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Recommendations for governments to maintain continuous family planning services during shocks and stressors

All countries are at risk of experiencing shocks and stressors. Every year, hundreds of millions of people are affected by crises, including natural disasters, conflict, and infectious disease outbreaks—all of which are exacerbated by climate change. When crises occur, health risks, including maternal morbidity and mortality, increase. At the same time, health services, including sexual and reproductive health (SRH) services, are often disrupted—undercutting the efficacy of health systems and policies, derailing progress made during stable times, and undermining the health and rights of affected individuals.

People need continuous access to family planning (FP) services as an essential component of SRH care to prevent unintended pregnancy. **To meet FP needs in stable times and through shocks and stressors alike, we call upon governments to:**

- **integrate preparedness and resilience building into FP policies, programs, and financing, and incorporate FP into disaster risk management,** to improve preparedness to provide continuous FP services and build resilient health systems that can withstand and adapt to crises;
- **coordinate with humanitarian and development partners,** including local organizations, **to provide continuous FP services** when crises occur, in line with minimum standards; and
- **expand FP services in the aftermath of acute crises,** including during protracted response and recovery, to meet comprehensive SRH needs.

Taking action is critical across all settings—whether stable, fragile,[1] or crisis-affected—to **achieve national and international commitments** like the Sustainable Development Goals (SDGs) and **safeguard gains** made in FP access, availability, and quality during stable times.[*,+]

Why governments must engage: Resilient health systems are able to mitigate, adapt, and recover from shocks and stressors

More than half the world's countries are at medium, high, or very high risk of crisis.[2] In 2024, an estimated 300 million people will be affected by crises, including 75 million women and girls of reproductive age.[3] The COVID-19 pandemic underscored that all settings—even those not currently facing a crisis—are vulnerable to shocks and therefore must be prepared to continue providing essential services during crises.

* This brief is part of a series that adapts recommendations developed by the Women's Refugee Commission (WRC), the Inter-Agency Working Group on Reproductive Health in Crises (IAWG), and Family Planning 2030 based on a landscaping assessment conducted by WRC in 2018-2020. The other briefs provide recommendations to donors, development agencies, and humanitarian agencies.

+ In this brief, "family planning services" refers to the full package of voluntary contraceptive services, including counseling, informed consent, provision of a method, and all other components of contraceptive service delivery.

Preparedness and resilience building benefit health systems during stable times and crises alike. The resilience of a country's health system significantly impacts its ability to maintain ongoing services through shocks and stressors. Emergency preparedness and recovery, as two points within the humanitarian-development nexus,[4] provide entry points to leverage stakeholders' respective comparative advantages toward collective outcomes[5] that build resilient health systems equipped to deliver services to all who want and need them—no matter who they are or where they live.

The **humanitarian-development nexus** recognizes that settings do not make linear transitions between humanitarian and development status, but rather they can exist simultaneously in the same space and fluctuate back and forth.

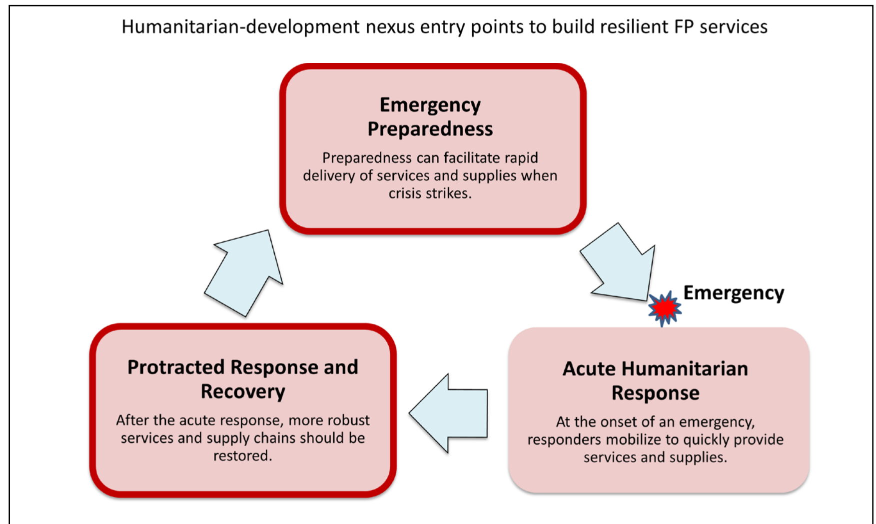
Meeting SRH needs, including FP, from stable times through shocks and stressors is critical to achieving international commitments, including the SDGs, universal health coverage (UHC), FP2030 commitments, and other global agreements. Given the number of people affected by shocks and stressors and the potential for progress to backslide when crises occur, governments must plan and account for shocks and stressors in order to meet their international commitments.

75%
of countries' **FP2030 commitments** integrate emergency preparedness and response.

Why continuous access to FP is important: FP services save lives during crises

FP is lifesaving[6] and part of the minimum standards of care in crisis-affected settings. The Minimum Initial Service Package (MISP) for SRH—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives.[7] Continuity of FP services must be prioritized to ensure that FP services are available, along with other SRH services, from the onset of every crisis, in alignment with the MISP for SRH. They must be expanded as the acute crisis stabilizes, in alignment with the *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*.[8]

People affected by crises want and need access to FP. Demand for FP services has been documented consistently across diverse crisis-affected contexts, from conflicts to natural disasters to infectious disease outbreaks like Ebola and COVID-19.[9] People affected by crises use these services when they are available and of adequate quality.[10]



Yet FP availability and access during crises remain limited and uneven. When governments and other decision-makers do not plan for and take action to ensure continuity of FP services, women and girls lose access to this critical component of health care during crises.[11] Even when FP services are available during crises, specific gaps often persist, including lack of method mix (particularly long-acting reversible contraception [LARCs] and emergency contraception [EC]); barriers to access for adolescents and members of other marginalized populations; gaps in availability of FP commodities; and poor data collection and use.[12]

What you can do: Recommendations and tools for governments

As stewards of their national health programs, governments must lead the way on advancing policies, programs, and financing that build resilient health systems and enable continuous access to health services across shocks and stressors. To ensure continuity of FP services when shocks and stressors occur, governments in both stable and fragile settings must take action before, during, and after crises—not just at the onset of a new crisis—in partnership with humanitarian and development stakeholders, donors, civil society organizations, and communities. Government leadership and action are crucial to ensuring preparedness for FP access, continued services during an acute emergency, and longer-term resilience and sustainability.

Here's how you can make this happen:

- **Before crises: Systematically integrate crisis preparedness and risk management into FP and other SRH policies, programs, and financing; and, vice versa, integrate SRH preparedness, including FP, into ongoing health and disaster risk management policies, programs, and financing.** Many actions—such as integrating the MISP into national training curriculums for health providers, allocating dedicated funding to preparedness, developing supply chain contingency plans, and identifying opportunities to strengthen SRH and preparedness policies—can be taken during stable times to ensure quality FP services remain available and accessible as crises occur and subside.
  - *Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies* brings together existing learning and guidance for SRH preparedness.
  - MISP Readiness Assessments (MRAs), which have been completed in many countries, can be used to identify context-specific activities that should be implemented.
  - *Facilitator's Kit: Community Preparedness for Sexual and Reproductive Health and Gender* offers tools for government agencies at the sub-national level to support local stakeholders to strengthen community capacity to prepare for crises.

- **During acute crises: Coordinate with humanitarian agencies and other partners to ensure delivery of SRH services and supplies in alignment with the MISP.**
  - The MISP for SRH calls for preventing unintended pregnancy by *ensuring availability of a range of long-acting and short-acting methods, including emergency contraception,* to meet demand; *providing information and contraceptive counseling* that emphasizes informed choice and consent, effectiveness, privacy and confidentiality, equity, and non-discrimination; and *ensuring the community is aware of the availability of contraceptives* for women, adolescents, and men.
  - For guidance on ordering and using prepackaged kits to meet essential SRH supply needs during acute crises, see *Manual: Inter-Agency Emergency Reproductive Health Kits for Use in Humanitarian Settings*.

- **In the aftermath of acute crises and during protracted crises and recovery: Strengthen national health systems to meet comprehensive SRH needs, including FP.** Post-crisis periods offer opportunities to learn from past successes and challenges and build back better to reinforce the long-term sustainability of systems and services to withstand, adapt to, and recover from crises.[13]
  - The *Inter-Agency Field Manual* includes a chapter detailing comprehensive FP services that must be available as acute crises subside.

- **Before, during, and after crises: Partner with and strengthen coordination among humanitarian agencies, development organizations, and other local and international stakeholders** to leverage respective expertise at all stages of stability, fragility, crisis, and development. Local organizations are particularly well placed to adapt and respond quickly when shocks occur and are essential in these activities.
  - The High-Impact Practices in Family Planning (HIPs) "Family Planning in Humanitarian Settings: A Strategic Planning Guide" identifies a range of actions that improve FP access in places at risk of, experiencing, and recovering from crises.

Additional Information:

The summary report of WRC's two-year landscape assessment of contraceptive services in crises and other reports are available here.

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Women's Refugee Commission

The Women's Refugee Commission improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. womensrefugeecommission.org

Inter-Agency Working Group on Reproductive Health in Crises

IAWG is an international coalition of organizations and individuals working collectively to advance sexual and reproductive health and rights in humanitarian settings. https://iawg.net/

FP2030

FP2030 is the only global partnership centered solely on family planning. This singular focus allows us to bring together the widest possible range of partners across disciplines and sectors, while situating family planning at the crossroads of the global health, development, and gender equality agendas. https://fp2030.org/

MOMENTUM Integrated Health Resilience

MOMENTUM Integrated Health Resilience works to strengthen health resilience and continue providing high-quality, respectful, maternal, newborn, and child health, voluntary family planning, and reproductive health care in fragile settings. https://usaidmomentum.org/about/projects/integrated-health-resilience/

Promoting Results and Outcomes through Policy and Economic Levers (PROPEL) Adapt

PROPEL Adapt strengthens health systems and builds resilience through cross-sectoral approaches encompassing policy, financing, government accountability, and evidence-based advocacy in the context of shocks and stressors. www.actionagainsthunger.org/our-solutions/nutrition-health/propel-adapt/

Endnotes

1 According to USAID, "Fragility is a condition of vulnerability to a range of bad outcomes, and it emerges from the relationship between the state and society. Its severity is determined by the extent to which countries generate the capacities to productively manage internal and external stresses. Fragility increases when stresses threaten to overwhelm capacity, escalating vulnerability to an array of crises, such as violent conflict, political instability, pandemic, disasters or economic collapse." Quoted from MOMENTUM Integrated Health Resilience, "The Humanitarian-Development Nexus: A Framework for Maternal, Newborn, and Child Health, Voluntary Family Planning, and Reproductive Health" (2022), based on USAID Fragility Analytics Guidance (2019).

2 The INFORM risk index has three dimensions: natural and human-made hazards and exposure; socio-economic and other vulnerability; and lack of institutional and infrastructural coping capacity. See: INFORM Risk Facts and Figures, 2024, https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Risk-Facts-Figures.

3 United Nations Office for the Coordination of Humanitarian Affairs Global Humanitarian Overview 2024, https://reliefweb.int/report/world/global-humanitarian-overview-2024-enarfres.

4 See, for example, The Humanitarian-Development Nexus: A Framework for Maternal, Newborn, and Child Health, Voluntary Family Planning, and Reproductive Health developed by MOMENTUM Integrated Health Resilience. See also, WRC, Humanitarian and Development Nexus for Health and Sexual and Reproductive Health Briefing paper (May 2019), www.womensrefugeecommission.org/research-resources/nexus-for-sexual-and-reproductive-health-briefing-paper.

5 OCHA Policy Development and Studies Branch, *The New Way of Working* (Geneva, 2017). Available from www.unocha.org/es/themes/humanitarian-development-nexus.

6 Fulfilling unmet need for FP could avert nearly one in three maternal deaths. See, for example, Ahmed et al., (2012), "Maternal deaths averted by contraceptive use: an analysis of 172 countries," *The Lancet* 380: 111-125, https://pubmed.ncbi.nlm.nih.gov/22784531, and Cleland et al., (2006), "Family planning: the unfinished agenda." *The Lancet, The Lancet Sexual and Reproductive Health Series,* https://www.scienceopen.com/document?vid=42737efc-a6c0-42c4-b73f-7584194ee062.

7 Minimum Initial Service Package for Sexual and Reproductive Health. https://iawgfieldmanual.com/manual/misp.

8 *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*, https://iawgfieldmanual.com.

9 Across diverse contexts, 30% to 40% of women experiencing displacement did not want to become pregnant in the next two years, and 12% to 35% wanted to limit the number of pregnancies. The proportion of women who want to prevent pregnancy can be even higher in some populations. Nearly three-quarters of pregnant Syrian refugee women surveyed in Lebanon wished to prevent future pregnancy, and more than one half did not desire their current pregnancy. See: McGinn et al., (2011), "Family Planning in Conflict: Results of Cross-sectional Baseline Surveys in Three African Countries," *Conflict and Health* 5: 11, http://www.conflictandhealth.com/content/5/1/11, and Benage at al., (2015), "An assessment of antenatal care among Syrian refugees in Lebanon," Conflict and Health 9(8). See also: Bietsch, K., Williamson, J. and Reeves, M. (2020), "Family Planning During and After the West African Ebola Crisis." *Studies in Family Planning*, 51: 71-86. https://doi.org/10.1111/sifp.12110, and Wood, Shannon N, et al. "Need for and use of contraception by women before and during COVID-19 in four sub-saharan African geographies: Results from population-based national or regional cohort surveys." *The Lancet Global Health*, vol. 9, no. 6, 2021, https://doi.org/10.1016/s2214-109x(21)00105-4.

10 See: S.E. Casey et al., (2013), "Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys," *Glob Public Health* 8:284–97, and Sara Casey and Martin Tshimpamba, (2017), "Contraceptive availability leads to increase in use in conflict-affected Democratic Republic of the Congo: evidence from cross-sectional cluster surveys, facility assessments and service statistics," *Conflict and Health* 11(2).

11 Lily Jacobi and Sarah Rich, "Covid-19's Effects on Contraceptive Services Across the Humanitarian–Development Nexus," (2022) *IDS Bulletin*, https://bulletin.ids.ac.uk/index.php/idsbo/article/view/3162.

12 "Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus," 2021, www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus.

13 See, for example, Atul Gawande, "Why the World Needs its Own Immune System." 2023. *New York Times*. www.nytimes.com/2023/12/25/opinion/global-immune-system-public-health.html.

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