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Estimating impact of COVID-19 on sexual and reproductive health and reproductive rights

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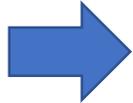
Impacts of COVID-19 on SRH outcomes

COVID-19 pandemic and associated measures caused:

- disruptions to the supply chain have limited the production, distribution and availability of health commodities
- some health-care facilities have reduced services
- difficulties to visit health-care facilities due to lockdowns or fear of exposure to COVID-19
- increasing economic vulnerability due to unemployment and loss of income with increasing uncertainty about future
- burden of care in health care system and at home fell disproportionately on women
- changing situation in families – changes in women’s autonomy, increase in women’s financial dependence, increase in domestic violence

Impacts of COVID-19 on SRH outcomes

**COVID-19
pandemic
and
associated
measures**



Reduced access to health-care services:

- maternal health care (antenatal-care visits, skilled birth attendants) – SDG 3.1
- family planning commodities and services – SDG 3.7
- other SRH services (safe abortions, assisted reproduction technologies, STIs treatment)

Changes in fertility intentions (how many children and when to have)



- Increase in unintended pregnancies and unsafe abortions
- Increase in maternal deaths and poor maternal health outcomes
- Unrealized fertility intentions



How to estimate the impacts of the pandemic on SRH outcomes?

- Assumptions-based **scenarios** (important early in the pandemic to estimate the potential impact)
- **Early impact surveys** (phone-based, aim to be representative, some have baseline data available for comparison)
- Big data (i.e. Facebook surveys, studies based on Google search terms)
- **Administrative data** – health information system data on health care services and commodities provided
- **Vital statistics** – births by age of mother, impact on fertility rates, including adolescent birth rates
- Demographic and health **surveys** with birth and pregnancy histories, contraceptive use calendars

Scenarios of the impact on SRH

Riley et al (2020). Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. <https://www.guttmacher.org/>

Similar conclusions also in UNFPA/Avenir Health estimates

The COVID-19 pandemic could disrupt sexual and reproductive health service provision in LMICs:

-> **Assumption:** 10% decline in use of short- and long-acting reversible contraceptives in 2020

-> resulting in additional **48 million women with unmet need for family planning**

-> more than **15 million unintended pregnancies** with potentially long-term consequences for women and their families

Used for advocacy purposes to ensure that the provision of core sexual and reproductive health services is considered essential during the pandemic.

Scenario of the impact on SDG 3.7.1

Dasgupta et al. (2020). The impact of the COVID-19 crisis on meeting needs for family planning: a global scenario by contraceptive methods used. <https://gatesopenresearch.org/articles/4-102>

- SDG 3.7.1: Globally, 77% of women of reproductive age (15-49 years) had their needs for family planning satisfied with modern contraceptive methods in 2019, an increase from 74% in 2000
- **Assumption:** differential impacts on the use of specific methods, the greatest impact would be felt in LAC and SSA owing to a relatively greater reliance on short-term methods (such as injectables and pills) that need frequent contact with health-care providers
- Six-months long disruptions would lead to drop to 74% of need for family planning satisfied with modern methods in 2020
- **COVID-19 pandemic adds to the uncertainty of achieving universal access to sexual and reproductive health-care services**

Findings from recent surveys in SSA

PMA COVID-19 surveys (<https://www.pmadata.org/technical-areas/covid-19>) in Kenya, Nigeria (Kano, Lagos), DRC (Kinshasa)

- phone surveys to evaluate the implications for women's health, including family planning (e.g., fertility intentions, access to health care services, contraceptive use)
- reported an increase in use short-acting contraceptive methods
- overall only small changes in fertility intentions (some increase in 'want to have a child after 2 years')
- among women who needed to visit a health facility, nearly **half experienced difficulties and one in ten reported that they were unable to access health care services they needed**

Findings from surveys in USA and Europe

Findings from the **2020 Guttmacher Survey of Reproductive Health Experiences** in the United States (Lindberg et al. 2020)

- one-third of women (more among Black, Hispanic and lower-income) **wanted to get pregnant later or wanted fewer children**
- one-third of women had to delay or cancel visit to a health care provider for SRH care, or had trouble getting contraceptives

Findings from **surveys on fertility intentions** in Europe from March-April (Luppi et al. 2020) show large impact:

- Germany, France (postponement of pregnancy)
- Italy (more to 'abandon' plans to have a child)
- generally, higher impact among younger women; linked to uncertainty and increasing economic vulnerability

Administrative data on health services

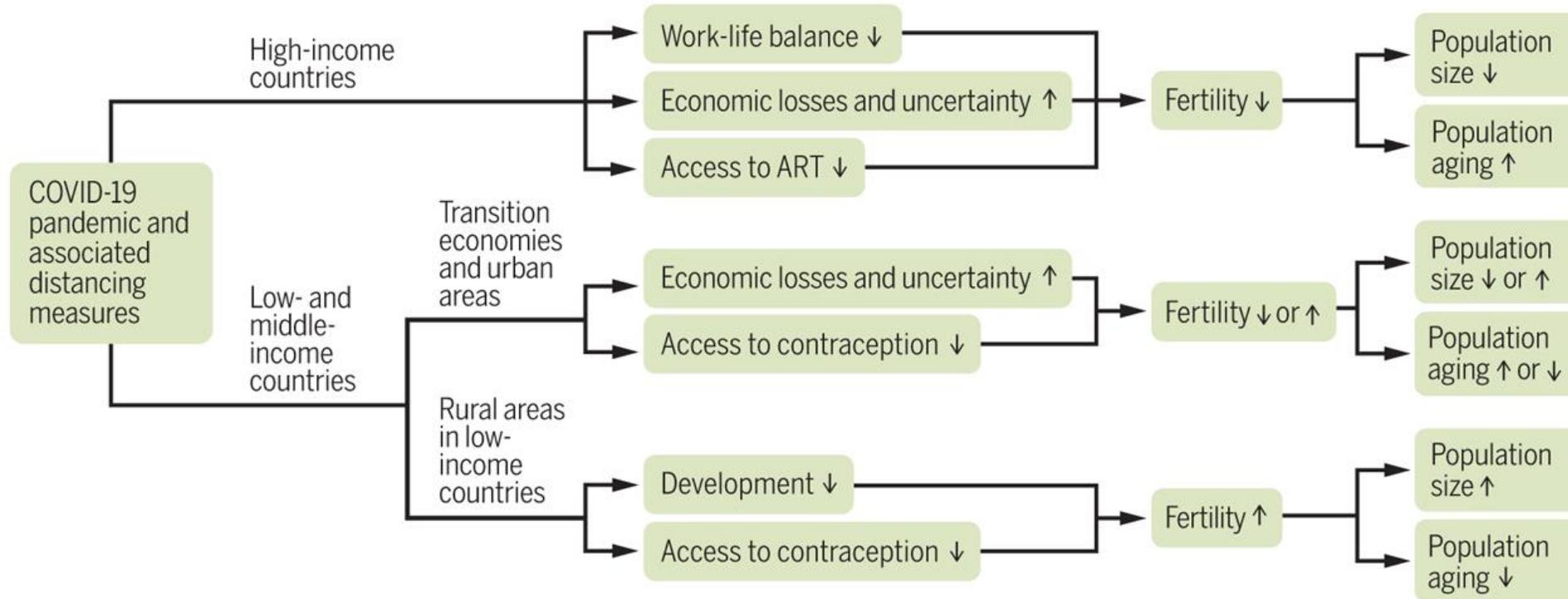
In India, according to the Health Management Information System (HMIS), the numbers of **contraceptive commodities or services decreased** in March 2020 (compared to December 2019):

- injectables by 36% and IUD insertion by 21%
 - combined oral pill cycles by 15% and condom by 23%
 - abortions performed by 28%
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- This type of data are available in many countries, often providing monthly reports. However, often not covering all service providers and incomplete.
 - Other sexual and reproductive health care services are also covered (antenatal care visits, abortions, assisted reproduction technologies).
 - Used in studies of family planning services during and after Ebola epidemic in Western Africa (e.g. Bietsch et al. 2020)

Impacts on fertility

Possible post-pandemic fertility trajectories according to regional income level

The social measures aimed at reducing coronavirus disease 2019 (COVID-19) infection may be expected to have different effects on fertility, depending on societies' development and stage of the demographic transition, and ultimately, on population density and age distribution. ART, assisted reproductive technology.



A. Aassve et al. Science 2020;369:370-371

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Summary

- impacts of COVID-19 pandemic on SRH outcomes are **different across countries**
- **diversity of the impact within countries is important to study** (by age, education, employment status, race, migrant origin) as some women can experience unintended pregnancies, while other women may not be able to realize their fertility intentions

Questions for audience

What are **policy-relevant research questions** related to SRHR that are asked in your country or region?

What data sources do you plan to use to answer them?