



# COMPREHENSIVE REPRODUCTIVE HEALTH CARE

**“Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.” -International Conference on Population and Development (ICPD) Programme of Action<sup>1</sup>**

Health and development organisations worldwide have recognised the critical importance of global reproductive health for all people.

These views have been highlighted in intergovernmental consensus documents including the 1994 ICPD Programme of Action, the United Nations (UN) 2005 World Summit proceedings and the 2006 Maputo Plan of Action.<sup>2</sup> The UN Millennium Development Goals (MDGs) also address RH as a vital building block towards improving maternal health, achieving gender equality, promoting the autonomy of women, reducing child mortality, and eradicating poverty.<sup>3</sup>

In addition, multiple UN agencies and other leaders in humanitarian and global health have highlighted the importance of RH for refugees and internally displaced persons (IDPs).<sup>4</sup>

In humanitarian emergencies, RH services are often limited and, in some cases, non-existent.

**The consequences of insufficient RH care in emergencies may include:**

- ❖ Unplanned and unintended pregnancies due to lack of family planning, including emergency contraception
- ❖ Death and permanent disability of women and girls due to lack of emergency obstetric care (EmOC) in response to complications of pregnancy and childbirth
- ❖ Life-threatening complications from unsafe abortions, which are due to unplanned and unintended pregnancies, compounded by lack of post-abortion care (PAC)
- ❖ Risk of HIV infection and other sexually transmitted infections (STIs) due to lack of condoms and condom education

- ❖ Lack of response for gender-based violence (GBV): the use of rape as a weapon of war; the coercion of women and girls to provide sex in exchange for basic necessities; and the risk of attacks on women and girls who must travel long distances for firewood and other supplies

While these risks make a powerful case for RH services in emergencies, such services have not traditionally been an element of humanitarian response programmes, and most programmes for RH service provision have not included protocols for refugees and IDPs.

Cooperation across sectors is crucial to ensuring that displaced populations receive the standard of RH care to which all people are entitled.

## Priorities for Action

While some elements of comprehensive RH care have been included in humanitarian responses, the whole range of services must be made available in emergencies.

**For RH care to be truly comprehensive, it is critical that all of the following elements are implemented at the earliest possible opportunity:**

- ❖ EmOC, both basic and comprehensive, including PAC
- ❖ Comprehensive family planning, including long-term, permanent, and emergency contraception
- ❖ HIV prevention and medical services; STI prevention and treatment
- ❖ Prevention of all forms of GBV and medical, psychosocial, and legal response services for survivors

**In humanitarian emergencies, reproductive health services are often limited and, in some cases, non-existent.**

## Recommendations

- ❖ National health programmes, the UN humanitarian coordination system, donors and non-governmental organisations should support the inclusion of RH in emergencies—and development of expertise in the field—in order to guarantee the rights of refugees, IDPs, and other crisis-affected people to comprehensive RH services

- ❖ Donors should prioritise comprehensive RH programmes through Flash Appeals<sup>5</sup> and the Consolidated Appeals Process (CAP)<sup>6</sup>
- ❖ The UN humanitarian coordination system must appoint a comprehensive RH subcluster coordinator under the Humanitarian Coordinator for every emergency
- ❖ Donors of RH supplies should incorporate humanitarian emergencies into their donations
- ❖ Donors should encourage humanitarian agencies to develop the human resources necessary to set up and run effective comprehensive RH programmes in emergency settings

## Facts and Figures

- ❖ Data on 18 countries in sub-Saharan Africa, the region of the world with the highest concentration of humanitarian

emergencies, show that at any one time, roughly 6–14% of women and girls from 15 to 49 will be pregnant;<sup>7</sup> as in any population, 15% of these pregnancies will result in unforeseen complications<sup>8</sup>

- ❖ The risk of dying from pregnancy or childbirth in sub-Saharan Africa is one in 16. Comparatively, the risk in developed countries is only about one in 2800<sup>9</sup>
- ❖ There are 22.5 million people with HIV in sub-Saharan Africa<sup>10</sup>
- ❖ 80–90% of the global burden of STIs occurs in the developing world<sup>11</sup>
- ❖ Reports on GBV in conflict detail rape involving profound brutality towards women and girls<sup>12</sup>

## Comprehensive Reproductive Health Care in Crises: Data Show an Urgent Need

The limited data available from crisis-affected settings demonstrate stark gaps in the RH care available to displaced people, denying them a critical human right.

**Maternal mortality:** In the conflict-affected area of the Democratic Republic of Congo (DRC), the maternal mortality ratio is considerably higher than in the western part of the country (1,174 deaths per 100,000 live births versus 874 per 100,000 respectively).<sup>13</sup>

**Unsafe abortion:** In northern Uganda, the abortion rate is 70 per 1,000 women, compared to the national average of 54 per 1,000 women.<sup>14</sup> This may be due in part to the region's protracted conflict, which has disrupted health services and made women increasingly vulnerable to unwanted pregnancies.

**Family planning:** A 2004 evaluation of family planning services for displaced persons found that fewer than half of sites provided long-term contraception, such as IUDs, and only approximately one-third provided permanent methods, such as tubal ligation.<sup>15</sup>

**Gender-based violence:** In Timor-Leste, 9.7% of respondents reported experiencing sexual violence by non-intimate partners during 2002, but 22.7% reported having experienced such violence during the 1999–2001 conflict.<sup>16</sup>

The RAISE Initiative works with a range of humanitarian agencies to ensure that comprehensive RH services are provided from the outset of an emergency and to ensure the availability and utilisation of good quality data for effective programme implementation.

<sup>1</sup> UNFPA (1994). "International Conference on Population and Development Programme of Action." <http://www.unfpa.org/publications/detail.cfm?ID=275>

<sup>2</sup> UNFPA (1994). "International Conference on Population and Development Programme of Action." <http://www.unfpa.org/publications/detail.cfm?ID=275>; UN (2005). "Resolution adopted by the General Assembly: 60/1. 2005 World Summit Outcome." <http://unpan1.un.org/intradoc/groups/public/documents/UN/UNPAN021752.pdf>; African Union (2006). "Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007–2010." (Addis Ababa) [http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)

<sup>3</sup> (UNFPA (1999). "Reproductive Health in Refugee Situations: An Inter-agency Field Manual." (Geneva) <http://www.unfpa.org/emergencies/manual/>

<sup>4</sup> UN (2000). "United Nations Millennium Declaration." (New York) <http://www.un.org/millennium/declaration/ares552e.pdf>

<sup>5</sup> The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter Agency Standing Committee organizations for the first three to six months of an emergency.

<sup>6</sup> The Consolidated Appeals Process (CAP) is a tool used by aid organizations, including the United Nations and other stakeholders, to plan, coordinate, fund, implement and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

<sup>7</sup> Macro International Inc. (1995–2006). "Demographic and Health Surveys." <http://www.measuredhs.com/countries/start.cfm>

<sup>8</sup> UNFPA (1999). "Reproductive Health in Refugee Situations: An Inter-agency Field Manual." (Geneva) <http://www.unfpa.org/emergencies/manual/>

<sup>9</sup> UNFPA. "Maternal Deaths Still Unacceptably High." <http://www.unfpa.org/mothers/statistics.htm>

<sup>10</sup> UNAIDS (2007). "UNAIDS/WHO AIDS Epidemic Update: December 2007." [http://www.unaids.org/en/HIV\\_data/epi2007/](http://www.unaids.org/en/HIV_data/epi2007/)

<sup>11</sup> WHO (2007). "Global strategy for the prevention and control of sexually transmitted infections: 2006–2015: Breaking the chain of transmission." [http://www.who.int/reproductive-health/publications/stisstrategy/stis\\_strategy.pdf](http://www.who.int/reproductive-health/publications/stisstrategy/stis_strategy.pdf)

<sup>12</sup> Human Rights Watch (2002). "The War Within the War: Sexual violence against women and girls in Eastern Congo." (New York) <http://www.hrw.org/reports/2002/drc/>

<sup>13</sup> Coghlan, B. et al. (2006). "Mortality in the Democratic Republic of Congo: A nationwide survey." *Lancet* 367(9504): 44–51.

<sup>14</sup> Singh, S. et al. E. (2006). *Unintended pregnancy and induced abortion in Uganda: Causes and consequences*. New York, Guttmacher Institute.

<sup>15</sup> United Nations High Commissioner for Refugees (2004). *Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons*. (New York) [http://www.iawg.net/resources/2004\\_global\\_eval/](http://www.iawg.net/resources/2004_global_eval/)

<sup>16</sup> Hynes, M. et al. (2004). "A determination of the prevalence of gender-based violence among conflict-affected populations in East Timor." *Disasters* 28(3): 294–321.