

Self-care interventions for sexual and reproductive health in humanitarian settings: a scoping review (in progress)

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BACKGROUND

SRH self-care is increasingly recognized as an important component of the global healthcare ecosystem with potential to fill gaps in access to health services and increase crisis-affected population's participation in their own health in humanitarian settings. However self-care is not a panacea for fragile and disrupted health systems. Advancing self-care alongside access to other SRH services requires a sound understanding of user profiles and preferences; mechanisms for ensuring individuals have the information, instructions, products and support needed for safe and timely self-care; and understanding of contextual factors that can hinder or enable the effective implementation of self-care interventions. Recent reviews of self-care interventions have not included setting-specific considerations, and reviews of SRH interventions in humanitarian settings have not included self-care as an explicit service-delivery strategy.

OBJECTIVE

To synthesize available evidence on the design, implementation and outcomes of self-care interventions for SRH in humanitarian settings in low and middle income countries

SEARCH STRATEGY

- Structured PubMed, EMBASE, CINAHL searches
- Hand-searching + forward citation tracking

INCLUSION CRITERIA

- Reports on design, implementation or outcomes of self-care interventions for SRH, including but not limited to those identified in Consolidated WHO Guidelines
- Humanitarian setting (defined as countries or locations with a UN funding appeal and Humanitarian Response Plan at time of data collection), or reported by authors as a humanitarian or fragile setting in LMIC
- Journal article, published/unpublished report or conference proceedings published in English from 2010 - present

The **Minimum Initial Services Package for Reproductive Health in Emergencies** provides a structured entry point for identifying opportunities for SRH self-care in humanitarian settings.

A **scoping review** (currently underway) identified more than 20 studies published in the last 10 years that report on the design, implementation and/or outcomes of self-care interventions for SRH in humanitarian settings in low and middle income countries.

MISP objectives and activities	Self-care interventions that align with the MISP
1. Coordination: Ensure the health sector/cluster identifies an organization to lead the implementation of the MISP	Not applicable. However, the implementation of self-care interventions should be the fruit of concerted policy and programmatic efforts at all levels.
2. Gender-based violence: Prevent sexual violence and respond to the needs of survivors. <i>Activities:</i> <ul style="list-style-type: none">Establish measures to prevent sexual violenceProvide clinical care for survivors of sexual violence (treatment of injuries, post-rape care, mental health and psychosocial support, safety planning, referrals)	<ul style="list-style-type: none">Care of injuriesOver the counter oral contraceptive pills (WHO Rec 15)Emergency contraception (WHO Rec 16)HIV post-exposure prophylaxisSTI presumptive treatmentPositive coping methods
3. HIV/STI: Prevent the transmission and reduce morbidity and mortality due to HIV and other STIs. <i>Activities:</i> <ul style="list-style-type: none">Safe and rational blood transfusionEnsure standard precautionsProvide condomsContinue treatment for people enrolled in antiretroviral therapy (ART), including women enrolled in PMTCTProvide post-exposure prophylaxis (PEP) for survivors of sexual violenceProvide cotrimoxazole prophylaxis for opportunistic infections for patients already diagnosed with HIV	<ul style="list-style-type: none">Condom use (WHO Rec 18-19)HIV post-exposure prophylaxis for survivors of sexual violenceART treatment, for people already enrolled including pregnant and postpartum womenCotrimoxazole prophylaxis
4. Maternal and newborn health: Prevent excess maternal and newborn morbidity and mortality. <i>Activities:</i> <ul style="list-style-type: none">Safe and clean deliveryEssential newborn careProvide emergency obstetric and newborn careProvide post-abortion care	<ul style="list-style-type: none">Misoprostol for prevention of postpartum hemorrhageChlorhexidine for neonatal cord careOther essential newborn care (thermal care, breastfeeding, etc.)Post-abortion hormonal contraception initiation (WHO Rec 25-26)
5. Contraception: Prevent unintended pregnancies. <i>Activities:</i> <ul style="list-style-type: none">Ensure a range of long-acting and short-acting contraceptive methodsProvide information and ensure awareness of the availability of contraceptives	<ul style="list-style-type: none">Self-administration of injectable contraception (WHO Rec 14)Over the counter oral contraceptive pills (WHO Rec 15) including emergency contraception (WHO Rec 16)Up to 1-year supply oral contraceptive pills (WHO Rec 20)Condom use (WHO Rec 18-19)Post-abortion hormonal contraception initiation (WHO Rec 19-20)Postpartum contraception initiationLactational amenorrhea methodFertility awareness-based / standard day methodsTraditional methods (e.g., withdrawal)
Other priority: Safe abortion care. Ensure safe abortion care is available in health centers and hospitals, to the full extent of the law	<ul style="list-style-type: none">Self-management of medical abortion process in the first trimester (WHO Rec 22-24)Post-abortion hormonal contraception initiation (WHO Rec 25-26)
6. Transition to comprehensive SRH: Plan for comprehensive SRH services, integrated into primary care as soon as possible. <i>Activities:</i> <ul style="list-style-type: none">Work with the health sector/cluster to address the six health system building blocks	SRH Self-Care Interventions beyond the MISP <ul style="list-style-type: none">HIV self-testing (WHO Rec 30)ART programming for new enrolleesPharmacy access to HIV pre-exposure prophylaxis (oral PrEP) (WHO key consideration 2)Self-efficacy and empowerment for women living with HIV (WHO Rec 31)Self-collection of samples for STI testing (WHO Rec 28-29)Self-administered interventions for common physiological symptoms of pregnancy (WHO Rec 3-8)Self-management of folic acid supplements (WHO Rec 10)Self-monitoring of blood pressure during pregnancy (WHO Rec 11) + self-testing for proteinuria during pregnancy (WHO key consideration 1)Self-monitoring of blood glucose during pregnancy (WHO Rec 12)Women held case notes during pregnancy (WHO Rec 13)Self-administered pain relief for prevention of delay in the first stage of labor (WHO Rec 9)Non-clinical interventions to reduce unnecessary cesarean sections (WHO Rec 1 & 2)Cancer: Self-sampling for HPV testing (WHO Rec 27), breast cancer self-exam, testicular self-examFertility: Home-based ovulation predictor kits (WHO Rec 17), self-testing for pregnancy (WHO Rec 21), menstrual health managementSexual health: Sexuality education, lubricant use (WHO Rec 32), self-administration of gender-affirming hormones for transgender and gender-diverse individuals (WHO key consideration 3)Mental health: Positive coping, self-help