



Family Planning in Humanitarian Settings

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Objectives

- Describe unmet need for sexual and reproductive health care in humanitarian settings
- Introduce WHO interventions to support health systems and providers in humanitarian settings to provide family planning care

Unmet need

- Unintended pregnancy threatens the lives and well-being of women and their families globally.
- 222 million girls and women have an unmet need for modern contraception
- 45% (25.1 million) of abortions are unsafe

Risks are greatest among the most vulnerable



Family planning saves lives

- Risks of pregnancy are magnified in crisis settings
 - Damage to existing health infrastructure
 - Three quarters of countries with the highest maternal mortality are fragile states
 - Unsafe abortion
- Increased rates of sexual violence
- An estimated 26 million girls and women of reproductive age are living in emergency situations
 - Average length of time spent displaced is now 20 years

Humanitarian crises

- Diverse settings and challenges
 - Integration of SRH services
 - Commodity security and supply chain management
 - Populations on the move
- Types of crises
 - Natural disasters
 - Infectious
 - War/Conflict
- Phases of response



Global response: history

- Inter Agency Working Group 1995
 - Dedicated to improving SRH for individuals in conflict settings
 - Coalition of UN agencies, national & international NGOs, donors and universities
- World Health Assembly 2004
- Inter Agency Field Manual on Reproductive Health in Humanitarian Settings
 - Minimum Initial Services Package: coordinated activities, kits and supplies to acutely meet SRH needs
 - 2018 update

Global Review: current needs

Taking Stock of Reproductive Health in Humanitarian Settings: 2012-2014 Inter-agency Working Group on Reproductive Health in Crises' Global Review

Research

Critical gaps in care identified:

Inadequate funding for care, challenges with commodity management and security, adolescent SRH, and evaluation of services.

Gaps in care across all technical areas, in particular:

Family planning (EC and long acting methods)
Comprehensive abortion and post-abortion care

Prevention of sexual violence and clinical management of rape

Conflict & Health Supp 9, 2015



Global Review: current needs

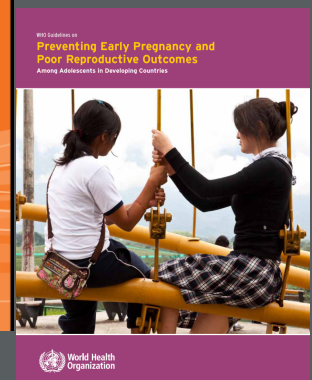
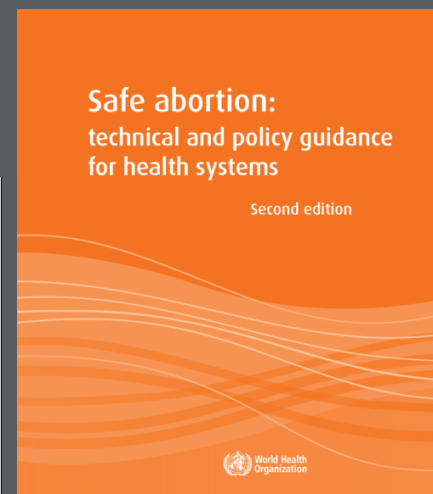
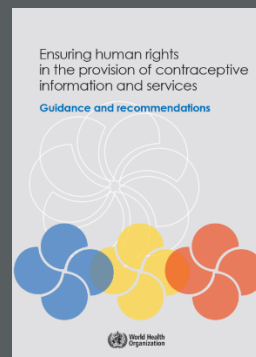
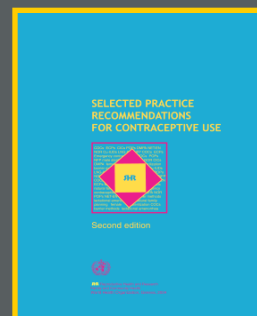
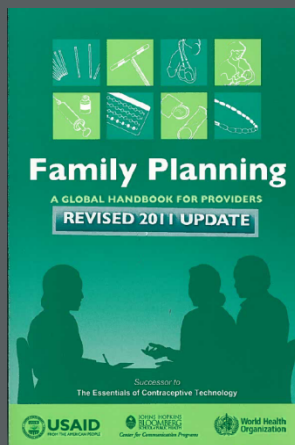
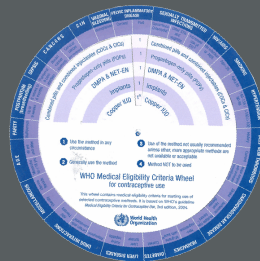
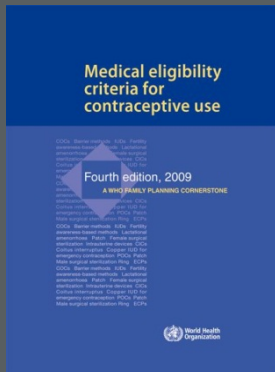
- Equitable and adequate reproductive health funding for crisis-affected settings
- Commodity management and security
- Community engagement to increase utilization of services
- Adolescent reproductive health
- High quality evaluation of reproductive health programming
- By technical area (gaps in funding, provision, and access across all areas):
 - Full, systematic MISP implementation
 - Emergency obstetric care
 - Newborn care
 - Comprehensive abortion care, including safe abortion and post-abortion care at the primary level
 - Long-acting and permanent family planning methods
 - Emergency contraception as a family planning method
 - Prevention of sexual violence and comprehensive clinical management of rape
 - Antiretroviral therapy at the primary care level
 - Diagnosis and treatment of sexually transmitted infections
 - Diagnosis and treatment of cervical cancer

Coordinated efforts needed

- WHO technical conference February 2017 identified priority areas:
 - Strengthening evidence and guidance on SRH interventions in humanitarian settings
 - Implementation research to identify how to best deliver care
 - Adapting WHO guidelines to reflect contextual considerations of the humanitarian setting
 - Support for health care providers: job aids & tools

WHO: supporting evidence based family planning

- Evidence based guidance for programmes and countries
- Technical standards and norms to guide progress



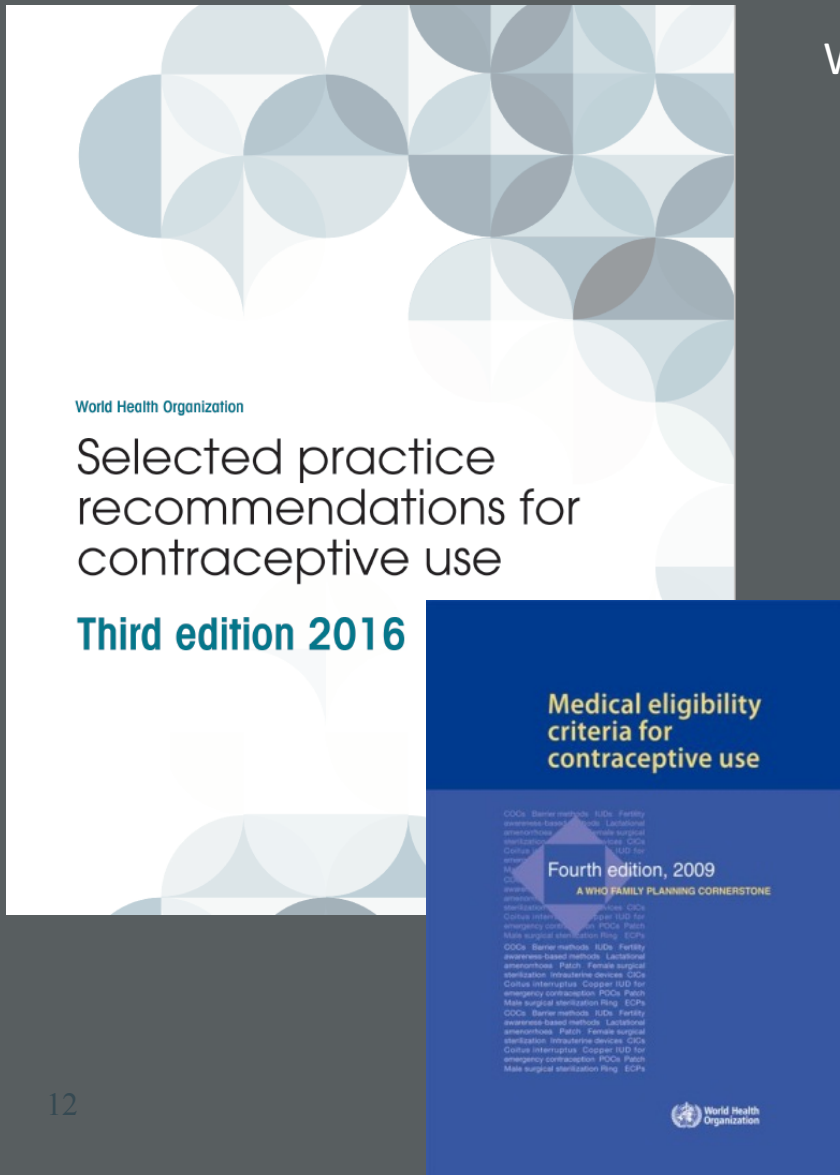
Adapting WHO guidelines: humanitarian setting

- High quality, evidence-based guidelines are an important component of clinical care
- Synthesize and assess the latest evidence to help inform decision making by clinicians and program managers
- Guidelines need to consider the context of care
- Humanitarian setting has many unique challenges:
 - Guidance on what levels of care to provide
 - During which stages of a response
 - How to best deliver services

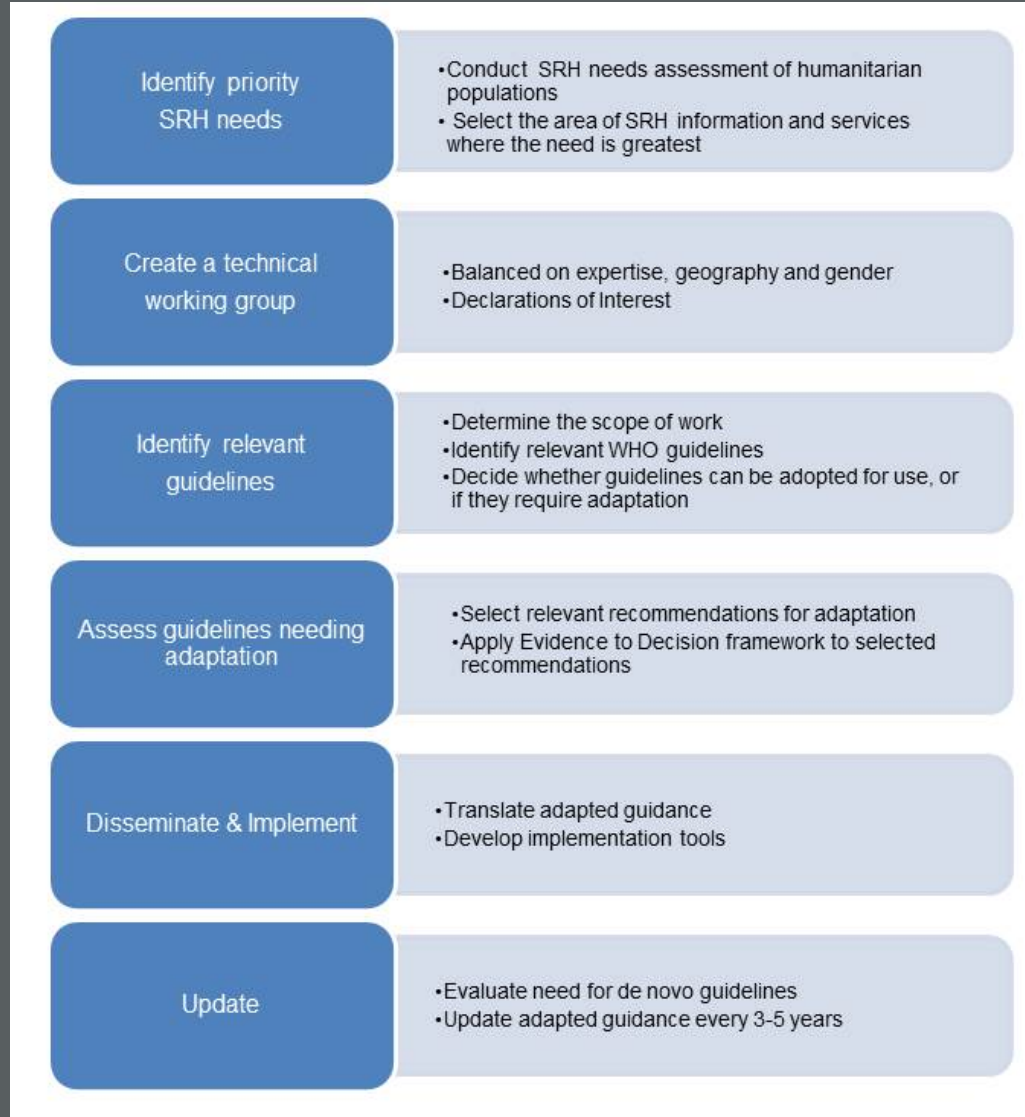
Adapting WHO guidelines: humanitarian setting

WHO Cornerstones of Family Planning: MEC & SPR

- MEC focuses on safety of contraception by medical condition
- SPR provides guidance for programmes on how to safely initiate, deliver and provide followup contraceptive care.
 - First priority for adaptation!



Adapting the SPR : humanitarian setting

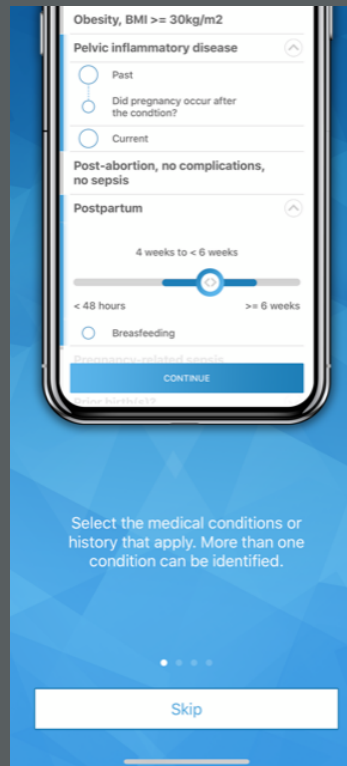
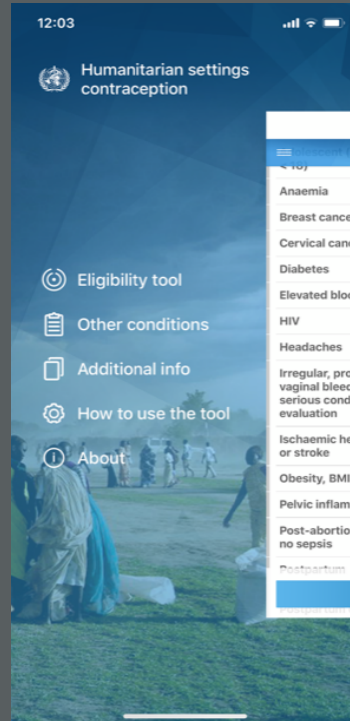
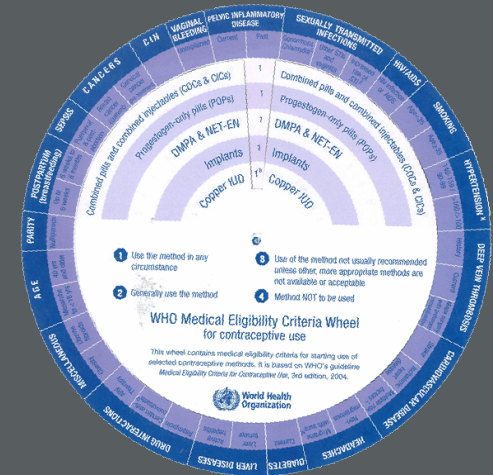


Adapting the SPR: humanitarian setting

- Advisory group with global representation
- Focused method mix
 - Cu IUD, implants, injectables, pill, emergency contraception.
- Evidence to Decision Tables
 - Evidence Summary
 - Programmatic experience
 - Outcome importance
 - Benefits/Harms
 - Resource use
 - Human rights/equity
 - Feasibility/Sustainability
 - Acceptability

Integrated MEC/SPR Job Tool

- Providers in humanitarian setting need support to provide family planning



Conclusions

- Preparation is key
 - Strengthen access to abortion & contraception in advance of crisis
 - Integration of SRH services
- Consider needs of providers and community across phases of crisis

