

Preparing for War in Iraq: Making Reproductive Health Care a Priority

By Megan McKenna, Media Liaison, Women's Commission for Refugee Women and Children

Reproductive health care is rarely a priority in emergencies, but crisis preparation for the war in Iraq marked a milestone. Emergency reproductive health care supplies had been pre-positioned in the region, and for perhaps the first time, the need for training on how to use the supplies and how to incorporate reproductive health care into the initial phase of emergency response was identified before the crisis began.



“For the most part, health care officials hadn’t asked for training because they didn’t know that it was needed,” says Dr. Henia Dakkak, Emergency Obstetrics Technical Adviser, Reproductive Health for Refugees Consortium (RHRC). Dakkak observed this gap during a January 2003 assessment visit to the region for the Women’s Commission for Refugee Women and Children, which coordinates the RHRC and leads its advocacy efforts.

During war, pregnant women are particularly vulnerable as hospitals are often difficult to access and those that are reachable must cope with war casualties and dwindling supplies. Approximately 25 percent of women of reproductive age in any refugee population are pregnant at one time. As with all women, 15 percent of them will suffer from unforeseen complications of pregnancy and childbirth. Every day, 1,440 women die from these complications; 90 percent of them are in the developing world.

UNFPA estimates that 2,000 women give birth daily in Iraq; even under normal circumstances, 300 of these women would require emergency obstetric care. As a result of a decade of international sanctions that severely damaged the Iraqi health care system, pregnant Iraqis faced notably high levels even before the war. At the same time, increasing poverty and poor nutrition undermined women’s health. Maternal mortality had more than tripled since the start of the sanctions. Underweight births increased from 25 percent in 2001 to 30 percent in 2002. Before the U.S. invasion of Iraq, it was reported that pregnant women rushed to Baghdad hospitals before their due date and demanded caesarean sections rather than risk delivering their infants during war.

The United Nations Population Fund (UNFPA) took the lead on ensuring proper training was given and asked Dr. Dakkak to return in February to train key staff. Dr. Dakkak spent over a month in Jordan and Syria, training health officials from the region, including Iraq, on the importance of rapid response to the reproductive health needs of women in flight. In her trainings, which brought together more than 100 senior government, UN and non-governmental officials,

Dr. Dakkak emphasized the need for these services at the onset of an emergency in order to prevent infant fatalities and maternal death and disability; avert and manage the consequences of sexual violence; and reduce the transmission of HIV/AIDS. These emergency activities are part of the Minimum Initial Service Package (MISP), which the Women's Commission is advocating be integrated into the earliest days of humanitarian assistance.

"For many, it was their first reproductive health training and the first time they realized that reproductive health care means more than simply family planning," Dr. Dakkak said. "Participants acknowledged that reproductive health training had been neglected in the region."

Dr. Dakkak also helped lay the groundwork for future cooperation. "Coordination between government officials, the UN and NGOs has always been lacking in emergency response plans," Dr. Dakkak said. "The trainings were the first time that many participants, including doctors and emergency workers, could ask government officials about their emergency strategies. Similarly, government officials were able to learn more about the needs of field staff." Dr. Dakkak also helped establish a regional database of health information on refugees and the displaced to further this collaboration.

Among her recommendations, Dr. Dakkak suggested that a reproductive health focal point be appointed in each country to coordinate the implementation of the MISP and that the importance of implementing *all* components of the MISP early on in an emergency be stressed to service providers in Arabic language training sessions.

"Some officials didn't know the concept of 'gender,'" Dr. Dakkak says. "There was no word for it in Arabic. We discussed it and decided on word that would best explain this idea. I think this was a big step in their understanding of why reproductive health care at the start of an emergency is vital."

Dr. Dakkak also trained officials on emergency obstetric care, family planning and safe motherhood, and distributed basic information on emergency nutrition.

"As a result of the trainings, UNFPA, NGOs and government officials in the region better understand the components of effective reproductive health response in emergencies and in times of peace, and how to best work together," Dr. Dakkak says. Syria has already hired a national coordinator for the MISP. "In the end, this training will no doubt lead to better reproductive health care for all women in the region," she says.

Minimal Initial Service Package (MISP)

The Minimal Initial Services Package (MISP) are the basics needed to respond to the reproductive health needs of people in the early stages of a refugee situation. The MISP is not just a kit of equipment and supplies. It's a set of activities that must be implemented in a coordinated manner by appropriately trained staff. The MISP prevents undue neonatal and maternal illness and death, reduces HIV transmission, and prevents and manages the consequences of sexual violence. It also includes planning for the integration of comprehensive reproductive health services into primary health programs.

"The MISP is a critical component of health care for women in emergencies," says Sandra Krause, Director, Reproductive Health Project, Women's Commission for Refugee Women and Children. "It helps ensure that women's basic needs in emergencies are met and that they don't die a needless and preventable death or suffer long-term disability."

MISP Objectives:

- **Identify** an organization (s) and individual(s) to facilitate coordination and implementation of the MISP
- **Prevent** and manage the consequences of sexual violence
- **Reduce** HIV transmission by:
 - Enforcing respect for universal precautions against HIV/AIDS
 - Guaranteeing the availability of free condoms
- **Prevent** excess neonatal and maternal illness and death by:
 - Providing clean delivery kits for use by mothers or birth attendants to promote clean deliveries
 - Providing midwife delivery kits to facilitate clean and safe deliveries at the health facility
 - Initiating the establishment of a referral system to manage obstetric emergencies
 - **Plan** for the provision of comprehensive reproductive health services, integrated into Primary Health care, as the situation permits. **This includes:**
 - The collection of background data on maternal, infant and child mortality, HIV/AIDS and contraceptive prevalence
 - The identification of suitable sites for future delivery of comprehensive RH services by addressing security problems, accessibility, privacy, access to water and sanitation
 - An assessment of staff capacity to provide comprehensive RH service and a plan for future training

For more information on the MISP, please contact Julia Matthews, Reproductive Health Project Manager, Women's Commission, at juliam@womenscommission.org