

SRH in humanitarian settings during COVID-19

Scope of the refugee problem globally

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

Humanitarian, ethical, and human rights considerations compel us all to protect refugee communities. Still, 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 and reproductive health.

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](#) and wellbeing of refugees, internally displaced, and migrant women and girls. We recognise 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 and reproductive health and rights.

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](#) 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.'](#)
- 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.

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](#), to curb stigma, phobia and racism and to make sure that sexual and reproductive health care is evidence-based and provided within a rights framework.

With the current global pandemic and crisis, 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 a 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 \(COVID-19\)](#).

This piece was contributed by:

[FIGO Human Rights, Refugees and Violence Against Women Committee](#)

About FIGO

FIGO is a professional organisation that brings together obstetrical and gynecological associations from all over the world.

FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing FGM and gender based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization (WHO) and a consultative status with the United Nations (UN).