

Reproductive health supplies are essential

Call to action for uninterrupted access to reproductive health supplies during and after the COVID-19 crisis—The Advocacy and Accountability Working Group of the Reproductive Health Supplies Coalition

What started in December 2019 as a small cluster of COVID-19 cases has turned into a global health crisis, with implications on all aspects of our lives. The COVID-19 pandemic is causing global supply chain disruptions and straining health systems which are negatively affecting millions of women and girls who still need access to quality and lifesaving reproductive health (RH) supplies and services.

Failing to meet this essential need could mean long-term negative consequences during and after this pandemic period. UNFPA and Reproductive Health Supplies Coalition (RHSC) research indicates that a lockdown of over six months could leave 47 million women in low- and middle-income countries (LMICs) unable to use modern contraceptives, leading to a projected 7 million additional unintended pregnancies¹. Guttmacher Institute research estimates that a 10% proportional decline in short- and long-term reversible contraceptive use would result in an additional 49 million women with an unmet need for modern contraception in LMICs and an additional 15 million unintended pregnancies. These estimates are devastating. The COVID-19 crisis risks halting, even reversing, global efforts toward universal access to sexual and reproductive health and rights—a women’s right and a necessary precondition for sustainable development.

RH supplies and services are essential and life-saving. Thus, they cannot be interrupted during a crisis. To mitigate interruptions in access to reproductive health supplies during the COVID-19 crisis and avoid their long-term public health consequences, including for reproductive health, we must act now. RH supplies and services must be included in COVID-19 emergency response interventions and policies; interruptions of supply chains must be solved; and a continued financial support to reproductive health supplies must be ensured.

Therefore, the RHSC’s Advocacy & Accountability working group (AAWG) calls for action in three areas:



POLICY



SUPPLY CHAIN



FINANCING



POLICY

We ask all governments to:

- **Fast track regulatory approvals and registration** for all contraceptive methods from a range of manufacturers, including methods of emergency contraception. Consider harmonizing registrations regionally to allow for procurement through regional suppliers.
- **Allow for provision of over-the-counter access** of oral contraceptives, emergency contraception, and DMPA-SC. It is critical to increase outlets where these methods are available and to provide them where women are able to access them easily.
- **Support advance provision** of DMPA-SC, oral contraceptives and emergency contraceptive pills. It is important to increase the number of packets/units clients can buy or take home, thereby reducing the need for re-supply and risk of exposure via facilities, pharmacies and community health workers.
- **Accelerate authority for, and investment in, telemedicine and self-care** in line with WHO recommendations².
- **Lift policy restrictions on access to contraceptives**, including age restrictions for youth and adolescents, restrictions based on marital status, and requirements for spousal consent.

We ask all donors to:

- **Make long-term commitments** to support advocacy for improving policies for RH supplies and work with governments to plan for changes in the environment post-pandemic.
- Support demedicalization efforts and **increase investment in self-care and telemedicine**, including the supplies for these services and provision of legal and policy support.

We ask all partners/other stakeholders to:

- **Prioritize support to governments** in their efforts to build and strengthen their policy environment for access to RH supplies and services.
- **Hold duty bearers to account** for policy changes and for meeting SDGs and FP2020 commitments.



SUPPLY CHAINS

We ask all governments to:

- **Prioritize RH supplies at the same level as other essential medicines** in forecasting, procurement, customs clearance, transportation, and distribution. In humanitarian settings, prioritize availability of all RH supplies needed to implement the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health.³
- **Ensure adequate inventory and get products close to where women and girls are** by strategically prepositioning stock in the supply chain close to, or at, the facility level, and provide remote supply chain management support as needed. When restrictions on movement are imposed, ensure waivers are in place for RH supplies.
- **Reduce wastage of scarce commodities** by improving the storage of commodities.
- **Continue to collect and share data**, including age/sex/disability disaggregated data; monitor changes in consumption across all parts and levels of the supply chain; and respond to potential reductions in use of contraception⁴, or changes to where RH products are accessed⁵.

- **Ensure provision of personal protective equipment (PPE) for RH providers**, including community health workers, and training on proper use, to maintain their health and safety by preventing COVID-19 transmission between them and their patients.
- **Employ evidence-based models to reach marginalized groups at the last mile** to ensure uninterrupted access to RH supplies, in particular for young people, people with disabilities, other marginalized groups and people who have experienced sexual violence⁶.

We ask all donors to:

- **Continue to support investments in the logistics and capacity strengthening for supply chain management** in the short and long term.
- **Support efforts to pool procurement of key supplies** to secure larger volumes of supply and production of the RH supplies required to ensure continuity of services, including the MISP in humanitarian settings, and PPE for RH providers.
- **Support global/regional coordination mechanisms to ensure sustainable, rational, and equitable allocation systems** for RH supplies and PPE for RH workers for settings most in need, including those facing humanitarian crises.
- **Increase investment in flexible and remote management of supplies**, including training, supervision, and monitoring, to maintain availability and access.

We ask all partners/other stakeholders to:

- **Prioritize support to governments** in their efforts to strengthen the supply chain for access to RH supplies and services, and the PPE needed to safely provide them, including through provision of technical expertise and capacity development.
- **Advocate for the role of civil society** in ensuring transparency and accountability across all parts of the supply chain.
- **Share data** across all actors and levels of the supply chain and civil society to enable real time monitoring to prevent bottlenecks and shortages.⁷
- **Continue and improve direct provision of RH supplies** in settings where partner organizations provide direct services, including humanitarian settings and most remote and rural areas.



FINANCING

We ask all governments to:

- **Allow re-allocation of funding and swift disbursement** towards the redistribution of supplies across all levels of the supply chain and at health facilities to prevent stockouts with the surpluses already at hand.
- **Allocate additional resources** to expedite customs clearance to get essential RH supplies into the central warehouses and distributed rapidly as they arrive at port.
- **Ensure that adequate funding is provided for alternative transportation mechanisms** when freight options are limited.
- **Extend humanitarian tax exemptions** to RH supplies in all settings while the emergency for the pandemic lasts.

We ask all donors to:

- **Invest in the Global Humanitarian Response Plan for COVID-19** and other funding mechanisms designated to respond to the pandemic, which must include funding for the supplies needed to implement comprehensive RH services.
- **Maintain or increase RH commodity and logistics support** to low-and-middle-income countries to fill immediate gaps, including those facing humanitarian crises, either bilaterally or through the UNFPA Supplies program, which covers RH supplies in 46 countries.

- **Ensure continuity and flexibility of funding** to local and national CSOs that provide and/or advocate for access to RH supplies.
- **Consider new investments into alternative financing solutions**, such as vouchers or cash transfers (including digital forms), to shift public money into the hands of users, allowing more power of choice and decreasing out-of-pocket costs.

We ask the private sector to:

- **Consider reduced or subsidized pricing** of RH supplies for people accessing private sector outlets during the pandemic, to ensure they are available to all women and girls in need.
- **Coordinate with the public sector** in order to increase efficiencies in the procurement of RH supplies.

WHAT NEEDS TO CHANGE FOR THE FUTURE

Governments, donors, the private sector, and other partners and stakeholders have key responsibilities to ensure that women and girls have ongoing access to the life-saving RH supplies they need throughout - and after - the COVID-19 crisis. RH supplies and services must be prioritized through supportive policies, well-functioning supply chains, and adequate financing.

Implementing proactive measures during the crisis to improve access to RH supplies will also contribute to addressing long-standing barriers and increasing access to RH supplies in the longer term. Actions taken during the crisis, such as supporting self-care and improving the regulatory environment, will help to reduce the gaps between RH supplies and the women and girls who need them, even beyond the crisis.

Recovery from the pandemic also opens up critical opportunities for health systems to “build back better” to meet the ongoing RH supply needs of women and girls around the world. The crisis highlights the importance of investing in preparedness measures and supply chain resilience to ensure that in future crises (or resurgence of COVID-19) we are prepared to continue with provision of RH supplies. It also reinforces the need for universal health care, which must include RH services and supplies and must be made available and accessible to all, across humanitarian and development settings alike, regardless of race, age, gender, marital status, nationality, ethnicity, language, sexual orientation, disability, socio-economic status, religion, or any other status.

The RHSC’s [Advocacy and Accountability Working Group](#) links global and country level advocacy, in the areas of policy, finance and programs, to create an environment favorable for scaling up equitable access to a wide range of affordable and high quality RH commodities. Contact: csoulary@rhsupplies.org

¹ <https://www.rhsupplies.org/activities-resources/tools/micro/> and www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

² According to WHO 2019 Consolidated guideline on self-care interventions for health: sexual and reproductive health and rights and 2020 Guidance on Maintaining Essential Services in the context of Covid-19.

³ <https://iawg.net/resources/minimum-initial-service-package-misp-resources>

⁴ Evidence from Sierra Leone during Ebola found that access to RH supplies decreased by up to 70%, contributing to at least as much maternal and neonatal mortality as Ebola.

⁵ [Joint Statement on the Importance of Continued Family Planning Data Sharing and Collaboration](#)

⁶ GBV consistently increases during times of crises and has already shown evidence of uptick during stay-at-home orders that have been implemented during COVID-19.

⁷ [Joint Statement on the Importance of Continued Family Planning Data Sharing and Collaboration and High Impact Practice on Supply Chain Management](#)