In the poorest, most remote areas of the world, health services are often hard to come by. Communities are marginalized economically and geographically; people often do not seek preventative care and are not reached by primary and secondary health services.

Reproductive health and family planning messages and services often do not reach these groups. According to demographic and health survey reports, in nearly every country, the poorest quintile also have the highest fertility rates, lowest contraceptive prevalence rates (CPR), and least amount of knowledge of contraception methods. And when crisis strikes, access to basic health services declines even more as resources are diverted to deal with the emergency. That’s why the theme of this year’s World Population Day, “vulnerable populations in emergencies,” observed July 11, is so important.

During humanitarian crises, women and children are especially vulnerable. More than a year after the start of the largest Ebola outbreak since the disease was discovered, assessments show that the gains that had been made in reproductive, maternal, and child health in Guinea, Liberia, and Sierra Leone are in danger of regressing. Even those not affected by Ebola itself have been greatly affected by the diversion of health resources.

In 2014, approximately 250,000 children in these three countries did not receive the basic immunizations they needed, making outbreaks of diseases like measles, tetanus and polio more likely, according to an article written by Liberian President Ellen Johnson Sirleaf and GAVI CEO Seth Berkley.

A March 2015 report by the government of Sierra Leone found that unplanned pregnancies are 44 percent to 172 percent higher (depending on the district) than they would have been had the outbreak not happened. The report found that during the Ebola outbreak, adolescents in three districts had less interaction with schools’ sexual and reproductive health programs, more recreational time, and more transactional sex.
The Ebola outbreak is a heartbreaking example of why it is so important that health systems be designed to endure unanticipated shocks. They must be resilient enough to absorb, and not be overwhelmed, by sudden emergencies, so that when disaster strikes, children do not stop getting vaccinated and women do not stop getting access to family planning methods.

MSH’s approach revolves around strengthening health systems, to ensure that the world’s most vulnerable populations have access to family planning and reproductive health services even in the midst of health emergencies. We foster best practices in leadership and governance, increase access to family planning and reproductive health services, develop effective systems for managing contraceptives, build providers’ capabilities and skills, and establish strong, sustainable, and integrated programs.

The new Collaborative Support for Health System Strengthening project in Liberia, funded by USAID and led by MSH, aims to strengthen health systems in the country by improving leadership and governance, supply chain management, health management information systems, and services’ financial sustainability, among other goals. Meeting these goals will ultimately help the country improve its delivery of family planning and reproductive health services and ensure that a future outbreak will not put these services at risk.

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