



SEXUAL AND REPRODUCTIVE HEALTH IN CRISES

As part of the Hub Communities' annual theme 2024: Global Health in Conflict Settings

O. Ivanova (1) and M. McGowan (2,3) on behalf of the Women's Health Community

1 Institute of Infectious Diseases and Tropical Medicine, LMU University Hospital, Munich, Germany

2 Heidelberg Institute of Global Health, Heidelberg University, Germany

3 School for Data and Computational Thinking, Stellenbosch University, Stellenbosch, South Africa

INTRODUCTION

- Sexual and reproductive health and rights (SRHR) of girls and women are often overlooked and underprioritized in crises settings.
- Approximately **45 million women in crises settings** are in **urgent need of sexual and reproductive health (SRH) services** [1].
- A systematic review and studies from Hub members found that refugee adolescent girls and women often lack adequate SRH information, face poor SRH outcomes (e.g., **poor menstrual hygiene, sexual violence, female genital mutilation, unplanned pregnancies & unsafe abortions**), and have limited access to and availability of adequate SRH services [2-5].



Image source: <https://www.ipf.org/featured-perspective/sexual-and-reproductive-health-2023-and-beyond>

BEST PRACTICE EXAMPLES

MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH (MISP for SRH)

PREVENT MORTALITY, MORBIDITY AND DISABILITY IN CRISIS-AFFECTED POPULATIONS

- 1 Ensure the health cluster identifies an organisation to lead the MISP for SRH
 - 2 Prevent sexual violence and respond to the needs of survivors
 - 3 Prevent and reduce morbidity and mortality due to HIV and other STIs
 - 4 Prevent excess maternal and newborn morbidity and mortality
 - 5 Prevent unintended pregnancies
 - 6 Plan for comprehensive SRH services integrated into primary health care as soon as possible
- Ensure that safe abortion care is available, to the full extent of the law, in health centres and hospitals.

Source: [Image source: https://www.ipf.org/featured-perspective/sexual-and-reproductive-health-2023-and-beyond](https://www.ipf.org/featured-perspective/sexual-and-reproductive-health-2023-and-beyond)

BEST PRACTICE 1

Advocate for the Minimum Initial Service Package for SRH and adapt recommendations for specific vulnerable groups (e.g., adolescent girls) [6]
Example:

- Meaningful engagement of target communities in the development of SRH programs
- Develop age- and culturally-appropriate SRH services and information

BEST PRACTICE 2

Develop and implement context, language, and population-tailored SRH communication strategies

- **Empowered Birth Movement (EBM)**: aims to improve maternal health among migrants in Germany through advocacy, evidence-based interventions, and communication
- **Zanzu**: a project by the BZgA and Sensoa, that provides simple and descriptive online information about SRHR in 13 languages



POLICY & RESEARCH RECOMMENDATIONS

Place refugee women and girls at the center of policy, innovation, and research development

Advocate for the implementation of the **Minimum Initial Service Package** for SRH

Educate women and girls living in refugee camps and welcome centers about SRHR through **context, language, and population-tailored communication strategies**

Advocate for women's health and SRHR to be added into **migrant health policies**

Collect data and evidence of women and girls' health in crisis situations to **inform sustainable SRH interventions**

Fund and sustainably supply **essential SRH products** (e.g., menstrual hygiene products, condoms, STI tests, HIV tests)

Develop **linkage pathways** for women and girls to access healthcare and legal services (e.g., post-violence care)

Provide free-of-charge and easily accessible **translation services** for women to access SRH services [7-8]

Call to Action: Collaborate on migrant and refugee health policy briefs to advocate for SRHR for women and girls

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2. Tazinya, R.M.A., El-Mowafi, I.M., Hajjar, J.M. et al. Sexual and reproductive health and rights in humanitarian settings: a matter of life and death. *Reprod Health* 20, 42 (2023). <https://doi.org/10.1186/s12978-023-01594-z>.

3. Ivanova O, Rai M, Mlahagwa W, Tumuhairwe J, Bakuli A, Nyakato VN, Kemigisha E. A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. *Reprod Health*. 2019 Mar 19;16(1):35. doi: 10.1186/s12978-019-0698-5. PMID: 30890170; PMCID: PMC6425697.

4. Kemigisha E, Rai M, Mlahagwa W, Nyakato VN, Ivanova O. A Qualitative Study Exploring Menstruation Experiences and Practices among Adolescent Girls Living in the Nakivale Refugee Settlement, Uganda. *Int J Environ Res Public Health*. 2020 Sep 11;17(18):6613. doi: 10.3390/ijerph17186613. PMID: 32932817; PMCID: PMC7558145.

5. Ivanova O, Rai M, Kemigisha E. A Systematic Review of Sexual and Reproductive Health Knowledge, Experiences and Access to Services among Refugee, Migrant and Displaced Girls and Young Women in Africa. *Int J Environ Res Public Health*. 2018 Jul 26;15(8):1583. doi: 10.3390/ijerph15081583. PMID: 30049940; PMCID: PMC6121882.

6. Adolescent sexual and reproductive health (ASRH) toolkit for humanitarian settings 2020. Inter-Agency Working Group on Reproductive Health in Crises (2021). <https://iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition>.

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8. Policy brief on Global Health and Migration. Global Health Hub Germany (2024). *Prioritising Migrants and Refugees in the Global Health Discourse: A Policy Brief of the Global Health Hub Germany Community on Global Health and Migration*.