

inSupply Health and Reproductive Health Supplies Coalition (RHSC) have released a report in 2023 examining strategic supply chain adaptations that were undertaken by stakeholders in sub-Saharan Africa (SSA) in response to the severe supply chain disruptions caused by the COVID-19 pandemic. The report, *Adaptations used to ensure contraceptive access during the COVID-19 pandemic*, was issued through RHSC's Compass initiative, which supports greater resilience in supply chains and marketplaces following the COVID-19 pandemic.

The 2023 report documents adaptation strategies that were planned and/or applied in six categories: policy and advocacy, financing, supply sources, digital interventions, adjusted inventory management policies and procedures, and modified transport options and warehousing solutions. The insights from this report are intended to be used to increase the resilience of supply chains now and in preparation for future crises. This brief documents the findings for one of the six adaptation categories presented in the report.

"...In Kenya and even Uganda, border closures were there but we managed to get covid passes for the medical representatives. You know for our logistics, we outsource our warehousing and delivery services and they had the authority to move around so we never really had serious issues in terms of being able to get products and deliveries to distributors around. And the medical representatives on the large, for the most part, could still move, you know, you might have a few headaches here and there for a few days... Certainly that first month or two. The dynamic with the medical representatives not being able to visit providers or providers not willing to see them..." Early in the pandemic, governments across the globe enacted policies to reduce the spread of the COVID-19 virus by restricting movement and defining which activities were considered essential for the country. In the reproductive health (RH) area, these policies limited the ability of both public and private sector organizations to provide needed products and services and were compounded by fear of virus transmission. RH stakeholders and practitioners used advocacy and policy change to address these supply chain challenges.

- DKT, Kenya, and Uganda

Adaptation: Advocate for RH as an essential service

Early policies that were designed to limit the spread of infection, such as movement restrictions and social distancing, led to lower levels of service provision across the healthcare sector. In addition, "essential services" were not always clearly defined, leading some providers to suspend services or minimize contact with clients for services that were not

classified as essential. RH stakeholders, including COVID-19 task forces, pushed for quick action to clearly designate RH as an essential service. The governments in several countries including Kenya, Mozambique, Uganda, and Zimbabwe issued guidelines or directives formalizing these decisions.







Adaptation: Modify COVID-19 guidelines and directives to facilitate the movement of people and products required for essential services

Due to government policies and the health impacts of COVID-19, organizations faced human resources constraints across supply chains and health systems, including manufacturing sites, logistics hubs, and health facilities. To counter these limitations, organizations successfully lobbied governments to facilitate the movement of people and products classified as essential. Some governments in, for example, Malawi, Madagascar, and Uganda issued waivers or passes for personnel in manufacturing, logistics, and health services. Others designated certain health supplies as "essential" and adjusted their import documentation requirements to streamline and speed clearance processes.

Adaptation: Revise national policies to enable RH commodity access, including community-based distribution and updated dispensing protocols

The rapidly evolving environment forced governments to reevaluate policies and laws to ensure continued access to RH commodities and services at the community level, while still safeguarding quality assurance. One approach was to bring healthcare services closer to clients through the expanded use of community-based distribution of RH products. This also served to reduce the number of clients who sought RH products and services at health facilities. Governments in Liberia, Mozambique, and Zambia adjusted their policies on dispensing protocols for short-acting methods, offering clients multi-month dispensing with the similar effect of reducing the number of clients seeking products and services at health facilities.

Adaptation: Use media to increase public awareness and communication on safely accessing RH services and products

Due to evolving policies and guidelines on movement restrictions, the ability to access available healthcare products and services was not always clear to the public. In addition, accessing services while minimizing the risk of infection transmission was a concern for many. To communicate key messages on safe access to health products and services, governments and partner organizations, for instance in Mali and Uganda, used multiple media channels to reach communities. Social media, mobile messaging, and digital campaigns, among others, were key channels to disseminate information and educate communities on what, where, and how to access RH and other healthcare products and services.

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Existing policies and procedures for RH emergency preparedness including in the health supply chain were not comprehensive and/or well implemented, leading to ad hoc and reactive policy revisions early in the pandemic. The changing health landscape necessitated deliberate and thorough policy and guideline revisions. Effective lobbying and messaging from RH stakeholders, local communities, and the business community helped define key elements and shape the updated policies into guidance that addressed current or emerging needs and continuous quality assurance. Looking ahead, comprehensive policies to assure continuity in access to RH products and services should be designed and enacted in advance of emergency situations, to include considerations for supply chains.





