



REPRODUCTIVE HEALTH SUPPLIES IN EMERGENCIES

One of the most pressing challenges in humanitarian response is obtaining the products and supplies needed to make an intervention successful. This is especially true for reproductive health (RH) programmes for refugees and internally displaced people (IDPs).

Any intervention directed towards meeting the sexual and RH needs of refugees and IDPs has little chance of succeeding if key reproductive health supplies (RHS) are not available or accessible.

Life-saving RHS include family planning methods such as the contraceptive pill, and long-term methods of contraception like intrauterine devices (IUDs) and contraceptive implants; maternal and neonatal health drugs, such as misoprostol, which can be used to stop haemorrhaging after childbirth;¹ and supplies for reproductive tract infection and HIV/AIDS prevention and treatment.²

Multiple humanitarian agencies have highlighted the importance of RHS and the obstacles in getting them to locations in the field. Partly in response to this, the United Nations

Population Fund (UNFPA) developed the inter-agency RH emergency kits for use from the onset of an emergency as a component of the Minimum Initial Service Package (MISP) for Reproductive Health in Crises Situations.³

These kits respond to the following RH needs in the early phase of an emergency:

- ❖ Safe delivery for births with and without skilled attendants
- ❖ Condoms to prevent sexually transmitted infections (STIs) and unwanted pregnancy
- ❖ Contraceptive supplies for family planning
- ❖ Rape prevention and management
- ❖ Broader STI prevention and drugs for treatment
- ❖ HIV/AIDS prevention

- ❖ Care after miscarriages and unsafe abortions
- ❖ Sutures and surgery for Caesarean sections and bleeding
- ❖ Safe blood transfusions and instructions on universal precautions

Although these kits are a good step towards meeting RH needs in emergency settings, humanitarian actors have encountered difficulties in making the kits available in the places where they are most needed. Some suppliers have prioritised humanitarian response, but have focused on providing supplies for treating and preventing HIV/AIDS, malaria, and TB without including RHS. Access to RHS, as well as collaboration between humanitarian actors to pre-position RHS for emergency response, has been weak to date.

Priorities for Action

- ❖ All humanitarian actors should include RH in the planning and funding of their humanitarian response programmes. Also, RHS should become standard items on the first flights out to an emergency.
- ❖ UNFPA must broaden its distribution of RH emergency kits, ensuring customs clearance, warehousing, and transport, so women in emergencies can truly benefit from these kits and services.
- ❖ All humanitarian actors must ensure that existing medical emergency kits, no matter the source, include RHS.

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Recommendations

- ❖ Along with national health programmes, the UN humanitarian coordination system, including UNFPA, donors, and other non-governmental organisations, should reinforce humanitarian logistics capacity and global response capability. This can be accomplished through prioritising logistics in the planning, financing, and implementation of humanitarian actions. All emergency response actions should include comprehensive RHS.
- ❖ UNFPA should ensure optimum disbursement and location of stock-piles, warehouses, and kit assembly capacity.
- ❖ Governments should simplify customs clearance processes and update essential drug lists regularly to reduce delays in getting RHS in country.
- ❖ Relevant UN agencies, including the World Health Organization (WHO), should ensure prequalification of essential RHS and suppliers to limit delays in getting RHS in country.⁴
- ❖ The inter-agency RH emergency kit⁵ should highlight the importance of introducing supplementary supplies, including RH kits, as soon as the situation allows.

Facts and Figures

- ❖ \$1 million in RHS support for contraceptives can:
 - » Save the lives of 800 women and 11,000 infants
 - » Prevent some 14,000 additional deaths of children under five
 - » Avert 360,000 unwanted pregnancies
 - » Prevent 150,000 additional induced abortions⁶
- ❖ Total costs for family planning and maternal health needs are estimated to be \$23.5 billion in 2009, to peak at \$33.3 billion in 2014, and to decrease slightly to \$33 billion in 2015.⁷
- ❖ Total costs for HIV/AIDS are estimated to be \$24 billion in 2009 and to increase each year thereafter, until total costs reach \$36.2 billion in 2015.⁸
- ❖ International development assistance has accounted for 20 percent of the market worldwide for RHS; that percentage has been falling - especially in the case of family planning which, since 2000, has seen a decline of 39 percent relative to spending for other areas of population assistance.⁹

Needless Suffering: Eastern Democratic Republic of Congo

A woman has been in labour for three days. The child is obstructed; the mother, in unbearable pain, has been trying to reach the main district hospital for the last 48 hours - on foot at first, and then by boat, the engine of which has broken down in the middle of the lake. The woman and other passengers are stuck, floating aimlessly. There are no toilets, no food, and no fresh drinking water on board.

By sheer coincidence, a team of NGO medical staff, including a midwife, are on a motorboat going to one of the health clinics accessible only by water. The passengers on the drifting boat flag down the motorboat, and the woman in labour is brought on board. The NGO midwife assesses the situation and immediately decides to go to the district hospital. The baby has long since died. The woman is alive, however, and a team in town is radioed to prepare a car at the port.

One hour later the motorboat arrives at the port. The woman in labour gets into the car and is in the hospital a mere 10 minutes later. The hospital is the referral hospital for a large area; it has been supported by an international NGO for years, and is run by the Ministry of Health. Although the hospital is understaffed and has faulty electricity supplies at best, doctors are standing by to help the labouring woman - but there are no sterile surgical supplies, no anaesthetic or antibiotics, no IV bags or tubing. As a result, the woman died.¹⁰

¹Langenbach, C. (2006). *Misoprostol in preventing postpartum hemorrhage: A meta-analysis. International Journal of Gynecology and Obstetrics* 92, 10-18.

²For more information on RHS see <http://www.countdown2015europe.org>

³For more information on the MISP see <http://www.unfpa.org/emergencies/manual/2.htm>. For WHO MISP-related work see http://www.gfmer.ch/Medical_education_En/PGC_RH_2008/pdf_reviews/RH_emergency_Qazi_2008.pdf

⁴For more information on WHO prequalification programme see <http://www.who.int/3by5/prequal/en>

⁵The *Interagency Emergency Health Kit* document outlines the composition and use of the Emergency Health Kit, which supplies medicines and medical devices for 10,000 people for 90 days. For more information, see http://www.who.int/selection_medicines/emergencies/en

⁶UNFPA (2002). "Securing essential supplies." <http://www.unfpa.org/supplies/securing.htm>

⁷UNFPA (2009). *Global Population Policy Update, Issue 2*. <http://www.unfpa.org/parliamentarians/news/newsletters/issue2.htm>

⁸Ibid.

⁹Reproductive Health Supplies Coalition. (2007). "Inadequate Resources." http://www.rhsupplies.org/about_rh_supplies/what_is_the_problem/inadequate_resources.html

¹⁰Van Min, Maaike. (2009). "Reproductive health care provision in emergencies: Preventing needless suffering." *Forced Migration Review* 32: 68-69.