Choice in Her Hands: Enabling safe self-care during COVID-19

The Spotlight Webinar Series, 19th May 2020
Welcome:
The role of self-care during COVID-19 and beyond

Dr Helen Blackholly
VP & Director of Technical Services
Marie Stopes International
Today’s speakers:

Dr. Helen Blackholly
VP & Director of Technical Services, Marie Stopes International

Dilly Severin
Senior Director, Global Initiatives FP2020

Raveena Chowdhury
Head of Integrated Service Delivery Marie Stopes International

Dr. Chijioke Kaduru
Corona Management Systems FP2020 Grantee, Nigeria

Sandy Garçon
Senior Manager of Advocacy, Communications & External Affairs Population Services International
Today’s Aim:
Sharing the frontline challenges under COVID-19 and how self-care innovations could help deliver access during the pandemic and beyond.

Please feel free to submit questions throughout.

The webinar recording will be shared.

Agenda:

1. **Welcome**: What's the role of self-care during COVID-19 and beyond? **Dr Helen Blackholly**

2. **The global view**: How has women’s access to sexual and reproductive healthcare been impacted? **Dilly Severin**

3. **Frontline perspective**: How are services pivoting to get contraception to the hands of women in Bayelsa State, Nigeria? **Dr. Chijioke Kaduru**

4. **Catalyst for change**: What does good self-care look like and how can we accelerate it under COVID-19? **Raveena Chowdhury**

5. **Self-care trailblazer insights**: How can we create an enabling policy environment for safe self-care? **Sandy Garçon**

6. **Questions & Answers**
The Global View:
How has access to reproductive healthcare been impacted?

Dilly Severin
Senior Director, Global Initiatives
FP2020
CHALLENGES TO FAMILY PLANNING ACCESS DURING COVID-19

- Shortages of contraceptives
- Diversion of health care providers
- Needs of key populations, especially young people magnified.
- Risk of violence
FAMILY PLANNING: ACCESS FOR GIRLS AND WOMEN

- The need for FP will not change
- Ensure women and girls have access to a range of methods
- Ensure healthcare providers are still available
- Assure continuity of care
PROJECTIONS ACROSS 132 LMICs

- Projection: Modest 10% decline in access to provision of SRH services
- 49 million women with an unmet need for contraception
- Between 7 and 15 million additional unintended pregnancies
FP2020 has developed a web-based resource:

http://familyplanning2020.org/covid-19
<table>
<thead>
<tr>
<th>Statement on FP as an essential service in countries’ COVID response plans</th>
<th>FP2020 Social Media Campaign: How are <em>you</em> working to protect #FPinCOVIDresponse? Share a video on social media!</th>
<th>Communications and Advocacy working group: creating a space to have shared messages across the community</th>
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</thead>
<tbody>
<tr>
<td>Upcoming webinars on Ensuring Rights-based FP and Telehealth</td>
<td>Convening with WHO to ensure COVID-19 messaging is reaching young people</td>
<td>New weekly newsletter featuring key resources and country spotlights</td>
</tr>
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Social media campaign: How are you working to protect #FPinCOVIDresponse?
Frontline Perspective: Pivoting to get contraceptives to women in Bayelsa State, Nigeria

Dr. Chijioke Kaduru
Corona Management Systems
FP2020 Grantee
Our project works to improve FP outcomes through task shifting, and the COVID-19 pandemic has been quite challenging for us and for our target outcomes.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Description</th>
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<tbody>
<tr>
<td>Shift in focus from non-emergency essential services</td>
<td>New policies are not being enacted and resources required to implement existing policies are largely redirected to COVID-19 containment</td>
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<td>Interruptions in Service Availability</td>
<td>Frontline health workers are challenged to provide family services whilst protecting themselves effectively: closure of service delivery points</td>
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<td>Weakening Supply Chain capacity</td>
<td>Supply chain interruptions partly driven by deployment of logistics and supply chain staff to support COVID-19 containment related commodities</td>
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<tr>
<td>Surges and Declines in Demand</td>
<td>Varying shifts in demand for contraceptives – Surges (lockdown related) and declines (related to uncertainty around service availability)</td>
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Inadequacy of personal protective equipment (PPE) at many service delivery points (SDPs) is already affecting service availability and reports from SDPs.

Service Provision Trends in our sub-National context - Bayelsa State, Nigeria

Method-mix Trends in our sub-National context – Bayelsa State, Nigeria

Source: Nigeria District Health Information Systems version 2
Lockdowns and redeployment of staff to support the COVID-19 containment have contributed to Family Planning Supply chain interruptions

Sub-National Reporting of Commodity Stock-outs in Bayelsa State, Nigeria

<table>
<thead>
<tr>
<th>Local Government Areas</th>
<th>March 2020</th>
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<tbody>
<tr>
<td>Brass</td>
<td>0%</td>
</tr>
<tr>
<td>Ekeremor</td>
<td>9%</td>
</tr>
<tr>
<td>Kolokuma /Opokuma</td>
<td>0%</td>
</tr>
<tr>
<td>Ogbia</td>
<td>0%</td>
</tr>
<tr>
<td>Sagbama</td>
<td>13%</td>
</tr>
<tr>
<td>Nembe</td>
<td>14%</td>
</tr>
<tr>
<td>Southern Ijaw</td>
<td>17%</td>
</tr>
<tr>
<td>Yenagoa</td>
<td>10%</td>
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Source: Nigeria District Health Information Systems version 2
Varying shifts across the spectrum of demand for contraceptives, have led to an increase in new acceptors and a contradictory decline in continuing use.

Source: Nigeria District Health Information Systems version 2
We are therefore focusing on a few targeted and strategic adaptations of our intervention, to sustain family planning gains in our sub-national context.

1. Sustaining Family Planning advocacy
   - Advocacy engagements with the State Ministry of Health and private sector interest groups to secure more PPEs for frontline health workers

2. Integrating last-mile delivery of FP commodities with the Immunization Supply Chain
   - Successful advocacy engagements with the State Ministry of Health to include representatives of People living With Disabilities in the COVID-19 Incident Centre

3. Strengthening capacity of LGA level supply chain staff
   - No commodity, no Family Planning (especially self-administered contraceptives)

Marie Stopes International
Catalyst for Change:
What does good self-care look like and how can we accelerate it?

Raveena Chowdhury
Head of Integrated Service Delivery
Marie Stopes International
Our vision

A quality self-care product is less than an hour away.

Every woman is able to access self-care at a convenient location.

She knows how to use the product,

She is empowered to administer self-care.

Should she need support and guidance, this is only one contact away.
Why is self-care innovation essential under COVID-19?

Marie Stopes International delivers services across 37 countries, providing choice to over 145m women since our founding in 1976.

With lockdowns restricting movement and access to health care under COVID-19, self-care is more important than ever.

Evidence shows self-administered contraception and abortion can be:

- Effective
- Client-centred

Plus remote care can reduce risks of COVID-19 infection & improve access under lockdown.

How can we ensure self-care is safe and make COVID-19 a catalyst for change?
What does good self-care look like? A strong continuum of care

Women know what to do and where to go if they have questions or complications, or require an in-person service.

Women know how and when to self-administer the product safely and what to expect.

Women know what their legal rights are, which products to ask for and where to find them.

Women are confident they can access a safe, quality assured product.
Increasing awareness of safe options and rights

**Challenge**

- Low awareness of the options available, as shown in our Sayana Press studies
- Low awareness of the local legal environment among women (less than 50%), providers and pharmacists
- Low awareness of safe delivery points e.g. that options are available from pharmacies

**Solution**

- Raise awareness through community networks, health workers and multi-pronged SBCC campaigns
- Building awareness during COVID-19 on contraception services, e.g. via community radio in Sierra Leone
- Client-centred information in accessible formats online, e.g. via YouTube and Facebook in Cambodia and information on telemedicine via Twitter and Instagram in the UK, particularly important under COVID-19
Safe, quality assured product at an affordable price

**Challenge**

- Quality and efficacy of self-care products vary hugely
- Impact of covid19 – increased demand met with supply chain problems leading to low stock and cost increases

**Solution**

- Working closely with governments and civil society to ensure positive regulatory environment
- Ensure pharmacists have access to quality products at competitive prices and are aware of the benefits of quality products
- Products are safely transported, stored and quality-assured, including shelf-testing. Under COVID-19, telesales scheme to deliver quality products to pharmacists, safely, without the need to meet.
- Partnerships to secure supply chains
  - Accurate forecasting
  - Efficient logistics management
Ensuring support is provided for correct administration

**Challenge**

- Pharmacists and drug sellers provide poor counselling on dosage e.g. misoprostol regimen difficult to understand
- Service providers are not always on board with self-injection
- Pharmacists are gatekeepers in self-care, preventing women from accessing products and dosage advice based on values and stigma

**Solution**

- Simple regimens, quality product detailing, clear pictorial instructions, and hotline #
- Address barriers that would prevent service providers from making self-administration available
- Motivate pharmacists to deliver quality products, dosage information and refer women to clinics if needed, by showing how it reduces risk for them
- With self-care evidence, MSI has set up or adapted *telemedicine programmes* in the UK, Australia and South Africa - hoping to roll out elsewhere

"you see these medical abortions... there is that religious point of view for most of us. I think there is a very thin line between being a professional and trying to be religious. So bear with us if we don’t assist all customers"

Pharmacist, Zambia

Delivering access to aftercare, referrals and support

**Challenge**

- We need to ensure we still offer women choice: in-facility care can offer more privacy and greater reproductive options.
- Women may need in-person training for injectable self-care (Sayana Press).
- Women might face complications or have questions on side effects; they may need onward referral to a range of services.

**Solution**

- Facilities need to remain open for services safely during COVID-19, with appropriate precautions and PPE, and our new appointment booking system, to ensure social distancing.
- Trusted information sources need to be clearly advertised via product packaging, product websites and pharmacies.
- MSI runs a network of contact centres across 28 countries, with over 300 agents, who interacted with clients over 2.3 million times in 2019 → we need to grow this further to meet need under COVID.
Collaboration is key for women's access during COVID-19 and beyond

"Before I did it, I was scared. But when I finished the self-injectable, I was happy because I felt like I was the doctor who does the injection. I'm really happy.”
- Sayana Press user, Madagascar
Self-Care Trailblazer Group: Igniting a self-care movement

Sandy Garçon
Senior Manager of Advocacy, Communications and External Affairs
Population Services International
SELF-CARE: THE NEW FRONTIER IN HEALTHCARE

- Self-care interventions can increase choice and access.
- Self-care particularly offers opportunities to reach vulnerable and marginalized populations.
- Self-care does not replace a health system; it’s part of a health system and should be developed within a health system’s framework.
- Self-care is the ultimate form of task sharing or task shifting.

Source: WHO Guideline on Self-Care Interventions for Health
THREE PRIORITY AREAS

Global coalition of +50 partners working to harness the current momentum to support governments in institutionalizing self-care in SRH policy and practice:

- Lead a unified advocacy and communications effort in support of self-care for sexual and reproductive health
- Advance a learning agenda and contribute to building the evidence around self-care
- Build a practice for developing, sharing and applying concrete solutions for self-care
WHAT DOES THE GROUP DO?
www.selfcaretrailblazers.org

Advocacy

• Increase self-care issue salience among multi-sector global and national influencers

• Support socialization of the consolidated guideline for self-care

• Support community engagement and movement building at the country level

• Strive for a WHA resolution on self-care

Evidence & Learning

• Understand the self-care evidence needs and priorities of countries

• Develop a framework for digital health in support of quality self-care

• Conduct policy mapping to identify countries that practice the WHO self-care guideline in terms of policy or implementation

• Foster collaboration and connections for continued evidence building and learning
A CONSULTATIVE, BOTTOM-UP APPROACH TO ADVOCACY

- A series of **eight advocacy consultations** in Washington, DC (2), Indonesia, Kenya, Malawi, Nigeria, Tanzania and Uganda.

- **177 participants consulted** (international and local NGOs, ministries of health, UN agencies, media, religious leaders, health providers, community organizers, women, youth and disability organizations, county first ladies and local government) across SRHR spectrum.

- **Four movement tentpoles** identified:
  - Increasing self-care issue salience among multi-sector global and national influencers;
  - Advancing a comprehensive package of SRHR self-care interventions through national policies and programs;
  - Enhancing community self-care literacy, action and demand; and
  - Translating emerging evidence and learnings into practical implementation guidance and policy architecture for self-care.
A CONSULTATIVE, BOTTOM-UP APPROACH TO ADVOCACY (CONT.)

Consultations identified key components or building blocks of any self-care policy, program or initiative.
• Expanding access to devices, diagnostics, drugs and digital tools that support people to more effectively practice self-care.
• Promoting health and body literacy and healthy behaviors, including when to seek the formal health system and what to expect from the health system.
• Strengthening individual agency and rights, enabling people to make and implement healthy decisions for themselves.
• Encouraging robust grassroots engagement, ensuring self-care interventions are people-centered, community-owned and acceptable for individual contexts.
• Fostering strong linkages—such as information and support—with the health system/providers to effectively facilitate uptake and practice of self-care.
BUILDING AN ENABLING ENVIRONMENT FOR SELF-CARE
There’s a lot we know, and yet still a lot to be done to advance self-care:

• Frameworks, guidelines and best practices developed as components of a health systems approach to self-care (e.g., for advancing digital health and self-care, Public and Private partnership in self-care, Quality of Care in self-care, Health Information Systems and self-care, commodity security and self-care, etc.).

• More evidence is required on subjects as diverse as cost-effectiveness, equity and how to integrate users of self-care into the health system

• Requires a strategy that is informed by evidence; appropriate to the local context; responsive to the needs and rights of people; and takes into consideration especially vulnerable populations.
UGANDA: UNDERSTANDING NEEDS AND PRIORITIES AROUND SELF-CARE

Key Informant Interviews

- Understand the context & value of self-care for SRH in Uganda
- Explore opportunities for advancing and scaling self-care for SRH in Uganda
- Identify knowledge and evidence gaps – critical to advancing and scaling self-care for SRH in Uganda
- Among broad range of stakeholders, including youth, providers, government stakeholders, NGOs, CSOs, advocates
UGANDA (AND NIGERIA): SUPPORTING THE INSTITUTIONALIZATION OF SELF-CARE

• Provide technical support to the MOH to produce an action plan for adapting the health system to support self-care

• Convene a Self-Care Working Group and leading it toward technically sound guidance for implementing the WHO guideline into the country context

• Foster grassroots advocacy to build support for self-care across the various local constituencies
Any questions?

- Dr Helen Blackholly, VP & Director of Technical Services, Marie Stopes International
- Dilly Severin, Senior Director, Global Initiatives, FP2020
- Dr. Chijioke Kaduru, Corona Management Systems, FP2020 Grantee
- Raveena Chowdhury, **Head of Integrated Service Delivery**, Marie Stopes International
- Sandy Garçon, Senior Manager of Advocacy, Communications and External Affairs, Population Services International
Thank you!

The next Spotlight webinar:
June 4th 3 - 4pm BST

Sex, stigma and young people: Challenging social norms to reach adolescents