Inter-Agency Working Group on
Reproductive Health in Crises

COVID-19 PANDEMIC FURTHER THREATENS WOMEN AND GIRLS ALREADY AT RISK IN HUMANITARIAN AND FRAGILE SETTINGS

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The Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) urges the international community to deliver on the needs and rights of women and girls in humanitarian and fragile settings during the COVID-19 Pandemic, including ensuring their access to essential sexual and reproductive health services and supplies.

1 CONTEXT

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. While all countries are struggling to respond to the rapid spread of the disease, the pandemic poses a particularly grave threat in existing humanitarian crises, and threatens to push fragile settings into new crises. Even before the COVID-19 pandemic, an estimated 1.8 billion people were living in fragile contexts worldwide, including 168 million in need of humanitarian assistance.[1] Approximately 1 in 4 of these are women and girls of reproductive age.[2] The number of women and girls who are critically at risk will undoubtedly continue to rise as humanitarian settings face COVID-19 with already strained health systems and logistics networks, inadequate and overcrowded spaces and shelters, limited protections from gender-based violence, insufficient hygiene and sanitation facilities and supplies.

2 EMERGENCIES EXACERBATE THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF WOMEN AND GIRLS LIVING IN HUMANITARIAN AND FRAGILE SETTINGS

The global impact of the COVID-19 emergency is amplified for women and girls living in existing and emerging humanitarian crises. Poor conditions will likely worsen, including a rise in insecurity, instability and conflict, deterioration in displacement sites and further constraints on resources, all of which will exacerbate the existing multiple and intersecting forms of discrimination experienced by women and girls. Alarmingly, some governments are also exploiting the global public health crisis to create further barriers or eliminate access to existing sexual and reproductive health services in humanitarian settings.[3]

Every day, more than 500 women and girls in countries with emergency settings die during pregnancy and childbirth, mostly due to the absence of skilled birth attendants or lack of emergency obstetric procedures, as well as from complications of unsafe abortions.[4] Recent country-specific research has shown an increase in reported family violence incidents as movement restrictions and quarantine measures are put in place to reduce the spread of COVID-19.[5 6] Already high rates of sexual violence historically increase in humanitarian settings during crises. For example, in some existing crisis settings, 65% of women report experiencing either sexual or physical violence, two times higher than the global average and amongst the highest levels of violence against women and girls in the world.[7] In addition to being a serious human rights violation, sexual violence can also lead to increased rates of unintended pregnancy, unsafe abortion, maternal death and low birthweight, miscarriage, premature labor, and sexually transmitted infections for women and girls.[8]

There are complex challenges to ensuring the availability, accessibility, and acceptability of quality sexual and reproductive health services in humanitarian and fragile settings. These include strained health systems, prohibitive direct and indirect costs for services, lack of information, unsafe environments, fear of violence for seeking care, and pre-existing legal, policy and social barriers.[9] It is also crucial to consider the unique needs of and barriers to sexual and reproductive health information and services faced by marginalized groups- including adolescents, migrants, people with disabilities and people with diverse gender expressions, gender identities, sexual orientation and sex characteristics - as their vulnerabilities are compounded during crises.

Since 1995, IAWG has provided evidence-based technical guidance and support to help ensure the provision of sexual and reproductive health services as part of the lifesaving and essential healthcare in crisis and humanitarian settings.

The core component of this work is the Minimum Initial Services Package (MISP) for sexual and reproductive health, a priority set of lifesaving activities to be implemented at the onset of every humanitarian crisis.

Implementing the MISP for sexual and reproductive health is not optional - it is an international standard of care that should be available at the onset of every emergency, including infectious disease outbreaks.

3 COVID-19 THREATENS TO DISRUPT CONTINUITY OF SEXUAL AND REPRODUCTIVE SERVICE DELIVERY IN FRAGILE AND HUMANITARIAN SETTINGS

Past epidemics have shown that a lack of access to essential health services due to a shutdown of services unrelated to the epidemic response can result in more deaths than the epidemic itself.[10] If the needs of women and girls are not incorporated into the COVID-19 public health response, including the proportionate prioritization of resources for sexual and reproductive health, significant rises in avoidable mortality will occur.[11] For example, denial of access to essential sexual and reproductive health services such as contraception, intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections can lead to dramatically increased morbidity and mortality rates.[12] Further, without access to contraceptives, including emergency contraception, unintended pregnancies and unsafe abortion will increase, contributing to further increases in maternal death and disability in humanitarian settings.[13]

Due to COVID-19, the de-prioritization and disruption of access to essential sexual and reproductive health services in humanitarian and fragile settings is already a reality, precisely at the time when women and girls need these services the most.[14] The COVID-19 pandemic has disrupted regular supply chains and logistics networks for health care globally, causing delays at all levels in supply production and manufacturing; challenges with procurement; increased regulatory barriers impeding imports and exports; decreased availability of international and domestic transportation; and interruptions in delivery of commodities to the last mile.[15] COVID-19 will increasingly impact and disrupt the availability of lifesaving sexual and reproductive health supplies, including the Inter-Agency Emergency Reproductive Health (IARH) Kits, needed by people to ensure safe delivery and fulfillment of medical standards with appropriate equipment and supplies for sexual and reproductive health care for people affected by humanitarian crises. These disruptions have a significant impact in humanitarian settings, which rely heavily on large-scale international procurement and global stockpiling of life-saving supplies, including of the medical and health kits provided by UNFPA, WHO, and others.

In addition to the supplies needed to provide essential and lifesaving care for their patients, frontline humanitarian healthcare providers are faced with increasing scarcity of life-saving personal protective equipment (PPE). Due to the large-scale national and global shortages of PPE, both nationally and internationally, healthcare workers providing lifesaving services like sexual and reproductive health are left exposed. High-quality sexual and reproductive health care cannot be provided without these essential medicines, supplies, devices, and equipment. Prioritizing continued access to PPE and sexual and reproductive health supplies is critical to protecting the lives and well-being of women and girls as both health care consumers and health care providers.

4 CALL TO ACTION

Ensuring the provision of comprehensive sexual and reproductive health information, services, and supplies in humanitarian settings is central not only to an effective response but also to fulfilling international legal obligations.

Now is the time for governments, humanitarian actors and the private sector to work together to ensure the availability of, and access to, essential and rights-fulfilling sexual and reproductive health services, including contraception, intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections.

SPECIFIC RECOMMENDATIONS

1 TO ENSURE FUNDING OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES WITHIN COVID APPEALS AND BEYOND, DONORS MUST:

Invest in the Global Humanitarian Response Plan for COVID-19 and other funding mechanisms designated to respond to the pandemic, which must include funding for comprehensive and non-discriminatory sexual and reproductive health services
Ensure continued and flexible funding for preparedness, early action efforts and implementation of the MISP for Sexual and Reproductive Health as fragile countries are at risk of moving into humanitarian crisis.
Make uninterrupted funding available to secure sexual and reproductive health for continuity of care in existing and emerging humanitarian emergency responses during and following any initial emergency response.
Invest in supply chain and logistics for the lifesaving sexual and reproductive health supplies required to implement the MISP for sexual and reproductive health service objectives throughout the COVID-19 pandemic.

2 TO ENSURE COORDINATION AMONG DEVELOPMENT AND HUMANITARIAN SECTORS, GOVERMENTS, DONORS, UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Increase investment in COVID-19 responsive in person and remote support, training, supervision, and monitoring to maintain accessibility, availability, and quality of sexual and reproductive health services as well as safety for health workers and patients.

Produce clear, consistent, evidence-based and regularly updated public health information and reciprocal communication in partnership with affected populations in order to effectively reach communities and healthcare workers.

Consistently collect and use sex, age, pregnancy status and disability-disaggregated data to better inform response and recovery efforts.

Seek opportunities to collaborate with partners across sectors in order to find efficiencies and avoid unnecessary silos.

3 TO ENSURE ACCESS TO ESSENTIAL LIFE-SAVING SUPPLIES, GOVERNMENTS, DONORS, UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Support efforts to pool procurement of key supplies to secure larger volumes of supply and production, including PPE for sexual and reproductive health care workers as well as the sexual and reproductive health supplies required to ensure continuity of MISP for sexual and reproductive health service objectives in humanitarian settings.

Ensure reliable delivery of all essential health supplies, including sexual and reproductive health supplies, to avoid service disruptions by overcoming COVID-19 related bottlenecks in global and local supply manufacturing, procurement, transit, import and export, customs clearance, and pharmacy management, including through the removal of regulatory barriers that impede the flow of life-saving supplies to and from countries.

Support ongoing efforts to gather, aggregate, and share data on supply and demand in the face of new supply constraints to enable actors to consistently implement sustainable, rational and equitable allocation systems; conduct coordinated supply planning of PPE and sexual reproductive health supplies in shortage; and ensure distribution to affected populations in humanitarian settings.

Support and learn from local actors in the orientation on adequate infection prevention and control measures, including the correct use of PPE to prevent person-to-person transmission of COVID-19 in sexual and reproductive health facilities.

Support community, telemedicine, and home-based care, according to WHO guidelines, through access to consumer products such as pregnancy tests, condoms, oral contraceptives, and HIV tests.

4 TO BETTER LINK SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES, GOVERNMENTS, DONORS, UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Recognize that sexual and reproductive health services can be an entry point to mitigate, respond, and reduce gender-based violence.

Recognize that gender-based-violence services are essential services and must be accessible in a safe and user friendly way, including allocated budgets and support for staff.

Train providers on how to recognize signs of gender-based violence and support disclosure of violence.

Provide information and build awareness of available sexual and reproductive health services for survivors, including emergency contraception, psychosocial support, and safe abortion care to the full extent of the law, that can be delivered in a timely, safe, dignified, and confidential manner.

Create robust and confidential referral systems and pathways as well as adequate procurement capacities to ensure that survivors receive comprehensive care.

Ensure access to life-saving safe abortion care to the full extent of the law and post-abortion care for survivors of sexual violence is included in all sexual and reproductive health and gender-based violence services.

5 TO SUPPORT HEALTH WORKERS AND WOMEN-FOCUSED CIVIL SOCIETY ORGANIZATIONS ON THE FRONTLINES, GOVERMENTS, DONORS, UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Recognize that women represent 70 percent of the health workforce and take concrete actions to eliminate the 28 percent gender pay gap in the health sector.[16] This includes appropriately compensating frontline healthcare workers - the majority of whom are women- for their expanded roles and the associated risks to their health and mental wellbeing. This is particularly relevant for part-time or currently unpaid frontline health workers and those without guaranteed paid sick leave. Where it is deemed feasible, equitable, and preferable by frontline health workers, mobile payments can be used. Given the risk posed by COVID-19 to frontline health workers and the disruption of their workflows, money currently earmarked for performance-based incentives should be reallocated to cover routine salaries or stipends for all active health workers

Fund and support women-led civil society organizations in humanitarian settings. As many women-led and women-focused civil society organizations struggle to continue operations during these times, they urgently need increased and flexible funding to sustain operations as well as to continue their critical roles in delivering lifesaving health information and services.

Include responders on the frontlines, a majority of which are women, in protection mechanisms. Past pandemics have shown an increase in harassment or violence against health and humanitarian providers, particularly in places with high tensions between host populations and refugees. Women frontline service providers must be protected.

6 TO ENSURE ACCOUNTABILITY TO WOMEN AND GIRLS IN CRISIS SETTINGS, GOVERMENTS, DONORS, UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Implement the MISP at the onset of every emergency, including infectious disease outbreaks. As a standard for humanitarian actors, the MISP is supported by the international legal obligations of States to respect and ensure basic human rights, including sexual and reproductive rights in humanitarian settings as well as humanitarian standards including the Humanitarian Sphere Standards. Further, it is a Central Emergency Response Fund (CERF) minimum life-saving criterion eligible for CERF funding and integrated in the global health cluster guidance further underlining the urgency of its implementation.

Ensure that all essential clinical services for sexual and reproductive health remain available, in line with the MISP. This includes contraception, intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections. Risks of adverse outcomes from medical complications related to sexual and reproductive health outweigh the potential risks of COVID-19 transmission at health facilities.

Ensure inclusive and effective rights-based systems of accountability for women and girls in humanitarian settings. Rights-based systems must be designed to collect community client feedback and develop, implement, and monitor action plans to address service gaps and rights violations at both the service delivery and response level. Systems should also include confidential complaint mechanisms and where it does not create risk for service users ongoing dialogue and negotiation between service users, communities, and healthcare providers/humanitarian responders.

Ensure that all COVID-19 decision-making bodies are inclusive, gender-balanced, and include dedicated sexual and reproductive health and gender expertise. All COVID-19 public health response design, implementation and evaluation should involve local civil society, particularly women-led organizations and those working on human rights and sexual and reproductive health.

7 TO SUPPORT AND PROTECT MARGINALIZED POPULATIONS UN AGENCIES AND IMPLEMENTING PARTNERS MUST:

Implement adaptive and responsive approaches to reach adolescents with accurate sexual and reproductive health and COVID-19 related information and services. This is especially critical as formal and informal schooling is disrupted, and young people are particularly impacted.

Meaningfully engage organizations and networks representing diverse marginalized communities, including young people, people with disabilities, sex workers, and people with diverse sexual orientations, gender identities, gender expressions and sex characteristics, to disseminate and promote prevention and health-seeking behaviors.

Provide support and training – including remote training alternatives – for healthcare workers on the provision of gender sensitive and non-discriminatory sexual and reproductive health services to all.

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