Protecting Access to Contraceptives during COVID-19: An Assessment of Supply Chain Resilience in over 40 countries

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- 2021 COVID-19 impact:
  - Quantitative findings
  - Qualitative findings: How did COVID-19 impact FP access, and how did countries respond?
- Promising Practices
- Current status of resiliency-building practices
- Conclusions
Purpose:
Enables decision makers in countries and the global health community to monitor progress toward CS, inform program planning, and advocate for improved policies and resources.

- More than **100 quantitative** and **qualitative** indicators covering:
  - Leadership/coordination
  - Finance/procurement
  - Commodities
  - Policy
  - Supply chain
  - Product quality
  - Private sector engagement
  - Impact of the COVID-19 pandemic on FP

Data collected in 63 countries between 2010-2021

- National-level assessment of a country’s policies and practices related to access to contraceptives
- Developed by the USAID | DELIVER Project; first conducted in 2010
- Currently implemented by USAID Global Health Supply Chain (GHSC-PSM) project every 2 years
COVID-19 Impact: Quantitative Findings from 2021 CS Indicators Survey
As of 2021, most countries had an emergency plan with measures to protect family planning services.
Most contraceptive security committees continued to meet in 2020, but some met less frequently.

Impact of the COVID-19 pandemic on frequency of CS committee meetings in 2020:

- No impact: 50%
- Reduced frequency of meetings: 38%
- Prevented ability to meet: 10%
- Not applicable (no committee): 2%
Only 5 countries reported that COVID-19 severely impacted their domestic budget for contraceptives.

Impact of the COVID-19 pandemic on the approved budget line for contraceptives:

- 55% No impact (non of the budget shifted)
- 12% All, or most of the budget line shifted for COVID-19
- 24% Some of the budget shifted
- 10% Don’t know

Impact of the COVID-19 pandemic on the amount of government spending for contraceptives:

- 50% No impact
- 21% Medium impact
- 12% High impact
- 7% Low impact
- 10% Don’t know
COVID-19 Impact:
Qualitative Findings from 2021 CS Indicators Survey

How did countries protect access to family planning during the COVID-19 pandemic?
What COVID-19 disruptions were reported?

Upstream to downstream impacts

Global level
- Global supply chain disruptions
- Financial challenges

National level
- In-country supply chain disruptions
- Financial challenges
- Reduction in face-to-face coordination meetings

Health facility level
- Personnel shortages, overwhelmed facilities
- Ineffective/underperforming technology platforms
- Personnel not experienced in online counseling/use of telehealth technology

Community and client level
- Reduction in large gatherings
- Suspension of some FP promotion and dissemination activities
- Clients fearful of going to health facilities
- Reduction in FP commodity demand
Overcoming supply chain challenges

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<tr>
<th>Disruptions from COVID-19 pandemic</th>
<th>Resilience building practices</th>
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<tr>
<td>- Global supply chain challenges</td>
<td>- Enhanced coordination and risk management</td>
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<td>- Financial challenges</td>
<td>- Advocated to prioritize FP funding/commodity supply, allowed decentralized financing</td>
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<td>- In-country supply chain disruptions</td>
<td>- Analyzed risks, allowed decentralized procurement, alleviated bottlenecks through more frequent resupply, etc.</td>
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<td>- Personnel shortages, overwhelmed facilities</td>
<td>- Task shifting and task sharing, multi-month dispensing, integrated contraceptives with other health services</td>
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<td>- Challenges with telehealth technology and online counseling</td>
<td>- Trained providers in online counseling, upgraded telehealth platforms</td>
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<td>- Reduction in large gatherings</td>
<td>- Telehealth, mobile clinics, community and home-based distribution, small group consultations, self-care, used mass communication channels to note health facility safety measures, allowed emergency contraception without facility visit, free products offered</td>
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<td>- Clients fearful of going to health facilities</td>
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Promising Practices – Policy & Finance

Advocate for a larger share of domestic financing of contraceptives

Allow for flexible policies

- Task shifting and sharing
- Multi-month dispensing
- Self-care options – community-based distribution of injectables
- Integrate the offer of contraceptives into other health services
- Promote long-term FP methods
- Facilitate access to emergency contraception
Promising Practices – Structural

- Build structures for coordination and risk management (across partners, sectors, geography, and health system levels)
- Build robust data platforms (LMIS)
- Strengthen telehealth platforms
- Expand mobile clinics
- Use existing mass media channels to communicate alternative access points/health facility status and safety measures
Most of the resiliency-building practices implemented during the peak of COVID-19 have been maintained.

More than 80% of responding countries have FP supplies pre-positioned in case of future emergencies.
Contraceptive Security = Resilient Systems
The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is funded under USAID Contract No. AID-OAA-I-15-0004. GHSC-PSM connects technical solutions and proven commercial processes to promote efficient and cost-effective health supply chains worldwide. Our goal is to ensure uninterrupted supplies of health commodities to save lives and create a healthier future for all. The project purchases and delivers health commodities, offers comprehensive technical assistance to strengthen national supply chain systems, and provides global supply chain leadership. For more information, visit ghsupplychain.org.

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