Women in humanitarian settings during COVID-19

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FIGO Statement on Essential Sexual Reproductive Health services for women in humanitarian settings during COVID-19 outbreak.

1. Scope of the refugee problem globally

Globally there are around 70 million displaced people who will need immediate protection from the COVID-19 outbreak which is devastating the world's most competent health systems, including those with very basic healthcare.

Humanitarian, ethical, and human rights considerations though compel us all to protect refugee communities, but the epidemic nature of this outbreak if it hits refugee settlements will lead to a devastating public health problem.

Refugee settlements are usually densely populated, the people live in crowded tents/communities, with unresponsive public health infrastructure, as well as daily and frequent mobility between settlements and urban zones for work. It is also unlikely that they will have decent washing facilities.

As a result, COVID-19 outbreak can spread quickly; affecting mainly women and girls sexual, reproductive health.

2. Context that makes women and children living in humanitarian settings a highly vulnerable group

FIGO advocates on the global stage for an increased focus on the sexual and reproductive health (https://www.figo.org/news/icpd25-commitment-srhr-humanitarian-settings-0016275) and wellbeing of refugees, internally displaced, and migrant women and girls, recognising that their basic health needs do not change when they are displaced, and that displacement may put them at increased risk of violation of their sexual, reproductive health and rights.

3. Interventions that are right based at the policy, financial and service level

Essential SRHR services should include:

- Clear information about where and how to access available services
- Emergency contraception (oral and, where possible, provision of copper intrauterine device - IUD)
- Support existing, continued use of Long-Acting Reversible Contraception (LARC)
- Safe Abortion care and post-abortion care including contraception.
  Medical management with (mifepristone) and misoprostol (https://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/) and self-management have a clear advantage.
  Support for health care providers as well as directly to women can be gained from 'Women on Web (http://www.womenonweb.org/)'
- Routine LARC removals / exchanges can be deferred temporarily Implants can be issued for five years according to the WHO and Cu-IUDs use can be extended for 12 years

4. The roles and ethical obligations of OBGYNs

It is the role and ethical obligation of us OBGYN specialists and our residents/registrars to reach out to those in need of sexual, reproductive health services (https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.13111), to curb stigma, phobia and racism and to make sure that sexual, reproductive health care is evidence based and provided within rights framework.

With the current global pandemic and crisis situation we must ensure that the women under our direct care have access to the services and care they need. We must ensure that we provide care across woman's lifespan and with full attention to women's human and reproductive rights.

This right must hold true wherever women and children live, regardless of their legal status; it cannot be sacrificed or compromised even when political turmoil places them at such risk.

Follow the WHO advice on how to protect yourself and others from the coronavirus (COVID-19) (https://www.who.int/emergencies/diseases/novel-coronavirus-2019).