Compromised Abortion Access due to COVID-19

A model to determine impact of COVID-19 on women's access to abortion

Ipas Development Foundation

Context

Since the COVID-19 pandemic outbreak in India, the focus of the government and health system has been—correctly—on immediate prevention, testing and treatment. On March 24, government of India announced a country-wide lockdown as a part of its COVID-19 management strategy. This has led to an unintended adverse impact on access to sexual and reproductive health (SRH) services. This document assesses the near-term (three-month) impact of COVID-19 on abortion access in the country.

Of the estimated 15.6 million abortions that happen in India annually, 73% are through medical abortion (MA) drugs accessed outside of facilities, 16% in private health facilities, 6% in public health facilities, and 5% through traditional unsafe methods*.

COVID-19 and the lockdown has had an unprecedented impact on women's ability to access abortion (please see Figure 1). In addition to general restrictions on movement, public health experts opine that key factors restricting abortion access at any of the above sources include:

- Repurposing of public health facilities as COVID-19 treatment centres
- Redeployment of facility staff from regular duties to COVID-19 care
- Closure of private health facilities due to provider unavailability and lack of protective gear
- Suspension of transport facilities restricting mobility of women to access facilities or chemist outlets
- Disruption in supply chain of MA drugs at both chemist outlets and facilities

In view of the evolving situation, the government divided the entire nation into three zones – Red, Orange and Green – based on the risk profile with varying levels of restrictions and relaxations. Since the dynamic changes in lockdown restrictions impact the degree of compromise of abortion access, we considered four distinct time periods as depicted in Figure 2 for our estimation.

Objective

The modelling exercise estimates the number of abortions to which access was compromised in the first three months following the commencement of the lockdown period. We used two critical parameters – degree of restriction at point of care and dynamic changes in the level of public restrictions over the period.

Figure 1: Abortion access compromised across key points of care

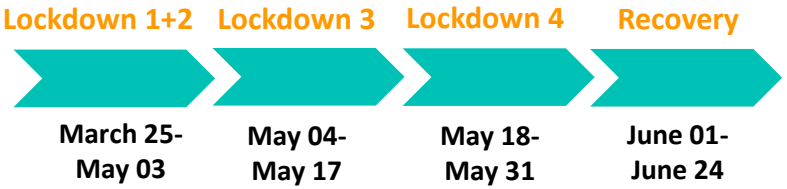

Figure 2: Time periods for the modelling estimation

We have considered June 01-24 as the recovery period for our estimation. While we expect greater mobility and relaxations of restrictions by this time, this period accounts for the potential delay in resumption of abortion services.

*The incidence of abortion and unintended pregnancy in India, 2015 https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%293

Methodology

The model quantifies the reduction in abortion access across three different points of care. The estimates were disaggregated to understand variance by facility type in both public and private sectors:

- ***Public health facilities*** – Primary health centres (PHCs), Community health centres (CHCs), and Hospitals (Medical colleges and hospitals, District hospitals and Sub-district or other urban hospitals)
- ***Private health facilities*** – Clinics, Nursing and maternity homes, and Hospitals
- ***Medical abortions outside heath facilities***

Key steps of estimation:

Step 1: Estimating induced abortion need per day disaggregated by point of care and facility type

Variables used in the modelling	*Data source*
Base indicator of average abortions per day prior to COVID-19	The incidence of abortion and unintended pregnancy in India, 2015*
Distribution of abortion at different levels of health facilities through extrapolation of abortion provision data of health facilities in six states to the national level	Abortion and Unintended Pregnancy in Six Indian States: Findings and Implications for Policies and Programs**

Step 2: Factoring reduction in impact of lockdown at population level

Variables used in the modelling	*Data source*
Women of reproductive age (WRA), 355 million, as the base	Projected for 2020 based on 2011 Census
WRA population living in different lockdown zones calculated based on WRA population in the red, orange and green districts	Distribution of districts into Red, Orange and Green zones based on government guidelines***

Figure 3: Distribution of WRA in the three zones across time periods

* https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%293 **https://www.guttmacher.org/sites/default/files/report_pdf/abortion-unintended-pregnancy-six-states-india.pdf ***https://pib.gov.in/PressReleasePage.aspx?PRID=1620023

Methodology

Step 3. Calculating percentage reduction in abortion access at different points of care at different time periods

Variables used in the modelling	*Data source*
% reduction in access at Public Hospitals, CHCs and PHCs	Telephone survey of 509 public-sector facilities across eight states conducted by IDF in second week of April
% reduction in access at Private Hospitals, Nursing home, and Clinics	1. Email/telephone survey of 52 abortion providers working across the three health settings 2. Expert opinion of members of FOGSI leadership
% reduction in MA offtake at chemist outlets	1. Information provided by PSI India Private Limited (PSI IPL): • Market share, Value, Volume - IQVIA • Sales of PSI IPL brands • PSI IPL chemist qualitative interviews April 2020 (Rajasthan, UP, Odisha) 2. Trend estimation by industry experts from three social marketing organizations and one private pharmaceutical company

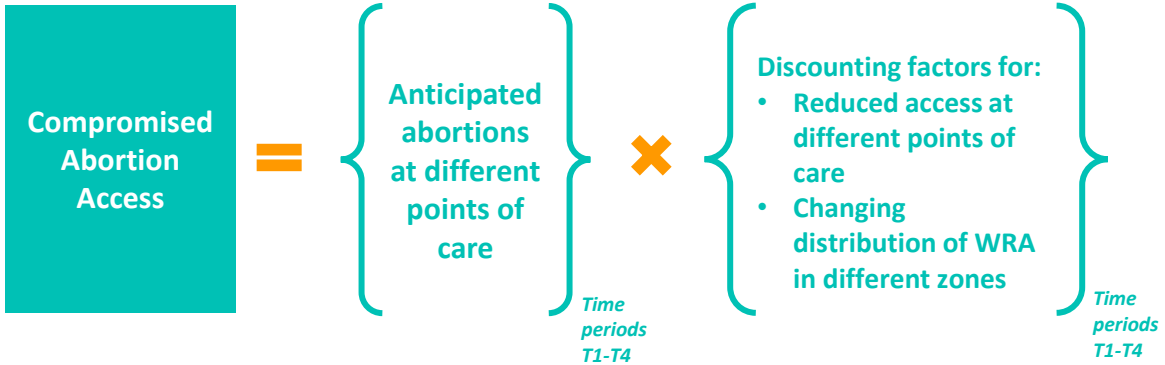

Figure 4: Key elements of the estimation model

Key Findings

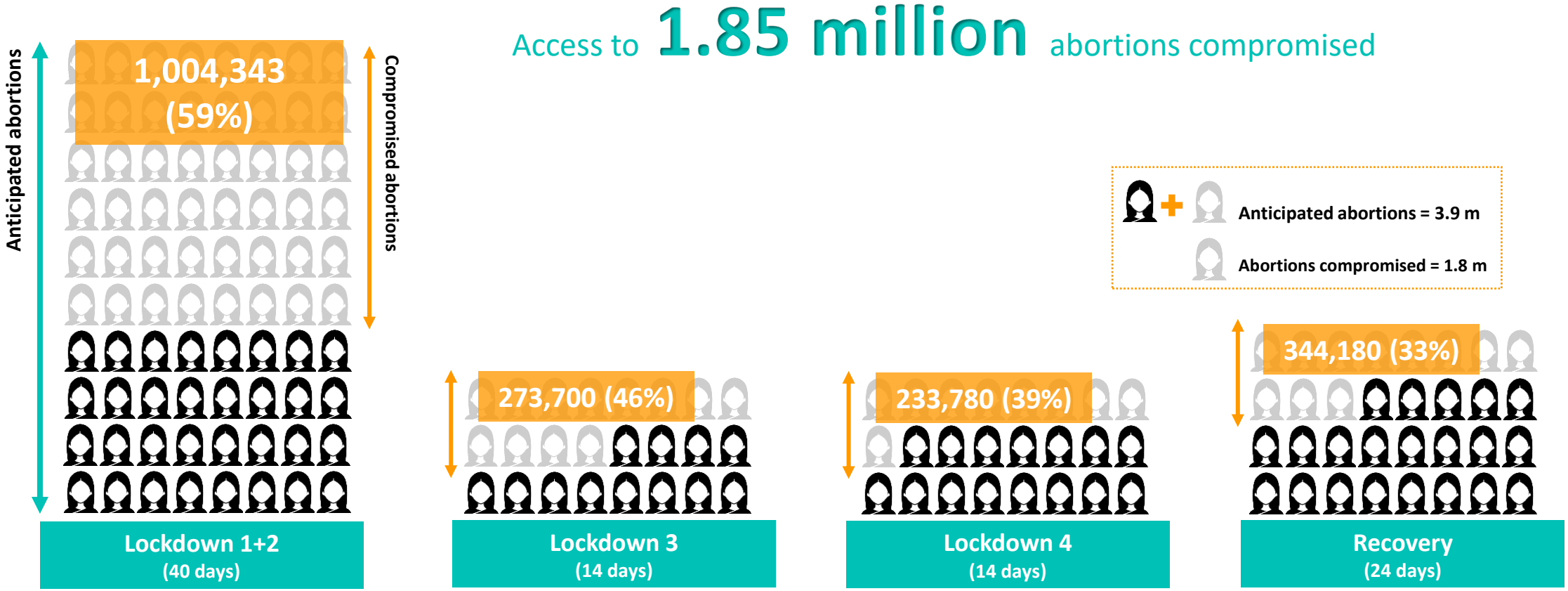

Figure 5: Number of abortions with compromised access across time periods

We estimate that in usual times, 3.9 million abortions would have taken place in the three-month period. Of these, access to 1.85 million abortions or 47% is likely to be compromised due to a combination of factors impacting the health system, supply chain of MA drugs and mobility of women/their partners. Other key findings:

- More than half of the total abortions that are unlikely to take place (nearly one million) are during the first 40 days of the lockdown period, as the whole country was under strict restrictions during this period.
- Percentage of women with compromised abortion access is expected to decrease from 59% in the first period (lockdown 1+2) to 33% in the recovery period – indicating improvement in abortion access with successive time periods due to relaxations in government guidelines.

Key Findings| Disaggregated by Points of Care

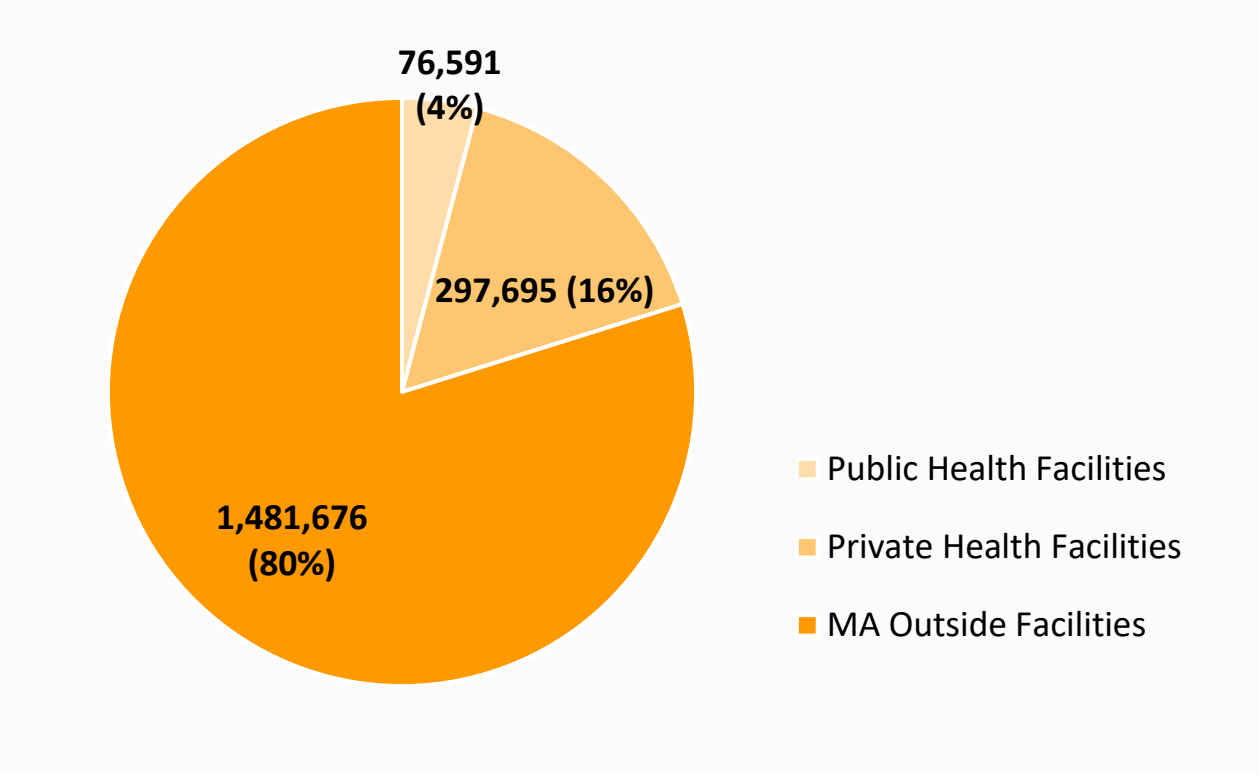

Figure 6: Disaggregated number for compromised abortions by points of care

It is expected that abortion access will be impacted across all points of care, though the degree of impact varies significantly:

- Of the total 1.85 million abortions that are likely to be compromised, nearly 1.5 million or 80% can be attributed to decreased sales of MA drugs from chemist outlets. This is marginally higher than the contribution of MA outside facilities (73%) to total abortions* because of the relatively higher impact on MA drug sales at chemist outlets compared to other points of care.
- Reduction of remaining 20% (nearly 370,000) can be attributed to facility-based abortions: 16% to private health facilities, while 4% due to reduced access to public health facilities.

*The incidence of abortion and unintended pregnancy in India, 2015 https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%293

Key Findings | MA Outside Facilities

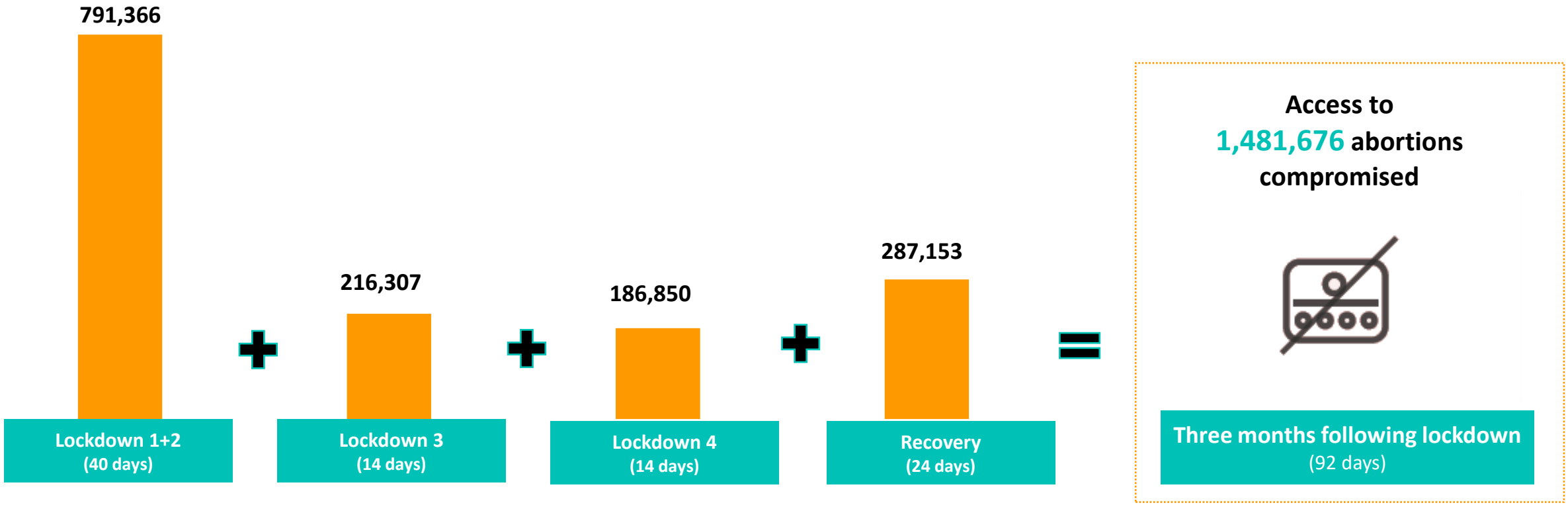

Figure 7: Number of abortions compromised based on data from chemist outlets

We estimate that 1.5 million abortions will be compromised in the three-month period from chemist outlets – more than half of these (close to 800,000) during the first period (lockdown 1+2). While closure of outlets and disruption of supply chain are key probable reasons, restriction in transport services is another important factor. It is well acknowledged that due to stigma attached to abortions, women or their partners avoid their neighborhood chemist shops and prefer a more distant/less frequented outlet for buying MA drugs. With restrictions in transport facilities, their ability to access the outlet of choice is impacted.

Key Findings | Private Health Facilities

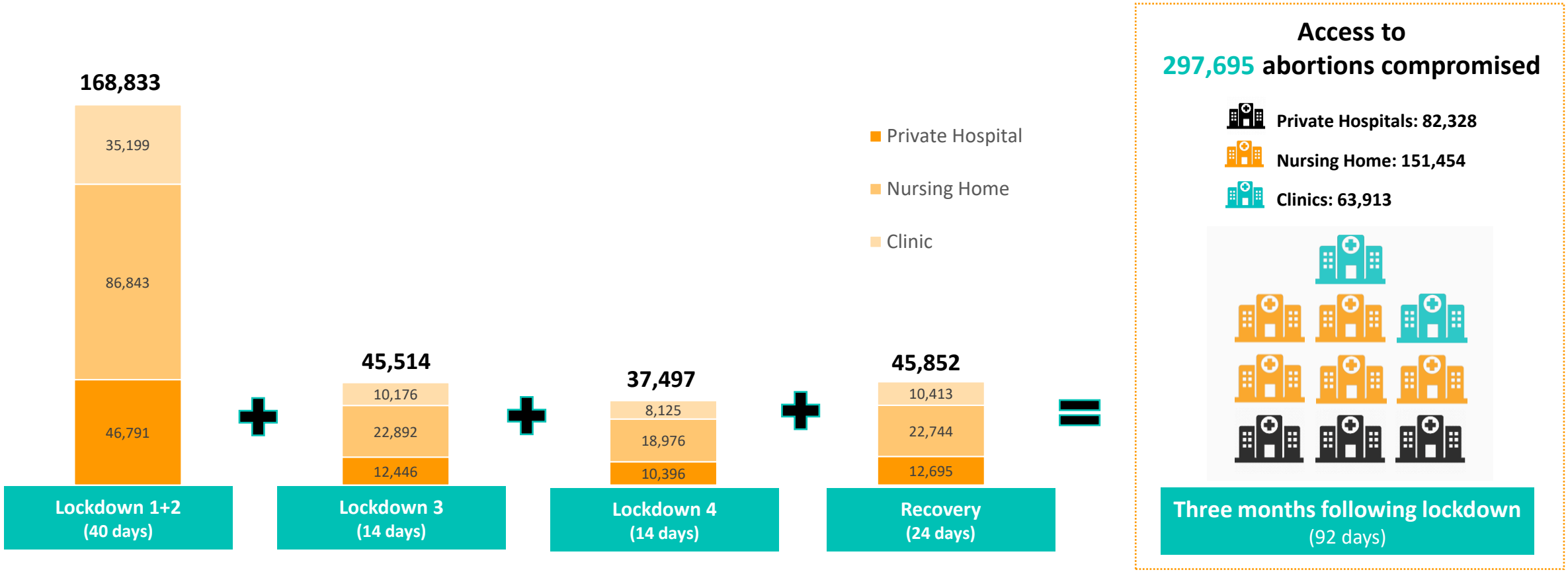

Figure 8 Distribution of abortions compromised across different levels of private health facilities

We estimate that nearly 300,000 abortions (16% of the 1.85 million) will be compromised at private health facilities – this is 80% of the total facility-based abortions.

- Overall, the volume contributor are nursing homes (51%), followed by private hospitals (28%) and private clinics (21%).
- The per facility reduction is maximum in case of private clinics. The significant dip in clinics, mostly small-sized health facilities, may be attributed to lack of preparedness and resources for COVID-19, particularly unavailability of protection gear for providers, mandatory COVID-19 testing arrangement and other patient care arrangements at the facility. In addition, transportation of support staff, unavailability of essential drugs and commodities, and risk aversion are other key factors.

Key Findings | Public Health Facilities

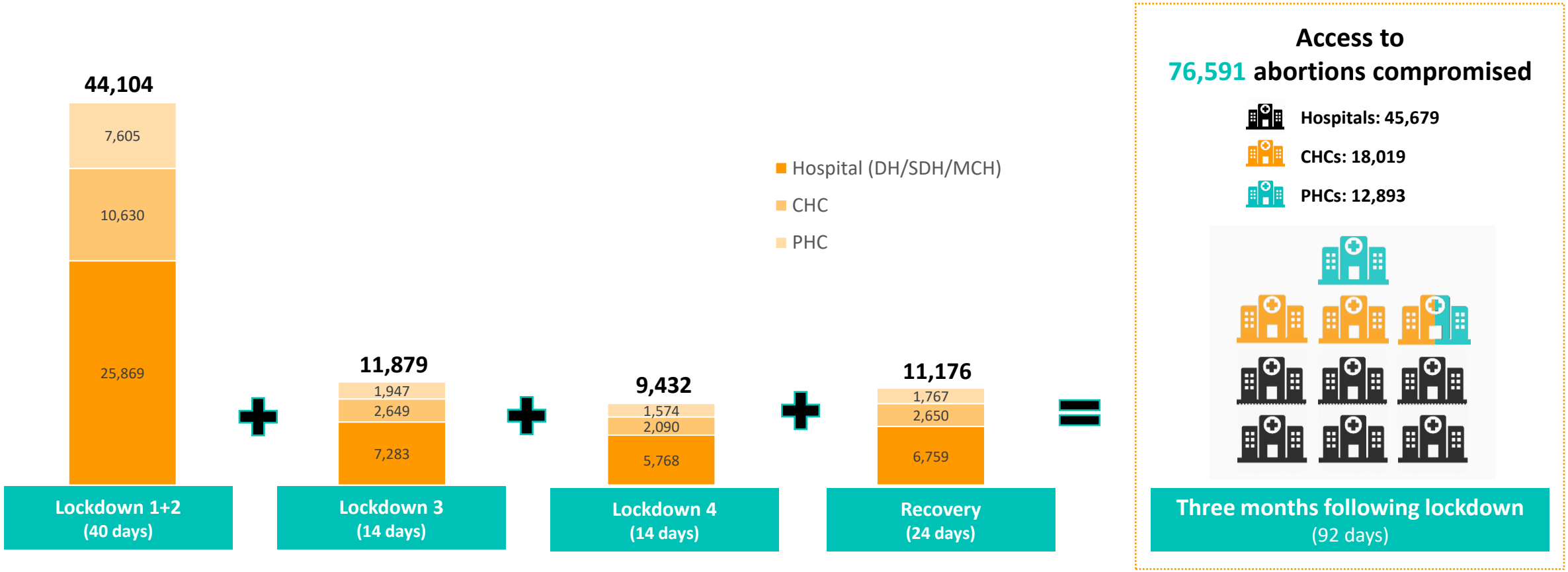

Figure 9: Distribution of abortions compromised across different levels of public health facilities

Access to nearly 80,000 abortions, or four percent of the total 1.85 million abortions, will be compromised at public health facilities.

- The greatest reduction is seen in higher-level facilities at 60%, followed by CHCs (24%) and PHCs (17%).
- This is in line with other reports of greater number of higher-level facilities, including MCHs, DHs and SDHs, being converted to dedicated COVID Hospitals/Health Centres or experiencing deployment of medical staff for COVID-related work either in the same or other facilities.
- Since the higher-level facilities are located at district headquarters or the main town, women living in interior areas are not able access them due to limited transport facilities.

Implications

An estimated 1.85 million women will be unable to access abortion services as a near-term impact of COVID-19, directly affecting their sexual and reproductive health. We expect the compromised access to result in five possible scenarios:

- Women are able to access abortion, albeit a little delayed, but in their preferred point of care
- Women are able to access abortion, but not as per their initial preference – while MA outside the facility is the preferred method for majority of women, delayed access may result in exceeding the permissible limit of nine weeks and they may have no choice other than facility-based surgical abortion.
- More women have requirement for second trimester abortions (beyond 12 weeks)
- Women continue their unintended pregnancy
- Women resort to unsafe abortions

This situation places additional responsibilities on the health system to offer remedial options to these women - both during and post the recovery period.

Way Forward

In the Indian context, accessing an abortion at an approved facility is challenging and becomes even more difficult for services beyond 12 weeks. However, given the impact of COVID-19, facility-based first or second trimester abortion may be the only option for majority of the 1.85 million women. It is therefore imperative to gear up the health system to ensure it can meet the evolving needs of women. Our key recommendations:

- Rapid mapping of facilities (both public and private) to identify geographic distribution of those offering first or second trimester abortion
- Assessing facility preparedness – both at public and private – and strengthening abortion services, especially second trimester abortions
- Informing women and partners about availability of services
- Strengthening referral linkages to enable women seeking abortion to access safe, legal services
- Streamlining supply chain and ensuring availability of MA drugs and contraceptives
- Including mechanisms to offset additional travel and out-of-pocket expenditure

Most importantly, we need continued advocacy with government and key stakeholders to prioritize the need to rapidly restore abortion services with focus on shifting needs of women.

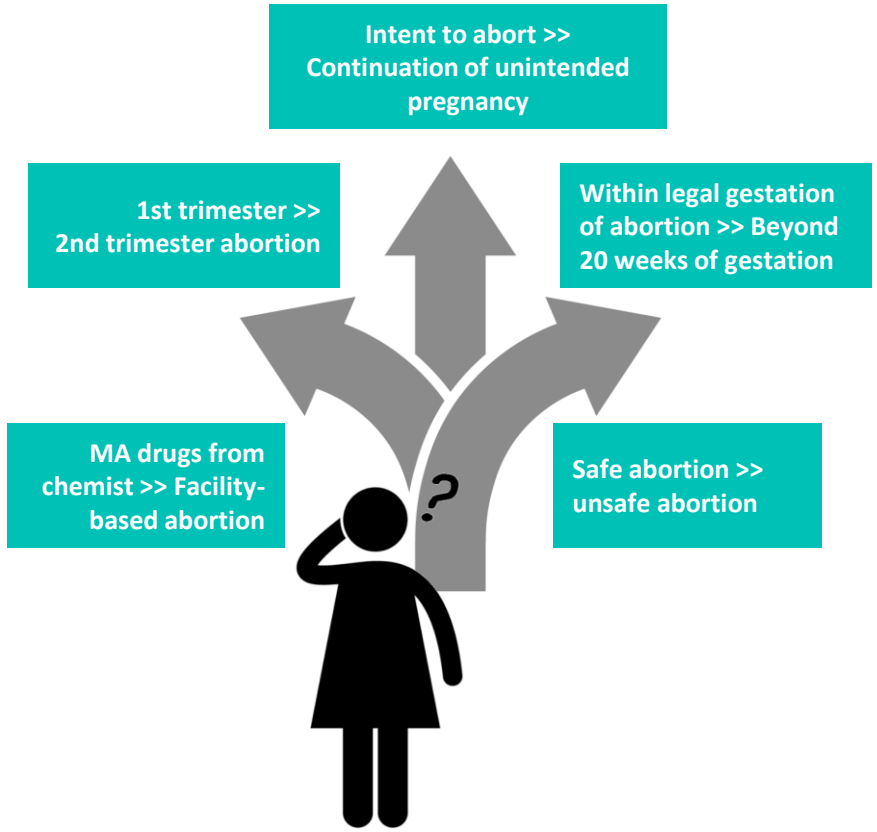

Figure 10: Altered pathways of 1.85 million women

Assumptions

- There are no significant changes in the incidence of abortion since 2015
- Lockdown has not impacted the need of abortion due to unmet need of contraception
- No seasonality of abortion – incidence is uniformly spread across the year
- Other methods (non-MA & non facility) remain unchanged at five percent
- The recovery phase will start from June 01, 2020, 68 days after the first lockdown

Acknowledgment

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Ipas Development Foundation is an Indian non-profit organization, registered under section 25 of the Indian Companies Act, 1956 (now known as section 8 of the Companies Act, 2013). We are the largest Indian non-profit organization that works to prevent and manage unwanted pregnancies, improving the lives of 5,00,000 women and girls across India every year.

For more information on the model, please write to Dr Sushanta Kumar Banerjee at banerjees@ipas.org