



Family Planning During and After the Ebola Crisis

Evidence from Liberia and Sierra Leone




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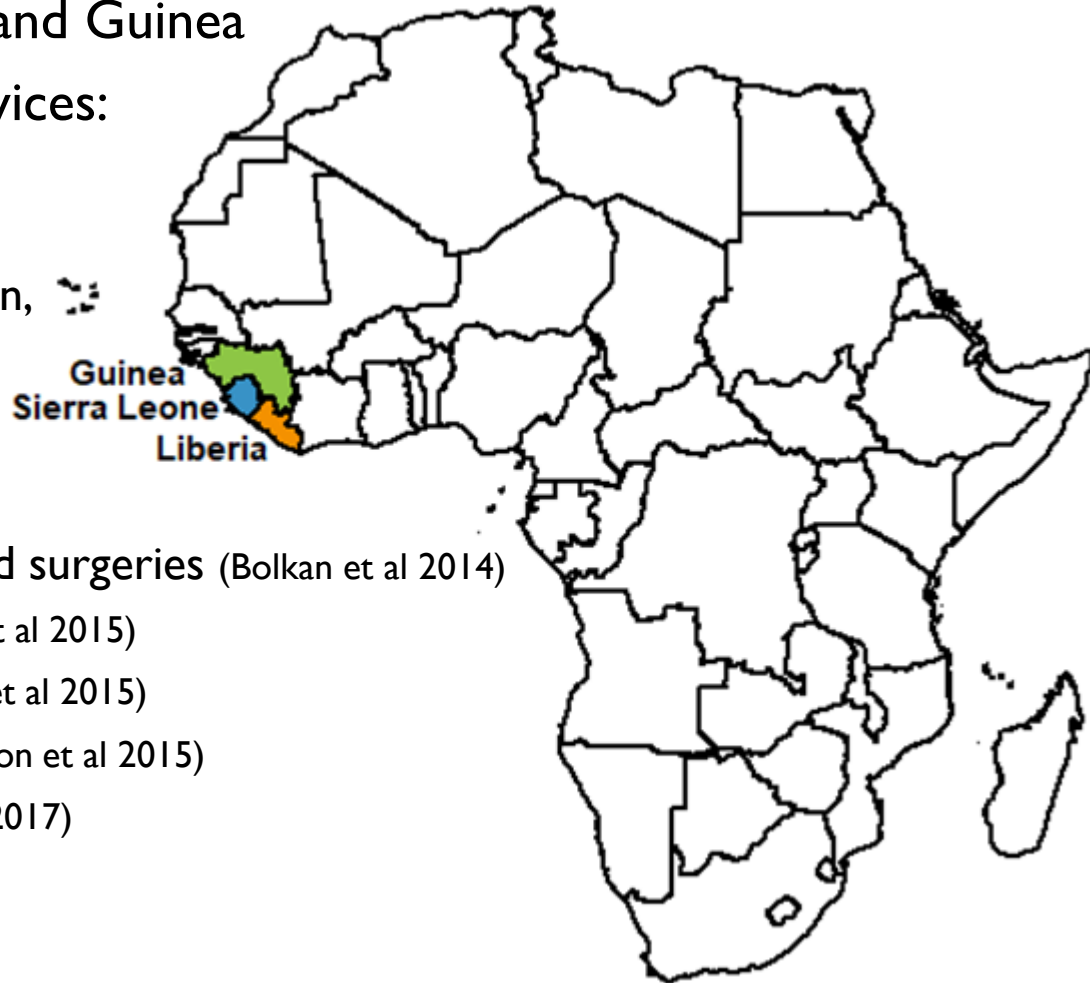
- The West African Ebola outbreak of 2013-2016 caused over 11,000 deaths and devastated the already fragile health systems of Liberia, Sierra Leone, and Guinea

- 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

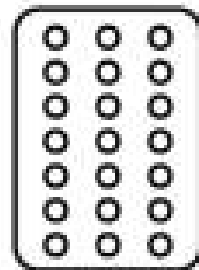
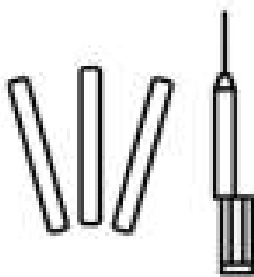
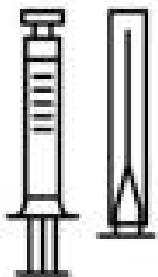
Complex emergencies, like the West African Ebola crisis, can devastate a health system long after the immediate crisis ends. Our research sets out to answer two questions:

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

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 (MICS)

Data: Contraception

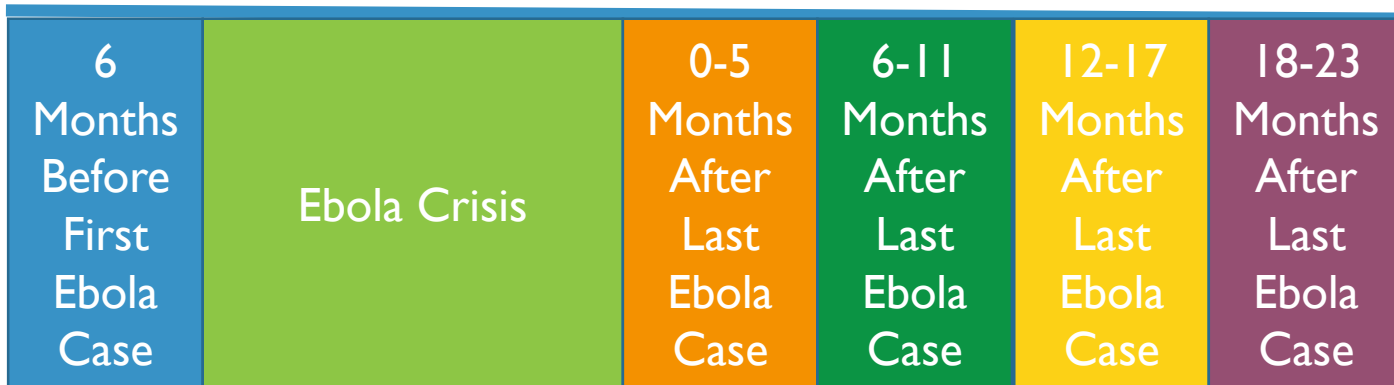


- Injectables, implants, oral contraception, and condoms are over 95% of modern contraceptive use in both countries (excluding LAM)
- To discuss all methods simultaneously, we convert distribution numbers into Couple Years of Protection (CYPs)

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

Data

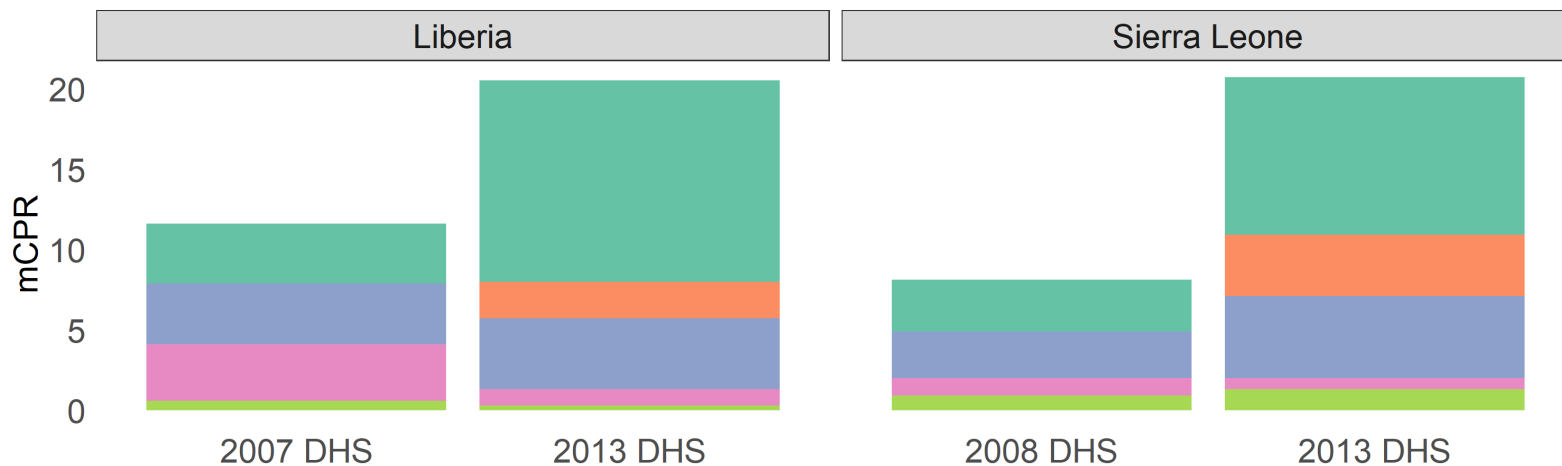
- National and subnational analysis
 - Liberia is divided into 15 counties
 - Sierra Leone is divided into 14 districts
- Timeframe



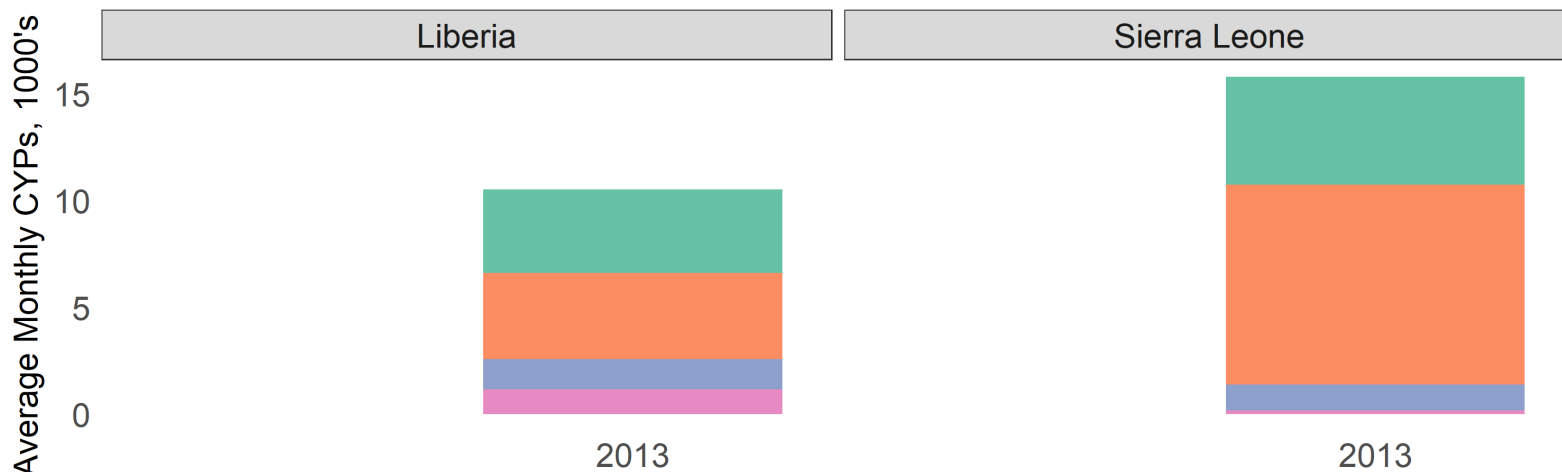
- Average before and after Ebola
- Average and maximum decline during Ebola

Family Planning Before Ebola in Liberia and Sierra Leone

Demographic and Health Surveys

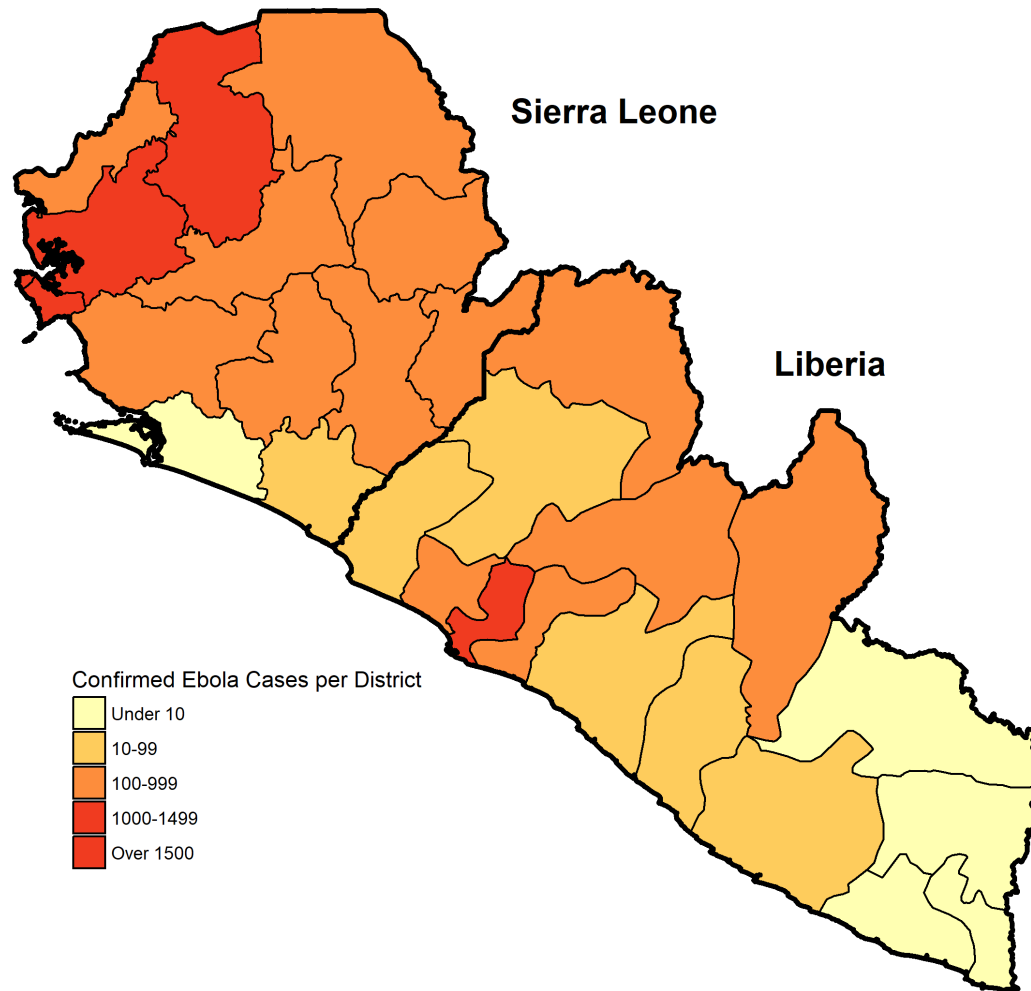


Service Statistics

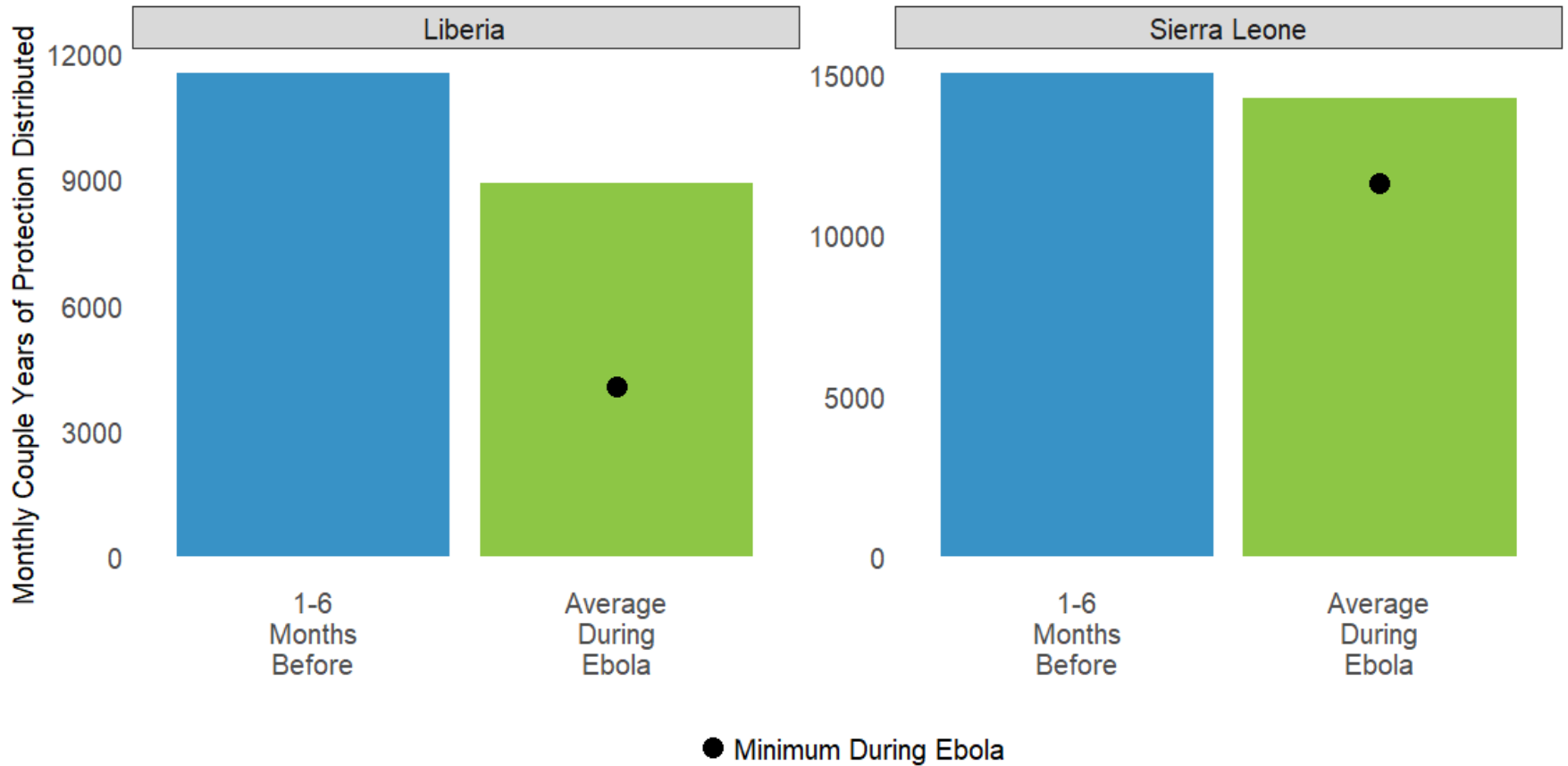


Modern Methods Injectables Implants Pills Condoms Other

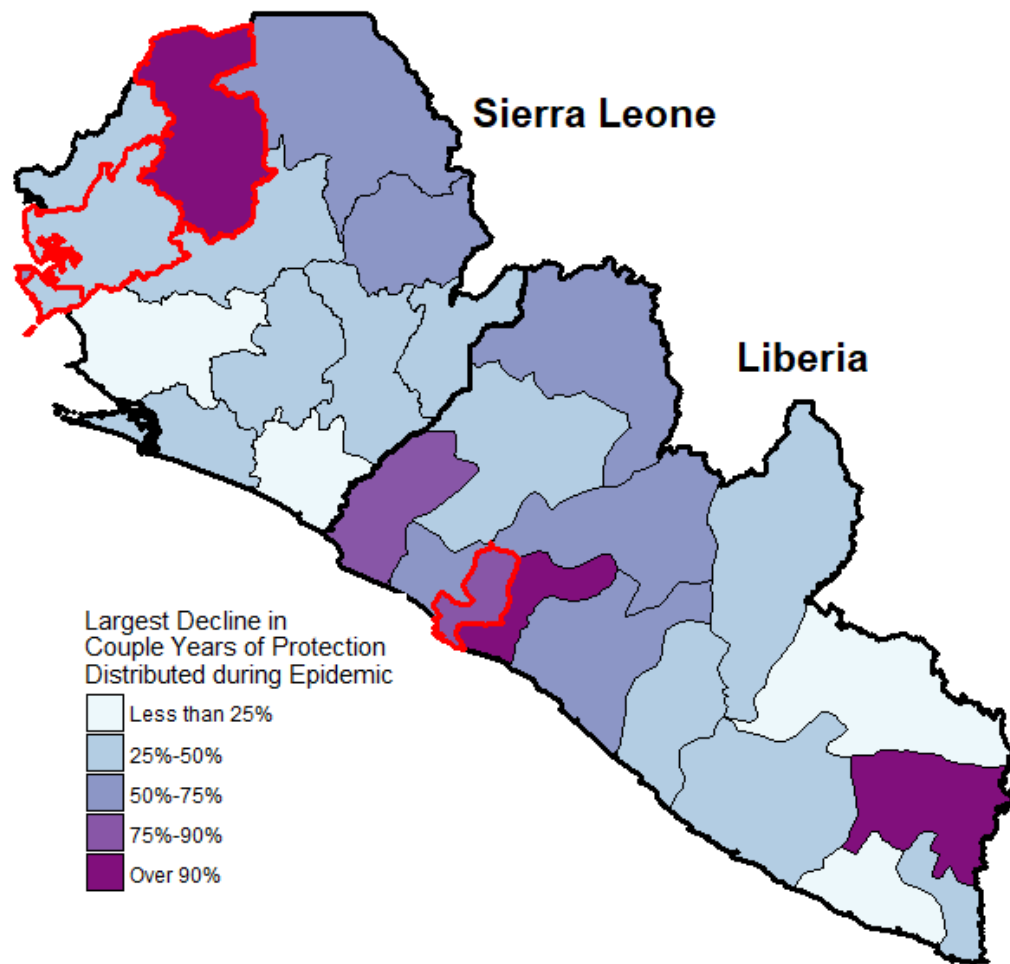
Ebola in Liberia and Sierra Leone



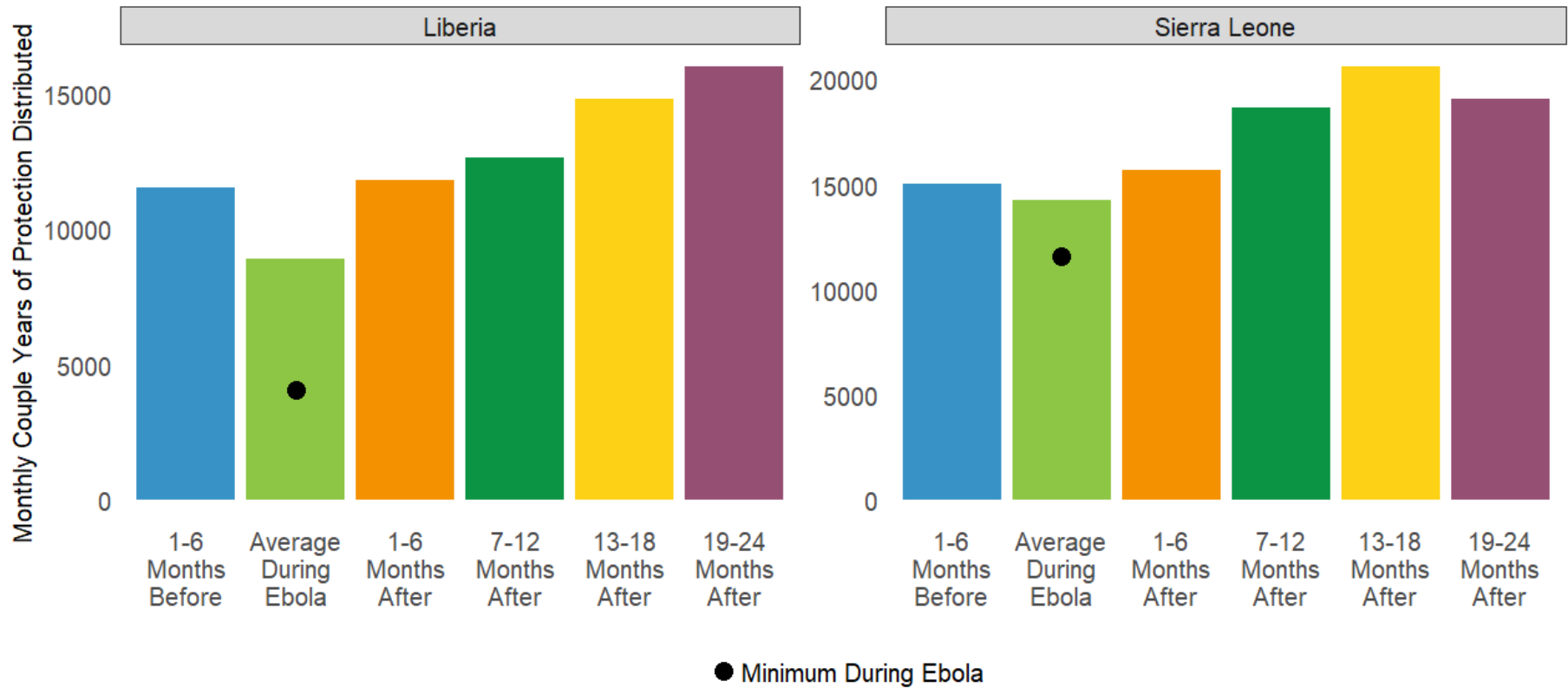
Family Planning during Ebola



Family Planning during Ebola: Subnational Variation

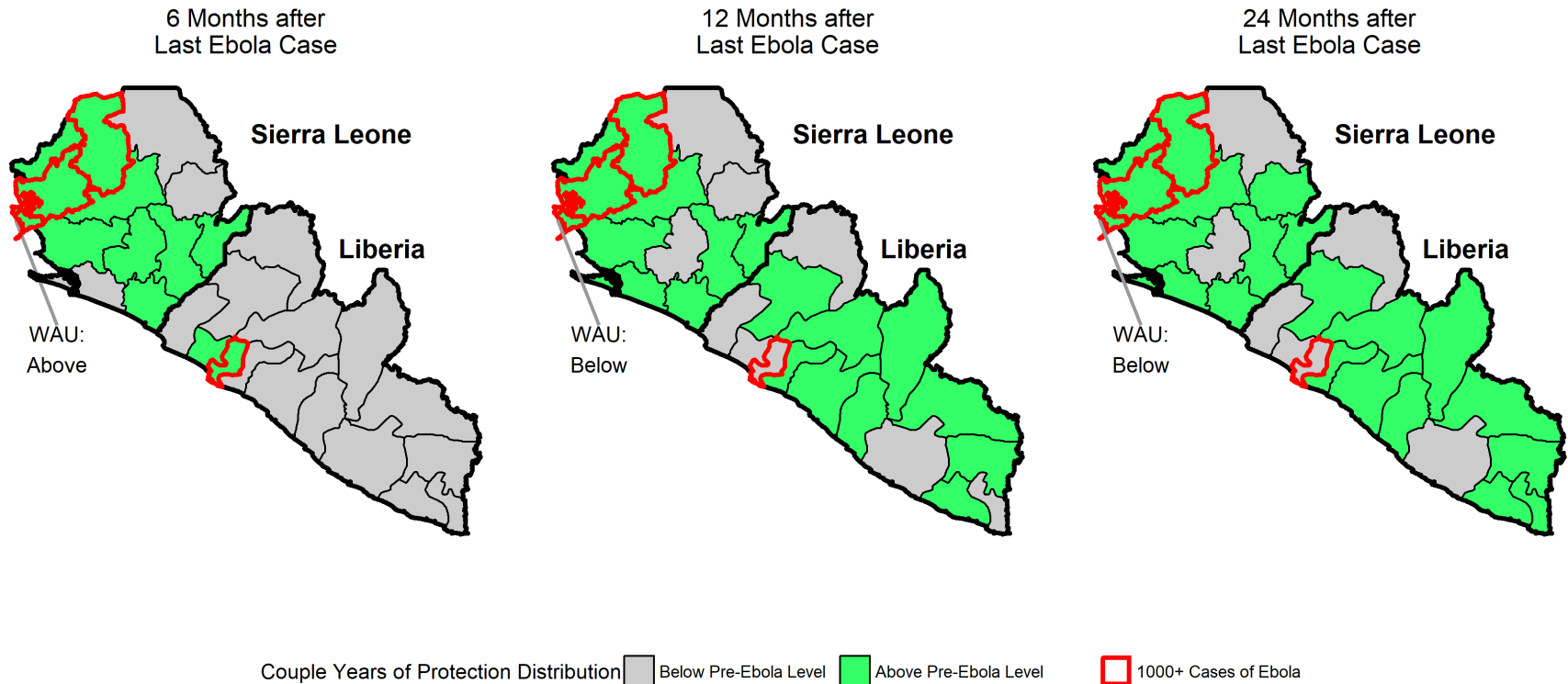


Family Planning after Ebola



Family Planning after Ebola: Subnational

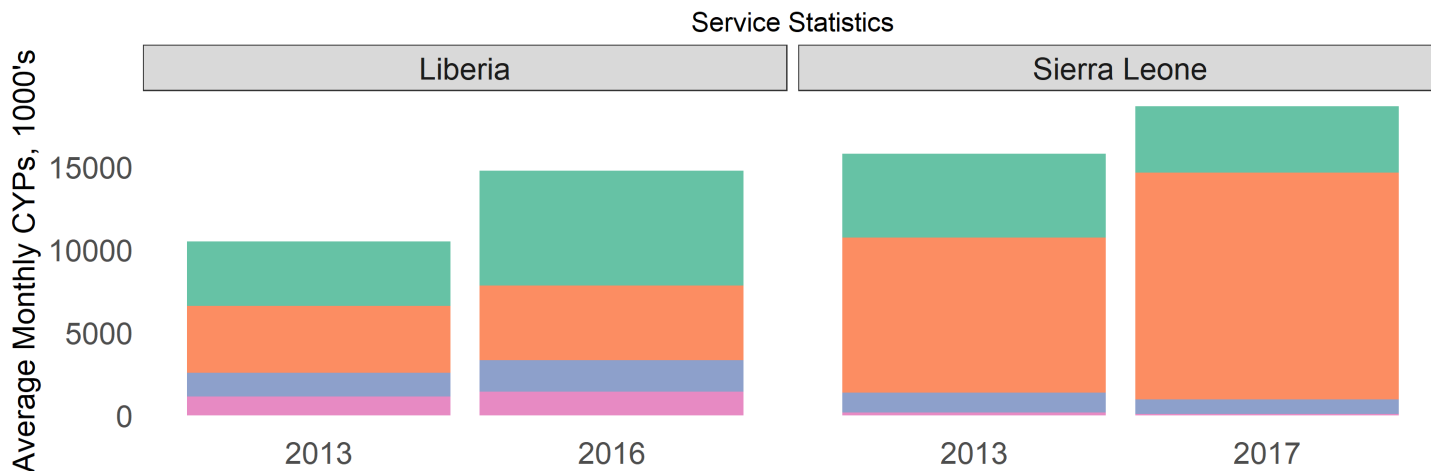
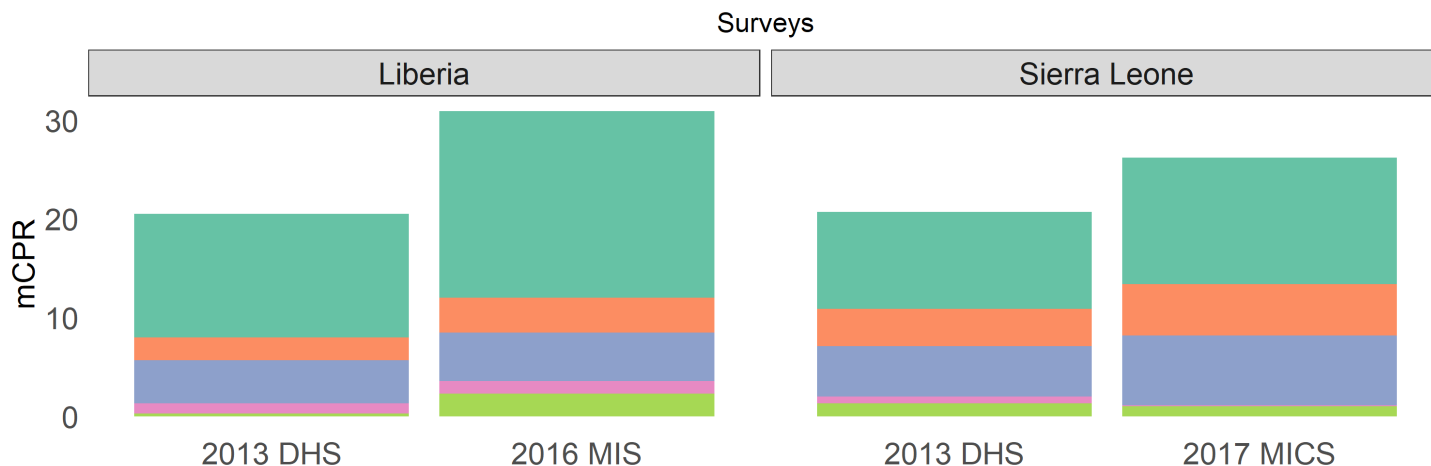
Post Ebola: Contraceptive Distribution Recovery in Liberia and Sierra Leone



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

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.