Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response.

**Key Messages**

**Core Message**

Provision of modern short- and long-acting contraceptives, information, counselling and services (including emergency contraception) is lifesaving and should be available and accessible during the COVID-19 pandemic response.

- Modern Contraceptives Commodities and Supplies, including menstrual health and hygiene items, are central to adolescents and women’s health, empowerment, and the exercise of sexual and reproductive health and rights as these groups can be disproportionately affected by the pandemic.

- Supply chains are being impacted by the pandemic. The closing of borders and constraints in manufacturers’ delivery flows are negatively affecting the import and in-country availability and distribution of contraceptives, essential maternal health medicines and other essential medicines including antiretroviral (ARV) drugs. This could have life-threatening consequences and reverse recent gains to ensure universal access to sexual and reproductive health (SRH), which encompasses access to modern contraception, maternal and newborn health and ARVs for human immunodeficiency virus (HIV).

**Facilitate coordination, participation and consultation**

- Promote public and private partnership to mobilize the private sector to step up for the enhanced social responsibility programmes (e.g. supplies of sanitary items, medical equipment)
- Support and promote South-South and triangular cooperation vis-a-vis pandemic preparedness and response to share good practice, technical assistance and human resources.

**UNFPA Response Interventions**

- Redouble efforts to ensure the procurement, provision, appropriate administration and in-country distribution of the needed sexual and reproductive health (SRH) products (modern contraceptives, maternal and newborn health, antiretroviral for HIV), including interagency emergency reproductive health (IARH) kits for humanitarian settings.
● Continue investments in sexual and reproductive health supply chain including appropriate storage and warehousing space for SRH commodities.


● Consider including products such as essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers, etc.) for female health workers, women and girls, particularly those quarantined for prevention, screening and treatment.

● Monitor stock levels of contraceptives using the Logistic Management Information system (LMIS) and consider allowing higher levels of stocks to ensure continued availability of an adequate contraceptive method mix.

● Renew and update inventory management efforts to determine: current stocks (for modern contraception, maternal and newborn health, HIV, emergency reproductive health kits that include contraceptives and disaggregated as relevant, for example by contraceptive method); current pipeline (what is en route and scheduled to arrive where and when); current monthly consumption projections and supplier engagement to understand sourcing and supply constraints as well as needs for modification of distribution plans.

● Utilize national LMIS and other relevant data sources in coordination with the relevant national authorities and any coordination effort/mechanism present in-country (for example in the context of the Visibility and Analytics Network).

● Review and, as necessary, update, procedures for supply distribution to programme beneficiaries (for UNFPA Country Offices in which UNFPA donates reproductive health supplies, including contraceptives).

● Advocate and support planning and spacing of pregnancy with adequate modern contraceptive supply and counselling to help clients’ preparedness and continued contraceptive practice in case of limited mobility and access to normal services.

● Support Ministry of Health to provide online screening, education and reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging etc. in countries with high COVID-19 burden.

● Promote partnership with private sector health care providers to provide counselling and contraceptive services to relieve pressure on public health systems.

● Promote the role of the primary health sector and community empowerment programmes to shift commodity distribution from clinical settings to the community.

● Advocate for a total market approach to enhance coordination between public, nonprofit and for-profit providers to optimize the use of existing products and services to better meet the needs of the population.