



Addressing the Impacts of COVID-19 on India's Supply Chain for Family Planning and Maternal Health Commodities

December 2020





INTRODUCTION

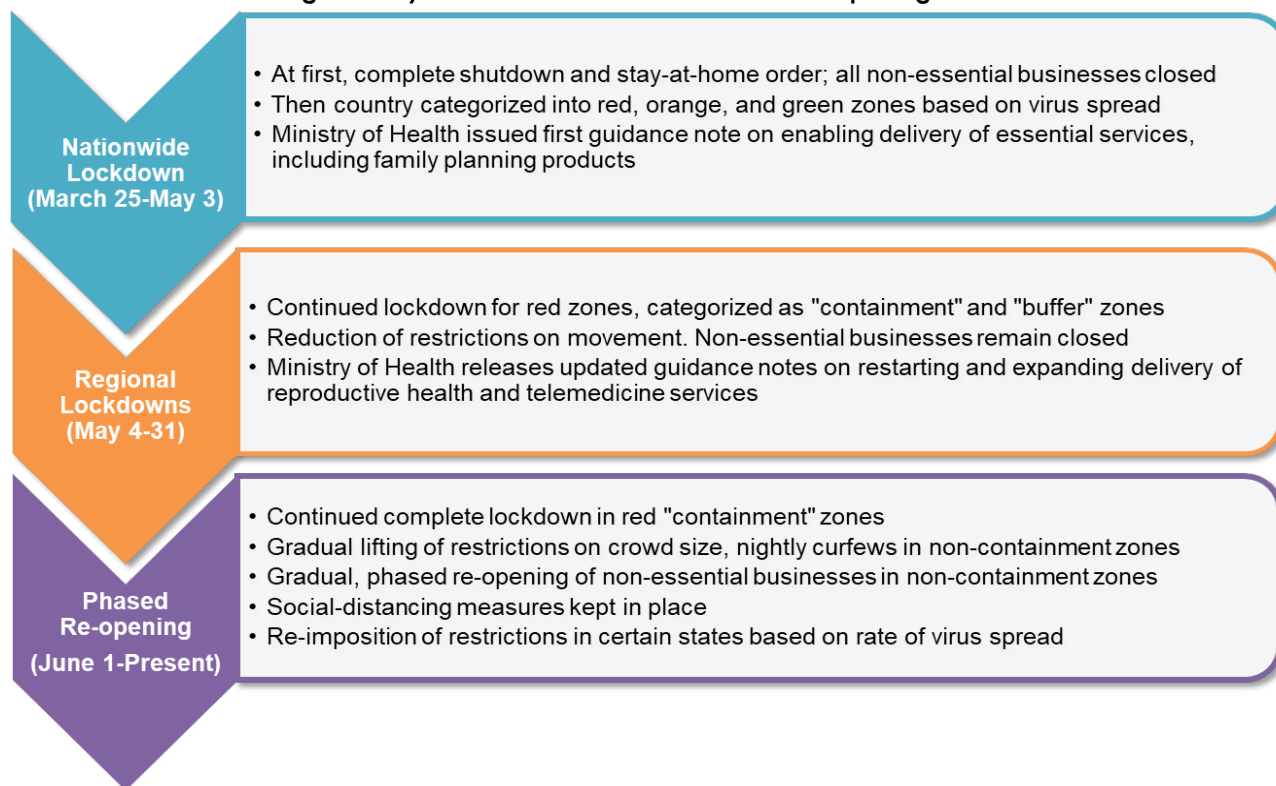
The COVID-19 pandemic has disrupted global markets for family planning and maternal health products. Global estimates by the United Nations Population Fund and the Guttmacher Institute estimate that between 47 and 48 million women in low- and middle-income countries could face challenges accessing their preferred family planning method, resulting in between 7 to 15 million unintended pregnancies.¹ As one of the largest domestic markets in the world, as well as an

important manufacturing source of family planning and maternal health products for global markets, India's response to the pandemic has substantial implications globally.

Changes in India's Family Planning and Maternal Health Markets

In an attempt to contain the virus's spread, the Government of India instituted a series of lockdown and re-opening measures since March 2021 (Figure 1).

Figure 1. Cycle of COVID-19 lockdowns and re-opening in India



An assessment conducted by Abt Associates with funding from the David and Lucile Packard Foundation found that these lockdowns have had varying impacts on the supply chain of specific reproductive and maternal health products. During the initial lockdown period, the entire supply chain for all

products experienced significant constraints in operations. As the country began gradually re-opening, the impacts on manufacturing, distribution, and exports have reduced as these actors adapted to a new normal. Lockdowns, economic fallout from the pandemic, fear of contracting the virus, and reduced

¹ UNFPA. April 2020. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage. UNFPA. Accessed October 23, 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

Guttmacher Institute. April 2020. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. Accessed October 23, 2020. <https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>

service availability have affected the ability of women to access their desired contraceptive methods from health facilities and retail outlets. In general, methods that are provider-dependent or are used outside the home (i.e., by non-cohabiting couples) have seen greater reductions in use during the initial three months (April – June 2020) of the pandemic. While Indian stakeholders along the supply chain anticipate that the market will recover over the next nine months, it is expected that one year into the pandemic

(i.e. March 2021), use will be lower for most methods than it was in March 2020 (Table 1). These estimated declines translate into an estimated 4.1 million women unable to access their preferred method at the three-month mark; by 12 months, some of these issues will be resolved so that the number of women facing continued access challenges will decline slightly to 3.8 million women. These figures translate into an additional 100,000 unplanned pregnancies by June 2020 and nearly 1 million by March 2021.

Table 1. Summary of estimated percent changes in family planning use by method, 3 months and 12 months into the pandemic

Method	Pre-COVID Use Among Married Women*	Estimated 3 Month Impact	Estimated 12 Month Impact
Male/female sterilization	36.3%	-60%	-43%
IUD	1.5%	-57%	-40%
Condom	5.6%	-82%	-35%
Injectable	0.2%	-40%	-22%
Pill	4.1%	-23%	-12%
Emergency contraceptive	0.3%*	-15%	-10%

*Data source: National Family Health Survey-4; prevalence of emergency contraceptives refers to percentage of women who have used the method in the last 12 months

Maternal health products included in this assessment have fared better than family planning products, possibly because they were perceived as a greater priority. Manufacturers were able to maintain cold chain requirements for supplies of oxytocin, used in active management of third stage labor, and the number of women giving birth at a health facility appears to have returned to normal levels after experiencing a marginal decline in the first three months. Mifepristone, misoprostol, and their combinations experienced a 20 percent year-over-year increase in sales in the 4–6 months after lockdowns began, possibly due to lower contraceptive access during this period. Marketers anticipated the increased levels of sales to persist through the fiscal year.

UNDERLYING FACTORS CONTRIBUTING TO CHANGES ACCESS AND USE

The assessment revealed that women and couples' access to family planning was constrained mostly due to downstream effects - interactions between women and their health care providers or the retail outlets. COVID-19 impacts of on manufacturing had

only a limited effect on family planning access. Some of these factors affected all methods, while others contributed more to changes in specific methods over others.

- **Lack of clarity around “essential” status for condoms and IUDs delayed resumption of manufacturing.** Re-opening guidelines initially indicated that pharmaceutical manufacturers could restart operations. However, since methods like IUDs and condoms are regulated as medical devices and not medicines, these product manufacturers faced significant challenges in obtaining approval from district administration officials to resume manufacturing. These delays were more pronounced for condoms, as global purchasers advocated for IUDs due to India's position as the main supplier of these products to the global market.
- **Absence of a focal advocate for market barriers to family planning products constrained effective representation to government authorities.** Marketers whose product portfolio is dominated by family planning products, and those who do not manufacture pharmaceutical products, faced greater challenges in resuming sales and distribution operations. To

overcome these challenges, the marketers made representations to government officials individually, but they could not leverage industry associations such as the Organisation of Pharmaceutical Producers of India, which they are not a part of. These marketers did not approach existing advocacy platforms to advocate on their behalf.

- **Increased costs of product distribution and service delivery have reduced coverage of smaller family planning product and service delivery organizations.** Product sales and distribution costs of family planning products have increased, mainly due to increased costs of transport for goods and personnel. These costs have forced product marketing organizations with lower case reserve or limited product portfolios to limit their geographical coverage and focus on markets where they have the most sales. Further, these marketers have reduced the credit terms they offer to their redistribution stockists and retail outlets. This is likely to amplify the impact of distribution challenges on availability of mid- and lower-priced family planning products, and the availability of these products in mid- and small towns with populations below 500,000. Service delivery NGOs and private health care providers, faced with increased costs of operations ranging from higher transportation to personal protective equipment for staff, COVID-19 testing, and increased sanitation requirements, have reduced or are likely to reduce service provision of family planning services, particularly of interval IUDs and sterilizations.
- Digital health platforms appear to have mitigated challenges due to movement restrictions, and offer a potential for increasing clients' access to products as well as improving organizational efficiencies. Some organizations with greater business strength have initiated or accelerated use of e-commerce channels to maintain and improve clients' access to their products during movement restrictions by bundling family planning commodities with other products and by focusing on sales of larger packs through these channels. These organizations report early successes in these efforts. Some organizations have also placed an increased emphasis on digital platforms for ordering from retail outlets and for detailing

their products to health care providers as a means to ensure continuity of product supplies without in-person visits, thereby minimizing disruptions and increasing operational efficiencies.

- **Limited access and alternatives to the public sector.** India's public health sector is the main provider for a number of family planning methods, including sterilization (the most widely used method), IUDs, and injectables. For several reasons, including social-distancing requirements, commodity supply challenges, and changes in facility operations as part of lockdowns, service availability for these methods in the public sector has declined since March 2020. Women who would prefer to use these methods, though, have limited alternatives. NGOs have limited capabilities to deliver these services, and there is little overlap between clients whom the public sector traditionally serves and those whom the private sector tends to serve, limiting the private sectors' ability to quickly fill gaps left by the public sector's reduced offerings.
- **Changes in client behavior.** COVID-19 changed behaviors among women who are using or planned to use family planning, as manifested in anecdotal evidence of changes in demand. Stakeholders cited several factors that emerged during the pandemic to change women's demand for specific methods or sources of family planning. Limitations on movement have reduced opportunities for non-cohabiting couples to meet up, and thus have reduced the need for the condoms that these couples typically use. Fear of contracting COVID-19 at a health facility has depressed health care-seeking behavior in general, and family planning is no exception. Finally, decreased disposable income derived from COVID-19's impact on the economy is believed to have made lower-cost options—i.e., cheaper short-acting methods or subsidized public services—more attractive to women and their partners. Additional research is needed to more fully untangle and measure changes related to desired fertility, intentions to get pregnant, and other preferences that shape demand for family planning and reproductive health services.

RECOMMENDATIONS

The Government of India, its private sector partners, and donor counterparts can take steps to mitigate the factors that are currently driving reduced use of family planning and support continued access to maternal health products. These steps fall into different categories based on the degree to which they focus on policy versus programmatic interventions, and whether they seek to support the markets for these products to continue at pre-COVID-19 levels or to further expand.

Strategies to Minimize Disruption Due to Current or Future Pandemics

- Ministry of Health and Family Welfare should clarify that condoms and IUDs, along with all family planning products, as essential commodities in line with other pharmaceutical products to remove any ambiguity about the

ability of manufacturers and marketers to continue operation in case of future shutdowns

- The National Health Mission should provide clear guidance and additional funding to district authorities to increase the number of “fixed day sites” for sterilization while maintaining social distancing requirements to serve the pent-up demand for these services in the public sector
- Support organizations like the revived India Condom Alliance to explicitly advocate to overcome market constraints faced by social and commercial marketing organizations at the state and national levels to improve and increase participation in policymaking decisions and ensure that future guidance anticipates and addresses potential barriers



- Address financing challenges throughout the supply chain through tailored loan products and risk guarantees to help smaller actors sustain their business operations
- Increase reimbursement rates for service delivery NGOs and private health care providers under the National Health Mission for providing free sterilization and IUD services, to cover increased costs of these services and thereby increase market incentives to increase service availability

Strategies to Support Improved Sales and Marketing during the Pandemic

- Explore the feasibility of pooling distribution and logistics resources among social marketing organizations to create greater efficiencies of scale and overcome reduction in these organizations' geographical coverage due to COVID-19 impacts
- Catalyze e-commerce in mid-priced contraceptives to get around access gaps at the retail level by introducing larger pack size and product bundling

- Test e-detailing and tele-order booking among social marketing organizations to increase efficiency of operations and ensure continuity of operations when there are movement restrictions.

Strategies to Address Longer-Term Challenges Highlighted By the Pandemic

- As the profile of sterilization and injectable users are similar, scale up injectable provision through telemedicine-enabled pharmacies in the private sector in small towns and large rural areas to provide alternative options for clients who are unable to, wary of, or do not want to adopt sterilizations
- Support private sector expansion of the market and use of oral pills in small towns and rural areas in the same way that the National AIDS Control Organization supported condom distribution in these areas

Methodology

The findings and recommendations in this policy brief derive from an assessment funded by the David and Lucille Packard Foundation and implemented by Abt Associates. To complete the assessment, the authors completed a desk-based literature review and secondary analysis of HMIS, PM-JAY, IQVIA, NFHS, and social marketing data. The team also completed 25 stakeholder interviews with five contract manufacturers (i.e., manufacturers that do not also market or distribute a product), seven social marketing organizers and commercial product markets, three service delivery NGOs, four implementing partners that support the public sector's family planning programs, and three digital health organizations to understand challenges faced along the value chain and inform modeling assumptions. The team also used the MICRO tool developed by Avenir Health for the Reproductive Health Supplies Coalition to estimate the impact of the changes surfaced through these interviews on product use. All findings and recommendations were vetted with an advisory group of experts representing the public, private, and donor sectors in India.



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