

ADVOCACY BRIEF

Ensuring universal access to sexual and reproductive health supplies

Recommendations to build resilient supply chains through collaboration in the humanitarian-development nexus

Sexual and reproductive health supply chains must be resilient to shocks

Women, girls, and other marginalized groups need lifesaving sexual and reproductive health (SRH) services whether they live in stable or crisis-affected settings. Essential SRH services cannot be delivered without access to adequate quantities of high-quality, affordable SRH supplies. During crises, the lack of availability of SRH supplies at the last mile has been documented multiple times as a critical gap that impedes delivery of lifesaving SRH services.^{1,2} Moreover, when crises strike, they disrupt development gains, derailing hard-won progress in access to comprehensive SRH services and supplies. Therefore, to ensure universal access to sexual and reproductive health supplies, we must build resilient SRH supply chains that can withstand, adapt to, and recover from shocks such as humanitarian crises. Actors in the humanitarian and development sectors can achieve this by collaborating to maintain continuity of operations and delivery of health products during stable times and crises alike, thereby reducing chronic vulnerability that disrupts SRH supply chains.

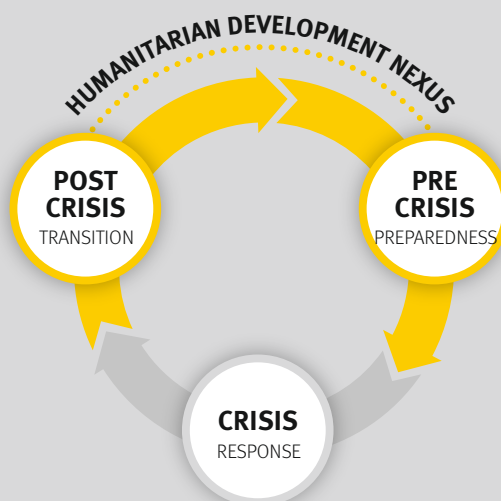
Collaborative action for resilient SRH supply chains

The COVID-19 pandemic underscores that all countries are vulnerable to emergencies and that humanitarian and development supply chain actors can be more effective in their respective efforts by working together. But we must bridge the operational and funding divides that the international community has created across humanitarian and development settings in order to build resilient systems that can withstand shocks and ensure continuous, universal access to SRH supplies.

In line with global commitments to improve multi-sectoral collaboration,³ governments, donors, and partners working across the spectrum of humanitarian and development settings, including UN agencies, national and international NGOs, and the private sector, should work together to seize significant existing opportunities before crises strike, in order to improve preparedness, and after the onset of acute crises, to expedite the transition to more stable supply chains.

Post-acute crisis, transition to recovery

After the immediate chaos of a new emergency, more robust services and supply chains should be restored to meet longer-term needs.



Pre-crisis preparedness

Emergencies seem sudden, but many can be predicted. Preparedness to adapt to and withstand shocks can facilitate rapid delivery of services and supplies when crises strike and support a rapid return to normal.



The Minimum Initial Service Package (MISP)

For SRH, the internationally accepted standard of care for SRH in emergencies, mandates the provision of life-saving SRH services from the outset of a crisis. The Inter-Agency Emergency Reproductive Health (IARH) Kits provide the medicines, devices, and commodities necessary to immediately save lives and implement the MISP. They are only intended to be used in the acute phase of an emergency. The MISP is part of the Inter-Agency Field Manual (IAFM) on Sexual and Reproductive Health in Humanitarian Settings, which also provides guidance for comprehensive SRH services that actors should provide after an acute emergency response, including transitioning back to more stable supply chains.

The following recommendations were developed jointly by a range of humanitarian and development stakeholders from the Reproductive Health Supplies Coalition (RHSC) and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) as part of an ongoing collaboration. They build on a co-published [information brief](#) compiling expert recommendations on strengthening supply chains across the humanitarian-development continuum.⁴ The recommendations articulated below will contribute to improving access to universal health care in line with the sustainable development goals, by focusing on the points where humanitarian and development work converge

GOVERNMENTS

Governments in both stable and fragile settings can directly implement preparedness initiatives that make sure supply chains have the capacity to mobilize quickly to meet needs when crises emerge. Additionally, as countries transition out of an acute emergency toward recovery, governments can leverage national investments, civil society, the private sector, and international support to (re)build national supply systems that are effective in times of stability and resilient in the event of future crises, based on lessons learned and emerging practice. Governments have an obligation to design national policies and systems that can withstand shocks and ensure that those living within their countries have continued access to essential life-saving supplies when they need them most.



We ask governments to:

- + Strengthen supply chain preparedness:** Ensure that the supplies needed to implement the MISP (including products in the emergency health kits) are registered, integrated into national preparedness plans and budgets, and included in national Essential Medicines Lists (EMLs) to facilitate quick mobilization when crises occur.
- + Improve supply chains in the post-acute response phase of humanitarian crises:** Sustainably integrate SRH supplies for displaced populations into national and subnational processes to transition away from reliance on emergency health kits (which are intended for use only during the acute phase of crises) to enable stable and demand-driven SRH supply networks.

Donors (bilateral, multilateral, and private) have a key role in improving supply chain resilience through their partnerships and investments. Donors can break down funding siloes and provide leadership and advocacy on the need for collaboration across organizational boundaries to ensure continuous commodity availability before, during, and after crises. Additionally, donors can help to address the gap between humanitarian and development programming through more flexible funding structures. Investments in humanitarian settings can not only provide direct services but also strengthen national supply chains, while development supply chain funding streams can integrate preparedness and risk management in all settings and include investments in protracted crisis settings.



We ask donors to:

+ Strengthen supply chain preparedness:

Integrate emergency preparedness and risk management activities and financing in all SRH supply chain strengthening and other SRH supply investments to ensure the SRH supply chain can withstand, adapt to, and recover from crises. (See recommended activities in the [information brief](#) on strengthening supply chains across the humanitarian-development continuum.)

+ Improve supply chains in the post-acute response phase of humanitarian crises:

Invest in SRH supply chain strengthening interventions in a range of protracted crisis and recovery settings, and in building the evidence base on what works. Such interventions would draw on the supply chain expertise and evidence base from development settings and lessons from past crises, and adapt and apply them to strengthen supply chains in post-acute crisis-affected settings to provide sustainable, comprehensive SRH services responsive to local needs and demands.

Organizations with long-term SRH programming experience in a country are especially well positioned to contribute to crisis preparedness and, after the acute phase of a crisis, to support the local government to re-establish and strengthen the SRH supply chain to facilitate a return to stability and routine SRH services. In addition, they are likely able to influence national policies regarding SRH service delivery and the management of medicines and other pharmaceutical products.



We ask development agencies to:

+ Strengthen supply chain preparedness:

Integrate emergency preparedness and planning activities and budgets into all SRH supply programming, and support governments to include SRH supplies in emergency preparedness planning and budgets, continuity of operations plans, and contingency planning.

+ Improve supply chains in the post-acute response phase of humanitarian crises:

Apply and adapt supply chain strengthening evidence and tools from stable contexts, to facilitate a successful return to comprehensive, sustainable service delivery.

Humanitarian agencies play a critical role in ensuring the availability of SRH supplies during a crisis. They can respond rapidly after a crisis with surge capacity (deployment of additional resources to manage emergency response) and pre-positioned SRH supplies and have a key role in rebuilding/strengthening the existing supply chain during the recovery phase to withstand or mitigate future shocks.



We ask humanitarian agencies to:

+ Strengthen supply chain preparedness:

Participate in global, national, and subnational SRH technical and commodity security working groups to integrate preparedness activities into strategies and plans.

+ Improve supply chains in the post-acute response phase of humanitarian crises:

Deploy appropriate human resources, including expertise in SRH supply chain management and logistics, in post-acute humanitarian response and coordinate with government and humanitarian partners through the health and logistics clusters to transition from the use of emergency health kits to procurement of individual commodities, supporting procurement through public sector processes whenever possible.

MOVING FORWARD

Fragmented humanitarian and development funding and implementation mechanisms do not match reality and lead to both waste and shortages in supply chain systems. Crises can last a decade and the entire world can be disrupted by a global pandemic. We - governments, donors, humanitarian agencies and development agencies, as well as private sector and other partners - have the ability to collectively develop and implement strategic solutions that have a lasting impact. We can be jointly accountable for progress and resolution of challenges. We must prepare better, and we must build back better. As a community, we will continue to collect new evidence and integrate updated learning to ensure continuous access to SRH supplies for women, girls, and other marginalized groups who need them. We must unite to collectively adapt our actions before, during, and after crises to build resilient supply chains.

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>.

2. Jurman, Danielle and Wilma Doedens. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations. 2017. Website: <https://iawg.net/resources/2017-evaluation-of-the-use-of-inter-agency-reproductive-health-kits-for-crisis-situations>

3. See, for example, the Grand Bargain, an agreement between donors and aid organizations in which enhancing engagement between humanitarian and development actors is a cross-cutting workstream. Website: <https://interagencystandingcommittee.org/grand-bargain>

4. Strengthening Supply Chains for Sexual and Reproductive Health Across the Humanitarian-Development Continuum to Fulfill the 2030 Agenda. 2019. Website: <https://iawg.net/resources/information-brief-on-supply-chains-for-sexual-and-reproductive-health-across-the-humanitarian-development-continuum>