



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



© UNFPA Somalia



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



© UNFPA Syria

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.

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.



© UNFPA China



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/counselling 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.



© UNFPA Demographic Institute of the Congo

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



© UNFPA Yemen

STRATEGIC PRIORITY 3:

Ensuring the supply of modern contraceptives and other reproductive health commodities

UNFPA is acting to mitigate the impact of the COVID-19 pandemic on reproductive health supplies, including modern contraceptives, maternal health medicines and menstrual health supplies.

UNFPA is leveraging established mechanisms to monitor and track stock levels, consumption rates, risk of stock-outs or overstocks, and pipeline orders for every contraceptive method and for essential life-saving maternal health medicines. Data collected by forecasting, monitoring and tracking is used for decision-making on where transfers from one country to another might be needed, or where increased stocks now might prevent shortfalls later.

UNFPA is continuing to work proactively with suppliers to understand and mitigate the impact of delays and price increases on modern contraceptives and reproductive health commodities in developing countries.

In humanitarian and fragile context settings UNFPA is continuing the supply and distribution of Inter-Agency Reproductive Health Kits to health centres and referral hospitals providing life-saving reproductive health services, as well as ensuring women and girls, including in isolation and quarantine facilities, have access to menstrual health supplies.

UNFPA is supporting ministries of health and other institutions to provide online screening, information, and reproductive health and contraception counselling services, using means such as mobile technology in countries with high COVID-19 burdens. UNFPA is partnering with private-sector healthcare providers to extend counselling and contraceptive services while relieving pressure on public health systems. UNFPA is also promoting primary health care and community empowerment programmes to shift modern contraceptive commodity distribution from clinical settings to communities. The priority will always remain that women's decision-making about their unmet need for family planning remains at the centre of efforts including community engagement.

UNFPA is part of the COVID-19 UN Task Force on Supply Chain composed of senior representatives from participating UN

agencies. The Task Force oversees a concerted and coordinated approach that leverages well-established systems, processes, and mechanisms that participating partners have in place, while also advocating the need to build on respective strengths and generate synergies for enhanced collaboration in these exceptional circumstances.

REGIONAL ACTION

In **West and Central Africa**, the UNFPA regional supplies team is working with the countries to ensure uninterrupted availability of modern contraceptives and reproductive health supplies - with a focus in countries where there is significant risk of contraceptive stockouts.



© UNFPA Ukraine

COUNTRY ACTION

- In **Venezuela**, UNFPA has adopted a door-to-door strategy alongside medical authorities to raise awareness among communities about sexual and reproductive health and GBV, with a special emphasis on the prevention of adolescent pregnancy.
- In the **Ukraine**, UNFPA has distributed contraceptives and SRH kits for complicated deliveries in health facilities, located along the contact line.

▶ ACCELERATOR INTERVENTIONS

Under these three strategic priorities, four accelerator interventions, which all integrate a gender equality lens, are critical to UNFPA's response:

- **Leaving no one behind:** UNFPA is acutely aware that overcoming the multiple dimensions of inequality represents a key challenge to sustainable development. Leaving no one behind requires an analysis of who is marginalized and at risk, where they are located and understanding their context. UNFPA's interventions focus on and advocate for those most at risk from COVID-19, including older persons and the immunocompromised. Special attention goes to those left furthest behind, as they are the most vulnerable to the secondary impacts of COVID-19 on societies and economies. They include women, adolescents, persons with disabilities, indigenous peoples, people of African descent, refugees and migrants and key populations. These groups can also face intersecting and multiple forms of discrimination if they fall into one or more of these groups.
- **Data:** UNFPA's data interventions focus on three areas relevant to COVID-19: **assuring data continuity, population mapping, and assessing impact and response measures.** UNFPA is tracking census disruptions worldwide, and supporting the urgent transformation of data collection tools and methods to assure data continuity for the SDGs. UNFPA has launched a global dashboard on Population Data for COVID-19, mapping vulnerable persons, including older persons, those living without piped water, and those in dense urban areas; governments are also being supported to map health sector readiness. UNFPA is also actively expanding data work on the impact of COVID-19 on UNFPA's three transformative results, including maternal health, contraceptive supplies, and ending GBV and harmful practices, including child marriage and FGM. To target areas of acute need, UNFPA is closely monitoring the continuity of maternal health and GBV services as well as humanitarian assistance. UNFPA is also contributing to inter-agency assessments

of the socioeconomic impact of the pandemic.

- **Risk communication and community engagement:** UNFPA offers extensive expertise in community engagement and social mobilization, and has long-standing multi-stakeholder partnerships, including with youth networks, religious and traditional leaders, and women's rights and women-led organizations. UNFPA is leveraging these partners to support risk communication, community engagement in primary prevention and stigma reduction, and ensuring women and girls' agency, decision-making, and voice with a constant focus on their safety, dignity and rights. A multisectoral approach will safeguard and support families and communities, and build their knowledge and capacities to protect themselves and prevent further spread of the virus. In particular, women's front-line interaction with communities positions them to positively influence the design and implementation of prevention activities and community engagement.
- **Youth engagement:** UNFPA recognizes that young people are critical partners in responding effectively to the COVID-19 pandemic and its multitude of impacts. Many young people are already mobilizing across the world as frontline responders: professional health workers, activists, social and community workers and more. Engaging young people during this emergency and involving them effectively

COUNTRY ACTION

- In **Moldova**, UNFPA helped launch an online dashboard, updated in real time, showing caseloads disaggregated by location, sex, age, and pregnancy status.
- In **Zambia**, UNFPA supported youth groups to learn sewing and design of face masks, and donated reusable face masks to vulnerable young people in high-density communities of Lusaka City.



in innovative approaches to risk communication and community engagement efforts is a critical part of UNFPA's COVID-19 global response plan. UNFPA is pursuing three strategies to reach and engage young people during this pandemic: (a) **knowing young people and their circumstances** (collating existing information, and conducting rapid qualitative and quantitative assessments to understand the realities of young people); (b) **spreading the message** (sharing information, clarifying misinformation and encouraging young people to take action to contain the spread of the virus and support others in need - including intergenerational solidarity and gender responsiveness); and (c) **intensifying support systems** (building social support and upholding the human rights of young people in particular socially

vulnerable youth who may be more affected and impacted by COVID-19). UNFPA is also leveraging the Compact for Young People in Humanitarian Action, which includes over 60 humanitarian actors, to issue concrete operational guidance for "working with and for young people" in the context of COVID-19.



© UNFPA Moldova

GLOBAL TECHNICAL GUIDANCE

UNFPA has co-authored a number of thematic briefs with, UN and other partners, to provide guidance on the COVID-19 response. UNFPA has also published the following technical guidance notes and briefs.

- *Technical Brief on the Implications of COVID-19 on Census*
- *UNFPA 3D Census Status dashboard*
- *COVID-19: A Gender Lens*
- *Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response*
- *Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response*
- *Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19*
- *COVID 19 Technical Brief on Maternity Services*
- *Adolescents and Young People & Coronavirus Disease (COVID-19)*
- *Implications of COVID-19 for Older Persons: Responding to the Pandemic*

TABLE 1: RESULTS INDICATORS BY STRATEGIC PRIORITIES

STRATEGIC PRIORITY	INDICATORS ¹
1. Continuity of sexual and reproductive health services and interventions, including protection of the health workforce	1.1 Proportion of countries where pre-COVID-19 levels of institutional deliveries are maintained 1.2 Number of women and young people who have utilized integrated sexual and reproductive health services in COVID-19 affected countries
2. Addressing gender-based violence and harmful practices	2.1 Number of women and girls, including women and girls with disabilities, subjected to violence who have accessed essential gender-based violence services in COVID-19 affected countries. 2.2 Number of countries that have included in their preparedness, response and recovery plans for COVID-19 measures to address GBV
3. Ensuring the supply of modern contraceptives and other reproductive health commodities	3.1 Proportion of COVID-19 affected countries that reported no contraceptive stock-outs 3.2 Total couple-years of protection for contraceptives procured by UNFPA, including condoms

¹ Indicators to be further refined.

UNFPA RESOURCE REQUIREMENTS AND PARTNERSHIPS



UNFPA's revised funding requirement for the global response is estimated at **\$370 million**, covering the period up until December 2020 - as shown in the Annex. This is inclusive of UNFPA's input into the revised \$6.7 billion **UN Global Humanitarian Response Plan**.

Of the \$370 million required for UNFPA's response, \$93.5 million has been mobilized / allocated / repurposed, leaving UNFPA with a funding gap of \$276.5 million. As the pandemic is moving into a protracted phase, UNFPA will revise its plan, factoring in emerging needs and appropriate responses within its mandate and across all settings – humanitarian, fragile and development contexts.

Core resources form the bedrock of UNFPA operations – and are more important than ever as UNFPA responds to the COVID-19 pandemic – as they enable immediate action, ensure global reach and facilitate the leveraging of additional resources, especially in emergency contexts. Due to their flexible nature core resources are being repurposed; this allows UNFPA to respond early to the most pressing needs of the pandemic response - saving lives and protecting health workers. Early payments of core resources enable UNFPA to plan ahead, and to be more agile on the ground and UNFPA is grateful to the many donors who in the face of the COVID-19 pandemic were able to pay early. UNFPA is also grateful to the many programme countries able to use domestic resources for the COVID-19 response, to which UNFPA is complementing and supporting.

The four UNFPA Thematic Funds (UNFPA Supplies, Maternal and Newborn Health, Population Data and Humanitarian Action) are critical funding windows to ensure UNFPA continues to deliver throughout the COVID-19 response. The Thematic Funds support UNFPA's adaptive approach to COVID-19, ensuring they remain "fit for purpose" will allow them to continue delivering their overall objectives, address long-term needs, and fill any gaps in UNFPA's overall response to the pandemic.

As of 6 May, UNFPA has received \$23.9 million in support of its global response to COVID-19. UNFPA's top donors thusfar to the COVID-19 response include Canada,

Denmark, Iceland, Norway and the United Kingdom as well as the UN COVID-19 Response and Recovery Fund and the UN Central Emergency Response Fund, - all of which have enabled UNFPA to respond quickly to COVID-19 around the world. Funding provided through the UNFPA Humanitarian Action Thematic Fund - \$16.7 million to date - allows UNFPA to flexibly respond to needs as they arise in humanitarian contexts.

UNFPA is engaging with private partners globally, and at regional and country levels, to solicit support for the COVID-19 appeal and develop partnerships for resource mobilization, reach, and the development of new technologies and innovative solutions to meet immediate, medium and long-term needs. UNFPA is receiving and requesting further support from private strategic partners in the form of in-kind contributions, such as personal protective equipment and hygiene products, as well as financial donations. Moreover, UNFPA is working with visibility partners to expand communication of messages to promote and protect access to services for sexual and reproductive health and gender-based violence. UNFPA's digital fundraising campaign Protect Pregnant Women, New Mothers and Newborns, launched for the COVID-19 response, is reaching new audiences and raising additional funding from individuals to support life-saving operations during the crisis.

Prioritizing the most-at-risk settings, UNFPA is responding to the COVID-19 pandemic with the critical support of its key partners to achieve maximum impact across our three strategic priority areas. UNFPA is partnering with governments, civil society, the private sector, UN entities, international financing institutions and philanthropic organizations, so that we can deliver more, better and faster towards life-saving interventions and sustainable results to the people we serve.

ANNEX: DETAILED FUNDING REQUIREMENTS

Data as of 6 May 2020. Funding requirements are based on figures reported directly by UNFPA country, regional and HQ offices - and are for funding interventions beyond those already in place for 2020, planned before the pandemic. Allocated resources are

based on activity tagging for the COVID-19 response, from in the UNFPA financial system. NB. Funding requirements and allocations continue to evolve given the nature of the pandemic.

TABLE 2: FUNDING REQUIREMENTS AND GAPS, PER UNFPA REGION

UNFPA REGIONS	2020 FUNDING REQUIREMENTS	ALLOCATED / REPURPOSED RESOURCES	FUNDING GAP (US\$)	FUNDING GAP (%)
Asia and the Pacific	\$70,090,039	\$16,000,895	\$54,089,144	77.2%
Arab States	\$67,737,795	\$18,563,243	\$49,174,551	72.6%
Eastern Europe and Central Asia	\$25,930,906	\$6,411,664	\$19,519,241	75.3%
East and Southern Africa	\$73,209,957	\$15,750,756	\$57,459,201	78.5%
Latin America and the Caribbean	\$50,722,004	\$9,411,646	\$41,310,357	81.4%
West and Central Africa	\$58,597,140	\$21,324,362	\$37,272,778	63.6%
Global	\$23,576,680	\$5,964,084	\$17,612,596	74.7%
TOTAL	\$369,864,519	\$93,426,651	\$276,437,868	74.7%

TABLE 3: FUNDING REQUIREMENTS, PER STRATEGIC PRIORITY

UNFPA REGIONS	1. Continuity of sexual and reproductive health and rights systems and services and interventions	2. Addressing sexual and gender-based violence and harmful practices	3. Ensuring the supply of modern contraceptives and other RH commodities	TOTAL
Asia and the Pacific	\$44,408,129	\$14,183,944	\$11,497,966	\$70,090,039
Arab States	\$36,477,009	\$18,974,780	\$12,286,006	\$67,737,795
Eastern Europe and Central Asia	\$12,856,190	\$10,112,875	\$2,961,841	\$25,930,906
East and Southern Africa	\$35,017,857	\$13,457,162	\$24,734,938	\$73,209,957
Latin America and the Caribbean	\$22,966,238	\$14,097,839	\$13,657,927	\$50,722,004
West and Central Africa	\$34,658,848	\$14,474,328	\$9,463,964	\$58,597,140
Global	\$12,682,325	\$5,832,022	\$5,062,333	\$23,576,680
TOTAL	\$199,066,596	\$91,132,950	\$79,664,974	\$369,864,519

**"Now is a time for solidarity, resolve and selflessness.
We must not forget that there are people we may not
immediately see, who are at great risk as a result of
the consequences of the crisis."**

- Dr. Natalia Kanem, UNFPA Executive Director

CONTACT INFORMATION

ARTHUR ERKEN
DIVISION OF COMMUNICATION AND STRATEGIC PARTNERSHIPS, DIRECTOR
ERKEN@UNFPA.ORG

JACQUELINE MAHON
POLICY AND STRATEGY DIVISION, ACTING DIRECTOR
MAHON@UNFPA.ORG

SHOKO ARAKAKI
HUMANITARIAN OFFICE, DIRECTOR
ARAKAKI@UNFPA.ORG



United Nations Population Fund
605 Third Avenue
New York, New York 10158
www.unfpa.org

