

CHECKLIST: To what extent do the outbreak response activities from the RCRC consider Sexual and Reproductive Health (SRH) needs of affected populations?



Sexual and reproductive health (SRH) conditions are among the leading causes of mortality in women of reproductive age. At the intersection of many outbreaks and SRH, poor health outcomes arise from: the propensity for SRH services to be re-allocated towards emergency-response; the de-prioritization of SRH needs and the disruption of life-saving services, including family planning, maternal and neonatal care and care for individuals experiencing abortion complications, and gender-based violence; and gender inequities that create additional barriers for individuals seeking SRH services. This tool is for public health teams to (1) answer key questions on the impact of the outbreak on SRH; and to establish (2) community-based actions for volunteers to contribute to creating access to SRH services. An overview of the MISIP at the end of this document outlines the priority set of SRH lifesaving activities to be implemented at the onset of every crisis.

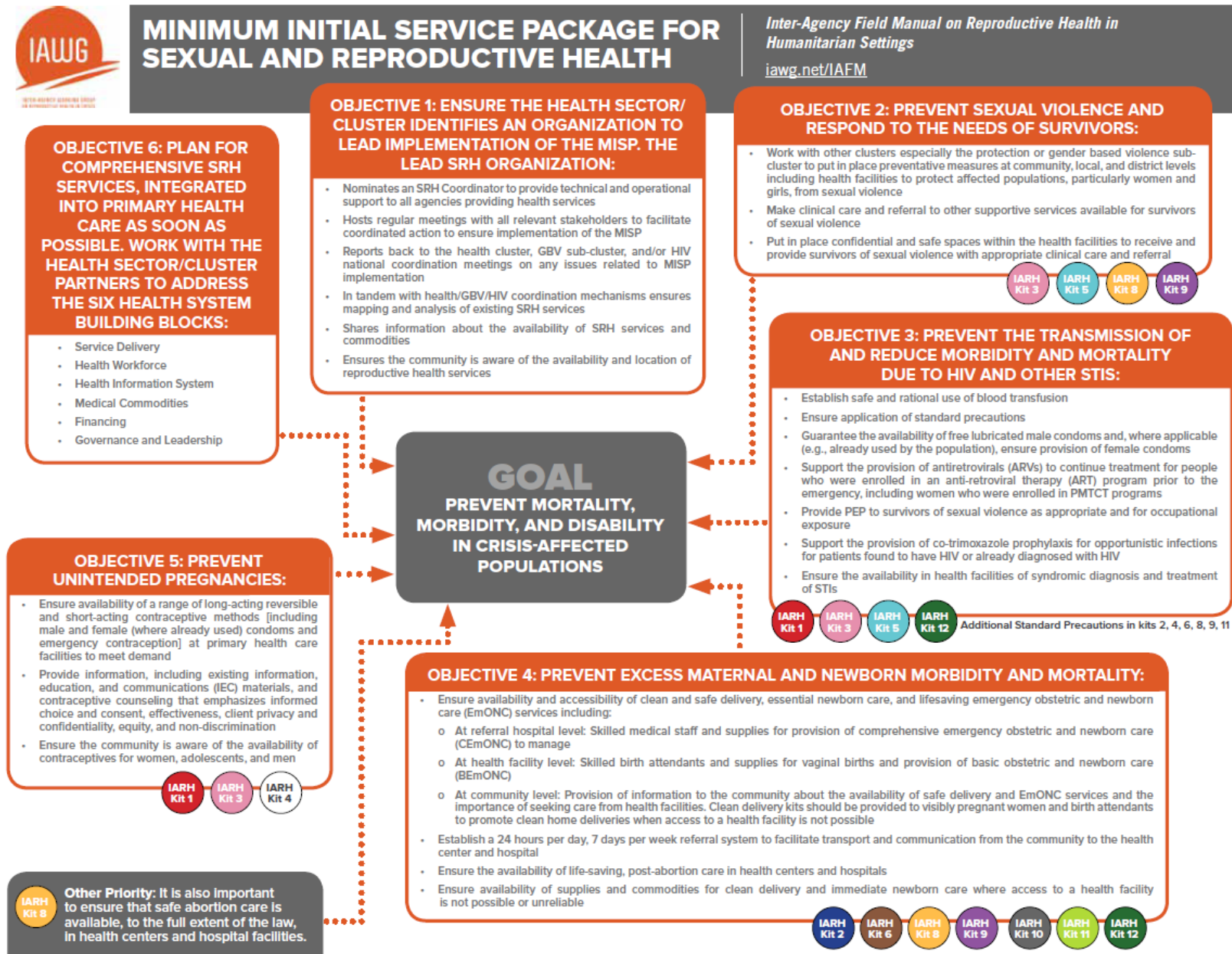
Area of focus	Key questions to understand the impact of the outbreak on SRH	What can NS and volunteers do?
Impact of the disease on SRH: Maternal health	<input type="checkbox"/> Are pregnant individuals (and/or the foetus) at high risk of severe disease? If YES, what are the possible risks? <i>Ex. Zika infection during pregnancy can cause pregnancy loss and other pregnancy complications, as well as birth defects and other problems for the infantⁱ.</i>	<ul style="list-style-type: none"> ➤ Map pregnant individuals in your community. ➤ Target pregnant individuals for messaging and other community-based activities. ➤ Tailor messaging to ensure that pregnant individuals understand the difference between being more likely to contract the disease and to develop severe disease. ➤ Address any rumours that may result from the fact that outbreaks can be distressing for everyone, but particularly for groups that may be more vulnerable overall, as those who are pregnant.
	<input type="checkbox"/> Are pregnant individuals more likely to contract the disease? <i>Ex. Pregnant women are not at higher risk of getting SARS-CoV-2. However, studies have shown an increased risk of developing severe COVID-19 if they are infected.ⁱⁱ</i>	
	<input type="checkbox"/> If there are tests available, can pregnant people be tested? Are there any associated risks? <i>Ex. The World Health Organization recommends that pregnant women with symptoms of COVID-19 should be prioritized for testing.</i>	<ul style="list-style-type: none"> ➤ Testing protocols and eligibility may vary from country to country. Check what are the indications from the Ministry of Health.
	<input type="checkbox"/> If there is a vaccine available, can pregnant and lactating individuals be vaccinated? <i>Ex. The Ervebo vaccine against Ebola virus is indicated for use for adults over 18 years of age, not including pregnant and lactating women. However, during the 2018-2020 outbreak in the Democratic Republic of the Congo, the vaccine was used as recommended by the Strategic Advisory Group of Experts on Immunization in pregnant and lactating women under a compassionate use clinical protocolⁱⁱⁱ.</i>	<ul style="list-style-type: none"> ➤ Indications around vaccination for a disease may be different from one outbreak to another. Check what are the indications from the Ministry of Health. ➤ Ensure that communities have accurate information about vaccination (who is eligible as well as when and where to get the vaccine)

	<input type="checkbox"/> Can a pregnant individual infected with the disease causing the outbreak pass the infection to their unborn or new-born baby? <i>Ex. Vertical transmission from mother to foetus during pregnancy, birth, or breastfeeding include diseases such as HIV, hepatitis B and rubella.</i>	<ul style="list-style-type: none"> ➤ Include information about vertical transmission when relevant, as well as recommendations on prevention (e.g. on relevant vaccination).
	<input type="checkbox"/> Can the disease be transmitted from the mother to the baby through breastmilk? <i>E.g., Ebola virus can persist in pregnancy related fluids as well as breastmilk. Therefore, WHO recommends that women with suspected or confirmed Ebola stop breastfeeding, up until two consecutive negative tests of breast milk are obtained, separated by 24 hours.</i>	<ul style="list-style-type: none"> ➤ Map individuals who are breastfeeding in your community. ➤ Identify breastfeeding support groups and share key messaging with them about the outbreak. ➤ Consider the choices lactating mothers may need to make based on their socioeconomic circumstances. For instance, mothers may listen to your message, but they may still have to carefully weigh the risks of breastfeeding (i.e., viral transmission) and formula feeding (e.g. access, costs, and water quality).
<p>Impact of the disease on SRH: Sexual health and care for Sexually Transmitted Infections (STIs)</p>	<input type="checkbox"/> Are there any recommendations concerning breastfeeding in the context of the outbreak? <i>Ex. Immune factors against cholera are present in the breast milk of mothers who have contracted the disease. This means that breastfeeding boosts babies' immune systems while also eliminating the risks of consuming contaminated water, either directly or mixed with baby formula.^{iv}</i>	<ul style="list-style-type: none"> ➤ Sex can be a sensitive topic to discuss in communities. Discuss with your NS what the best way is to approach this topic, always ensuring that people have access to accurate and evidence-based information as well as the necessary means (male and female condoms in particular), so that they can protect themselves. ➤ When discussing sexual transmission and prevention methods, consider the following key socioeconomic factors: (1) even in the absence of epidemics, access to and negotiation of contraceptives is negatively impacted by the structural gender inequality present in humanitarian settings; (2) sexual transmission of infectious diseases may be heightened when transactional sex is used as a means to alleviate socio-economic strain.
	<input type="checkbox"/> Can the disease causing the outbreak, be sexually transmitted? <i>Ex. Ebola virus RNA can persist in semen for prolonged periods, and therefore unprotected sex, either consensual, through sexual violence, transactional sex, or sexual abuse and exploitation, all contribute to transmission^v.</i>	<ul style="list-style-type: none"> ➤ Help combat misinformation by sharing only reliable, evidence based and non-stigmatizing information from trustworthy sources. ➤ Appropriately brief volunteers and staff to explain that if someone within the community discloses that they have the disease causing the outbreak, teams must react without being judgmental or making any assumptions about how they have become infected. Teams must respect their wishes as to whether they want other people to know about their illness or not.
	<input type="checkbox"/> The World Health Organization ^{vi} determines 5 populations (men who have sex with men, trans and gender diverse people, sex workers, people who inject drugs and people in prisons and other closed settings) as “key” to reduce global rates of HIV, viral hepatitis, and Sexually Transmitted Infections (STIs), as they face several structural barriers to care in all settings. Does this outbreak disproportionately affect one of more of such groups? If so, what groups are affected?	

	<p><i>Ex. As of 2023, cases of mpox in newly affected countries have mostly been identified in communities of gay, bisexual and other men who have sex with men who have had recent sexual contact with a new partner or partners.^{vii}</i></p>	<ul style="list-style-type: none"> ➤ Map local organizations supporting gay, bisexual and other men who have sex with men, and transgender people; sex worker networks; HIV support organizations. These are already providing strong leadership in offering information and support to their communities to help prevent the spread of diseases such as HIV and other STIs. Their work is central to efforts to address stigma and discrimination as well as information sharing. Reach out to trusted organizations in your country to get more information. <ul style="list-style-type: none"> ○ Prevention messages are best delivered by partners and trusted messengers using specific channels and relatable language nuances to directly reach populations at increased risk for the specific disease across racial, ethnic, sexual, socioeconomic, and geographic backgrounds.
	<p><input type="checkbox"/> To what extent is the disease outbreak impacting access to HIV testing and treatment? <i>Ex. In Bangladesh between 2019 and 2020 during the COVID-19 pandemic, there was an 86 per cent decline in testing rates for HIV, coupled with access and supply chain disruptions</i></p>	<ul style="list-style-type: none"> ➤ Map care providers offering access to Anti-Retroviral Therapy and associated services, including any closures or changes in operating times. Communicate these to community members.
<p>Impact of the disease on SRH: Menstruation</p>	<p><input type="checkbox"/> Are there any recommendations for individuals menstruating in the context of the outbreak? <i>Ex. Bleeding for reasons other than Ebola Virus Disease such as menstruation, can be misinterpreted as EVD symptoms, reinforcing fear and stigmatisation by the community and health-care providers, delaying timely access to adequate care.^{viii}</i></p>	<ul style="list-style-type: none"> ➤ Ensure that the symptoms of the disease are clear in messaging, and actively address any unfounded suspicions associating menstrual blood as a symptom of the disease. ➤ Liaise with WASH teams to advocate for menstrual hygiene management interventions to be included in the outbreak response, including addressing unmet needs for menstrual materials and the existence of female-friendly toilets.
<p>Impact of disease mitigation measures on sexual and gender-based violence</p>	<p><input type="checkbox"/> Do the outbreak mitigation measures increase in any way the exposure of individuals to gender based violence? <i>Ex. Women and girls may be at risk of due to increased exposure to perpetrators during curfews or school closures.</i></p>	<ul style="list-style-type: none"> ➤ Feedback mechanisms should be in place to capture feedback, including sensitive feedback such that relating to gender-based violence in the community. ➤ Establish clear referral pathways to organizations offering SV medical and psychological care. ➤ Train community volunteers on how to react when a person discloses an incident of sexual and gender-based violence. ➤ Deliver awareness raising sessions with volunteers and staff to understand the relationship between the outbreak, its mitigation measures, and SGBV rates; the medical consequences of sexual violence; and what NS can do for survivors.

	<p><input type="checkbox"/> Is the impact of the outbreak causing a financial strain on households? (Consider that financial strain can increase the vulnerability of women and girls to sexual exploitation and abuse and transactional sex)</p>	<ul style="list-style-type: none"> ➤ Identify women’s associations and similar organizations that may be providing economic support and liaise with them for referral of vulnerable women and girls in the community.
<p>Impact of disease mitigation measures on SRH services</p>	<p><input type="checkbox"/> What impact do the measures to mitigate the disease have on the availability of SRH services? <i>Ex. Studies have showed a decline in facility deliveries in Ebola periods compared to pre-Ebola periods.^x In Sierra Leone, school closures during the Ebola outbreak contributed to a doubling of cases of adolescent pregnancy to 14,000.^x</i></p>	<ul style="list-style-type: none"> ➤ Risk communication and community engagement strategies should cover not only the disease causing the outbreak, but also SRH and the specific risk of poor health outcomes for women and girls. No less critical is information about contraception, safer sex, breastfeeding, avoiding unsafe home births, and where to access care. ➤ Map health facilities that offer SRH services. Verify whether there may exist closures and/or repurposing of the facilities towards the epidemic response. If so, identify alternatives and ensure community members know where these are and what they offer. ➤ Advocate with other organizations and health authorities about the benefits of SRH services in the long term, to prevent that SRH needs get deprioritized leading to a reduction in services.
	<p><input type="checkbox"/> What impact do the measures to mitigate the disease have on the quality of SRH services? <i>Ex. Studies have shown that the COVID-19 pandemic negatively affected the provision of respectful maternity care in multiple ways: less family involvement, reduced emotional and physical support for women, compromised standards of care, increased exposure to medically unjustified caesarean section, and staff overwhelmed by rapidly changing guidelines and enhanced infection prevention measures^{xi}.</i></p>	<ul style="list-style-type: none"> ➤ Map health facilities that offer SRH services. Explore options to collect feedback from communities about the services provided and the experiences of women accessing those services during the epidemic/pandemic period. This however should only be done if there is an agreement with the health care provider for the feedback transmitted to in fact be used to inform and improve their services.
	<p><input type="checkbox"/> What impact do the measures to mitigate the disease have on access to SRH services? <i>Ex. Ebola outbreaks and the COVID-19 pandemic have had an impact on health-seeking behaviours, with fears of contracting the disease preventing women from accessing family planning, antenatal care, skilled birth assistance, and other essential SRH services.</i></p>	<ul style="list-style-type: none"> ➤ Engage health-care workers, those who have recovered from the disease, and representatives of the community and targeted audiences to draft and relevant public health messages. This information should reiterate the importance of seeking care for childbirth and other SRH needs and medical emergencies. ➤ Map health facilities that offer SRH services. Understand the challenges people may have to access SRH services: Is it distance? Costs? Or fear of contracting the disease at the health facility?

ADDITIONAL KEY CONSIDERATION: Understand the MISP



ⁱ iMMAP. 2021. *The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries*. USAID.

ⁱⁱ World Health Organization. 2022. Coronavirus disease (COVID-19): Pregnancy, childbirth and the postnatal period. *Questions and Answers*. Available at :<https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-pregnancy-and-childbirth>

ⁱⁱⁱ World Health Organization. 2020. Safety of two Ebola virus vaccines. *Ebola virus vaccines*. Available at : <https://www.who.int/groups/global-advisory-committee-on-vaccine-safety/topics/ebola-virus-vaccines#:~:text=If%20enrolment%20of%20infants%20and,will%20not%20be%20followed%20up>.

^{iv} PAHO. 2010. PAHO: Breastfeeding Helps Protect Babies from Cholera. *News*. Available at : <https://www.paho.org/en/news/18-11-2010-paho-breastfeeding-helps-protect-babies-cholera>

^v Deen GF, Broutet N, Xu W, Knust B, Sesay FR, McDonald SLR, et al. Ebola RNA persistence in semen of Ebola virus disease survivors—final report. *N Engl J Med*. 2017;377(15):1428–37. <https://doi.org/10.1056/NEJMoa1511410>.

^{vi} World Health Organization. 2022. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations.

^{vii} World Health Organization. 2023. *Public health advice for gay, bisexual and other men who have sex with men on the recent outbreak of monkeypox*. Geneva: WHO.

^{viii} Sommer, M., Utami, D. & Gruer, C. Menstrual hygiene management considerations during Ebola response: a qualitative exploration. *Int J Humanitarian Action* **7**, 19 (2022). <https://doi.org/10.1186/s41018-022-00128-9>

^{ix} Ng'andu, M., Mesic, A., Pry, J. *et al*. Sexual and reproductive health services during outbreaks, epidemics, and pandemics in sub-Saharan Africa: a literature scoping review. *Syst Rev* **11**, 161 (2022). <https://doi.org/10.1186/s13643-022-02035-x>

^x iMMAP. 2021. *The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries*. USAID.

^{xi} Asefa A, Semaan A, Delvaux T, Huysmans E, Galle A, Sacks E, Bohren MA, Morgan A, Sadler M, Vedam S, Benova L. The impact of COVID-19 on the provision of respectful maternity care: Findings from a global survey of health workers. *Women Birth*. 2022 Jul;35(4):378-386. doi: 10.1016/j.wombi.2021.09.003.