of the sexual assault).

- Care for wound healing. Provide antitetanic prophylaxis if indicated.

- Mental health care. It is important to have information about referral mechanisms available to refer users, if necessary, for psychological counseling, psychiatric care or psychosocial support.

Finally, medical care for women survivors of sexual violence should include timely anamnesis and physical examinations, all of which should be properly documented. It is also important to ensure timely access to forensic evidence collection in accordance with national protocols.

Consult the Essential Services Package for Women and Girls Subject to Violence: **https://www.unwomen.org/es/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence**

Annex: Checklist to rule out pregnant

How to be reasonably sure a client is NOT PREGNANT

Ask the client questions 1 - 6. As soon as the client answers **YES** to **any question**, stop, and follow the instructions.

NO	1	Did yoy have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, adn have you had no menstrual period since then?	YES
NO	2	Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3	Have you had a baby in the last 4 weeks?	YES
NO	4	Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	5	Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	6	Have you been using a reliable contraceptive method consistently and correctly?	YES

If the client answered NO to all of the questions, pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

If the client answered YES to at least one of the questions and she is free of signs or symptoms of pregnancy, provide client with desired method.

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