
As the world's largest procurer of donated contraceptives, UNFPA Supplies is committed to ensuring that essential supplies reach where they are needed, especially by marginalized and vulnerable women and adolescent girls. Support for supply chain management and logistics information systems over many years remains fundamental to health systems strengthening in the 46 programme countries.

For women and girls, young people and couples, provision of information, and voluntary family planning counselling and services, including a choice of quality contraceptives, is a human right and is lifesaving. During the COVID-19 pandemic response access to sexual and reproductive health services remains essential.

COVID-19 is already causing disruptions in family planning services. UNFPA estimates that 47 million women may lose access to modern contraception if the average lockdown, or COVID-19-related disruption, continues for 6 months with major disruptions to services continues for 6 months and could lead to nearly 7 million unintended pregnancies.

LATEST SITUATION

Averting Stockouts

UNFPA is taking concerted action to mitigate the effects of the anticipated disruption to stocks of contraceptives and maternal health medicines. In UNFPA Supplies Update #3 (16 April), we reported projections of stockout risks for contraceptives and maternal health medicines in the next 6 months among the 46 UNFPA Supplies countries with a projected risk of stockouts for long-acting reversible contraceptives (LARCS) – IUDs and implants – and for injectables and pills each affecting more than 20 countries; with some 10 countries at risk of stock out of condoms.

Since that time, UNFPA, as part of coordinated efforts of the broader community under the global initiatives, the CSP (Coordinated Supply Planning) and the CARhs (Coordinated Assistance for RH Supplies), and in alignment with USAID efforts, has taken significant mitigation actions. As a result, as of

the start of May, only six countries currently face projected stockouts for contraceptives (one for LARCs; four for injectables; and one for pills). UNFPA is continuing to work with partners to ensure these stockouts do not occur.

Coordinated actions have also been taken to prevent projected stock-outs for maternal health medicines from 16 April (for oxytocin, misoprostol, magnesium sulfate and calcium gluconate) with shipments of products now in transit to countries.

As of 5 May, UNFPA reported **'minimum disruptions' to international procurement and delivery to countries**, with notable improvements since UNFPA Supplies Update #2 (30 March) particularly regarding LARCs (for implants, no lack of supplier capacity), pills ('suppliers are resuming operations') and condoms (for which currently 'supply chain disruption is minimal').

Supplies of Personal Protective Equipment (PPE)

Demand continues to be overwhelming for **PPE** for health workers providing family planning services, while the market faces continued shortages. In addition to fast-track procedures that permit UNFPA Country Offices to procure PPE locally, under the joint United Nations tender issued on 13 April, UNFPA will be procuring these urgently needed supplies globally so that services can be provided safely for both providers and clients.

Country Updates

As the international procurement situation has stabilized with action taken to avert most projected stockout risks, the situation in-country remains critical. Indeed, although obtaining comprehensive data remains a challenge, country reports suggest a high degree of similarity among the challenges they face.

In **West and Central Africa**, where the current impact of COVID-19 varies significantly, at this time initial reports from UNFPA Country Offices suggest limited obvious negative impact on access to contraceptives and family planning services as a result of COVID-19 response in the majority of countries in the Region. Efforts are ongoing to ensure availability of PPE (for example in Nigeria), increase levels of contraceptive stocks (for example in Côte d'Ivoire), draw up contingency plans (for example Guinea-Bissau, "with emphasis on community-based services") and increase stock levels around country (for example Liberia).

In Senegal the Reproductive Health Commodity Security (RHCS) Committee continues to meet; in Nigeria, with the health sector considered critical and health workers exempt from lockdown, family planning remains accessible. In Burkina Faso, there is broad access to family planning services with 214,835 family planning users recruited in the first

quarter of 2020, among which are 60,539 new users. In Ghana, where family planning access has been maintained; "partial lock down which lasted three weeks applied only to the cities, Accra and Kumasi, with higher cases of COVID-19". The Ghana Health Service, the country's largest provider of family planning services was exempted from the lockdown as an 'essential service provider' and continued to provide services.

In **East and Southern Africa**, initial reports indicate broad but uneven impact of COVID-19. At the time of reporting, while many countries are in lockdown, Burundi, Malawi and Mozambique are not. While the latter two report normal family planning service access, Burundi, and also Ethiopia and Kenya all report that COVID-19 related fears and rumours seem to be reducing service access and use. In Uganda, family planning services and contraceptive delivery are ongoing but clients are 'failing to access services due to lockdown'. In Zimbabwe, though 'all health facilities are operational', strict policing of lockdown measures may be impeding family planning service access.

Eritrea, in lockdown, is yet to report disruption. In Lesotho, family planning is available as an essential health service although with restrictions on movement facility visits have reduced. Rwanda, in lockdown, reports normal customs clearance and deliveries to health facilities and, as of late March, no big decrease of family planning users though 'reduced transport may have negatively impacted services.' South Sudan reports some distribution delays to the counties and notes that movement restrictions are hampering access to LARCs though other methods can be accessed from peer educators and community health workers.

In Tanzania, family planning services are maintained at service delivery points; while in Zambia, family planning services are offered as usual, with users receiving 'advance supplies of oral contraceptives' and IUDs and implants offered per regular schedules. In COVID-19 affected areas in Democratic Republic

of Congo, 'few clients have access to FP services', owing to movement restrictions and a lack of PPE for family planning services providers. In Madagascar, the partial lockdown affecting three regions is restricting movement reducing access to LARCs and injectables as these require direct physical provider/client contact, which is leading clients to switch to condoms and pills.

For more information about the UNFPA response to the COVID-19 pandemic, visit the UNFPA website at www.unfpa.org/covid19

United Nations Population Fund
www.unfpa.org
605 Third Avenue
New York, NY 10158 USA

