

PACIFIC HEADS OF HEALTH

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ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH DURING EMERGENCIES IN THE PACIFIC

(Paper presented by UNFPA)

At a Glance

- 4% of women in disaster situations are pregnant, with 15% likely to experience pregnancy-related complications.
- 60% of preventable maternal deaths occur during disasters.
- Continuity of Sexual and Reproductive Health and Rights (SRHR) services is crucial for Pacific region resilience amidst frequent disasters and climate change.
- Lifesaving SRH services, known as the Minimum Initial Service Package (MISP), must be implemented during emergencies to mitigate mortality and morbidity.
- Despite recognition of SRH services' importance, women, girls, and marginalized groups in humanitarian settings face severe risks due to gaps in care, including attitudes, weak data, funding, commodity management, and compromised health systems. These gaps encompass weak MISP implementation, insufficient services for marginalized groups, and limited access to emergency contraception, GBV prevention, and safe abortion care. Neglecting SRH leads to maternal and newborn deaths, unplanned pregnancies, STI and HIV infections, and gender-based violence.
- Recognizing the unique risks women, girls, and other marginalized groups face during emergencies, preparedness to mitigate SRH-related morbidity and mortality is crucial. SRH preparedness has been found to be instrumental in enabling timelier SRH services in emergencies and is integral to achieving a faster recovery and resilience.

CURRENT SITUATION:

1. The Pacific region is no stranger to the relentless challenges posed by frequent disasters and the escalating risks brought about by climate change. Between 2015-2024, the Pacific Region has experienced around 12 Category 3, 4-5 cyclones and once in century volcanic eruption and tsunami.
2. The compounding impact of these disasters and climate change risks magnifies the urgent and ever-growing need for Sexual and Reproductive Health and rights (SRHR). Humanitarian emergencies often exacerbate existing vulnerabilities, particularly for women and girls. Disrupted health care services, limited access to maternal, newborn health services and family planning services can lead to adverse health outcomes. As a result, the demand for SRHR support in the Pacific is not merely a matter of choice, it is a fundamental necessity.
3. The importance of crisis preparedness has been recognized in various global commitments and documents. For instance, during the World Humanitarian Summit (2016), through initiatives like the Global Partnership for Preparedness. Additionally, the Sendai Framework prioritizes Sexual and Reproductive Health (SRH) as a critical health service under Priority #3 and emphasizes improving preparedness for a stronger response in Priority #4. This recognition extends to frameworks such as the Sustainable Development Goals, WHO COVID-19 guidelines, and the Health Emergency and Disaster Risk Management (EDRM).
4. While significant foundational milestones have been achieved, more effort is needed to enhance health system resilience in providing care for women, newborns, and other vulnerable groups during crises.

FUTURE VISION:

5. Recognizing the challenges and opportunities in this space, a few important desired outcomes come to mind. These include but not limited to:
 - Robust Integration: Seamlessly integrate SRH services into overall emergency response frameworks across the Pacific region.
 - Comprehensive Preparedness: Ensure comprehensive preparedness plans that encompass all aspects of SRH, from pre-positioning supplies to training healthcare providers.
 - Data-driven Decision Making: Utilize robust data collection and analysis to inform decision-making processes and continuously improve SRH services during emergencies.
 - Timely and Equitable Access: Guarantee timely and equitable access to essential SRH services for all, especially women, newborns, and vulnerable groups, regardless of geographical location or socio-economic status.
 - Community Engagement: Foster community involvement and empowerment in designing and implementing SRH programs, promoting culturally sensitive and gender-responsive approaches.
 - Partnerships and Collaboration: Strengthen partnerships and collaboration between governments, NGOs, civil society, and international agencies to maximize resources and expertise in SRH emergency response.

- **Sustainable Solutions:** Implement sustainable solutions including country prepositioning of SRH supplies and kits that address long-term SRH needs beyond the immediate crisis, enhancing resilience and preparedness for future emergencies.
- **Advocacy and Awareness:** Advocate for increased recognition and prioritization of SRH in emergency response policies and frameworks, raising awareness about the importance of SRH in saving lives and ensuring dignity during crises.
- **Innovation and Adaptation:** Embrace innovation and adaptability in delivering SRH services, leveraging technology and community-driven solutions to overcome logistical and operational challenges in emergency settings.

EXAMPLES OF RECENT PROGRESS

6. In the Pacific, eight countries have formed a cadre of trained MISP providers, equipped to deliver lifesaving SRH services during humanitarian crises. Additionally, six out of these eight countries are in the process of integrating MISP into their national health policies. Furthermore, five of these countries have initiated a systematic assessment of MISP readiness to evaluate their health system's capacity for deploying lifesaving SRH services during emergencies.

WHY URGENT ACTION IS NEEDED NOW?

7. **Vulnerable Populations:** The Pacific region is prone to frequent natural disasters, such as cyclones, tsunamis, and earthquakes, which disproportionately affect vulnerable populations, including women, newborns, and marginalized groups. Urgent action is needed to prioritize SRH in emergencies to ensure their health and well-being are safeguarded.

8. **Preventable Deaths:** A significant proportion of maternal and newborn deaths in the Pacific occur during humanitarian crises due to disruptions in SRH services. Prioritizing SRH in emergencies can prevent these deaths by ensuring access to essential healthcare services, including maternal and reproductive health care.

9. **Resilience Building:** Strengthening SRH services in emergency response efforts is crucial for building resilience in the Pacific region. By investing in SRH preparedness and response, communities can better cope with and recover from disasters, ultimately enhancing their resilience to future emergencies.

10. Gender Equality: Prioritizing SRH in emergencies is essential for promoting gender equality and addressing the specific needs of women and girls during crises. Access to SRH services, including contraception, maternal health care, and gender-based violence support, is fundamental to protecting their rights and ensuring their empowerment in emergency settings.

11. Public Health Impact: Neglecting SRH in emergency response efforts can have significant public health consequences, including increased maternal and neonatal mortality, higher rates of unintended pregnancies, and greater vulnerability to sexually transmitted infections. Urgent action is needed to mitigate these risks and protect the health of communities in the Pacific.

12. Humanitarian Principles: Prioritizing SRH in emergencies aligns with humanitarian principles of humanity, impartiality, neutrality, and independence. It underscores the importance of upholding the dignity, rights, and well-being of affected populations, regardless of their circumstances, and ensures that SRH services are accessible to all in need during crises.

13. Sustainable Development: Integrating SRH into emergency response efforts contributes to achieving sustainable development goals in the Pacific region. By addressing the SRH needs of communities in emergencies, governments and stakeholders can support progress towards universal health coverage, gender equality, and improved health outcomes for all.

PROPOSED RECOMMENDATIONS FOR HEADS OF HEALTH

- a) Health emergency preparedness plans and policies should include lifesaving sexual and reproductive health interventions as embodied in the MISPand health Emergency Medical Teams Training should include the Minimum Initial Service Package (MISP) for SRH In Crisis.
- b) Prepositioning Inter-Agency Reproductive Health Kits to ensure availability of these supplies at the onset of the crisis is important.
- c) The creation of the SRH in Emergencies Working Group to advise and support the preparedness and response efforts within the framework of the Health Emergency Unit or Health Emergency Operations Committee (HEOC).
- d) The implementation of the Minimum Initial Service Package for SRH during crises including the development of its Standard Operating Procedures should a top priority within overall health emergency frameworks.

RECOMMENDATIONS FOR DEVELOPMENT PARTNERS:

- a) Earmark funding for maternal health and FP services across humanitarian and development funding streams to ensure that every person of reproductive age, everywhere, can access and use contraception.
 - b) Provide dedicated funding to development partners to systematically integrate crisis preparedness and risk management into contraceptive programming to maintain continuity of services when crises occur.
 - c) Fund SRH service provision, including contraception, as part of humanitarian health grants in all acute emergencies, in alignment with the MISP.
 - d) Leverage donor-to-donor partnerships and spheres of influence to strengthen commitment to funding SRH, inclusive of contraceptive services, during crises and recovery, and to integrating SRH preparedness into health grants in stable and humanitarian settings.
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