

# Impact of COVID-19 on Family Planning: What we know one year into the pandemic

This technical note updates data provided 27 April 2020 by UNFPA, with family planning research by Avenir Health. The methodology was updated by Avenir Health in January 2021, and the analysis is being presented by UNFPA one year after the COVID-19 pandemic was declared.

Ending the unmet need for family planning is one of three UNFPA transformative results driving progress towards the Sustainable Development Goals. COVID-19, the fastest-moving global public health crisis in a century, declared a pandemic by the World Health Organization in March 2020, threatens hard-won progress towards these global goals.

One year into the COVID-19 pandemic, emerging evidence points to smaller and shorter disruptions in family planning services than initially projected, largely concentrated in April and May 2020. This speaks to the resilience of health systems that continued to provide services, the impact of actions by partners to support access to reproductive health supplies and services and, in some contexts, the more limited spread of COVID-19 than some models initially forecast. However, disruptions remain a concern, and limited data and some inconsistencies across countries require ongoing monitoring and analysis. The severe social and economic impacts of COVID-19 demand intensified action for women and girls.

*UNFPA estimates the pandemic disrupted contraceptive use for about 12 million women with a consequence of nearly 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries.*

## New data from UNFPA and Avenir Health

Analysis conducted for 115 low- and middle-income countries in January 2021 by UNFPA and Avenir Health provides the latest estimates of the impact of COVID-19 on family planning.

- Recent evidence suggests that despite some concentrated declines in April and May 2020 many countries were able to maintain or restore access to essential health services, including family planning. However, the impact of COVID-19 on access to health services has varied across countries and is ongoing.
- An estimated **12 million women** may have been unable to access family planning services as a result of the COVID-19 pandemic, with disruption of supplies and services lasting an average of 3.6 months. This number could be as high as 23 million on the higher end of projections, or as low as 4 million at the lower end of projections.
- As a result of these disruptions, as many as **1.4 million unintended pregnancies** may have occurred before women were able to resume use of family planning services. This number could be as high as 2.7 million at the higher end of projections, or as low as 500,000 at the lower end of projections.

## Disruption of access to modern contraceptives and subsequent unintended pregnancies in 115 low- and middle-income countries due to COVID-19 in 2020

Average severity of disruptions (projections)	Low	Medium	High	Average # months of disruption
Number of women who could not access modern contraceptives due to COVID-19 disruptions	4,100,000	12,000,000	23,000,000	3.6
Number of unintended pregnancies that occurred due to COVID-19 disruptions	500,000	1,400,000	2,700,000	3.6

## Methodology

In April 2020, a **methodology** informed by assumptions and hypotheses early in the pandemic attempted to capture the potential impact of disruptions to family planning services delivery as well as women being unable to access services. In January 2021, Avenir Health made a number of updates to this methodology in order to incorporate data on observed disruptions and changes in use of family planning services. A country-specific estimation approach was developed incorporating aggregated and anonymous Google Mobility data for the category of grocery stores and pharmacies, which was selected as a proxy for maintaining “essential” movement that should correlate most closely with use of family planning services.

For the medium scenario, the estimated magnitude of mobility was then discounted by 50 per cent for injectable contraceptive methods, and a further 50 per cent discount was applied to oral contraceptives, condoms and other short-term methods. No declines were modelled for long-acting and permanent method users. These adjustments reflected the level of face-to-face interaction required or needed for services and resupply within the timeframe. Some growth in use of modern contraception (mCPR) was included, though at a rate lower than pre-pandemic. The approach to estimating unintended pregnancy rates among those impacted by COVID-19 was also refined to align with country-specific estimates of the duration of disruptions.

These estimates are presented acknowledging that there might be other substantial impacts of COVID-19 beyond the assumptions made in this analysis. Such potential impacts may be seen in contraceptive use and need (e.g. changes in fertility desires and changes in patterns of sexual behaviour) and economic impacts, which may make contraceptive services and supplies unaffordable, particularly in countries where women and girls already face high out-of-pocket expenditures in accessing family planning. The estimation process was unable to account for these changes given the current lack of data to assess these issues.

## Real-world data has been consistent with the above projections

- In a UNFPA data reporting survey of more than 70 countries, 56 per cent ( $n=41$ ) reported that facility-based family planning services were maintained as compared with pre-COVID-19 levels and 41 per cent ( $n=30$  countries) reported that services were interrupted. Two countries (Turkmenistan and Trinidad and Tobago) reported services were expanding.
- A **survey by UNICEF** in late August 2020 found that more than half of countries ( $n=45$  of 84) reported no or minimal declines in family planning services. Gabon and Suriname reported as much as a 75 per cent drop in family planning services, while seven countries reported drops between 50 to 75 per cent, 14 countries reported drops between 25 to 49 per cent, and another 16 reported drops between 10 to 24 per cent.
- A key informant **pulse survey** by the World Health Organization found that some 59 per cent of countries ( $n=102$ ) reported “partial” disruptions, and 9 per cent reported “severe” disruptions in family planning and contraception services.
- Family planning services in Nigeria decreased by 10 per cent or more in April and 15 per cent in May according to **analysis** by the Global Financing Facility and the World Bank’s Development Research Group of health management information system (HMIS) data in select countries through June 2020.
- The **PMA COVID-19 survey** found no declines in use of modern contraception (mCPR) in Burkina Faso, Democratic Republic of the Congo, Kenya and Nigeria (Lagos and Kano). Most women in this telephone survey reported success in accessing a health service during COVID-19.

## Ensuring access to family planning service and availability of essential supplies

At the start of the pandemic, measures such as social distancing, lockdown strategies and mobility restrictions, as well as fear of travelling to health facilities, raised concerns about the impact of COVID-19 on women’s ability to continue using contraception. Disrupted global manufacturing and supply chains and overwhelmed health facilities also threatened to reduce the availability of family planning supplies and services.

UNFPA was able to procure and deliver contraceptives and other reproductive health supplies largely to plan despite supply chain constraints and rising costs. A coordinated COVID-19 response included fulfilling orders placed early in the year, flexibility at country level, redistribution of supplies, procurement of emergency reproductive health kits and personal protective equipment for health providers, and intensified quarterly monitoring. Still, many countries continue to face serious obstacles to providing these life-saving commodities. UNFPA continues to work with governments and partners to prioritize the needs of women and girls of reproductive age and to respond urgently during this challenging public health emergency.

**Note:** These projections were produced to inform family planning and technical support to health systems. They use limited data available in a rapidly evolving crisis context, and are subject to change.