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.1 The outbreak of COVID-19 pandemic and the subsequent nation-wide lockdown – while necessary – has led to an unintended adverse impact on access to sexual and reproductive health (SRH) services, particularly abortion access across all three points of care.

Despite abortion being designated as an ‘essential service’, there are several barriers to access. While movement restrictions and suspension of transport facilities limited women’s mobility to access facilities or chemist outlets, there has also been a shift in focus of the public health system. Public health facilities are either converted to COVID-19 treatment centers or the facility staff is redeployed from regular duties to COVID-19 care. Moreover, closure of private health facilities due to provider unavailability and lack of protective gear and disruption in supply chain of MA drugs at both chemist outlets and facilities are other key drivers.

IPAS Development Foundation (IPAS) estimates that access to 1.85 million abortions is likely to be compromised due to COVID-19 in India during the first three months of the lockdown. Key reasons include mobility restrictions, redeployment of health facilities and staff for COVID-19 care, closure of private clinics/hospitals, suspension of public transport and disruption of supplier chain of drugs. This situation places additional responsibilities on the health system to undertake a recovery plan to ensure remedial options for the affected women – both during and after the COVID-19 recovery period. This report will be used as an advocacy document to galvanize all relevant stakeholders to prioritize rapid restoration of abortion services with focus on the shifting needs of women.

IDF undertook a modeling exercise to assess the near-term impact of COVID-19 on abortion access in the first three months following the commencement of the lockdown (25 March 2020 to 24 June 2020). The estimation takes into consideration two key parameters – degree of restriction at the point of care and dynamic changes in the level of public restrictions over the period. We estimate that access to 1.85 million abortions (or 47% of the estimated 3.9 million abortions that would have taken place under normal circumstances) are likely to be compromised in this period due to COVID-19.

The model quantifies the reduction in abortion access across three different points of care – public health facilities, private health facilities and chemist outlets; with estimates disaggregated by facility type for public and private sectors (please see Figure 1). Of the total 1.85 million abortions, nearly 1.5 million or 80% can be

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1 The incidence of abortion and unintended pregnancy in India, 2015 https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%293
attributed to decreased sales of MA drugs from chemist outlets. Key reasons include closure of outlets, disruption of supply chain of drugs, as well as restriction in transport services. Due to stigma, women/their partners avoid neighborhood chemist shops and prefer a more distant/less frequented outlet for buying MA drugs – restriction in transport facilities impact their ability to access the outlet of choice. The 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. Lack of preparedness and resources for COVID-19, particularly unavailability of protection gear for providers, mandatory COVID-19 testing arrangement and patient care arrangements, are key barriers for private set-ups; while redeployment of health facilities and staff for COVID-19 care compromise abortion access in the public sector.

The findings indicate an improvement in abortion access with successive time periods. While 59% of the total compromised abortions (nearly one million) were during the first 40 days of the lockdown period, when the whole country was under the strictest conditions, the compromise is likely to reduce to 33% in the recovery period – in line with relaxations in government guidelines.

The compromise in abortion access due to COVID-19 and its management has a direct impact on the reproductive lives of women. We expect the compromised access to result in five possible scenarios:

- Women are able to access abortion, albeit a little delayed, but from 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 a facility-based surgical abortion.
- More women would require second trimester abortions (beyond 12 weeks)
- Some would have to continue their unintended pregnancy
- Some would resort to unsafe abortions

Even in normal times, accessing an abortion at an approved facility is challenging and becomes even more difficult for services beyond 12 weeks. It is therefore imperative to gear up the health system to ensure it can meet the evolving needs of women, particularly second trimester abortion. Our key recommendations:

- Rapid mapping of facilities (public and private) to identify geographic distribution of those offering first or second trimester abortion.
- Assessing public and private facility preparedness and strengthening services, especially for second trimester abortions.
- Informing women and their partners about availability of services.
- Strengthening referral linkages to enable women seeking abortion to access safe, legal services.
- Streamlining the supply chain and ensuring availability of MA pills 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.

Complete report available here: Compromised Abortion Access due to Covid-19

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