

Ensuring FP supply availability under COVID-19

As part of ensuring family planning (FP) program continuation under COVID-19, how can countries proactively avoid disruptions of lifesaving FP supplies?

Essential sexual and reproductive health (SRH) services are at risk in the pandemic context. As countries prepare for and respond to COVID-19, it is critical to maintain essential health services including access to voluntary family planning services and supplies. To help ensure availability of quality contraceptives at the last mile, the following are possible supply chain actions for immediate consideration:¹

Plan and communicate about policy and program changes, across sectors.

- Several countries are developing RMNCH (or SRH) plans as part of COVID-19 preparedness, informed by WHO guidance². Supply considerations (supply planning, procurement, distribution, last mile access, routine monitoring) should be included in plans.
- Ensure FP is designated an essential program, FP providers essential workers, and FP products essential commodities. If transport is restricted, the government may be able to provide a waiver/pass for distribution of commodities.

Establish/strengthen coordination of contraceptive supply.

- Convene an existing group if possible, or form a new group, to take responsibility for overall supply chain planning and execution during the emergency; describe who is in it, how it will function, how it will integrate with existing systems.
 - o There may be synergies across programs/sectors. Work to understand (based on partner feedback, survey) where public, private and NGO services are continuing vs are limited/ceased, to inform distribution, and possibly referrals
- Advocate for and make use of emergency funds (if available) for extraordinary efforts to ensure FP supply availability. (e.g., direct distribution to health facilities via existing or new mechanisms)
- Consider more permissive positions on regulatory, task-shifting, dispensing policy to ensure product can enter the country and be made available to clients. (See below)
- Continue to use current channels for data sharing (i.e. PPMR, supply plans, GFPVAN) to support global coordination and vetting of orders for constrained products.

Take solution-oriented, flexible, and innovative approaches to identify and mitigate supply chain risks.

- Monitor supply availability and needs: Use routine and extraordinary strategies to understand where FP commodities are and where they are needed, if different than usual because of changes in where services will be offered or sought during the pandemic
 - o Assess national and facility-level stock status to inform distribution, redistribution, and new orders; Identify risks. If there is a broader assessment of RH/FP services situation, supplies should be included. Create mechanisms for increased supply/demand reporting for critical items.
 - o Examples include scrutiny/analysis of LMIS data; more frequent stock take by phone; projection of shifting demand if some SDPs will close or be understaffed while others stay open; sharing of data among MOH/FP implementers/sectors to optimize use of service delivery channels and available supply (could use WhatsApp groups to facilitate)

¹ Compiled by JSI and informed by CHAI, IAPHL, IAWG, RHSC, UNFPA, USAID, and WHO

² <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

- Agree on/implement mitigation measures that can be put in place in case of disruption of supply, transportation, or movement. Determine how long these measures are expected to be in place and when they will be reevaluated. Examples include:
 - o *Distribution*: Position product closer to clients to reduce the need for travel and exposure.
 - Expedite distribution; issue supplies to lower levels (increase stock held at subnational stores and service delivery points); explore allowing suppliers/transporters to bypass central warehouse when goods arrive (if for example, central might become clogged and trucks taken over by COVID-19 response, or in anticipation of backlog when ports open/shipments start moving).
 - Ensure waivers/passes can be granted if needed to allow for commodity distribution (including when using private transport for supply pick up from lower levels if private transport is not the norm).
 - Make supply available for community-based distribution (CBD): Bolster the systems to ensure adequate supply of products to support CBD. Issue concrete guidelines permitting or encouraging CBD for MOH-defined products during the quarantine (if relevant), especially for existing users.
 - Enable redistribution of supplies among sectors, facilities, levels: To optimize available supply across levels or sectors (public, NGO, private) and via non-traditional outlets, develop protocols for inventory sharing among peer facilities or across sectors; if some SDPs will be closed, facilitate movement of their stock to the clinics that will remain open.
 - o *Dispensing*: Put more inventory in clients' hands if possible, to reduce the need for travel/exposure of clients and reduce stress on the health system. Adjust dispensing protocols e.g., to allow or encourage multi-month dispensing (OCs, DMPA-SC for self-injection, EC, condoms) where possible. Balance with the risk of shortages or stockouts and inequitable access if facilities are not already supplied to handle such spikes in dispensing or if facilities cannot be quickly resupplied because supply is constrained due to COVID or other reasons. (Ensure product has sufficient shelf life remaining for the future period in which the client will use it).
 - o *Inbound supplies/procurement*
 - Expedite commodity estimation, supply planning, and orders. To get orders in the production queue, work with donors/procuring organizations (e.g. UNFPA³, USAID/GHSC-PSM) to plan for and secure commitments and place orders for shipments needed over the next 12-24 months, including potentially higher than usual freight costs;
 - Suppliers/forwarders: Stay in close touch with suppliers and forwarders on the status of orders. Identify alternatives if suppliers cannot produce or deliver.
 - o *Regulatory*: Work with regulators to get variances for lower shelf life or expedited registration for substitute/generic products if needed; remove regulatory and clearance barriers and ensure ports/airports/warehouses are staffed to allow entry of essential commodity shipments.

³ <https://mailchi.mp/unfpa/covid-19-unfpa-supply-chain-disruption-april2020>