

The Right Box for Improving Reproductive Rights: A proposal for the development of a Minimum Initial Service kit for safe and legal abortion

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Reproductive health in emergencies is missing in the “best” of cases

- Women in humanitarian settings are at high risk of sexual violence and unwanted pregnancy
- A review of over 7,000 studies on SRH and GBV in humanitarian settings found only 15 rigorous studies, only 3 were high quality, one addressed family planning - none addressed safe or unsafe abortion.
- A practitioner survey found that SRHR funding increased in the last decade but less than 1% of proposals mentioned abortion or post-abortion care

Why don't humanitarian organizations provide safe abortion services?

- There is no need
- Abortion is too complicated to provide in crises
- Donors don't fund abortion services
- Abortion is illegal in these settings



[Source: McGinn, Therese and Sara E. Casey. "Why don't humanitarian organizations provide safe abortion services?." *Conflict and health* (2016).]

We lack the political will

- Helms Amendment, 1973, most often interpreted (incorrectly) to
 - restrict all information, education, services and referral for abortion
 - apply to all US foreign aid
 - apply to all recipients
 - apply to all countries regardless of national policy
 - make no exception for women's lives, rape or incest
 - BUT: Does not apply to organizations' other funds
- US Mexico City Policy (Global Gag Rule)
 - only applied to non-US NGOs (not US NGOs, foreign governments, multilaterals)
 - applied to all funds of the affected NGOs, even non-US funds
 - makes exceptions for saving women's lives, rape and incest

“Donors don’t fund it.”

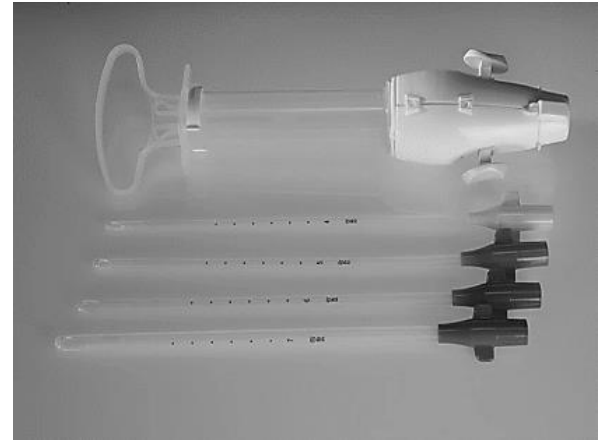
But the donor landscape is changing

Top donors to UNFPA in 2015 (in US\$)

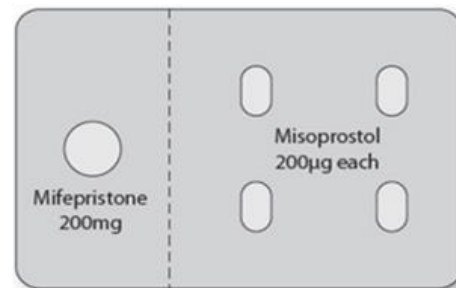
Norway	US\$ 71 million
Sweden	US\$66 million
Netherlands	US\$52 million
Finland	US\$47 million
Denmark	US\$40 million
UK	US\$32 million
USA	US\$28 million

“Abortion is too complicated”

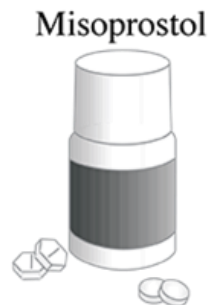
- MVA and medication abortion can be used at the “health center” level by mid-level providers
- MVA and misoprostol available in specific RH kits (not mifepristone, however)



97% - 99.5% effective



95% - 98% effective



83% - 87% effective

Inter-agency Working Group (IAWG) on Reproductive Health in Crises

- **Establishes technical standards** for the delivery of reproductive health services.
- **Documents** gaps, accomplishments, and lessons learned.
- **Evaluates** the state of SRH in the field.
- **Builds and disseminates evidence** to policy makers, managers, and practitioners.
- **Advocates** for the inclusion of crisis-affected persons in global development and humanitarian agendas.

A collaboration of UN agencies, government, NGOs, research institutes, and donor organizations committed to expanding and strengthening access to good quality SRH services for persons affected by conflict and natural disaster.



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

IAWG Safe Abortion Care Sub-Working Group



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

GUIDING PRINCIPLES FOR **SAFE ABORTION CARE** FOR WOMEN AND GIRLS IN CRISES

IAWG Safe Abortion Care Sub-Working Group

WHAT DO WE STAND FOR?

1. Access to safe abortion for all women and adolescent girls in crisis is a human right.

The right to access a safe and legal abortion is grounded in the realization of other core human rights, including the right to life, health, equality, privacy, self-determination, bodily integrity, and freedom from inhuman or degrading treatment and discrimination, as well as the right to benefit from scientific progress. Numerous international and regional human rights instruments have upheld a woman's right to safe and legal abortion.

2. Safe abortion care is an evidence-based intervention that prevents maternal mortality and morbidity.

Unsafe abortion is a major cause of maternal mortality. For every woman or adolescent girl who dies from unsafe abortion, many more are left with serious injuries or permanent disabilities, including infertility. These deaths, injuries and disabilities can be almost entirely prevented by ensuring access to safe abortion care services. Access to safe abortion care is considered part of a comprehensive package of sexual, reproductive and maternal health interventions by key health agencies and organizations, including the World Health Organization (WHO) and the United Nations.

3. Access to high-quality safe abortion care for all women and adolescent girls contributes to gender equality and social justice.


Enabling women and adolescent girls to make decisions about their own bodies and lives, including exercising their sexual and reproductive rights, is linked to their improvements in social status, economic opportunity and gender equity.

4. A core package of evidence-based safe abortion services should be made available to displaced women and adolescent girls in all crisis situations.

Safe abortion services must be accessible, adequate, and available at any time during displacement, of good quality, without discrimination, violence or coercion. Health care providers in crisis should be trained to provide high-quality, rights-based safe abortion services, context-relevant and evidence-based equipment and medication should be made available in crisis, and crisis-affected populations should be made aware of the types of available abortion services and under what conditions these services can be provided.

- Access to safe abortion for all women and adolescent girls in crisis is a human right.
- Safe abortion care is an evidence-based intervention that prevents maternal mortality and morbidity.
- Access to high-quality safe abortion care for all women and adolescent girls contributes to gender equality and social justice.
- A core package of evidence-based safe abortion services should be made available to displaced women and adolescent girls in all crisis situations.

From Agreement to Action to Assistance



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#abortionchampion

SAFE ABORTION CARE

10 STEPS FOR STARTING/EXPANDING PROGRAMMING

Safe abortion care (SAC) was one of the major gaps identified in the 2014 IAWG global evaluation. The IAWG SAC sub-working group recently became active and conducted a study of IAWG member agencies in order to inform efforts to support these agencies to start or expand SAC activities. We have summarized best practices for initiating SAC programming with the following 10 steps.



1. Have frank discussions about advantages and disadvantages of beginning SAC programming with organization leadership



2. Develop and disseminate an internal policy toward SAC



3. Create a plan to implement the policy



4. Develop standardized messages for discussing SAC programming



5. Analyze relevant laws and identify entry points for SAC programming in the countries where you work



6. Discuss legal context with local authorities and staff at all levels



7. Conduct values clarification activities with staff at all levels



8. Consider opportunities to incorporate SAC into existing programs; write SAC programming into upcoming proposals; approach new donors

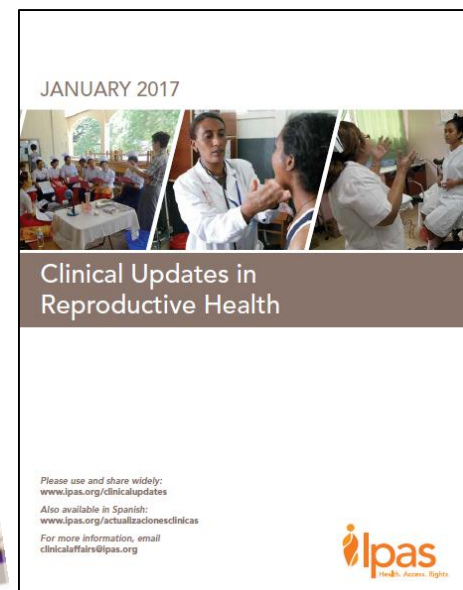
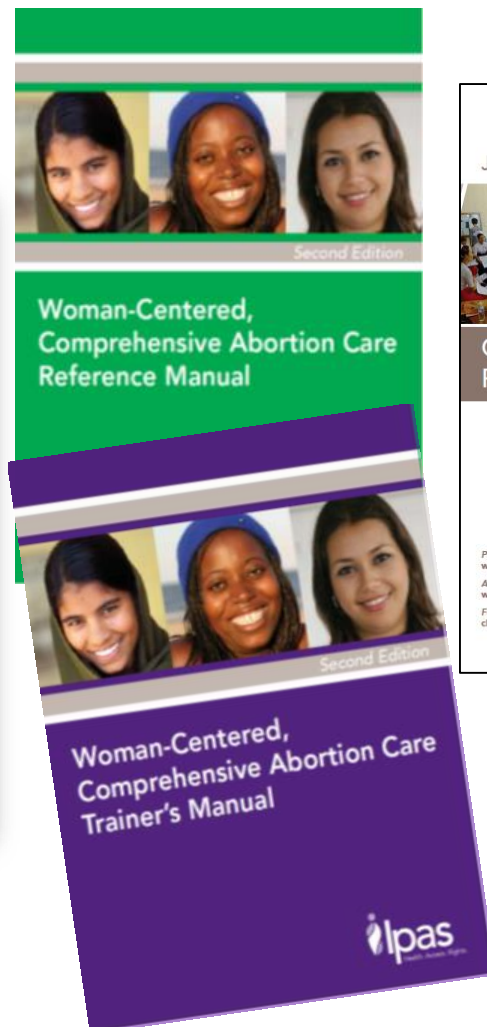
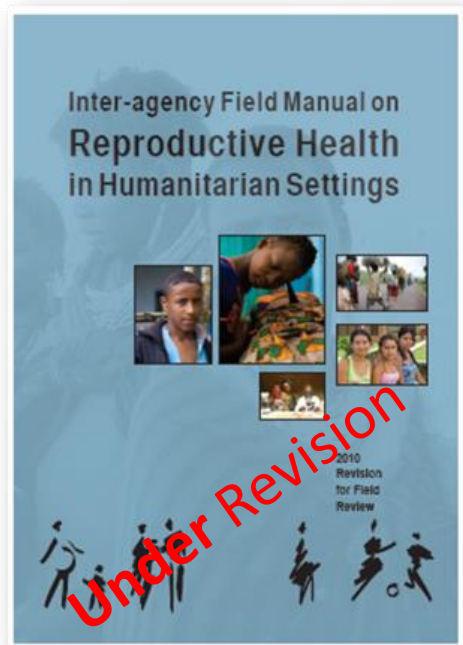
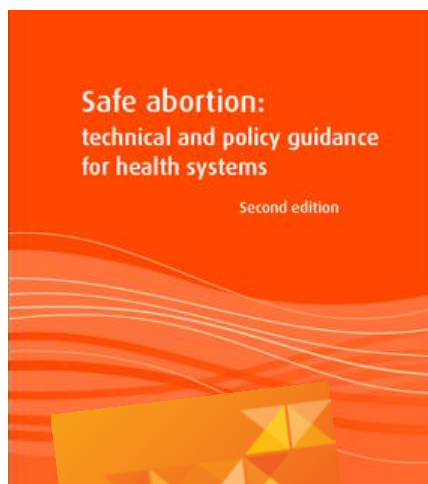


9. Identify local SAC champions and potential partners within local ministries



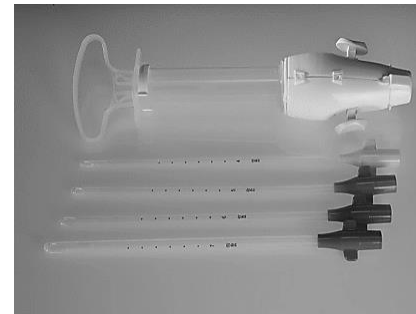
10. Build SAC clinical and management capacity

Shared resources & collaboration



Safe abortion technologies are available in crisis settings

- ✓ WHO recommended methods
- ✓ Appropriate technology
- ✓ Can be performed by many provider cadres
- ✓ MVA is easy to use, clean & process; requires no electricity
- ✓ Misoprostol and MVA are already available in MISP kits for other indications in humanitarian settings



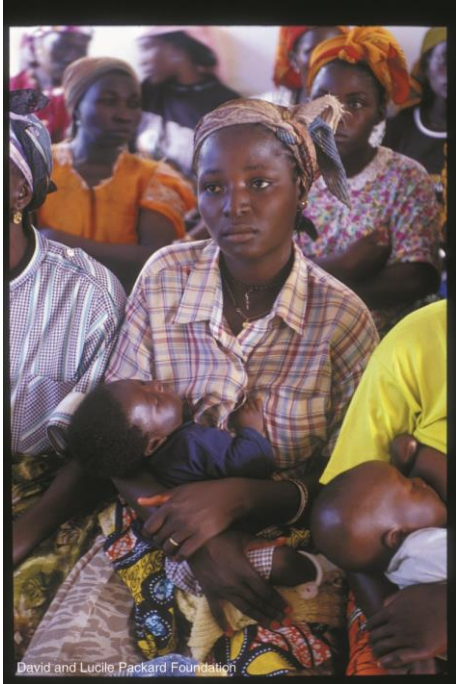
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Misoprostol



83% - 87% effective

It is time to respect their rights



- The European Parliament, UN Secretary-General, UN Security Council and the UN Global Study on Women, Peace and Security have called for abortion services to be provided to women raped in war
- The European Commission has recognized abortion as protected care under international humanitarian law
- The DFID has recognized abortion as protected medical care under international humanitarian law
- International agreements such as the Geneva Convention Article 3, UN Security Resolution 2106, and 2122, and the Maputo Protocol support access to safe abortion care for survivors of rape

The road ahead: How do we accomplish this in the current political environment?



A photograph of two women in traditional Indian clothing. The woman on the left is wearing an orange sari with a pink blouse and is smiling broadly, showing her teeth. She has a nose ring and is wearing multiple bangles on her right wrist. The woman on the right is wearing an orange sari with a green patterned blouse and is also smiling. The background is a simple, light-colored wall.

MISP

The Minimum Initial Service Package (MISP) for Reproductive Health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crises.



Objective 1

Ensure health cluster/sector identifies agency to LEAD implementation of MISP

- RH Officer in place
- Meetings to discuss RH implementation held
- RH Officer reports back to health cluster/sector
- RH kits and supplies available & used

RH Kit
0

Objective 5

Plan for COMPREHENSIVE RH services, integrated into primary health care

- Background data collected
- Sites identified for future delivery of comprehensive RH
- Staff capacity assessed and trainings planned
- RH equipment and supplies ordered

RH Kit
4

RH Kit
5

RH Kit
7

Objective 4

Prevent excess MATERNAL & NEWBORN morbidity & mortality

- Emergency obstetric and newborn care services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
- Community aware of services

RH Kit
12

RH Kit
2

RH Kit
6

RH Kit
8

RH Kit
9

RH Kit
10

RH Kit
11

GOAL

Decrease mortality, morbidity & disability in crisis-affected populations (refugees/IDPs or populations hosting them)

Objective 2

Prevent SEXUAL VIOLENCE & assist survivors

- Protection system in place especially for women & girls
- Medical services & psychosocial support available for survivors
- Community aware of services

RH Kit
3

RH Kit
9

Objective 3

Reduce transmission of HIV

- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

RH Kit
1

Standard precautions through kits 1-12

RH Kit
12



INTER-AGENCY RH KITS



Photo Credit: UNFPA



Four scenarios for comprehensive abortion care: Politics or progress?

Developing an independent CAC kit	Lobbying for MISIP kit 8b for safe abortion	Reframing kit 8 as a CAC kit	Adding information only to MISIP kit 8
Would need promotion	High name recognition	High name recognition	High name recognition
Requires advocacy, training & monitoring	Uses existing supply chain	Uses existing supply chain	Leaflet includes guidance on safe abortion with MVA & misoprostol
New suppliers & distributors	Adds mifepristone in 18 countries where registered		Politically pragmatic

Yes, we can

- Unsafe abortion is a problem affecting women globally but women in fragile settings are systematically denied abortion care and information
- Facilities and health workers in fragile settings are often unprepared
- Organizational ambiguity, resource, cultural and religious barriers, or a lack of political will compound the problem



Acknowledgements

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Thank You!

Questions or comments? Fetterst@ipas.org



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