

# Impact of COVID 19 on India's Family Planning Program

Policy Brief | May 2020



## Executive Summary

The nationwide lockdown imposed from 25th March onwards in an effort to combat the COVID 19 pandemic, has adversely impacted contraceptive access. Using supply side data of clinical Family Planning (FP) services and sales of over the counter contraceptives (OTC) in 2018 and 2019, FRHS India has attempted to estimate the impact for three scenarios, **Best Case**, **Likely Case** and **Worst Case**. In a best case scenario we estimate that as a result of the pandemic, **24.55 million couples** would not be able to access contraceptives in 2020. Method wise the loss is estimated at 530,737 sterilizations, 709,088 Inter Uterine Contraceptive Devices (IUCDs), 509,360 doses Injectable contraceptives (IC), 20 million cycles of OCPs, 827,332 ECPs and 342.11 million condoms. This is likely to result in an additional 1.94 million unintended pregnancies, 555,833 live births, 1.18 million abortions (including 681,883 unsafe abortions) and 1,425 maternal deaths.

The likely case scenario estimates are: 25.63 million couples unable to access contraceptives, method wise loss of 693,290 sterilizations, 975,117 IUCDs, 587,035 doses of IC, 23.08 million cycles of OCPs, 926,871 ECPs and 405.96 million condoms. This is likely to result in an additional 2.38 million unintended pregnancies, 679,864 live births, 1.45 million abortions (including 834,042 unsafe abortions) and 1,743 maternal deaths.

The worst case scenario estimates are: 27.18 million couples unable to access contraceptives, method wise loss of 890,281 sterilizations, 1.28 million IUCDs, 591,182 doses of IC, 27.69 million cycles of OCPs, 1.08 million ECPs and 500.56 million condoms. This is likely to result in an additional 2.95 million unintended pregnancies, 844,483 live births, 1.80 million abortions (including 1.04 million unsafe abortions) and 2,165 maternal deaths.

The **best case scenario** assumes that clinical Family Planning services will resume mid-May and will be at full capacity by July 2020 and 50 days loss of commercial sales. **Likely case scenario** assumes that clinical services will resume in a phased manner and will be at fully capacity in September 2020 and 60 days loss of commercial sales. **Worst case scenario** assumes a slower phased availability of clinical family planning services with full capacity returning in September 2020 and 75 days loss of commercial sales.

### Recommendations for managing this adverse impact:

- Improving the readiness of public and private health systems to meet the surge in demand for FP and abortion services.
- Developing and disseminating changes to clinical service delivery protocols in light of COVID 19 and procuring required supplies, consumables, drugs etc.
- Ensuring availability of MA drugs at chemists by advising states to remove unnecessary barriers on its sale.
- Expand contraceptive choice by introducing Implants in public sector.
- Remove restrictions on advertising of OTC contraceptives particularly ECPs and Condoms
- Strengthen the involvement of social marketing organizations and private/NGO service delivery organizations by addressing challenges and mitigating the losses incurred by them. If proactive measures are not taken, the significant gains made by India in population stabilization and reducing maternal mortality could be compromised.

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## Background

Public health facilities suspended provision of clinical family planning services – Sterilization and Intra Uterine Contraceptive Devices (IUCD) a week before the stringent lockdown was imposed from 25<sup>th</sup> March onwards. Subsequently a Ministry of Health and Family Welfare guidance to states advised that sterilizations and IUCD services should not be resumed till further notice. Sterilization is the largest method of family planning in the country accounting for 76% of modern contraceptive prevalence rate<sup>1</sup> and is largely provided by public sector. In 2019, as per the Health Management Information System (HMIS), 3.5 million sterilizations, 5.7 million IUCDs, 1.8 million injectable contraceptive (IC) services were provided by the public sector in addition to distribution of 41 million cycles of Oral contraceptive pills (OCPs), 2.5 million emergency contraceptive pills (ECPs) and 322 million condoms. The commercial market sold 2.2 billion condoms, 112 million cycles of OCPs, 3.6 million ECPs, 1.2 million doses of ICs and 0.79 million IUCDs. Over the counter spacing methods condoms, (OCPs) and Emergency Contraceptive Pills (ECPs) are largely accessed from commercial retail outlets – chemists and general stores and are also distributed by Accredited Social Health Activist (ASHA) in rural areas.

While, medical facilities and retail chemists are exempted from the lockdown, the curbs on movement, has resulted in reduced footfalls at both facilities and chemists.

This policy brief aims to estimate the impact of the pandemic on Family Planning in India during the calendar year 2020 for three scenarios – **Best Case**, **Likely Case** and **Worst Case**.

## Definition of Scenarios

### Best Case Scenario

Public and private sector, clinical FP services will resume in a phased manner from the third week of May 2020 and will operate at full capacity from July 2020 onwards. Commercial sales of contraceptives will be impacted for a total of 50 days.

### Likely Case Scenario

Public and private sector, clinical FP services will resume in a phased manner from the third week of May 2020 and will operate at full capacity from September 2020 onwards. Commercial sales of contraceptives will be impacted for a total of 60 days.

### Worst Case Scenario

Public and private sector, clinical FP services will resume in a phased manner from the third week of May 2020 and will operate at full capacity from September 2020 but at a slower pace. Commercial sales of contraceptives will be impacted for a total of 75 days.

## Data Sources, Tools and Assumptions

FRHS India has used supply side data from secondary sources. For public sector, the source of information is the data from the Health Management Information System (HMIS). We have reviewed month-wise data for calendar years 2017, 2018 and 2019.

For commercial market, we have used the Social Marketing statistics for 2018, collated and published by DKT International which captures the primary sales of condom, OCP, ECP, IC and IUCD reported by Social Marketing Organizations. For private sector condom and OCPs sales we have used the annual moving average total from IQVIA Retail Sales Audit, MAT Feb 2019 courtesy - PSI India Private Limited. From the total market size estimated by retail sales audit, we have reduced social marketing sales to arrive at full priced commercial sales. Insights and experiences from professionals working in the sector, have informed the assumptions made.

The following assumptions have been made in arriving at the estimates:

### Public Sector:

1. Lockdown has resulted in a 40% loss of service in March; 100% in April; 75% in May and 25% in June for Sterilization and IUCD services in the **best case scenario**; in **likely case scenario** the loss would be 40% in March; 100% in

April; 80% in May; 50% in June and 25% in July and August and in the **worst case scenario** the loss would be 40% in March; 100% in April; 90% in May; 70% in June and 50% in July and August.

2. For IC 40% loss of service in March; 90% in April; 50% in May; 25% in June is estimated in the **best case scenario**; 40% loss of service in March; 90% in April; 60% in May; 40% in June is estimated in the **likely case scenario** and 40% loss of service in March; 90% in April; 60% in May; 25% in June-July is estimated in the worst case scenario.
3. For condoms, OCPs and ECPs, we have assumed a loss of 40% in March, 80% in April, 50% in May and 25% in June.
4. Due to over reporting we have made a downward adjustment of 40% for IUCD, 50% for condoms 25% for OCPs and 10% for ECPs. For injectable contraceptives we have assumed a growth of 25% in 2020, in normal circumstances, since it is a recently introduced method.
5. Monthly service data from HMIS for 2019 has been used and have been adjusted by the average growth/decline in calendar year 2018 and 2019 to arrive at loss in 2020.

### Private Sector:

1. Lockdown has resulted in a total loss of 50 days with commercial and social marketing organizations unable to do any secondary sales/distribution of their products for **best case scenario**; 60 days for likely case scenario and 75 days for **worst case scenario**.
2. Based on insights from experts in the field, FRHS India has used the 2018 social marketing numbers and applied the following the factor to arrive at private sector sales: 10% of SM sales for IUCD, 25% for injectable and twice the SM sales for ECP.

To arrive at client numbers, OCP numbers have been divided by 4, ECP has been adjusted by 25% and condoms distributed divided by 20 for best case, 24 for likely case and 30 for worst case.









Marie Stopes International's Impact Calculator Version 2 has been used to arrive at the impact of this loss on increased unwanted pregnancies, unsafe abortions and maternal deaths and to calculate loss of CYPs. The Impact Calculator is used to measure the positive impact of FP methods provided by a program. We have used the loss of services, product sales and CYPs to arrive at impact in terms of unintended pregnancies, abortions and maternal deaths.

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## Estimate of Loss of Services and Sales

Using available data from the supply side i.e. number of clinical FP services and contraceptives sold/distributed the method wise loss service and sales are as follows:

Particulars	Best Case	Likely Case	Worst Case
 Female Sterilization	525,769	684,662	877,675
 Male Sterilizations	4,968	8,627	12,606
 IUCDs	709,088	975,117	1.28 million
 IC	509,360	587,305	591,182
 OCPs	20 million	23.08 million	27.69 million
 ECPs	827,332	926,871	1.08 million
 Condoms	342.11 million	342.11 million	500.56 million
 Loss of Couple Year Protection	13.60 million	17.35 million	22.08 million

## Impact on Unwanted Pregnancies, Unsafe Abortions and Maternal Deaths

We estimate that anywhere between 24.55 and 27.18 million couples would not be able to access the lockdown period and the weeks before normalcy is restored. This has implications in terms of additional unintended pregnancies, abortions and maternal mortality. For each of the scenarios the estimate is as follows:

Health Impact	Best Case	Likely Case	Worst Case
 No. of couples unable to access contraception	24.55 million	25.63 million	27.18 million
 No. of Unintended Pregnancies	1.94 million	2.37 million	2.95 million
 No. of Live Births	555,833	679,864	844,483
 No. of Abortions	1.18 million	1.44 million	1.79 million
 No. of Unsafe abortions	681,883	834,042	1.03 million
 No. of Maternal Deaths	1,425	1,743	2,165

Use of contraception has a direct co-relation with child mortality and this loss of access to contraception is likely to result in increased child mortality in 2020.

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## Implications

Once things return to normalcy, it is possible that some of the lost sales/distribution can be made up in the coming months, but the health impact of millions of couples not being able to use their preferred method of contraception is unlikely to be made up. If the situation takes a longer time to normalize, the adverse impact would be far more severe. This disruption of contraception services has the following implications:

### 1. Increased Demand for Sterilization Services to Increase in 2020:

Once normalcy returns in the next few months, demand for sterilization could sharply increase in the second half of 2020, overwhelming the public health systems. In light of the pandemic, clinical service delivery cannot be "business as usual" and with continued social distancing and additional precautions required, service delivery capacities for sterilization services may shrink or quality of care may get compromised.

### 2. Increased Demand for Abortions:

Lack of access to contraceptives in the best case scenario is likely to result in an additional 1.9 million unintended pregnancies. Many couples would want to terminate their pregnancies

resulting in an increased demand for abortions between May-July 2020. This is in addition to the large number of women who would have required an abortion, in normal course, during the lockdown. Given the limited availability of surgical abortion services, particularly in rural areas and barriers to availability of medical abortion drugs at chemists, many women may be forced to resort to unsafe providers, risking their health and lives. Cost of abortion services in private sector is likely to increase due to higher input costs owing to increased infection prevention protocols and social distancing practices. Many private providers may start insisting on a COVID 19 test before offering surgical abortions, resulting in additional costs, which could make safe

services unaffordable to economically disadvantaged women.

### 3. Decline in Contraceptive Usage:

There a significant decline in contraceptive usage – permanent, long acting and short term method. The permanent methods could see a decline of 15% in best case and 26% in worst case, long acting (IUCD) 17% in best case and 30% in worst case. Short term methods, condoms, OCP and ECP, 14% in best case and 18-20% in worst case scenario. IC is expected to decline by 1-4%. 2020 CYP will be around 76.96 million (-15%) in best case and 69.33 million (-23%) compared to 90.45 million CYPs generated in 2019.

## Recommendations

To address the implications and manage the fallout of COVID 19 pandemic's impact on family planning in the country, the following recommendations may be considered by the Ministry of Health and Family Welfare, Government of India and State Governments:

### 1. Improve Readiness of Public Sector to meet surge in demand for Sterilizations in Second Half of 2020:

This would involve, development and dissemination of guidelines and protocols regarding provision of clinical FP services in light of the COVID 19 situation, since additional precautions would be need to be taken. Ensure that availability

of adequate quantities supplies, consumables, drugs, equipment and additional personal protection equipments at Community and Primary Health Centers (CHC/PHC). Devise a system for an appointment based provision of sterilization services to reduce overcrowding and maintain social distancing footfalls in Fixed Day Services (FDS) offered

in CHC/PHCs. Advise CHC/PHCs to prepare FDS schedules for a quarter or six months rather than the current practice of monthly schedules. These steps will ensure that quality of care is not compromised.

### 2. Expanding Contraceptive Choice:

This might also be an opportune time to consider expanding choices for long acting reversible contraceptives like

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implants in the public sector. Implants have proven to be a safe, effective and acceptable method globally and require lower level of clinical expertise and infrastructure, than sterilizations. Introduction of Implants and enabling trained nurses and AYUSH providers to offer implant will reduce the pressure on sterilization services.

**3. Increasing Access to Safe Abortion (Medical/Surgical) Services:** Public health system's contribution to safe abortions is very limited. It is estimated that only 5.1% of the estimated 15.6 million annual abortions in India is performed at public sector facilities<sup>2</sup>. It is important for all CHC/PHCs to ramp up provision of safe abortion services by procuring MA drugs, Manual Vacuum Aspiration equipment and required supplies to improve access, particularly for rural women. 81% of all abortions are estimated to be done using MA drugs. Unfortunately over the past few years MA drugs have been vanishing from the shelves of chemists. A study by Pratigya Campaign for Gender Equality and Safe Abortion<sup>3</sup> in four states conducted in late 2018

revealed that almost all chemists in Maharashtra and Rajasthan were not stocking MA drugs. A recent follow up study (yet to be published) in six states shows that very few chemists are stocking MA drugs in the states of Punjab, Haryana, Madhya Pradesh and Tamil Nadu. The primary reason for not stocking, is to avoid falling foul of drug regulators. Ministry of Health and Family Welfare and the Drug Controller of India, should immediately send out an advisory to state drug controllers to treat MA drugs as they would treat any schedule H drug and ensure availability of MA drugs at retail chemists in all states.

**4. Easing restrictions for Advertising and Promotion of Over The Counter Contraceptives:** Over the counter contraceptives like Condom, OCPs and ECPs have severe restriction on mass media advertising. This restriction should be removed so that private sector brands can freely advertise and increase uptake. States like Tamil Nadu have also imposed restriction of sales of ECPs resulting in retail chemists not stocking ECP,

therefore denying contraceptive choice to women.

**5. Increasing Involvement of Private/ NGO Sector Family Planning Provision:** Not for profit social marketing and service delivery organizations have been playing a key role in supporting the government's family planning program. They provide clinical FP services through their clinics and clinical outreach teams in high priority states and making affordable contraceptives available through commercial channels. These organizations have been facing a number of challenges. The disruption of services and sales will adversely affect the revenues of these organizations and some of them may be forced to scale down operations, adversely impacting the program. FRHS India recommends that a comprehensive review of policies relating to engagement of NGOs/Private Sector in the national FP program is undertaken to address the challenges. In the short term steps should also be taken to mitigate the revenue losses incurred by them.

While not very obvious, the inability of millions of men and women to access contraceptives during the lockdown period will have an adverse impact on reproductive health indicators, in the short to medium term it can potentially impact the country's goals of population stabilization, maternal and infant mortality. Immediate steps need to be taken to address this to ensure that quality contraceptive services and products are available widely as soon as normalcy is restored. The situation also offers an opportunity to strategically review some of the challenges the program is currently facing and evolve solutions for the same.

<sup>1</sup> International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

<sup>2</sup> Singh S et al., Abortion and Unintended Pregnancy in Six Indian States: Findings and Implications for Policies and Programs, New York: Guttmacher Institute, 2018. <https://doi.org/10.1363/2018.30009>

<sup>3</sup> Availability Of Medical Abortion Drugs In The Markets Of Four Indian States, 2018. 2019, <http://www.pratigyacampaign.org/wp-content/uploads/2019/08/availability-of-medical-abortion-drugs-in-the-markets-of-four-indian-states-2018.pdf>

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