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)
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.
IAWG Safe Abortion Care Sub-Working Group

- 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.
GUIDING PRINCIPLES FOR SAFE ABORTION CARE FOR WOMEN AND GIRLS IN CRISIS

IAUG 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 violence 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 equality.

4. A core package of evidence-based safe abortion services should be made available to all women and adolescent girls in all crisis situations. Safe abortion services must be accessible, affordable, and available at any time during displacement, regardless of 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 aware of the types of available abortion services and under what conditions these services can be provided.
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

97% - 99.5% effective

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?
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

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

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

Objective 3
Reduce transmission of HIV
- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

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

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

RH Kit
- RH Kit 0
- RH Kit 3
- RH Kit 9
- RH Kit 12
- RH Kit 1
- RH Kit 11
- RH Kit 12
- RH Kit 11
- RH Kit 10
- RH Kit 9
- RH Kit 8
- RH Kit 7
- RH Kit 6
- RH Kit 5
- RH Kit 4
INTER-AGENCY RH KITS

Photo Credit: UNFPA
### Four scenarios for comprehensive abortion care: Politics or progress?

<table>
<thead>
<tr>
<th>Developing an independent CAC kit</th>
<th>Lobbying for MISP kit 8b for safe abortion</th>
<th>Reframing kit 8 as a CAC kit</th>
<th>Adding information only to MISP kit 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would need promotion</td>
<td>High name recognition</td>
<td>High name recognition</td>
<td>High name recognition</td>
</tr>
<tr>
<td>Requires advocacy, training &amp; monitoring</td>
<td>Uses existing supply chain</td>
<td>Uses existing supply chain</td>
<td>Leaflet includes guidance on safe abortion with MVA &amp; misoprostol</td>
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<tr>
<td>New suppliers &amp; distributors</td>
<td>Adds mifepristone in 18 countries where registered</td>
<td></td>
<td>Politically pragmatic</td>
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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 are in fragile settings are often unprepared

• Organizational ambiguity, resource, cultural and religious barriers, or a lack of political will compound the problem
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Questions or comments? Fetterst@ipas.org

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