

A REVIEW OF THE POLICY ENVIRONMENT FOR REPRODUCTIVE HEALTH

A review of the policy environment for reproductive health in emergencies by the RAISE Initiative shows that policies and technical guidelines related to gender-based violence and HIV/AIDS are well represented; however, those related to family planning and emergency obstetric care are severely lacking.

Executive summary

In 1994, the International Conference on Population and Development (ICPD) recognised the reproductive health (RH) needs of refugees and displaced people as a human right. Although progress has been made in addressing this issue, policy gaps persist, particularly in the areas of long-term family planning methods, emergency obstetric care (EmOC), and medical attention for survivors of gender-based violence (GBV). Shiffman and Smith (2007)¹ identify the development and enactment of policies to address a particular issue as one of three indicators that the issue is a global political priority.

The Reproductive Health Access, Information, and Services in Emergencies (RAISE) Initiative conducted a review of the policy environment for RH in emergencies. The review searched for language related to RH and emergencies in relevant policies and technical guidelines adopted between 1994 and 2008 by policy makers, donors, and technical organisations. The results showed that policies and technical guidelines related to GBV and HIV/AIDS are well represented; however, those related to family planning and EmOC are severely lacking. While covering a longer time period, the RAISE policy review complements a RAISE-initiated study tracking donor funding for RH in emergencies. The study is described in an article by Patel et al. (2009).²

The policy review framework

RAISE developed a systematic framework for tracking policies and technical guidelines related to RH amongst key donors, policy makers, and technical agencies. Using this framework, we focussed on official policies, guidelines for funding proposals, statements on funding priorities, strategic plans, and technical guidelines.

Five main categories of policy makers, donors, and technical organisations were included: government donors, UN and other multilateral agencies, European Union (EU) institutions, the African Union (AU), and private charitable foundations.

The findings

Policies and technical guidelines adopted between 1994 (ICPD) and 2008 by 14 governments were examined, including those adopted by the United States of America, Canada, nine European member states, Norway, Australia, and New Zealand. In addition, the policies and technical guidelines of three EU institutions, the AU, nine UN agencies, the World Bank (WB), the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and 19 private foundations were reviewed.

Policies and technical guidelines identified, by topic

A total number of 146 policies were found. As shown in Figure 1, 22 documents (15% of the total) refer to comprehensive RH and an additional 18 (12%) mentioned either woman's health in general or reproductive health and rights. Only one policy mentioned EmOC specifically, which was included in the comprehensive RH category. The majority of policies addressed HIV/AIDS (19%) and GBV

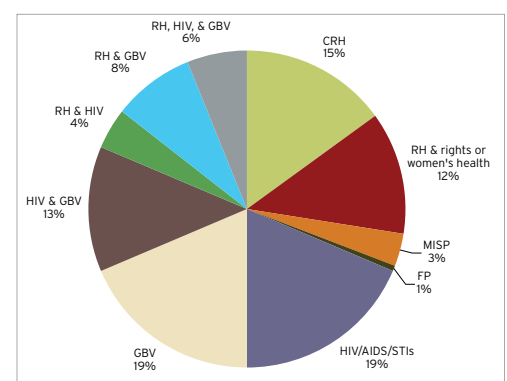


Figure 1 Number of policies identified, by topic

(19%). Interestingly, in addition to policies specifically addressing these two topics separately, 19 more (13%) mentioned both GBV and HIV/AIDS.

The review found 95 technical guidelines, as shown in Figure 2. As with policies, GBV and HIV/AIDS are both well represented, comprising more than half the total number of technical guidelines found. One technical guideline on emergency contraception was identified; this was categorised as a family planning guideline.

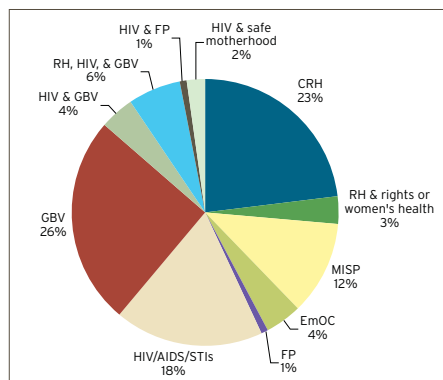


Figure 2 Number of guidelines identified, by topic

Policies and technical guidelines identified, by institution

The number of policies identified by category of policy maker is shown in Figure 3. Whilst this provides a broad overview of the policy environment, there is broad differentiation within these categories. For example, some governments have a number of policies that address comprehensive RH, whereas others focus on GBV, with little reference to broader RH needs.

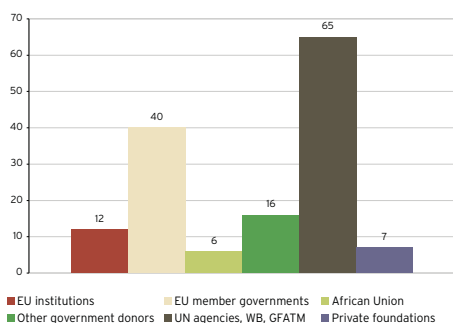


Figure 3 Policies identified, by type of institution

The majority of technical guidelines identified were produced by the UN and other technical agencies. The IASC has published a number of technical guidelines on issues such as HIV and GBV. In this policy review, these IASC guidelines are recorded under each agency that signed them, but counted only once. It is therefore not meaningful to provide a breakdown of guidelines by agency. Similarly, tools such as the Sphere Humanitarian Charter and Minimum Standards in Disaster Response are endorsed by multiple agencies.

Discussion

The number of policies and technical guidelines identified is encouraging and suggests that the RH needs of people in emergencies and conflict-affected settings are recognised as being important. The policy review illuminated the fact that although many government donors and policy makers have policies and technical guidelines relating to both RH and emergency response, a disconnect often persists between the two areas of focus. RH frequently remains neglected as part of humanitarian response, although as donors include RH budget lines in their calls for proposals for emergency response, humanitarian agencies have begun to provide more RH services.

The review found more than 30 policies with references to GBV and almost as many referring to HIV/AIDS. It is encouraging to see governments making commitments to these issues. However, we were able to identify only four technical guidelines that specifically mentioned EmOC, and one policy and one technical guideline that explicitly focussed on family planning, suggesting that the life-saving interventions of EmOC and family planning are not being addressed.

The results of the RAISE policy review complement the findings of the RAISE-initiated study on funding available for RH in crises. The funding study reviewed official development aid (ODA) for RH from 2003 to 2006 inclusive. The study found that although funding for HIV/AIDS in conflict-affected countries increased substantively, funding for other RH activities decreased.

Although family planning is often not recognised as a priority in emergency response, the need for displaced women to be able to prevent pregnancy is clearly recognised under the 1994 ICPD Plan of Action. A broad method mix of contraceptives must be available if women are to prevent unplanned pregnancies and to continue using

a reliable method. A promising development is the inclusion of comprehensive RH within the provisional Global Health Cluster Guidelines (June 2009), which is recognition of the need to address these issues from the outset of an emergency.³

Identification of gaps in policies on RH in emergencies enables these gaps to be addressed. Shiffman and Smith (2007)¹ identified 11 factors that contribute to the development of priorities for policy makers. Among the factors they specify is the presence of “policy windows”, when international momentum gathers to address a particular issue; they use the Millennium Development Goals (MDGs) as an example. The world’s increasing recognition that progress is lacking on MDG5,⁴ reducing maternal mortality, particularly in conflict and post-conflict settings, may offer the RAISE Initiative such a policy window to improve the policy environment around RH in emergencies.

Conclusion and recommendations

This is the first systematic review of the policies and technical guidelines of international policy makers, donors, and technical agencies within the international community related to RH in emergencies. The review has identified windows of opportunities (i.e., policy gaps) for advocacy to influence the policy environment and ensure RH in emergencies is addressed. To reduce maternal mortality and morbidity and improve the lives of women in emergency settings, governments, donors, UN agencies, and international and local organisations must ensure that life-saving RH interventions are included in policies and technical guidelines related to emergency response and protracted crises, and that these interventions receive adequate funding.

To view the full report on the policy review, visit www.raiseinitiative.org/library

About RAISE

The Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative is a multi-country, multi-agency programme that aims to improve the way reproductive health (RH) is addressed from the outset of an emergency. Developed in 2006 by the Columbia University Mailman School of Public Health and Marie Stopes International (MSI), RAISE focuses on four key areas of RH: emergency obstetric care, including post-abortion care; all methods of family planning; prevention, diagnosis, and treatment of sexually transmitted infections and prevention of HIV/AIDS; and clinical management and referral for survivors of gender-based violence. Through technical support and clinical training, RAISE is working with a range of partners in humanitarian settings to improve and expand the provision of RH services in countries worldwide.

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