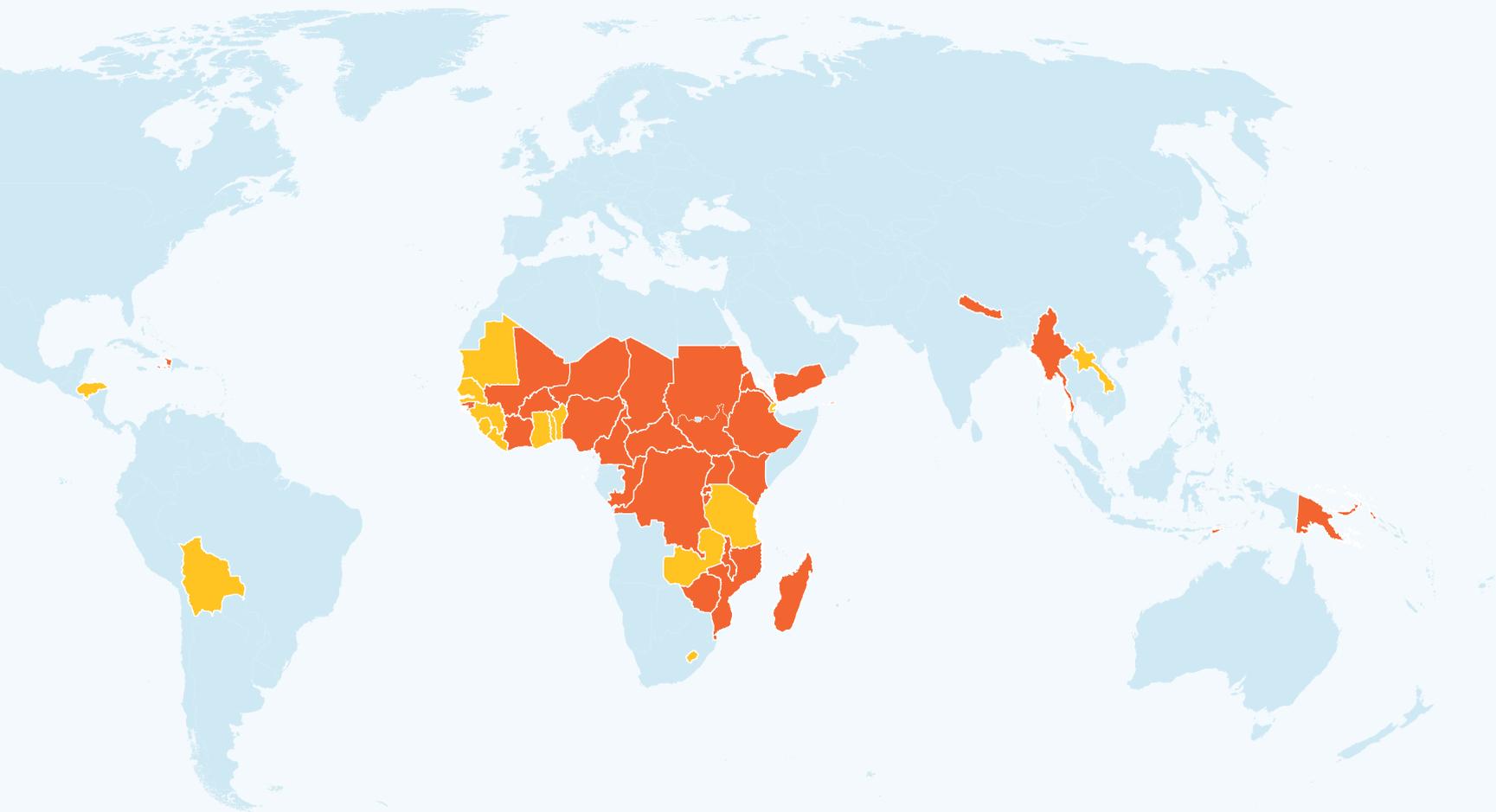




UNFPA SUPPLIES ANNUAL REPORT 2020

HIGHLIGHTS OF KEY PROGRESS

WHERE WE WORK



■ Humanitarian or fragile context country

The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Phase II UNFPA Supplies programme countries 2013 to 2020

Asia & the Pacific

Lao People's Democratic Republic
Myanmar
Nepal
Papua New Guinea
Timor-Leste

Arab States

Djibouti
Sudan
Yemen

Latin America & the Caribbean

Bolivia
Haiti
Honduras

East & Southern Africa

Burundi
Democratic Republic of the Congo
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
South Sudan
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

West & Central Africa

Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Congo
Côte d'Ivoire
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

UNFPA Supplies also provides strategic support to other countries in response to humanitarian crises, to support Family Planning 2020 commitments, and to implement the UNFPA Family Planning Strategy, including Pacific Island Countries and Territories.

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ACKNOWLEDGEMENTS

In a year shaped by the challenges of the pandemic as well as the opportunities of developing Phase III of the programme, partnership and collaboration were more important than ever. The results achieved in 2020 would not have been possible without the engagement of national governments and our implementing partners as well as numerous international and national non-governmental organizations, United Nations agencies, civil society organizations, social marketing organizations and members of the private sector. Cooperation with USAID and the Reproductive Health Supplies Coalition was of particular assistance in 2020, and we note the invaluable input of Avenir Health, with support from The Bill & Melinda Gates Foundation, in developing the Phase III programme document.

We are grateful for the technical and financial support of donors to the UNFPA Supplies programme.

OUR DONORS IN 2020

Australia, Belgium, The Bill & Melinda Gates Foundation, Canada, Denmark, Germany, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, United Kingdom, Winslow Foundation, anonymous major donor, private contributions

ALL PHASE II DONORS FROM 2013 TO 2020

Australia, Belgium, The Bill & Melinda Gates Foundation, Canada, CIFF, Denmark, European Union, France, Germany, Ireland, Italy (Regione Lombardia), Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, RMNCH, Slovenia, Spain, Spain (Catalonia), Treehouse Investments, United Kingdom, Winslow Foundation, anonymous major donor, private contributions

2020

2020 OVERVIEW

A YEAR SHAPED BY COVID-19 AND OUR QUEST TO DELIVER FOR THE NEXT DECADE

Maximizing an established system during crisis

Disruptions threatening family planning supplies and services endangered health and revealed weaknesses in supply chains around the world in 2020, with the most acute impacts of the COVID-19 pandemic occurring in April and May and in some countries felt acutely to this day. With a combination of good fortune, sound multi-year funding and a robust system based on years of planning, UNFPA Supplies delivered on nearly all 2020 requests for reproductive health commodities

in the first quarter, before COVID-19 was declared a pandemic. By the end of Q1 in March, the vast majority of contraceptives and life-saving maternal health medicines had reached countries as planned. Building on comprehensive systems of quarterly monitoring, quantification and forecasting already in operation, UNFPA Supplies intensified country contact and partnership throughout the year, enabling re-distribution and adjustments as needed to avert shortages and enable women and girls to access family planning and maternal health services.

GLOBAL IMPACT OF CONTRACEPTIVES DELIVERED BY UNFPA SUPPLIES IN 2020

Number of unintended pregnancies prevented	Number of unsafe abortions averted	Number of maternal and child deaths prevented
9.4 million	2.68 million	192,000

Estimates calculated using MSI Impact 2.5

Launching our own decade of action to 2030

Even as the second phase of UNFPA Supplies concluded in 2020 under the cloud of a pandemic, we looked to the future and launched a new phase of the programme that builds on years of experience and innovation to create a more strategic approach to meet the needs of even the hardest-to-reach women and girls for modern contraceptives and life-saving maternal health medicines. Phase III (2021 to 2030) prioritizes mutual accountability for results, shared goals, sustainable systems, visibility around the availability of reproductive health supplies to the last mile, gender equality and human rights. The United Nations Decade of Action calls for accelerating sustainable solutions to all the world's biggest challenges: family

planning is key to achieving the Sustainable Development Goals.

Improving the lives of millions of women and girls

As the only UN programme dedicated to reproductive health commodity security, UNFPA Supplies supports 46 programme countries to strengthen their health systems to provide sexual and reproductive health services including contraceptive options for all populations of reproductive age. We work in countries with high rates of maternal mortality and unmet need for family planning, to reach people with reproductive health supplies that save and improve lives. We are a multilateral, multi-donor, UNFPA-managed thematic trust fund.

2020 FINANCE

Total **spending on reproductive health commodities** reached a record high thanks to additional donor support directed to supplies

\$150 million

including freight and auxiliary reproductive health products

Estimated **savings from reduced health-care costs** on pregnancy and delivery care from commodities procured by UNFPA Supplies

\$536 million

Planned spending plus extra COVID-19 funds led to a **high utilization rate** of the programme budget

99%

01

CHAPTER ONE

Meeting the challenges of the pandemic



Moses Okanya, 25, delivers orders placed on the ride-hailing app, SafeBoda, loading a motorbike with condoms and many other reproductive health supplies for hospitals and health facilities in Uganda. Individuals can use the app on a Smartphone to order items for delivery to their doorstep. “I feel I have played a role to reach my fellow young people, because if the condoms are not in the hospital, then the young people are going to put themselves at risk. Making the condoms available to them is something I am proud of,” he said. This innovative initiative is one of many ways UNFPA and partners have worked closely with countries to fill gaps in the supply chain and other complications of COVID-19.

ENSURING THE SUPPLY OF REPRODUCTIVE HEALTH COMMODITIES

Lockdowns and travel restrictions intended to slow COVID-19 transmission also closed sexual and reproductive health services – often not classified as essential – denying time-sensitive even lifesaving care to women and girls. Restrictions eased in many countries after two to three months; however, the effects of movement restrictions, health services closures, economic impact and gender-based violence persist.

The pandemic severely altered women’s reproductive lives and undermined reproductive preferences. The consequences of rising unintended pregnancy are not simply economic – they are also linked to increased maternal morbidity and mortality, as well as rising numbers of unsafe abortions.

Sustained donor funding to UNFPA Supplies, strategic planning and commodity management efforts enabled procurement early in the year. The majority of orders had been issued to suppliers for 2020 before the crisis intensified. UNFPA was in a strong position due to accurate planning and timely execution of annual plans. UNFPA Supplies later used dedicated funds received during the year for the COVID-19 response to procure additional reproductive health commodities to meet urgent needs and to maintain or enhance sexual and reproductive health services, with a focus on vulnerable and marginalized populations. However, well into 2021, the pandemic continues and women and adolescent girls are disproportionately affected by its social and economic impact.



The pandemic disrupted contraceptive use for about

12 million women

with a consequence of nearly

1.4 million unintended pregnancies during 2020

across

115 low and middle income countries.

Source: UNFPA and Avenir Health. Impact of COVID-19 on Family Planning: What we know one year into the pandemic. March 2021.

2020 PANDEMIC RESPONSE

Number of countries that reprogrammed resources to their COVID-19 response

31

After contraceptive orders had been filled

UNFPA Supplies received additional funding for COVID-19 response from Canada, Denmark, Germany and Norway

\$17.4 million

for contraceptives, PPE, advocacy

Sets of implants transferred between countries to avert stock-outs during supply constraints

2,000

from Malawi and Tanzania to Democratic Republic of the Congo and Zambia

LEVERAGING ESTABLISHED MECHANISMS

Most of our pandemic-related work optimized pre-existing UNFPA Supplies programme processes, including fundamental work by the Procurement Services Branch in Copenhagen. UNFPA leveraged established mechanisms to anticipate needs and respond to disruptions. When countries needed personal protective equipment (PPE), some UNFPA country offices re-allocated funds in their annual workplans to help protect health service providers and clients. Thirty-one countries re-allocated resources for PPE from their annual budgets. With governments and

other partners, we prioritized supply requests, orders, shipments, production schedules and other operational aspects of commodity management. Meanwhile, assessments and data collected by forecasting, monitoring and tracking helped to keep information current and inform decision-making.

If the pandemic had a silver lining, it would be the surge in partnerships among entities engaged in protecting the health and well-being of women and girls and their families. The UNFPA Supplies programme was part of a coordinated effort to prevent stock-outs of life-saving contraceptives and maternal health medicines.



DISRUPTIONS CAUSED BY COVID-19

- Supply chain disruptions and constraints
- Rising costs – 10 per cent increase in freight
- Disrupted global manufacturing
- Risk of shortages and stock-outs
- Disruptions to family planning mobile outreach
- Lockdown strategies
- Mobility restrictions
- Fear of travelling to health facilities
- Health-care providers concerns:
shortage of PPE, fear of infection
- Services closed or curtailed hours and care



UNFPA SUPPLIES RESPONSE

- Filled orders placed and procured early in the year
- Increased flexibility at country level for local procurement
- Redistributed supplies between countries
- Made partial shipments
- Procured emergency RH kits
- Procured PPE for health providers
- Intensified quarterly monitoring with data
- Increased collaboration with partners,
e.g., Consensus Planning Group
- Continued to scale up subcutaneous injectable
DMPA and other programming

COUNTRY ACTION

Strained health systems in COVID-19

When lockdowns closed services and fear of infection prevented women from going to those health facilities remaining open, **mobile teams and community-based health workers** brought services closer to communities, reaching women where they live.

COVID-19 caused unprecedented disruptions, and ensuring stocked shelves took on new urgency. UNFPA Supplies continued to work closely with countries to strengthen health systems and manage reproductive health commodities throughout the year.

Many countries experienced challenges: two studies and LMIS expansion were postponed in **Honduras**, where pharmacy closures caused nearly 12,000 women to discontinue contraceptive use; in **Gambia**, a reduction of 40 per cent in the uptake of contraceptives was attributed to misconception and fear around COVID-19; training was cancelled in **Myanmar** for 200 health service providers in IUD and implant insertion and removal; meetings and workshops were cancelled in **Tanzania** where virtual technology met with poor Internet connectivity; and **Uganda** saw stock-outs of implants and injectable contraceptives and delays in approval of family planning policies and guidelines.

When anxiety about COVID risks kept women away from services, countries not only utilized PPE but also addressed safety concerns through training and outreach.

Uganda



© AIDS Information Centre Uganda

UNFPA and the ride-hailing app SafeBoda launched e-shops for door-to-door delivery of reproductive health commodities during the COVID-19 pandemic. Access to injectable contraceptives expanded despite COVID-19, with availability up from 64 to 83% of facilities within 2020. Self-administered injectables were scaled up in humanitarian districts. Supplies were delivered by SafeBoda's drivers for a nominal fee. The innovation is a collaboration of UNFPA, health officials and Marie Stopes International, with financial support from Sweden to fill gaps in the supply chain.

Nepal

Mobile teams brought family planning services into quarantine centres. Nationally, 6,220 women of reproductive age were reached with family planning services between January and October 2020 with UNFPA support.

Mozambique

Mobile health clinics in Mozambique reached 20,000 women and girls in 2020 displaced by insecurity, natural disaster, cholera and COVID-19 in Cabo Delgado province, where UNFPA also supports MyChoice to reduce unwanted pregnancies among adolescents.



Democratic Republic of the Congo

A variety of videos produced with UNFPA support appealed to francophone youth: "I am young - I protect myself from coronavirus". Other videos promoted initiatives such as Kitumaini, combining family planning with vocational and life skills for teen mothers.

Bolivia

UNFPA and the Ministry of Health in Bolivia produced a video reassuring women about safety precautions for COVID-19, and encouraging them to seek prenatal care and family planning services. Contraceptive supplies and PPE for health personnel were distributed to 55 health facilities across the country.

Ethiopia

Training for nearly 1,000 health professionals and extension workers focused on postpartum family planning and long-acting reversible contraceptives while also reducing fear of COVID-19 transmission. One participant said, "Before this head training, I was scared to welcome people from seeking health services including family planning but with this training, I am reassured and I understood how to protect themselves and others against the COVID-19 to guarantee the continuity of services."

PPE in-kind donations worth \$150,000 helped the public sector maintain services.

Haiti

Marthe-Ekvure Fénélon, a midwife, delivers reassuring and accurate guidance to pregnant women, encouraging them to seek sexual and reproductive health services during the pandemic. UNFPA produced the video with partners in the Ministry of Health (MSPP), Haitian Obstetric Society and Haitian Midwifery Association.

Papua New Guinea

Constraints on manufacturing in India combined with closure of government health facilities resulted in overwhelming demand on NGOs to provide health services in Papua New Guinea. To support NGO implementing partners, UNFPA arranged a “loan” of contraceptives from the government to allow services to continue, based on calculations of need for a period of three months: these commodities averted an estimated 1,400 unintended pregnancies.

Timor-Leste

With the World Health Organization and MSI Reproductive Choices, UNFPA expanded a family planning outreach initiative in Timor-Leste from a few districts to all 13 districts to counter the impact of lockdowns.

Mobile teams travelled to maternity clinics to reach displaced women and babies in evacuation centres following devastating floods amid COVID-19, **providing kits and comprehensive reproductive health care.**

Uganda

UNFPA rapidly adopted recommended tools and focused on responsiveness by ramping up communication with partners, monitoring stocks at the central warehouse and redistributing at district and facility levels. Expanded awareness-raising through community and religious leaders and radio encouraged women to continue accessing services.

Myanmar

Close monitoring of stocks from the central level to the last mile, combined with close coordination among government, IPs and UNFPA enabled Myanmar not only to maintain but even improve availability of contraceptives. An **additional \$1 million** for implants and subcutaneous injectable contraception (DMPA-SC) was approved by UNFPA. At the request of the government, UNFPA also supported in-country transportation for the distribution of family planning and other reproductive health commodities and emergency RH kits.

Lao People's Democratic Republic



Use of telehealth was expanded along with communications outreach to help overcome pandemic restrictions. Also electronic, a new mobile app “Noi Yakhoo” launched in May 2020 to connect adolescents and young people with accurate, high quality sexual and reproductive health information.

Malawi

In Malawi, a first-ever door-to-door service provision approach involved **training 150 community-based distributors** to deliver short-term family planning methods to people's communities and homes, with specific focus on sexually active adolescent girls and young people. This UNFPA-supported effort was carried out by the Family Planning Association of Malawi and reached nearly 13,000 women and adolescent girls in 2020.

Burundi

Local trainers in Burundi organized workplace (on-the-job) training that increased the number of trained health service providers, community health workers and support staff who not only increase demand for family planning but also teach workplace prevention of COVID-19.

Sierra Leone



Prepositioning of supplies helped maintain stock levels in Sierra Leone, as part of UNFPA response to COVID-19. Some activity funds were reprogrammed for procurement of PPE for five hospitals and four community health centres to enable health service providers to safely provide care.

Honduras

A supply chain assessment engaged key officials of the Ministry of Health and provided a set of recommendations on scaling up the logistics management system, standardized methods for monitoring needs assessment, supply planning and procurement, and strengthening good storage and distribution practices.

02

CHAPTER TWO

Expanding choices, access
and availability



The first time Mereani, 18, heard about family planning was from a nurse at an outreach event in response to Tropical Cyclone Yasa, supported by UNFPA Supplies. “I never knew about any family planning method until I got pregnant. I was happy to receive the [contraceptive] injection. I am now protected from unintended pregnancy,” she said. A single mother with a primary school education, Mereani opted for an injectable contraceptive and will return in three months for her next shot at Nakorowatu Health centre in Fiji. Expanding access to and availability of the full range of modern methods – including Mereani’s method of choice – is critical to realizing the right to family planning.

UNFPA Supplies provided supplies worth 48.7 million contraceptive years of protection (CYP) in 2020. Overall, the trend is towards declining country requests for IUDs and increased requests for implants and injectables. DMPA-SC (subcutaneous depot medroxyprogesterone acetate) cost more than its intramuscular counterpart at \$3.40 compared with \$3.04 per injection, yet the potential of this contraceptive method for longer-term savings is greater as is the convenience and agency for women.

EXPANDING THE CHOICE OF FAMILY PLANNING AND MATERNAL HEALTH SUPPLIES

The programme continued to pursue new types of contraceptives and new technologies to expand method choice, and to advocate for their introduction and inclusion in the range of methods available.

- 42 countries scaled up access to the injectable method DMPA-SC

ACHIEVEMENTS IN 2020

Number of contraceptive years of protection provided by UNFPA Supplies

48.7 million
CYP

Up from 41.9M in 2019

Availability of three modern methods at 85% or more primary-level service delivery points

88%

coverage in 15 countries surveyed

Percentage of primary-level service delivery points with trained staff to provide modern contraceptives

85%

in 19 countries surveyed

- 26 countries have authorized self-administered injection of DMPA-SC
- 6 countries added the hormonal IUD to their method mix and are finalizing costed national introduction plans for roll out in 2021
- Efforts to meet growing implant demand, which now exceeds current supply, continued
- 4 countries are offering permanent methods in public sector facilities with programme support
- 4 countries will pilot the vaginal ring in 2021
- 8 countries conducted national quantification for Comprehensive Abortion Care (CAC) supplies including mifeprestone and misoprostol
- 80,430 nurses and community health workers were trained on injectable DMPA-SC with UNFPA Supplies support

Self-injection of DMPA-SC was introduced in **Zambia** as part of a country-wide roll out of injectable contraceptives and their approval for private community pharmacies. The method was also introduced in **Haiti**, with training in five departments. Self-injection was also a key method in **Burkina Faso**, which gained 256,000 new users of contraceptives in 2020 – nearly half are adolescents – despite limitations of COVID-19

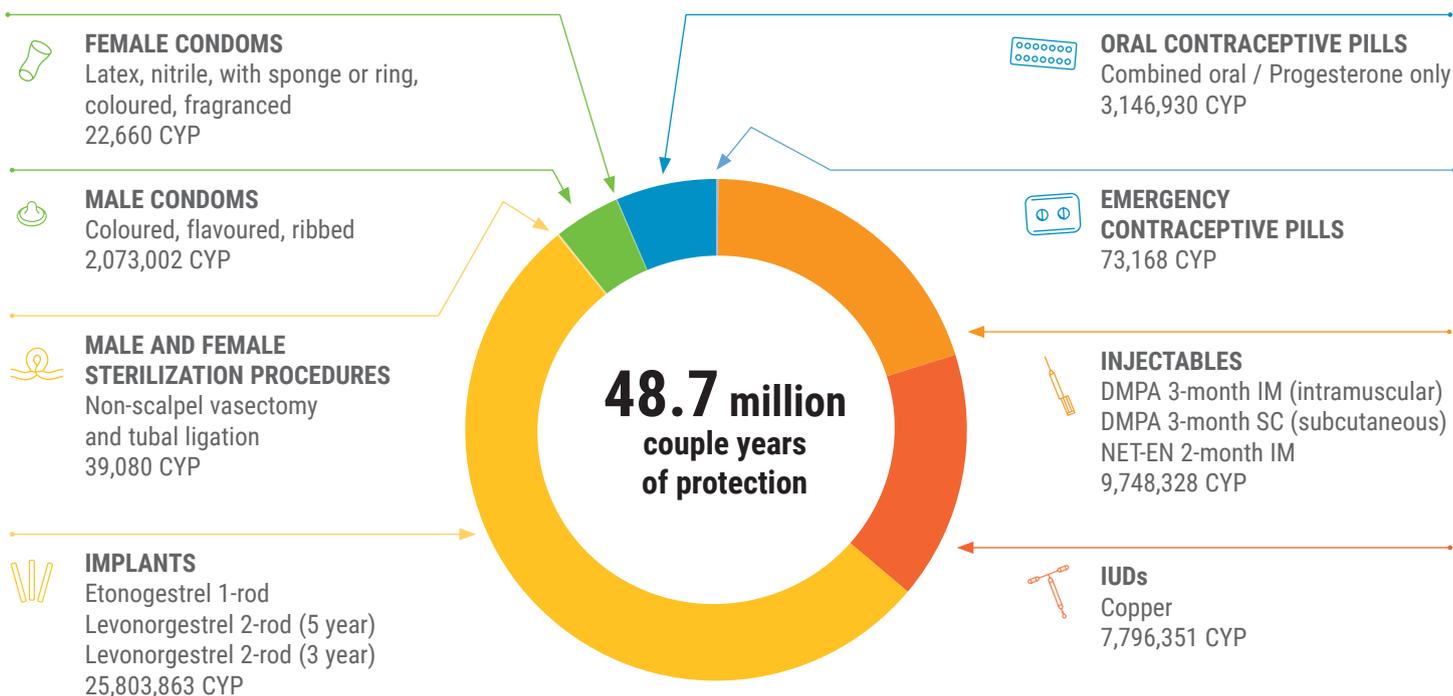
and insecurity. Uptake of self-injection increased by 43 per cent in two humanitarian districts in **Uganda**, where 5,350 clients received training in self-injection use of the method. In **Yemen**, nearly 400 health service providers received training in DMPA-SC and intramuscular implants and IUDs, addressing the attrition of providers due to the protracted crisis and widening the method mix at 32 service delivery points. Lack of manufacturing capacity combined with the timing of allocated funds combined to slow the flow of implants, injectables and other methods in **Ethiopia**.

Results through partnership

In 2020, UNFPA and UNICEF launched a joint tender with UNICEF on maternal health medicines including heat stable options for prevention and treatment of post-partum haemorrhage, needed when cold chains are weak. Advocacy by the UNFPA Supplies programme highlighted the importance of ensuring that sexual and reproductive health information and services were considered essential health services in the COVID-19 response. UNFPA also continued to work with the DMPA-SC donor and operations groups as well as Bill & Melinda Gates Foundation, CHAI, FHI360, Implant Access Programme, Jhpiego, World Health Organization, and USAID.

In **Rwanda**, UNFPA and Korea's KOICA launched a three-year programme in August 2020: "Empowering adolescents and young people in **Rwanda** to realize their human right

Range of contraceptive methods procured through UNFPA Supplies



to equality, sexual and reproductive health and freedom from violence and discrimination.” Under the umbrella of AfriYAN (African Youth and Adolescents Network) UNFPA continued to provide technical and financial support to 30 youth-led organizations. With UNFPA in **Bolivia**, the Ministry of Health launched nine campaigns on LARCs and another with the Pan American Health Organization to advocate for adolescent girls on sexual and reproductive health and prevention of gender-based violence.

Partners were integral to training to build capacity for health service providers, which remains key in expanding access and quality of care. USAID, WHO, Jhpiego and the UNFPA Supplies programme continued to revamp and update training modules in the “Training Resource Package for Family Planning”. Partners such as PATH developed digital training resources for health workers and users of DMPA-SC through eLearning courses and training videos. With the civil society organization partner, Sudanese People Living with HIV/AIDS Care Association, UNFPA

Supplies supported provision of family planning through peer interventions for PLHIV using positive health dignity and prevention guidelines. Partnership took high priority in **Rwanda**, where close collaboration with the Ministry of Health led to expanded partnerships with new donors, civil society organizations and youth. This supported an RMNCAH rapid assessment, purchasing PPE and validation of community health workers to complete the national facility-based survey for the UNFPA Supplies programme.

MEETING THE NEED FOR FAMILY PLANNING IN HUMANITARIAN SETTINGS

Nearly two thirds of countries in the UNFPA Supplies programme – 29 of 46

countries – were caught in situations of fragility, conflict, natural disaster and other emergencies in 2020.

The first UNFPA Humanitarian Supplies Strategy was published in 2020, providing strategic approaches during preparedness, response and recovery from crises to meet the needs of women and girls. These approaches are more streamlined, more integrated and more closely coordinated across UNFPA and with many partners. Also in 2020, the programme supported provision of Inter-Agency Reproductive Health Kits (emergency RH kits) to an increased number of countries, up from 18 in 2019 to 24 in 2020, including 12 UNFPA Supplies and 12 non-programme countries.

ACHIEVEMENTS IN 2020

Number of women and girls reached with emergency RH kits in humanitarian settings in 24 countries by UNFPA Supplies

2.8 million

Value of 1,844 emergency RH kits procured by UNFPA Supplies (procurement and freight)

\$1.8 million

Number of programme countries in humanitarian or fragile contexts supported by UNFPA Supplies

29

COUNTRY ACTION

Supplies in humanitarian and fragile settings

UNFPA Supplies reaches refugees and other forcibly displaced women and adolescent girls and their host communities by providing reproductive health commodities to crisis-affected countries. The programme supports countries in the preparedness, response and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines. Support not only includes annual commodity management, but also emergency RH kits. These kits range from simple supplies for clean delivery to a 34-box kit that can equip an entire surgical maternity ward. Family planning kits contain male and female condoms, oral contraceptives, subcutaneous and intramuscular injectable contraceptives, and intrauterine devices.

Mozambique

Following cyclones, UNFPA Supplies supported the Ministry of Health by providing emergency RH kits to 10 government health facilities in 11 districts to reach displaced women and girls.

Liberia

Emergency RH kits were distributed to government health facilities, with some distributed through the Ministry of Health's regular quarterly distribution and others through UNFPA Supplies support.

Haiti

To minimize stock-outs and improve access, a "push out" strategy used mobile health teams to reach the last mile with contraceptives. Distribution of 54 emergency RH kits was accompanied by training for partners in five departments. One of the main strategies was promotion of post-partum contraception, mainly with IUDs and contraceptive implants.



Nigeria

Emergency RH kits dispatched to the Borno and Adamawa State Governments helped meet the needs of vulnerable women and girls in camps for internally displaced persons and in host communities through private health facilities, safe spaces and outreach services. The UNFPA Supplies programme also provided RH kits to the Nigeria Red Cross Society, CARE International and Royal Heritage Health Foundation to reach women and girls in remote locations in Borno, Adamawa and Yobe states.

Papua New Guinea

Birth attendants and Village Health Volunteers used emergency RH kits during deliveries at the community level and at sub-health centres as part of the United Nations' response to COVID-19. With support from UNFPA Supplies, the effort involved implementing partners the Catholic Church Health Services Daru-Kiunga Diocese and Evangelical Church of Papua New Guinea, North Fly District.

South Sudan

Boma Health Initiative workers distributed condoms and contraceptives to adolescents and youth at the community level, often door to door. The Bomas, as they are called, reached more than 185,000 people with integrated SRH/HIV/GBV information in Torit, Yambio and Maridi in 2020. UNFPA Supplies also supported the Ministry of Health by providing RH kits to 14 government health facilities, NGO partners and the International Organization for Migration.

Tanzania

More than 110,000 refugees received sexual and reproductive health services at facilities within camps in Tanzania. The UNFPA humanitarian response focuses mainly on refugees from Burundi and the Democratic Republic of the Congo who are hosted in three camps in Nyarugusu, Nduta, and Mtendeli.

Yemen

Attrition of health service providers due to the protracted crisis was addressed in 2020 with training for nearly 400 facility-based personnel and midwives on the insertion and removal of both IUDs and contraceptive implants, and DMPA-SC injection. This contributed to availability of a wider method mix at 32 service delivery points.

03

CHAPTER THREE Strengthening health systems



In Homa Bay, Kenya, a new mobile app is replacing paper-based with digital stock reporting, a change welcomed by County Pharmacist Dr. Magdalene Ongas. “Because of improved visibility on the status of commodities at facility level, I am able to see and make decisions on the facilities that need resupply of commodities, the quantities required and how soon they need those supplies,” she said. Innovative technologies and computerized or “electronic” logistics management systems (eLMIS) are taking many countries to a new level of speed and accuracy in forecasting, quantification and monitoring of reproductive health supplies.

Supply chains are the backbone of the national health system. To support countries in their efforts to make them stronger, more functional and more resilient, UNFPA Supplies addresses the wider context as well as the specific functions of their reproductive health commodity supply chains. Health system strengthening happens all along the supply chain, from local forecasting to national logistics management, and extends from global pricing to localized efforts to go the last mile.

GLOBAL COMMODITY MANAGEMENT EFFORTS IMPROVED IN BOTH VOLUME AND SAVINGS

UNFPA delivered a historic international procurement volume in 2020 with UNFPA Supplies spending more and a greater proportion of budget on reproductive health commodities than in any other year. This increase was due in part to the prompt timing of donor contributions and to additional contributions towards the

ACHIEVEMENTS IN 2020

Number of countries with an **electronic logistics management system** of the 46 UNFPA Supplies programme countries

42

Amount in savings generated through **price negotiations and generic products** by UNFPA Supplies

\$12.4 million

Number of UNFPA Country Offices completing the **Last Mile Assurance** process

70

COVID-19 response. UNFPA generated \$12.4 million in savings in 2020 through price negotiations with manufacturers and efforts to bring to the market lower-cost quality-assured generic products, at \$4.1 million and \$8.3 million respectively. All male and female condom suppliers holding a long-term agreement with UNFPA are now ISO 14001 certified for environmental management.

THE FIRST FULL YEAR OF THE LAST MILE ASSURANCE PROCESS

In order to ensure end-to-end visibility, UNFPA follows products from their handover to implementing partners all the way to the service delivery points where women have access to them. Mapping, assessments and reports attempt to identify weaknesses in supply

RISK PROFILE assessed for the vast majority of implementing partners engaged

EVIDENCE PROVIDED to confirm supplies flow along the supply chain to service delivery points

WE HELP REACH HER with the right products at the right time



AGREEMENTS SIGNED with all implementing partners outlining terms and conditions under which supplies are managed, safeguarded and distributed

CONDITIONS AND CONTROLS assessed at warehouses and service delivery points

SUPPLY CHAIN MANAGEMENT ISSUES IDENTIFIED as a basis for future transformative action (TA) and capacity development efforts

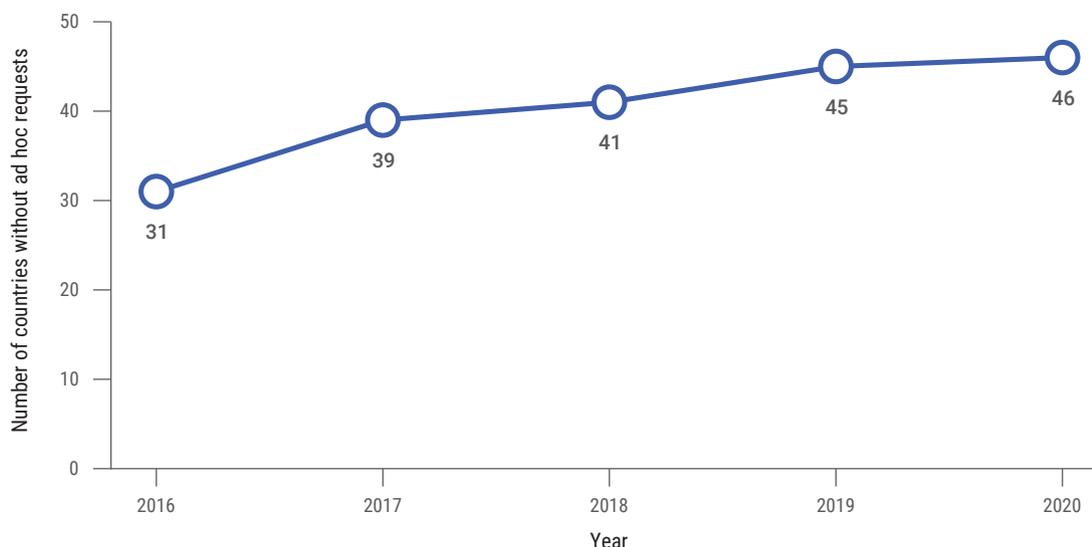
chain management, logistics information systems and commodity quantification errors that can then be addressed. In 2020, UNFPA implemented [LMA](#) in 73 countries, including all 46 UNFPA Supplies programme countries, and carried out risk assessments with the majority of implementing partners (IPs). Tools, guidance notes and webinars built staff capacity and buy-in.

KEEPING CURRENT WITH QUARTERLY REVIEWS

Evidence-based forecasting coupled with quarterly commodity review mechanisms have made ad hoc requests a rare event. No ad hoc requests for commodities were made by UNFPA Supplies countries, except

in humanitarian contexts. Recently launched in 2018 and 2019 – the Quarterly Programme Management (QPM) process, Commodity Quarterly Review, UNFPA Supply Chain Management Online Portal and Commodity Requirement Tool (CRT) – are the reasons why requisitions were filled so promptly in the first quarter. As the pandemic unfolded in the second quarter, these and other quarterly mechanisms provided the backbone of the response. In addition, an update of the QPM allowed the programme to collect data on the impact of COVID-19 and assess country requests for related reprogramming. Development continued on the Global Family Planning Visibility and Analytics Network ([Global FP VAN](#)) to provide a global perspective on supply chains.

Planning for reproductive health is improving. All programme countries – 46 of 46 – made no ad hoc requests for commodities in 2020.



Maternal health commodities provided by UNFPA Supplies

Oxytocin

Carbetocin

Tranexamic acid

Misoprostol

Mifepristone

Misoprostol-Mifepristone combined pack

MVA kits

Magnesium sulfate

Calcium gluconate

COUNTRY ACTION

Electronic logistics management information systems

Innovations in 2020 continued to transform paper-based into digital data to feed with greater speed, accuracy and precision into electronic logistic management information systems (eLMIS).



Bolivia

A pilot project in 10 hospitals was launched in 2020 to support the strengthening of the interconnected SALMI logistics management information system for medicines and supplies. The UNFPA Supplies 2020 Survey was carried out to assess the capacities of the public health system for the supply of reproductive health services and commodities.

Haiti

A new electronic device was pilot-tested in warehouses and health facilities in three departments during 2020. The device converts manually-collected data into electronic data and will be rolled out to 10 decentralized warehouses in 2021.

Kenya

UNFPA Supplies provided technical and financial support for digitization of a family planning reporting tool known as QualiPharm in 573 health facilities. Hospitals say the mobile app, which has a built-in validation rule that alerts users to overstocks and errors, has reduced paperwork demands on health workers.

Malawi

Reporting on stock availability has increased from 45 per cent in 2012 to 77 per cent in 2020, following sustained UNFPA Supplies support. In February 2020, UNFPA and Chemonics conducted a national reproductive health quantification exercise covering the period 2020 to 2023, forecasting consumption and reviewing every step of a shipment plan to maintain a robust pipeline of commodities in the country. The upgrade to an eLMIS has been supported by Chemonics and other development partners since 2017 with the Ministry of Health. LMIS functionality has notably improved for hard-to-reach areas.



Mauritania

Computerized systems at the central level allowed the country to focus on a current area of interest: identifying which facilities use the lesser used methods, especially IUDs and implants, in order to take corrective measures and adjust the focus of training to support these methods.

Mozambique

The country achieved eLMIS coverage of 70 per cent with 1,114 health facilities in 2020 using the electronic system for medicines, including contraceptives – a significant milestone in an expansion that began with 157 health facilities in 2017.

Nepal

Roll out of the eLMIS across Province 2, the second-most populous area in Nepal, was supported by UNFPA Supplies in 2020. Training for 444 supply chain managers accompanied the roll out, along with the first provincial-level forecasting and quantification workshop and training-of-trainers to cascade logistics training.



Cameroon

An OpenLMIS platform was developed in 2020 and tested in several peripheral areas, enhancing electronic management and real-time visibility of the stock situation at all levels of the supply chain. The platform complements the SAGE I7 100 software used at its central warehouse.

Tanzania

From 2015 to 2020, more than 1,700 service providers received eLMIS training with support from UNFPA Supplies, utilizing the LMA process and the IMPACT team model, which builds a culture of data use and continuous improvement to supply chains through training and mentoring. The country's new eLMIS has increased the visibility of supplies and donor contributions and improved monitoring and reporting. The "scaling-up" was postponed, however, due to the pandemic. In 2020, after a 2019 assessment identified challenges in managing inventory records and storage conditions at service delivery points, UNFPA worked with implementing partners to manually sort data to ensure the correct information was entered electronically.



Zambia

Last Mile Assessment work continued in 2020 with supply chain capacity assessments, spot checks and commodity audits at the central warehouse. The Zambia Demographic and Health Survey shows that 2 in every 10 married women would like to use family planning, but are unable to access it.



Myanmar

The addition of 535 facilities equipped with an eLMIS in 2020 brought the total to more than 10,330 health facilities across 14 states with functioning electronic systems. Despite burdens on the supply chain due to COVID-19 restrictions and lockdowns, the stock status and consumption of family planning and other reproductive health supplies was closely monitored and data shared regularly at all levels, mitigating the pandemic's impact.

Nigeria

Capacity development enhanced use of the eLMIS and increased data demand and reporting in 2020. UNFPA Supplies supported efforts to build the capacity of health logisticians at all levels to utilize national health eLMIS data for evidence-based decision making in 17 states through a hybrid system of the IMPACT team model in 14 States and another third-party logistics system in three states. An upgrade of the national eLMIS improved traceability features on the platform and facilitated the efficient national roll-out of the Last Mile Assurance process. After a process of removing duplications and additions of sites actively offering family planning services, the number of health facilities on Nigeria's system increased from 5,187 to 6,073 in 14 states.

04 CHAPTER FOUR

Sustainable financing for family planning



Ruth Kalenga, 17, is a mother, orphan and school dropout yet since joining the UNFPA-supported Kitumaini programme says, “I am a model for many girls in my neighbourhood.” Ruth has regained hope and now works in a hair salon in Lubumbashi, the Democratic Republic of the Congo, while she completes vocational training at the Raihman centre, supported in social and economic reintegration as well as access to sexual and reproductive health services. Adolescent girls like Ruth face multiple barriers to family planning yet stand to gain better health, education and income for a lifetime. Until she joined Kitumaini, Ruth was among the 218 million women and girls who want to delay or avoid pregnancy but are not using modern contraception. For countries to meet the needs of their populations, for Ruth and millions more like her, investing domestic funds for family planning is a first step away from donor-dependency.

Nevertheless, the commitment of resources, both external and domestic, demonstrates a higher level of commitment to family planning – proven one of the most cost-effective investments in development. As seen in 2020, funding from reproductive health budgets has been diverted to the COVID-19 response, making domestic resources for family planning even more precious in the near future.

INCREASING DOMESTIC RESOURCES FOR FAMILY PLANNING

An overarching goal of our comprehensive interventions is to have each country procure its own contraceptives under a national health system able to supply every person who needs them with a choice of quality family planning methods. Countries supported by UNFPA Supplies

The economic impact of the pandemic is likely to constrain resources in programme countries as well as in the donor countries that make this UNFPA thematic fund possible.

ACHIEVEMENTS IN 2020

Number of countries allocating funds through national budget lines for contraceptives in the UNFPA Supplies programme

28

Number of countries that allocated more than the previous year and spent at least 80 per cent of the resources allocated

15

Funds for contraceptives mobilized by the Ouagadougou Partnership Matching Fund over two years

\$10.6 million

**More countries
allocated domestic
resources for
contraceptives
in 2020**

**8 countries
in 2019**

**15 countries
in 2020**

are increasing national expenditures in reproductive health.

An increasing number of countries – from 8 in 2019 to 15 in 2020 – allocated domestic resources for contraceptives, demonstrating a commitment to sustainable, country-led financing for reproductive health. However, decreases occurred in both allocations (from \$43.8 million in 2019 to \$32.2 million in 2020) and expenditures (from \$30.2 million in 2019 to \$10 million in 2020), in a trend reversal likely attributable to the reallocation of the funds as part of the COVID-19 response.

UNFPA Supplies continued to conduct cost and benefit analyses to inform the evidence-based arguments that drive policy reforms and increase domestic financing. These studies looked towards domestic funding sources such as insurance schemes (including universal health coverage), global funding, prioritizing collaboration and partnerships, and seeking greater effectiveness and efficiency.

The programme also welcomed a new partnership in 2020 with the Advocacy & Accountability Collaborative, which supports civil society advocacy for domestic resource mobilization. TAAC is focused on three key areas: accountability, sustainable domestic resource mobilization and increased use of data for decision making.

TOWARDS SUSTAINABLE DOMESTIC SUPPORT FOR FAMILY PLANNING

Mobilizing domestic resources for family planning in West Africa



© UNFPA Togo/Rita Gbodui

New domestic financing in Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger and Togo has been met with a matching \$5 million through the UNFPA Supplies Ouagadougou Partnership Commodity Matching Fund, an initiative that creates an incentive to boost domestic resources for family planning.

The Ouagadougou Partnership Matching Fund works in some of the most challenging environments for family planning and despite significant obstacles is accomplishing its goal of incentivizing family planning. In particularly challenging contexts, the initiative has made real progress. After two years of implementation, it has enabled member countries to catalyze the mobilization of \$10,556,100 for contraceptives, despite constraints related to insecurity and COVID-19. The focus remains on making systematic changes to domestic financing such as implementing the

co-financing model and more guidance and accountability mechanisms. The hallmarks of the initiative are “family planning business cases” completed for Burkina Faso, Mali and Senegal and in the works for Togo as well as policy briefs.

Conceptualizing a framework for sustainable financing

For the big picture, the programme developed the UNFPA Supplies Partnership Financial Sustainability Framework. The concept document defines actions countries can take in the next decade as part of the UNFPA Supplies programme.

The Partnership is taking three inter-linked strategic approaches to guide countries along the pathway to sustainable financing for family planning programmes. The steps expand the pool of funding sources, maximize efficiencies in the use of existing resources, and reposition family planning as a core development investment.

MOBILIZING FUNDS WITH NEW TOOLS AND PARTNERS

Launching the Contraceptive Policy Atlas for Africa



A new advocacy tool for use by parliamentarians highlights government

funding and donor reliance by benchmarking the performance of countries’ political leadership on access to contraception, national and international policies and funding. Launched on World Contraception Day 2020, the [Contraceptive Policy Atlas for Africa](#) was developed by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) with support from UNFPA. The “living” Atlas maps the performance of countries’ political leadership on family planning and offers concrete recommendations and suggestions for how they may improve. It scores 53 countries across the African continent.

Launching a web-based price monitoring system for supplies in Latin America



A business intelligence tool called SEPREMI was launched to help national procurers negotiate better terms of sale, estimate the impact of their actions, and advocate for greater public investment in contraceptives and family planning. Fourteen countries are now feeding their procurement and pricing data into SEPREMI, which allows them to see what neighbouring countries are paying for supplies and what they are getting for the price they pay.

Within the first two months of its release, the tool, which was developed by ForoLAC with UNFPA support, had already paid for itself. Countries saw dramatic cost savings from having applied the tool to identify suppliers offering quality goods at lower prices, including through UNFPA Procurement Services, and in turn could afford to procure larger quantities. Development and application of SEPREMI has improved procurement terms for key contraceptives, but success depends on sustained government engagement to continue submitting relevant price and volume data, and to use that data for informed decision-making – a challenge in countries without a permanent civil service.

Developing the Sustainability Readiness Assessment Tool

A new digital tool puts milestones up front, asking where are we going, and what will it look like. In 2020, the programme developed a new Sustainability Readiness Assessment Tool (SRAT) that will help countries identify bottlenecks and opportunities. The tool aims to provide a quick overview of the sustainability levels of a particular family planning programme by identifying a set of trajectories through predefined milestones.

The Excel-based tool has a tab for data collection with a results matrix, and a dashboard/priorities tab with scores and graphs. The SRAT is part of a larger effort to increase domestic resources mobilization, and more specifically associates the UNFPA Supplies Partnership as a transitional support and a boost towards more sustainable programming.



COUNTRY ACTION

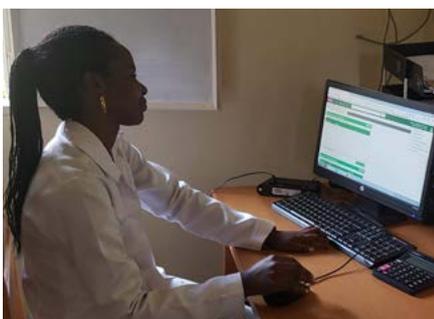
Sustainable financing

Allocating domestic resources for contraceptives is a sign of commitment that establishes a pathway for prioritizing family planning investments in the future.



Ethiopia

The country made the commitment to create a budget line for contraceptives for the first time in 2020, though these national resources were channeled to its COVID-19 response. Ethiopia also initiated International Financial Reporting Standards (IFRS) and developed a product price database showing up-to-date data.



Rwanda

UNDP, the World Health Organization, UNHCR and UNFPA worked with the government to develop a financing initiative towards universal health coverage, "A Thousand Health Posts in the Land of a Thousand Hills". Advocacy continued, with distribution of 2,500 copies of the Family Planning Business Case developed with UNFPA Supplies support.



Zambia

A costed Family Planning Implementation Plan and Business Case 2021–2026 was produced with technical and financial support through UNFPA Supplies. The plan outlines strategic interventions to achieve set targets, the cost to implement, the return on investment in family planning across the different social and economic sectors, and a financial sustainability plan. UNFPA, together with USAID and FCDO, continued to lead advocacy to increase domestic funding for contraceptives and implement the Total Market Approach. The Government has increased the budget allocation from US\$ 2.5 million in 2016/17 to \$10 million for RMNCAH in 2020, of which \$6.3 million is allocated for contraceptives. However, full disbursement was a challenge.

Mauritania

The Ministry of Health committed \$27,000 to its budget line for the purchase of contraceptives. At the same time, advocacy ensured that family planning supplies and services are anchored in the Global Financing Facility plan being developed for the country.

Bolivia

Support was provided for the continuous monitoring and follow-up on the proper use of the revolving fund for contraceptives, a financial mechanism promoted by UNFPA in coordination with the Ministry of Health's Central Supply Warehouse.



Papua New Guinea

The country announced a dedicated allocation of \$2 million from its national budget for essential reproductive health supplies starting from 2020. Despite disbursement delay due to the pandemic, a national commodity management and quantification workshop determined actual need.

Zimbabwe

Domestic resources for contraceptives rose from ZWL Dollars 27 million in 2020 to ZWL Dollars 134 million in 2021. Engagement with bilateral donors under the Health Development Fund, a joint RMNCAH programme, led to timely release of US\$ 2 million for contraceptives by the European Union.

05

CHAPTER FIVE

Programme management and developing Phase III



IMPLEMENTING EFFECTIVE AND EFFICIENT APPROACHES

Strengthened work planning, reporting and monitoring

Quarterly reporting and performance monitoring ensured that the programme was well-implemented despite constraints of the pandemic. By mid-year, two thirds of UNFPA Supplies countries had asked to reprogramme resources from their annual workplans in response to COVID-19, notably to procure PPE for reproductive health service providers. These requests were accommodated in close collaboration with all parties. Despite challenges, countries continued to implement as planned pre-pandemic: Of the 46 countries assessed in 2020, 44 had an annual workplan effective implementation score of 80 per cent or above. The programme held four Donor Accountability Council meetings and three Steering Committee meetings in 2020, with all recommendations implemented.

Providing data for programming, 19 UNFPA Supplies countries carried out national facility-based surveys.

Evidence of the programme's quality

An independent Residual Error Rate (RER) verification found a "zero per cent error rate" in the operations of the UNFPA Supplies programme. Conducted by the European Commission in late 2019 and reported in early 2020, such a result for a large and complex programme is quite rare: in some United Nations organizations, 85 per cent of previous RER missions found errors. In another measure, the work plan technical assessment score, 45 programme countries achieved the Grade A score (no technical assessment was conducted in Myanmar due to the political situation in the country). Likewise, UNFPA Supplies scored an "A" in the annual programme evaluation by the United Kingdom's Foreign Commonwealth and Development Office for 2019, reported in March 2020.

Two priorities drove the programme above and beyond normal operations: COVID-19 and the design of Phase III programming.

SITUATION IN 2020

Percentage of core and non-core **resources UNFPA allocated to family planning**

42.3%

UNFPA met its FP2020 commitment

An independent Residual Error Rate (RER) verification found a

0% error rate

in the operations of the UNFPA Supplies programme.

Number of countries that **conducted national facility-based surveys** on reproductive health commodities

19

PREPARING THE PROGRAMME FOR THE NEXT DECADE

The Global Virtual Launch of the UNFPA Supplies Partnership in December 2020 featured commitments and partnership statements from across sectors. This event was the culmination of a year-long effort to develop the Phase III programme document, which was approved by the programme's Steering Committee following regular subcommittee meetings. Outreach to stakeholders - including UNFPA colleagues and partners around the new programme structure was coordinated through a Communications Strategy and development of a suite of materials including an [explainer video](#) and a [programme overview](#).

Reflection, innovation and building on past experience

To create Phase III, the team reflected on past progress in communities, the heightened accountability to reaching the last mile, and greater emphasis on the human rights-based approach and gender equality- as well as what sustainable financing means for the future of family planning. They revised the indicators to provide a clear, defined and measurable account of progress and challenges. What emerged was a programme that is not solely about reproductive health commodities, but larger health-systems strengthening to meet the family planning needs of women, girls, men and boys.

The new phase has a stronger focus on sustainable financing including

Staff capacity makes programming possible, and in 2020 a total of 213 staff were dedicated to family planning and reproductive health commodity security across all UNFPA country and regional offices and at headquarters; of them, 84 per cent have at least three years of experience in supply chain management.

Continuing the commitment to FP2020

UNFPA as an organization allocated more resources to family planning in 2020 and successfully met its Family Planning 2020 (FP2020) commitment. Spending on family planning amounted to some \$451.6 million, including \$76.6 million from core resources, and amounting to 42.3 per cent of UNFPA's total programme expenses, compared with 41.7 per cent in 2019.

The pace of growth in family planning since the 2012 London Summit on Family Planning has increased some 30 per cent faster than progress historically - an important step towards achieving the 2030 Agenda for Sustainable Development. An additional 28.1 million women and girls (aged 15-49) are using modern contraception in the 46 UNFPA Supplies countries in 2020, compared with 24.5 million additional users in 2019. This brings the total number of users in these countries to 70.3 million since 2012.



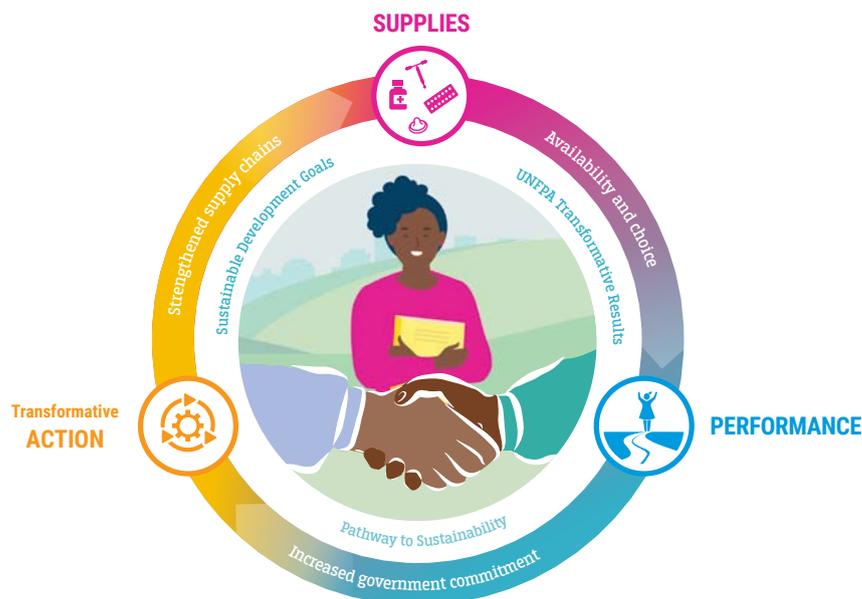
What emerged was a programme that is not solely about reproductive health commodities, but larger health-systems strengthening to meet the family planning needs of women, girls, men and boys.



domestic resources, more tailored and targeted approaches to maximize the impact of resources based on need and opportunity, and the programme’s strengthened participatory governance model that will engage partners in the decision making process for the programme, including national civil society and programme country governments. The approach fosters co-creation and shared decision-making with mutual accountability among Partnership stakeholders for programme results, in particular to ensure visibility of commodities to the last mile. For the first time, the Steering Committee will have an independent chair.

New agreements known as “country compacts” will create greater transparency and mutual accountability,

with the ultimate goal of ensuring deeper and stronger engagement by countries and their partners across the Partnership.



STRATEGIC OBJECTIVES OF THE UNFPA SUPPLIES PARTNERSHIP 2021-2030

AVAILABILITY AND CHOICE	STRENGTHENED SUPPLY CHAINS	INCREASED GOVERNMENT COMMITMENT	OPERATIONAL EFFECTIVENESS AND EFFICIENCY
Increase availability of quality-assured reproductive health commodities	Ensure supplies for reproductive health commodities reach the last mile and promote harmonization and integration of supply systems in countries	Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development	Improved programme management with shared accountability for results

Three funding streams support: (1) supplies, with a sub-stream for new and lesser-used products, (2) transformative action to support supply chains and the enabling environment and (3) programme delivery including the Last Mile Assurance process.

PHASE III PROGRAMME COUNTRIES

Eligibility criteria applied to 160 UNFPA programme countries resulted in the inclusion of 45 countries, while 9 others from Phase II were carried over to avoid detrimental impacts from discontinuation. This brings an additional 30 million women of reproductive age

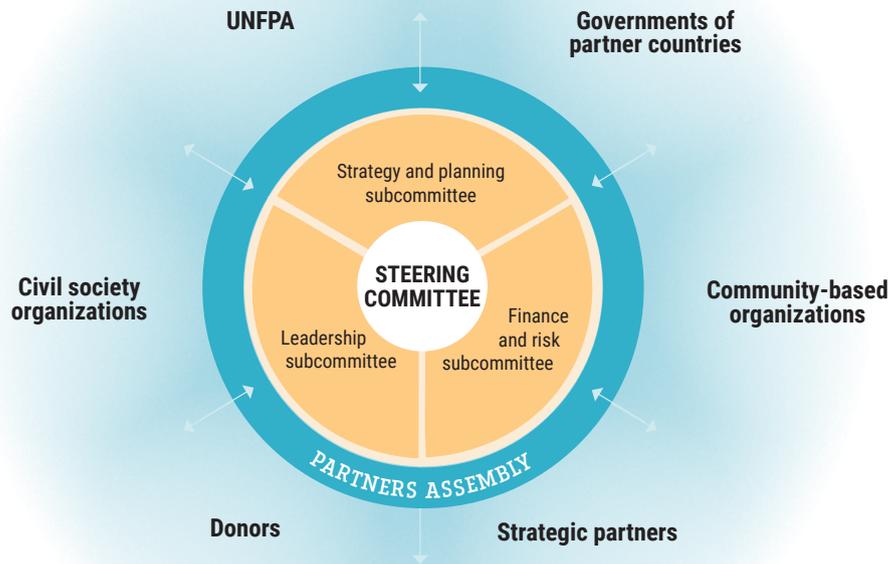
into the Partnership, towards the UNFPA commitment to leave no one behind. As countries move through defined stages on the pathway to sustainable transition, support will be gradually reduced as they move forward in their economic development and reproductive health outcomes, with a target of 10 countries fully exiting the programme by 2030.

	GROUP 1	GROUP 2	GROUP 3	GROUP 4
COUNTRY GROUPING TOWARDS TRANSITION				
<p>Countries ranked in order of economic index score</p> <p><i>The score is based on the World Bank Classification Index, GNI PC Index and GDP Growth Index (weighted 25%, 50% and 25%, respectively).</i></p>	Yemen* South Sudan* Eritrea* Burundi* Malawi Niger* Mozambique Democratic Republic of the Congo* Central African Republic* Sierra Leone Madagascar Liberia	Uganda Togo Chad* Burkina Faso Gambia Guinea-Bissau Rwanda Ethiopia Haiti* Mali* Guinea* Benin Nepal Tanzania	Mauritania Lesotho Zambia Congo Sudan* Cameroon* Nigeria* Senegal	Ghana Myanmar Côte d'Ivoire Djibouti
<p>New countries</p>	Somalia* Afghanistan*	Tajikistan	Comoros Kyrgyz Republic	Cambodia Angola
<p>Carryover countries</p>		Pacific Island Countries	Timor-Leste Zimbabwe* Kenya Sao Tome	Honduras Papua New Guinea Lao People's Democratic Republic Bolivia

Notes: Countries organized in order of Economic Index Score – low to high; Fragile States (*) determined by a score of 95 or higher on the Fragile States Index; Carryover countries are those that did not meet inclusion criteria but were “carried over” as existing partnership countries. PICS could not be scored on the index but are included in Group 2 as carryover based on regional context.

UNFPA Supplies Partnership will also support the Pacific Island Countries & Territories: the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

Country eligibility may be revised further in 2021 as the programme adapts to changing needs and contexts.



NEW PARTICIPATORY GOVERNANCE MODEL

An updated governance model fosters co-creation and shared decision-making with mutual accountability among Partnership stakeholders for programme results.

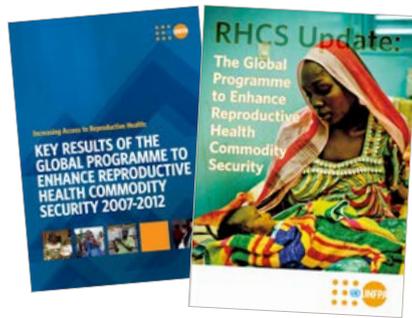
Participation on the UNFPA Supplies Partnership Steering Committee includes programme country governments, government and non-state donors, non-governmental implementing partners including international and national civil society representatives, as well as strategic partners. A Partners Assembly convenes a wider group of

stakeholders, including community-based organizations – representing those the programme aims to reach – from which are drawn thematic subcommittees that provide insights and analysis to the Steering Committee to guide decision-making.

MULTI-STAKEHOLDER PARTICIPATION

Participatory, accountable and transparent A new participatory governance structure enables the Partnership to be more accountable and transparent to those it serves, monitor performance, share knowledge and communicate results. Those we aim to reach have a stronger voice in the programme, as do our partners.

PHASE II REFLECTIONS 2013-2020

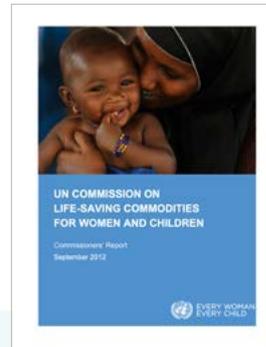


2012

The first five years of the programme from 2007 to 2012 concluded just as global efforts were galvanized through commitments made at the 2012 London Summit on Family Planning to reach an additional 120 million women and girls with access to modern contraceptives by the year 2020.

2013

The programme launched Phase II by scaling up from 12 priority “Stream One” countries receiving multi-year support to 46 countries.



2013

UNFPA became co-chair of the Supply Chain Technical Resource Team on the UN Commission on Life-Saving Commodities for Women and Children.

2013

The Coordinated Supply Planning (CSP), a small cross-organizational group, was organized to improve supply chain management through collaborative forecasting and supply planning.



2012

Launch of the UNFPA Family Planning Strategy 2012-2020: Choices Not Chance. This strategy was oriented squarely to the goal of achieving universal access to rights-based voluntary family planning as part of sexual and reproductive health and reproductive rights.



2013

The Implant Access Programme was established to support volume guarantee agreements with pharmaceutical manufacturers that reduced prices dramatically on this contraceptive method for entities serving the poorest women.



Since 2007, UNFPA has transformed an ad hoc approach to essential supplies into a comprehensive partnership to meet the unmet need for family planning by 2030.

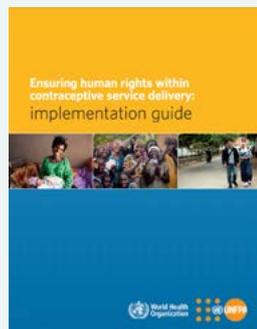


2014

The Sayana Press Initiative introduced an existing hormonal contraceptive, DMPA, in a new format as a subcutaneous injectable following pilot tests in 2013.

2015

Launch and roll out of the implementation guide on ensuring human rights within contraceptive service delivery, with good practice examples and minimum actions in line with WHO guidelines.



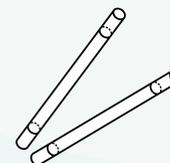
Average **demand satisfied** with modern methods continued to increase, from **41.3%** in 2012 to **50.8%** in 2020

2016

UNFPA Supplies introduces support for Inter-Agency Reproductive Health Kits for emergencies.

2017

A new two-rod implant lasting three years entered the market, when it met WHO requirements.



2015

Organized the Global Implant Removal Task Force of the Implants Access Program Operations Group to identify gaps and meet need for removal as part of growing use of implants.

2017

UNFPA Supplies change management process led to refreshed strategy with strategic shifts.



Average **modern contraceptive use** (mCPR) continued to increase, from **19.2%** in 2012 to **25.2%** in 2020





Average **unmet need** for family planning continued to decrease, from **29.4%** in 2012 to **26.5%** in 2020



2017/18

Generic intramuscular injectable contraceptive, DMPA-IM, entered the market and expanded access.

2018

Launch of the UNFPA Strategic Plan with three transformative results, notably ending the unmet need for family planning by 2030.

2019

Commodity Quarterly Review formalized a country-level process to capture data on stocks, orders, consumption, distribution and service coverage for each product by implementing partner.

2019

UNFPA Global Consultation on Ending the Unmet Need for Family Planning, part of discussions in the run-up to the Nairobi Summit on ICPD25 (Turkey, June).



2017

On July 11, policymakers, donors and advocates from around the world will gather at the Family Planning Summit in London, UK, to discuss efforts to reach our Family Planning 2020 goals and ensure that more women and girls around the world are able to plan their families and their futures.

2018

Commodity Requirement Tool launched (CRT) to monitor stock levels as part of annual commodity planning and management.

2019

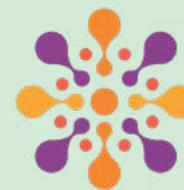
Launch of the UNFPA Supply Chain Management Online Portal.

2019

Nairobi Summit on ICPD25, with commitment to actions to accelerate implementation of the ICPD Programme of Action, leaving no one behind, ensuring rights and choices for all.



FAMILY PLANNING SUMMIT
11 JULY 2017 - LONDON
For Safer, Healthier and Empowered Futures
#HerFuture



ICPD25
International Conference on Population and Development



With our focus on reproductive health commodity security, UNFPA Supplies is a catalyst for achieving the UNFPA Strategic Plan transformational results: zero unmet need for family planning; zero preventable maternal deaths; and zero harmful practices.

2019

Global Family Planning Visibility and Analytics Network (Global FP VAN) launched by Reproductive Health Supplies Coalition to improve supply chain visibility.



2019/20

Hormonal IUDs became part of the global discussion and inclusion into the method mix for the public sector.

2020

Last Mile Assurance process completed its first full year in 2020 following development, roll out and assessment in 16 Supplies countries in 2019.

2020

Emergency RH Kit 4 offered a supplemental kit for DMPA-SC, for orders in 2021.



2019

ACCESS project launched to increase access to quality of reproductive health care and expand range of commodities available.

2020

UNFPA Humanitarian Supplies Strategy finalized and published.

2013-2020

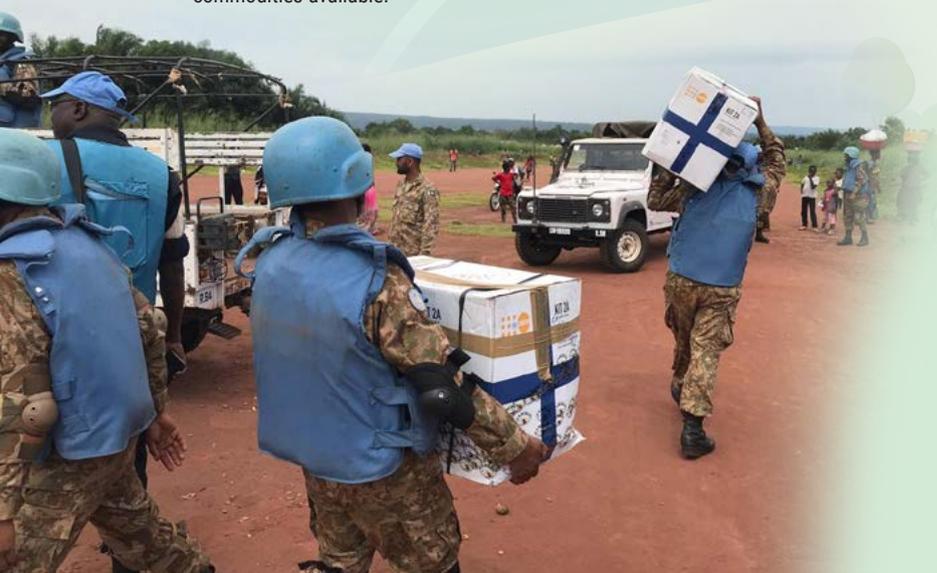
Contraceptives provided by UNFPA Supplies over eight years in Phase II had potential to avert:



67 million unintended pregnancies

19 million unsafe abortions

184,000 maternal and child deaths



“The Government of Sierra Leone cherishes the long standing partnership with UNFPA. We know this partnership has contributed to tremendous improvements to some of the key health indicators such that the last five years, 2013–2019, we have seen a 25 per cent reduction in teenage pregnancy. We have also witnessed a 40 per cent reduction in maternal mortality ratio. The proportion of maternal deaths now, that are attributed to adolescents, have been reduced by 50 per cent. We could not have achieved all of these without reproductive health commodity security, therefore UNFPA Supplies and their programmes have had critical interactions with SL’s health sector recovery plan.”

*– H.E. Dr. Alpha T Wurrie,
Minister of Health and Sanitation, Republic of Sierra Leone,
programme country*

“UNFPA Supplies programme contributed to the development of the first National Comprehensive Family Planning training package that offers technical information to help health care providers deliver family planning services appropriately and effectively. UNFPA Supplies programme also contributed to improve efficiency of supply, supporting capacity building of health staff to manage and implement on ‘mSupply’ eLMIS system nationwide.”

– H.E. Dr. Bounfeng Phoummalaysith, Deputy Minister of Health, Lao People’s Democratic Republic

“USAID has enjoyed a long-standing partnership with UNFPA. Together, as the two largest donors of family planning and reproductive health supplies, we have enabled millions of women and couples around the world to access their choice of high quality and affordable contraceptives. And we furthered our mutual objectives of sustainability and country ownership. We look forward to a continued partnership with UNFPA Supplies.”

– Dr. Alan Bornbusch, Division Chief, Commodity Security & Logistics, USAID

“I am very proud to say that we have been a key partner of the UNFPA Supplies programme since 2012, and we have contributed more than 77 million so far. We intend to work with UNFPA to ensure that women and girls can freely and responsibly decide about their sexual and reproductive health.”

– Ms. Marjeta Jager, Deputy Director General, European Commission

“It goes without saying the UNFPA Supplies has become IPPF’s most important partner in giving women access to those life-saving commodities. We are therefore delighted to see that the programme will be expanded and rolled out in even a higher number of countries in Phase III of the programme.”

– Mr. Marcel Van Valen, Head of Supply Chain, International Planned Parenthood Federation

“1 in 4 women will have their demand met for contraception by MSI on MSI supported services in countries where we work by 2030. This would not be possible without the partnership we have between UNFPA Supplies and national ministries of health. The partnership between MSI and UNFPA Supplies will help realize a future where no woman will die from unsafe abortion, unmet demand is met, and everyone can access reproductive choice freely and safely.”

– Mr. Simon Cooke, CEO, MSI Reproductive Choices

“For Denmark, UNFPA Supplies is one of the most effective ways to win the battleground in our fight for women and girls' rights to decide over their own bodies. A fight that is fought with supplies of contraceptives and lifesaving maternal health medicines.”

– Ms. Trine Rask Thygesen, State Secretary for Development Policy, Ministry of Foreign Affairs, Denmark

“Our shared ambition with UNFPA is to strengthen health system supply chains to increase the availability of essential medicines to women and girls. That is why we believe in the power and potential of the UNFPA Supplies Partnership. We will work with UNFPA and its partners to analyze health system networks, build capacity strengthening programmes, and embed sustainable public health.”

– Mr. Sean Rafter, Managing Director, HELP Logistics, Kühne Foundation

“The UNFPA Supplies Partnership is a crucial and strategic partner for us in the region in order to make sure that young women have access to quality services and products and also is able to answer a growing demand. The OPCU supports the UNFPA Supplies Partnership by building and supporting coalitions around citizens, researchers, youth, religious leaders, and governments, to increase collaboration and coordination around supply chain management as well as advocate for funding for commodities in the nine OP countries.”

– Ms. Marie Ba, Director, Ouagadougou Partnership Coordination Unit

“We believe in the power of the UNFPA Supplies partnership as it charts its course for the next ten years with a clear emphasis on the availability and choice of quality assured commodities, strengthened supply chains, and increased government commitment. UNFPA and UNFPA Supplies have been key to the success of FP2020 and will be equally critical to our success in the next decade.”

– Ms. Beth Schlachter, Executive Director, FP2020

FINANCIAL SNAPSHOT

With more funding, we provided essential supplies to more women and girls

The total available budget in 2020 was \$180.8 million. Of this amount, more funds were used for essential supplies than in any other year since the programme's inception - \$150 million in 2020. This reflects planned spending priorities plus the receipt of approximately \$28 million more in contributions than expected during 2020, much of which was allocated for procurement of reproductive health commodities.

CONTRIBUTIONS REACHED \$73.3 MILLION IN 2020

The programme welcomed strong support despite the end of many multi-year agreements.

- 16 donors (13 public sector and 3 private sector)
- 2 donors doubled their contributions: Spain and Winslow Foundation
- 1 new donor joined: Germany
- 3 donors made additional COVID-19 related contributions: Canada, Denmark and Norway

2020 donors: Australia, Belgium, Bill & Melinda Gates Foundation, Denmark, Canada, Germany, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, United Kingdom, Winslow Foundation, an anonymous major donor and private contributions

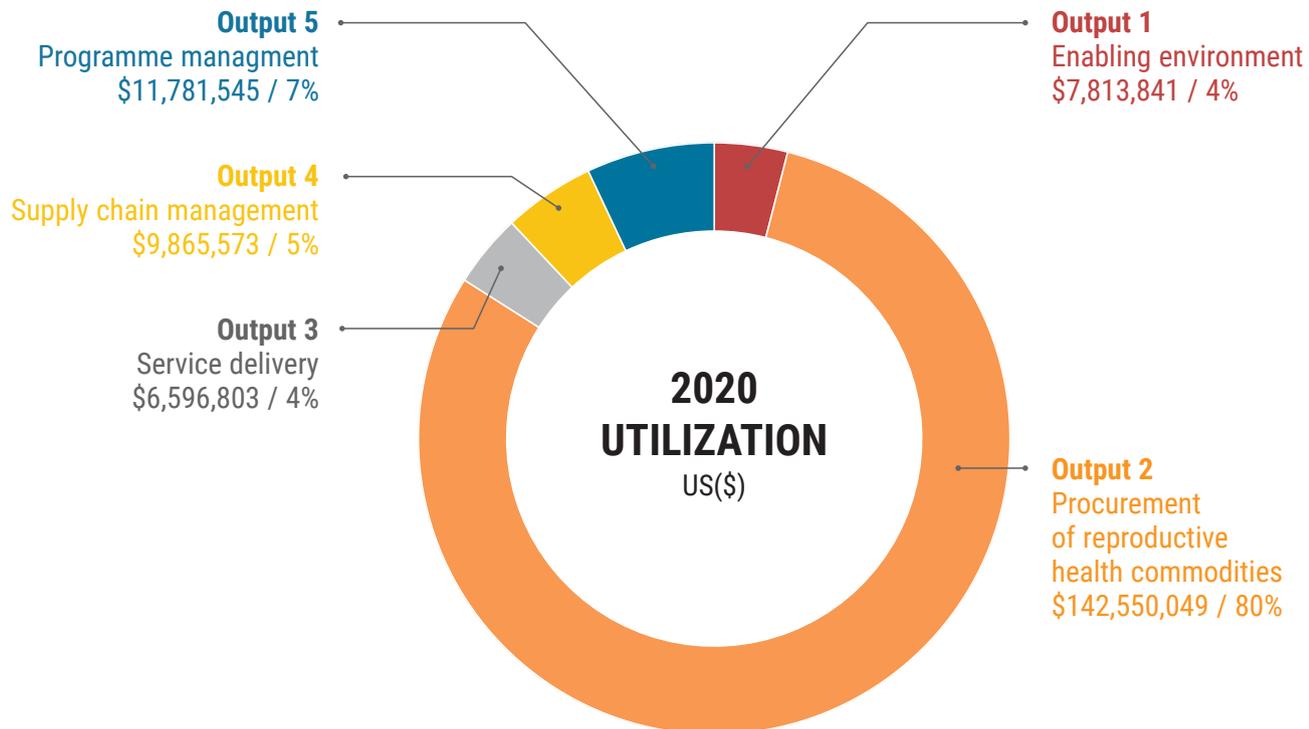
COMMITMENTS MADE IN 2020 ARE BUILDING THE FOUNDATION FOR PHASE III

- 2 multi-year agreements were signed with the Netherlands and the United Kingdom
- 2 agreements for 2021 were signed, with an anonymous donor and Denmark
- 2 donors have contributions planned for 2021: Australia and Bill & Melinda Gates Foundation
- Commitments are under negotiation with Belgium, Canada, the European Union and Norway, among others.

The proportion of funds used for commodities was higher than in any other year the past decade, with 81 per cent for commodities and 19 per cent for technical assistance. This exceeds the target of 75 per cent for commodities and reflects additional contributions to the COVID-19 response.

THE 2020 UTILIZATION RATE WAS 99 PER CENT

Available programme budget:	\$180,813,891
Total utilized amount:	\$178,607,811
2020 non-allocated:	\$2,206,081
2020 utilization rate:	99%





UNITED NATIONS POPULATION FUND

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