



COVID-19 and Safe Abortion Supplies: *Early Findings*

10 April 2020

[NURHT] Safe Abortion Supplies Workstream
Reproductive Health Supplies Coalition

Sources of Early Findings

- Survey was emailed to members of the RHSC's [NURHT] Safe Abortion Supplies Workstream on **23 March 2020**
- Responses were received from: Association Ivoirienne des Professionnels de Santé Publique, CHAI, Concept Foundation, DKT International, Ipas, Knit Together Initiative, Population Council, and RHSC
- With special thanks to Ipas country offices, which supplied most of the country-specific findings



Regional or Country-Specific Early Findings



Africa

Africa: Sources for Early Findings

Cote d'Ivoire: Association Ivoirienne des Professionnels de Santé Publique

Ethiopia: Ipas Ethiopia

Nigeria: Ipas; Knit Together Initiative

Cote d'Ivoire

Expected near-term impacts to your activities?

=> Since March 16, in Côte d'Ivoire, all schools and universities were closed for 30 days. It is strictly forbidden to organize public meetings. Since March 23, a state of emergency and more restrictive measures were instituted. Movement inside the country is prohibited.

Actions your organization is taking to mitigate impacts?

=> They are experimenting with an initiative using a digital platform through www.ivoiresante.org on the #Lesfemmesveulent program. They think this will help them to avoid some obstacles posed by COVID-19.

Anticipated medium- or long-term impacts on supply of SAS?

=> For women living with HIV, they are very concerned that the situation will further worsen their health. Even within homes, confinement could exacerbate gender violence and assault (rape, psychological violence), and unwanted pregnancies. After the crisis, there is risk of having an unprecedented peak in pregnancies.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

=> They would like to have financial support to help make the www.ivoiresante.org platform functional, to organize and launch the #Lesfemmesveulent program, and to ensure the resources (material and financial) to initiate an information campaign on the services offered for women living with HIV at their Espace Santé Jeune care center.

Ethiopia

Impacts to SAS Workstream organizations to-date?

=> Significant impact on activity because they are not able to provide training to health workers, to support facilities, or to travel.

Expected near-term impacts to your activities?

=> The near-term impacts depend on how the COVID-19 situation evolves.

Actions your organization is taking to mitigate impacts?

=> They are providing technical support to the MOH.

Examples of supply disruptions occurring due to the crisis?

=> They don't have this problem because the government is procuring and distributing MA medicines.

Anticipated medium- or long-term impacts on supply of SAS?

=> The COVID-19 situation may become overwhelming, and all focus may shift to the response to the outbreak, thus compromising other supplies.

Nigeria

Impacts to SAS Workstream organizations to-date?

=> Lockdown in most of Nigeria, causing travel restrictions within states and between them.

Expected near-term impacts to your activities?

=> Core implementation of programs, which require in-person monitoring and quality validation, will be impacted. Stock-outs are anticipated, as is the increased availability of counterfeit MA medicines.

Actions your organization is taking to mitigate impacts?

=> They are encouraging implementing providers to place their requisition and to increase their order quantities (by about 5%).

Examples of supply disruptions occurring due to the crisis?

=> Increased demand for contraceptive supplies at the primary healthcare centers in Rivers State, Nigeria

Nigeria (Continued)

Anticipated near-term impacts to availability of SAS?

=> Expect stock-outs in supported health facilities, or presence of counterfeit MA medicines.

Anticipated near-term impacts to access to SAS for women and girls?

=> Where complete lockdowns are in place, access to SA services will also be restricted, and women will resort to unsafe services that might be closer to their homes.

Anticipated medium- or long-term impacts on supply of SAS?

=> Expect increase in unsafe abortions or in mortality, due to stock-outs or unavailability of SAS.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

=> Funding for commodity security, to procure stocks, in order to prevent future shortages of supplies



Asia

Asia: Sources for Early Findings

India: Ipas Development Foundation (IDF)

Nepal: Ipas Nepal

Pakistan: Ipas Pakistan

India

Impacts to SAS Workstream organizations to-date?

=> All SA training was stopped. All supportive supervision to facilities for ensuring SA and contraceptive service delivery was stopped.

Expected near-term impacts to your activities?

=> Expect restricted SA and contraceptive service delivery. Expect RH commodity shortages.

Examples of supply disruptions occurring due to the crisis?

=> Expect delays/curtailment of RH commodity purchases in the public sector.

Actions your organization is taking to mitigate impacts?

=> Currently, India is on a complete lockdown, restricting their ability to mitigate challenges. However, they are still working with the government of India in issuing guidelines to states to ensure SA and contraceptive service delivery continues without interruption.

Anticipated medium- or long-term impacts on supply of SAS?

=> Anticipate disruption in supplies, including for MVA. Also, expect a shortage of funding in the public system to ensure uninterrupted commodity supplies.

Nepal

Impacts to SAS Workstream organizations to-date?

=> 100% impacted since the country is locked down. Not able to conduct the following types of activities: trainings, orientations, advocacy meetings, coaching, procurements, supportive visits, or monitoring. Most activities cannot be done virtually there.

Expected near-term impacts to your activities?

=> 1) Delay in law and policy formation process, which is needed to operationalize the program; 2) Negative impact on service expansion, because they are unable to train more service providers and increase access of SAS; 3) Due to lockdown, women and girls are not able to travel to SA service sites. May result in continued unwanted pregnancies, violence, unsafe abortions, etc.; 4) Service sites may face scarcity of MA medicines, because inability to travel is preventing the procurement of MA medicines; 5) Government may not give priority to SAS in this crisis situation, which may result in unavailability of services.

Examples of supply disruptions occurring due to the crisis?

=> Due to lockdown and inability to travel in the country, SAS cannot be sent on a timely basis to service sites. They are in process of procuring MA medicines; this is delayed because, before the supplier can provide the product, they must receive necessary documents through DHL and from government offices (e.g., renewal certificates).

Nepal (Continued)

Actions your organization is taking to mitigate impacts?

=> Connecting to district level distributors if service sites need MA medicines urgently. The pharmacies are allowed to open and can also deliver the MA medicines.

Anticipated near-term impacts to availability of SAS?

=> Depending on how long the situation lasts, this may result in scarcity of MA medicines in the market, and MA might be sold at higher prices than would be otherwise.

Anticipated near-term impacts to access to SAS for women and girls?

=> If the situation continues, services may not be available, and so women and girls may need to continue unwanted pregnancies, may face sexual violence, and additionally may seek unsafe abortions, resulting in complications. PAC cases may rise.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

=> Supply of MA medicines

Pakistan

Impacts to SAS Workstream organizations to-date?

=> All provinces are trying to execute complete lockdown, and constitutional clause 144 was imposed where not more than 4 people can stay at one place together. Public sector health facilities are open but limited to emergency case treatment; elective case treatment (may affect MA) and surgeries are stopped.

Expected near-term impacts to your activities?

=> Field staff has restricted their movements and are in contact by telephone with providers. Currently provision of UE/PAC is slow, but they hope treatment to spontaneous abortion and failure of MA cases will be treated at facilities with prioritization.

Examples of supply disruptions occurring due to the crisis?

=> As facilities are focusing on COVID-19 cases, they are performing far fewer UE/PAC services. Lockdown of cities/provinces is preventing transportation and may impact supply chains.

Actions your organization is taking to mitigate impacts?

=> They are trying to contact the 250+ providers who they previously trained at 100 public sector facilities. Trying to reach district and facility managers in Sindh, Punjab, KP provinces and ICT region to advocate and follow up for continuity in safe UE/PAC services. They are also trying to refill commodities as needed and perform data collection via WhatsApp, if feasible.

Pakistan (Continued)

Anticipated near-term impacts to access to SAS for women and girls?

=> While the lockdown continues, access will be difficult for MVA, but MA use will increase.

Anticipated medium- or long-term impacts on supply of SAS?

=> Due to the lockdown, access will be difficult for MVA in the medium term but will eventually return to normal levels in the long term.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

=> Coalition's [NURHT] SAS Workstream should do advocacy with WHO, to encourage them to announce the need to not ignore other health services including UE/PAC during emergency situations.



Latin America

Latin America: Sources for Early Findings

Ipas Central America and Mexico (CAM)

Reproductive Health Supplies Coalition

Latin America

Impacts to SAS Workstream organizations to-date?

=> Delayed or canceled activities with health units (hospitals and health centers) in Central America and Mexico. Trying to communicate virtually and maintain capacity-building activities with partners in countries. Also evaluating alternatives so that women may have access to the information and accompaniment for SA.

Expected near-term impacts to your activities?

=> In work with MOH's, plans to improve RH services are delayed. Health authorities are allocating funds to COVID-19, and so there is a greater need for supplies for SA and FP from other sources. Need to expand collaboration with civil society organizations for the prevention of sexual violence and for the care of women who are survivors of violence.

Examples of supply disruptions occurring due to the crisis?

=> In Mexico, some distributors of MA medicines are not delivering supplies directly to health units, thus generating access delays for women.

Latin America (Continued)

Actions your organization is taking to mitigate impacts?

=> In Mexico, they are sending MA by courier to the states lacking supplies. To better ensure that SA services are available to women. Also, the RHSC in this region is working with governments, to try to view their current RH procurements and stock levels, and prepare stockout scenarios.

Anticipated near-term impacts to access to SAS for women and girls?

=> In the medium term, lack of supplies may lead to less access to SA and FP. For example, in Guatemala, contraceptives are purchased with the funds generated by alcoholic beverage taxes. Due to COVID-19, the government may have less funds to purchase contraceptives.

Anticipated medium- or long-term impacts on supply of SAS?

=> The MOH's will be focusing on emergency plans to address the pandemic; funds will be invested in guaranteeing supplies for this emergency, and thus RH services will not have the personnel or the necessary supplies to guarantee attention to women's needs. This situation would cause an increase in unwanted pregnancies and possibly unsafe abortions.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

⇒ Call on all international organizations and agencies to ask for support and to request States to keep RH services as a priority, not denying attention to the needs of women and girls. It is also necessary to allocate resources to purchase supplies and send them to the countries and thus better ensure that SA and contraception services will be available.

⇒ Network together to link countries for potential joint procurements.



Global Early Findings

Global Perspective: Sources for Early Findings

Clinton Health Access Initiative (CHAI)

Concept Foundation

DKT International

Population Council

Global Perspective

Impacts to SAS Workstream organizations to-date?

=> Organizations are assessing the impacts on their work on an on-going basis. In many countries, trainings, field travel, data collection, face-to-face meetings, and community gatherings are being delayed or canceled. Ministries are focused upon COVID-19. Also, tradeshow and events attended by doctors and distributors have been canceled, thus slowing marketing efforts for SAS. Some customers of SAS are redirecting cash flow towards sanitary products, as they prepare for COVID-19. Experiencing reduced availability of shipping, and higher shipping costs from east Asia to reach customers; this delays shipments and increases uncertainty.

Expected near-term impacts to your activities?

=> Any in-person efforts requiring large gatherings (e.g., trainings and community gatherings) will likely stop or be delayed. In-country travel is disrupted for their and MOH staff. Additionally, efforts to obtain MOH approvals, update Essential Medicines Lists to include mifepristone and combi-pack, or complete policy revisions in progress, may get delayed. In-person meetings are being canceled, and virtual meetings are attempted, where feasible. Fewer services are being delivered, as limited medical resources are reoriented towards COVID-19. Fewer women are visiting medical centers for RH because of longer waiting times and fear of infection.

Global Perspective (Continued)

Examples of supply disruptions occurring due to the crisis?

=> Many countries are closing their borders and prohibiting air travel. Booking freight with freight forwarders is highly erratic; costs from east Asia are 3 to 5 times the normal costs. Also, lead-times are extended at least 2 weeks, and some slots are reallocated to emergency equipment shipments, as needed. Some LMIC's have put Supply Chain technical working group activities on hold, but others have held virtual meetings. Data collection may be delayed, which may impact visibility and future forecasting/quantification efforts. Some countries are considering increasing buffer inventory, where possible, to cushion the shock of anticipated supply disruptions.

Actions your organization is taking to mitigate impacts?

=> Technical assistance is being provided to countries, such as SRH program guidance on COVID-19 preparation, including efforts to promote MA commodities (depending on legal context and potential need for a prescription) in private or stand-alone pharmacies, especially when health facilities are feared and avoided. Production status of MA manufacturers is being tracked.

Anticipated near-term impacts to availability of SAS?

=> There may be delays and interruptions to supply of SAS, and organizations are assessing the situation on an ongoing basis. Expect to see customers (re)allocate funds towards COVID-19, to the detriment of SAS procurement. Planned government tenders will be delayed, while they deal with COVID-19; commercial customers are afraid to invest in inventory. Uncertainty is pushing supply chains into stasis.

Global Perspective (Continued)

Anticipated near-term impacts to access for women and girls to SAS?

=> Organizations are assessing the situation on an ongoing basis. Due to supply disruptions and movement restrictions, access to SAS can be very limited. Expect private and public health centers to be overloaded with COVID-19 cases, making RH a lower priority for the medical infrastructure. Nurses, midwives, and doctors may be seconded to COVID-19 responsiveness, instead of their normal RH duties, which will limit women's access.

Anticipated medium- or long-term impacts on supply of SAS?

=> It's early to say, but this could present legislative opportunities to include SAS in EMLs and policy guidelines and also impede progress in these areas, depending on the country's political context. Virtual counseling and telemedicine may become more common, thus increasing the acceptance and demand for MA medicines. Expect delays in country registrations of at least 3-6 months, due to multiple reasons. Economic crises might increase levels of corruption.

Examples of support from Coalition's [NURHT] SAS Workstream that would be helpful?

=> Continue to share global updates on supply and in-country programming updates between and across organizations and any learnings on approaches that are working to minimize the impact on service availability and safe access. Collect and disseminate information, good practices, and lessons learned. Provide a platform for stakeholders to connect and find solutions.



Thank you