Reaching The Unreached Women; Ensuring Health Equity for Refugee Women

Background

Equity—refers to fair opportunity for everyone to attain their full potential, regardless of demographic, social, economic or geographic strata. Health equity for refugee women refers to their rights to access and make use of essential services, including SRH services.

Over the last few decades, significant progress has been made in improving women's health, including helping the most disadvantaged. However, efforts are hampered by increasingly intractable outbreaks of war and a higher frequency of natural disasters in some parts of the world.

Equity and closing the gap in access to quality services for all vulnerable groups, including women in fragile settings, displaced and refugee women, is fundamental to achieving Universal Health Coverage (UHC) and meeting SDG targets.

By 2020, about 79.5 million people around the world are displaced outside their homes. Humanitarian crises undermine progress and pose serious challenges to building a more equitable world. More than 26 million women and girls of reproductive age worldwide are in need of humanitarian aid; they are currently not only living outside their homeland, but most of them are also housed in refugee camps or urban slums.

Evidence has shown that these girls and women are at increased risk of violence, including sexual violence, unintended pregnancies, higher risks during pregnancy and childbirth with more adverse outcomes in terms of mortality and morbidity. Prevention of unintended pregnancies remains challenging for too many refugee girls and women. Moreover, there is a high risk of unsafe abortions in these settings.

The key interventions to increase access and use of Sexual and Reproductive Health and Rights (SRHR) services are well known. However, many of the organisations implementing these services in crisis settings are obliged to do so whilst overcoming hurdles with very limited resources.

Therefore, it is pivotal to build capacity among local partners and all stakeholders, not only to enable immediate response to a humanitarian crisis, but also to support the transition period ensuring the primary healthcare systems provide long-term SRHR.

Ensuring that communities have built-in mechanisms to guarantee girls' and women's rights, safety and basic health services during an acute crisis is crucial. However, as aforementioned, many families are forced to live far from their countries of origin and therefore the emergency responses provided should integrate equity-focused development programmes for women's health and rights to access quality services.

It is essential to build-up an equity-based approach in support of displaced and refugee women at community and local authority levels.

More than half of maternal deaths are believed to happen in fragile settings. Migrant and refugee women are subjected to violence, increasing the demand to access to contraception and safe abortion services. Addressing their needs and ensuring access to services with dignity and respect are major challenges. Adolescent girls are particularly at risk in such emergency situations as they are often subjected to forced marriages, have to deal with teenage pregnancies and suffer from poor nutrition. All of which is detrimental for their physical and mental development.

Priority interventions for Migrant and Refugee women should include:

- Raising awareness on SRH rights among refugee women.
- Strengthening the capacity of local partners to provide SRH information.
- Strengthening the infrastructure capacity of local partners to provide SRH services.
- Ensuring monitoring mechanisms are available for SRH service delivery.
- Addressing the specific needs of those subjected to gender-based violence and rape survivors, as a core component of the SRH service package.
- Ensuring targeted educational programs for Adolescent Girls among Migrant Women.

Barriers associated with female refugees having limited access to SHT include; less information about available health services, language and communication barriers, reduced financial capacity and some healthcare providers having little or no knowledge of cultural issues.

The COVID-19 pandemic has put girls and women (including those who are pregnant) at even higher risk. Living in high-density communities such as camps and urban slums, with overcrowding and poor sanitation, results in a high risk of infection.

While the current COVID-19 pandemic continues, we must ensure that refugee women have access to:

- Information about general protective measures including physical distancing, avoiding crowded places, proper hand washing practices, and use of face masks according to local policy.
- A well-balanced diet
- Quality services for women with suggestive symptoms or in contact with confirmed COVID-19 cases.
- Quality services for management of pregnancy with COVID-19 , and management of any RH related issue or complaint in suspected or confirmed cases of COVID-19.

References:

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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).