



Family Planning During and After the Ebola Crisis

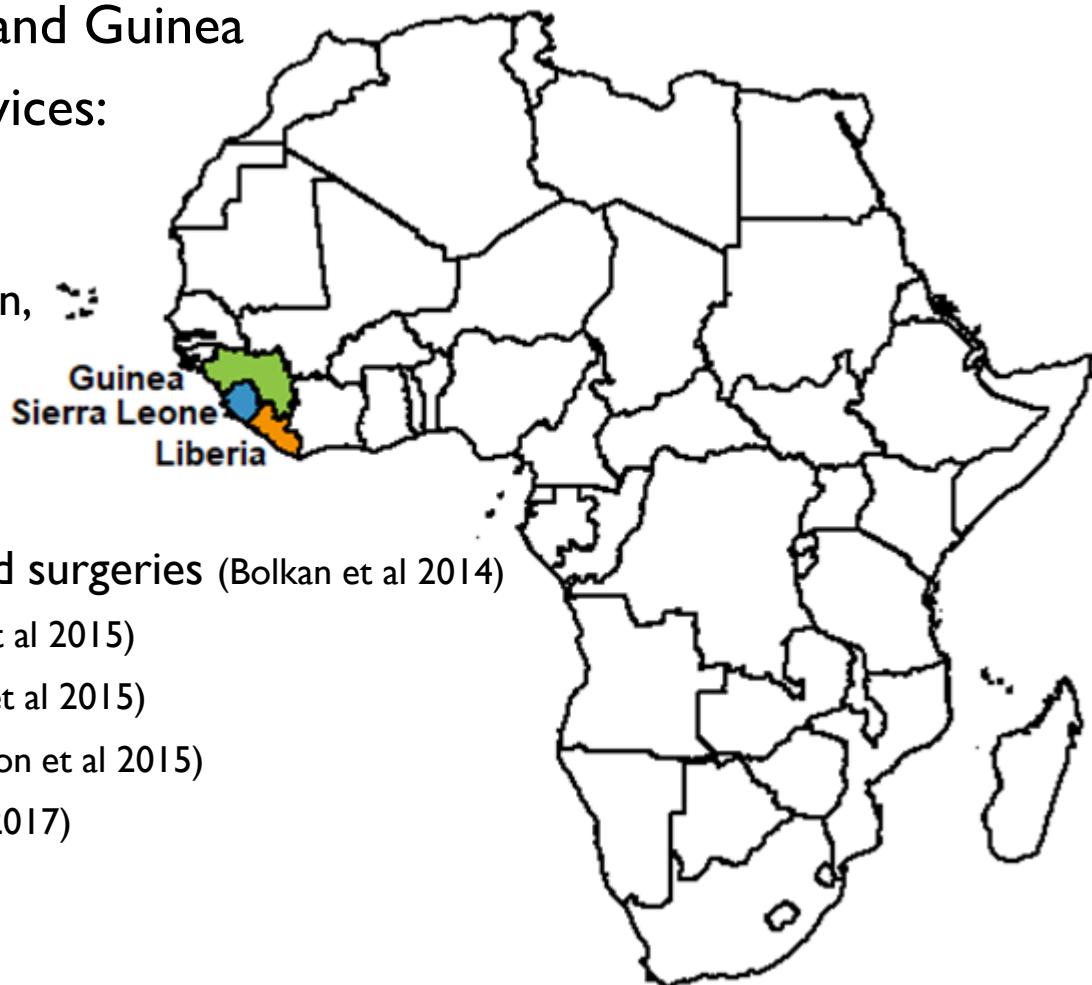
Evidence from Liberia and Sierra Leone



Kristin Bietsch, PhD and Jessica Williamson, MPH

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- The West African Ebola outbreak of 2013-2016 caused over 11,000 deaths and devastated the already fragile health systems of Liberia, Sierra Leone, and Guinea
- Disruption of health services:
 - Staffing shortages
 - Quarantines
 - Interruptions to supply chain,
 - Health facility closures
 - Fear of health facilities
- Impacts on:
 - Inpatient health services and surgeries (Bolkan et al 2014)
 - Malaria treatment (Plucinski et al 2015)
 - Vaccinations (Barden-O'Fallon et al 2015)
 - Obstetric Care (Barden-O'Fallon et al 2015)
 - Family Planning (Camara et al 2017)





Family Planning during the Ebola Crisis

- UN released a Gender Alert in February 2015 noting that reduced access to contraceptives as a result of the Ebola crisis would put women at an increased risk of unintended pregnancy
- Camara et al 2017 looked at one district in Guinea and found a 50% decline in family planning visits during the height of the crisis





Research Questions

Complex emergencies, like the West African Ebola crisis, can devastate a health system long after the immediate crisis ends. Our research sets out to answer two questions:

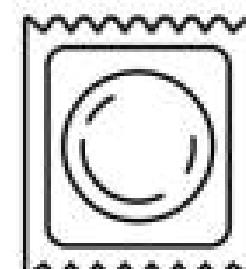
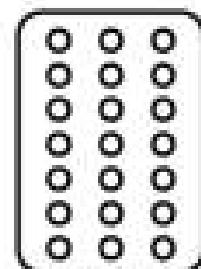
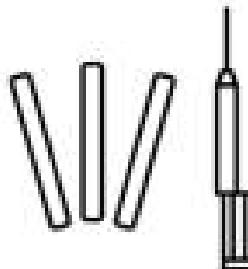
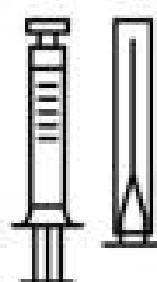
- How much did family planning provision decrease during the Ebola crisis?
 - Did the Ebola crisis have a lasting negative impact on family planning provision?
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Data

- World Health Organization confirmed cases of Ebola
 - District Health Information System 2 (DHIS2)
 - Liberia and Sierra Leone collect electronic, routine data (service statistics) on family planning provision
 - Survey Data
 - Demographic Health Surveys (DHS), Malaria Indicator Surveys (MIS), Multiple Indicator Cluster Surveys (MIICS)
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Data: Contraception



- Injectables, implants, oral contraception, and condoms are over 95% of modern contraceptive use in both countries (excluding LAM)
- To discuss all methods simultaneously, we convert distribution numbers into Couple Years of Protection (CYPs)

Method	CYPs
Injectable	$\frac{1}{4}$
Implant	3
Pills	$\frac{1}{15}$
Condom	$\frac{1}{120}$

Data

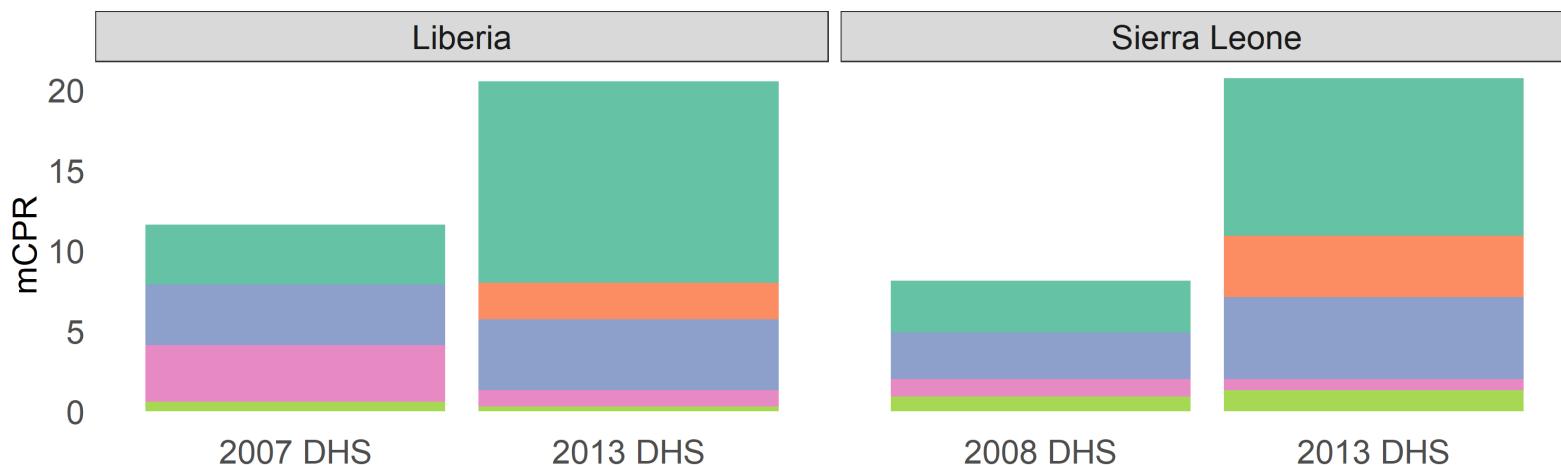
- National and subnational analysis
 - Liberia is divided into 15 counties
 - Sierra Leone is divided into 14 districts
- Timeframe

6 Months Before First Ebola Case	Ebola Crisis	0-5 Months After Last Ebola Case	6-11 Months After Last Ebola Case	12-17 Months After Last Ebola Case	18-23 Months After Last Ebola Case
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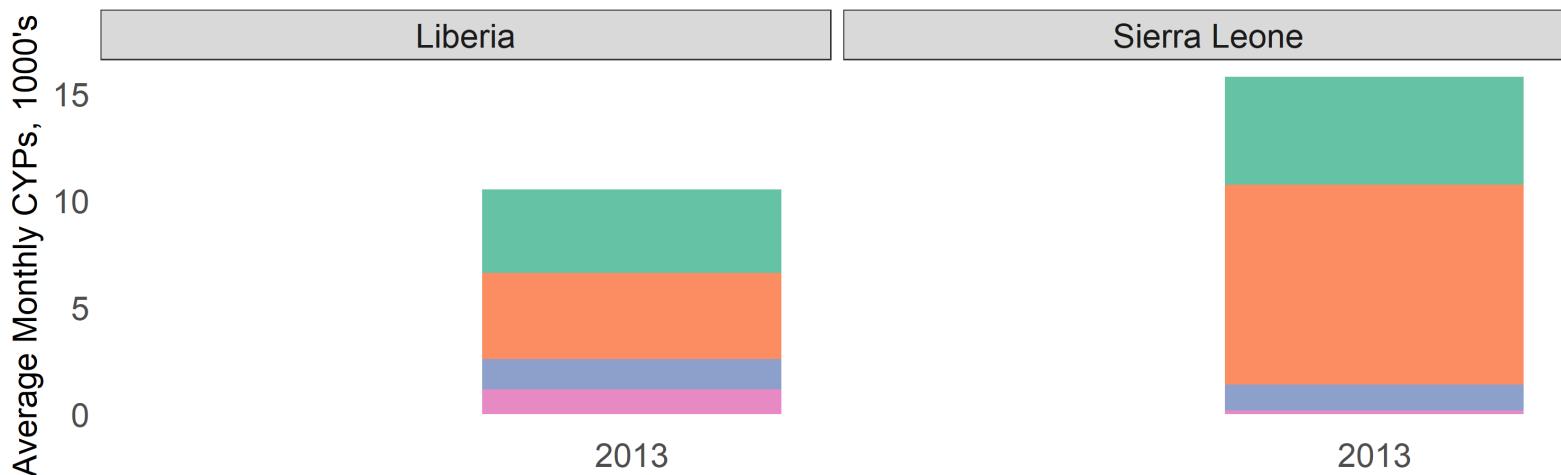
- Average before and after Ebola
- Average and maximum decline during Ebola

Family Planning Before Ebola in Liberia and Sierra Leone

Demographic and Health Surveys

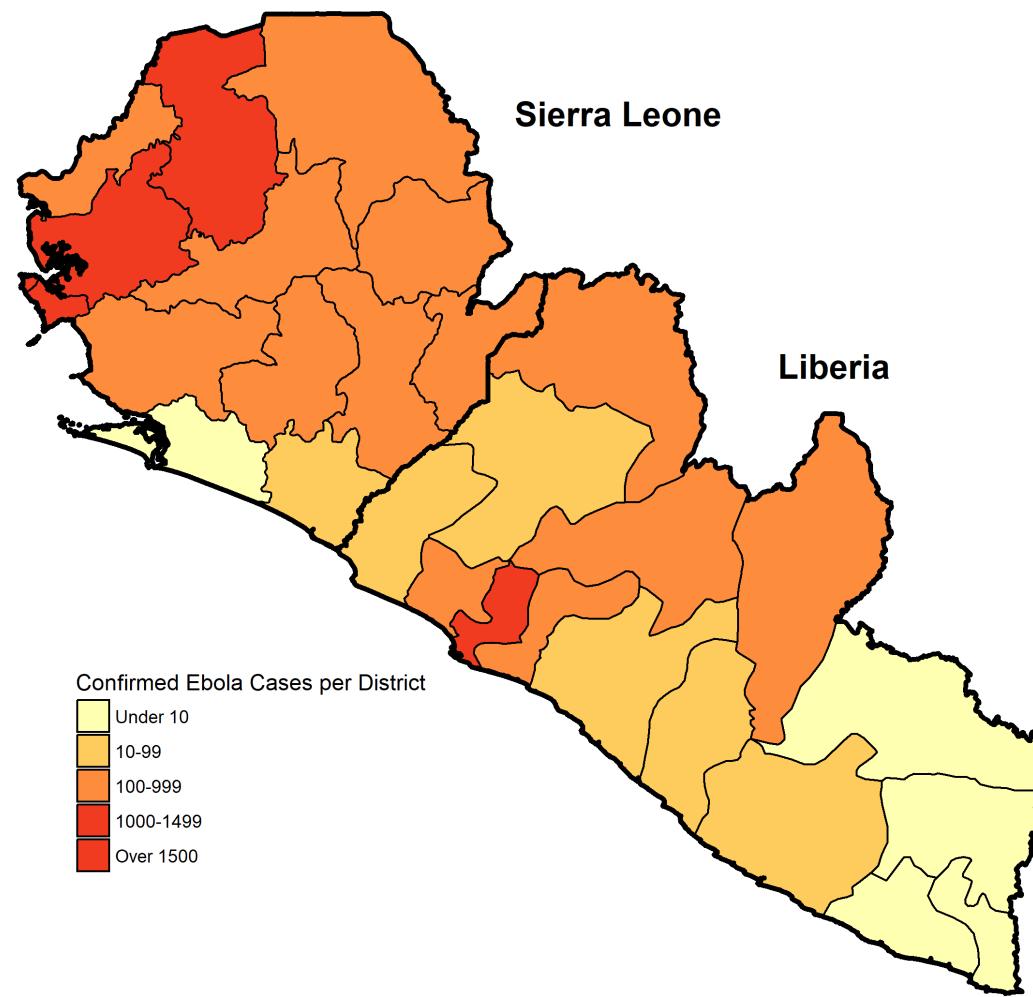


Service Statistics

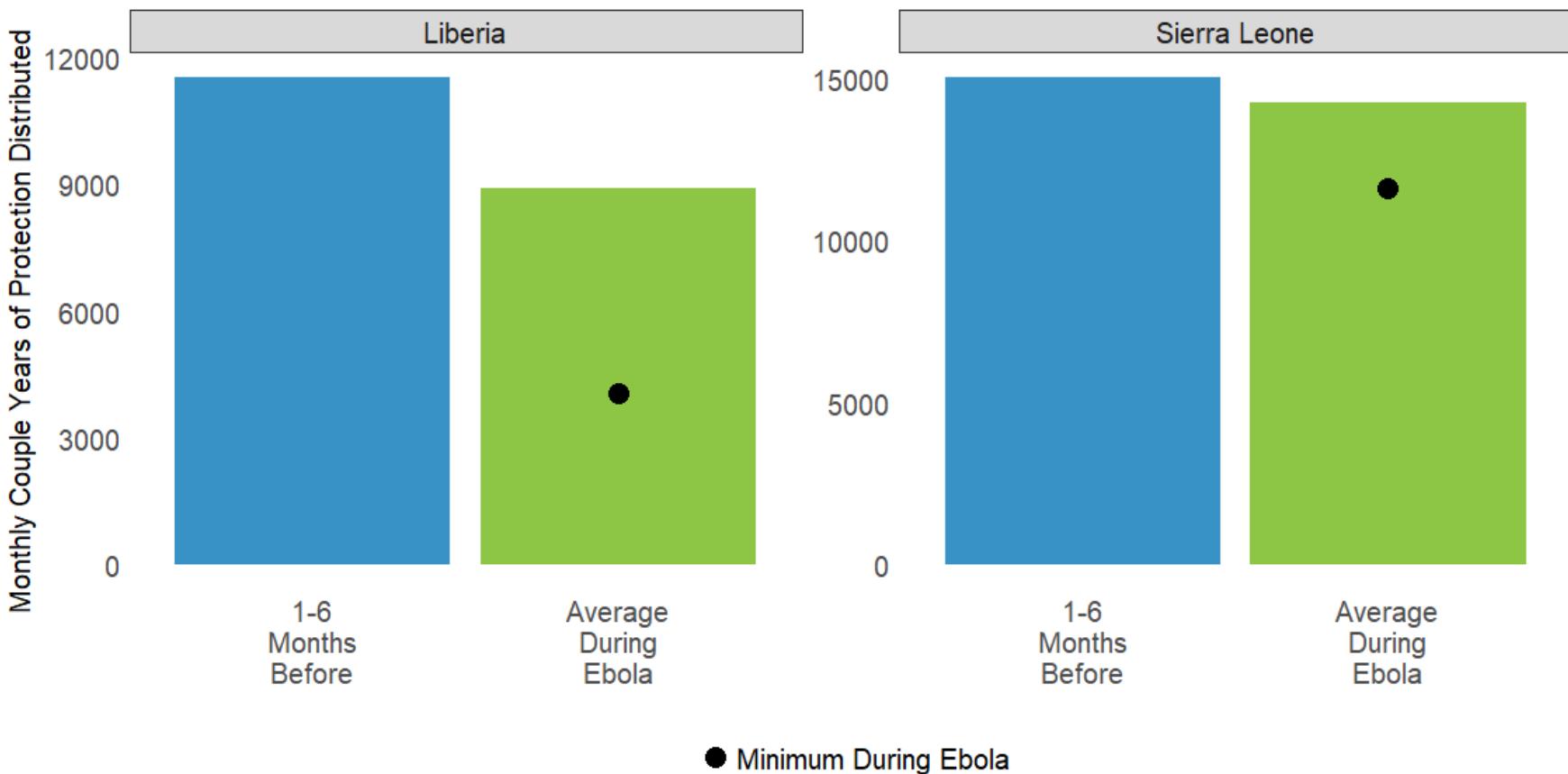


Modern Methods [Legend: Injectables (teal), Implants (orange), Pills (blue), Condoms (pink), Other (light green)]

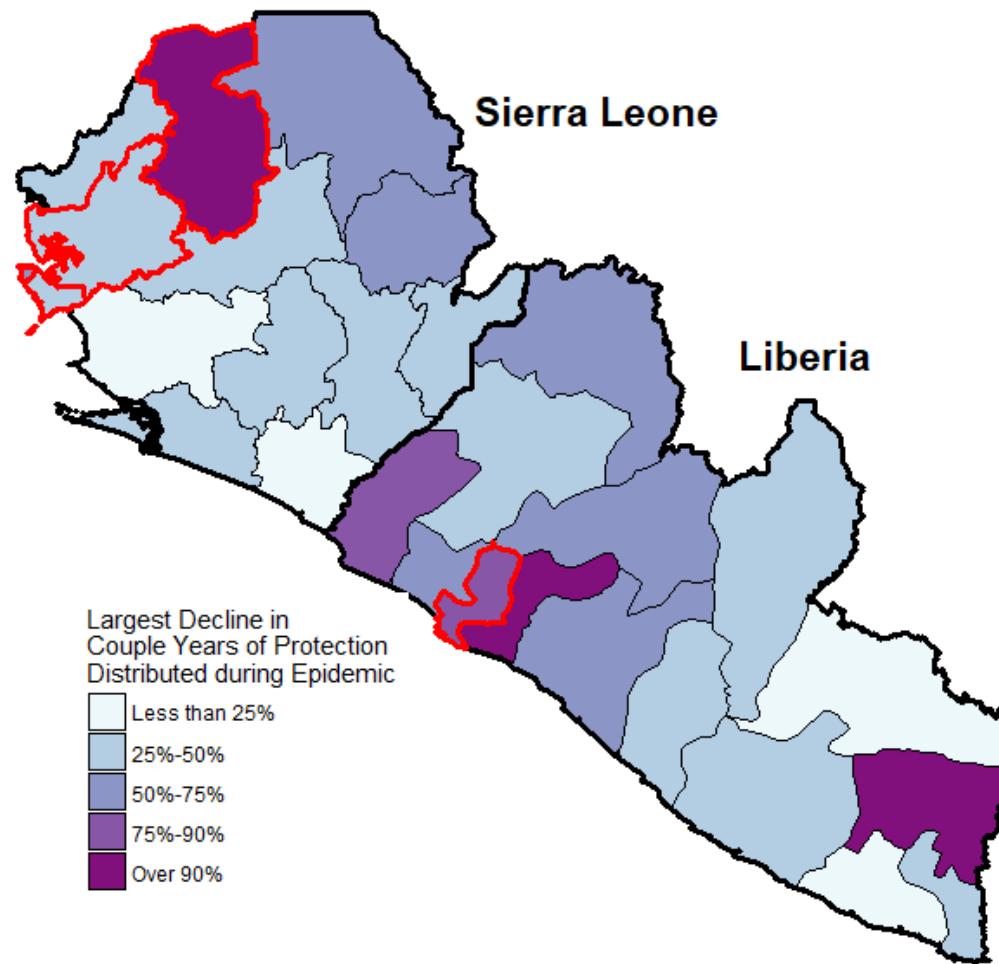
Ebola in Liberia and Sierra Leone



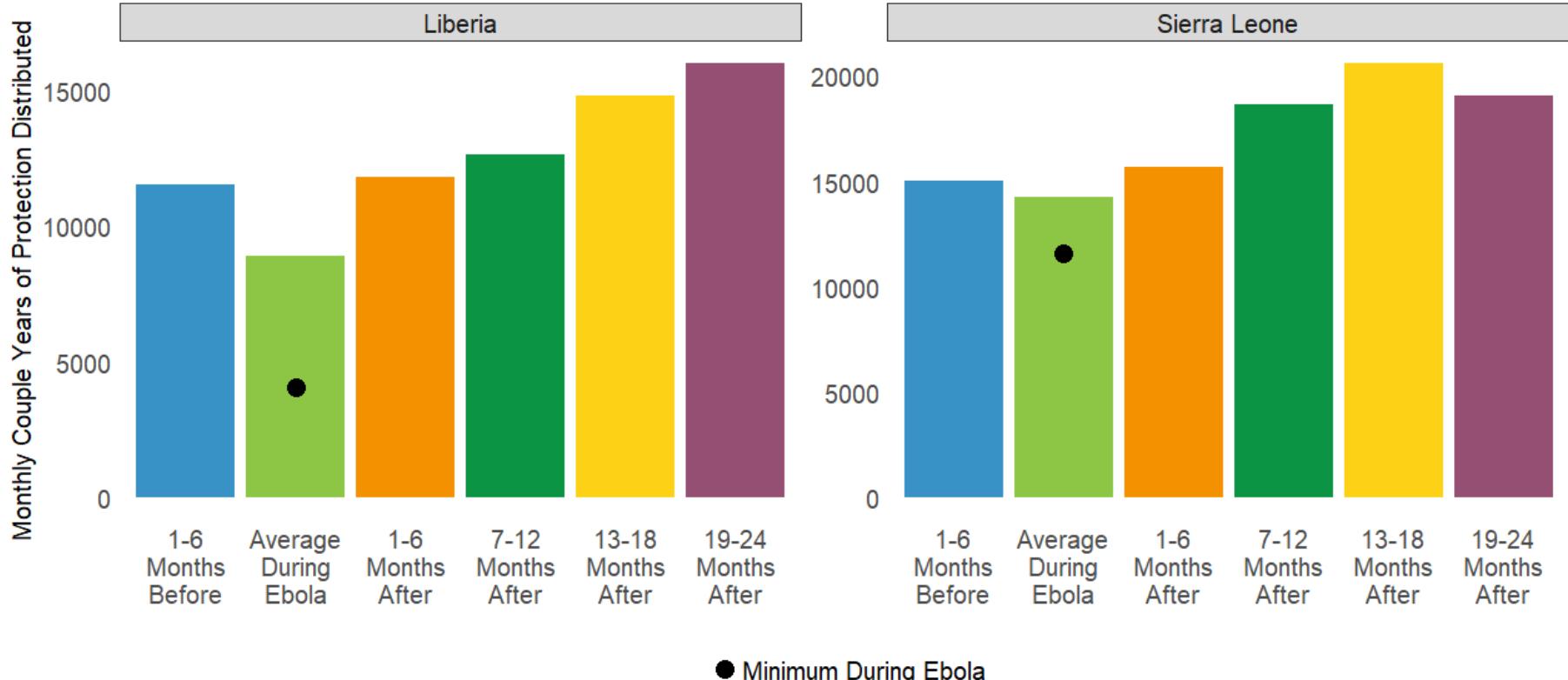
Family Planning during Ebola



Family Planning during Ebola: Subnational Variation

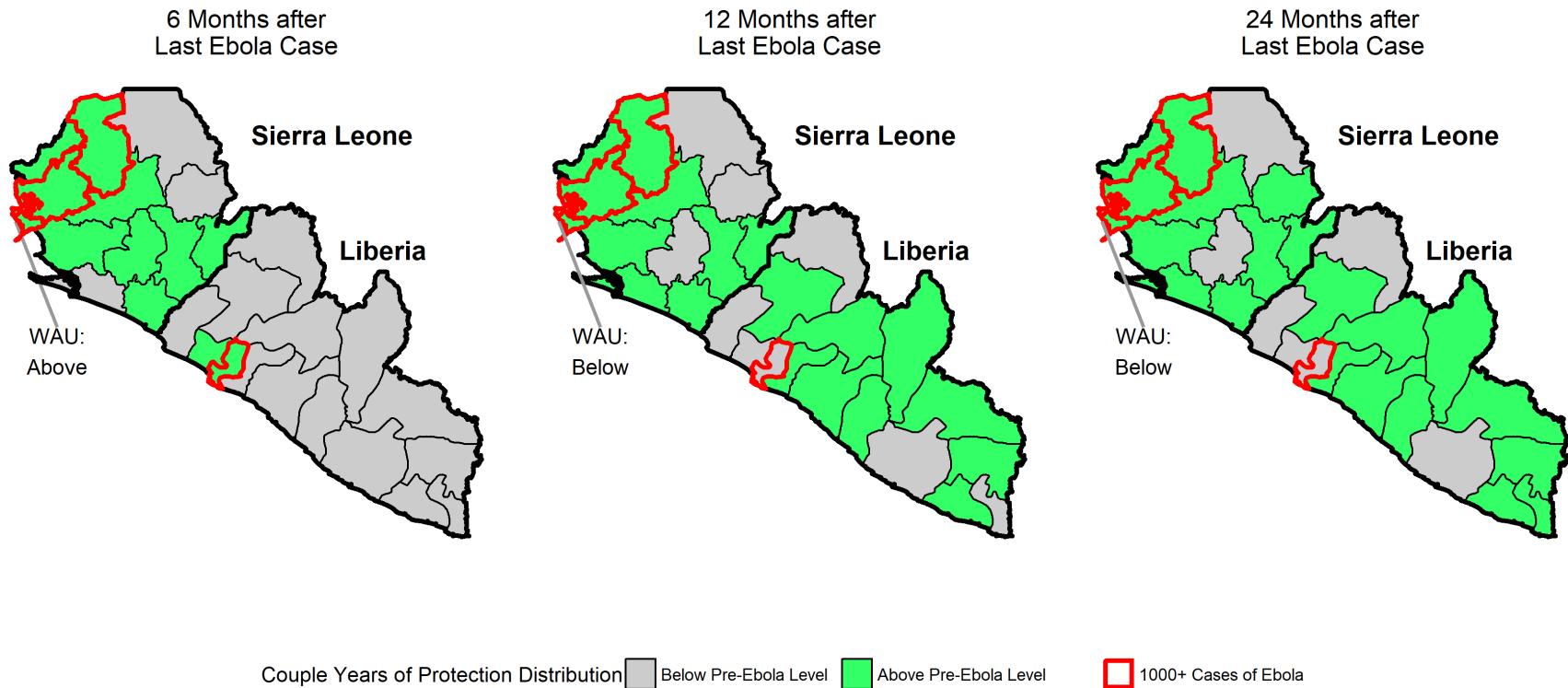


Family Planning after Ebola



Family Planning after Ebola: Subnational

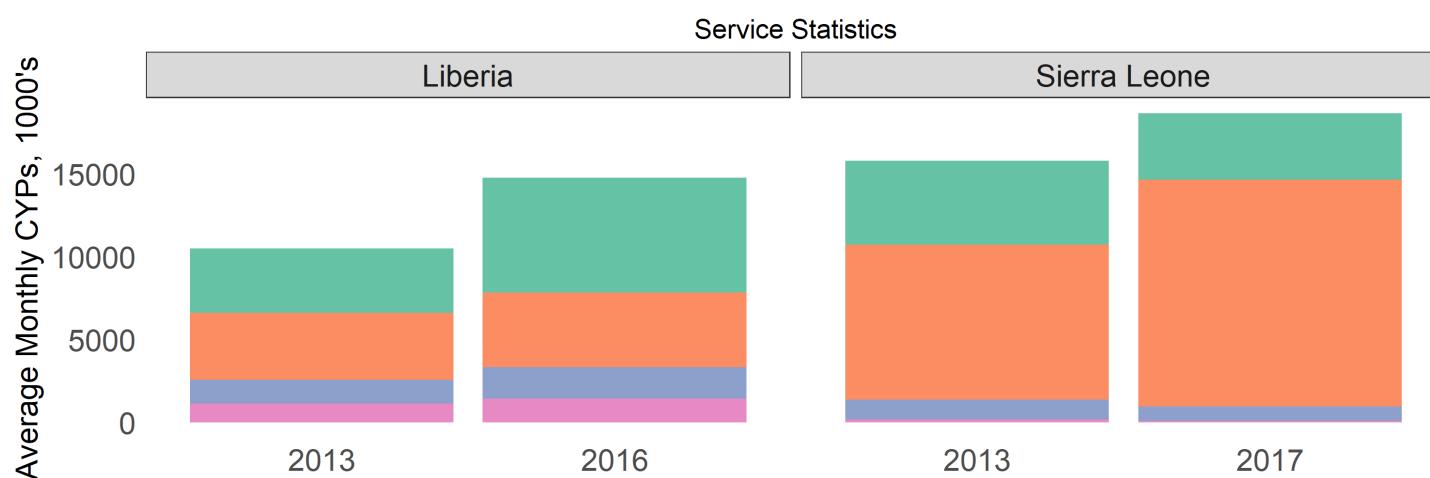
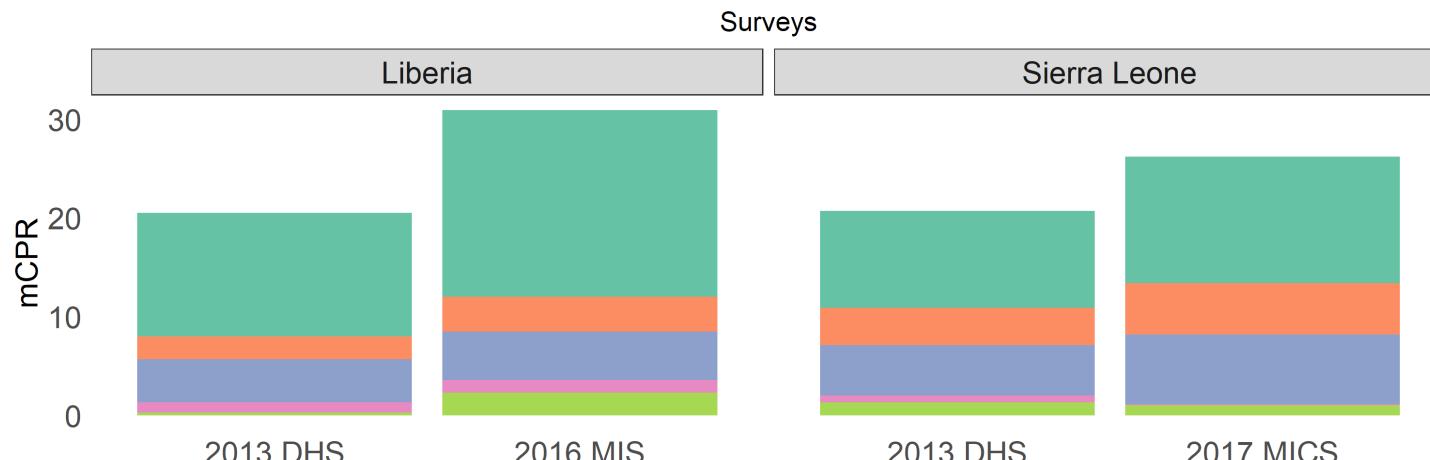
Post Ebola: Contraceptive Distribution Recovery in Liberia and Sierra Leone



Family Planning after Ebola: Subnational

- In at least one month, 28 out of 29 regions has higher level CYP distribution than before Ebola
- 14 regions saw higher CYP distribution the first month after Ebola ended than before Ebola
 - 24 out of 28 within the first 6 months
- However, 20 out of 28 regions saw decline after recovery to lower than pre-Ebola levels

Family Planning After Ebola: Survey Results



Modern Methods Injectables Implants Pills Condoms Other



Discussion

- Liberia experienced a greater decline in family planning use during the Ebola crisis compared to Sierra Leone
 - Dramatic declines in service provision in areas with relatively fewer cases of Ebola may illustrate the power of this fear and stigma in reducing utilization of health care services
 - Rapid return of family planning services is encouraging, and illustrates that the health sector can recover and continue to improve following a significant disruption
 - Liberia has continued rapid expansion of contraceptive distribution at a higher rate than Sierra Leone
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Post Ebola Health Financing

- Sierra Leone and Liberia began in similar positions before the epidemic, both having made significant strides in maternal and child health post-conflict
- Liberia has received \$73 million MCH/FP funding and \$58.5 million for basic healthcare from USAID
 - Sierra Leone received \$25.5 million for MCH/FP and \$8.4 for basic health care
- Liberia was one of the Global Financing Facility's (GFF) 2nd wave quick starter countries, receiving \$16 million through a GFF grant to catalyze investments in the health and nutrition of women, adolescents and girls
 - Sierra Leone was announced as a third wave country in 2017





Conclusion

- Liberia's family planning sector disproportionately suffered during the Ebola crisis
 - Two years since it has made great strides towards restoring and growing contraceptive services.
- Sierra Leone had a greater number of Ebola cases, its family planning distribution did not decline as dramatically as Liberia's.
 - However, based on service statistics and survey data, Sierra Leone has not seen as large of growth in contraceptive commodity distribution as Liberia in the recovery period.

