



Coronavirus Disease (COVID-19) Pandemic

UNFPA Global Response Plan

Revised June 2020

"COVID-19 is the greatest test that we have faced since the formation of the United Nations."

António Guterres,
United Nations Secretary-General



i CONTEXT

The COVID-19 pandemic constitutes the largest global public health crisis in a century, with daunting health and socioeconomic challenges. Governments are taking unprecedented measures to limit the spread of the virus, ramping up health systems and restricting the movement of millions. The pandemic is severely disrupting access to life-saving sexual and reproductive health services. It is deepening existing gender inequalities, increasing gender-based violence, and worsening discrimination and barriers for marginalized groups. **Sexual and reproductive health and rights is a significant public health issue that demands urgent and sustained attention and investment.**

UNFPA is providing this June 2020 revision to its Global Response Plan, to reflect upon the changing needs, align with partners, learn from UNFPA action already underway and to further focus UNFPA's interventions. As the COVID-19 pandemic continues, new UNFPA research has shown the enormous scale of the negative unintended consequences and potential impact:

- **47 million women** in 114 low- and middle-income countries may not be able to access modern contraceptives and **7 million unintended pregnancies** are expected to occur if lockdowns carry on for 6 months and there are major disruptions to health services.

- **31 million additional cases of gender-based violence** can be expected to occur if lockdowns continue for at least 6 months.
- Due to the disruption of programmes to prevent female genital mutilation in response to COVID-19, **2 million female genital mutilation** cases may occur over the next decade that could have been averted.
- COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional **13 million child marriages** taking place between 2020 and 2030 that could otherwise have been avoided.

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 and social systems are already weak. Services to provide sexual and reproductive health care are at risk of being sidelined, with many health workers lacking adequate personal protective equipment (PPE). **All women and girls must have access to a continuum of comprehensive sexual and reproductive health services**, including antenatal, perinatal and postnatal care, and screening tests according to national guidelines and standards.

The pandemic is compounding existing gender inequalities. There are reports of





increases in gender-based violence and sexual exploitation and abuse, as related services for prevention and response are under pressure. With restrictions on movement, combined with the fear, tension and stress related to COVID-19, and the negative impacts on household incomes, risks of violence will grow. Women are also more vulnerable to economic fragility during confinement and movement restrictions, for reasons that include their far greater representation in the care sector and in the informal economy. This latter vulnerability, in turn, affects family income and food availability and leads to malnutrition, especially for children, pregnant and breastfeeding women. Furthermore, since women represent nearly 70 per cent of healthcare workers globally, it is critical to support their needs, including for those on the frontlines of the COVID-19 response. Yet not enough attention has been given to female healthcare workers in terms of how their work environment may be impacted, their safety requirements, or their sexual and reproductive health, mental health and psychosocial needs.

Shortages of vital supplies for sexual and reproductive health loom large. Life-saving medicines for maternal health and contraceptives are less readily available given the closure of production sites and breakdown of global and local supply chains. It is essential that women, adolescent girls and couples can still access a choice of effective **short- and long-acting modern contraceptives**, information, counselling and services (including emergency contraception) as well as sanitary and menstrual health supplies during the COVID-19 pandemic response.

STRATEGIC PRIORITIES

1

Continuity of sexual and reproductive health services and interventions, including protection of the health workforce

2

Addressing gender-based violence and harmful practices

3

Ensuring the supply of modern contraceptives and reproductive health commodities

ACCELERATOR INTERVENTIONS

- 1 Leaving no one behind
- 2 Data
- 3 Risk communication and stigma reduction
- 4 Youth engagement

RESOURCES REQUIRED
\$370 MILLION



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UNFPA STRATEGIC PRIORITIES AND INTERVENTIONS

The UNFPA Global Response Plan is fully aligned to and part of the UN framework for the immediate socio-economic response to COVID-19 launched by Secretary-General António Guterres on 27 April 2020. In this context, UNFPA is a participating agency and part of the Advisory Committee, for the UN COVID-19 Response and Recovery Multi-Partner Trust Fund. UNFPA's plan also complements the **WHO COVID-19 Strategic Preparedness and Response Plan** and UNFPA is a member of the WHO-led UN Crisis Response Team. UNFPA is working with its Humanitarian and UN Country Team counterparts to develop country preparedness, response and recovery plans in support of the Resident/Humanitarian Coordinator and designated COVID-19 Outbreak Coordinator. UNFPA is also an active participant in the **Inter-Agency Standing Committee on humanitarian action (IASC) COVID-19 Global Humanitarian Response Plan**, coordinated by UNOCHA. Under the IASC cluster system, UNFPA leads coordination of the gender-based violence area of responsibility, within the global protection cluster.

Active in more than 150 countries and territories, UNFPA operates across the humanitarian and development spectra. Its country and regional office network is a considerable asset given the scale of the pandemic. UNFPA works in close partnership with governments, in particular with ministries of health, and a wide range of other national and international actors, especially implementing partners comprising international and national non-governmental organizations, civil society groups, and local women's and youth groups.

The 2030 Agenda for Sustainable Development and the Decade of Action to deliver the SDGs frame UNFPA's COVID-19 global response, which further operates in line with the UNFPA Strategic Plan 2018-2021 with its three transformative results. These are to **end the unmet need for family planning, end preventable maternal deaths and end gender-based violence and all harmful practices by 2030.** UNFPA's engagement in countries covers the continuum of preparedness, response and early recovery, with the ultimate aim of saving lives and building

back better through more resilient societies and communities. Its response will create long-term benefits for health systems by supporting improved quality of care and better disease prevention in maternity care, and by building stronger national capacities to respond to future outbreaks. UNFPA's response at the country level is based on national contexts and operational realities, and is focused on the following three strategic priorities.

COVID-19 IN HUMANITARIAN SITUATIONS

An increasing number of COVID-19 cases are appearing in countries with ongoing humanitarian operations, where containing the rapidly spreading virus is even more daunting. The impacts of movement restrictions and the burden on health and social systems are amplified in fragile and conflict-affected contexts. The world must not forget the most vulnerable and marginalized.

UNFPA's COVID-19 pandemic response is a "whole of organization" approach, integrating its humanitarian and development assets and expertise.

UNFPA's response is needs-based, including supporting people affected by existing humanitarian crises and prioritizing countries with the weakest health and social protection systems to ensure no one is left behind.

In these challenging humanitarian situations, UNFPA action demonstrates the balance of meeting existing crisis needs with those emerging from the COVID-19 response. For example, in **Cox's Bazar**, all 23 of UNFPA's Women Friendly Spaces remained operational providing lifesaving GBV services including case management, COVID-19 information and referral services to women in need. Furthermore, in **Somalia**, UNFPA is maintaining the continuity of and access to quality life-saving essential SRH services as well as supporting the establishment of laboratory testing capacities for COVID-19.

STRATEGIC PRIORITY 1:

Continuity of sexual and reproductive health services and interventions, including protection of the health workforce

UNFPA is supporting governments to keep health systems functioning, to maintain the provision of sexual and reproductive health and rights information and services, to protect health workers and to limit the spread of COVID-19. These essential efforts aim at avoiding higher rates of maternal and neonatal mortality and morbidity, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and sexually transmitted infections (STIs).

To ensure that no one is left behind, UNFPA is developing and implementing data-driven, gender-responsive and human rights-based COVID-19 response interventions that **strengthen the capacity of health systems to respond effectively to COVID-19, and maintain other essential services**, including quality sexual and reproductive health services. Availability of Personal Protective Equipment (PPE) is one of the key factors to enable delivery of this objective.

UNFPA is working to ensure that women and girls affected by movement restrictions, especially pregnant, delivering and lactating women, including those infected with COVID-19, have timely access to safe and quality sexual and reproductive health care. This entails a full range of maternal, newborn and comprehensive reproductive health care services (in accordance with national policies and legislation) including basic and comprehensive emergency obstetric care, sexual health services and treatment for STIs, HIV and AIDS, and support for survivors of gender-based violence.

Ensuring the provision of safe and quality services requires an adequate healthcare workforce (in terms of numbers, competence and skills) that have access to relevant medical supplies and equipment for infection prevention and control. This requires first and foremost sufficient supplies of quality-assured PPE for all frontline health workers. It also requires a number of innovative approaches to service provision to facilitate opportunities for physical distancing.

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UNFPA works together with governments and other partners at the country level to apply a gender lens to health system strengthening, and adapt essential services to protect both clients and providers. This entails making services such as contraceptive counseling, antenatal and postnatal care telemedicine-based; finding solutions through task-sharing and task-shifting; increased promotion of self care measures; and digital outreach (for the provision of sexual and reproductive health information and comprehensive sexuality education). UNFPA also recognizes the need for innovative approaches to build capacity among service providers through online learning platforms.

UNFPA also provides dignity kits to address the hygiene needs of women, girls and key populations based on local needs and procurement realities, so that they have access to essential sanitary items when they are housebound/quarantined.

REGIONAL ACTION

In the **Caribbean**, UNFPA is partnering with seven International Planned Parenthood Federation affiliates and providing support in reorganizing their service delivery model, including through telemedicine/counseling services (in 13 countries) and community-based contraceptive mobile services (Belize).

COUNTRY ACTION

- In the **Philippines**, UNFPA provided handheld thermometers, surgical masks and other personal protective equipment to frontline health workers.
- In **Kenya** – in partnership with UN Women, UNFPA is working with the Kenya Medical Women Association to scale up Sexual and Reproductive Health services in urban informal settlements which have been most severely impacted. These informal settlements are largely occupied by informal urban workers relying on daily income to access services at health facilities.



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STRATEGIC PRIORITY 2:

Addressing gender-based violence (GBV) and harmful practices

UNFPA is ensuring the continuity of life-saving, multi-sector **services for survivors of gender-based violence (GBV) and the most at-risk women and girls**. UNFPA is helping to ensure a flexible and adaptive approach, including in the context of most strict movement restrictions, confinement, connection failure and closure of service points, to ensure that life-saving services continue to be made available without compromising the safety of GBV caseworkers or survivors.

UNFPA is adapting and scaling up referral pathways for GBV survivors, , to modify GBV case management service delivery models in both remote and static contexts in a timely and ethical manner. Such services include the clinical management of rape, with protocols in place to reduce the risk of infection among frontline service providers including an adequate supply of PPE. UNFPA is also ensuring that health workers have the necessary skills and resources to deal with sensitive GBV-related information, that any disclosures are met with respect, empathy and confidentiality and that services apply a survivor-centred approach. Importantly, UNFPA is ensuring these services include mental health and psycho-social support (MHPSS), while encompassing infection control and protection measures for counsellors.

Specifically in humanitarian settings, UNFPA is playing an active role in coordination fora to ensure that GBV services are recognized as life-saving essential services and form an integral part of the COVID-19 response. In its inter-agency role leading the GBV area of responsibility, UNFPA is working with partners to (a) ensure availability and accessibility of life-saving care and support to GBV survivors; (b) integrate GBV risk mitigation into COVID-19 preparedness and response plans and across sectors; and (c) advocate for adequate human and financial resources for GBV coordination and programming.

REGIONAL ACTION

In the **Pacific** sub-region, information on GBV service access and hotlines, including mental health and psychological support services, have been distributed by UNFPA at the community level through emergency cards developed with WHO and UNICEF.

Partnerships with civil society are defining who remains in place at the local level to provide front-line support, and, of paramount importance, the assistance they need to safely scale up their work. In addition, UNFPA works with uniformed services and other responders to improve their capacity and responsiveness to GBV prevention and response.

UNFPA is advocating with national and local authorities to ensure that women's participation, including as health workers, is prioritized as their roles within communities typically place them in a good position to positively influence the design and implementation of response activities including GBV prevention, and also to assist with surveillance.

UNFPA's work supporting national human rights accountability mechanisms, and reinforcing laws to prevent GBV, is also critical for access to justice and redress for survivors.

UNFPA is working to ensure that excluded women and girls such as women and girls with disabilities, indigenous women and girls, young women and girls at risk, have the information they need, are protected against violence and have access to life-saving services. UNFPA's prevention work is continuing in the pandemic, recognizing that GBV is a result of gender inequality and discrimination against women and girls.



FGM and child marriage are also projected to increase, in large part due to delays in the implementation of programmes to end these harmful practices. UNFPA is implementing mitigation measures to protect girls against these harmful practices. The measures include supporting community-based mentors and women and youth groups in tracking and supporting girls at heightened risk of FGM and child marriage due to COVID-19; and using WhatsApp, radio, and other applications/platforms to share positive messaging (including edutainment and comprehensive sexuality education for girls) and facilitate continued community surveillance. UNFPA is also ensuring access to services and support for vulnerable girls and women especially in hard-to-reach areas, improving FGM case management and strengthening FGM “rescue brigades” through formal or informal referral mechanisms.

COUNTRY ACTION

- In **Ghana**, in conjunction with the Ghana Police, UNFPA activated and widely advertised via media channels a domestic violence hotline. UNFPA is also renovating shelters for GBV and domestic violence survivors as well as procuring dignity kits for the most vulnerable women and girls.
- In **Yemen**, women and girls are leading a major effort to prevent the spread of COVID-19. Those attending UNFPA-supported safe spaces, have collectively made more than 15,000 face masks that have been distributed in communities and displaced camps



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