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*

Singh & Darroch 2014; Ganatra et al. *Lancet* 2017
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
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
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!
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<tr>
<th>Step</th>
<th>Description</th>
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<tr>
<td>Identify priority SRH needs</td>
<td>• Conduct SRH needs assessment of humanitarian populations</td>
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<td>• Select the area of SRH information and services where the need is greatest</td>
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<td>Create a technical working group</td>
<td>• Balanced on expertise, geography and gender</td>
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<td>• Declaration of interest</td>
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<td>Identify relevant guidelines</td>
<td>• Determine the scope of work</td>
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<td>• Identify relevant WHO guidelines</td>
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<td>• Decide whether guidelines can be adopted for use, or if they require adaptation</td>
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<td>Assess guidelines needing adaptation</td>
<td>• Select relevant recommendations for adaptation</td>
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<td>• Apply Evidence to Decision framework to selected recommendations</td>
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<td>Disseminate &amp; Implement</td>
<td>• Translate adapted guidance</td>
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<td>• Develop implementation tools</td>
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<td>Update</td>
<td>• Evaluate need for de novo guidelines</td>
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<td>• Update adapted guidance every 3-5 years</td>
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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