



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Reproductive Health
SUPPLIES COALITION



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STRENGTHENING SUPPLY CHAINS FOR SEXUAL AND REPRODUCTIVE HEALTH

Across the Humanitarian-Development Continuum
to Fulfill the 2030 Agenda

To achieve universal access to sexual and reproductive health (SRH) by 2030, as stipulated in the Sustainable Development Goals, governments, UN agencies, donors, and national and international NGOs must work together to improve access to SRH supplies across humanitarian and development settings. This information brief outlines the importance of collaboration, identifies entry points, and calls for action to invest in two critical transition points along the humanitarian-development continuum: pre-crisis preparedness and transitioning after acute emergencies to more stable supply chains.

The *pre-emergency and post-acute* stages present opportunities for humanitarian and development partners to work together in key areas to achieve great gains. The recommendations in this brief are based on expert consultative processes and pilot projects; however, investments are needed to further test and document these promising practices.

A CHANGING GLOBAL LANDSCAPE Increases the need for systematic collaboration

Every country is vulnerable to crises, natural or man-made, with record numbers of people displaced annually. Humanitarian contexts are becoming more protracted and the impacts of crises and displacement are lasting. In fact, **humanitarian crises disrupt development gains** – derailing hard-won progress in access to lifesaving health services and supplies. The INFORM Global Risk Index (right) identifies the wide range of countries at risk of humanitarian crises and disasters, based on three dimensions – hazards and exposure, vulnerability, and lack of coping capacity. Strengthened collaboration is needed between governments, national and international actors, and donors to prepare for and mitigate the consequences of crises, and build resilient and sustainable systems that can withstand crises.

Globally, we see the following trends:

More Crises: Natural disasters have doubled over the past two decades.

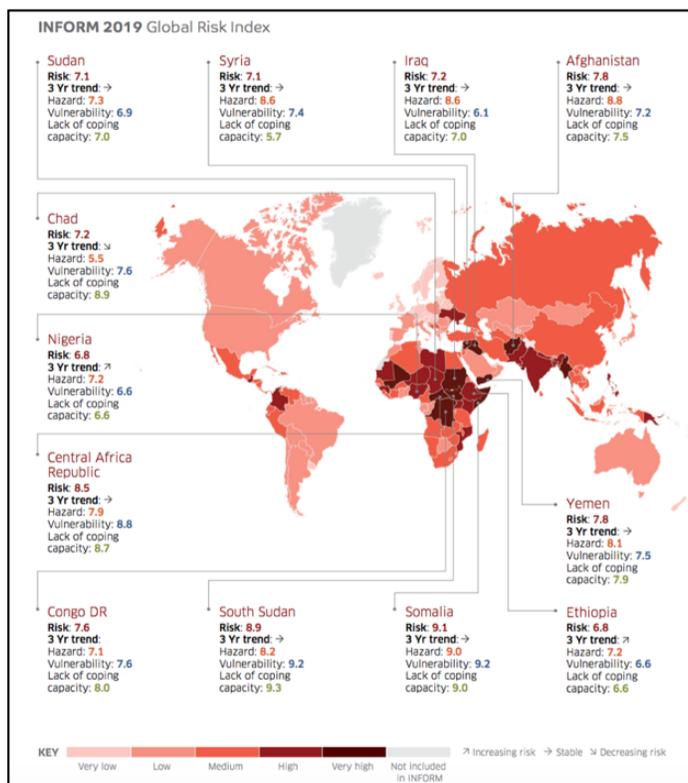
More People at Risk: More than 1.5 billion people live in countries at risk.

More People Displaced: 68 million people were displaced globally as of 2017.

Longer Displacement: 17 years is the average length of conflict-induced displacement.

High Internal Displacement: Nearly 60% of people displaced are in their own country.

More People Displaced in Urban Areas: More than half of refugees live in cities.



LEAVING NO ONE BEHIND

Everyone has a right to SRH services, including in crisis settings

Women continue to become pregnant and give birth when a crisis strikes. Women and girls affected by crises face an **increased risk of maternal mortality and morbidity, unintended pregnancy, and sexual violence**. At the same time, health systems are disrupted and access to lifesaving SRH supplies is compromised.

Sexual and reproductive health care is an established lifesaving component of emergency response

When an emergency strikes, affected populations need uninterrupted access to basic, lifesaving health care, including SRH services. The **Minimum Initial Service Package (MISP) for Sexual and Reproductive Health** in emergencies outlines lifesaving SRH services – including safe and clean delivery, emergency obstetric and newborn care, access to a range of short-acting and long-acting reversible contraceptive methods, sexually transmitted infection syndromic management, and HIV prevention and care – that must be available from the earliest days of a crisis response to save lives. The MISP is part of the **Inter-Agency Field Manual (IAFM) on Sexual and Reproductive Health in Humanitarian Settings**, which also details comprehensive SRH services that actors should provide after an acute emergency response, including guidance on managing commodities.

Yet access to lifesaving SRH commodities is often lacking

The Interagency Emergency Reproductive Health (IARH) Kits for humanitarian crisis situations – managed globally by UNFPA – provide the medicines, devices, and commodities necessary to implement the service objectives in the MISP and save lives. The IARH Kits are designed for settings with weak capacity to provide the minimum lifesaving aspects of care at the outset of a crisis. The IARH Kits are neither context-specific nor comprehensive, as they are designed at the global level to initiate immediate lifesaving services in an acute emergency response.

Many challenges exist in ensuring access to these IARH Kits and other SRH supplies in an acute emergency response and also in ensuring that SRH supplies are integrated into pre-crisis preparedness and post-acute emergency programming, taking into account specific contexts and needs. The lack of availability of SRH supplies has been documented as one critical gap impeding the delivery of quality SRH services to people affected by crises.[1] To ensure uninterrupted access to services, we as a global health community can help build better systems and tools that reduce reliance on the IARH Kits and support the ability of national supply chains to rebound from shocks.

SRH crisis response terminology

The Minimum Initial Service Package (MISP) outlines the minimum SRH services that must be in place from the start of an acute emergency.

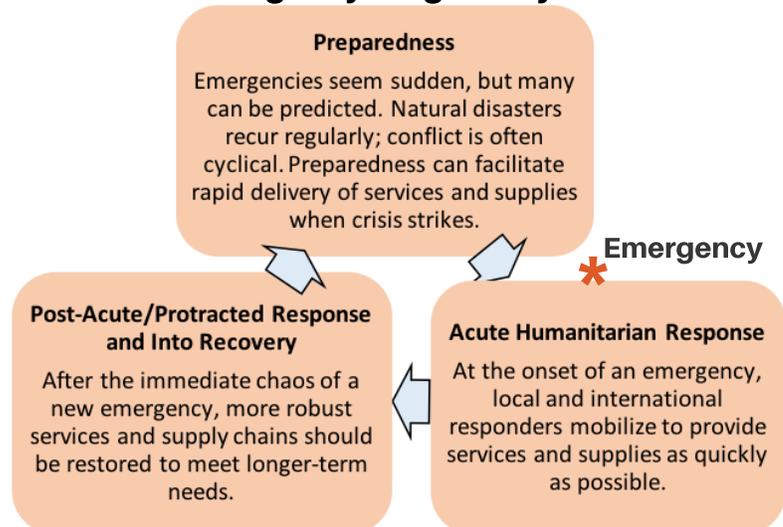
The Interagency Emergency RH Kits (IARH) are a set of pre-packaged reproductive health kits managed by UNFPA, on behalf of IAWG, that contain all of the medicines, devices, and commodities needed to implement the MISP. They are complementary to the Interagency Emergency Health Kits (IEHK).

The Inter-Agency Field Manual on Sexual and Reproductive Health in Humanitarian Settings (IAFM) details the MISP and comprehensive SRH services that should be provided at the onset of an emergency and during protracted humanitarian crises.

ENTRY POINTS: Linking humanitarian and development partners to improve SRH supply chains in fragile settings

The term “humanitarian” calls to mind the chaos at the onset of a natural disaster or conflict. However, acute humanitarian response is often relatively brief, requiring a specialized response centered on the most lifesaving interventions. Therefore, **many entry points to improve continuity of national supply chains occur before or after the onset of an acute crisis**, rather than at the height of the emergency, when information availability and humanitarian access are limited. The emergency programming cycle (right) captures these stages and is useful for considering entry points for improving national supply chains.

Emergency Program Cycle



[1] *Taking Stock of Reproductive Health in Humanitarian Settings: 2012-2014 Inter-agency Working Group on Reproductive Health in Crises' Global Review*. 2015. *Conflict and Health*, Volume 9, Supplement 1. Website: <https://conflictandhealth.biomedcentral.com/articles/supplements/volume-9-supplement-1>.

PREPARING TO MEET SRH SUPPLY NEEDS IN CRISES

Preparedness measures can facilitate meeting people's SRH needs in the event of an emergency by anticipating risks and mitigating the impact of a potential lack of essential health supplies. Humanitarian actors understand the challenges faced in emergency response, while development actors are more likely to be present before an emergency strikes. Governments and stakeholders across the spectrum of humanitarian and development settings can undertake a variety of measures to improve global and national preparedness.

Create an enabling policy environment to facilitate rapid entry of SRH products into a country in the event of an emergency:

- Governments should ensure national registration of all products in the IARH Kits and other SRH supplies needed to implement SRH services, and include them in national Essential Medicines Lists (EML).
- Develop policies that allow humanitarian supplies, including SRH supplies, to quickly enter the country and be deployed without delay.
- Integrate humanitarian supply chain considerations for SRH into ongoing health sector development efforts, including contingency plans, disaster risk management, program guidance, and standard operating procedures for managing supply chains during an emergency.

Map out likely needs, challenges, and contingencies along the supply chain:

- Map points of entry (such as sea ports and airports), government policies, and regulations related to importing SRH products in humanitarian emergencies, and compile documents needed for expedited customs clearance.
- Map storage and transportation options, including for cold chain.
- Map national logistics stock management and data collection tools.
- Map national supply chain organizations (governmental, NGO, or private sector) and staff at various system levels.
- Map suppliers, including the range of SRH products available locally and their quality.
- Coordinate and share mapping results among national stakeholders.

Strengthen national human resource capacity to manage SRH supplies in the event of an emergency:

- Train health workers, including community health workers, on the IARH Kit contents and other SRH commodities that could be used in an emergency.
- Train the health workforce on relevant data systems or simple tracking tools that may be deployed during emergencies and the importance of maintaining up-to-date information on supplies and inventory at all levels down to the last mile.
- Conduct national trainings on supply chain management for emergencies, including training on IARH Kits, forecasting potential IARH Kits and other SRH supply needs, and moving from IARH Kits to stable procurement of SRH supplies.

Integrate emergency SRH supplies into logistics management information systems (LMIS):

- Ensure that each of the IARH Kits are included as kits in a country logistics information system and tracked as kits from one level or organization to another in an emergency, with technical assistance from supply chain specialists.
- Include products in the IARH Kits as individual items in a country logistics information system to enable an eventual transition to individual item procurement, with technical assistance from supply chain specialists.

Improve coordination mechanisms across partners to improve supply chain functioning in emergencies:

- Develop long-term or stand-by agreements related to SRH supply chains among partners, including governments, UN agencies, humanitarian and development organizations, donors, civil military organizations, and local and international vendors.
- Create agreements to share data on stock and supply chain resources in emergencies, such as pipeline information, transportation, and warehousing for health supplies.
- Engage humanitarian partners in national commodity security working groups, and introduce national development partners into the humanitarian coordination systems (e.g., Clusters).

Decentralize stock regionally or pre-position key supplies when strategic:

Pre-positioning is the practice of keeping stocks of selected products or kits for use in an emergency, which can enable products to reach people affected by crises more rapidly. Several factors influence pre-positioning decisions, including the likelihood of a crisis occurring, the number of people that may be affected, warehousing or storage space, and shelf life of the products. Products with long shelf lives are particularly good candidates for pre-positioning. Quantification experts can inform decisions about which and how many IARH Kits and products to pre-position.

Example from the field: The 2015 earthquake in Nepal

In the Nepal earthquake, reproductive and primary health care supplies were available at the outset of the crisis only because they were pre-positioned. Due to the destruction of essential infrastructure needed for import, supplies not pre-positioned only reached the last mile after substantial delays.

TRANSITIONING TO A MORE INFORMED AND STABLE SUPPLY CHAIN AFTER THE ACUTE EMERGENCY RESPONSE

During acute crises, the collapse of health systems is common, including interrupted health supply chains, the destruction of health facility infrastructure, death or displacement of health care personnel and a lack of access to functioning health facilities. Once the initial chaos of an acute emergency subsides, even in protracted emergencies, work can begin to re-establish or repair national health supply chains. Efforts should be made to support the transition from a kit “push-system” to a “pull-system”^[2] or an “informed push-system,” enabling procurement to be more responsive to local demand and consumption and more cost-effective — reducing both wastage and stock-outs. Supporting this transition away from exclusive IARH kit procurement will also enable an expansion of SRH services beyond the MISP to a more context-specific and comprehensive SRH response customized to local evolving demand patterns, disease burden, and national health systems. Several measures can be undertaken to transition from an emergency supply chain to a stable supply chain through collaboration across partners, including UNFPA (as the main supplier of SRH commodities in acute-emergencies), governments, and other stakeholders.

Challenges of long-term use of the IARH Kits

The IARH Kits are designed to be globally applicable in the initial phase of any acute emergency response; they are not designed to meet the specific SRH needs of a particular population in any region or country. Long-term reliance can:

- result in waste and stock outs, as some products will pile up and expire while others will continue to stock out in response to local demand;
- delay development of a context-specific, needs-driven and rights-based SRH program;
- burden global SRH supply chains, as over-use in one emergency can result in a shortage in another emergency;
- lead to misuse of risky items, as overstocks may encourage over-use (e.g., antibiotics) while shortages may lead to use of expired medicines or procurement of unregulated pharmaceuticals;
- waste money, as the IARH kits are very expensive.

[2] In an allocation or “push” system, the person who issues the supplies calculates the quantities of supplies required. In a requisition or “pull” system, the person who receives the supplies calculates the quantities of supplies required. (USAID/JSI Logistics handbook, 2011).

Prepare to decrease reliance on the IARH Kits:

- Identify and assess existing health supply chain systems, gaps, and capacities, and determine whether a full transition away from IARH Kits or a balance between relying on IARH Kits and procuring individual items is more appropriate.
- Consult global experts and high-quality resources to support the transition process.
- Coordinate and share data among governments, health partners (humanitarian and development), the cluster system, and national commodity security working groups.
- Coordinate within the health cluster/sector and SRH sub-sector, governments, and national logistics management units, to support a harmonized transition that ensures that humanitarian efforts are not creating duplicative supply chains across health programs (primary health, children's health, nutrition, and SRH).

Example from the field: Cox's Bazar, Bangladesh

UNFPA and JSI collaborated to guide the UNFPA Cox's Bazar team responding to the Rohingya refugee crisis on how to transition from IARH Kits to individual products. The team collected data to map the current supply chain, including flows of funding, information, and products; made recommendations for supply chain strengthening activities; built capacity in forecasting and supply planning; and provided a forecast and a supply plan for individual products. Some examples of the recommendations include for UNFPA and the local authorities to determine inventory control protocols and order frequency, collect several months of partner data, implement an LMIS system, assess the need for increased warehouse space, conduct capacity building for key partner staff, and inform partners of changes and new expectations in advance of transitioning.

Strengthen human resource capacity across partners — governments, UN agencies, and NGOs (local and international) — to transition from acute emergency supply chains to more stable supply chains:

- Conduct trainings on moving away from exclusive kit procurement (including basic forecasting and supply planning) in coordination with key health supplies partners in-country.
- Build capacity at all levels of the national supply chain and identify gaps in logistics capacity (e.g., warehouse/pharmacy management, transportation, and waste management).
- Train staff at all levels of the national supply chain on LMIS, the importance of basic data collection and reporting on commodities, and how to analyze the data available to make decisions to improve commodity availability.
- Hire trained medical supply chain experts and/or pharmacists where necessary and ensure they are linked with the cadre of personnel that the Ministry of Health may be defining or developing.

Strengthen logistics and supply chain data collection and use it to inform supply planning and quantification:

- Integrate humanitarian health supplies logistics data collection into existing national LMIS if they exist; if no LMIS system exists, work with relevant health supplies partners to support the establishment of one.
- As more robust data on health facility inventory levels and consumption become available, use this data to inform quantification.
- Integrate humanitarian need into national supply plans and quantification.

Strengthen the infrastructure for the national supply chain:

- Conduct a network optimization analysis to identify the most effective system of storage and transport.
- Transition to contracting with local vendors, including transportation and storage agencies, where possible.
- Strengthen national storage facilities if they exist.
- Invest in necessary infrastructure and resources to support supply chains (e.g., cold storage).
- Work with communities and frontline health workers to rebuild the local health systems, including supply chains, especially where the state is unwilling or unable.

CALL TO ACTION:

Governments, partners, and donors working across the spectrum of humanitarian and development settings, including UN agencies and national and international NGOs, can contribute to improving SRH supply chains by collaborating to strengthen pre-crisis preparedness and to transition after acute emergencies to more stable and uninterrupted supply chains.

Governments can contribute by:

- taking the leadership in creating an enabling policy environment to facilitate meeting SRH supply needs before, during, and after a crisis;
- including SRH supplies in disaster preparedness and disaster risk reduction plans, and including crisis planning and preparedness in health sector development plans and data collection systems;
- integrating crisis-affected regions in national supply chain management planning and design;
- supporting the pre-registration of supplies included in the IARH Kits and including bulk items importation in humanitarian import exemptions.

Humanitarian and development partners can contribute by:

- developing common global training packages, tools, and guidance to support national supply chain preparedness and transitioning to stable supply chains;
- establishing standards for measuring supply chain maturity and key performance indicators in humanitarian settings;
- improving global and national coordination, data sharing, and technical expertise, building on the newly established Humanitarian Health Supplies sub-group of the Interagency Pharmaceutical Coordination Group and other coordination mechanisms;
- building logistics capacity at global and national levels, including a surge deployment roster of medical logistics experts;
- working with WHO to support pre-qualifications of manufacturers providing key bottleneck SRH items;
- working with UNFPA on transitioning from the exclusive procurement of IARH Kits to bulk items;
- coordinating with global health supplies partners to find solutions to key issues that affect preparedness initiatives and bulk item procurement (e.g., high minimum order quantities).

Donors can contribute by:

- providing leadership and advocacy on the need for governments, donors, manufacturers, and distributors to collaborate across organizational boundaries to ensure more strategic support and continuous commodity availability, particularly in protracted emergency settings;
- investing in projects that work to improve supply chains by implementing preparedness measures and transitioning after an acute emergency to a more stable supply chain;
- investing in research that generates evidence on what works to improve supply chains in the humanitarian-development “nexus” (e.g., systematically piloting supply chain strengthening interventions in protracted crisis settings);
- investing in medical supply chain experts and pharmacists within UNFPA and other key supplies partners;
- investing in developing and deploying the training packages, tools, and guidance needed to support supply chain preparedness and transitioning to stable supply chains;
- ensuring that humanitarian funding structures are flexible enough to not just fund the IARH Kits, but to allow for context-specific bulk item procurement in post-acute settings (e.g., supporting multi-year funding);
- establishing projects, with long-term funding cycles, that include both service provision and national supply chain strengthening activities across health programs in crisis-affected settings.

To learn more:

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

iawg.net

Reproductive Health Supplies Coalition

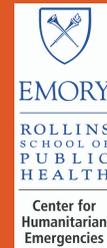
rhsupplies.org

Family Planning 2020

familyplanning2020.org

United Nations Population Fund (UNFPA)

unfpa.org



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