Global Evidence on COVID-19 and Family Planning:

Evidence Synthesis Two Years into the Pandemic

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

This review synthesizes the evidence on family planning amid COVID-19, including access to, demand for, and use of contraception and abortion, more than two years after the onset of the pandemic. A systematic search of the peer-reviewed and grey literature revealed consistencies in the experience of family planning services and users amid COVID-19 across high-, middle-, and low-income geographies, while also shedding light on unique challenges faced by health systems and populations in these diverse contexts. In this report, we outline key findings by geography (high- vs. low- and middle-income countries) and family planning outcome (contraception vs. abortion) to reflect on and learn from COVID-19's impact on essential reproductive health services.

Measures to mitigate the pandemic's impact on family planning presented challenges for health systems and individuals seeking contraception worldwide. Evidence generated across a diversity of geographies demonstrated the ways in which emergency circumstances gave rise to innovations, like telehealth services and community-based distribution of family planning, to provide continuity of reproductive health care. Additionally, existing data platforms, such as health management information systems, insurance claims, and method procurement data, coupled with the implementation of phone-based surveys, particularly those with pre-pandemic cohorts, proved instrumental in providing rapid insights into the pandemic's impact on sexual and reproductive health services and needs.

Continued investment and support in robust and agile data collection systems will be key for monitoring and mitigating future adverse impacts of health emergencies on sexual and reproductive health. These adaptations to family planning services underscored the value of supporting the development of resilient health systems and agile data sources, which can provide a robust foundation for addressing emerging reproductive health needs.

Despite a high degree of resilience within health systems amid COVID-19, evidence indicates that pandemic conditions exacerbated pre-existing social inequities in access to and use of family planning services. Evidence outlined in this review illustrates the heightened vulnerability of adolescents and individuals from low-income households during the pandemic. Findings from diverse geographies underscore the need for continuing to prioritize equitable access to family planning services, even in the midst of challenging health environments, to support individuals in achieving their reproductive goals.

INTRODUCTION

The onset of the COVID-19 pandemic in March 2020 triggered an unprecedented focus of the global health field on a single threat. Public health efforts shifted urgently towards measures to prevent viral transmission of SARS-Cov-2, while other issues affecting population health and well-being, including sexual and reproductive health (SRH), were deprioritized by many public health policy makers and providers (Govender et al., 2020). Researchers, advocates, and experts in the fields of SRH and family planning raised alarms about the urgent need to incorporate SRH into the global COVID-19 response. Many expressed fears about the potentially devastating effects that the pandemic, and associated mitigation strategies, could have on family planning and reproductive health (Senderowicz & Higgins, 2020). Commentators called particular attention to the lessons of the Ebola epidemic, during which a shift in public health priorities led to substantial increases in unmet need for contraception, unintended pregnancies, and maternal deaths (Govender et al., 2020; Larki, et al., 2021).

With these historical policy and public health challenges in mind, experts identified a number of mechanisms through which COVID-19 could disrupt individuals' access to, use of, and demand for contraception and abortion services. Some posited that the pandemic could result in detrimental impacts across the socioecological system, affecting many areas, including global health financing, supply chain systems, service delivery, and individuals. Researchers highlighted the potential for reduced care-seeking motivated by fears of contracting COVID-19, the suspension of family planning support if services were classified as nonessential, restrictions on movement disrupting travel to health care facilities, global supply chain disruptions, shifts in donor priorities for health programming, and economic contraction threatening women's ability to afford reproductive health care.

A global provider estimated service disruptions they experienced in 2020 could result in an additional

1.3 M
unintended pregnancies

1.2 M
unsafe abortions

5,000
pregnancy-related deaths

(Church et al., 2020)

Estimates from early in the pandemic projected

10% **decline in women receiving modern contraception methods could result in**

49 M **more women with unmet need for modern contraception**

15 M **more unintended pregnancies throughout low- and middle-income countries (LMICs) in just one year.**

(Riley et al., 2020)

Early in the pandemic, a team of researchers from the Guttmacher Institute used modeling approaches, grounded in the most recently available national data from Demographic and Health Surveys and Multiple Indicator Cluster Surveys, to predict the potential impacts of the COVID-19 pandemic on a range of SRH outcomes, including contraceptive use, unsafe abortion, and maternal death (Riley et al., 2020). They found that even a conservative 10% decline in women receiving modern contraception methods could result in 49 million more women with unmet need for modern contraception and 15 million more unintended pregnancies throughout low- and middle-income countries (LMICs) in just one year. Similarly, with a 10% decline in the proportion of women who could not access safe abortion care, they estimated an additional 3.3 million unsafe abortions would occur, resulting in 1,000 more maternal deaths. Another estimate from Marie Stopes International, a global family planning organization that primarily services LMICs, predicted that the service disruptions they experienced in 2020 could result in an additional 1.3 million unintended pregnancies, 1.2 million unsafe abortions, and 5,000 pregnancy-related deaths (Church et al., 2020). A third analysis from researchers at the United Nations calculated an expected drop of six percentage points in the global proportion of women of reproductive age who would have their family planning needs met with modern contraception, translating into 60 million fewer users of modern contraceptive methods worldwide (Dasgupta et al., 2020). A recent systematic review examining the indirect impacts of respiratory epidemics, including COVID-19, on SRH identified 24 studies published before May 2021 indicating declines in the utilization of abortion and contraceptive services and exacerbation of pre-existing inequities in adverse SRH outcomes and access to SRH services (Mukherjee et al., 2021). The exacerbation of inequality in SRH care as a result of COVID-19 was also highlighted by other researchers in the family planning field (Diamond-Smith et al., 2021; Lindberg at al., 2020).

More than two years into the pandemic, as COVID-19 continues to affect the lives and well-being of people across the globe, many family planning experts continue to advocate for these evidence-based practices. Public health policies and pandemic trajectories have shifted, but concerns of COVID-19's lasting harm to family planning services remain. In this rapidly changing landscape, the SRH field lacks a comprehensive understanding of COVID-19's global impact on family planning. A systematic evaluation of evidence generated to date remains critical to improving the delivery of family planning services during this—and potentially future—public health emergencies.

Leaders in the SRH field sought to mitigate COVID-19's potential adverse impact on decades of progress towards ensuring equitable access to voluntary, rights-based family planning services. Alongside COVID-19 mitigation strategies, experts advocated for enhancing service environments through strategies that enabled timely and high-quality contraceptive and abortion care, including by:

- Grounding COVID-19 mitigation policies in a human rights framework (Cabello & Gaitán, 2021)
- Expanding support for self-managed contraception and abortion care (Tolu et al., 2021; Haddad et al., 2021)
- Implementing telehealth models for family planning services to reduce face-to-face contact whenever possible (Oyediran et al., 2020)
- Providing a multi-month supply of contraception for patients who prefer short-acting methods (Krishna, 2021)
- Conducting rigorous research that investigates the potential effects of the COVID-19 pandemic on family planning to inform future policies (Tang et al., 2020)

OBJECTIVES

This systematic scoping review aims to synthesize evidence about how access to, demand for, and use of family planning, including contraception and abortion care, have been affected in the first two years of the COVID-19 pandemic.

METHODS

Researchers from the Johns Hopkins Bloomberg School of Public Health conducted a systematic scoping review of peer-reviewed and grey literature. A three-stage process was implemented, including

1. a peer-reviewed literature search,
2. a grey literature search, and
3. consultation with experts in the field of family planning.

A systematic search strategy was developed to identify relevant literature on the core search concepts (i.e., COVID-19, family planning, contraception, abortion) across three peer-review databases, including PubMed, Embase, and CINAHL Plus. The strategy was replicated for use in the grey literature via advanced Google searches for each of the core concepts. Searches in Google were restricted to specific file types, including PDF, PPT, and DOC files, to ensure identification of most relevant data sources and to maximize efficiency (Supplemental Table S1).

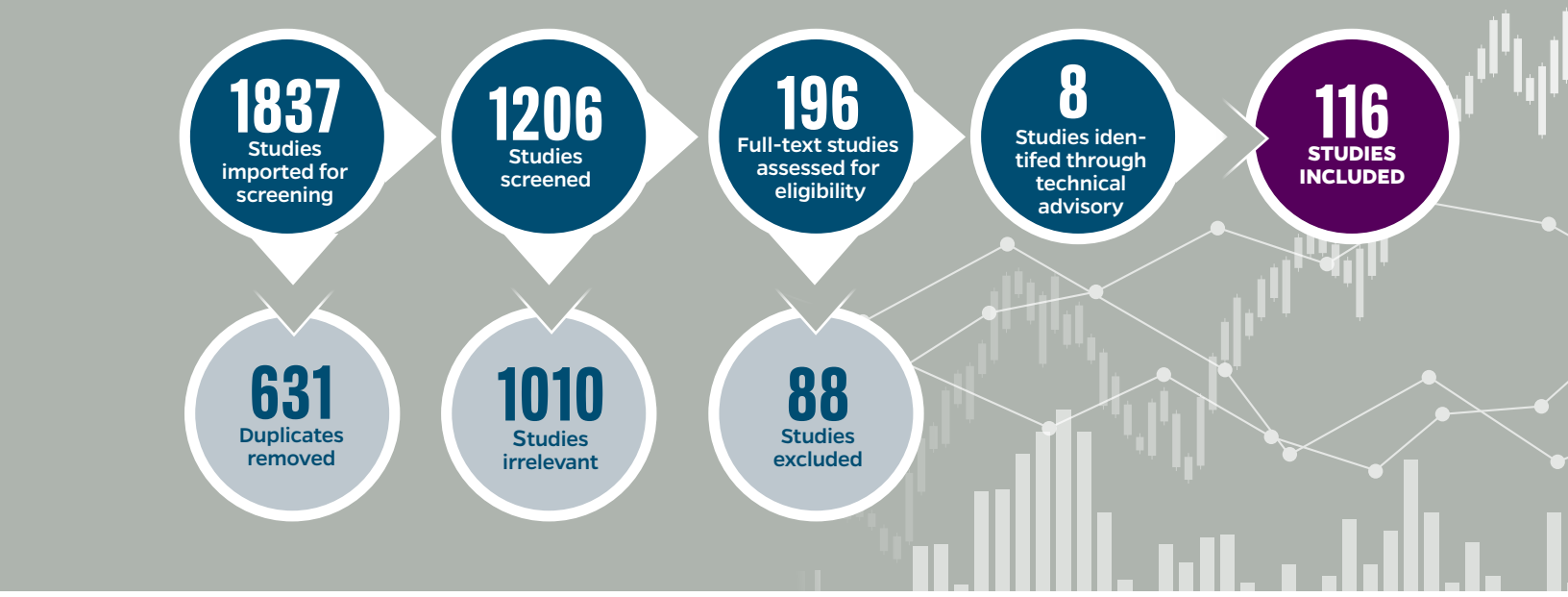
Eligible peer-reviewed articles and grey literature included those published between the start of the COVID-19 pandemic (defined as March 1, 2020) and approximately two years later when searches were implemented (March 31, 2022) that used empirical quantitative or qualitative evidence on family planning, including contraception or abortion as a key outcome, focused on the context of COVID-19, and were published in English, French, or Spanish. We further restricted our search to articles exploring how changes to policies, regulations, restrictions, or individual economic or social circumstances, or other structural changes brought about by the pandemic, affected individuals' access to, demand for, and use of contraception or abortion. Exclusion criteria included any non-empirical work, such as commentaries or opinion pieces, clinical trials of contraception or induced abortion, assessment of clinical effectiveness/safety, case studies, series, or reports, clinical guidance about contraception or abortion, and articles that did not directly examine contraception or abortion as a key outcome. We also excluded existing systematic, scoping, or synthesis reviews on this topic, screening all identified reviews for snowball identification of any articles not found in the initial searches.

References identified as part of the peer-review search were imported into Covidence, an online system for the management of systematic literature reviews, for removal of duplicate records identified between databases. Altogether, 1,837 abstracts were imported into Covidence and 631 duplicates were removed, resulting in 1,206 non-duplicate titles and abstracts for review. Each abstract was screened for eligibility by two researchers, and, in the event the reviewers disagreed, a third reviewer was enlisted to resolve the conflict. Articles identified as relevant during the title and abstract screening (n=196) were then screened as full-text to confirm eligibility. In total, 116 peer-reviewed studies met eligibility criteria and were included in

this preliminary evidence synthesis (Figure 1). The grey literature search resulted in the identification of 258 technical and policy reports, presentations, and data briefs. Altogether, 34 grey literature works met eligibility criteria for empirical evidence. Snowball searches of reference lists were conducted to ensure comprehensive identification of all relevant sources of empirical evidence.

Study data were extracted from identified peer-reviewed and grey literature to generate a synthesis of study characteristics and key findings. Study characteristics included outcome (contraception, abortion, or both); setting (LMICs, high-income countries [HICs], or both); data collection period, categorized as early in the pandemic (March–August 2020), mid pandemic (September 2020–February 2021), and/or late pandemic (March 2021–March 2022); study design (quantitative, qualitative, or mixed-method); number of data collection time points; and findings (e.g., included at least one finding that was positive, negative, or neutral/no effect). We also examined the country where the study was conducted and whether the study included: a focus on telehealth services, a focus on provider perspectives, a pre-COVID-19 time point for comparison, and a focus on any specific subpopulation that may have been disproportionately affected by the pandemic (e.g., youth, individuals experiencing income loss during the pandemic, individuals from poorer households, individuals from a specific racial/ethnic group, individuals living in rural areas, individuals using a specific type of contraceptive method pre-pandemic). Descriptive statistics were used to explore variation in study characteristics and summary findings, by evidence type (i.e., peer-review examined separately from grey literature). Finally, a brief comparison of how family planning was affected during COVID-19, relative to maternal, newborn, and child health among LMICs was conducted.

Figure 1. PRISMA flowchart of peer-reviewed studies



A technical advisory board, composed of eight experts in global family planning programs and research, was consulted throughout the review process. The advisory board helped identify additional sources of empirical evidence that were not identified in the peer-reviewed and grey literature searches, including unpublished works. Advisory board members also supported the development of the findings and contributed to the final report.

Summary Findings

Research generated in the first two years of the COVID-19 pandemic indicated that, despite significant social and economic upheaval, family planning services were resilient. Modest declines to contraceptive use in HICs were coupled with innovations to support the continued delivery of family planning services via increased telehealth options for contraception and abortion. Evidence in the U.S. signaled potentially widening inequities in family planning access for Black, Indigenous, and people of color communities and for economically vulnerable populations. In LMICs, minimal to no decreases in contraceptive use were observed at population level, although there was considerable evidence of a decrease in use of facility-based family planning services, suggesting a potential shift in preferred method types and sources during the pandemic. Evidence also indicated that youth's access to family planning was curbed during the pandemic across HICs and LMICs, underscoring a need for particular focus on this vulnerable population. Disruptions to youth's social environments, including school shutdowns and curfews, appeared to play a key role in their access to facility-based SRH services. Continued investment in programs, research, and advocacy for family planning, particularly in LMICs, has supported the development of a strong health system that is resilient to intense and unanticipated impacts, such as the COVID-19 pandemic.

DESCRIPTION OF THE EVIDENCE BASE

Overview of the evidence base

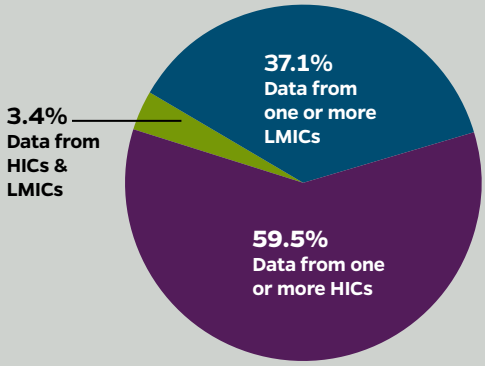
Our review included evidence from both peer-reviewed journal articles and the grey literature. This comprised empirical quantitative and qualitative studies and reports from non-governmental organizations (NGOs) and others implementing reproductive health programs that were published between March 2020 and March 2022. Despite the two-year timeframe and broad criteria for evidence, we still found a peer-reviewed evidence base that favored HICs, reflected findings largely from the early months of the pandemic, and was disproportionately based on convenience rather than systematic sampling strategies. Much of the grey literature focused on findings from the first year of the pandemic, and, in contrast to data from peer-reviewed literature, had a greater emphasis on evidence gathered from LMICs.

Evidence on barriers to family planning services, changes to use of contraceptive care, and reductions in demand for services amid COVID-19 were collected within the context of pandemic restrictions, engendering reliance on methodologies like online surveys, snowball samples, and other social media or record-based techniques. A large proportion of studies from HICs (59%) and LMICs (37%) used record-based data from facility registers or health insurance claims data. While these data sources proved invaluable for generating rapid insights into the impacts of COVD-19, they excluded people who lacked access to formal health care services, health insurance, the internet, or social media.

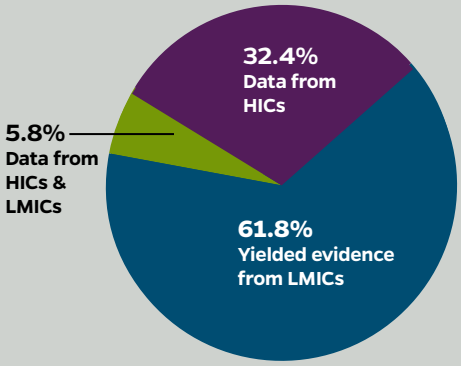
A large proportion of the evidence on the impact of COVID-19 on family planning reflects documented changes at facilities and among health care providers, rather than those occurring at the population level. Several population-based studies leveraged existing representative cohorts of women to measure the impact of COVID-19. While population-based studies proved particularly valuable for capturing patterns of contraceptive access and use occurring outside the formal health system, they constituted a much smaller proportion of the evidence base.

In terms of geographic focus, peer-reviewed and grey literature from LMICs (Figure 2) reflected a dearth of published evidence from Latin America, with most generated from sub-Saharan Africa. Within Africa, a few countries (e.g., Ethiopia, Kenya, Nigeria) contributed heavily to the evidence base.

Among the 116 peer-reviewed studies that met inclusion criteria and were reviewed:



Of the 34 works in the grey literature:



In both peer-reviewed and grey literature on LMICs, there is a lack of evidence from the Latin American region and the largest proportion of evidence comes from Africa.

HICs = high-income countries; LMICs = low- and middle-income countries

Figure 2. Map of peer-reviewed evidence and gray literature on contraception and abortion during COVID-19

Characteristics of Peer-Reviewed Evidence

Among the 116 studies identified in the peer-reviewed literature, study characteristics ranged widely (Table 1). Roughly half (51%) of studies explored outcomes related to contraception, about 28% related to abortion, and 22% explored both. Most peer-reviewed evidence was generated from one of three types of data: 1) reviews of patient or insurance health records, 2) surveys of patients or providers, or 3) surveys population-based samples. More than 40% of studies reported on analyses of facility register data, insurance claims, or patient records from health facilities or service providers; 35% relied on surveys of patients or the general population; 14% relied on key informant interviews (e.g., health care providers or policy makers); and 7% used a combination of these data sources. Three-quarters of peer-reviewed evidence was generated from quantitative data, with 8% of studies relying exclusively on qualitative data and the remaining 16% using mixed methods.

A little over half of the studies (57%) presented data only from the early pandemic (March–August 2020), 23% used both early- and mid-pandemic (September 2020–February 2021) data, 13% had early- and later-pandemic (March 2021–March 2022) data, and 2% used data across all three time periods. About half (53%) of the studies included a comparison to the pre-COVID-19 period.

More than half (59%) of peer-reviewed studies included data from one or more HICs, more than one-third (37%) included data from one or more LMIC, and a minority (3%) included data from both HICs and LMICs. Approximately one in five studies (21%) explored telehealth provision of SRH care.

Study findings revealed varied impacts of COVID-19 on contraception and abortion across geographies and services. Most studies (72%) showed at least one finding indicating a negative impact of the pandemic on contraception and/or abortion. In contrast, 20 studies (17%) showed at least one positive impact and 58 studies (50%) showed either a neutral change (i.e., an impact, but one that was neither positive nor negative; e.g., increased switching of contraceptive methods) or no impact of the pandemic on contraception and/or abortion. Not all studies could be easily classified into one category, with many including a range of positive, negative, and neutral impacts, underscoring the importance of examining COVID-19's effects from multiple perspectives.

The majority covered outcomes related to contraception among the 116 studies identified in the peer-reviewed literature

Impacts of COVID-19 on contraception and abortion across geographies and services.

72%
Showed at least one finding indicating a negative impact of the pandemic on contraception and/or abortion.

17%
Showed at least one positive impact.

50%
Showed an impact that was not uniquely positive nor negative.

Generalizability of the peer-reviewed evidence

During the first two years of the pandemic, the generalizability of evidence related to COVID-19's impact on contraception and abortion was variable. We examined generalizability according to two dimensions: 1) the level of potential bias introduced through the selected study sample, and 2) use of data from a pre-COVID-19 period for comparison with observed changes during the pandemic.

Most evidence relying on data from facility-based registers or health insurance records—68% of the 57 record-based studies—leveraged historical data, enabling comparison of observed outcomes during COVID-19 to those occurring in the same months in the pre-COVID-19 period (Supplemental Table S2). An important limitation of these studies was their exclusion of individuals who did not access health facilities for contraception or abortion and/or were not covered by insurance, thereby limiting generalizability of the study samples. One notable exception to this was a study in France, which used national insurance claims reflecting care to over 99% of the French population covered by the national insurance scheme (Roland et al. 2020).

Roughly three-quarters of the population-based studies and patient surveys relied on data from samples of individuals who were recruited online, through social media, or via snowball sampling; many were implemented via phone-based surveys. These sampling approaches were practical and necessary to reach respondents safely in a pandemic environment, but they excluded individuals who lacked phone or internet access—a particular challenge for data from LMICs. Additionally, many studies also relied on self-selected samples, which skewed towards younger and wealthier populations.

Some of the strongest evidence of the impact of COVID-19 on access to contraception and abortion came from population-based, representative surveys that were already initiated prior to the pandemic. Many of these panel studies pivoted their data collection activities in response to the pandemic, fielding new surveys among their existing cohorts amid COVID-19. These panel studies, including the Performance Monitoring for Action (PMA) study, the Generations and Gender Survey, the Cups or Cash for Girls randomized control trial in Kenya, the Understanding the lives of adolescents and young adults study in India, the KnowledgePanel implemented by Ipsos in the U.S., and the National Income Dynamic Study in South Africa, offered a unique perspective of both representative samples and pre-pandemic observations for comparison. Ultimately, only eight studies (7%) included a population-based, representative sample and a comparison with pre-COVID-19 data.

Table 1. Characteristics of Peer-Reviewed Studies

Study Characteristic	Number (n=116)	% of studies
Outcome		
Contraception	59	50.9
Abortion	32	27.6
Contraception and abortion	25	21.5
Setting		
HICs only	69	59.5
LMICs only	43	37.1
HICs & LMICs	4	3.4
Study Design		
Quantitative	88	75.8
Qualitative	9	7.8
Mixed-methods	19	16.4
Data Collection Periods		
Early Pandemic only (Mar-Aug 2020)	66	56.9
Early- and Mid-Pandemic	27	23.3
Early- and Later-Pandemic	6	5.2
Mid-Pandemic only (Sep 2020-Feb 2021)	15	12.9
Early, Mid, and Later Pandemic	2	1.7
Comparison to Pre-COVID-19		
Yes	62	53.4
No	54	46.6
Findings*		
Included 1+ positive finding	20	17.2
Included 1+ negative finding	84	72.4
Included 1+ neutral change or no change finding	58	50.0

*Early pandemic (March–August 2020); mid pandemic (September 2020–February 2021); later pandemic (March 2021–March 2022). No studies presented data exclusively from the later pandemic period. **Findings sum to greater than 100%, as studies included a range of positive, negative, and neutral results.

Characteristics of grey literature evidence

Key findings and study details of grey literature are summarized in Supplemental Table S3. Among the 34 resources identified in the grey literature, the largest proportion (56%) focused on outcomes related to contraception and abortion, and a majority (69%) yielded evidence from LMICs (Figure 3). Most grey literature resources presented data from the first year of the pandemic, including 15 publications relying on early-pandemic data (March–November 2020) and 16 relying on mid-pandemic data (December 2020–July 2021). Given the emphasis on data collected during the pandemic's early months, the majority (65%) of findings suggested a negative impact of the pandemic on contraception and/or abortion. Similar to the peer-reviewed literature, these findings largely reported changes in facility caseloads of family planning clients. A mix of negative, positive, and neutral results were identified in seven grey literature works; five pieces found neutral or no significant change in family planning access or use during COVID-19.

In addition, the grey literature provided valuable discussions of the context of providing family planning during the pandemic. While the grey literature was not as easily categorized by data type, the evidence base also favored provider and key informant interviews combined with data from health management information systems (HMIS) and NGO records. The literature provided valuable insight on both the global reproductive health supply chain and the challenges faced by family planning providers. But it also described the innovations and adaptations they adopted to keep contraception and access to abortion care available during lockdowns.

Table 2. Characteristics of grey literature

Study Characteristic	# of studies (n=34)	% of studies
Outcome		
Contraception	8	23.5
Abortion	7	20.6
Contraception and abortion	19	55.8
Setting		
HICs only	11	32.4
LMICs only	21	61.8
HICs and LMICs	2	5.8
Study design		
Quantitative	9	26.5
Qualitative	8	23.5
Mixed methods	12	35.3
Description of changes to policy/practice	5	14.7
Data collection period*		
Early pandemic	15	44.1
Mid pandemic	16	47.1
Later pandemic	3	8.8
Findings overall suggest that COVID-19's impact on family planning was:		
Negative	22	64.7
Neutral change or no effect	5	14.7
Mixed	7	20.6

*Early pandemic (March–August 2020); mid pandemic (September 2020–February 2021); later pandemic (March 2021–March 2022). Date of publication used for categorization if data collection period not specified.

HIGH-INCOME COUNTRIES

Overview of findings from high-income countries

Key findings and study details of peer-reviewed literature are summarized in Supplemental Table S2. The COVID-19 pandemic resulted in dramatic shifts in access to health services in HICs, yet global evidence suggests these changes were not universally negative for women's access to contraception and abortion care.

In the context of lockdowns and restrictions on movement, many health care providers and individuals seeking SRH services also adapted to overcome pandemic-related barriers to care. While individuals and systems were resilient to the changing environment, there was also considerable variability in access, resulting in heightened exacerbation of inequities among the most economically vulnerable women. Population-based data reflect a short-term decline in access to and provision of contraception, followed by partial or complete recovery. However, evidence suggests that socially and economically vulnerable populations faced greater barriers to accessing reproductive health care.

The preponderance of evidence on access to reproductive health services in HICs comes from facility-based studies, provider records, and surveys recruiting individuals from social media platforms. While these types of studies capture only a subset of the population (i.e., those who received care from or work as health care providers and social media users), they demonstrate a clear shift in the provision of reproductive health care during COVID-19 towards telehealth and away from facility-based care. Surveys of reproductive health providers in hospital, clinics, and pharmacies in the U.S., U.K., and Europe demonstrate that many providers quickly transitioned towards telehealth to continue delivering contraception and abortion services during the first year of COVID-19 amid extensive lockdowns (Updhayay et al. 2021; Roberts et al., 2021; Zapata et al., 2021; Ennis et al., 2021; Rydelius et al., 2022).

Where legally permissible, providers also adopted new approaches to the delivery of care to reduce patient burden. Specifically, reductions in the required number of provider visits to obtain essential reproductive health services appeared to increase access to services for some. These health system adaptations included extending the availability of telehealth appointments; prescribing contraceptives and medication abortion via telehealth consult; waiving ultrasound, blood test, and follow-up visit requirements for medication abortion; providing advance prescriptions for emergency contraception; extending the time period for which prescriptions for oral contraceptives can be renewed without a physician visit; and extending the recommended time before replacement of some long-acting contraceptives (Zapata et al. 2021; Upadhyay et al., 2021; Roberts et al., 2021; Siddiqui et al., 2021). In patient follow-up surveys, women expressed high levels of satisfaction with these shifts and improved access to reproductive health with fewer visits to providers (Boydell et al., 2021; Hukku et al., 2022).

Findings on contraceptive access, demand, and use amid COVID-19 in high-income countries

Facility and insurance records indicated immediate declines in contraceptive visits and claims, respectively, during the early-pandemic period, but also show recovery over the longer term

Although studies using them are few in number, record-based data from large insurance registries in the U.S. and France indicate an initial drop in claims for most types of contraception during the first few weeks of the pandemic (Clement et al. 2021; Steenland et al., 2021; Roland et al., 2022; Becker et al., 2021). The majority of studies relying on facility, patient, or insurance records found that the sharp initial declines were followed by a recovery to pre-pandemic levels or slightly below, as providers and patients adapted care in the context of the pandemic (Steenland et al., 2021; Roland et al., 2022; Becker et al., 2021). Similarly, several facility-based studies reported a decline in contraceptive visits (Thompson-Glover 2021, Das 2021), although at least one study among pharmacists found continued levels of prescription contraception as pre-pandemic levels (Siddiqui et al., 2021).

Women in HICs reported barriers to obtaining contraception during the first COVID-19 lockdowns, though these proportions were relatively low (below 10%) among populations outside of the U.S. Approximately 10% of Australian women reported difficulty accessing contraception, with the majority citing method-related stock-outs as the reason for non-use (Coombe et al., 2021). Similarly, another Australian-based study found that concerns of contracting COVID-19 and uncertainty about availability of care during restrictions were common reasons for delaying care-seeking for contraception (Bittleston et al., 2022). In the U.K., 18% of men and 6% of women who reported having partnered sex during lockdowns also reported not being able to access condoms, while 4% of women reported challenges in accessing contraception (Dema et al., 2022). Similar barriers to care were reported in Sweden, where 4% of surveyed individuals reported difficulties accessing contraceptive counseling or prescriptions due to COVID-19 (Hulstrand et al., 2022). In a global survey of individuals in 30 HICs and LMICs, 7% of respondents reported COVID-19 had hindered access to contraceptives and 9% reported it had made it more difficult to access condoms (Erausquin et al., 2021). In contrast, one study conducted in China showed significantly higher use of contraceptives during the pandemic than during the pre-pandemic period (Tu et al., 2021).

Barriers to contraceptive access were common, though less frequent than initially feared. The U.S. appears to be an exception, where interruptions to contraceptive care were widespread.

Reported prevalence of barriers to contraception were higher the U.S., where 39% of a sample of 953 women and transgender men reported experiencing contraceptive delays due to COVID-19; as did 57% of individuals taking part in a survey in Arizona, 38% in Iowa, and 30% in Wisconsin (Manze et al., 2022; Kavanaugh et al., 2022).

Delays in accessing contraception due to COVID-19 in high-income countries, data from studies in this report


9%
Australian women


4%
UK women


4%
Swedish women


39%
US women and trangender men

Another study in the U.S. found that approximately half of surveyed contraceptive users faced at least one barrier to accessing a method during the pandemic. In addition, the study also found that 17% of respondents shared that they would have used a different contraceptive method during mid 2020 and early 2021 if it were not for COVID-19. "The most common barriers that participants cited were clinic closures, not being able to have accompaniment at the clinic, fear of going outside or to the clinic, travel restrictions, not having enough time due to household responsibilities, and financial constraints (Diamond-Smith et al., 2021). However, even in the U.S., the evidence was not uniform. One study conducted among a sample of people recruited via social media indicated most continued to use contraception during the early months of the pandemic (Fiksin et al., 2022).

Surveys conducted among providers in HICs reported disruptions to the delivery of contraceptive care during the pandemic; specifically, providers at clinics offering SRH services in the U.S. reported decreases in the regularity of services they were able to provide. However, providers also noted expansions in telehealth services during this time that supported continued care for patients (Nagendra et al., 2020). Additionally, pharmacies in the U.S. increased curbside, home delivery, and mailing options to distribute contraceptives during the pandemic, thereby cushioning the impact that stay-at-home restrictions and individuals' fear of facility-based infection had on peoples' access to contraceptive care (Siddiqui et al., 2021).

Evidence is mixed on contraceptive methods most impacted by pandemic, but suggests a potentially greater impact on provider-dependent and long-acting methods.

Evidence is mixed on contraceptive methods most impacted by pandemic, but suggests a potentially greater impact on provider-dependent and long-acting methods

The evidence from facilities and insurance registries also shows variation in the pandemic's impact by contraceptive method type, with women in the U.S. experiencing smaller declines in use of injectables, but significant initial reductions in long-acting contraceptive methods, such as IUDs and implants (Steenland et al., 2021; Becker et al., 2021; Sakowicz et al., 2021). Similarly, among women in France, insurance registries show sharp initial declines in provision of emergency contraceptives, as well as IUDs and other long acting methods (Roland et al., 2022). Data from the UK indicate slight declines in prescriptions for oral contraceptive pills, but stability for progestogen-only pills, and a steep decline in LARC prescriptions (Walker et al., 2022; Thomson-Glover et al, 2020), while another UK-based study showed that areas experiencing a local lockdown did not have lower uptake of LARC appointments at clinics compared to those that were not (Datsenko et al., 2022).

Findings on abortion access and use amid COVID-19 in high-income countries

A shift to telehealth and support of medication abortion preserved abortion access for many. There was considerable variation among countries and between states within the U.S.

More than half of studies (53%) of abortion in HICs during the COVID-19 pandemic were conducted in the U.S., where abortion access differs widely by state. Research found that many clinics across the country shifted towards telehealth models to provide appropriate screening and access to medication abortion remotely. By mailing abortion medications directly to patients, providers were able to limit in-person interactions and reduce the risk of viral transmission within clinics (Upadhyay et al., 2020). In addition to preventing the spread of COVID-19, this quick pivot to a telehealth model is believed to have preserved access to abortion care for many. In qualitative interviews, patients regularly praised the ease with which they could obtain abortion medications without needing to travel to the clinic, take time off work, coordinate childcare, or disclose their abortion decision to others. One study found that 13% of telehealth abortion patients said that they would have had to continue their pregnancy if telehealth had not been an option (Kerestes et al., 2021). Although few studies in the U.S. reported on the impact of the pandemic on demand for abortion, one study of individuals seeking abortion services in Illinois found that roughly 25% of respondents indicated that COVID-19 impacted their decision to seek abortion care, with 22% reporting they waited longer to seek care than they would have in the absence of the pandemic (Dahl et al., 2021).

While the shift towards telehealth expanded access to abortion in many contexts, there were also parallel changes to policy and practice in HICs that constrained access to abortion. Officials in 14 U.S. states enacted COVID-19 policies that temporarily halted abortions by classifying them as nonessential care (Maier et al., 2021). In states with restrictions or suspended abortion care, facility-based data indicated declines in the number of abortions provided (Roberts et al. 2021); however, additional data indicated concurrent decreases in number of abortions in states without tighter restrictions (Fulcher et al., 2022). Beyond reduced provision of abortion services, health care providers in the U.S. viewed restrictive policies as disruptive to care—

13%

of telehealth patients said that they would have had to continue their pregnancy if telehealth had not been an option (Kerestes et al., 2021).

22%

reporting they waited longer to seek care than they would have in the absence of the pandemic (Dahl et al, 2021).

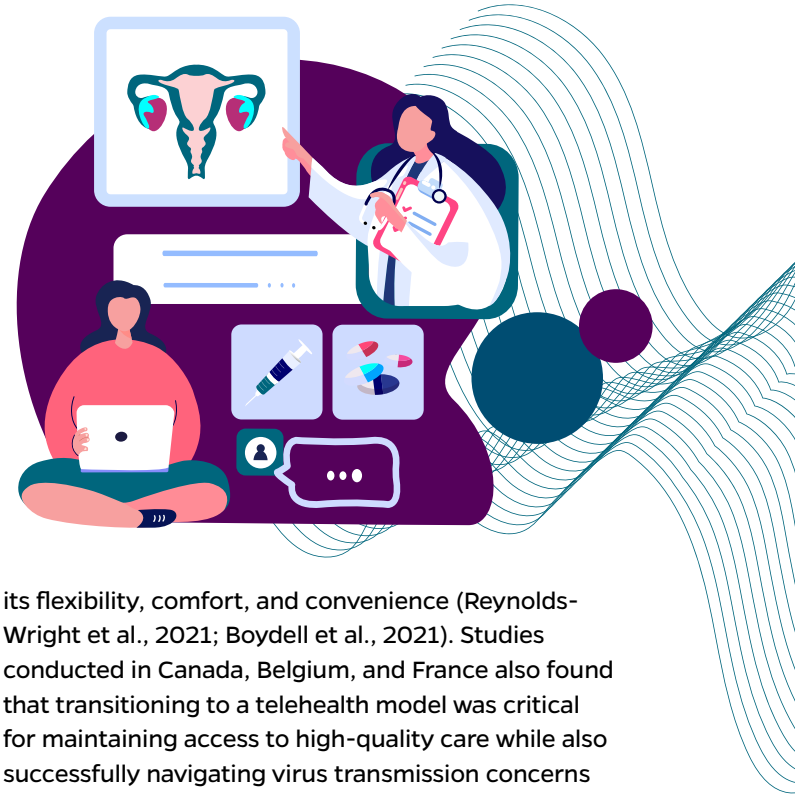
51%

of abortion providers participating in a rapid-response survey reported being unable to provide abortion care due to either the pandemic itself or impacts of the related policies (Roberts et al., 2020).

51% of abortion providers participating in a rapid-response survey reported being unable to provide abortion care due to either the pandemic itself or impacts of the related policies (Roberts et al., 2020). Legal challenges were ultimately successful at ending most pandemic bans, but even temporary changes in the legal environment resulted in substantial disruptions to care and a reduction in abortion provision (Joffe & Schroeder, 2021; Kaller et al., 2021; White et al., 2021). Although survey respondents also reported pandemic-related barriers to obtaining an abortion in less restrictive states (Dahl et al., 2021), the majority of restrictive abortion policies and clinic closures related to COVID-19 in the U.S. were in the southern states (Roberts et al., 2021; Kaller et al., 2021).

Concurrent with the reduction in availability of facility-based abortion in the U.S., there was also evidence of an increase in medication abortion. According to a study from Guttmacher Institute, medication abortion surpassed other methods to become the most common method in the U.S. during 2020 (Jones et al., 2022). The proportion of medication abortions provided in states deeming procedural abortion an elective procedure increased significantly (Mello et al., 2021; Hill et al., 2021a), as well as in other states; although there is evidence that this trend may have reversed later into the pandemic in some contexts (Sullender et al., 2022). Some women in more restrictive states turned to self-sourcing medication abortion through the international organization, Aid Access, which saw a 27% increase in demand for self-managed abortion from individuals in the U.S. in the spring of 2020. The greatest increase was observed in states that enacted COVID-19 policies reducing access to essential health services, including abortion (Aiken et al., 2020). Individuals in such states also traveled farther to access abortions during the pandemic (Hill et al., 2021a).

Several HICs, including Canada and in Europe, implemented telehealth options for medication abortion that broadly increased access, while others made few, if any changes, to their existing abortion policies (Moreau et al., 2020). Researchers in the U.K. found that the country's system for telehealth abortion through the National Health Service was highly effective and very safe, in addition to being preferred by many patients for



its flexibility, comfort, and convenience (Reynolds-Wright et al., 2021; Boydell et al., 2021). Studies conducted in Canada, Belgium, and France also found that transitioning to a telehealth model was critical for maintaining access to high-quality care while also successfully navigating virus transmission concerns and necessary public health restrictions (Ennis et al., 2021; Mezela et al., 2021; Gibelin et al., 2021).

Grey literature also highlights national policies that facilitated access to abortion during the pandemic: France and the U.K. increased the gestation limit for medication abortion, France affirmed that all medication abortion appointments could be done through telemedicine, Ireland allowed for remote consultation for early abortion and introduced a task-shifting policy allowing nurses and midwives to take on roles typical of only doctors, and Germany and Spain allowed mandatory counseling prior to abortions to be provided via telehealth (EPF & IPPF EN, 2020). Similar to the pattern seen in the U.S., many women in countries with more restrictive abortion policies sought out medication abortion pills from Women on Web, the European sister-organization to Aid Access and online provider of medication abortions. Demand for self-managed abortion in Italy, Portugal, Hungary, Malta, and Northern Ireland all significantly increased during the early months of the COVID-19 pandemic (Aiken et al., 2020). The shift towards medication abortion was not unique to counties with more restrictive abortion policies, however. Rydelius et al. (2022) found that the number of medication abortions in Sweden increased in 2020 while the number of surgical abortions decreased.

Limited available evidence suggests bi-directional shifts in demand for abortion in HICs.

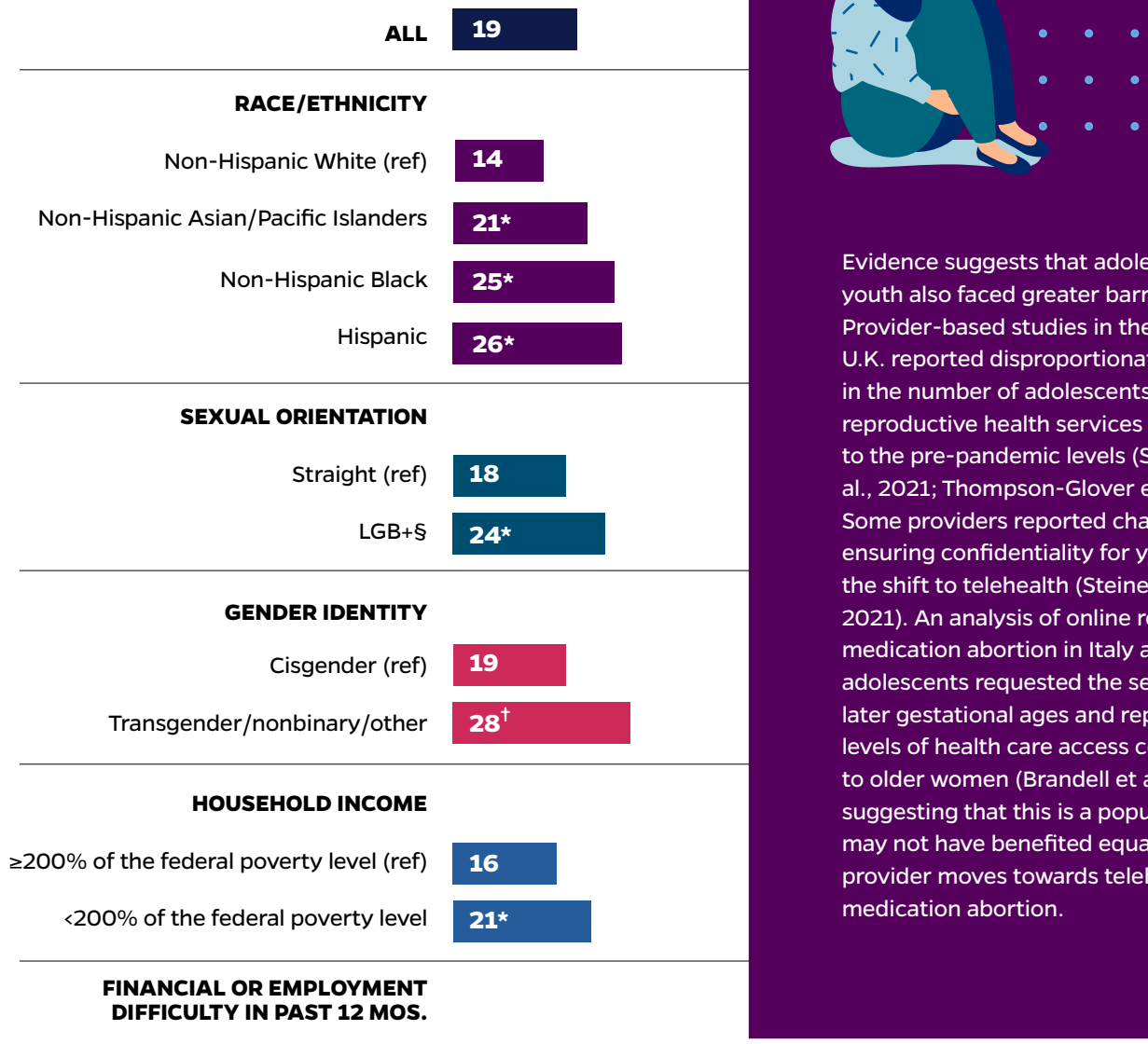
Evidence in HICs outside of the U.S. also suggests that the pandemic may have influenced access to and demand for safe abortion care. In China, one study found that some people had trouble making appointments for abortions in the early months of the pandemic (Li et al., 2020). Qualitative evidence from Canada indicated that economic and social support uncertainties introduced by the pandemic, and COVID-related fears, influenced demand for and decisions to seek abortion care, exacerbating pre-COVID-19 barriers to care (Hukku et al., 2022; Ennis et al., 2021). Mirroring a similar finding in the U.S (Dahl et al. 2021)., a survey of women seeking abortion in Sweden found that 13% of respondents indicated that the pandemic contributed to the decision to seek abortion care (Hultstrand et al., 2022). In a different survey of abortion seeking patients in Sweden, respondents expressed fear of contracting COVID-19 during abortion-related visits, but this was countered by worry about catching COVID-19 during a pregnancy and fear that the health care system would not provide adequate maternal care (Rydelius et al., 2022). The same study found that, despite influences on demand suggested by qualitative findings, there was no significant decline in the number of abortions or pregnancies from prior years (Rydelius et al., 2022).

Findings on sexual and reproductive health of vulnerable populations amid COVID-19 in high-income countries

Overall resilience of family planning programs masks inequitable access among youth, Black, Indigenous, people of color, and economically vulnerable individuals in HICs.

The COVID-19 pandemic has also had significant and well-documented impacts on household income and individuals' ability to act on their reproductive preferences. Research in the U.S. found that women who reported income loss, insecure housing, and food insecurity during COVID-19 were disproportionately Black or Latina and more likely to want to avoid pregnancy, yet also faced greater barriers to contraceptive access (Lin et al., 2021; Diamond-Smith et al., 2021; Manze et al., 2022; Kavanaugh et al., 2022). Similarly, a study in four U.S. states showed differentially lower uptake of telehealth for family planning among Black and multiracial patients (Hill et al., 2021a). And finally, a representative panel survey among people living in the U.S. showed individuals from low-income households, who identified as Black, Latino, or LGBTQ experienced barriers to SRH care during COVID-19 at higher rates (Lindberg et al., 2021) (Figure 4). Similarly, research conducted in Illinois, Kansas, Arkansas, and Oklahoma found evidence that Latina women, Black women, and women with lower educational attainment experienced disproportionate barriers to abortion care during the pandemic. While authors cited a variety of structural barriers, reduced geographic availability of abortion and reductions in federal funding exacerbated inequality in abortion access during COVID-19 (Hill et al., 2021b; Dahl et al., 2021).et al., 2021).

Figure 3. Pandemic-related delays or cancellations of contraceptive or other sexual and reproductive health care in the U.S. in 2021, by respondents characteristics (Lindberg et al., 2021)]



Evidence suggests that adolescents and youth also faced greater barriers to care. Provider-based studies in the U.S. and U.K. reported disproportionate decreases in the number of adolescents seeking reproductive health services compared to the pre-pandemic levels (Steiner et al., 2021; Thompson-Glover et al., 2020). Some providers reported challenges ensuring confidentiality for youth with the shift to telehealth (Steiner et al., 2021). An analysis of online requests for medication abortion in Italy also showed adolescents requested the service at later gestational ages and reported lower levels of health care access compared to older women (Brandell et al., 2021), suggesting that this is a population that may not have benefited equally from provider moves towards telehealth and medication abortion.

*** Difference is statistically significant at p<.05.**
† Difference is statistcally significant at p<07.
§LGB+ category includes responses of lesbian, gay, bisexual, pansexual and other.
Note: ref=reference catagory.

Lindberg L, Mueller J, Kirstein M, VandeVusse A. (2021). The Continuing Impacts of the COVID-19 Pandemic in the United States: Findings from the 2021 Guttmacher Survey of Reproductive Health Experiences. Guttmacher Institute.

LOW- AND MIDDLE-INCOME COUNTRIES

Overview of findings from low- and middle-income countries

In the early months of the pandemic, researchers and policy makers feared the adverse impact of COVID-19 on family planning services in LMICs would be significant (Shah et al., 2021).

Given that health systems in many LMICs were already under strain, the pandemic was expected to undermine the delivery of health services and threaten the provision of essential care, including family planning. Modeled projections estimated that the pandemic would result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies in LMICs within a year (Riley et al., 2020). Reports from the grey literature emphasized the urgency for global solidarity and humanitarian support from donors (EPF & IPPF EN, 2020). However, recent evidence from LMICs suggested a similar pattern to HICs. The evidence demonstrates resilience of family planning after an initial shock observed in the first few months of the pandemic.

Overall, facility-based evidence indicated an immediate drop in provision and utilization of family planning services. Evidence from the contraceptive supply chain and population-based surveys, however, found that most contraceptive users were ultimately able to continue use during the first year of the pandemic. Much of the grey literature echoed these findings, with evidence suggesting smaller and shorter disruptions to family planning service delivery than was initially projected. While respondents to a survey conducted across 115 LMICs were nearly unanimous in citing disruptions to contraceptive and SRH service delivery, these disruptions were largely concentrated in April and May 2020 (UNFPA et al., 2020). Similarly, contraceptive suppliers reported no change in the overall demand and supply for contraceptive

products in the FP2030 countries in 2020 (Charles et al., 2022). However, evidence from supply chain, population, and facility-based surveys indicated some shift in the types of contraceptive methods delivered at the country-level. Although there is variation from context to context, overall findings show a reduction in use of LARCs, such as implants and IUDs, coupled with an increase in demand and use of short-acting methods, like pills, injectables, emergency contraception, and condoms (Asali et al., 2022; Arias et al., 2022; Shikuku et al., 2021; Awan et al., 2021; Emery & Koops, 2022; Fuseini et al., 2022a; Adelekan et al., 2020; IUSSP, 2020; Hossain et al., 2020). While it is not explicit in the available data, these changes may have been due to the absence of trained providers to deliver LARCs, given reassignment of health workers to COVID-19 care.

Despite varying levels of family planning service disruptions and inaccessibility in the early months of the COVID-19 pandemic, findings across peer-reviewed and grey evidence suggested that most women in LMICs maintained access to a diverse contraceptive method mix throughout the pandemic. Organizations providing contraceptive and abortion services adapted quickly and creatively, making different methods available through a variety of innovations at the local level. This involved shifting the provision of oral contraceptive pills, emergency contraception, and condoms away from facilities to community-based distribution mechanisms, while ensuring that LARCs remained available at facilities (Jacobi et al., 2020).

Population-based studies indicated that most women were able to continue using contraception and that women who changed methods during this time generally adopted equally effective or more effective methods to those they were using before the pandemic (Karp et al., 2021; Leight et al., 2021; Wood et al., 2021).

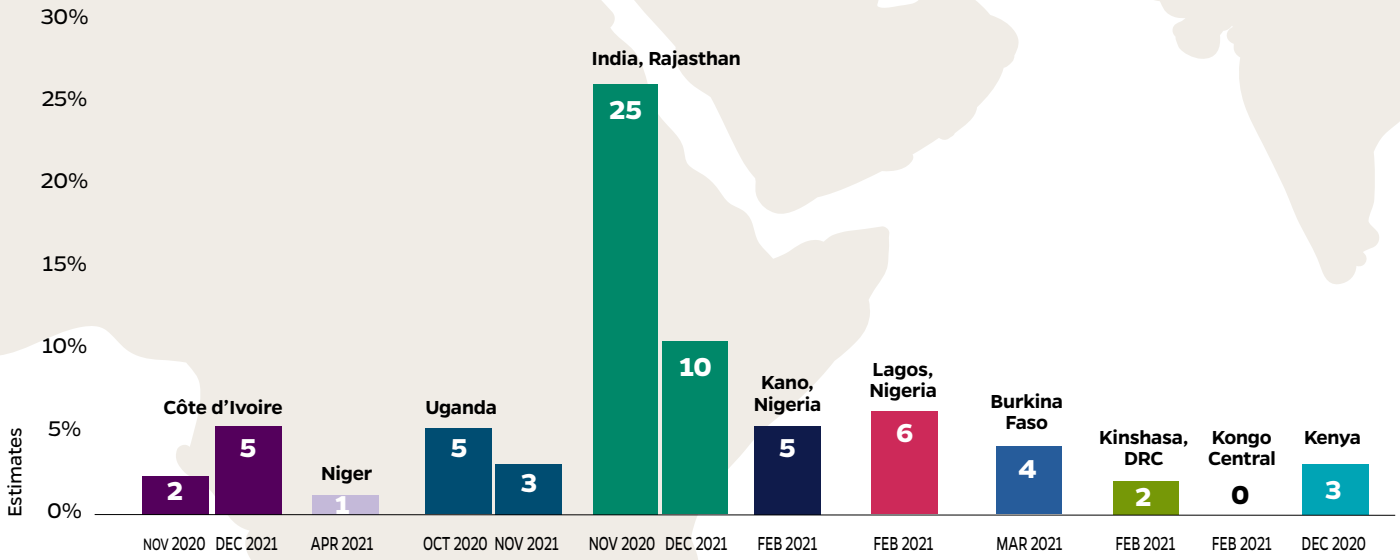
Findings on contraceptive demand, access, and use amid COVID-19 in low- and middle-income countries

Substantial facility-based evidence demonstrated an immediate drop in the provision of family planning services across LMICs (Shah et al., 2021; Decker et al., 2021; Enane et al., 2022; Sarkar et al., 2021; Gebreegziabher et al., 2022; Abdela et al., 2020; Kassie et al., 2021; Baloch et al., 2021). Multiple studies comparing monthly family planning client caseloads during COVID-19 to pre-COVID-19 periods reported an initial decrease in visits ranging between 16% and 95% (Shuka et al., 2022; Abdela et al., 2020). This pattern was identified in studies in Ethiopia (Abdela et al., 2020; Seme et al., 2021; Shuka et al., 2022; Kassie et al., 2021; Belay et al., 2020; Gebreegziabher et al., 2022), Ghana (Fuseini et al., 2022a), Nigeria (Adlekan et al., 2021; Shapira et al., 2021), Mali (Shapira et al., 2021), Senegal (Fuseini et al; 2022b), Mexico (Duobova et al., 2021), Pakistan (Baloch et al., 2021), India (Vora et al., 2021; Sarkar et al., 2021), Bangladesh (Ahkter et al., 2021), and Turkey (Yuksel et al., 2020).

Contradictory findings about COVID-19's impact on contraceptive use were identified when comparing facility-based and administrative data in some countries. For example, in Kenya, Shikuku and colleagues (2021) found no evidence of a change in patient volumes for family planning using national HMIS data, even documenting a slight increase in family planning visits among younger people. Similarly, family planning visits among health clinics in KwaZulu Natal, South Africa, increased in the early COVID-19 period (Siedner et al.,

Figure 4. Facility closures during COVID-19

Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions



Data source: Performance Monitoring for Action surveys, available at www.pmadata.org

2020). In Uganda, after an initial decline in family planning services in April 2020, visits rebounded and ultimately increased above pre-COVID-19 levels (Makumbi et al., 2021); a similar pattern was observed in Ethiopia (Shuka et al., 2022). This pattern of decline and recovery was further documented in facility-based studies from other sub-Saharan African countries, including Ghana and Senegal (Kassie et al., 2021; Fuseini et al., 2022a; Fuseini et al., 2022b).

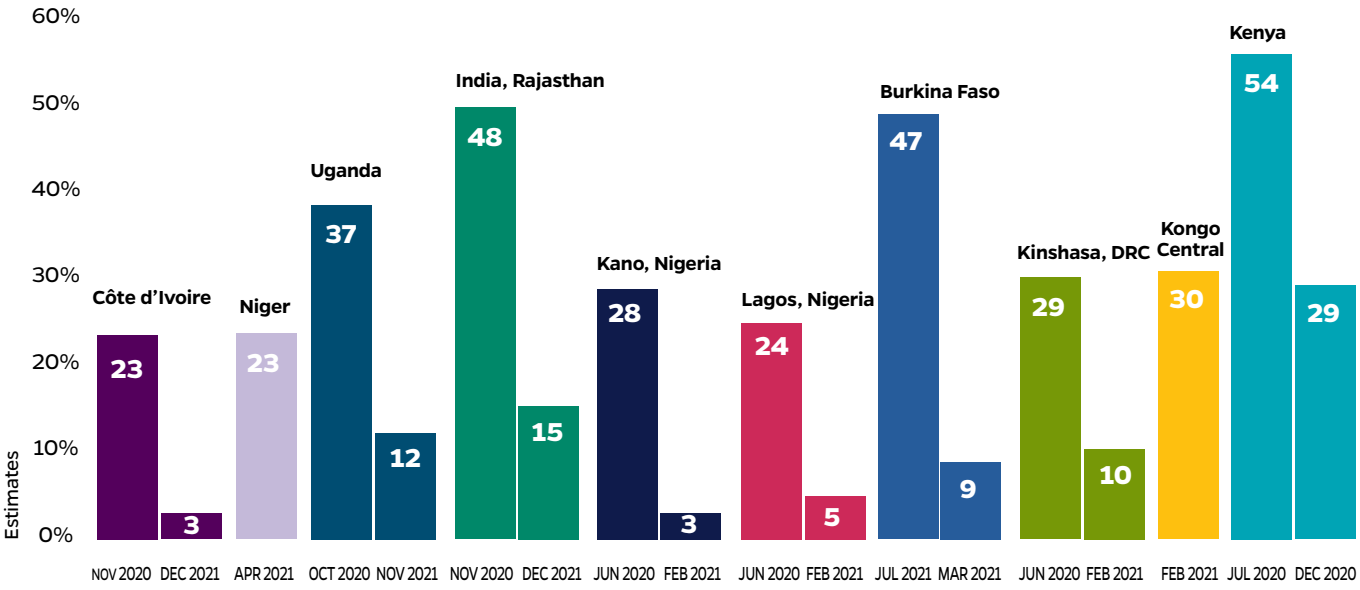
Mirroring the pattern from facility-based evidence, large representative samples of women surveyed twice during the pandemic in the Democratic Republic of the Congo (DRC), Burkina Faso, Nigeria, and Kenya reported fewer barriers to accessing facility care in 2021 than they did during the first months of pandemic in 2020 (PMA Burkina Faso, 2021; PMA Nigeria, 2021; PMA Kenya, 2020). A study of global contraceptive suppliers by the Reproductive Health Supplies Coalition (RHSC) and John Snow Inc. (JSI) documented a similar pattern of rapid recovery of the supply chain for family planning products during 2020. Using DHMIS and electronic logistics management information system data from six LMICs in Africa and Asia, they found that consumption of family planning supplies dipped very slightly from 2019 levels during April and May 2020 and then recovered in June–August (RHSC & JSI, 2021). Ultimately, although there was an initial shock to both supply and demand for contraceptives at facilities in many LMICs, the evidence suggests that it was shorter and less disruptive than initially feared.

Women indicate barriers to contraceptive uptake and continuation, but contraceptive use did not appear to change significantly at the population level.

Literature from the same timeframe suggested that this contraction in contraceptive uptake at facilities likely had both demand and supply components. On the supply side, surveys of providers and health officials in multiple LMICs reflected that family planning service providers experienced service disruptions in the early months of the pandemic, including closures, reduced hours, redeployment

Figure 5. Women's fear of contracting COVID-19 inhibiting health access

Among women who wanted to visit a health facility recently and reported any difficulty in access, the percent who reported fear of contracting COVID-19 at the facility



Data source: Performance Monitoring for Action surveys, available at www.pmadata.org

of staff for COVID-19 care, insufficient personal protective equipment, low human resources turnout, and stock-outs (Ouedraogo et al., 2021; Endler et al., 2021; Jacobi, 2020; Hossein et al., 2020; Soria Gonzales, 2021; RHSC & JSI, 2021; Enane et al., 2022) (Figure 5). On the demand side, surveys of women of reproductive age in Nigeria, Kenya, Burkina Faso, DRC, Ethiopia, Uganda, India, Côte d'Ivoire, Egypt, and South Africa showed that substantial proportions of women cited deterrents to visiting facilities for family planning. The most commonly cited barrier was concern about contracting COVID-19 at medical facilities, but women also reported movement restrictions and transport barriers, belief that facilities were not offering family planning services or were closed, and that methods were not available (Michael et al., 2021; Wright et al., 2022; Enane et al., 2022; Ma et al., 2021; Tilahun et al., 2022; Roy et al., 2021; Solomons & Gihwala, 2021; Tawab et al., 2021; PMA Burkina Faso, 2021; PMA Côte D'Ivoire, 2020; PMA India, 2021; PMA Kenya, 2020; PMA Niger, 2021; PMA Nigeria, 2021; PMA République Démocratique du Congo, 2021a; PMA République Démocratique du Congo, 2021b; PMA Uganda, 2021).

In addition to avoiding facility care, COVID-19 might also have affected demand for family planning if couples changed fertility plans in response to the pandemic. Evidence on shifts in fertility intent is limited, but two identified studies that examined women's changing fertility intention found relative stability in fertility intentions during the first year of the pandemic. In Moldova, Emery and Koops (2021) found no difference in desires to have children in the next three years between pre- and post-lockdown respondents, although post-lockdown respondents were less likely to be trying to conceive at the time of interview. In a nationally representative sample of women in Kenya, Zimmerman et al. (2022) found that 85% of women did not change fertility intention in either timing or intended number of children.

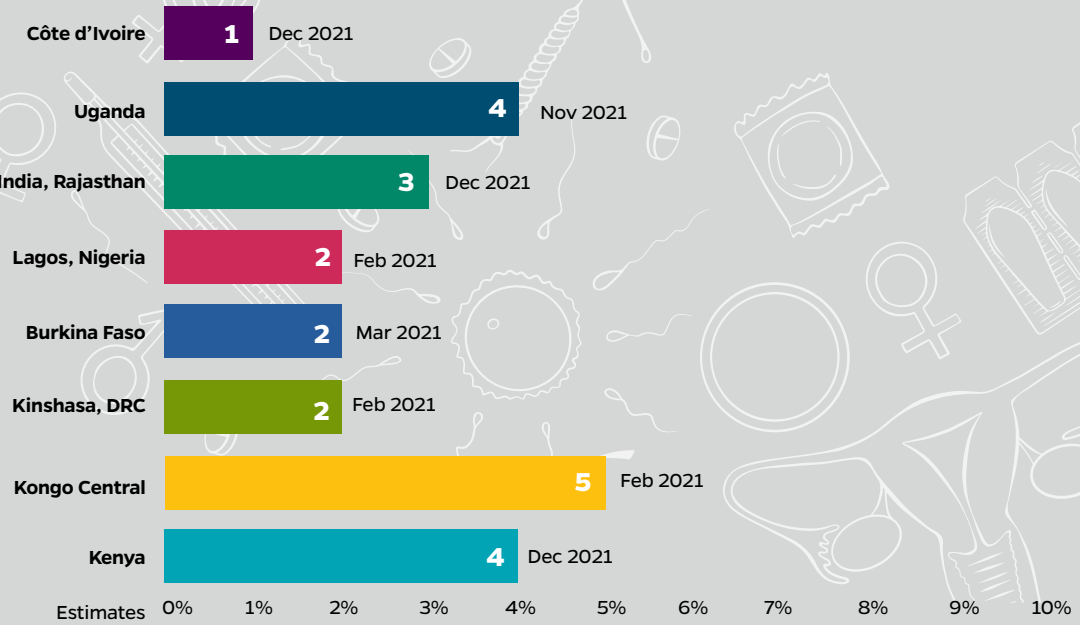
The changing patterns of demand and supplies for contraception in the facility-based records show only a partial picture of the landscape of contraceptive users and providers. Many women obtain their contraceptive methods from pharmacies, private sector providers, community health workers, NGOs, and other sources. And, given the high levels of concern about contracting

COVID-19 at a facility, some women who previously sought contraception at facilities may have avoided facilities in favor of other sources (Figure 6). It is critical to extend beyond the facility-based data for a more comprehensive understanding of COVID-19's impact on contraceptive access and use.

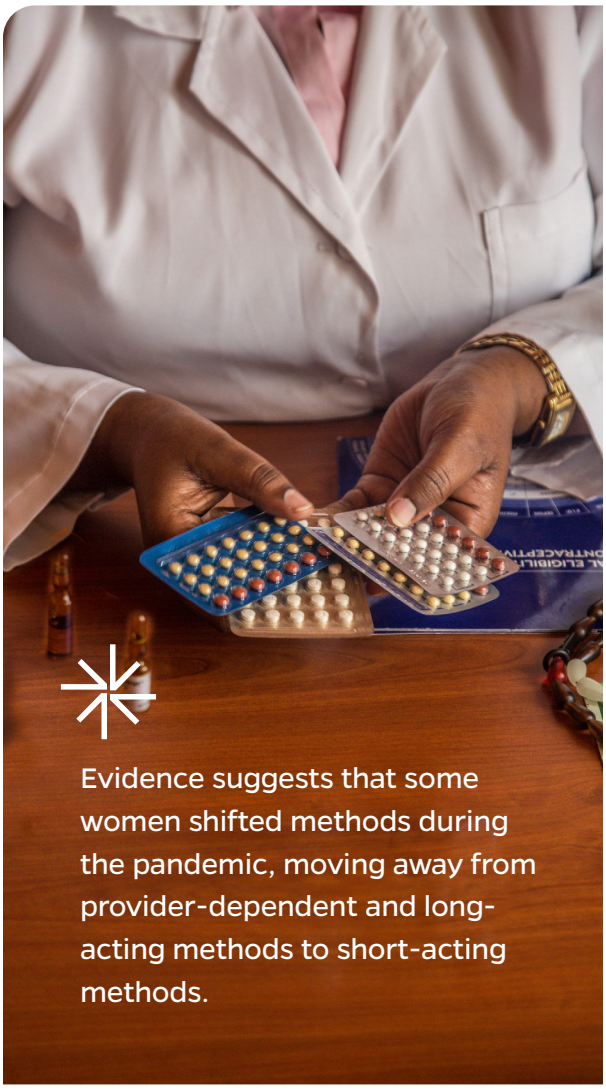
While there were fewer population- and individual-based studies on contraceptive use than facility-based studies in LMICs, the findings from these surveys largely suggest resilience of modern contraceptive use during the first year of the COVID-19 pandemic. Multiple population-based studies from sub-Saharan Africa—including panel data collected by the PMA project—showed that, despite considerable economic strain, fear of contracting COVID-19, and, in some cases, strict lockdown policies, women were ultimately able to continue using contraception during the first year of the pandemic. (Wright et al., 2022; Karp et al., 2021; Leight et al., 2021; Wood et al., 2021; Enbiale et al., 2021; Karijo et al., 2021). In some subpopulations the proportion of women using modern contraception increased during the early months of the pandemic (Wood et al., 2021; Makumbi et al., 2021). Similarly, a study among women in Moldova (Emery & Koops, 2021) found similar resilience in contraceptive use throughout the pandemic, while a study in Jordan found the reverse—a decline in contraceptive use during mandated lockdown periods, followed by a recovery to pre-pandemic levels (Aolymat et al., 2021). These findings of stability in population-level use of modern contraception were confirmed in the annual population-based surveys conducted by PMA in eight LMICs(Côte d'Ivoire, Burkina Faso, Nigeria, Uganda, DRC, India, Kenya and Niger), which showed no significant decline in modern contraceptive prevalence rates between 2019 and 2020, despite the COVID-19 pandemic (PMA Burkina Faso, 2021; PMA Côte D'Ivoire, 2020; PMA India, 2021; PMA Kenya, 2020; PMA Niger, 2021; PMA Nigeria, 2021; PMA République Démocratique du Congo, 2021a; PMA République Démocratique du Congo, 2021b; PMA Uganda, 2021).

Figure 6. Contraceptive interruptions due to COVID-19

Percentage of women who stopped or interrupted their contraceptive method use due to the COVID-19 restrictions



Data source: Performance Monitoring for Action surveys, available at www.pmadata.org



Evidence suggests that some women shifted methods during the pandemic, moving away from provider-dependent and long-acting methods to short-acting methods.

Evidence from supply chain, population surveys, and facility-based surveys indicated a shift in the types of contraceptive methods procured and provided during the pandemic. Although some national family planning policies encouraged providers to counsel women in favor of LARCs in an effort to mitigate potential disruptions to care (PAI, 2020a), data from multiple LMIC contexts demonstrate a reduction in uptake of long-acting methods, such as implants and IUDs, coupled with an increase in provision of short-acting methods, like oral contraceptives, injectables, emergency contraception, and condoms (Arias et al., 2022; Shikuku et al., 2021; Awan et al., 2021; Emery & Koops 2022; Fuseini et al., 2022b; Adelekan et al. 2020; IUSSP, 2020; Hossain et al., 2020; Research for Scalable Solutions 2022).

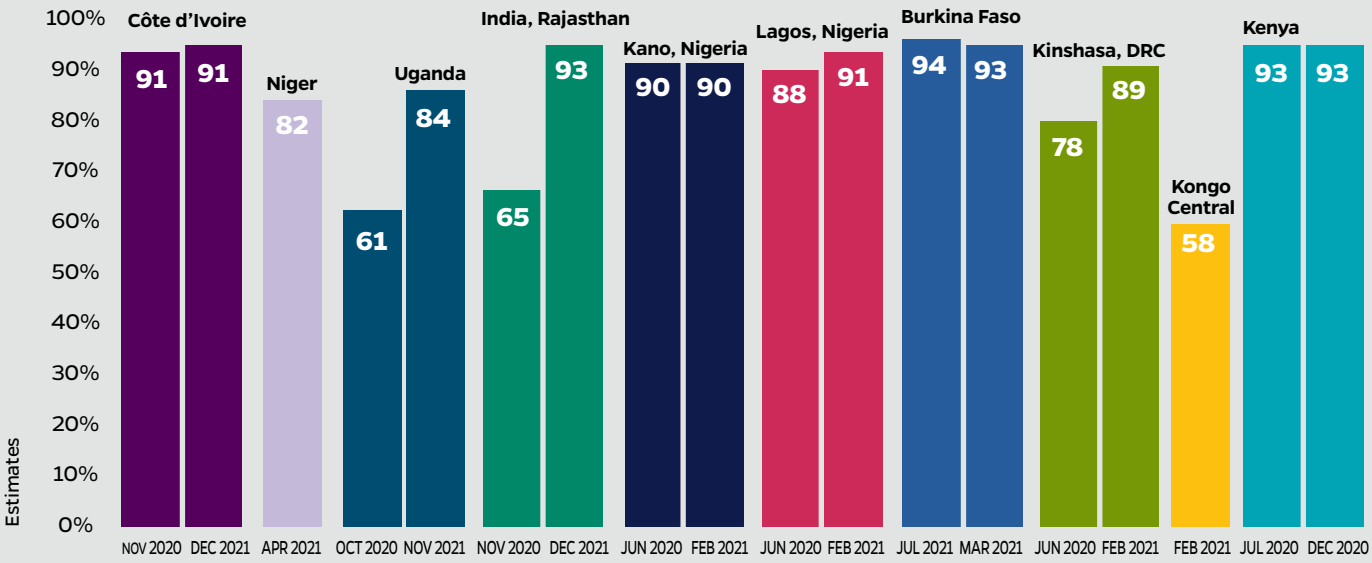
In contrast, two studies found increases in the use of long-acting methods during the pandemic (Fuseini et al., 2022a; Karp et al., 2021). Karp and colleagues examined contraceptive use dynamics of women in Burkina Faso and Kenya, finding that women who changed methods during this period generally adopted methods equally effective or more effective than the methods they were using before the pandemic (Karp et al., 2021). Similarly, using monthly service statistics from the DHIS2 system in Senegal, Fuseini and colleagues found increases in the provision of long-acting methods from March to December 2020, relative to the pre-pandemic period and after an initial drop in March 2020 (Fuseini et al. 2022a).

Limited access to family planning services and non-availability of preferred methods in some geographies also resulted in a shift to increased use of traditional methods and decreased use of modern methods (Figure 7). Asali et al. (2022) documented a shift towards traditional methods in Jordan. Similarly, Sanchez et al. (2020) found that 6% of surveyed women in Colombia had to change their contraceptive method, reflecting a shift away from facility-based and provider-dependent care during the early part of the pandemic and towards short-acting and self-administered methods that are more easily obtained from other sources. These patterns may also have been reflective of supply shortages at facilities. According to a report published by the Women's Refugee Committee, reductions in long-acting methods were due in large part to the limited availability of personal protective equipment, the required presence of the provider, and reduced flow of clients through static facilities (Jacob, 2020). While the overall picture of contraceptive use shows continuation, the implication of the change in methods is that many women experienced a contraction in available contraceptive options and may not have been able to continue their preferred method.

Family planning providers and a number of governments adapted strategies and enabling policies to support continued access to contraception during the pandemic.

Figure 7. Women's success in accessing health services

Among women who wanted to visit a health recently, the percentage who were able to access those services



Data source: Performance Monitoring for Action surveys, available at www.pmadata.org

Peer-reviewed literature from LMICs has less of a focus on shifts in practice—particularly shifts to telehealth—than literature from HICs, but there is some evidence suggesting that the resilience may have been a combination of increased motivation among couples to avoid pregnancy, continued commitment of health workers to assure that family planning needs were met (Enane et al., 2022), implementation of adaptive and high-impact practices to ensure continuity of family planning services by the health system, and, ultimately, designation of family planning and abortion clinic operations as "essential" (Plotkin et al., 2022) (Figure 8). For instance, qualitative findings in Kenya report that health workers were particularly resilient in addressing adolescent needs by taking on extra roles to provide sexual health education and family planning during routine clinic visits (Enane et al., 2022).

Documentation from implementing organizations in LMIC shows that providers adopted a variety of strategies to support and sustain access to family planning, including (but not limited to):

- Increased reliance on community health workers and volunteers to deliver home- and community-based family planning
- Development of home-based call centers for family planning information
- Integrating contraception delivery into the services of a ride-hailing app
- Coordinating with local government to get special permits for cars and buses transporting women for family planning care during lockdowns
- Digital and radio information and educations communication campaigns about community-based options for family planning
- Generating family planning specific youth WhatsApp discussion groups
- Implementation of chatbot and digital consult services via phone and app (Hossain et al., 2020; Church et al., 2020; EPF & IPPF EN, 2020 ; R4S 2022)

Moreover, governments and policymakers in many LMICs were proactive in designating family planning as "essential services." Adaptations to care included issuing revised guidelines for providers, lengthening the required time to replacement for LARCs, encouraging longer prescription windows to reduce provider visits, reducing requirements for provider visits to obtain family planning or medication abortion, encouraging expansion of virtual consultation and telehealth, and encouraging migration to self-administered methods of contraception (PAI 2020b; Enbiale et al., 2021). However, most enabling policy adaptations occurred in countries that already prioritized reproductive health (Plotkin et al., 2022). Whereas, globally, governments with already restrictive policies continued to de-prioritize family planning access during the pandemic (Endler et al., 2020).

Findings on abortion access and use amid COVID-19 in low- and middle-income countries

During the early months of the pandemic, there was a reduction in facility-based abortions, though not in all contexts. In LMICs, little evidence is available to understand the role of medication abortion or change in women's demand for services.

Evidence on abortion services and utilization in LMICs was limited and almost entirely based on facility records. Overall, evidence indicated a reduction in the number of abortions. Eighteen peer-reviewed studies used data from LMICs to investigate COVID-19's impact on abortion-related outcomes, with most demonstrating that women faced considerable barriers to accessing care and that this was accompanied by drops in service provision (Gebreegziabher et al., 2022; Shuka et al., 2022; Erausquin et al., 2022; Sarkar et al., 2021; Endler et al., 2021). In Nepal, safe abortion service visits decreased by 26% after the initial lockdown (Aryal et al., 2021). Similarly, two facility-based studies from Ethiopia both estimated an approximately 16% decline in abortion visits, though not all evidence accounted for pre-pandemic service levels (Belay et al., 2020, Shuka et al., 2021). Similarly, in South Africa, Adelekan and colleagues (2021) found a 17% decrease in abortions performed in public health facilities in Gauteng province. In India, Vora and colleagues (2020), using HMIS data, estimated a 28% reduction in abortion visits. In the grey literature, Marie Stopes International reported that 21% of women needing abortion services reported barriers to leaving the home and estimated 920,000 fewer safe abortions were performed in India than expected during this period (Marie Stopes International, 2020).

In some geographies, however, there appeared to be less of an impact on facility-based abortion care in the context of reduced COVID-19 mitigation policies. For example, in Nepal, a small, facility-based study

Studies highlighted in this report found

16%
Decline in abortion visits in Ethiopia

26%
Decrease in safe abortion service visits in Nepal

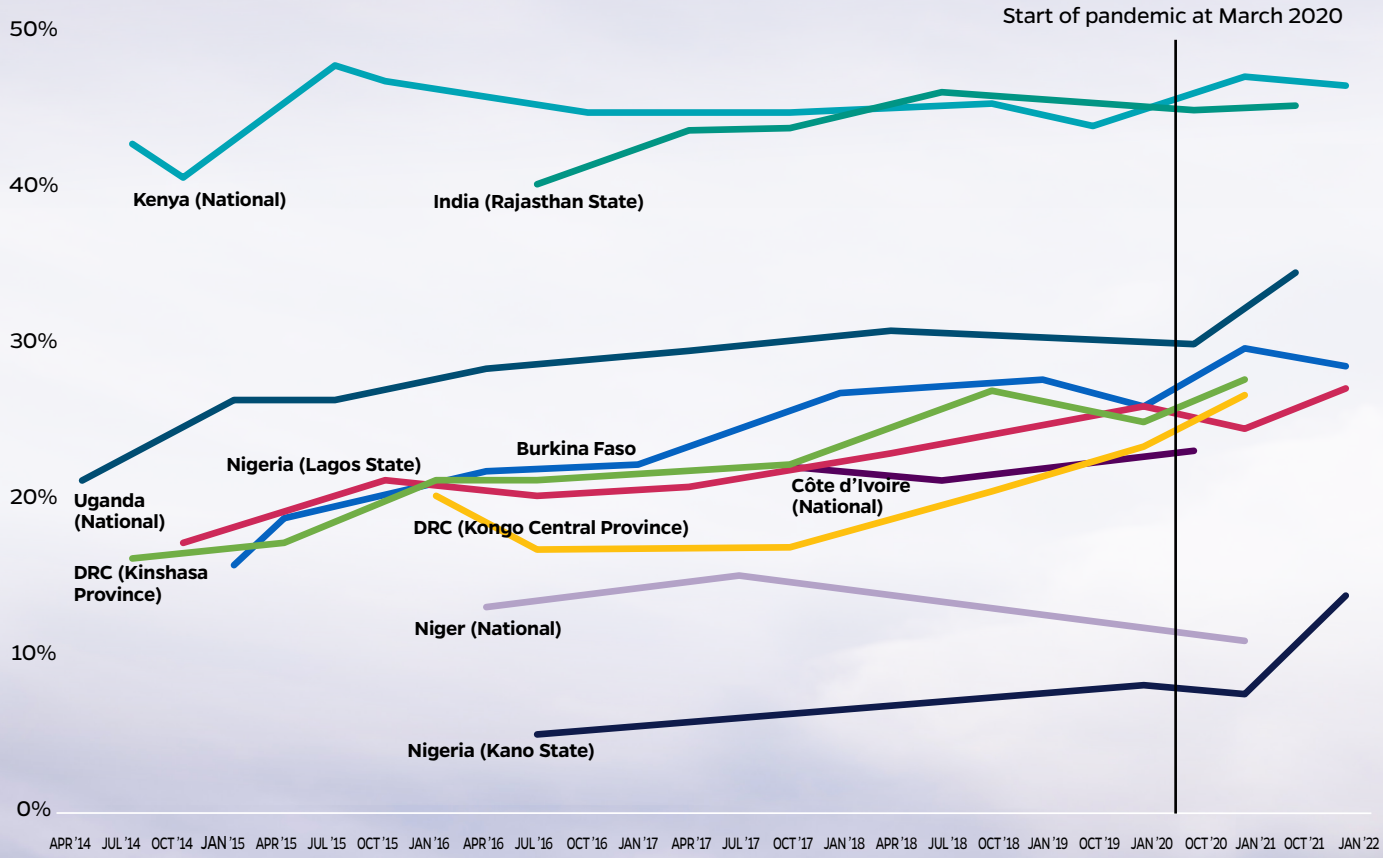
17%
Decrease in safe abortion service visits in South Africa

of 52 women found that abortion service uptake increased after easing of lockdown measures (Aryal et al., 2021). Another study at a facility in Nepal found an increased number of safe abortions performed compared to the same months in 2019 (Ghimire et al., 2020). A study in Ethiopia found a reduction in all services except abortion care during the same time period (Kassie et al., 2021). However, despite this evidence from smaller facilities and samples, the majority of studies indicate fewer abortions were performed at facilities during the pandemic.

Emerging evidence underscored shifts in abortion services towards self-care and telehealth modalities, even in LMICs where such mechanisms of care are less common. Women on Web reported a significant increase in requests for abortion pills by mail from Argentina and Malaysia, indicating that local abortion access was likely further limited during the early months of COVID-19 (van Ooijen et al., 2021). In contrast, in Mexico, calls to a public call center, Linea Mujeres, regarding abortion services dropped immediately after lockdowns began and did not begin to rise again until the seventh week of the pandemic (Silverio-Murillo et al., 2021; Marquez-Padilla et al., 2021).

There is very little population-based data to estimate whether there was any drop in demand for abortion services due to COVID-19, and there is also a considerable gap in the evidence on medication abortion in LMICs. Data from RHSC indicates an increase in consumption of medication abortion supplies in six African and Asian countries during the early pandemic (RHSC & JSI, 2021), and it is evident that some governments implemented policies to ease availability of medication abortion (PAI, 2020b). It is difficult to estimate how much of the reported declines in abortion are attributable to changes in the prevalence of unwanted pregnancy, shifts towards self-managed and medication abortion, and potential increase in unsafe abortions occurring outside the formal health care sector. There is an acute need for more research in this area.

Figure 8. Current use of any modern contraceptive method (all women)



Data source: Performance Monitoring for Action surveys, available at www.pmadata.org

Findings on sexual and reproductive health amid COVID-19 of vulnerable populations in low- and middle-income countries

Resilience of family planning in LMICs does not reflect experiences of youth, low-income populations, and migrants.

Despite the relative resilience of family planning in LMICs, there is considerable evidence that adolescents in these contexts experienced unique SRH challenges during the pandemic. One study in Nairobi found that 35% of young women and 40% of young men using contraception had trouble accessing their method, with fear of COVID-19, clinic closures, and financial barriers being the most prominent barriers to care (Decker et al., 2021). Additional qualitative data from Kenya also demonstrated the impact of clinic closures in reducing the affordability of contraception (Hassan et al., 2022). In a comparative study of adolescent girls in Kenya, Zulaika and colleagues (2022) found that those who experienced COVID-19 lockdowns experienced heightened odds of teenage pregnancy during this period, relative to a pre-pandemic cohort.

Similarly, a longitudinal cohort study of primarily youth users of an interactive voice response service in Malawi, Nepal, India, and Uganda found significant declines in modern contraceptive prevalence rates in all countries except India. Researchers also found that most of the respondents who were unable to obtain contraception from public facilities during the pandemic did not obtain contraception elsewhere, but, instead, discontinued use entirely (R4S, 2022). Quantitative and qualitative evidence on youth contraceptive and abortion access in Ethiopia, India, Kenya, Togo, and Nigeria further support these findings; all reported that adolescents faced unique barriers and higher levels of failure to access contraception (Seme et al., 2021; Kassie et al., 2021; Pinchoff et al., 2021; IUSSP, 2020; EPF & IPPF EN, 2020; Likalamu, 2021). Quantitative studies in Uganda and Kenya found lower declines than expected in adolescent access to family planning (Makumbi et al., 2021; Karijo et al., 2021). Qualitative perspectives from service providers also indicated challenges in provision of adolescent-friendly care, including termination of adolescent-dedicated clinic days, peer support programs, and youth social activities, which contributed to fewer opportunities for SRH education and family planning service provision for adolescents in clinical settings (Enane et al., 2022).

Refugee and migrant populations also faced particular challenges accessing family planning during COVID-19 (Likalamu, 2021). In a study of adolescent and young Venezuelan migrant women in Brazil, three-quarters reported an inability to obtain their preferred contraception through the health care system. Of those, over 90% were not offered another method (Soeiro et al., 2022). Finally, as in HICs, economically vulnerable populations also appeared to face greater barriers to accessing family planning services amid the pandemic (Bolinarwa, 2021; Hassan et al., 2022).

How did family planning compare to maternal, newborn, and child health?

Access to and use of family planning services fared better during the pandemic relative to those for maternal, newborn, and child health, particularly in HICs where services were quickly adapted to telehealth modalities.

A scoping review of evidence generated on maternal, newborn, and child health services in Africa between January 2020 and March 2022 found delays and declines in care during this period (Adu et al., 2022). Decreased use of services was pronounced for labor and delivery care due to fears of contracting the virus at health facilities and pandemic-related restrictions on movement (Ahmed et al., 2021; Abdul-Mumin et al., 2021; Jensen et al., 2020; Lusambili et al., 2020; Balogun et al., 2020; Sayed et al., 2021; Hailemariam et al., 2021; Pires et al., 2022). An analysis of HMIS data across eight sub-Saharan African countries identified severe disruptions to timely child vaccinations and outpatient visits, while use of antenatal care, postnatal care, and facility-based delivery also decreased in some geographies (Shapira et al., 2021). Refugee and low-income populations were disproportionately affected by these changes (Lusambili et al., 2020; Rodo et al., 2022). The extent to which delays and declines in care-seeking related to increased maternal, neonatal, infant, and child mortality and morbidity remains uncertain, though evidence generated in the first six months of the pandemic demonstrate adverse effects. During the early-pandemic months, data from HICs, such as the U.K., indicates heightened levels of stillbirth and preterm birth (Khalil et al., 2020); comparable trends were observed in low-income countries, such as Nepal, where facility-based delivery fell by more than half, and stillbirth and neonatal mortality rates increased (KC et al., 2020). Ultimately, declines in access and use of maternal, newborn, and child health services during COVID-19, relative to family planning, suggest that resilience of family planning services may reflect unique strengths of policies, services, and systems.

Summary Recommendations

This evidence review, spanning the first two years of the COVID-19 pandemic, provides a comprehensive examination into COVID-19's impact on access to, demand for, and use of family planning services amid a public health emergency. Although evidence from the early pandemic illustrated an overall story of resilience in family planning at the population level, we emphasize that many individuals still faced significant challenges in accessing contraceptive and safe abortion services during this period, and the long-term implications of these barriers are not yet known.

To ensure that global resilience of family planning services is sustained, harmonized efforts are needed to strengthen and protect family planning as an essential health service, particularly amid an increasingly restrictive policy environment for reproductive health.

Evidence summarized in this review underscores the importance of developing robust public health and health care systems that are equipped to navigate challenges in the delivery of health services amid emergencies. Peer-reviewed and grey literature illustrate the critical role that innovations played in protecting individuals' reproductive autonomy and access to health services during COVID-19, but also cautioned about potential pitfalls of these adaptations. Reliance on electronic modalities of care can exacerbate inequalities in access to reproductive health services, particularly among youth and low-income populations.

In light of these findings, we offer three recommendations for prioritizing future agility in the reproductive health field:

1. **Strengthen innovative systems to support telehealth services:** Evidence from mostly HICs indicated the transitions to telehealth services were valued by family planning patients and providers alike. However, over-reliance on telehealth has the potential to exacerbate pre-existing inequity in access, making it is critical to also maintain non-digital care options. Investments to address the digital divide may be particularly beneficial in supporting women's and girls' sustained access to family planning services, even in the context of future public health emergencies.

2. **Ensure services address the unique needs of youth, vulnerable, and low-income populations to protect reproductive autonomy:** Data suggest that in the early months of the pandemic, youth, vulnerable, and low-income populations did not benefit equitably from innovations in the delivery of family planning services. As reproductive health services prepare for inevitable future public health emergencies, youth-centered and economically accessible health approaches are needed to ensure that adolescents, young people, marginalized, and resource-constrained populations are not precluded from essential reproductive health care .

3. **Extend adaptations in the enabling environment for family planning:** The implementation of policies related to self-administered care and self-managed medication abortion helped mitigate the potentially devastating effect of COVID-19 on family planning. Health care providers, suppliers, and community members developed a range of innovative approaches for shifting the delivery of contraception and safe abortion care towards home and community-based interventions, where possible. In LMICs, innovative adaptations in health service provision demonstrated that access to essential family planning services could be maintained even in the context of stringent lockdown policies. These innovations should be supported and extended where feasible to foster an enabling environment for family planning services.

EVIDENCE SYNTHESIS: GLOBAL IMPACT OF COVID-19 ON FAMILY PLANNING

Search Strategy

Research questions

1. Access to family planning: What have been the impacts of supply chain disruption, health system disruptions, government lockdowns, and economic contraction on women's access to family planning

2. Demand for and use of family planning:
- Has the COVID-19 pandemic increased, decreased, or not affected demand for family planning?
- Has there been a shift in method mix or method preference?
- Have women and couples moved towards self-care or and/or private sector for their family planning needs

3. Disproportionately affected populations:
- Have some populations, including young women and girls, experienced unique consequences of COVID-19 on their family planning access, demand, and/or use?
- In all topic areas of the systematic scoping review, we will assess the extent to which some populations (e.g., youth, people with limited access to resources) may have been disproportionately affected by COVID-19 in terms of their contraceptive access, demand, and/or use.
- Additionally, we will consider populations that may have had adverse social, economic, and partner-related circumstances exacerbated within the context of COVID-19.

Types of Evidence: We will review four types of evidence generated throughout the pandemic to understand the state of family planning in the context of COVID-19. The four types—all important to the framing the potential and observed impact of the COVID-19 pandemic on contraceptive and abortion services—include:
- Commentary or opinion pieces (non-empirical; described anticipated impact)
- Modeled projections (non-empirical; grounded in historical data and assumptions)
- Empirical non-peer-reviewed (e.g., grey)
- Empirical peer-reviewed

Peer-review: Inclusion/Exclusion criteria

Inclusion

- Published between March 1, 2020 and March 31, 2022
- Published in English, Spanish or French
- Empirical research published in a peer-reviewed journal (qualitative or quantitative data)
- Conducted in any geography
- Focused on family planning, including contraception and/or induced abortion (i.e., include contraception and/or induced abortion as at least one outcome measure)
- Explores the impact of COVID-19 on contraception or induced abortion
- Assesses how pandemic-related policies, regulations, or restrictions OR changes to economic/social circumstances OR other changes brought about by the pandemic affected individuals' access to, demand for, or use of contraception or abortion

Exclusion

- Published before March 1, 2020
- Pubished in a language other than English, Spanish or French
- Non-empirical commentary or opinion pieces about impact of COVID-19 on contraception or abortion or general COVID-19 context
- Clinical trials about contraception or induced abortion or assessment of clinical effectiveness/ safety
- Case studies, series, or reports
- Systematic, scoping, or synthesis reviews of other articles
- Research on highly specific sub-populations
- Research on spontaneous abortion
- Clinical guidance about contraception or induced abortion
- Articles that do not directly examine contraception or induced abortion as a main health outcome (i.e., do not include contraception and/or induced abortion as at least one outcome measure)
- Descriptions of regulations/restrictions on contraception or abortion that lack evidence about the impact of these regulations/restrictions on access, demand, or use

Table S1. Search strategy—search terms

PubMed (N=571 articles identified on March 31, 2022)

No.	Concept	Terms
#1	COVID-19	"COVID-19"[MeSH Terms] OR COVID19[Title/Abstract] OR COVID-19[Title/Abstract] OR SARS-CoV-2[Title/Abstract] OR "sars-cov-2"[MeSH Terms] OR "Severe Acute Respiratory Syndrome Coronavirus 2"[Title/Abstract] OR COVID[Title/Abstract] OR "coronavirus"[MeSH Terms] OR coronavirus[Title/Abstract] OR pandemic*[Title/Abstract]
#2	Contraception	"Contraception"[Mesh] OR "Contraceptive Agents"[Mesh] OR "Family Planning Services"[Mesh] OR "Contraceptive Devices"[Mesh] OR contracept*[Title/Abstract] OR "family planning"[Title/Abstract] OR "birth control"[Title/Abstract] OR "fertility control"[Title/Abstract]
#3	Abortion	(abortion[Title/Abstract]) OR "manual vacuum aspiration"[Title/Abstract] OR (misoprostol[Title/Abstract]) OR (mifepristone[Title/Abstract]) OR "pregnancy termination"[Title/Abstract] OR ("Abortion, Induced"[MeSH Terms])
-	[Full search]	#1 AND (#2 OR #3)

Embase (N=578 articles identified on March 31, 2022)

No.	Concept	Terms
#1	COVID-19	('coronavirus':ab,ti OR 'covid-19':ab,ti OR 'covid19':ab,ti OR 'covid':ab,ti OR 'SARS-CoV-2':ab,ti OR ' Severe Acute Respiratory Syndrome Coronavirus 2':ab,ti OR 'pandemic':ab,ti) AND [2020-2022]/py
#2	Contraception	('contraception':ab,ti OR 'contraceptive':ab,ti OR 'contracept':ab,ti OR 'family planning':ab,ti OR 'birth control':ab,ti OR 'fertility control':ab,ti) AND [2020-2022]/py
#3	Abortion	('abortion':ab,ti OR 'mifepristone':ab,ti OR 'misoprostol':ab,ti OR 'manual vacuum aspiration':ab,ti OR 'pregnancy termination':ab,ti) AND [2020-2022]/py
-	[Full search]	#1 AND (#2 OR #3)

CINAHL Plus (N=696 articles identified on March 31, 2022)

No.	Concept	Terms
#1	COVID-19	TX COVID19 OR TX COVID-19 OR TX SARS-CoV-2 OR TX "Severe Acute Respiratory Syndrome Coronavirus 2" OR TX COVID OR TX coronavirus OR TX pandemic
#2	Contraception	TX contraception OR TX contraceptive OR TX contracept OR TX "family planning" OR TX "birth control" OR TX "fertility control"
#3	Abortion	TX abortion OR TX "manual vacuum aspiration" OR TX misoprostol OR TX mifepristone OR TX "pregnancy termination"
-	[Full search]	#1 AND (#2 OR #3)

Grey Literature: Inclusion/Exclusion criteria

Inclusion

Published between March 1, 2020 and March 31, 2022

Reports, data briefs, conference presents/papers, or other non-peer-reviewed format reflecting empirical evidence and experience from any geography

Focused on family planning, including contraception and/or induced abortion

Explores the impact of COVID-19 on contraception or induced abortion

Assesses how pandemic-related policies, regulations, or restrictions OR changes to economic/social circumstances OR other changes brought about by the pandemic affected individuals' access to, demand for, or use of contraception or induced abortion

Exclusion

Published before March 1, 2020

Non-empirical pieces (e.g., commentary, opinion, viewpoint, editorial) about contraception or induced abortion during COVID-19

Clinical trials about contraception or induced abortion during COVID-19

Clinical guidance about contraception or induced abortion during COVID-19

Work non-specific to contraception or induced abortion

Descriptions of regulations/restrictions on contraception or induced abortion that lack evidence about the impact of these regulations/restrictions on access, demand, or use

Google Advanced Search

Date Range: 03/01/2020 – 03/31/2022

File type: PDF

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) family planning filetype:pdf

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraception filetype:pdf

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraceptive filetype:pdf

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) birth control filetype:pdf

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) abortion filetype:pdf

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) reproductive health filetype:pdf

Date range: 03/01/2020 – 03/31/2022

File type: PPT

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) family planning filetype:ppt

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraception filetype:ppt

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraceptive filetype:ppt

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) birth control filetype:ppt

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) abortion filetype:ppt

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) reproductive health filetype:ppt

Date range: 03/01/2020 – 03/31/2022

File type: Word

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) family planning filetype:doc

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraception filetype:doc

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) contraceptive filetype:doc

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) birth control filetype:doc

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) abortion filetype:doc

allintitle: (covid OR covid19 OR covid-19 OR coronavirus) reproductive health filetype:doc

Table S2. Study details and key findings of peer-reviewed evidence

First Author	Country in which the study conducted	This relevant family planning outcome this article mostly focuses on	Aim of study	Study methods	Overall, in terms of data related to the pandemic, data were collected:	Population description / Inclusion criteria
Abdela	Ethiopia	Contraception	To assess the effect of COVID-19 prevention measures on essential healthcare services at Dessie Referral Hospital	Quantitative	Early	Patients visiting essential healthcare services (in the outcome of interest, family planning services) in Dessie Referral Hospital in Ethiopia (n=not provided)
Adelekan	Nigeria	Contraception	To investigate the extent to which the COVID-19 pandemic and related lock-downs had affected the provision and utilization of essential reproductive health, maternal and child health, and adolescent health services in primary health facilities, and the challenges in service delivery across ten Nigerian states	Quantitative	Middle	Primary health centers in 30 Local Government Areas in 10 States, representing the six geopolitical regions of Nigeria (n=307)
Aiken	Multiple high-income countries	Abortion	To assess whether demand for self-managed medication abortion provided by online telemedicine increased in European countries following the emergence of COVID-19	Quantitative	Early	People in Portugal, Italy, Hungary, Malta, Northern Ireland, Germany, The Netherlands, and Great Britain who contacted the online abortion service Women on Web (n=3915 requests)
Aiken	United States	Abortion	To assess whether demand for self-managed medication abortion increased as in-clinic access became more challenging during COVID-19 restrictions	Quantitative	Early	Americans who requested abortion medications from Aid Access, an online telemedicine service for abortion (n=49,935 requests)
Aolymat	Jordan	Contraception	To examine the influence of the COVID-19 pandemic on domestic violence, menstruation, genital tract health, and contraception use among women in Jordan	Quantitative	Middle	Married women aged 18 years who were living in Jordan and completed an online survey that was posted on social media platforms (n=200)
Arias	United States	Contraception	To determine the impact of telehealth availability on the achievement of postpartum care goals	Quantitative	Early	All patients with a postpartum visit of any modality scheduled at either the resident or faculty obstetrics clinics associated with the Department of Obstetrics and Gynecology at the University of Pennsylvania (n=1579)
Aryal	Nepal	Contraception and abortion	To analyze the pattern of Safe Abortion Services (SAS) at a tertiary healthcare center during the first six months of the COVID-19 pandemic in Nepal	Quantitative	Early; Middle	All women attending Gynecology outpatient clinic of LMCTH in Nepal for first trimester abortion services (n=52)
Asali	Jordan	Contraception	To report on what family planning methods women used during the pandemic, report if they changed their preferred methods and reasons for the change, assess women's knowledge about the natural methods of family methods, estimate unplanned pregnancies	Quantitative	Middle	Women in Jordan, ages 18-49 (n=519)
Atay	France	Abortion	To understand the demand and main drivers of telemedicine abortion in France	Mixed-methods	Early; Middle	People living in France who requested abortion medication from Women on Web, an online telemedicine abortion service (n=809 consultations)
Awan	Pakistan	Contraception	To report the uptake, satisfaction, and quality of family planning services in the clients of a private sector organisation during COVID-19 in Pakistan and compare it with the situation before Covid-19 pandemic	Quantitative	Early	Married women of reproductive age who were clients at Suraj Social Franchise clinics or remote outreach camps in Pakistan (n=2684)
Balachandren	UK	Contraception	To understand the impact of the COVID-19 pandemic on women's access to contraception in the UK, levels of unplanned pregnancy, and pregnancy outcomes	Quantitative	Early; Middle	Adult women in the UK who were pregnant between 24 May and 31 December 2020 (n=9784)

First Author	Country in which the study conducted	This relevant family planning outcome this article mostly focuses on	Aim of study	Study methods	Overall, in terms of data related to the pandemic, data were collected:	Population description / Inclusion criteria
Baloch	Pakistan	Contraception	To measure the impact of the COVID-19 pandemic on the utilization of reproductive, maternal, newborn, and child health (RMNCH) care services at primary health care (PHC) facilities in Pakistan.	Quantitative	Early	Sindh primary care facilities across 22 districts in Pakistan (n=1169)
Becker	United States	Contraception	To evaluate potential changes in women's preventive service use during the pandemic in a large commercially insured cohort	Quantitative	Early; Middle	Women aged 18 to 74 years enrolled in a commercial health maintenance organization in Michigan (n=685,373)
Belay	Ethiopia	Contraception and abortion	To compare data on safe abortion and contraception services from service delivery units from March through May 2020 and compared it with data from March through May 2019	Quantitative	Early; Middle	Client data from a teriary care facility Ethiopia (n=unspecified)
Berger	Multiple high-income countries	Contraception and abortion	To gain further insight into potential future consequences of the lockdown for family demography	Quantitative	Early	Google searches made in Austria, France, Germany, Italy, Spain, the United Kingdom, and the United States (n=1404 weekly observations in Europe, 10,062 weekly observations in 43 U.S. states)
Bittleston	Australia	Contraception	To explore young Australians, reasons for delaying seeking sexual and reproductive health (SRH) care during the pandemic	Mixed-methods	Early	young Australians (aged 18-29 years) who responded to an online questionnaire (n=1058)
Bolarinwa	South Africa	Contraception	To examine the factors contributing to limited access to condoms and sources of condoms during the COVID-19 pandemic in South Africa	Quantitative	Early	South Africans between the ages of 15 to 49 (n=5304)
Boydell	Scotland	Abortion	To explore the experiences of women in Scotland who accessed medical abortion at home up to 12 weeks gestation, delivered via a telemedicine abortion service and implemented in response to the coronavirus (COVID-19) pandemic and to identify areas for improvement and inform service provision.	Qualitative	Early	Women in Scotland who accessed telemedicine abortion services and self-administered mifepristone and misoprostol at home up to 12 weeks gestation (n=20)
Brandell	Italy	Abortion	To estimate the need and characteristics of requests from Italy for medical abortion through telemedicine before and during the COVID-19 pandemic	Quantitative	Early; Middle	People in Italy who requested a consultation for telehealth abortion services from Women on Web (n=778 consults)
Caruso	Italy	Contraception	To investigate the effects of social distancing during the COVID-19 pandemic on the use of hormonal contraceptives, their discontinuation and the risk of unplanned pregnancy.	Quantitative	Early	Hormonal contraceptive users from Italian hospital family planning clinic (n=317)
Charles	Brazil	Contraception	To assess the impact of the COVID-19 pandemic on sales of modern contraceptive methods in Brazil	Quantitative	Early; Middle	Monthly sales data were analysed of short-acting reversible contraceptive methods and long-acting reversible contraceptive (LARC) methods (n=not provided)
Clement	United States	Contraception	To evaluate whether disruptions related to Covid-19 have affected new and existing patients,Äô access to pharmacological therapies without interruption	Quantitative	Early	U.S. prescription drug claims (n=9.4 billion)
Coombe	Australia	Contraception	To explore the impact of Australia-wide lockdown on the reproductive health of women of reproductive age, including pregnancy intentions and contraception access.	Quantitative	Early	Reproductive aged women (18-49 years) who were living in Australia (n=518)

First Author	Country in which the study conducted	This relevant family planning outcome this article mostly focuses on	Aim of study	Study methods	Overall, in terms of data related to the pandemic, data were collected:	Population description / Inclusion criteria
Creinin	United States	Abortion	To assess surgical abortion procedures at a Northern California tertiary referral center during the early outbreak (February 2020), the initial surge (March to April 2020), and decline (May 2020) of the coronavirus disease 2019 (COVID-19) pandemic	Quantitative	Early	Surgical abortion referrals and procedures from one tertiary referral center in Northern California (n= 1851 referalls, 601 procedures)
Dahl	Multiple high-income countries	Abortion	To understand barriers to care during the pandemic and how the pandemic affected participants,Äô decisions about whether and when to seek an abortion.	Mixed-methods	Early; Middle	Individuals seeking abortion in Chicago, Illinois, USA. Excluded if under 18 and non-English-speaking. (n=500)
Das	United States	Contraception	To assess how use of postpartum contraception (PPC) changed during the COVID-19 public health emergency	Quantitative	Early	Billing and coding data of all patients who delivered during the time period at a single urban institution (n=1797)
Datsenko	UK	Contraception	To evaluate whether sexual health services (SHS) across the UK could meet the Faculty of Sexual and Reproductive Health (FSRH) standard for access by being able to offer an appointment for a long-acting reversible contraception (LARC) fitting within 2 weeks of initial contact.	Quantitative	Middle	Clinics offering LARCs, according to the British Association of Sexual Health and HIV database. Excludes those open less than 2 days a week and those that had permanently closed (n=218).
Decker	Kenya	Contraception	To examine the economic, health, social, and safety impact of COVID-19 on adolescents and young adults in Nairobi, Kenya through mixed methods and characterize the gendered impact by applying gender analysis principles	Mixed-methods	Early; Middle	An existing cohort of unmarried youth ages 16-26 in Nairobi, Kenya (n=1217)
DeKort	Belguim	Abortion	To explore the impact of the COVID-19 measures on the experience of the abortion staff	Qualitative	Early	Staff of one abortion centre, located in one of the bigger Flemish cities (n=11 respondents)
DeKort	Belguim	Contraception and abortion	To assess (1) whether COVID-19 had an impact on the number of people progressing through the various steps of the abortion service (abortion request, abortion procedure, and placing LARC), as well as (2) whether certain groups of people were affected more severely.	Quantitative	Early; Later	Abortion requests at a clinic within a network of Dutch speaking non-hospital-based abortion centres in Flanders, Belgium (n=4243)
Dema	UK	Contraception and abortion	To determine the proportion of participants reporting sexual risk behaviours, SRH service use and unmet need, and to assess remote sexually transmitted infection (STI) testing service use after the first national lockdown in Britain.	Quantitative	Early	Individuals aged 18-44 years who resided in England, Scotland, or Wales (n=3758)
Dia-	United States	Contraception	To describe barriers to and satisfaction with contraception use in the US due to COVID-19 and how these changed over the COVID-19 pandemic.	Quantitative	Early; Later	English- or Spanish- speaking women of reproductive age who had not been surgically sterilized and were not currently pregnant (n=5340)
Doubova	Mexico	Contraception	To estimate the overall effect of the pandemic on essential health service use and outcomes in Mexico, describe observed and predicted trends in services over 24 months, and to estimate the number of visits lost through December 2020.	Quantitative	Early; Middle	Patient visits to the Mexican Institute of Social Security, the largest healthcare provider in Mexico

First Author	Country in which the study conducted	This relevant family planning outcome this article mostly focuses on	Aim of study	Study methods	Overall, in terms of data related to the pandemic, data were collected:	Population description / Inclusion criteria
Emery	Moldova	contraception	To asses the impact of the COVID pandemic on fertility intentions and behaviour in the Republic of Moldova, a middle income country in Eastern Europe	Quantitative	Early; Middle	Representative longitudinal household survey of 15-79 yr olds (n=10,044)
Enane	Kenya	Contraception and abortion	To examine the impacts of the COVID-19 pandemic on adolescent HIV service delivery and care engagement in western Kenya.	Qualitative	Middle; Later	Health care workers in a range of roles and sites from 10 Academic Model Providing Access to Healthcare (AMPATH) clinics in western Kenya (n=22)
Enbiale	Ethiopia	Contraception	To assess the effect of preventive COVID-19 measures on essential healthcare services in selected health facilities of Ethiopia.	Quantitative	Early	Medical Records of the visitors of 4 hospitals and 3 primary healthcare units in Amhara (n=not provided)
Endler	Multiple high- and low-/mid-dle-income countries	Contraception and abortion	To give a global overview of trends in access to SRHR during the coronavirus disease 2019 (COVID-19) pandemic, and how this is impacting different regions of the world, and to understand what is being done to mitigate decrease in access and utilization of services.	Quantitative	Early	Clinicians, researchers, and organizations within the network of the International Federation of Gynecologists and Obstetricians (FIGO) committee on Human Rights, Refugees, and Violence Against Women (n=51)
Ennis	Canada	Abortion	To characterize the experiences of health care practitioners on the impact of COVID-19 and pandemic response measures on abortion care in Canada, with a focus on access, telemedicine and early MA provision.	Mixed-meth-ods	Early; Middle	Canadian physicians, nurse practitioners and administrators who provided first, second or third trimester medical or surgical abortion provision (n=307 first wave, 78 second wave)
Erausquin	Multiple high- and low-/mid-dle-income countries	Contraception and abortion	To examine changes in sexual behaviors (sex frequency and condomless sex), IPV, and use of sexual and reproductive health services during COVID-19 and examine changes in HIV/sexually transmitted infection (STI) testing, harmful cultural practices, mental health, and food security.	Quantitative	Early; Middle	Individuals across 24 countries who had casual partners (n=3374)
Fikslin	United States	Contraception	To examined changes to the utilization of birth control and PrEP during the onset of the COVID- 19 pandemic in the USA, between April and June 2020.	Mixed-meth-ods	Early	People who were 18 years or older, fluent in English, and living in the USA (N=511)
Fulcher	United States	Abortion	To evaluate the impact of the COVID-19 pandemic on abortion care utilization and disparities in utilization by patient age in Massachusetts.	Quantitative	Early; Middle	Electronic medical records from all abortions that occurred at the Planned Parenthood League of Massachusetts from May 1, 2017 through December 31, 2020 (n=35,411)
Fuseini	Senegal	Contraception	To assess the impact of the COVID-19 pandemic on the number of new contraceptive acceptors in Senegal overall and by method	Quantitative	Early; Middle	DHIS national data (n=not provided)
Fuseni	Ghana	contraception	To assess whether covid caused an increase in use of emergency contraception	Quantitative	Early; Middle	Ghana DHMIS data- so users of district health systems
Gebreeg-ziabher	Ethiopia	Contraception and abortion	To assess trends in selected reproductive, maternal, neonatal and child health services performance indicators before, during and after national lockdown in the context of COVID-19 pandemic in Addis Ababa, Ethiopia.	Quantitative	Early; Middle; Later	Facilities providing MCH services in Addis Ababa, Ethiopia (n=217)
Ghimire	Nepal	Contraception and abortion	To record comparison of safe abortion services (also ED visits and MCH) to same time frame in pre covid.	Quantitative	Early	Records from a primary care district hospital in nepal (n=)

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Gibelin	France	Abortion	To assess whether the emergency measures undertaken for the management of abortions during the COVID-19 pandemic led to practice changes and to obtain practitioners' opinions regarding the continuation of these measures.	Quantitative	Middle	Health workers performing abortions (midwives, general practitioners, gynecologists obstetricians and medical gynecologists) in the South and Corse regions in France (n=124)
Godfrey	United States	Abortion	To examine provision of direct-to-patient medication abortion during COVID-19 by United States family physicians through a clinician-supported, asynchronous online service, Aid Access.	Quantitative	Early; Middle	United States residents in New Jersey, New York, and Washington who requested medication abortion from 3 family physicians using the online service from Aid Access between April and November 2020 (n=534)
Greene	Ireland	Abortion	To examine patterns in and reasons for seeking and receiving online telemedicine abortion outside the jurisdiction following legalisation and introduction of telemedicine abortion.	Quantitative	Early	Requests from Ireland to Women on Web (n=764)
Guzzetti	Italy	Abortion	To evaluate whether the number of voluntary 1st-trimester terminations of pregnancy was affected by the lockdown established by the government in response to the COVID-19 pandemic and whether there were any changes in patient features and/or access to pregnancy termination among the various phases of examination.	Quantitative	Early	Women seeking elective termination of pregnancy within 90 days of amenorrhoea at one of three hospitals in Genoa (San Martino Hospital; Villa Scassi Hospital and Evangelico Internazionale Hospital) (n=334)
Hassan	Kenya	Contraception	To uncover how COVID-19 response measures changed the normative context of family planning and how women's influencers shaped FP decision making during the COVID-19 pandemic.	Qualitative	Middle	16 women (aged 18-25 years), 10 men in partnerships with women, and 14 people in women's social networks across 7 low-income wards in Nairobi, Kenya. (n=40)
Hill	United States	Contraception	To explore racial/ethnic disparities in family planning telehealth use during COVID-19.	Quantitative	Early	Females receiving sexual and reproductive health care, in-clinic or via telehealth, from 1 of 10 nonprofit clinics in Arkansas, Kansas, Missouri, or Oklahoma (n=3142)
Hill	United States	Contraception and abortion	To assess the potential influence of the pandemic on abortion by comparing sociodemographic and travel characteristics of patients receiving abortion care at four abortion facilities in Arkansas, Kansas, and Oklahoma before and during the COVID-19 pandemic.	Quantitative	Early; Middle	De-identified electronic health record data of abortion patients from four nonprofit abortion facilities in Arkansas, Kansas, and Oklahoma (n=10,204)
Hukku	Canada	Abortion	To explore the decision-making and care experiences of those who obtained abortion services during the COVID-19 pandemic and understand recent abortion patients,Äô perspectives on demedicalized models of medication abortion service delivery.	Qualitative	Early; Middle; Later	Prospective participants had to have had at least one abortion after March 15, 2020, have resided in Canada at the time of their abortion, be sufficiently fluent in English or French to answer interview questions, and have access to a telephone, Skype, or audio-Zoom. Researchers welcomed hearing from people who identify across the gender spectrum and recognize that not every person with the capacity for pregnancy identifies as a woman. (n=23)
Joffe	United States	Abortion	To explore and identify the challenges experienced by independent abortion providers during the COVID-19 pandemic in the United States	Qualitative	Early	Abortion providers (both clinical and nonclinical staff) from independent abortion clinics throughout the US South and Midwest (n=20)

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Kaller	United States	Abortion	To investigate national abortion service availability in the first 6 months of the COVID-19 pandemic in the U.S., when the pandemic and state-level restrictions disrupted abortion care	Quantitative	Early	Abortion facilities in the U.S. listed in ANSIRH's Abortion Facility Database (n=751 facilities)
Karijo	Kenya	Contraception	To collect information on the level of knowledge on signs and symptoms of COVID-19, commonly used channels of information on COVID-19, adoption of preventive practices, and the effects of COVID-19 among the youth, focusing on access to spe- cific health care services and other social and economic effects of the pandemic, as informed by literature review of other epidemics/pandemics and effects on SRH, health service delivery and socio-economic factors. The tool also covered the youth' perceived risk of infection, fears or concerns regarding the outbreak.	Quantitative	Early	Youth enrolled in a youth action network, Y-ACT, that advocates for SRH and gender equality for/among young people (n=2156)
Karlin	United States	Abortion	To explore U.S. provider perspectives about self-sourced medication abortion and how their attitudes and clinic practices changed in the context of the COVID-19 pandemic.	Mixed-methods	Early	Physicians having a MD/DO degree and having provided at least 3 abortions in the last 6 months at the time of recruitment (n=40)
Karp	Burkina Faso, Kenya	Contraception	To quantify contraceptive dynamics during COVID-19, examine sociodemographic factors and COVID-19 experiences related to contraceptive dynamics, and assess COVID-19-related reasons for contraceptive non-use.	Quantitative	Early	women at risk of unintended pregnancy in Burkina Faso and Kenya (n=3970)
Kassie	Ethiopia	Contraception and abortion	To evaluate the early indirect impact of COVID-19 on the utilization of reproductive, maternal, and newborn health services at government health facilities in South West Ethiopia and its consequences.	Quantitative	Early	All reproductive age women who received reproductive and maternal health-care services, and/or who visited health facilities for their newborn health-care services at the selected governmental health facilities of Bench Sheko, Sheka, Keffa, and West Omo zone (n=not provided)
Kavanaugh	United States	Contraception	To identify prevalence of, and patient and clinic charac- teristics associated with, delays in access to sexual and reproductive health (SRH) care due to the COVID-19 pandemic across three states with varying COVID-19 context and state government response.	Quantitative	Early; Middle; Later	Individuals seeking care at publicly supported family planning sites in Iowa, Arizona, and Wisconsin (n=1447). Patients were eligible to participate in the study if they reported they were assigned female on their birth certificate, were 15 years of age or older, sought family planning care at an eligible site during its fielding period, and did not have a confirmed pregnancy at the time of their appointment.
Kerestes	United States	Abortion	To understand how obtaining a medication abortion by mail with telemedicine counseling versus traditional in-clinic care impacted participants' access to care.	Qualitative	Early	Individuals who completed a medication abortion by mail through the TelAbortion study (n=45)
LaRoche	United States	Abortion	To explore public opinion about using telemedicine to provide medication abortion during the COVID-19 pandemic in 2020.	Mixed-methods	Middle	U.S. adults who completed a web-based survey (n=711)

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Leight	Mozambique	Contraception	To analyze the evolution of contraceptive services utilization as accessed through this door-to-door community health worker program in the period immediately surrounding the state of emergency declaration linked to the COVID-19 pandemic in Mozambique	Quantitative	Early	Women beneficiaries of the Integrated Family Planning Program (IFPP) who are residents in urban and peri-urban areas of Sofala and Nampula province of Mozambique (n=109,129)
Lete	Spain	Contraception	To know the contraceptive behaviour of Spanish women who use combined oral contraception (COC) during the period of lockdown due to COVID-19.	Quantitative	Early	Spanish women who use combined hormonal oral contraception (n=937)
Lewis	Scotland	Contraception	To illuminate young people's experiences of accessing and using condoms and contraception in the early months of the pandemic	Quantitative	Early	16-24-year-olds who live in Scotland and use condoms/ contraception (n=2005)
Li	Other: China	Contraception and abortion	To assess the impact of COVID-19-related measures on partner relationships and sexual and reproductive health in China.	Quantitative	Early	People who were 15-35 years old, live in China, and reported penetrative sex (defined as insertion of penis into vaginal or anal orifices) at least once at any time in the past 6 months (n=967)
Lin	United States	Contraception	To understand how the COVID-19 pandemic affected women of reproductive age, specifically their economic conditions, desire for pregnancy, and access to contraceptive services during the pandemic.	Quantitative	Early	Women of reproductive age residing in the United States who reported having had sex with a man in the past 4 months (n=554)
Ma	Multiple high- and low-/middle-income countries	Contraception	To analyze how weekly-level COVID-19 online query data and coronavirus epidemiological data nested within regions would predict condom-related searches across American states (Study 1) and different countries/territories (Study 2), after accounting for a series of weekly-level and macro-level covariates.	Quantitative	Early; Middle; Later	Google searches across 102 countries and american states (n=not provided)
Maier	United States	Contraception and abortion	To assess how COVID-19 affected SRHR service provision during the first 6 months of the pandemic.	Mixed-methods	Early	SRHR providers, defined as family planning centers, abortion clinics, sexual health clinics, maternal health programs, and adolescent programs (n= 97 survey, 15 interview)
Manze	United States	Contraception	To investigate factors associated with delays to obtaining contraception during the COVID-19 pandemic among pregnancy-capable adults in New York State.	Quantitative	Early	Female and transgender male New York State residents aged 18-44 years who were not pregnant and sought contraception and responded to a web-based survey (n=953)
	Mexico	Contraception and abortion	To understand the effects of lockdown policies on non-COVID-19 health-related outcomes,in particular, its effects on access to abortions.	Quantitative	Early	Women living in the Mexico City Metropolitan Area (MCMA) (n=not provided)
Mello	United States	Abortion	To characterize the combined impact of federal, state, and institutional policies on barriers to expanding medication and telemedicine abortion care delivery during the COVID-19 pandemic in the abortion-restrictive states of Ohio, Kentucky, and West Virginia	Mixed-methods	Early; Middle	Facilities that provide medical abortion in Ohio, Kentucky, and West Virginia)n=14, out of a possible 16)
Mezela	Belguim	Abortion	To evaluate the efficiency of a newly established protocol for medical abortion and measure the level of satisfaction of the patients who experienced abortion at home	Quantitative	Early; Middle; Later	Patients at a single abortion provider with medical abortion performed in hospital and at home (n=181)

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Michael	Nigeria	Contraception	To examine the influence of COVID-19 pandemic on contraceptive use/family planning in Nigeria.	Quantitative	Early	Adults 17 years and older across the six geopolitical zones of Nigeria (n=1404)
Miller	United States	Contraception	To assess the impact of the COVID-19 pandemic on postpartum contraception planning.	Quantitative	Early	People giving birth at a large, tertiary referral center during a regional “shelter in place” order vs. those who gave birth pre-COVID (n=586)
Nagendra	United States	Contraception and abortion	To better understand how the COVID-19 pandemic is affecting the current availability of sexual health care services and educational needs of providers.	Quantitative	Early	Clinics providing sexual health services in and outside of New York State (n=73)
Niemeyer Hultstrand	Sweden	Contraception and abortion	To investigate if the pandemic affected Swedish women’s decision to have an induced abortion and their access to contraceptive counseling.	Quantitative	Middle; Later	Swedish-speaking women seeking a first-trimester abortion at one of seven clinics in Sweden (n=623)
Pinchoff	India	Family planning visits	To analyse gender specific variation in COVID-19 knowledge and practice of preventive behaviors, and mental health effects among a cohort of adolescent and young adults	Quantitiative	Early	Cohort of youth (10-19 at enrollment in 2015) participating in Udaya longitudinal study (n=1666)
Plotkin	Multiple low- and middle-income countries	Contraception	To describe the key policy elements driving service delivery in Kenya, Mozambique, Uganda, and Zimbabwe, including comparing with examples from HIV,Äôs differentiated service delivery (DSD) models	Qualitative	Early; Middle	COVID policy guidelines issued in April 2020 by Mozambique, Kenya, and Uganda, and in June 2020 by Zimbabwe (n=4)
Porter Erlank	UK	Abortion	To present an analysis of post-procedure satisfaction data from telemedicineEearly medican abortion(EMA) patients to understand their experiences with this new pathway and their preferences for care	Mixed-methods	Early	Patients who received telemedicine early medication abortion from MSI Reproductive Choices UK (abortion provider in the UK) between April and August 2020 and who opted in to a follow up call (a total of 13.7% of telemedicine EMA patients were reached). (n=1243)
Reynolds-Wright	UK	Contraception and abortion	To determine the number of women having medical abortion at home without routine ultrasound, the efficacy of the procedure when delivered by this model, safety based on serious complications after treatment, and women’s acceptability of their care.	Mixed-methods	Early	Women 16 years or older in Scotland who had a teleconsultation to discuss an unwanted pregnancy and had a medical abortion at home at less than 12 weeks’ gestation (n=663)
Roberts	United States	Abortion	To document the ways in which the COVID-19 pandemic, public health responses and the designations of abortion as a nonessential service affected abortion providers and abortion care, and explore the strategies that clinics and staff adopted to navigate the pandemic	Mixed-methods	Early	Independent abortion providers (not affiliated with Planned Parenthood) (n=103 clinics)
Roberts	United States	Abortion	To examine changes in abortions in Louisiana before and after the COVID-19 pandemic onset and assess whether variations in abortion service availability during this time might explain observed changes	Quantitative	Early	Abortion clinics in Louisiana and clinics in Arkansans, Mississippi, and Texas which provided abortions to Louisiana residents (n=30 clinics)
Roland	France	Contraception	To assess the impact of the COVID-19 pandemic on the use of reimbursed contraceptives in France after 15 months of the pandemic, according to age-group and updating previous data only pertaining to the first lockdown (2 months).	Quantitative	Early; Middle; Later	Individuals in France (data from French National Health Insurance database, covers 99.5% of population)

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Roland	France	Contraception	To examine the use of oral contraceptives(OC), emergency contraception, levonorgestrel-releasing intrauterine devices (LNG-IUDs), and ovulation inductors in France during lockdown and 1 month after.	Quantitative	Early	individuals living in France (data from the National Health Data System) (n=not provided)
Roy	Bangladesh	Contraception	To examine the socioeconomic, demographic, and other critical factors linked to the use of FP in the studied areas during the COVID-19 pandemic."	Quantitative	Middle	Women who were 15-49 years old (n=1990). Exclusions include "mental and severe health problems, were pregnant, widowed, divorced, or separated, underwent hysterectomy, reported infertility and menopause."
Rydelius	Sweden	Abortion	To investigate if the number of induced abortions and ongoing pregnancies changed during the first pandemic wave of COVID-19 compared with recent years prior to the pandemic and to explore possible reasons for the findings	Mixed-methods	Early	women aged >18 who understood and spoke Swedish or English, and attended the abortion clinic in Sahlgrenska University Hospital for counseling for abortion; women with severe mental illness excluded; considerations were made to include women of different ages and gestational weeks (n=15 interviews, number of records reviewed unspecified)
Sakowicz	United States	Contraception	To examine whether preventative health service utilization, including postpartum depression screening and contraceptive utilization, differed during the COVID-19 pandemic when compared with the prepandemic period.	Quantitative	Early	All pregnant patients who received prenatal care at 1 of 5 academic obstetrical practices and who delivered at Northwestern Medicine Prentice Women's Hospital (Chicago, Illinois) either before or during the COVID-19 pandemic (n=2375)
Sarkar	India	Contraception and abortion	To compare the attendance of patient in Antenatal Care (ANC) and Gynaecology Out Patient Department (GOPD) between pre-lockdown and lockdown period due to COVID-19 pandemic.	Quantitative	Early	Patients attending the antenatal and gynaecology outpatient department (n=12,055). Exclusion criteria: 1) patients awaiting surgery and undergoing pre-anaesthetic workup, 2) patients having history suggestive of suspected COVID-19 affection, 3) travel history of patient or her family members, 4) history of exposure to COVID-19 patients.
Shah	Pakistan	Contraception and abortion	To explore the effects of COVID-19 on reproductive and child health services and gender relations.	Qualitative	Early	Public health experts in pakistan with post-grad qualifications in medicine (n=5). "Designations of participants are CEO, Chief of Party, Senior Advocacy Consultant, founder of a hospital and Technical Advisor."
Shikuku	Kenya	Contraception and abortion	To determine the initial impact of COVID-19 pandemic on reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in Kenya.	Quantitative	Early	Patients who utilized RMNCAH services in Kenya (n=not provided)
Shuka	Ethiopia	Contraception and abortion	To compare healthcare use in the 4 months immediately after identification of the first case of virus in Ethiopia with healthcare use a year before and the 4 months just preceding March 2020.	Quantitative	Early	Health centers and public hospitals in Ethiopia (n=79). Selected based on regional distribution of COVID-19 cases.
Siddiqui	United States	Contraception	To characterize how access to contraception products and services in pharmacies changed during the COVID-19 pandemic, including pharmacist prescribing practices and innovations in service delivery.	Mixed-methods	Middle	Pharmacists in California and Colorado (n=128)
Siedner	South Africa	Contraception	To evaluate whether implementation of lockdown orders in South Africa affected ambulatory clinic visitation in rural Kwa-Zulu Natal (KZN).	Quantitative	Early	Patients who visited an ambulatory clinic in the KZN province during the study time period (n=46,523)

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Sienicka	Poland	Contraception	To determine the reproductive intentions among the Polish society during COVID-19 pandemic.	Mixed-methods	Middle	Polish people aged 18-49 who responded to a google forms survey distributed among 87 Polish Facebook groups, excluding "homosexual orientation and people who had not initiated sexual intercourse" (n=984)
Silverio-Murillo	Mexico	Abortion	To determine "the effect of the COVID-19 stay-at-home order on mental health and fertility decisions" in Mexico City	Quantitative	Early	Number of calls to the public call-center Linea Mujeres during the study time period (uses administrative data) (n=undefined)
Soeiro	Brazil	Contraception	To assess main SRH issues affecting migrant Venezuelan adolescents and young women in Boa Vista, Roraima at the northwestern border of Venezuela-Brazil.	Quantitative	Middle	Venezuelan migrant girls and women between 10 and 24 years old (fluent in Spanish and literate) at the informal shelter or the St. Agostinho Church in Brazil (n=153)
Steenland	United States	Contraception	To examine whether the COVID-19 pandemic affected the supply duration of prescribed oral contraception.	Quantitative	Early; Middle	All Symphony claims for first pickups of prescriptions for 28-day packs of combined oral contraception that were filled between May 1, 2019, and December 31, 2020 (38,063,943 claims)
Steenland	United States	Contraception	To document a change in contraceptive visits in the United States during the COVID-19 pandemic.	Quantitative	Early; Middle	Health insurance claims from 280 million patients in the U.S.
Steiner	United States	Contraception	To examine changes in availability of in-person SRH services, changes in accessibility and utilization of SRH services, and use of strategies to support provision of SRH services during the pandemic among U.S. primary care physicians who delivered SRH services to adolescents before the COVID-19 pandemic.	Mixed-methods	Middle	Family practitioners, internists, and pediatricians whose main work setting was outpatient and whose practice provided family planning or sexually transmitted infection services to one patient aged 15-19 years per week just before the COVID-19 pandemic (n=791)
Sullender	United States	Abortion	To assess the proportion of medication versus suction aspiration abortions before and after the onset of the COVID-19 pandemic in a health system that did not limit access to abortion.	Quantitative	Early; Middle	Individuals who sought either an induced abortion or management of an early pregnancy loss at a Planned Parenthood of the Pacific Southwest health center in San Diego, Imperial, and Riverside Counties, California (n=23087)
Thomson-Glover	UK	Contraception	To describe changes in sexual health attendances among young people within a semirural service setting and at services based in London and Surrey during the weeks preceding and following lockdown.	Quantitative	Early	Number of attendances of young people at sexual health service provision locations (n=21,319)
Tilahun	Ethiopia	Contraception	To assess barriers and determinants of postpartum family-planning uptake among women visiting Maternal, Neonatal, and Child Health services in public facilities of western Ethiopia.	Quantitative	Middle	Postpartum mothers between 15-49 years old who had given birth in the last 12 months and visited the study hospitals and health centers for any maternal, neonatal, and child health services (n=990). Excluded any mothers who were severely sick and unable to talk.
Tschann	United States	Abortion	To document medication abortion clinical practice changes adopted by providers in response to the COVID-19 pandemic.	Mixed-methods	Early; Middle	Clinical sites from the Society of Family Planning Abortion Clinical Research Network that reported routinely providing medication abortion before the pandemic (n=55)
Tu	China	Contraception and abortion	To assess the impact of the COVID-19 pandemic on women seeking abortion services and their reproductive and sexual health.	Quantitative	Early	Women who experienced induced abortion in early pregnancy (<12 weeks gestation) in ten maternal and child health hospitals of seven provinces in China (n=3789)

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Upadhyay	United States	Abortion	To understand the ways in which COVID-19 prompted changes in clinical practices in abortion care among independent abortion clinics.	Mixed-methods	Early	Invitation sent to 153 unique independent abortion clinics, 100 responded. Respondents aged 18 or older who could complete the survey in English [and could report on the clinic's practices during COVID-19] were eligible to complete the survey" (n=100 clinics)
van Ooijen	Multiple high- and low-/mid-dle-income countries	Abortion	To analyze reasons given for requesting a medical abortion through the telemedicine service WoW. To determine the association between COVID-19 as a reason for the help request through WoW and reporting having had an ultrasound to determine gestation and/ or use of contraception. Also to explore differences between countries.	Quantitative	Early	Women and pregnant people who seek an abortion through WoW fill out an abortion consultation form, and data were extracted from this survey." (n=4962 consults)
Vora	India	Contraception and abortion	To present data to demonstrate the impact of the COVID-19 on family planning services	Quantitative	Early	HMIS data (n=not provided)
Walker	UK	Contraception	To examine at how trends in contraceptive prescribing by General Practices in England were affected by the Covid pandemic and lockdown.	Quantitative	Early	Data for all prescriptions, from all practices in England, for April, May and June 2020, compared with the same three months the previous year (n=not provided).
White	United States	Abortion	To assess changes in abortions following Texas Governor Greg Abbott's executive order, issued on March 22, 2020, postponing surgeries and procedures that were not medically necessary. Texas officials interpreted the order to prohibit most abortions until April 21, 2020 when the order expired.	Quantitative	Early	Among 24 Texas facilities, 18 reported data for 2019 and 2020, including 4 that opened in 2019. These facilities provide 93% of abortions in Texas...Monthly data were also collected on the number of Texas residents obtaining abortions at 30 of the 37 open facilities in Arkansas, Colorado, Kansas, Louisiana, Oklahoma, and New Mexico from February 2020 through May 2020 and compared with 2017 data. (n=-18 Texas facilities, 30 out of state facilities, and records on on 34,617 abortions during periods Feb-May 2019 and Feb-May 2020)
Wood	Burkina Faso, Democtratic Republic of Congo, Kenya, Nigeria	Contraception	To examine population-level changes in the need for and use of contraception in women during the COVID-19 pandemic, determine if these changes differed by sociodemographic characteristics, and compare observed changes during COVID-19 with trends in the 2 years preceding the pandemic	Quantitative	Early	Women who were married or living with a partner in Burkina Faso, Kenya, Kinshasa (DRC), and Lagos (Nigeria) (n=7245)
Wright	Nigeria	Contraception	To estimate the modern contraceptive prevalence rate (mCPR) and examine the predictors of modern contraception usage by women of reproductive age (15,Äì49,Ääyears) in Lagos, Nigeria, during the COVID-19 pandemic.	Quantitative	Early; Middle	Women of reproductive age (15-49 years) in Lagos, Nigeria from communities in six of the 20 local government areas (LGAs) of Lagos State, including two rural and four urban LGAs. (n=1445)

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Yuksel	Turkey	Contraception	To evaluate the effect of the COVID-19 pandemic on female sexual behavior in women in Turkey.	Quantitative	Early	Women who were older than 18, sexually active, married, and not menopausal (n=58). Exclusion criteria: history of urinary incontinence, gynecological operation or pelvic surgery, pelvic organ prolapse, any malignancy, any psychiatric or neurological disease, pelvic radiation, heart disease, renal impairment, hepatitis B, hepatitis C, or HIV infections, patients currently experiencing marital relationship problems, and patients who had tested postive for COVID-19 or were living with someone who tested positive/were suspected to have COVID-19.
Zapata	United States	Contraception	To compare changes in "family planning-related clinical services and healthcare delivery strategies before and during the COVID-19 pandemic and assessed service provision issues among 1063 US physicians whose practice provided family planning services just before the pandemic."	Quantitative	Middle	Phyicians whose practice provided family planning directly before the pandemic (n=1063)
Zimmer-man	Kenya	Fertility inten-tions	To explore how the COVID-19 pandemic, and the associated economic and health uncertainties it introduced, affected women's fertility intentions in Kenya.	Quantitative	Early	Nationally representative panel sample women 15-49 (n=3297)
Zulaika	Kenya	Contraception	To assess if COVID-19 increasedadolescent pregnancy rates or change access to hormonal contraceptives	Quantitative	Early; Later	Female day scholars who were resident of the area were attend-ing 1 of the 12 selected schools and in the designated class years at enrolment, had reached menarche, were not visibly or declared pregnant at enrollment, had no disability precluding participation and had informed parent–guardian consent and gave individual assent (n=910)

*Early pandemic (March–August 2020); mid pandemic (September 2020–February 2021); later pandemic (March 2021–March 2022).

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
Abdela	Family planning visits decreased by 98% during the study period.	Yes	No	No	Record	Yes
Adelekan	From results: "Prior to the COVID-19 pandemic and lockdown, 97.7% of the 307 PHCs offered family planning services. There was a slight decrease during the lockdown to 95.8%, and a further decrease after the lockdown to 92.5%."	Yes	No	No	Key informant and Record	Yes
Aiken	From Abstract "Five countries (Portugal, Italy, Hungary, Malta, Northern Ireland) showed significant increases in requests to Women on Web, ranging from 28% in Northern Ireland to 139% in Portugal. Germany and the Netherlands showed no significant change in requests, and Great Britain showed an 88% decrease in requests."	Yes	Yes	Yes	Record	No
Aiken	From text: "From March 20, 2020, to April 11, 2020 ... there was a 27% increase in the rate of requests for self-managed medication abortion across the United States (P<.001). States with sigificant increases in requests either had particularly high COVID-19 rates or more severe COVID-19–related restrictions on in-clinic abortion access"	Yes	No	No	Record	No
Aolymat	From results: "The proportions of the respondents using contraception for family planning before COVID-19, during total curfew, and after the total curfew were as follows: 55%, 48.5%, and 47.5%, respectively."	Yes	No	No	Population	No
Arias	Although subjects in both groups were equally likely to choose contraception, those in the postimplementation (i.e. pandemic) group were less likely to select long-acting reversible contraception or permanent sterilization.	No	No	Yes	Record	Yes
Aryal	From abstract: "The number of women coming for SAS during lockdown was 47.1% less than that after easing of the lockdown. During the lockdown, women came at a later period of gestation with a mean of 9.5 weeks compared to 7.5 weeks in the later three months. Because of fear of COVID-19, 19.2% (n=10) women opted for termination of pregnancy. Increased need of contraception was felt but 40% (n=12) had problems of accessibility."	Yes	No	No	Record	No
Asali	90% of women used public sector services to obtain family planning prior to pandemic, which dropped by 50% in favor of a 50% increase in accessing of private sector services; 56% of respondents used contraception, and pandemic forced a change in pattern of use between modern and traditional methods (19% used natural before, 32% used traditional during), although most women (92.1%) preferred modern over traditional methods; 38.2% changed contraceptive methods during pandemic, and main cited reasons were limited access to fp services (33.5%) and non-availability of preferred method (31.8%)	Yes	No	Yes	Population	No
Atay	"The lockdowns had a significant impact on the number of consultations received at WoW from France, increasing from 60 in March to 128 in April during the first lockdown and from 54 in October to 80 in November during the second lockdown.... The preferences and needs over secrecy (46.2%), privacy (38.3 %) and comfort (34.9%), followed by coronavirus pandemic (30.6%), were among the most frequent reasons for women to choose telemedicine abortion in France. "	Yes	No	No	Record	No
Awan	From text: "In clinics, types of service utilization before and during the pandemic changed as follows: IUD use decreased from 38.4% to 33.7%, injectables increased from 15.7% to 18.6%, contraceptive pills remained almost the same at 19.8% and 19.9%, and male condoms increased from 25.5% to 51.4%." In rural outreach camps, IUD use decreased from 56.1% to 35.0%, injectable use decreased from 12.2% to 10.2%, contraceptive pills increased from 10.4% to 13.8%, and male condoms increased from 21.3% to 74.9%.	No	No	Yes	Population	Yes
Balachandren	From abstract: "The proportion of women reporting difficulties accessing contraception was higher in those who conceived after lockdown and continued to rise from March to September 2020. After adjusting for confounders, women were nine times more likely to report difficulty accessing contraception after lockdown."	Yes	No	No	Population	Yes
Baloch	From text: "The percent decrease in family planning service utilization was 31.6% and 36.3% for March and April, respectively."	Yes	No	No	Record	Yes
Becker	Semi-quote from results: "LARC insertion rates declined by 71.6% in April 2020. Rates of claims reverted to close to 2019 levels by July 2020. In contrast, claims for pharmacy-obtained contraceptives were consistently 15% to 30% lower throughout 2020 relative to 2019, without the significant temporal variation seen during the year with the other services."	Yes	No	No	Record	Yes

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
Belay	From abstract: "Deliveries and immediate postpartum family planning have decreased by 27.6% and 66.7% respectively during the pandemic compared to the same months last year. Overall, the number of clients presenting for family planning was reduced by 27%. Safe abortion services and comprehensive abortion care were reduced by 16.4% and 20.31% respectively. Likewise, family planning service utilization among safe abortion and post-abortion clients were reduced by 40.6%, and 39.7% respectively."	No	No	No	Record	Yes
Berger	From conclusion: "Starting with our results for sexual behavior-, contraceptive use-, pregnancy termination- and fertility-related searches, we conclude that the introduction of lockdown measures resulted in a short-lived decline in relative searches for condoms in the U.S., but no change in Europe, and that searches for the morning after/emergency pill declined substantially in both Europe and the U.S. at the initiation of lockdowns, returning to average levels in Europe within a few months, but remaining below average after 3 months in the U.S. In both Europe and the U.S., relative searches related to ,Äúpregnancy test,Äù declined slightly a few weeks prior to lockdowns but returned to average within 6 to 8 weeks of lockdown initiations. Searches for abortion declined in the U.S. and, to a much lesser extent in Europe, with substantial rebound within 3 months of lockdown initiations. These findings may indicate some changes in sexual behaviors during lockdowns, such that unprotected sex and/or contraceptive failure may have temporarily declined, likely predominantly among non-coresident couples, during the early months of the pandemic and associated lockdowns, but tended to rebound relatively quickly."	No	No	Yes	Record	Yes
Bittleston	From abstract: " In all, 1058 under-30s completed a survey, 262 (24.8%) reporting they had delayed seeking SRH care. Of these, 228 (87.0%) respondents provided a free-text comment. Participants who commented were predominantly female (86.4%) and had a median age of 23 years (interquartile range 20,Äì26 years). Most commonly, respondents delayed testing for sexually transmissible infections, cervical cancer screening, and contraceptive care. Some delayed accessing care despite experiencing symptoms. Participants avoided seeking care due to concerns about contracting COVID-19, uncertainty about accessing care during restrictions and anxiety relating to accessing SRH care."	Yes	No	No	Population	No
Bolarinwa	From results: "22.40% were unable to access condoms during COVID-19 pandemic in South Africa." From discussion: "South Africans who were White, Asian, and Indian population groups and those in the third wealth quintile were less likely to experience limited access to condoms during the COVID-19 pandemic."	Yes	No	Yes	Population	Yes
Boydell	From abstract: "(1) participants valued the option of accessing abortion care via telemedicine and emphasised the benefits of providing a choice of telephone and in-person consultation to suit those with different life circumstances; (2) the quality of abortion care was enhanced by the telemedicine service in relation to access, comfort and flexibility, and ongoing telephone support; (3) participants described being comfortable with, and in some cases a preference for, not having an ultrasound scan."	No	Yes	No	Population	No
Brandell	From abstract: "We observed a 12.4% increase in the number of requests made in the 9 months for which data were reported during the pandemic versus those used for comparison in 2019.... Requests from teenagers (n=61) were more frequently made at later gestational stages (p=0.003), had a higher prevalence of rape (p=0.003) as the cause of unwanted pregnancies, and exhibited less access to healthcare services compared with adult tion. women."	No	No	Yes	Record	Yes
Caruso	From abstract: "All married and cohabiting women were continuing to use their contraceptive method. None had had an unplanned pregnancy. On the other hand, 51 (50.5%) non-cohabiting or single women had discontinued their SARC method while social distancing, for non-method-related reasons; however, 47 (46.5%) non-cohabiting or single women had continued their sexual activity, infringing social distancing rules, and 14.9% had had an unplanned pregnancy, for which they had sought a termination."	Yes	No	Yes	Record and Population	No
Charles	From abstract: "Contraceptive sales showed a non-significant increase in 2020 compared with the previous year; average sales ranged from 12.8 to 13.0 million units per month. Sales of injectable contraceptives increased between March and June 2020 and EC pills between June and July 2020; the variation in sales of pills, patches and rings was not significant. Sales of the levonorgestrel-releasing intrauterine system (LNG-IUS) and the etonogestrel (ENG) implant showed three patterns: a decrease in sales between February and May 2020 (coinciding with the closure of family planning services), an increase in sales after May 2020 (coinciding with the first COVID-19-related deaths), and a further increase in sales after July 2020 (corresponding to the increasing number of deaths from COVID-19)."	No	Yes	Yes	Record	Yes

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Clement	From results: "Patients taking the hormonal contraceptive norgestrel-ethinyl estradiol filled prescriptions for 2.81 fewer DOS per 90-day period; likelihood of discontinuing increased 0.62%. Further, the number of new patients starting the drug was down 21.4% on average from March, 2020 through August, 2020, as compared with the Pre-Covid months (September, 2019 to February, 2020)."	Yes	No	No	Record	Yes
Coombe	From results: "When asked about the ease of access to SRH products and services during lockdown, 9.2% (37/404) reported that they had trouble accessing contraception. Women who were employed had less trouble accessing contraception during lockdown. Participants reported delaying childbearing or deciding to remain childfree due to COVID-19."	Yes	No	No	Population	No
Creinin	From abstract: "There was an increase in referrals in February and March 2020 compared with previous years, correlating with an increase in the number of procedures in March and April 2020 of 35% to 52% compared with the previous 3 years."	No	Yes	No	Record and Population	Yes
Dahl	A quarter of the participants (125) noted that the pandemic made a difference in their decision to have an abortion. Thirteen percent of participants reported that they encountered a pandemic-related barrier that made obtaining an abortion more difficult. Among the study population, 22% of participants reported waiting longer to seek abortion care because of the pandemic	Yes	No	No	Population	No
Das	From abstract: "In the COVID Cohort, 585 women (64.0%) attended postpartum visits (in-person or telemedicine) as compared to 660 (74.7%) in the Comparison Cohort (P < 0.01). Of the COVID Cohort postpartum visits, 83.4% were via telemedicine. All of the Comparison Cohort visits were conducted in-person."	Yes	No	No	Record	No
Datsenko	There was no statistically significant difference in levels access to LARC appointments between clinics that were under a local lockdown and those that were not. Clinics were collectively not achieving the 2-week standard for access, as only 51.4% could offer an appointment within 2 weeks.	Yes	No	Yes	Record	No
Decker	Approximately 40.4% of young men and 34.6% of young women using contraception faced difficulty procuring their method(s).	Yes	No	Yes	Population	Yes
DeKort	From abstract: "Though fewer people requested and had an abortion, the pressure on the staff was high due to changed procedures. A substantial change was the substitution of telephone for in-person consultations, which the staff perceived as less suited for discussing worries, contraception counselling, and building trust…Staff agreed that the lockdown did not negatively influence the abortion procedure itself. However, they felt a negative influence on the level of psychological support they could offer…"	Yes	No	No	Key informant	No
DeKort	From abstract: "The abortion centre saw a drop in the number of abortion requests during the lockdown. This difference was more pronounced for people in paid employment and people using (modern) contraception. People were also more likely to request an abortion earlier in their pregnancy. The drop in abortion procedures and LARCs placed after curettage was proportionate to the drop in abortion requests and did not differ according to clients' characteristics."	Yes	No	No	Record	Yes
Dema	From results: "17.9% of men and 6.2% of women reported that they needed but were unable to access condoms since lockdown…14.8% of women reported using any contraceptive services since lockdown…4.0% of women reported trying but being unable to use contraceptive services since lockdown, and this was less likely among women living in rural areas than among women living in urban areas…0.8% reported using abortion or termination of pregnancy services. 0.3% of women reported trying to but being unable to use abortion services. All impacts were greatest among the youngest age group (18-24)."	Yes	No	Yes	Population	No
Diamond-Smith	From results: "Among those who were interested in using contraception and had tried to make an appointment, 48.5% (early pandemic) and 44.7% (mid-pandemic) said that they did not face any barriers to contraception. Of those that reported at least one barrier, the most common was not being able to have a support person with them (22.3% and 21.3%). This was followed by (for both rounds combined) the clinic being closed (13.2%), being afraid to go to the clinic (11.2%), shelter in place (9.8%), or not having time due to childcare/household responsibilities (9.3%). More women reported not having enough money, being afraid to go outside in general and household responsibilities in mid COVID-19 pandemic compared to early COVID-19 pandemic."	Yes	No	No	Population	No
Doubova	Visits for contraceptive services declined by 54%	Yes	No	Yes	Record	Yes

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Emery	From Abstract : "The results indicate that the pandemic reduced the used of intrauterine devices, and increased the use of male condoms, but with no overall decrease in contraceptive use. Conversely individuals inter- viewed after the onset of the pandemic were 34.5% less likely to be trying to conceive, although medium term fertility intentions were unchanged"	No	No	No	Population	Yes
Enane	Services for family planning and contraceptives that were previously offered at clinics were reduced; fear about coming to the clinic to access family planning, due to unanticipated stigma, contributed to adolescents' disengagement with care; some adolescents experienced complications from abortions, especially with higher adolescent pregnancy rates; challenges in provision of adolescent-friendly care (losses of adolescent-dedicated clinic days, peer support programs and youth social activities, HCW shortages and turnover) have led to fewer opportunities for sexual/reproductive health education and clinical settings with less integration of family planning services/stigma limiting adolescent access; HCWs were resilient in responding to adolescent needs, such as by taking on extra roles to ensure access to sexual/reproductive health education and family planning.	Yes	Yes	No	Key informant	No
Enbiale	Short and long-term family planning did not vary significantly between pre-COVID-19 and during COVID-19.	No	No	Yes	Record	Yes
Endler	From abstract: "86% reported that access to contraceptive services was less or much less because of COVID-19, corresponding figures for surgical and medical abortion were 62% and 46%."	Yes	No	No	Key infor- mant and Population	No
Ennis	From discussion: "Most abortion providers in most Canadian provinces and territories reported a seamless switch to providing a higher proportion of MA compared with surgical abortion, and an increase in telemedicine. A common observation was that demand for care decreased in the early months of the pandemic, and providers hypothesized that this was due to decreased frequency of intercourse as well as fears about contracting COVID-19. Among respondents who reported providing MA during the pandemic (n = 61), 52.5% reported that the number of MAs increased, 41% reported that the number of MAs did not change and 6.5% reported a decrease in the number of MA."	No	No	Yes	Key informant	No
Erausquin	From results: "9% of participants indicated that COVID-19 measure made it more difficult to access condoms…7.5% reported that measures hindered contraceptive access… 30.7% of participants who reported needing abortion services during COVID-19 reported that COVID-19 measures interrupted access to abortion services…5.8% of people reported a decrease in condom use with sexual partners during COVID-19 measures."	Yes	No	No	Population	No
Fikslin	About one- quarter of the sample (n = 136; 26.7%) were birth control users. Of birth control users, only 10 people (7.5%) indicated plans to discontinue their birth control prescription during the lock- down. From Abstract "Results showed that most (92.5%) of birth control users reported continuation of their birth control, with the predominant reasons reported being use for health reasons, long-acting reversible contraceptive use, access to remote health- care services, and increased vigilance over pregnancy prevention"	No	No	Yes	Population	No
Fulcher	From Abstract: "There were 1725 less abortions than expected, corresponding to a 20% drop, from March 2020 to December 2020 … with 888 less (20% reduction) abortions among adults, 792 (20% reduction) less among young adults, and 45 (27% reduction) among minors. The rate of abortions occurring >=12 weeks gestational age was unchanged during the COVID-19 pandemic among minors (adjusted rate ratio, 0.92; 95% confidence interval, 0.55e1.51) and among adults (adjusted rate ratio, 0.92; 95% confidence interval, 0.78e1.09). Young adults had a lower rate of second trimester abortion during the pandemic (adjusted rate ratio, 0.79; 95% confidence interval, 0.66e0.95).	No	Yes	Yes	Record	Yes
Fuseini	From Abstract " From March– December 2020, the trend in monthly new family planning acceptors increased overall, mainly driven by significant increases in new IUD and implant acceptors. Compared to the period before the onset of COVID-19, there was a statistically significant shift from shorter-acting methods (OCPs, injectables) to long-acting reversible methods (IUDs, implants). "	No	No	Yes	Record	Yes

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Fuseni	Analysis of trends in EC use. From abstract "The results showed a gradual upward trend in emergency contraceptive use before the pandemic, increasing at a rate of about 67 (95% CI 37.6–96.8; p = 0.001) users per month. However, the pandemic caused a sudden spike in the use of emergency contraceptives. The pandemic and its related restrictions had an immediate effect on the use of emergency contraceptives, increasing significantly by about 1939 users (95% CI 1096.6–2781.2; p = 0.001) in March 2020. Following March 2020, the number of emergency contraceptive users continued to increase by about 385 users per month (95% CI 272.9–496.4; p = 0.001). The evidence shows that use of emergency contraceptives, often used as post-coital methods for unprotected sex was not negatively impacted by the pandemic. In fact, it is the opposite. Hence, in planning for similar situations attention should be given to the distribution of post-coital contraceptive methods."	No	No	No	Record	Yes
Gebreeg-ziabher	New contraceptives accepters decreased significantly by 20.3% during first 8 months of COVID-19 pandemic compared to previous 8 months (p=0.004). From conclusion: New and repeat contraceptive accepters continued to decline and showed no recovery during the end of the study period; safe abortion care decreased significantly by 23.7% (p=0.01) and showed recovery during July-September 2020 (last quarter of national lockdown)."	Yes	Yes	No	Record	Yes
Ghimire	District hospital in Eastern nepal- compared patient volumes march-july 2020 to 2019. Increased #s of safe abortions (first and second trimester), decreased consumptions of contraceptive products.	No	No	No	Record	No
Gibelin	From abstract: "76.6% of providers offered medical abortion at home between 7 and 9 weeks of gestation and 68.5% of them wished to carry on this practice. 44.7 % of practitioners offered telemedicine for medical abortion at home and 61.7% of them wished to carry on this practice."	No	No	Yes	Key informant	No
Godfrey	The most common reason given for seeking medication abortion through Aid Access was the COVID-19 pandemic (53%).	Yes	No		Record	No
Greene	From results: "Requests declined by 90 (21%) between 2019 and 2020, after telemedicine was introduced. During COVID-19 restrictions, the proportion of completed requests decreased even more (25%). Legal restrictions and cost declined as reasons for seeking online telemedicine and childcare, work/study commitments and being with partner/friend increased."	No	Yes	No	Record	No
Guzzetti	From abstract: "Immediately after national lockdown, the number of voluntary abortions markedly declined (-40.45%). The effect was more evident in women below 20 years of age (-66.67%), employed versus unemployed women (-42.71% vs. -21.05), and non-Italian versus Italian citizens (-53.01 vs. -32.85). No difference was found in the mean time from request to execution of the procedure, or in the type of the procedure used."	No	No	Yes	Record	Yes
Hassan	From results: "Financial insecurity impacted the priority that women and key influencers placed on FP methods and women's financial dependence on partners or parents. Second, lockdown measures and restrictions to movement changed household dynamics and women's social networks reducing privacy and access to support from friends. Finally, structural disruptions at the health systems level reduced contact with health providers and changed access to and affordability of contraceptives."	Yes	No	No	Population	No
Hill	From results: "Fewer Black/African American patients 242/1257 (19.3%) adopted telehealth services, compared to in-clinic care 523/1885 (27.7%) (p < 0.001). Similarly, fewer multiracial patients used telehealth 31/1257 (2.5%) compared to in-clinic care 75/1257 (4.0%)."	No	No	Yes	Record	No
Hill	From results: "During the COVID-19 period, more patients had medication abortions, with a 35.2% year-over-year increase. Patients in the COVID-19 period traveled more miles. Patients in the COVID-19 period were less likely to be monogamous and were more likely to choose long-acting reversible contraception postabortion."	Yes	No	Yes	Record	Yes
Hukku	From Abstract: "The COVID-19 pandemic, and the associated economic and social support uncertainties, factored into many participants decisions to obtain an abortion... Although (participants) reflected positively on their abortion care experiences, many felt that service delivery changes initiated because of the public health emergency exacerbated pre-COVID-19 barriers to care and contributed to feelings of loneliness and isolation."	Yes	No	No	Population	No

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Joffe	From Abstract "All providers we spoke to noted significant challenges to providing abortion care in the early days of COVID-19. In addition to experiencing the same concerns as other health care institutions, abortion clinics also faced additional, unique burdens that can only be attributed to the politics of abortion exceptionalism. Examples of this abortion exceptionalism include abrupt orders to close clinics, the need to rely on traveling physicians, legislature-imposed limits on telemedicine, heightened activities of protesters, and non-evidence-based regulation of medication abortion."	Yes	No	No	Key informant	No
Kaller	From Abstract: "Located primarily in the South and Midwest, 24 of 751 facilities that were open in 2019 temporarily closed due to the pandemic, with 9 still closed by August 2020. Other facilities described suspending abortions, referring abortion patients to other facilities, or limiting services to medication abortion…While most facilities required in-person visits for reasons like state abortion restrictions, 22% (n = 150) offered phone or telehealth consultations, no-test visits, or medication abortion by mail to re- duce or eliminate patient time in the clinic. Some facilities used creative strategies to reduce COVID-19 risk like allowing patients to wait for visits in their cars or offering drive-through medication pick-up."	Yes	No	No	Record	No
Karijo	From text " There were generally very low re- ported levels of inability to access certain services linked to SRH. For example, only 4.1% of the female respondents reported being unable to access emergency contra-ception (E-pills) and other contraceptives, 5.4% were not able to access sanitary towels while 8.4% were not able to access condoms."	No	No	No	Population	Yes
Karlin	From abstract: "Clinics substantially changed their medication abortion protocols in response to COVID-19, with more than half increasing their gestational age limits and introducing telemedicine for follow-up of a medication abortion. Interview analysis suggested that physicians were more supportive of self-sourced medication abortion in response to changing clinic protocols that decreased in-clinic assessment and evaluation for medication abortion, and as a result of physicians' altered assessments of risk in the context of COVID-19."	No	Yes	No	Key informant	No
Karp	From abstract: "Most women did not change their contraceptive status during COVID-19 (68.6% in Burkina Faso and 81.6% in Kenya) and those who did were more likely to adopt a method (25.4% and 13.1%, respectively) than to discontinue (6.0% and 5.3%, respectively). Most women who switched contraceptives were using methods as or more effective than their pre-pandemic contraception. 4% (Burkina Faso) and 14% (Kenya) of non-users identified COVID-19-related barriers to contraceptive use."	Yes	Yes	Yes	Population	Yes
Kassie	From results: "It was observed that the trend across the months showed a reduction in all services, early from March to May 2020 except abortion care service. There was a sharp rise in family planning by the end of May 2020 (Figure 1). But there was a steady increment (sic) in ANC and health facility births (Figure 2), and PNC and abortion care (Figure 3) by the end of May 2020."	Yes	No	No	Record	Yes
Kavanaugh	From abstract: "over half of respondents in Arizona (57%), 38% in Iowa, and 30% in Wisconsin indicated that they were either unable to access or delayed accessing SRH care or a contraceptive method due to the COVID-19 pandemic. In Arizona and Wisconsin, in multivariable models, respondents who had experienced financial instability due to being out of work, having fallen behind on key life payments, or because of a job reduction or loss due to COVID-19 had increased odds of experiencing COVID-19-related SRH care delays."	Yes	No	No	Population	No
Kerestes	From abstract: "Direct-to-patient telemedicine abortion was more convenient and accessible than in-clinic abortion care when considering the burdens of travel, clinic availability, logistics, and cost that were associated with in-clinic abortion. Faced with these barriers, 13% of participants stated they would have continued their pregnancy if TelAbortion had not been an option."	No	Yes	No	Population	No
LaRoche	From abstract: "332 (44%) of respondents supported using telemedicine for medication abortion during the pandemic; 237 (35%) opposed and 138 (21%) were unsure…Concerns about safety, the legitimacy of telemedicine, and the belief that abortion should occur as early in the pregnancy as possible influenced respondents' beliefs about using telemedicine for medication abortion."	No	No	Yes	Population	Yes

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Leight	From abstract: "Findings suggest that the adverse effects of a state of emergency linked to COVID-19 on the delivery of contraceptive services via a community-based health promoter program were modest and short-term. A decline is observed in the days prior to April 1, reflecting the fact that women who received a referral in this period would have been visiting the facility around the declaration of the state of emergency and likely experienced a reduced propensity to utilize services. However, a rebound is observed by the middle of April, with a similar decline and rebound appearing around the date of the emergency extension on April 29."	No	No	Yes	Record	Yes
Lete	Despite the frequency of sexual intercourse decreasing for 53.5%, 96.6% continued taking their COC during confinement.	No	No	Yes	Population	No
Lewis	From results: "Approximately one-quarter of condom/contraception-using respondents reported that social distancing measures had made a difference to their access or use, while 59.8% indicated that social distancing measures had not made a difference, and 15.3% were unsure. Pandemic-related barriers to accessing free condoms and contraception included: (1) uncertainty about the legitimacy of accessing SRH care and self-censorship of need; (2) confusion about differences between SRH care and advice received from healthcare professionals during the pandemic compared with routine practice; and (3) exacerbation of existing access barriers, alongside reduced social support and resources to navigate SRH care."	Yes	No	Yes	Population	No
Li	From results: "The proportion of condom usage was unchanged due to COVID-19. However, 8.9% (n=86) of participants said they had experienced a shortage of contraceptives."	Yes	No	Yes	Population	No
Lin	41% reported wanting to be pregnant more, 25% wanting to be pregnant less, and 34% reported no change or other. More than a third (37%) reported that the pandemic made them scared to be pregnant and 1 in 7 (13%) reported that it would be more difficult to afford a child. Those who reported inability to afford food, transportation, and/or housing had twice the odds of reporting a drop in desire to be pregnant compared to those who reported being able to afford basic needs. One in 6 (17%) reported that access to contraceptives had become more difficult during the pandemic.	Yes	No	Yes	Population	No
Ma	Seeking information about condoms online could be a reactive response to high levels of COVID-19 concerns during the pandemic.	Yes	No	Yes	Record	No
Maier	according to providers, abortion bans under state emergency orders blocked or delayed abortion access, with exemptions from state emergency orders being critical to continue operations (only 12 states explicitly protected abortion by stating it's not an elective procedure, while 14 suspended it by excluding it from the list of essential services); according to providers, requests for LARCs increased; stay-at-home orders restricted adolescents' mobility, limiting access to SRHR services; direct outreach for family planning services ceased	Yes	Yes	Yes	Key informant	No
Manze	From Abstract "Half of respondents had no contraceptive delays, 39% reported delays due to COVID-19, and 11% reported delays due to reasons other than COVID-19. In adjusted analyses, those who missed a rent/mortgage payment during the pandemic (aOR: 2.23; CI: 1.55, 3.22), participated in a supplemental government program in 2019 (aOR: 1.88; CI: 1.36, 2.60), and themselves/household member had COVID-19 (aOR: 1.48; CI: 1.04, 2.12) were more likely to report delays to contraception due to COVID-19 (versus no delays)."	Yes	Yes	Yes	Population	No
Marquez-Padilla	From abstract: "Stay at home orders and the pandemic led to a fall in abortions of around 25% and find no evidence that unsafe abortions increased. We find a decrease in the share of single and teenage women getting abortions, arguably due to fewer unwanted pregnancies from decreased sexual activity, and estimate that at most 9.8% of the total fall in abortions can be attributed to this. We complement our analysis using call data from a government helpline and show that the SAHO time period led to fewer abortion- and contraception-related calls but to an increase in pregnancy-related calls."	Yes	No	Yes	Record	Yes
Mello	COVID-19-executive orders requiring all elective surgeries to cease and deeming procedural abortion an "elective" procedure in Ohio and West Virginia led to a meaningful increase in the proportion of medication abortions provided by abortion facilities in these states; Kentucky saw a slight increase. From Abstract " Despite temporary lifting of the mifepristone REMS, prepandemic regulations banning telemedicine abortion in Kentucky and West Virginia and requiring in-person clinic visits for medication abortion distribution in Ohio limited clinics' ability to adapt to offer medication abortion by mail."	no	No	No	Key informant	No

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Mezela	The new protocol of early medical abortion, with at home expulsion of pregnancy, implemented during the COVID-19 pandemic, has the same effectiveness as the pre-pandemic protocol with expulsion of pregnancy at hospital; acceptability and patient satisfaction survey showed no significant difference in satisfaction between groups.	Yes	No	Yes	Record and pop	No
Michael	From abstract: "The 4 major reasons for non-access to contraceptive methods during the lockdown were fear of visiting a health facility for fear of contracting coronavirus among other diseases, shutdown of drug/chemist stores, restriction of movements to prevent spread of COVID-19, and lack of access to health care providers."	Yes	No	No	Population	No
Miller	From abstract: "The study found a significant decrease in people arriving at birth-hospitalization with a contraception plan in the months following a COVID-19 "shelter in place" order when compared with the pre-COVID cohort."	Yes	No	Yes	Record	Yes
Nagendra	"The majority of clinics providing sexual health services indicated a significant decrease since the pandemic in regular services they were able to provide." Figure 1 shows 100% decrease outside New York State and 55% decrease within New York State of abortion service provision, 70% decrease outside New York State and 50% decrease within New York State of emergency contraception provision.	Yes	Yes	No	Key informant	No
Niemeyer Hultstrand	Results: "4% had already had a previous abortion due to COVID-19, since the pandemic started. Regarding the current abortion, approximately 13% stated that the pandemic had affected their decision. Eleven percent reported it had affected them somewhat and 2% reported it had affected them a lot. Six percent stated that COVID-19 was the main reason for their abortion."	Yes	No	Yes	Population	No
Pinchoff	21% of women who reported needing FP were not able to access it	No	No	No	Population	Yes
Plotkin	From Abstract "All four country policy guidelines considered ANC, intrapartum care, FP, and immunization to be essential services and issued policy guidance for continuation of these services…Each policy guideline was more detailed in some aspects than others — for example, Kenya's guidelines were particularly detailed regarding FP service provision, while Uganda's guidelines were explicit about immediate breastfeeding. All policy guidance documents contained a balance of measures to preserve essential RMNCH services while reducing COVID-19 transmission risk within these services."	no	No	Yes	Policy review	No
Porter Erlank	Two-thirds of patients reported a preference for a future telemedicine EMA if there were no COVID-19 restrictions, describing it as more comfortable, private, convenient, quicker, and easier (telemedicine reduced barriers to accessing EMA during pandemic, and demand is likely to exist post-COVID)	Yes	Yes	Yes	Population	No
Reyolds-Wright	Telemedicine medical abortion without ultrasound had high uptake, high acceptability, high safety and efficacy, and the findings support continuing this model of care beyond the current pandemic.	No	Yes	Yes	Record and Population	No
Roberts	Abortion clinics' workforces and financial stability have been negatively affected in all regions, with clinics postponing or cancelling abortion services; abortion clinics in the South have been further impacted by government responses targeting abortion care and were more likely to have had to temporarily close clinics or to cancel/postpone abortion services. Despite this, most abortion clinics continued to provide abortion care.	Yes	No	Yes	Key informant	No
Roberts	from Abstract: "The number of abortions per month among Louisiana residents in Louisiana clinics decreased 31% (incidence rate ratio 5 0.69; 95% confidence interval [CI] 5 0.59, 0.79) from before to after pandemic onset, while the odds of having a second-trimester abortion increased (adjusted odds ratio [AOR] 5 1.91; 95% CI 5 1.10, 3.33). The decrease was not offset by an increase in out-of-state abortions. In Louisiana, only 1 or 2 (of 3) clinics were open (with a median wait › 2 weeks) through early May."	Yes	No	Yes	Record	Yes
Roland	From abstract: "Dispensing of all contraceptives decreased compared to expect (sic) dispensing numbers. The decrease in the dispensing of contraceptives was observed in all age-groups, but mainly concerned women under the age of 18 years and those age 18-25."	Yes	Yes	No	Record	Yes
Roland	From results: "Oral contraceptive prescriptions increased more than expected during the first 2 weeks of lockdown, then decreased until the end of lockdown (returned back up after lockdown); use of emergency contraception, LNG-IUDs, and ovulation indicators decreased more substantially than expected during and after lockdown."	Yes	No	No	Record	Yes

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
Roy	From abstract: "The prevalence of FP use among currently married 15–49 years aged women was 36.03% suggesting a 23% (approximately) decrease compared to before pandemic data."	Yes	Yes	Yes	Population	No
Rydelius	no significant decline in number of abortions/1000 women in 2020 vs. 2 previous years; number of surgical abortions declined from 6.3% and 5.2% during first two quartiles of 2019 to 5.1% and 3.5% during first two quartiles of 2020, and number of medical home abortions increased from 66.8% and 70% during first quartiles of 2019 to 69.6% and 74.5% during first two quartiles of 2020; participants expressed: worry about abortion care being less accessible but ease to actually obtain an appointment, fear of contracting COVID-19 from the visit, worry about catching COVID-19 during pregnancy had they continued, feelings of loneliness at the hospital but not if they chose home abortion (some chose this to be able to have somebody close by); participants stated that COVID-19 didn't influence their decision to seek abortion care, although one expressed that the unstable situation with work and income influenced the decision and another was afraid that the healthcare system would not give her adequate maternal care if continuing pregnancy.	Yes	No	Yes	Record	No
Sakowicz	From abstract: "Pregnant patients who delivered during the Covid-19 pandemic were significantly less likely to initiate long-acting reversible contraception use within 3 months of delivery (13.5% vs 19.6%, AOR 0.67, 95% CI 0.53-0.84)."	Yes	No	No	Population	Yes
Sarkar	From abstract: "There was a significant reduction in number of patients attending OPD in lockdown period. There was a total of 6088 (87.3%) reduction in number of patients in Gynaecology OPD and 2235 (69.6%) reduction of patients in ANC OPD which was found to be significant with p-value <0.001."	Yes	No	No	Record	Yes
Shah	Experts believe maternal and neonatal morbidity and mortality will rise during Covid 19, and also believe there will be a rise in births, unwanted pregnancies, unsafe abortions, and violence against women. All routine services of maternity care, family planning, PAC, and vaccination were in lockdown.	Yes	Yes	No	Key informant	No
Shikuku	From abstract: "Despite the global projections for worse indicators, there were no differences in monthly mean (±SD) attendance between March-June 2019 vs 2020 for…family planning attendance (431,930.5±19,059.9 vs 448,168.3 ± 31,559.8), [or] post-abortion care (3,206.5 ± 111.7 vs 448,168.3 ± 31,559.8) …However, there were significant increases in FP utilisation among young people (25.7% to 27.0%), injectable (short-term) FP method uptake (58.2% to 62.3%)… with a reduction in implants (long-term) uptake (16.5% to 13.0%) (p<0.05)."	Yes	No	Yes	Record	Yes
Shuka	Closely paraphrased: There was a 16% decline (p<0.001) in use of family planning services in Ethiopia between March-June 2020 and the period immediately preceding the onset of COVID-19, an 8% statistically insignificant decline between March-June 2020 and March-June 2019, and an 16% decline in use of abortion care based on a year-on-year comparison and 25% decline (p<0.001) compared to period right before pandemic.	No	No	Yes	Record	Yes
Siddiqui	From abstract: "Among participants, 41% (n=53) prescribed contraception, of which 94% (n=50) continued, 4% (n=2) started, and 2% (n=1) suspended during the pandemic. Most participants reported interest (79%) and effort (75%) in prescribing contraception to be about the same during the pandemic. Community need for contraceptive services was perceived to be slightly or much higher (45%) or about the same (47%). Patient interest in pharmacy access was perceived to be slightly or much higher by 26% and about the same by 57% of the participants. When distributing contraception prescriptions, pharmacies increased curbside (from 12% to 52%), home delivery (from 40% to 60%), and mailing options (from 41% to 71%) during the pandemic."	No	Yes	Yes	Key informant	No
Siedner	From results: "We similarly identified resilience in family planning visits over the observation period, increasing from 7.3 visits/clinic/day in the pre-implementation period to 7.8 visits/clinic/day after transition to level 5 (+0.5 visits/clinic/day, 95%CI , 1.0 to 2.0) to 8.9 clinic visits/day after transition to level 4 (+1.1 visits/clinic/day, 95%CI, 0.7 to 3.0) and 11.0 visits/clinic/day after transition to level 3 (+2.0 visits/clinic/day, 95%CI 0.3 to 3.7) for a 66% total increase from the pre-period."	Yes	Yes	No	record	Yes
Sienicka	From results: "Amongst all sexually active participants (n = 893), 28.9% (n = 258) answered that they did not use any contraception. 41.0% (n = 366) indicated that they or their partner used barrier contraception, 26.2% (n = 234) hormonal contraception, and 6.5% (n = 58) chose othermethods. The vast majority (95.1%, n = 849) admitted that they had not experienced any limited access to contraceptives during pandemic."	No	No	Yes	Population	No

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
Silverio-Murillo	From Abstract "Calls related to abortion fell in number, while pregnancy calls remained stable. The abortion effect is most pronounced for women between 15 and 30 and those with a high school degree"; From Text"...abortion calls drop off immediately in the first week of the mobility decline. Abortion calls start to rise back to the baseline levels beginning in week seven. The bottom-right graph indicates no consistent change in pregnancy calls."	Yes	Yes	Yes	Record	No
Soeiro	Nearly half reported that contraceptive use was their reason to seek the healthcare system; however, 75% of them reported that they were unable to obtain the contraceptive method of their choice and the majority (90.5%) were not offered another contraceptive.	yes	No	No	Population	No
Steenland	In April 2020, contraceptive visits declined for all methods..Contraceptive visits began to increase after April 2020 but did not consistently return to prepandemic levels. Comparing levels in December 2019 with those in December 2020, the sustained change in contraceptive visits was larger for tubal ligation [-18% (-19.1%, -16.8%)] and injectable contraception [-11% (-11.4%, -9.6%)] visits than for LARC [-6% (-6.6%, -4.4%)] and pill, patch and ring [-5% (-5.7%, -3.7%)] visits (Fig. 1, Appendix Table 2).	No	No	No	Record	Yes
Steenland	From abstract: "Relative to May 2019, in April 2020, visits for tubal ligation declined by 65% (95%CI, -65.5, -64.1), LARCs by 46% (95%CI, -47.0, -45.6), pill, patch, or ring by 45% (95%CI, -45.8, -44.5), and injectables by 16% (95%CI, -17.2, -15.4). The sustained change in visits in December 2020 was larger for tubal ligation (-18%, 95%CI, -19.1, -16.8) and injectable (-11%, 95%CI, -11.4, -9.6) visits than for LARC (-6%, 95%CI, -6.6, -4.4) and pill, patch, and ring (-5%, 95%CI, -5.7, -3.7) visits. The immediate decline was highest in the Northeast and Midwest regions. Declines among postpartum individuals were smaller but still substantial."	Yes	No	Yes	Record	Yes
Steiner	From abstract: "Among physicians whose practices provided intrauterine device/implant placement/removal...before the COVID-19 pandemic, 51%...indicated disruption of these services during the pandemic. Some physicians also reported reductions in walk-in hours (38%), evening/weekend hours (31%), and adolescents seeking care (43%) in the past month [for family planning or STI texting services]. At any point during the pandemic, 61% provided contraception initiation/continuation...via telehealth in the past month. There were small increases or no changes in other strategies to support contraceptive care."	Yes	Yes	No	Key informant	No
Sullender	From Abstract :"Immediately following the start of the pandemic, there was an estimated increase in the proportion of medication abortions of 2.58% (p = 0.23, post-level change). However, the monthly pre-pandemic trend towards medication abortions reversed by 1.07% after the start of the pandemic (p = 0.02, post-trend change), for an average monthly decrease in the proportion of medication abortions of 0.29% from April to December 2020 (p = 0.37, pandemic trend)."	No	No	Yes	Record	Yes
Thomson-Glover	"Our findings confirmed a large fall in attendances across all age ranges in all settings following lockdown in keeping with the rapid reconfiguration of services during COVID-19 response. In those aged under 18 years there was a disproportionately larger reduction in attendances compared with those aged 18 and over, and this discrepancy was particularly marked in setting A (semirural). Attendances for emergency contraception (EC) (emergency hormonal contraception and postcoital intrauterine devices were compared. Both services demonstrated that during the first 6 weeks of lockdown, no under 18year olds sought EC from SHS (100% reduction). In those patients 18 years and over, lesser falls (80% and 84%) in those seeking EC within SHS was observed."	No	No	No	Record	Yes
Tilahun	From abstract: "In this study, 56.1% of participants had used PPFP in the last year. The most commonly used method was injectable (51.7%). Family planning use before the index pregnancy (AOR = 2.09;95%CI:1.29,3,41), counseling on PPFP during antenatal care and delivery (AOR = 4.89; 95%CI: 2.31, 10.37),health facility delivery (AOR = 7.61; 95%CI: 4.36, 13.28), skilled birth attendance (AOR = 4.99; 95%CI: 2.88, 8.64), COVID-19 restrictions (AOR = 0.59; 95%CI: 0.39, 0.90) were factors associated with PPFP utilization. Being breastfeeding and amenorrhea were major reasons for not using postpartum family planning."	Yes	Yes	Yes	Population	No

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
Tschann	From abstract: "The total number of abortion encounters reported by the sites remained consistent throughout the study period, though medication abortion encounters increased while first-trimester aspiration abortion encounters decreased. In response to the COVID-19 pandemic, sites reduced the number of in-person visits associated with medication abortion and confirmation of successful termination. In February 2020, considered pre-pandemic, 39/55 sites (71%) required 2 or more patient visits for a medication abortion. By April 2020, 19/55 sites (35%) reported reducing the total number of in-person visits associated with a medication abortion. As of October 2020, 37 sites indicated newly adopting a practice of offering medication abortion follow-up with no in-person visits."	No	Yes	Yes	Key informant	Yes
Tu	From results: "The proportion of women choosing contraception during COVID-19 lockdown was significantly higher than that of the pre-COVID-19 sample (65% vs 43.9%, P<0.001). Of these women choosing contraception, the proportion of choosing condom, rhythm method, and coitus interruptus during COVID-19 lockdown are significantly higher when comparing with those of the pre-COVID-19 sample (condom: 74.9% vs 46.1%, rhythm method 56.3% vs 35.3%, coitus interruptus: 49.1% vs 20.0%). Conversely, fewer women chose oral contraceptives during COVID-19 lockdown than the pre-COVID-19 sample (7.9% vs 17.7%)...The proportion of women seeking abortion services due to social factors during COVID-19 lockdown was significantly higher than that of the pre-COVID-19 sample (79.4% vs 63.8%). No statistical differences were observed in choice of abortion methods before and during COVID-19 lockdown. Most women chose surgical abortion rather than medical abortion."	Yes	Yes	Yes	Record and Population	Yes
Upadhyay	From abstract: "A total of 87% reported changes in protocols in response to the COVID-19 pandemic. Reported changes included moving to telehealth (phone or video) for follow-up (71%), starting or increasing telehealth for patient consultations and screening (41%), reducing Rh testing (43%) and other tests (42%), and omitting the pre-abortion ultrasound (15%). A total of 20% reported allowing quick pickup of medication abortion pills, and 4% began mailing medications directly to patients after a telehealth consultation. Clinical practice changes were reported throughout all regions of the US, but facilities in the Northeast (73%) were more likely to report starting or increasing telehealth than facilities in the South (23%, p < .001)."	Yes	Yes	No	Key informant	No
van Ooijen	From abstract: "Of requests made during the study period, 43.5% (n=1972) were COVID-19-related. A negative association was found with having had an ultrasound to determine gestation length and COVID-19-related requests. Italy had the highest percentage (66.5%, n=117) of COVID-19-related requests in the subanalysis, followed by Argentina (55.3%, n=68), Malaysia (51.9%, n=41) and the UAE (44.4%, n=75)." Additional from results: "There was a significant negative association between having had an ultrasound and COVID-19-related requests (OR 0.630, 95% CI 0.543 to 0.733). A significant negative association was also found between not having used contraception and COVID-19-related requests (OR 0.864, 95% CI 0.767 to 0.972)."	Yes	No	Yes	Record	No
Vora	From results: "The HMIS data that are available show that provision of pre- ventive services such as family planning is reduced. For example, the numbers of injectable contracep- tion-first doses given have decreased by 36% (66,112 doses given in December 2019 and 42,639 given in March 2020), while IUD insertion has shown a 21% decrease (260,615 in December and 205,395 in March) in the same period. Distribution of combined oral pill cycles and condom pieces were similarly reduced by 15% and 23%, respectively. The reduction in abortions performed is about 28%"	No	No	No	Record	Yes
Walker	From abstract: "Prescription of the combined oral contraceptive pill reduced by 22% during the period of lockdown compared to the same three months in 2019. Prescriptions of Progestogen-Only pills remained stable...Prescription of long-acting methods reduced, with the greatest reductions in implants (76% reduction from pre-lockdown levels), intra-uterine systems (79% reduction from pre-lockdown levels) and intrauterine devices (76% reduction from pre-lockdown levels)."	Yes	No	Yes	Record	Yes

First Author	Key finding related to COVID-19	Negative result	Positive result	Neutral or No change result	Data from Records, Key informant, Population	Pre-COVID-19, Cohort, or Longitudinal data
White	"Overall, 4608 abortions were provided in April 2019 and 2856 in April 2020, a 38.0% (95%CI, ,40.8% to 35.1%) decrease." "Texas residents receiving care at out-of-state facilities in-creased from 157 in February 2020 to 947 in April 2020; monthly totals ranged from 107 to 165 in 2017." "The number of medication abortions increased from1808 in April 2019 to 2297 in April 2020, accounting for 39%and 80% of all abortions, respectively. After adjustment for time trends and number of facilities, there was a 17.4% (95% CI, 7.1% to 48.4%) difference in the number of medication abortions in April 2020 relative to that expected had the linear trend from January 2019 continued. Compared with April 2019, there were fewer procedural abortions at less than 12 weeks,GA (2318 vs 317) and at 12weeks GA or more (482 vs 242) in April 2020. After the executive order was lifted in May 2020, 815 procedural abortions at 12 weeks GA or more were provided vs 507 in May 2019, an 82.6% (95% CI, 46.7%-127.4%) increase over that expected based on linear trends."	Yes	No	Yes	Record	Yes
Wood	From abstract: "The proportion of women in need of contraception significantly increased in Lagos only, by 5.81 percentage points (from 74.5% to 80.3%). Contraceptive use among women in need increased significantly in the two rural geographies, with a 17.37 percentage point increase in rural Burkina Faso (30.7% to 48.1%) and a 7.35 percentage point increase in rural Kenya (71.6% to 78.9%). These overall trends mask several distinct patterns by sociodemographic group. Specifically, there was an increase in the need for contraception among nulliparous women across all geographies investigated."	Yes	Yes	No	Population	Yes
Wright	From text "Of the research participants who were aware of FP, 357 (30.8%) used modern contraceptives during the early phase of the pandemic, while the remaining 802 (69.2%) did not. In all, 338 (29.0%) perceived that COVID-19 had affected access to FP services. For utilization, 254 of the research participants (75.2%) reported that they did not want to visit health facilities because they feared contracting COVID-19, and 105 (31.1%) participants were not quite sure about Infection Prevention and Control (IPC) measures available in health facilities. For availability, 151 (44.7%) believed that FP services were unavailable during the early stages of the pandemic, and 143 (42.3%) believed that commodities were not available." ... " Critically, young research participants aged 20–29years were 50% less likely to use modern contraception during the pandemic than those 30–39years old. Pre-pandemic, despite adjusting for confounders, there was no statistically significant difference in utilization of modern contraceptives between age groups"	Yes	No	Yes	Population	No
Yuksel	From abstract: "Before the pandemic 19 (32.7%) participants desired to become pregnant, whereas during the pandemic, it had decreased to 3 (5.1%) (P=0.001). Conversely, use of contraception during the pandemic significantly decreased among participants compared with prior (24 vs 10, P=0.004)."	Yes	No	No	Population	Yes
Zapata	From abstract: "About one-fifth of those whose practices provided the following services or strategies just before the pandemic discontinued these services during the pandemic: long-acting reversible contraception (LARC) placement (16%); LARC removal (17%); providing or prescribing emergency contraceptive pills (ECPs) in advance (18%); and reminding patients about contraception injections or LARC removal or replacement (20%). Many practices not providing the following services or strategies just before the pandemic initiated these services during the pandemic: telehealth for contraception initiation (43%); telehealth for contraception continuation (48%); and renewing contraception prescriptions without requiring an office visit (36%). While a smaller proportion of physicians reported service provision issues in the month before survey completion than at any point during the pandemic, about one-third still reported fewer adult females seeking care (37%) and technical challenges with telehealth (32%)."	Yes	Yes	No	Key informant	Yes
Zimmer-man	From Abstract "Approximately 85% of women reported consistent fertility intentions related to both the num- ber and timing of childbearing. No COVID-19-related factors were related to changing quan- tum intentions. Women who reported chronic food insecurity had 4.78 times the odds of accelerating their desired timing to next birth compared to those who reported no food inse- curity (95% CI: 1.53–14.93), with a significant interaction by wealth. The COVID-19 pan- demic did not lead to widespread changes in fertility intentions in Kenya, though the most vulnerable women may have accelerated their childbearing intentions."	Yes	No	Yes	Population	Yes
Zulaika	Find increases (2X) in relative risk of pregancy compared to same age girls in pre-COVID cohort- controlling for age, household SES, and orphanhood status. Also find no difference between pre-covid cohort and covid cohort in hormonal contraceptive use or condom use in past 6 months	Yes		Yes	Population	Yes

Table S3. Evidence details and key findings of grey literature

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Methods	Comparison to pre-COVID-19?
1	Contraceptive Access in Utah During COVID-19	Family Planning Elevated	Early	United States	Contraception	Description of changes to policy and/or practice	No
2	Expanding Telemedicine Can Ensure Abortion Access During COVID-19 Pandemic	Center for Reproductive Rights	Early	United States	Abortion	Description of changes to policy and/or practice	No
3	Update on Delivery of abortion service during COVID -19. Approval for mifepristone to be taken at home	Scottish Health Ministry	Early	Scotland	Abortion	Description of changes to policy and/or practice	No
4	The Right to Sexual and Reproductive Health: Challenges and Possibilities during COVID-19	University of Capetown	Middle	South Africa	Contraception & Abortion	Description of changes to policy and/or practice	Yes
5	Mitigating COVID-19 Impacts on Sexual and Reproductive Health and Rights in Low- and Middle-Income Countries	PAI	Early	Multiple low- and middle-income countries	Contraception & Abortion	Description of changes to policy and/or practice	Yes
6	The COVID-19 Pandemic and Sexual & Reproductive Health in Africa	International Union for the Scientific Study of Population (IUSSP)	Early	Zimbabwe	Contraception & Abortion	Qualitative	No
7	Effects of COVID-19 on Fertility in Egypt	US Agency for International Development (USAID)	Middle	Egypt	Contraception & Abortion	Qualitative	No
8	Family planning visits during the COVID-19 pandemic: P hase 2 Results	Society of Family Planning	Early	United States	Contraception & Abortion	Quantitative	Yes
9	Family Planning and COVID-19: Cross-National Experiences from Burkina Faso, India, Nigeria, and Uganda	International Union for the Scientific Study of Population (IUSSP), Center on Gender Equity and Health (GEH), and UC San Diego (UCSD)	Middle	Multiple low- and middle-income countries	Contraception & Abortion	Mixed-Method	Yes
10	Trends in Family Planning Services in Bangladesh Before, During, and After COVID-19 Lockdowns	Population Council	Early	Bangladesh	Contraception & Abortion	Mixed-Method	Yes
11	COVID-19 IPPF Innovation and best practice: Telemedicine abortion care	International Planned Parenthood Federation (IPPF)	Middle	Multiple low- and middle-income countries	Abortion	Qualitative	No
12	Assessing the Impact of the COVID-19 Pandemic on Postpartum Contraception Uptake	ISMMS Journal of Science and Medicine	Middle	United States	Contraception	Quantitative	Yes
13	Access to Abortion for Undocumented Persons During the COVID-19 Pandemic	Action Canada for Sexual Health and Rights		Canada	Abortion	Quantitative	Yes
14	Barriers to Abortion Access in Australia Before and During the COVID-19 Pandemic	Women's Studies International Forum	Middle	Australia	Abortion	Qualitative	Yes
15	Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia	International Planned Parenthood Federation (IPPF)	Early	Multiple low- and middle-income countries	Contraception & Abortion	Qualitative	Yes
16	Texas' Executive Order during COVID-19 Increased Barriers for Patients Seeking Abortion Care	Texas Policy Evaluation Project	Middle	United States	Abortion	Qualitative	Yes
17	Impact of the COVID-19 Pandemic on Adolescent Sexual and Reproductive Health In Ethiopia	Guttmacher Institute	Late	Ethiopia	Contraception & Abortion	Quantitative	Yes
18	Sexual and Reproductive Health and Rights and COVID-19	Africa Health	Early	Kenya	Contraception & Abortion	Quantitative	Yes

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Methods	Comparison to pre-COVID-19?
19	Disruptions and Adaptations: The Effects of COVID-19 on Contraceptive Services across the Humanitarian-Development Nexus	The Women's Refugee Commission	Middle	Multiple low- and middle-income countries	Contraception & Abortion	Mixed-Method	
20	Legal Barriers to Abortion Access During the COVID-19 Pandemic in India: One Year at a Glance	Centre for Justice, Law and Society (CJLS)	Middle	India	Contraception & Abortion	Mixed-Method	Yes
21	Continuity of essential sexual and reproductive health services during COVID-19 Pandemic in the WHO African Region	World Health Organization, Regional Office for Africa	Early	selected countries of the World Health Organization Africa Region	Contraception & Abortion	Quantitative	No
22	Access to Contraceptive Services Among Adolescents in Uganda During the COVID-19 Pandemic	Guttmacher Institute	Late	Uganda	Contraception & Abortion	Mixed-Method	Yes
23	Access to Abortion During the COVID-19 Pandemic and Recession	National Women's Law Center	Middle	United States	Contraception & Abortion	Qualitative	
24	Reproductive health care in the time of COVID-19: Perspectives of poor women and service providers from Rahim Yar Khan, Punjab	Population Council Pakistan	Middle	Pakistan	Contraception	Mixed-Method	Yes
25	Sexual and Reproductive Health and Rights during the COVID-19 pandemic	European Parliamentary Forum for Sexual and Reproductive Rights; International Planned Parenthood Federation European Network	Early	European countries	Contraception & Abortion	Mixed-Method	Unclear
26	Family Planning in the Times of COVID-19	International Center for Research on Women (ICRW)	Early	India	Contraception	Quantitative	No
27	Impact of the COVID-19 pandemic on demand for family planning services in Bangladesh: A rapid situational analysis	Think Well	Middle	Bangladesh	Contraception	Mixed-Method	Yes
28	COVID-19 Surgical Abortion Restrictions Did Not Reduce Visits to Abortion Clinics	National Bureau of Economic Research	Early	United States	Abortion	Quantitative	Yes
29	Building Resilient Sexual and Reproductive Health Supply Chains During COVID-19 and Beyond	Reproductive Health Supplies Coalition and John Snow, Inc	Middle	Multiple low- and middle-income countries	Contraception & Abortion	Mixed-Method	Yes
30	Family Planning Market Report 2021	Reproductive Health Supplies Coalition and Clinton Health Access Initiative	Middle	Multiple high- and low-middle-income countries	Contraception	Mixed-Method	Yes
31	Capturing adaptations to family planning programming during the COVID-19 pandemic	Research for Scalable Solutions (R4S)	Middle	Multiple low- and middle-income countries	Contraception	Qualitative	No
32	COVID-19 Dashboard of the Research for Scalable Solutions (R4S) Project	Research for Scalable Solutions (R4S)	Late	Multiple low- and middle-income countries	Contraception	Mixed-Method	Yes
33	Reslience. Adaptation and Action, MSI's response to COVID-19	Marie Stopes International	Middle	Multiple high- and low-middle-income countries	Contraception & Abortion	Mixed-Method	Yes
34	Changes COVID-19 Post-Quarantine Behaviors, Hygiene and Expectations in Colombia: Population Survey from 1st to 13th September, 2020	Profamilia	Early	Colombia	Contraception & Abortion	Quantitative	No

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
1	Contraceptive Access in Utah During COVID-19	Family Planning Elevated	Early	United States	Contraception	Yes	Description of changes to policy and/or practice	N/A	No	No	Tele-health, mail-order services, and pharmacies remain options for accessing prescription contraceptives; LARCs continue to be effective well after their labeled duration and won't cause harm if their removal is delayed, discussion of "self-removal" of IUD and potential for self-injection of Depo Shot.	No effect
2	Expanding Telemedicine Can Ensure Abortion Access During COVID-19 Pandemic	Center for Reproductive Rights	Early	United States	Abortion	Yes	Description of changes to policy and/or practice			No	• Increased use of telemedicine to provide medication abortion can play an important role in ensuring access to abortion while reducing both patients' and providers' risk of exposure to COVID-19 • Underscores the importance of removing restrictions on telemedicine and improving access to medication abortion • Telemedicine provision of abortion is essential in addressing health inequities	Mixed
3	Update on Delivery of abortion service during COVID-19. Approval for mifepristone to be taken at home	Scottish Health Ministry	Early	Scotland	Abortion	Yes	Description of changes to policy and/or practice	N/A	Yes	No	Within the first month of COVID-19 as a global pandemic (March 2020), Scottish health ministers approved temporary measures to help women access abortion care at home; similar approvals were put in place in England and Wales	Mixed

Early pandemic (March–August 2020); mid pandemic (September 2020–February 2021); later pandemic (March 2021–March 2022)

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
4	The Right to Sexual and Reproductive Health: Challenges and Possibilities during COVID-19	University of Capetown	Middle	South Africa	Contraception & Abortion	Yes	Description of changes to policy and/or practice		No	Yes	• Most pressing issues/challenges to SRH care include: 1)Closure and cuts to sexual and reproductive health services, 2) Movement restrictions, including travel bans, lockdowns, and curfews, 3) Global supply chain disruptions, 4) A lack of clear public health information and guidance. • Increased screening at entrances to facilities created an additional barrier to access - women would forego assistance rather than explain that they had been raped or required abortion services • Intensified screening of reasons for movement may have impacted pregnant persons' ability to access abortion services, and redirected access into "informal" abortion services, or resulted in waiting beyond legal time limits to access services. • The decrease in reported rates of abortion services being provided in the first quarter of 2021, which overlaps with the national lockdown, may not be accurate • Other key populations, such as sex workers, also reported struggling to access contraceptives and abortion services during the pandemic. • Undocumented migrants, people living in rural areas where services are far and difficult to reach; persons experiencing intimate partner violence; minors; persons with disabilities; and indigent persons, have all been affected by these measures	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
5	Mitigating COVID-19 Impacts on Sexual and Reproductive Health and Rights in Low- and Middle-Income Countries	PAI	Early	Multiple low- and middle-income countries	Contraception & Abortion	Yes	Description of changes to policy and/or practice		No	Yes	• In Senegal, access to counseling and sexual and reproductive health services is already being limited, including the closure of safe spaces for adolescents. • In Côte d'Ivoire, partners have reported that mobile sexual and reproductive health clinics are being shut down. • The pressures from the COVID-19 response on strained health services in low- and middle-income countries could disrupt essential care, including maternal health, contraception, safe abortion care and post-abortion care. • Health supply chains, including contraception, are already burdened with manufacturing delays in countries impacted by the pandemic. This also includes other RMNCAH medical and essential lifesaving commodities and equipment shortages, including supplies for safe abortion care and post abortion care. • Low- and middle income countries may have less purchasing power for contraception, including condoms amidst their COVID-19 response	Negative
6	The COVID-19 Pandemic and Sexual & Reproductive Health in Africa	International Union for the Scientific Study of Population (IUSSP)	Early	Zimbabwe	Contraception & Abortion	No	Qualitative	N/A	No	No	The COVID-19 crisis has negatively impacted access to contraceptive services and post abortion care and has increased the risk of unsafe abortions among adolescent girls and young women in Zimbabwe.	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
7	Effects of COVID-19 on Fertility in Egypt	US Agency for International Development (USAID)	Middle	Egypt	Contraception & Abortion	No	Qualitative	Married women ages 18-35 who sought to use family planning services between March 15th and July 15th 2020 in Port Said and Souhag governorates.	No	No	• Of the 30 women surveyed, 17 reported challenges in accessing family planning services. • Most common challenges faced were fear of COVID-19 infection, contraception stock outs, service inaccessibility (provider fear of catching COVID), closure of facilities/diversion of resources toward COVID-19, and increased financial burden to pay for contraceptive services. • Challenges caused some women to discontinue their method of contraception and some women to experience unintended pregnancies due to lack of access to contraceptive services.	Negative
8	Family planning visits during the COVID-19 pandemic: Phase 2 Results	Society of Family Planning	Early	United States	Contraception & Abortion	Yes	Quantitative	Clinics that provide abortion and/or contraception	Yes	Yes	Changes to Abortion Procedure: • 73% of sites started or expanded telehealth for medication abortion follow-up visits • 32% of clinics offering medication abortion adopted a low- or no-test medication abortion protocol • 21% increased their gestational age limit for medication abortion to 11 weeks gestation and 5% increased their procedural abortion limit to 16/17 weeks from 15 weeks Changes to Contraceptive Procedure: • 82% of clinics added or expanded telehealth for contraceptive counseling • 43% began accepting patient report of blood pressure before initiating estrogen containing methods • 23% began offering patents prescriptions for self-administered DMPA • 45% routinely counseled patients about extended use of LARC, and 12% about IUD self-removal • 15% offered curbside pickup of contraceptives and 15% mailed to patients	Neutral change

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
9	Family Planning and COVID-19: Cross-National Experiences from Burkina Faso, India, Nigeria, and Uganda	International Union for the Scientific Study of Population (IUSSP), Center on Gender Equity and Health (GEH), and UC San Diego (UCSD)	Middle	Multiple low- and middle-income countries	Contraception & Abortion	No	Mixed-Method	married women, married adolescent girls and female front-line workers delivering contraceptive care	Yes	Yes	• Fear of COVID-19 infection was biggest deterrent to accessing contraceptive services in Burkina Faso (reported by 31.2% of women) and similar hesitancy in India • Women in these contexts relied on community pharmacies/medical stores rather than health centers, or relied on temporary methods like male condoms or oral contraceptive pills while waiting for services to resume • 37% of facilities offering FP reported irregular or stopped supply of FP methods in Rajasthan, India • 80% of facilities disrupted for a month or longer in Rajasthan, India • In Uganda, LARC use decreased from 27% to 19% and female non-users increased from 38% to 42% from pre-COVID-19 period • Only 34% of married adolescents and young women in Nigeria continued access to contraception during COVID-19 restrictions	Negative
10	Trends in Family Planning Services in Bangladesh Before, During, and After COVID-19 Lockdowns	Population Council	Early	Bangladesh	Contraception & Abortion	No	Mixed-Method	not specified; Would assume women in Bangladesh	No	Yes	• Contraceptive service utilization rapidly declined in March-May 2020 and began to increase again in June 2020, but by December 2020, was still below 2019 levels • Recovery slower for long-acting methods than short-term methods (short term methods initially showed moderate decline, but recovered post-May 2020) • Decline of 14% overall for short-acting methods • IUD declined 69% during initial COVID months • Implant was the highest decline (up to 95%) in early COVID-19 months • Permanent contraceptive methods showed decline of 33% from 2019 to 2020 • 28% decrease in utilization of post-abortion care • Reasons for low demand for contraceptive services included lack of human resources and related motivations, lack of deman generation activities, and inadequate information, education and communication measures	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
11	COVID-19 IPPF Innovation and best practice: Telemedicine abortion care	International Planned Parenthood Federation (IPPF)	Middle	Multiple low- and middle-income countries	Abortion	Yes	Qualitative	young women and girls	No	No	• Young women and girls faced barriers to accessing youth-friendly abortion care and health facilities in Togo • Virtual patient consultations, self-assessment smartphone applications, hotlines and remote provision of medications are a few examples of telehealth and telemedicine applications used to improve SRH during the pandemic. • Launch of mobile application 'Infos Ado Jeunes', referral pathway for young people thereby increasing access to services when they face challenges travelling to clinics. • The app supported care to 900 young people with telehealth and over 800 young people with online sessions.	Mixed
12	Assessing the Impact of the COVID-19 Pandemic on Postpartum Contraception Uptake	ISMMS Journal of Science and Medicine	Middle	United States	Contraception	Yes	Quantitative	Postpartum patients who delivered at Mount Sinai Hospital between March 1,2019-May 31, 2019 and March 1, 2020-May 31, 2020	No	Yes	• No significant difference in the number of patients offered and accepting contraception at hospital discharge and postpartum visit between 2019 and 2020 • Type of contraception varied slightly between pre-COVID-19 and during COVID-19: 2020 group was more likely to use short-acting (55% vs 42%) and less likely to use long-acting methods (15% vs 24%) relative to 2019 • 26% of 2020 group had telehealth postpartum visits (vs 0% in 2019) • Within 2020 group, patients who had telehealth (vs in-person) visits were less likely to use "barrier/other" methods (14% vs 32%) and more likely to use SARC (67% vs 51%)	Neutral change

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
13	Access to Abortion for Undocumented Persons During the COVID-19 Pandemic	Action Canada for Sexual Health and Rights		Canada	Abortion	No	Quantitative	Undocumented persons	No	Yes	• Action Canada saw gaps in services leading to a disproportionate impact on stateless and undocumented persons • Calls to the Access Line - a 24-hour toll-free pregnancy information and referral service — more than doubled in the first months of 2020 with callers looking for ways to access safe abortions during the pandemic. • Medication abortion as proposed solution, particularly in addressing historical gaps in access to abortion outside of urban centers • For undocumented people, the potential of medical abortion is largely out of reach since access to this care depends on having a health card and/or the ability to pay for clinical fees out of pocket and/or travel.	Negative
14	Barriers to Abortion Access in Australia Before and During the COVID-19 pandemic	Women's Studies International Forum	Middle	Australia	Abortion	Yes	Qualitative	Australian women accessing, or attempting to access, abortion services.	No	Yes	• Restrictions on movement, including isolation measures, had unintended consequences for abortion access • Indirect barriers to reproductive health care generated by the pandemic include increased levels of financial hardship with a disproportionate impact on women who are marginalized for reasons other than gender. • Travel restrictions disproportionately affect women in regional, rural and remote areas of Australia where abortion services are not locally accessible	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
15	Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia	International Planned Parenthood Federation (IPPF)	Early	Multiple low- and middle-income countries	Contraception & Abortion	Yes	Qualitative		No	Yes	• In Bangladesh, community outreach via Reproductive Health Promoters (RHP) has been expanded and increased • Every month 60 mobile teams visit about 1,200 remote locations to provide maternal and child health services, including contraceptive care, with COVID-19 rendering 50% of mobile teams disfunctional • Family Planning Association of Nepal (FPAN) advocated with the Government of Nepal to allow home use of medical abortion drugs under self-care approach • Family Planning Association of India and Sri Lanka initiated telehealth counseling and consultation from April 2020 Gradually, community is getting attuned to this new channel for accessing SRHR services; Afghanistan implemented similar approach for maternal health services via telehealth midwives • Pakistan Alliance for Post abortion Care (PAPAC) worked closely with Government of Pakistan to advocate for facilities offering contraceptive and post-abortion care to remain open as essential care • Extensive home visits by lady health visitors accompanied by local Reproductive Health Facilitators were introduced by Family Planning Association of Pakistan (FPAP)	Negative
16	Texas' Executive Order during COVID-19 Increased Barriers for Patients Seeking Abortion Care	Texas Policy Evaluation Project	Middle	United States	Abortion	No	Qualitative	10 individuals who had contacted an abortion facility while the Executive Order deeming abortion an "elective" procedure was in effect.	No	Yes	• Texas' executive order halted most abortion services, contributing to emotional, financial, and logistical barriers for people seeking abortion, including unnecessary delays and out-of-state-travel. • Existing abortion restrictions exacerbated the scheduling difficulties and logistical challenges created by the executive order, resulting in further delays and increasing costs • Women feared risk of exposure to the coronavirus when traveling long distances to access abortion care	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
17	Impact of the COVID-19 Pandemic on Adolescent Sexual and Reproductive Health In Ethiopia	Guttmacher Institute	Late	Ethiopia	Contraception & Abortion	No	Quantitative	multiple sources of data: Ethiopia's two largest private providers of sexual and reproductive health services, service delivery data from Ethiopia's District Health Information System 2, PMA Ethiopia	No	Yes	• Pandemic resulted in a decline of 3.5% in numbers of adolescents receiving contraceptive care and 6.5% drop in number of 15-19-year-olds receiving postabortion care • Estimated effects of pandemic-related changes in health care provision include an additional 20,738 adolescents with an unmet need for contraception in Ethiopia	Negative
18	Sexual and Reproductive Health and Rights and COVID-19	Africa Health	Early	Kenya	Contraception & Abortion	No	Quantitative	document does not explicitly mention a study but references Ministry of Health and Kenya Health Information System	No	Yes	• Reduction in the use of family planning services among adolescents (aged 15-19) relative to youth (aged 20-24)	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
19	Disruptions and Adaptations: The Effects of COVID-19 on Contraceptive Services across the Humanitarian-Development Nexus	The Women's Refugee Commission	Middle	Multiple low- and middle-income countries	Contraception & Abortion		Mixed-Method				• Disruptions to contraceptive services due movement restrictions, lockdowns, and curfews. Many health facilities delivering contraceptive services were closed, at least for a period, as part of these restrictions. • Greater reductions in or challenges to the provision of long-acting compared to short-acting methods, particularly earlier in the pandemic – reportedly due to limited availability of personal protective equipment (PPE), required presence of the provider, and reduced flow of clients through static facilities • Organizations developed innovative solutions to provide supervision and support for providers, including providing "e-mentoring" and coaching via telephones or using WhatsApp networks to disseminate information on SRH services, and providing supervision via social media and WhatsApp groups. • Refugees faced heightened barriers, citing increased distance to services and higher transportation costs as being particularly challenging. • Adolescents faced particular challenges accessing information because they were not able to participate in their normal group activities, including attending church and school	a

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
20	Legal Barriers to Abortion Access During the COVID-19 Pandemic in India: One Year at a Glance	Centre for Justice, Law and Society (CJLS)	Middle	India	Contraception & Abortion	No	Mixed-Method		No	Yes	• Lockdowns and the fear of COVID-19 intensified existing shortfalls in the public health system and exacerbated structural factors restricting access of marginalized groups to reproductive • Access challenges to safe abortion services (both surgical and non-surgical methods) included: 1) disruption in the supply chain for drugs and commodities, 2) redeployment of facilities and staff for COVID-19 care, 3) closure of private facilities, 4) lack of transport, 5) lack of access to legal remedies, and 6) restricted mobility. • Lack of access to abortion facilities and denial of reproductive services on grounds of discrimination, casteism and communalism were severely exacerbated • Telemedicine Practice Guidelines were enacted with the lockdown and enabled doctors to consult with patients over the phone or through the internet, and prescribe medications; predominantly supporting the middle class, as internet is restricted by 36% availability in India.	Negative
21	Continuity of essential sexual and reproductive health services during COVID-19 Pandemic in the WHO African Region	World Health Organization, Regional Office for Africa	Early	selected countries of the World Health Organization Africa Region	Contraception & Abortion	No	Quantitative	member states of the WHO Regional Office for Africa (WHO staff in charge of sexual and reproductive health services in collaboration with their counterparts in the Ministries of Health of the countries); 17 out of 47 countries responded	No	No	• 59% of countries reported a reduction in use of contraception since the start of COVID-19 • 71% reported a reduction in uptake of contraceptive commodities • 47% reported stock out of contraceptive commodities	Mixed

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
22	Access to Contraceptive Services Among Adolescents in Uganda During the COVID-19 Pandemic	Guttmacher Institute	Late	Uganda	Contraception & Abortion	No	Mixed-Method	adolescents age 15-19	No	Yes	• Uganda experienced smaller and shorter pandemic-related disruptions in adolescent access to sexual and reproductive health services than were initially anticipated. • Adolescents' visits for contraceptive services rebounded starting in May 2020 and continued to exceed projections through November 2020. • On average, adolescent family planning service visits were consistently higher in 2020 than in 2019 across all months except for April 2020 • The modern contraceptive prevalence rate was higher in 2020 than in 2019 for adolescents aged 15–19-year-olds • Data show the COVID-19 pandemic to have had minimal to no effect on adolescents' access to family planning services in Uganda.	No effect
23	Access to Abortion During the COVID-19 Pandemic and Recession	National Women's Law Center	Middle	United States	Contraception & Abortion		Qualitative				• In a May 2020 survey of reproductive- age women, more than one-third (34%) wanted to get pregnant later or wanted fewer children because of the COVID-19 pandemic, a desire especially prevalent among Black (44%), Latina (48%), and queer women (46%). • From March to May 2020, one in three women (33%) experienced a cancellation or delay of contraceptive or other reproductive health care because of the pandemic—a rate especially high among marginalized communities of women, including Black (38%), Latina (45%), and queer (46%) women. • Restrictions on telemedicine along with other medically unnecessary laws, like in-person counseling or an ultrasound, make it harder to access abortion care during a pandemic • Several political leaders exploited this public health crisis to effectively ban abortion in their states	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
24	Reproductive health care in the time of COVID-19: Perspectives of poor women and service providers from Rahim Yar Khan, Punjab	Population Council Pakistan	Middle	Pakistan	Contraception	No	Mixed-Method	health facilities in Khanpur, Pakistan that provide at least one family planning (FP) method; female beneficiaries of the Benazir Income Support Program (women in the sub-district's poorest wealth quintile)	Yes	Yes	• · Some women switched from short-acting, modern methods to less reliable, traditional methods during COVID-19 • Changes likely due to financial constraints and suspension of home care services by Lady Health Workers (LHWs) • Among health facilities, 38% faced disruption in contraceptive supply in May 2020 and 21% in September 2020, 56% reported adverse effects of COVID-19 on provision of contraceptive services in May and 31% in September	Negative
25	Sexual and Reproductive Health and Rights during the COVID-19 pandemic	European Parliamentary Forum for Sexual and Reproductive Rights; International Planned Parenthood Federation European Network	Early	European countries	Contraception & Abortion	Yes	Mixed-Method	IPPF EN members, SRHR organizations, Parliamentarians, other actors who provided information		Unclear	• Many countries reported they were forced to scale back contraceptive care during the pandmeic • Access to long-acting methods has been hindered, often due to delays and considerations of such contraceptive provisions as non-essential services • Lockdown increased existing barriers to accessing abortion in many countries (e.g. decisions to suspend non-emergency procedures and including abortions within this, shortages of healthcare professionals willing to provide it), • While other countries (10+) maintained access to abortion, some (8 countries) facilitated access to it further by implementing telemedicine medical abortion and extending the time limit to access surgical and at-home abortion	Mixed

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
26	Family Planning in the Times of COVID-19	International Center for Research on Women (ICRW)	Early	India	Contraception	No	Quantitative	Ethnographic accounts of 8 married men ages 25-35, 9 community health system actors, 4 self-help group (SHG) members over 35 with a parity of 3 or more, and 4 rural medical practitioners (RMP) and pharmacists	No	No	• Loss of income and employment and restricted access to markets and resources resulted in less access to sexual and reproductive health services • Men, pharmacists and ASHAs (accredited social health activist) all reported a marked increase in the demand for condoms during COVID-19 condoms emerged as the preferred modern method	Negative
27	Impact of the COVID-19 pandemic on demand for family planning services in Bangladesh: A rapid situational analysis	Think Well	Middle	Bangladesh	Contraception	No	Mixed-Method	N/A	No	Yes	• Among facilities in the sample, utilization of contraceptive services declined rapidly during the early pandemic period (March-May 2020) with the highest drop in April 2020 • Service utilization increased from June 2020, but by December 2020 it was still below 2019 levels • Reductions were much greater for long-acting (e.g., implants) and permanent methods of contraception compared to short-term methods	Negative
28	COVID-19 Surgical Abortion Restrictions Did Not Reduce Visits to Abortion Clinics	National Bureau of Economic Research	Early	United States	Abortion	No	Quantitative		No	Yes	• 32% decrease in abortion clinic visits from 2019 to 2020 during the 4-month study period • States that banned elective surgical procedures saw an additional 23% decrease, while states that also explicitly banned surgical abortions saw no further decrease.	Negative

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
29	Building Resilient Sexual and Reproductive Health Supply Chains During COVID-19 and Beyond	Reproductive Health Supplies Coalition and John Snow, Inc	Middle	Multiple low- and middle-income countries	Contraception & Abortion	No	Mixed-Method			Yes	• Implementation of adjustments and new procedures to resume operations allowed people to resume work safely. • Despite disruptions in the global flow of goods, data from six countries showed no "unusual" changes in stock levels or stockouts; delays in shipments were mitigated by higher stock levels during that period • Decreased demand for services in the crisis management period rebounded to pre-COVID-19 level	Mixed
30	Family Planning Market Report 2021	Reproductive Health Supplies Coalition and Clinton Health Access Initiative	Middle	Multiple high- and low-middle-income countries	Contraception		Mixed-Method			Yes	• From 2019 to 2020, the value of the FP2020 public-sector market increased by 16 percent, reaching a five-year high • Market volumes increased during this period, rising by 23% • Due to method- specific procurement trends, couple years of protection (CYPs) shipped to the FP2020 public-sector market remained constant from 2019 to 2020 • Growth of the FP2020 public-sector market from 2019 to 2020 was driven by increased procurement volumes for implants, injectables, and oral contraceptives. • CYPs shipped remained constant from 2019 to 2020; however, short-term methods represented a relatively greater proportion of the CYP mix in 202o than in 2019. Nevertheless, long-acting reversible methods of contraception continued to comprise the majority of CYPs shipped to the FP2020 public-sector market in 2020. • Despite the COVID-19 pandemic, large-scale procurement disruptions did not take place in 2020.	Mixed

No.	Title	Publishing Organization	Date of Publication	Country	Outcome	Telehealth focus?	Methods	If findings were based on a study, please describe study population/ inclusion criteria:	Provider focus?	Comparison to the pre-COVID-19?	Key findings related to COVID-19	Overall, results of this document suggest that COVID-19's impact on family planning was:
31	Capturing adaptations to family planning programming during the COVID-19 pandemic	Research for Scalable Solutions (R4S)	Middle	Multiple low- and middle-income countries	Contraception		Qualitative			No	• Digital interventions, already expanding in use before the pandemic, became a critical component of projects as more traditional, in-person strategies for reaching clients and for supporting providers became impossible. • Use of digital technology became a crucial strategy in both the public and private sectors, allowing for self-care, often combined with digital approaches • Programs addressed challenges related to lockdowns and movement restrictions with a number of service delivery adaptations	Mixed
32	COVID-19 Dashboard of the Research for Scalable Solutions (R4S) Project	Research for Scalable Solutions (R4S)	Late	Multiple low- and middle-income countries	Contraception					Yes	• High levels of unplanned pregnancy in a youth sample in Malawi, Uganda, Niger and Nepa • Drops in MCPR Malawi, Nepal and Ugnada- but not Niger • 79-88% of users had preferred method	Negative
33	Reslience. Adaptation and Action, MSI's response to COVID-19	Marie Stopes International	Middle	Multiple high- and low-middle-income countries	Contraception & Abortion					Yes	• Impact of COVID-19 on women's access to reproductive health services has not been as grave as initially expected • However, due to COVID- related disruptions, 1.9 million fewer women have been served by MSI's programmes than originally forecast for January – June of 2020. • Multiple successful program adaptations described	Negative

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