

Contribution from UNFPA, the United Nation's Population Fund, to the UK International Development Committee inquiry on Humanitarian crises monitoring: Coronavirus in developing countries

Written evidence of 17 April 2020 for wave 1: current situation and immediate risks and threats. Submitted by Matt Jackson, Director UK Office, UNFPA.

Introduction to UNFPA

1. UNFPA, the United Nation's Population Fund, is the UN's sexual and reproductive health agency. UNFPA's mission is to deliver a world where every pregnancy is wanted, every childbirth safe, and every young person's potential is fulfilled. By 2030 UNFPA aims to achieve:
 - zero unmet need for family planning
 - zero preventable maternal deaths
 - zero gender-based violence and harmful practices such as female genital mutilation (FGM) and child marriage

2. UNFPA supports:
 - i. Reproductive health care for women and youth in more than 150 countries, which are home to more than 80 per cent of the world's population. These include countries affected by conflict, natural disaster and other humanitarian crises
 - ii. The health of pregnant women, especially the 1 million who face life-threatening complications each month
 - iii. Reliable access to modern contraceptives for 20 million women a year
 - iv. Training thousands of health workers to help ensure at least 90 per cent of all childbirths are supervised by skilled attendants
 - v. Prevention of gender-based violence, which affects 1 in 3 women
 - vi. Abandonment of female genital mutilation, which harms 3.9 million girls annually
 - vii. Prevention of teen pregnancies, complications of which are the leading cause of death for girls 15-19 years old
 - viii. Ending child marriage, which 12 million girls are subjected to annually
 - ix. Delivery of safe birth supplies, dignity kits and other life-saving materials to survivors of conflict and disaster
 - x. Censuses, data collection and analyses, which are essential for development planning

3. UNFPA was created in 1969, the same year the UN General Assembly declared "parents have the exclusive right to determine freely and responsibly the number and spacing of their children." UNFPA calls for the realisation of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education. UNFPA is part of the UN Funds and Programmes.

UNFPA's role in the global response to COVID-19 pandemic

4. The COVID-19 pandemic constitutes the largest global public health crisis in a century, with daunting health and socioeconomic challenges. As the UN Secretary-

General António Guterres noted, this “is the greatest test that we have faced since the formation of the United Nations”. Governments are taking unprecedented measures to limit the spread of the virus, ramping up health systems and restricting the movement of millions. The pandemic, and associated measures to tackle it, have already severely disrupted access to life-saving sexual and reproductive health services. The crisis is worsening existing inequalities for women and girls, and deepening discrimination against other marginalised groups.

5. Health and social systems across the globe are struggling to cope. The situation is especially challenging in humanitarian, fragile and low-income country contexts where health systems are already weak. Services to provide sexual and reproductive health care risk being side-lined, leading to higher maternal mortality and morbidity. All women and girls must have access to a continuum of sexual and reproductive health services, including antenatal, perinatal and postnatal care, and screening tests according to national guidelines and standards.
6. UNFPA has identified three priorities for the global response to COVID-19:
 - i. Priority 1: continuity of sexual and reproductive health services and interventions, including protection of the health workforce
 - ii. Priority 2: Addressing gender-based violence
 - iii. Priority 3: Ensuring the supply of modern contraceptives and other reproductive health commodities
7. UNFPA has developed indicators to measure these priorities as well as four critical accelerator interventions to support delivery: leaving no one behind, data, risk communication and community engagement, and youth engagement. UNFPA is working to ensure its existing humanitarian work also continues. Supporting people affected by humanitarian crises is not only the right thing to do, but will save lives and avoid COVID-19 from cycling back around the globe.
8. UNFPA is part of the coordinated UN response under the Inter-Agency Standing Committee COVID-19 Global Humanitarian Response Plan. UNFPA’s Global Response Plan also complements the WHO COVID-19 Plan. To date, UNFPA has launched six technical guidance notes on the implications of COVID-19 on: Census, SRHR and maternal health, gender equity and addressing GBV, Contraceptives and medical supplies, Adolescents and young people, and a gender lens on COVID-19. UNFPA has also launched a #YouthAgainstCOVID19 video campaign and is working with private partners to secure contributions such as PPE, materials for mobile clinics, dignity kits, and safe birth kits as well as financial donations.

Impacts of COVID-19

9. To date, there is no evidence that pregnant women are more likely to become infected with coronavirus. There is also no evidence to support vertical mother-to-child transmission of COVID-19. Pregnant women with respiratory illnesses must be treated with utmost priority and those with symptoms of COVID-19 should be prioritised for testing. Antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases. Life-saving care and support to gender-

based violence survivors, such as psychosocial support and clinical management of rape, must remain available. It is essential that women, adolescent girls and couples can still access a choice of contraceptives, information, counselling and services (including emergency contraception) during the COVID-19 pandemic response.

10. The pandemic is increasingly beginning to strain global supply chains. Challenges to sourcing, procuring, freighting and delivery are stretching delivery timelines and causing price fluctuations. Lockdowns are causing some producers to temporarily close down, airlines are not able to ship commodities, and restrictions at ports delaying delivery. Examples in UNFPA's supply chains include the nationwide shutdown in India affecting production of oral and injectable contraceptives and IUDs, and condom factory closures in Malaysia. However, UNFPA has a 3-month stock of most contraceptives from sites in Indonesia, Thailand and Europe, and production in China is beginning to return to normal. UNFPA is prioritising risk mitigation to avoid stock-outs. If the crisis endures or worsens there could be further challenges.
11. The impacts of COVID-19 discriminate against women and girls in particular. There are growing reports of gender-based violence, sexual abuse and increased calls to domestic abuse hotlines, with services for prevention and response already under pressure. Movement restrictions, the negative impact on household income, and the fear and stress of COVID-19 all increase the risk of violence.
12. Women represent nearly 70% of health and social care workers globally and are on the frontlines of the COVID-19 response and face immediate consequences particularly when there are shortages of personal protective equipment (PPE). Women in developing countries are also more vulnerable to economic fragility during lockdown as they play a much larger role in the informal sector.
13. Women and girls still menstruate and give birth during crises yet face disproportionate challenges in accessing life-saving medicines, contraceptives and sexual and reproductive health care as supply chains struggle, production sites halt, safe spaces close down and health services divert to COVID-19 response.
14. UNFPA is therefore calling on governments and partners to prioritise the sexual and reproductive health of women and girls, and respond urgently to their needs. UNFPA is prioritising support to countries with weak public health and social support systems, including countries in humanitarian situations.

UNFPA global appeal to tackle COVID-19 pandemic

15. UNFPA is currently appealing for \$187.5 million (USD) as part of the global response plan to COVID-19 across two distinct appeals: i) UNFPA launched its own [corporate appeal](#) for US\$67.5m to cover the initial, immediate response to COVID-19 for March and April 2020, focusing on fragile contexts where health systems tend to be weakest. This corporate appeal will be revised and extended in the coming weeks to better and more comprehensively reflect needs across UNFPA programmes for the rest of the year. ii) UNFPA has also appealed for US\$120m to target humanitarian

settings as part of the [OCHA-led Global Humanitarian Response Plan \(G-HRP\)](#).

Together, these two appeals cover where we believe COVID-19 will have the most serious impact on health systems, frontline workers, safe delivery of babies, and sexual and reproductive health (SRH) and gender-based violence (GBV) services for women and girls: the OCHA-led G-HRP covering humanitarian settings and UNFPA's corporate appeal covering priority countries not included in the G-HRP.

16. On 12 April 2020 the UK government announced support as part of a £200 million global assistance package to “help charities and international organisations tackle coronavirus in developing countries”, [including £10 million](#) (\$12.54 million USD) for UNFPA’s response to COVID-19. Along with Canada, the UK is among the first donors to support UNFPA under the Global Humanitarian Response Plan as part of the UN Coordinated Appeal for COVID-19.

Humanitarian Settings

17. An increasing number of COVID-19 cases are appearing in humanitarian operations, where containing the virus is even more daunting. UNFPA is concerned about the impact on vulnerable populations in countries with weaker health systems, refugees, internally displaced persons (IDPs) and those facing humanitarian crises. This includes disruption to development programmes and SRH services with potential consequences to maternal morbidity, as experienced during the Ebola outbreak.
18. Restrictions due to COVID-19 are already hampering ongoing humanitarian relief. For example, UNFPA’s Asia-Pacific Regional Office reported that transportation of 1,000 dignity kits and tents from the warehouse in Brisbane to Vanuatu in preparation for a Category 5 cyclone (cyclone Harold) was unable to complete due to border closures, lockdowns and flight cancellations. This also applied to prepositioned supplies in the Suva warehouse under ‘no movement’ restrictions. Similarly, last minute cancellation of flights meant that dignity kits were not able to reach Timor Leste recently for flood response.
19. UNFPA’s global humanitarian appeal for 2020, launched on 6 February 2020 (before the COVID-19 pandemic) requires \$683 million to reach 48 million women, girls and young people in need of humanitarian assistance including 4 million pregnant women. This appeal remains unchanged. We must continue to respond to the needs of women, girls, and youth in crisis contexts in addition to the challenges presented by COVID-19.

UNFPA’s initial on the ground response

20. UNFPA is active in over 150 countries and territories. UNFPA is asking partners to front-load their unearmarked (core) contributions, to the extent possible, to support the continuity of UNFPA programming in particular for highly vulnerable women and girls who are adversely impacted by COVID-19. UNFPA is working to provide:
 - access to quality health care for pregnant, delivering and lactating women, and those under quarantine to ensure safe birth
 - dignity kits for homebound/quarantined women and girls, and support to strengthen health systems to respond to COVID-19

- lifesaving services for survivors of gender-based violence, particularly as abuse and violence increases during times of crisis
- dissemination of gender based violence referral pathways, extending the reach of hotlines, and remote delivery of mental health and psycho-social support services
- investment in support shelters and safe spaces to minimise COVID-19 transmission
- women and girls with access to modern contraception, and to mitigate the impact of COVID-19 on production of commodities and supply chains
- online screenings and reproductive health and contraception counselling in partnership with Health Ministries and other institutions
- communications with communities about reducing the risks of coronavirus.

21. UNFPA is taking measures to prepare and readjust programmes for likely COVID-19 outbreaks working within UN Country Teams under the leadership of the UN Resident/Humanitarian Coordinator, and with Crisis Coordination Committees and/or Crisis Response Teams. In particular, UNFPA leads UN coordination on protection from GBV. Examples of UNFPA's initial response include:

- The Caribbean: UNFPA is working with partners to disseminate communication materials to support vulnerable populations, GBV survivors and those most at-risk
- China: UNFPA distributed sanitary napkins and adult diapers for vulnerable populations including at-risk elderly persons and personal protective equipment (PPE) for health workers
- Iran: UNFPA acquired supplies such as masks, disinfectants and gloves for more than 400 centres for older persons and those living with disabilities
- Liberia: working with the National Public Health Institute on disease surveillance, contact tracing and training community health workers
- Libya: with partners, UNFPA trained 50 health workers in Tripoli (in early April 2020) on pregnancy and COVID-19, and started remote psychosocial support sessions through UNFPA's safe spaces
- Moldova: worked with partners to launch an online dashboard, updated in real time, to assist health system responders by showing caseloads disaggregated by location, sex, age, and pregnancy status
- Philippines: UNFPA provided hand-held thermometers, surgical masks and other PPE to frontline health workers
- Somalia: training social workers, counsellors and legal aid focal points on precaution and preventive measures to curb the spread of COVID-19 during GBV service delivery
- Sudan: distributing soap and sanitisers in the Blue Nile state, procuring PPE to target Darfur, advocating for integration of GBV risk mitigation actions in sectoral interventions related to COVID-19, and establishing the country's first GBV hotline
- Syria: UNFPA contributed to the national preparedness plan, is part of all UN mechanisms for COVID-19 response, and created a 'patient's card' to enable refugees/IDPs to present a comprehensive medical history to health facilities when they move from one place to another
- Yemen: UNFPA has positioned 40 ventilators in Yemen with 40 more in the pipeline and pre-positioned infection control and PPE to be distributed to health facilities.