

## POLICY PAPER

### Ensuring Sexual and Reproductive Health and Rights of Ukrainian Refugees

March 25th, 2022

Since the beginning of the Ukrainian conflict on the 24th of February 2022, 3,5 million Ukrainians have fled to neighbouring countries, mainly Poland, Hungary, Romania, Moldova, Slovakia and Belarus. Most of the displaced are women and children whose human rights are at risk. Host countries and the international community are accountable for making sure that they can access appropriate sexual and reproductive health and rights - (SRHR) services.

The European Union (EU) Temporary Protection Policy, adopted on the 4th of March 2022, ensures access to medical care and social welfare or means of subsistence for displaced persons from non-EU countries and those unable to return to their countries of origin.<sup>1</sup> However, laws in force in several host countries, including those in the EU, make it difficult for Ukrainian refugee women to access SRHR.

**With this policy paper, the Academic Network for Reproductive Health and Rights Policies (ANSER) and the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) call upon the international community and national governments, to ensure that Ukrainian refugees receive appropriate SRHR services in the host countries.**

When it comes to SRHR, some population groups have distinct needs or face greater obstacles to obtaining sexual and reproductive health care than others: adolescents; men as partners in sexual and reproductive health and rights; people with diverse sexual orientations, gender identities and expression, and sex characteristics; displaced people and refugees; people with disabilities; homeless people; racial and ethnic minorities; immigrants; and indigenous peoples.<sup>2</sup>



Figure 1. Ukraine refugee situation overview, March 2022 (UNFPA)

In this context, this policy paper covers six important aspects of SRHR: **1) limited access to contraceptives; 2) increased risk of sexually transmitted infections (STIs), including HIV; 3) increased risk of unsafe pregnancies and deliveries; 4) Increased risk of unsafe abortions; 5) upsurge of sexual and gender-based violence (SGBV); 6) LGBTI+ rights under pressure; 7) babies of surrogate mothers not reaching their intended parents.**

## **1. Limited access to contraceptives**

The **Minimum International Service Package (MISP)**<sup>3</sup> ensures contraceptives -such as condoms, pills, injectables and intrauterine devices (IUDS)- that are available to meet demand from the onset of an emergency. The disruption of family and social support structures can further pose challenges for adolescents aged 10-19 years, who, without access to adequate information and services, can be more at risk of exposure to unsafe sexual behaviour.<sup>4</sup>

Related to the issue of SGBV, the emergency contraception should be made available to rape victims and Ukrainian women and girls who want to avoid an unintended pregnancy. Indeed, women and girls are more at risk during forced displacement as some neighbouring countries have restrictive legislation, and family planning services are sometimes very limited or non-existent. For instance, in Slovakia, legal provisions explicitly prohibit the coverage of contraceptive methods under public health insurance when used for the purpose of preventing unintended pregnancy, thereby contravening World Health Organization (WHO) standards that define contraceptives as essential medicines<sup>5</sup>. In Romania, family planning clinics are almost non-existent, and contraception is not free.<sup>6</sup>

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### **Recommendations:**

- Provide information on how and where to access counseling and contraceptives, including condoms at refugee reception centres and beyond.
- Provide modern contraceptive methods, including emergency contraception, and pregnancy tests at healthcare facilities free of charge.
- Establish an active network of community health workers providing contraceptives.

## **2. Increased risk of sexually transmitted infections (STIs), including HIV**

Lack of access to condoms, interruption in treatment and insufficient diagnostic capacity will likely have an impact on the viral load and the onset of symptoms of HIV. About 1% of the Ukrainian population are living with HIV and nearly 25,000 HIV patients are estimated among the anticipated refugee population. The increased risk of SGBV and limited access to condoms during conflict and in transit, will further increase the incidence of STIs for all the refugees including men and women, adolescents and young children, especially when the host country is not sufficiently equipped or prepared for providing

care. For instance, in Romania, national healthcare programs, including the HIV programs ran out of funding, resulting in frequent treatment plan changes, which induce drug resistance and pose a serious threat to people living with HIV<sup>7</sup>.

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#### Recommendations:

- Ensure primary healthcare facilities have antimicrobials and other medicines to provide syndromic management to refugees with symptoms of an STI.
- Provide HIV and syphilis testing to start early treatment.
- Provide oral pre-exposure prophylaxis (PrEP) for refugees at substantial risk of HIV infection in combination with other HIV prevention approaches.
- Provide post-exposure prophylaxis (PEP) for HIV within 72 hours and emergency contraception within 120 hours of exposure.
- Offer testing to people at risk, including pregnant women and their partners to prevent mother-to-child transmission and provide early infant HIV diagnosis.
- Provide antiretroviral therapy (ART) to everyone, including pregnant and breastfeeding women living with HIV.
- Provide co-trimoxazole prophylaxis (recommended therapy for HIV-exposed infants) for opportunistic infections for patients living with HIV and children born to mothers living with HIV, at four to six weeks of age and continue until HIV infection is excluded.

### 3. Increased risk of unsafe pregnancies and deliveries

Table 1. Maternal mortality ratio (per 100,000 live births), neonatal and infant mortality rate (per 1,000 live births) for Ukraine and the WHO European Region, 2020

Country	Maternal mortality ratio	Neonatal mortality rate	Infant mortality rate
Ukraine	19	4.8	6.9
Europe	8	2.5	3.8

There is a substantial risk for perinatal health in the immediate term, including unsafe deliveries. Infant mortality rate and the neonatal mortality rate is already high in Ukraine (Table 1). In this crisis context, women are disproportionately at risk of being cut off from all aspects of quality maternal health throughout the entire cycle of care. On the most extreme level, women who were in the late stages of their pregnancies when the conflict in Ukraine started, are now giving birth while displaced. Some have even given birth in bomb shelters, where they lack not only skilled birth attendance but even the basic supplies required to give birth safely.<sup>8</sup> Unsafe deliveries and lack of access to emergency medical care will increase the maternal mortality ratio and at least 15% of the deliveries will require access to emergency obstetric care<sup>9</sup>.

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**Recommendations:**

- Inform pregnant women at the reception centres about available pre- and postpartum care.
- Ensure a 24 hours/day referral system for obstetric and newborn emergencies.
- Foresee additional delivery, emergency obstetric and newborn care services provided by trained staff to deal with the increased care needs.

#### **4. Increased risk of unsafe abortions**

Restricting legal access to abortion does not decrease the need for abortion, but will increase the number of women seeking illegal and unsafe abortions and increase morbidity and mortality of the pregnant mother.<sup>10</sup> Especially since Ukraine is part of the 10 countries with the highest abortion rate according to United Nations data (annually, 27.5 per 1,000 women) after Belarus and Romania.<sup>11</sup> Therefore, Ukrainian women's health is at risk in countries with restrictive abortion laws or where access to abortion is restricted for socio-economic reasons. For example, in Poland, abortion is only allowed in cases of rape or danger to the life of the mother since January 2021. In Romania, access to abortion is legal but hindered for poor women, and the country has one of the highest rates of underage mothers in the EU.<sup>12</sup> Even in progressive countries, women and girls endure medically unnecessary procedures or denial of care by medical professionals on the basis of personal beliefs or convenience.<sup>13</sup>

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**Recommendations:**

- Provide safe abortion services and post-abortion care to reduce maternal mortality and suffering from complications of miscarriage (spontaneous abortion) and unsafe abortions, where legal.
- Ensure a 24 hours/day referral system for maternal and newborn emergencies.

#### **5. An upsurge in sexual and gender-based violence (SGBV)**

The World Health Organisation (WHO) defines sexual violence as: 'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against someone's will, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.'<sup>14</sup>

Lawlessness and insecurity during transit and in refugee settlements will increase the risk of SGBV for Ukrainian women in addition to the trauma of conflict. They are vulnerable to sexual violence at all stages of their migration, whether in their country of origin, in locations they travel through or settle, or in the country of destination. As sexual violence is a weapon of war, it can be perpetrated by, for example, any authority figure, border guards or other belligerent parties in the conflict.<sup>15</sup>

Moreover, host countries are accountable for the prevention of SGBV, on arrival at the border, on attempted human trafficking, but also when providing safe accommodation for women and children. This situation is namely worrying in Romania often acting as an

international transit point by human traffickers of female sex workers..

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**Recommendations:**

- Identify a lead organisation to coordinate a multi-sectoral approach to reduce the risk of sexual violence, ensure referrals and provide holistic support to victims.
- Inform the community of available services and the importance of seeking immediate medical care following sexual violence.
- Establish safe spaces in healthcare facilities to receive victims of sexual violence and to provide clinical care and referral.
- Establish referral mechanisms between health, legal, protection, security, psychosocial and community services, encompassing prevention and care measures.
- Providing short- and long-term inclusive, holistic and multidisciplinary care, encompassing the forensic, medical and psychosocial aspect, as well as protection and legal assistance.
- Provide training for professionals working in reception centres, accommodation initiatives and healthcare facilities.<sup>16</sup>

## **6. LGBTI+ rights under pressure**

Certain population groups have distinct SRHR needs or have greater obstacles to obtain sexual and reproductive healthcare than others, e.g., adolescents, men as partners in SRHR, people with diverse sexual orientations, gender identities and expression, and sex characteristics, displaced people and refugees, people with disabilities, homeless people, racial and ethnic minorities, immigrants, and indigenous peoples.<sup>17</sup> In September 2021, ILGA-Europe<sup>18</sup> already raised concerns about provisions set out in the different pieces of legislation in the New EU Pact on Migration and Asylum regarding the protection of LGBTI+ people.<sup>19</sup>

Host countries are likely to promote inhospitable or even dangerous behaviour towards LGBTI+ persons, jeopardising their human rights and access to health services. For example, the EU Parliament Resolution adopted in 2021 condemned the continuing deterioration of the Rule of law and its impact on LGBTI+ rights in Poland. The Hungarian Parliament's 2020 decision to abolish the Equal Treatment Authority (ETA), which is Hungary's most important equality body, entered into force on 1 January 2021. Besides, host countries include Russia (271,254 refugees<sup>1</sup>) where there is a persistent anti-LGBT rhetoric and hostile social attitudes.

Shortages of hormonal treatments for trans and intersex people are exacerbated by the conflict.<sup>20</sup> Interrupting hormone intake can have serious health consequences such as muscle aches, tiredness and irritability, and increased sweating and flushes. In the long term, it can even lead to osteoporosis, type 2 diabetes and cardiovascular disease. On top of that, an unwanted withdrawal can have serious psychological consequences.<sup>21</sup>

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**Recommendations:**

- Ensure that humanitarian assistance is inclusive and appropriate for LGBTI+.
- Engage with LGBTI+ groups and ensure access to reception centres and healthcare facilities that are respectful for diversity and ensure privacy.

## **7. Babies of surrogate mothers not reaching their intended parents**

Every year, 2,000 babies are born in Ukraine through surrogacy, which is legal in the country, and 200 surrogate babies are expected in the next three months.<sup>22</sup> The situation in Ukraine has put pregnant women, intended parents and infants who are part of surrogacy arrangements in impossible positions due to complications in establishing their legal parenthood. For example, in Poland, Moldova and Hungary, parental laws consign the intended parents to legal complications. The potential diverging interests of the surrogate mother and parents can threaten the former's safety, health and wellbeing. For example, the intended parents pick up the child but cannot ensure the obstetric and psychological postpartum care for the surrogate mother, or cannot travel and the surrogate mother has to take care of the infant

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**Recommendations:**

- Ensure access to healthcare facilities and psychological support for surrogate mothers during pregnancy and postpartum period.
- Provide basic needs for the infant in cases where parents are unable to reach the host country.

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