

## Next Steps

Although steps have been taken to integrate SRH into health emergency risk management, especially in emergency response, it is not done systematically in all countries and contexts. Additionally, it is critical to document concrete examples and lessons learned from implementation of SRH within prevention and preparedness efforts, as well as response and recovery. Developing this evidence base will facilitate the development of SRH knowledge and good practices, and contribute to the strengthening of SRH services to manage the health risks associated with emergencies. Efforts to strengthen health emergency risk management systems, including SRH services, require a sustained investment of resources for building capacities and delivering services to meet the needs of populations at risk of emergencies.

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# Integrating sexual and reproductive health into health emergency and disaster risk management

## Policy Brief

Sexual and reproductive health (SRH) is a significant public health need in all communities, including those facing emergencies

## Background

Emergencies and large-scale disasters have significant impact on public health, health infrastructure and the delivery of health care. More than 1.1 million deaths were recorded in over 4000 large-scale natural disasters in the past decade<sup>1</sup>, with an average of over 220 million people affected each year.<sup>2</sup> More than 1.5 billion people live in countries affected by fragility, conflict or large-scale violence.<sup>3</sup> In 2012, it is estimated at least 51 million people in 16 countries require some form of humanitarian assistance.<sup>4</sup> This is not the full picture, as numerous other emergencies, including epidemics, chemical and radiological incidents, and major transport crashes, also affect public health, particularly at the local level, but often with national and international dimensions too. Economic losses from these events run into the billions of dollars, setting back social development and hard-earned health gains.

Emergencies have a disproportionate effect on the poorest and most vulnerable, particularly women and children. Eight of the ten countries with the highest maternal mortality ratios in the world are in fragile circumstances and are affected by current or recent conflict.<sup>5</sup> Neonatal mortality rates are highest in areas affected by humanitarian emergencies.<sup>6</sup> Given the high HIV prevalence in countries at risk or facing emergencies, a significant proportion of people affected by emergencies are living with HIV. Emergencies linked to displacement, food insecurity and poverty increase vulnerability to HIV and negatively affect the lives of those already living with HIV.<sup>7</sup> Population pressures, combined with poorly planned urban and rural development and climate change, make communities more vulnerable to, and increase the risk of, emergencies and disasters.

Sexual and reproductive health (SRH) is a significant public health need in all communities, including those facing emergencies. As stated in the outcome document of the Rio+20 United Nations Conference on Sustainable Development, universal access to reproductive health, including family planning and sexual health, is needed and should be integrated into national strategies and programmes.<sup>8</sup>

In emergency situations, there is often a lack of access to SRH services. These services need to be strengthened in preparation for future events to reduce SRH-related morbidity and mortality in times of emergencies.

This policy brief discusses the integration of SRH in all aspects of health emergency and disaster risk management, both for immediate health needs, such as saving lives in obstetric complications and preventing disease, as well as in the long term to reduce vulnerability and to support sustainable development of health systems and communities.



## Health emergency and disaster risk management

A multisectoral and multidisciplinary health emergency and disaster risk management system protects public health and reduces morbidity, mortality and disability associated with emergencies through effective prevention, preparedness, response and recovery measures. While traditionally the health sector has focused on the emergency response, the ongoing challenge is to take a more proactive approach that builds community and country capacities to prevent emergencies, where possible, as well as being prepared for emergencies in advance with timely and effective response and recovery services.

Health systems based on primary care at the community level:

- reduce the vulnerability of at-risk populations before an emergency occurs
- build the capacity of communities to prevent, prepare, respond to and recover from emergencies, thus protecting public health, health services and infrastructure
- provide the basis for scaling up measures to meet wide-ranging health needs in emergencies
- prevent avoidable morbidity and mortality, particularly among women, children and adolescents
- utilize the opportunities in the recovery phase to strengthen services and reduce risk of future events.

These measures help build the resilience of health systems to emergencies and disasters and support the implementation of the Hyogo Framework of Action<sup>9</sup> which identifies priority areas for action to build national and community resilience to disasters.

### Programme implementers and managers should remember that:

- Reproductive health is a human right.
- Sexual and reproductive health (SRH) is a significant public health issue, including in emergencies.
- A range of adverse outcomes can be prevented by timely provision of SRH services before, during and after emergencies.
- Sufficient numbers of trained health-care workers and adequate facilities and supplies are essential for SRH service delivery.
- SRH should be promoted as a fundamental component of primary health care at all times.
- The Minimum Initial Service Package (MISP)<sup>11</sup> for Reproductive Health is standard for essential health services in crises, according to the internationally recognized humanitarian charter and the Sphere Project.<sup>12</sup> The MISP is a coordinated set of priority activities for decreasing SRH-related morbidity and mortality during an emergency.
- The MISP should be implemented, and built on, from the early stages of a crisis, and does not require a needs assessment prior to implementation.
- In emergencies, communities are the first responders and can identify pregnant women and survivors of sexual violence and support them in getting the care they need.

## Sexual and reproductive health: a public health priority

The leadership role of national and local authorities, communities and beneficiaries in ensuring access to SRH services should be recognized and supported from policy formulation, through the development of action plans and in the design and delivery of services. Partnerships at global, regional and country levels have a fundamental responsibility to support and strengthen the capacity of national and local actors and ensure ownership and acceptability of programmes by communities and individuals.<sup>10</sup>

Key SRH interventions include:

- Family planning (all methods – including long-term and permanent, as well as emergency contraception)
- Safe abortion care to the full extent of the law and post-abortion care
- Pregnancy care
- Childbirth care (including emergency obstetric care)
- Postnatal care (mother and newborn)
- Prevention and management of sexually transmitted infections and HIV, including mother-to-child transmission of HIV and syphilis
- Prevention and management of gender-based violence

An integrated approach to the planning and delivery of SRH services (e.g. strengthening the linkages between HIV and other services) optimizes resources and maximizes opportunities for improving universal access to SRH in communities, including during emergencies.

In emergency situations where demands on health services are high and time and resources are limited, SRH services are prioritized on the basis of saving lives, optimizing scarce resources and responding to the needs of the affected community. The Minimum Initial Services Package (MISP)<sup>11</sup> describes the key SRH priorities that are expected in emergencies:

- Identify an organization(s) and individual(s) to facilitate the coordination and implementation of the MISP.
- Prevent and manage the consequences of sexual violence.
- Reduce HIV transmission.
- Prevent excess maternal and neonatal morbidity and mortality.
- Plan for the provision of comprehensive reproductive health services, integrated into primary health care, as soon as possible.

## Management of sexual and reproductive health for emergencies

The Hyogo Framework for Action identifies priority actions before an emergency across all sectors; the MISP recommends priority SRH activities during an emergency; and the Granada Consensus builds from the emergency response to identify priorities for action in protracted crises and recovery.<sup>10</sup> Health policymakers, emergency managers in health and other sectors, donors and other actors are advised to consider the following actions to integrate SRH into emergency risk management systems, programmes and plans:

- **Priority 1: Incorporate SRH into multisectoral and health emergency risk management policies and plans at national and local levels.** Allocate human and financial resources to integrate SRH into the national health emergency risk management programmes as part of national plans of action for risk reduction (including preparedness) and in emergency response and recovery plans. Ensure SRH services are part of national health policies and stable primary healthcare systems, in order to build resilience and capacity for emergencies.
- **Priority 2: Integrate SRH into health risk assessment and provide early warning for communities and vulnerable groups.** Incorporate assessments of SRH risks, vulnerabilities and capacities at all levels, informed by poverty, gender and disability analyses. Estimate the impact of identified SRH risks (such as vulnerable populations, high percentage of home deliveries or lack of access to vehicles for obstetric and newborn

complications) to strengthen the overall primary health-care system and plan for emergency response to address these concerns. Involve vulnerable groups in the development and implementation of community early warning systems, ensuring that their needs are addressed and that systems are gender-responsive.

- **Priority 3: Create an environment of learning and awareness.** Foster an awareness of key SRH risks and actions within a culture of improving community health, safety and resilience at all levels. Include health emergency risk management, including risk assessment, vulnerability reduction, emergency response planning and the MISP in the curricula for SRH workers and for the broader health emergency management community. Strengthen media advocacy on the importance of maintaining SRH services during a response.
- **Priority 4: Identify and reduce risks for vulnerable communities and SRH services by reducing underlying risk factors.** Address underlying health vulnerabilities of the population by ensuring strong primary health care and preventive health measures with key provisions for SRH (and advance gender equality). Establish community networks to monitor local vulnerabilities and capacities, build all health facilities to withstand local hazards and ensure that these facilities remain functional to provide SRH services, including care for childbirth and obstetric and newborn complications during emergencies.
- **Priority 5: Prepare existing SRH services to absorb impact, adapt, respond to and recover from emergencies.** Adopt specific policies for the inclusion of vulnerable populations (women, adolescents, newborn, people with disabilities, displaced populations) that reflect risk assessment, gender and other analyses into disaster preparedness planning. Pre-position reproductive health kits, maintain vehicles to be used for referral of complications and enact clear policies and procedures for coordination at all levels to ensure a comprehensive, well-coordinated response.

The development and implementation of health emergency response plans at all levels should include provisions for the MISP. During disaster recovery, a plan should be made for sustainable consolidation and expansion of SRH services based on local needs and context as soon as the situation permits. After the acute phase of an emergency, SRH services should be adjusted to address recovery, restoration and quality improvement according to local contextual and health system capacities.<sup>10</sup>