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Reproductive health of refugees: barriers to accessing healthcare systems in host countries

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Refugees around the world face numerous challenges when it comes to accessing healthcare services, particularly in the area of reproductive health. This narrative review **aims** to explore the barriers that refugees encounter when trying to access healthcare systems in their host countries. These barriers include language and cultural differences, lack of knowledge about the healthcare system, limited access to transportation, financial constraints, and stigma. Comprehensive healthcare services, including healthcare access, nutrition, and mental health support, are crucial to prevent and manage chronic diseases and improve health outcomes for refugees, particularly those with diabetes who may face restricted availability of medications and monitoring devices. It is essential to ensure refugees diagnosed with diabetes have sufficient access to insulin supplies and equipment to administer it securely. We also highlight the impact of these barriers on the reproductive health of refugees, including inadequate prenatal care, lack of access to contraception and family planning services, and increased risk of sexually transmitted infections. The findings of this review underscore the urgent need for policymakers and healthcare providers to address the unique challenges that refugees face when accessing reproductive healthcare. Efforts must be made to improve access to information, increase cultural competency among healthcare providers, and address financial and transportation barriers. By addressing these challenges, we can ensure that refugees have the necessary support and resources to maintain their reproductive health and well-being.
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Keywords: diabetes, insulin, reproductive health, refugees, healthcare systems, barriers, access, host countries, maternal health.

Репродуктивне здоров'я біженців: перепони в доступі до систем охорони здоров'я в приймаючих країнах

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Біженці в усьому світі стикаються з численними проблемами, коли йдеться про доступ до медичних послуг, особливо у сфері репродуктивного здоров'я.
Мета цього огляду дослідити перепони, з якими стикаються біженці, намагаючись отримати доступ до систем охорони здоров'я у приймаючих країнах. Ці перепони включають мовні та культурні відмінності, брак знань про систему охорони здоров'я, обмежений доступ до транспорту, фінансові обмеження та стигматизацію. Комплексні медичні послуги, у тому числі доступ до медичної допомоги, харчування і підтримка психічного здоров'я, мають вирішальне значення для профілактики та лікування хронічних захворювань і поліпшення стану здоров'я біженців, особливо хворих на діабет, які можуть зіткнутися з обмеженою доступністю ліків і приладів для моніторингу стану здоров'я. Важливо забезпечити біженцям, у яких діагностовано діабет, достатній доступ до інсуліну та обладнання для його безпечного введення. Також у статті висвітлено вплив цих перепон на репродуктивне здоров'я біженців, у тому числі неналежний пренатальний догляд, відсутність доступу до контрацепції та послуг із планування сім'ї, а також підвищений ризик інфекцій, що передаються статевим шляхом.
Висновки цього огляду підкреслюють нагальну потребу для політиків і медичних працівників вирішувати унікальні проблеми, з якими стикаються біженці в отриманні доступу до послуг з охорони репродуктивного здоров'я. Необхідно докласти зусиль для поліпшення доступу до інформації, підвищення культурної компетентності медичних працівників та усунення фінансових і транспортних перепон. За умови вирішення цих проблем біженці зможуть отримати необхідну підтримку і ресурси для збереження власного репродуктивного здоров'я та благополуччя.
Автори заявляють про відсутність конфлікту інтересів.
Ключові слова: діабет, інсулін, репродуктивне здоров'я, біженці, системи охорони здоров'я, бар'єри, доступ, приймаючі країни, материнське здоров'я.

Introduction

According to the 2021 report by the United Nations High Commissioner for Refugees (UNHCR), there were 82.4 million forcibly displaced persons globally by the end of 2020, which includes 26.4 million refugees, marking a 4% increase from the previous year. The report highlights the countries with the highest number of refugees, namely Turkey, Colombia, Pakistan, and Uganda, and also discusses the impact of the COVID-19 pandemic on refugees and displaced persons, particularly with respect to access to healthcare, education and employment. The report emphasizes the crucial role of international cooperation and support in ensuring the protection and well-being of refugees and displaced individuals [21,29]. Over the last decade, the number of forcibly displaced persons has steadily increased due to conflict, violence, and persecution. Syria, Venezuela, Afghanistan, South Sudan, and Myanmar account for the majority of refugees and displaced persons. Women and children are dispro-

portionately affected by displacement. Addressing the root causes of displacement and providing long-term solutions for refugees and displaced persons, such as voluntary repatriation, local integration, and resettlement, are urgently needed. Increased support for host countries, which bear a significant burden in providing assistance and protection to refugees, is also necessary. The urgent need for international cooperation and support to protect the rights and well-being of refugees and displaced persons, and to find durable solutions to the displacement crisis cannot be overstated. The COVID-19 pandemic has further exacerbated the vulnerability of refugees and displaced persons, increasing their susceptibility to health risks, poverty and exclusion. The report notes that the pandemic has disrupted humanitarian operations and led to a decrease in funding for refugees and displacement assistance. The UNHCR called for increased support for refugees and displacement responses during the pandemic to ensure that these populations are not left behind. Education is critical for building resilience and empowering refugees to rebuild their lives. However, access to education remains a significant challenge for many refugees, with only 50% of refugee children enrolled in primary schools and only 22% enrolled in secondary schools. According to the UNHCR definition, a refugee is a person who has fled their country of origin due to a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group [30]. Refugees are entitled to protection under international law, including the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, which define their rights and the obligations of states to provide protection to those who meet the refugee criteria [6,18]. The UNHCR article also emphasizes the differences between refugees and other categories of migrants, such as economic migrants or those fleeing natural disasters. While these individuals may face significant challenges and require assistance, they do not fall under the legal definition of a refugee and therefore do not have the same level of protection under international law [22]. This article underscores the importance of recognizing the unique vulnerabilities and protection needs of refugees, and the need for states to fulfill their obligations under international law to provide protection to those who meet the criteria of a refugee. Refugees often face discrimination, violence, and exploitation, and may also have difficulty accessing basic services such as healthcare, education, and employment. The UNHCR works to provide protection and assistance to refugees and to find durable solutions to their displacement, including voluntary repatriation, local integration, and resettlement. The article highlights the role of states in protecting refugees and the importance of international cooperation in addressing the global refugee crisis. It notes that the responsibility for providing protection to refugees should be shared among states, and that refugees should be able to move freely and safely to seek protection. Overall, the UNHCR emphasizes the need for states to fulfill their obligations under international law and to provide protection to those who meet the criteria of a refugee. This article also highlights the importance of international cooperation in addressing the global refugee crisis and finding durable solutions for refugees.

The **aim** of this review is to explore the barriers that refugees encounter when trying to access healthcare systems in their host countries.

The report on Global Trends in Forced Displacement reveals that the number of forcibly displaced people worldwide has reached a new record of 79.5 million by the end of 2019, according to the United Nations [28]. Conflict, violence, and persecution are the leading drivers of forced displacement, with the majority of refugees and internally displaced persons (IDPs) hosted in developing countries, putting pressure on their resources and infrastructure. The report emphasizes the challenges that refugees and IDPs face, including limited access to basic services such as healthcare, education, and employment. It is crucial to provide protection and assistance to these populations and to find durable solutions to the displacement crisis, such as voluntary repatriation, local integration, and resettlement. The majority of refugees come from Syria, Venezuela, Afghanistan, South Sudan, and Myanmar, and women and children are particularly vulnerable, facing gender-based violence and limited access to education. Syria remains the largest driver of displacement worldwide, with over 13 million Syrians displaced by the end of 2019. Venezuela's displacement crisis resulted in over five million people fleeing the country. Policymakers, researchers, and practitioners working in the field of forced displacement and humanitarian assistance will find the report valuable. This underscores the need for sustained support and assistance to refugees and IDPs, including access to education, healthcare, and livelihood opportunities. A coor-

dinated global response is essential to addressing the pandemic's impact and supporting vulnerable populations, including forcibly displaced people.

The United Nations High Commissioner for Refugees (UNHCR) published a report in 2006 titled «Protracted Refugee Situations: The Search for Practical Solutions», which focuses on the challenges and solutions to address prolonged refugee situations [27]. The report notes that protracted refugee situations, defined as situations where refugees remain in exile for more than five years, pose significant challenges for both refugees and host countries. It highlights the specific challenges faced by refugees in protracted situations, including limited access to basic services, social exclusion, and mental health issues. Refugees can play an active role in their own protection and finding solutions to their displacement, and their involvement can help ensure that solutions are sustainable and responsive to their needs.

Protracted refugee situations refer to the circumstances in which refugees remain in exile for more than five years, often due to protracted conflicts, lack of durable solutions, and limited resettlement options. These situations pose significant challenges for both refugees and host countries, as discussed below. For refugees, protracted situations mean living in uncertainty and insecurity, with limited access to basic services and opportunities for education, employment, and healthcare. They often experience discrimination, exploitation, and abuse, and face the risk of forced return to their home countries or relocation to third countries without their consent [32]. The lack of legal status, documentation, and recognition also limits their mobility, protection, and access to justice, exacerbating their vulnerability and isolation. For host countries, protracted refugee situations entail substantial economic, social, and political costs, including increased pressure on scarce resources, public services, and infrastructure. The prolonged presence of refugees also raises concerns about security, social cohesion, and integration, as well as potential tensions with the local population. Host countries may also face diplomatic and legal challenges related to the protection and assistance of refugees, including the adherence to international refugee law and the coordination with humanitarian actors and donor countries. Moreover, protracted refugee situations can have regional and global implications, such as cross-border spillover effects, destabilization of neighboring countries, and the displacement of more people due to the protracted conflicts. They also challenge the international community's commitment to refugee protection, as well as the principles of burden-sharing and responsibility-sharing among states.

The study by Crosby et al. (2013) highlights the unique challenges faced by refugees with limited English proficiency, including language barriers, cultural differences, and complex physical and mental health consequences of trauma [7]. This article offers an overview of the healthcare needs of non-English-speaking refugees who have experienced trauma, emphasizing the importance of conducting thorough medical and mental health assessments and effective communication with the use of professional interpreters and cultural mediators. The article underscores the importance of culturally sensitive and trauma-informed care and provides guidance on the management of common physical and mental health conditions experienced by this population.

Many refugees are forced to live in cramped and overcrowded conditions, with limited access to adequate nutrition, safe drinking water, and medical care. These conditions can increase their risk for chronic diseases such as diabetes, hypertension, and heart disease.

Inactivity is a widely recognized risk factor for chronic disease, and refugees are particularly vulnerable to its detrimental effects due to their limited opportunities for regular physical activity. This may be due to various reasons, such as inadequate access to safe outdoor spaces, limited exercise opportunities, and a dearth of healthcare professionals to offer guidance on physical activity. Inadequate nutrition is another significant risk factor for chronic disease, and refugees often rely on food aid or have limited resources, which may not provide them with a balanced diet containing all the necessary nutrients. Consequently, malnutrition ensues, leading to various health problems, including stunted growth, anemia, and weakened immune systems. Furthermore, tobacco use is a well-established risk factor for chronic diseases such as lung cancer, heart disease, and stroke. Refugees may resort to smoking as a coping mechanism for stress, anxiety, or socializing. Nevertheless, given the well-documented dangers of smoking, measures must be implemented to discourage tobacco use among refugees.

Hypertension (HTN) and diabetes mellitus (DM) are two of refugees' most prevalent chronic diseases, causing substantial morbidity and mor-

tality. Refugees often experience numerous health challenges, including limited access to healthcare, poor living conditions, and inadequate nutrition, which increase their risk of developing chronic diseases such as HTN and DM. HTN is a chronic medical condition that refers to the consistent elevation of blood pressure in the arteries and is a significant risk factor for cardiovascular disease and stroke, leading causes of death worldwide. Refugees are more vulnerable to psychological stress, which can contribute to the development of HTN, in addition to poor nutrition, limited physical activity, and inadequate healthcare access. DM is a metabolic disorder characterized by high blood sugar levels due to insufficient insulin production or the body's inability to use insulin effectively. DM is a leading cause of heart disease, stroke, kidney failure, blindness, and amputation. Refugees often face poor living conditions, limited access to healthcare, and inadequate nutrition, all of which increase the risk of developing DM. Additionally, refugees often face language and cultural barriers, limited access to healthcare services, and poor disease management, increasing the risk of morbidity and mortality. Therefore, it is crucial to provide comprehensive healthcare services to refugees, including healthcare access, nutrition, and mental health support, to prevent and manage chronic diseases and improve health outcomes.

The factors mentioned above can significantly contribute to the pathogenesis and exacerbation of diabetes mellitus. Moreover, refugees may encounter restricted availability of medications and monitoring devices, which can aggravate the situation. Insulin, a vital medication for numerous individuals with diabetes mellitus, particularly those with type 1 diabetes who are dependent on insulin injections for their survival, cannot be overlooked. Therefore, it is crucial that refugees diagnosed with diabetes mellitus have sufficient access to insulin supplies and the requisite equipment to administer it appropriately and securely.

Refugees with limited English proficiency face numerous challenges when attempting to rebuild their lives in a new country [5]. The challenges faced by these individuals can be classified into three major categories: language barriers, cultural differences, and complex physical and mental health consequences of trauma. Language barriers are perhaps the most significant challenge faced by refugees with limited English proficiency. These individuals may find it difficult to communicate with others, which can lead to feelings of isolation and a lack of access to important resources. Without the ability to speak the local language, refugees may have difficulty finding employment, accessing healthcare, and navigating the legal system [2]. Furthermore, language barriers can make it difficult for refugees to integrate into their new community and develop meaningful relationships with others. Cultural differences are another significant challenge faced by refugees with limited English proficiency. These individuals may come from vastly different cultural backgrounds, with different social norms, customs, and traditions. This can create difficulties in social interaction and understanding, which can lead to further isolation and feelings of disconnection. Additionally, cultural differences can make it difficult for refugees to understand and navigate the complex social systems and institutions in their new country. Finally, many refugees with limited English proficiency have experienced significant trauma in their lives, including physical and emotional abuse, torture, and war. This trauma can have complex physical and mental health consequences that may require specialized medical attention. However, these individuals may have difficulty accessing the care they need due to language barriers and cultural differences [19,26]. Furthermore, the stress of displacement and resettlement can exacerbate existing mental health issues, making it even more difficult for refugees to recover and rebuild their lives. Refugees with limited English proficiency face significant challenges when attempting to rebuild their lives in a new country. These challenges include language barriers, cultural differences, and complex physical and mental health consequences of trauma. Addressing these challenges requires a comprehensive approach that includes language education, cultural competency training, and specialized medical care for those who have experienced trauma [9].

The study by Dowling et al. (2019) investigated the impact of migration experiences on the self-rated health status of adult humanitarian refugees in Australia [8]. The study aimed to investigate the relationship between migration experiences, such as pre-migration trauma and post-migration stressors, social support, and self-rated health status. The study found that pre-migration trauma was significantly associated with poorer self-rated health status, even after controlling for other factors, such as post-migration stressors and social support.

«Barriers to Care: The Challenges for Canadian Refugees and Their Health Care Providers»

by McKeary and Newbold (2010) investigated the challenges that Canadian refugees and their healthcare providers face in accessing and providing healthcare [16]. The study examined the challenges and barriers faced by refugees in accessing healthcare, as well as the challenges faced by healthcare providers in delivering care to refugees. The study found that language barriers, cultural differences, lack of familiarity with the Canadian healthcare system, and transportation issues were the main barriers faced by refugees in accessing healthcare.

The article «Supporting Access to Healthcare for Refugees and Migrants in European Countries under Particular Migratory Pressure» by Chiarenza et al. (2019) examines the challenges and best practices for improving access to healthcare for refugees and migrants in European countries [4]. The authors conducted a scoping review of the literature and analyzed data from eight European countries that have experienced a high influx of refugees and migrants. This study aimed to identify the barriers that refugees and migrants face in accessing healthcare and to explore potential solutions for improving access to healthcare services. The study found that refugees and migrants face several barriers to accessing healthcare, including language barriers, lack of health insurance or documentation, and limited knowledge of the healthcare system in their host country. Additionally, this study found that healthcare providers may lack the necessary training and cultural competence to effectively address the unique needs of refugee and migrant populations. To address these barriers, the authors suggest implementing policies and practices, such as offering interpretation services, providing information in multiple languages, improving healthcare provider training on cultural competence, and involving refugees and migrants in the development of healthcare policies and services.

Ivanova et al. (2018) conducted a systematic review on the sexual and reproductive health (SRH) knowledge, experiences, and access to services among refugees, migrants, displaced girls, and young women in Africa. The study identified several barriers, such as language and cultural barriers, lack of information, stigma, discrimination, and limited financial resources, that hinder access to SRH services for these populations [13]. To overcome these challenges, the authors recommended the adoption of community-based interventions and the expansion of access to comprehensive SRH services, including family planning, HIV testing and counseling, and gender-based violence prevention and response. Additionally, the study emphasized the need for culturally sensitive and gender-responsive healthcare services that cater to the specific needs and challenges faced by these vulnerable groups.

The study of Seyife et al. (2019) aimed to assess the prevalence and predictors of modern contraceptive use among women in the Shimelba refugee camps in northern Ethiopia. The authors found that the prevalence of modern contraceptive use among women in the camp was low, with only 31.4% of women currently using modern contraception, and that injectable contraceptives were the most commonly used method for modern contraception [23]. The study also identified several factors associated with modern contraceptive use among women in the camp, including age, educational status, knowledge of contraceptive methods, and previous use of contraceptives. The authors highlighted the need for increased education and awareness campaigns to promote the use of modern contraceptives among women in the camp and called for further research to better understand the factors contributing to low contraceptive use.

The study of Bakesiima et al. (2020) aimed to determine the prevalence of modern contraceptive use and factors associated with it among female refugee adolescents in northern Uganda. The findings indicate a low prevalence of modern contraceptive use, with only 16.7% of participants reporting its use. The study also identified several factors associated with modern contraceptive use, including age, education, marital status, knowledge of contraceptive methods, and exposure to reproductive health education. The authors suggest targeted interventions to improve access to and utilization of modern contraceptive methods among female refugee adolescents, emphasizing the importance of involving community leaders and peer educators in these efforts [3].

The review article by L. Jennings et al. (2019) aimed to systematically evaluate the effectiveness of sexual and reproductive health interventions for young people, including adolescents, in humanitarian settings. The authors searched several electronic databases and identified 25 studies that met the inclusion criteria. While the studies varied in design and interventions, most focused on education and service provision related to contraception, sexually transmitted infections, and menstrual hygiene. However, the authors concluded that

there is a lack of evidence on effective sexual and reproductive health interventions for young people in humanitarian settings [15,20].

The systematic review conducted by Spiegel et al. aimed to investigate the prevalence of HIV infection in conflict-affected and displaced individuals in seven sub-Saharan African countries. The authors conducted a comprehensive search and identified 51 studies that met the inclusion criteria, and their meta-analysis revealed a pooled prevalence of 12.2% among conflict-affected and displaced populations, which was significantly higher than the estimated prevalence in the general population. The authors highlighted that displacement and conflict-related factors such as increased sexual violence and decreased access to healthcare may contribute to the higher prevalence of HIV infection in these populations. This study emphasizes the need for increased attention and resources to address the HIV epidemic in conflict-affected and displaced populations in sub-Saharan Africa [24].

The HIV epidemic remains a significant public health challenge, particularly in sub-Saharan Africa, where an estimated 25 million people are living with HIV. The region also experiences significant levels of conflict and displacement, with millions of people forced to flee their homes due to war, violence, and other humanitarian crises. These populations are at increased risk of HIV transmission and face significant barriers to accessing HIV prevention, treatment, and care services [11]. Conflict and displacement disrupt health systems, making it challenging to deliver essential health services, including HIV prevention and treatment services. In many cases, health facilities are damaged or destroyed, and health workers are forced to flee, leaving communities without access to life-saving care. Furthermore, the breakdown of social structures and the dislocation of populations can lead to risky sexual behaviors, including transactional sex and sexual violence, which increase the risk of HIV transmission. Addressing the HIV epidemic in conflict-affected and displaced populations requires increased attention and resources from national governments, donors, and the international community. This includes investing in robust health systems that can provide comprehensive HIV prevention, treatment, and care services in conflict and post-conflict settings. It also involves ensuring that these services are accessible and acceptable to affected populations, including women, children, and marginalized groups. Efforts to address the HIV epidemic in conflict-affected and displaced populations must be integrated into broader humanitarian responses. This includes ensuring that HIV prevention and treatment services are included in emergency response plans, and that funding for HIV programs is prioritized alongside other essential humanitarian interventions. It also means addressing the social determinants of health, including poverty, gender inequality, and human rights violations, which contribute to the vulnerability of conflict-affected and displaced populations to HIV. The HIV epidemic in conflict-affected and displaced populations in sub-Saharan Africa is a significant public health challenge that requires increased attention and resources. Addressing this challenge requires a comprehensive approach that integrates HIV prevention, treatment, and care services into broader humanitarian responses, strengthens health systems, and addresses the social determinants of health. By prioritizing the health needs of conflict-affected and displaced populations, we can promote health equity, reduce HIV transmission, and save lives.

The article titled «Gender-Based Violence and Women's Migration Experiences» by Alison Parish, published in the Migration Policy Institute, explores the intricate relationship between gender-based violence (GBV) and migration, with a particular focus on forced migration. The author highlights the various forms of GBV that women face, including sexual violence, domestic violence, and harmful practices like female genital mutilation/cutting, and how these experiences may lead to forced migration [17]. Moreover, the article sheds light on the challenges faced by women during their migration journey, such as the increased risk of GBV from smugglers, traffickers, and border officials. The author contends that GBV is not only a consequence but also a cause of migration, and it remains a risk factor throughout the migration journey.

Gender-based violence (GBV) and migration have an intricate and complex relationship, particularly for individuals who are forced to migrate due to conflict, persecution, or other forms of violence in their home countries [14]. Forced migration can exacerbate the risk of GBV due to the loss of social support networks, lack of access to resources and legal protections, and exposure to new forms of violence and discrimination. Forced migration often exposes individuals, particularly women and girls, to various forms of violence such as sexual harassment, rape, and exploitation. They may also experience domestic violence, forced mar-

riage, and other forms of gender-based violence. These risks can be further compounded by the fact that many refugees and migrants are forced to live in crowded and insecure conditions, which increases the risk of violence and abuse [10]. Moreover, many migrants who flee their home countries to escape violence and persecution may face additional violence and discrimination based on their gender identity or sexual orientation. LGBTQ+ migrants, for example, may be targeted for violence, harassment, and discrimination in their host countries. It is important to note that GBV is not only a consequence of migration but can also be a factor that drives people to flee their homes in search of safety. Women and girls who face gender-based violence in their home countries may be forced to migrate as a means of escape. For example, in conflict-affected areas, sexual violence is often used as a weapon of war, which can force women and girls to flee their homes and seek refuge elsewhere. It is also important to recognize that GBV can have long-lasting and intergenerational impacts on migrants and their families. Survivors of GBV may experience trauma and suffer from mental health issues, making it difficult for them to integrate into their new communities and rebuild their lives. To address the complex relationship between GBV and forced migration, it is essential to prioritize the needs and safety of migrants, particularly women and girls. This includes providing access to comprehensive support services such as legal aid, counseling, and healthcare, as well as safe and secure housing. It is also crucial to address the root causes of GBV, such as gender inequality and discrimination, through education, advocacy, and policy reform. By addressing the intersectional challenges faced by migrants, we can help create a more equitable and just world for all [12].

The World Health Organization (WHO) published an evidence brief in 2020 on the topic of achieving universal health coverage (UHC) for sexual and reproductive health (SRH). This publication underscores the importance of UHC in promoting access to and delivery of SRH services, reducing financial barriers, and addressing inequalities in access to care. It further provides evidence-based recommendations on how to strengthen health systems to achieve UHC for SRH, including increased investment, improved service delivery, and prioritization of marginalized and vulnerable populations [31].

The WHO report highlights that achieving UHC for SRH is essential for meeting global health goals and reducing inequalities. It emphasizes that access to SRH services should be integrated into primary healthcare services and covered by financial risk-protection mechanisms.

Achieving universal health coverage (UHC) for sexual and reproductive health (SRH) is an essential goal for promoting global health and development. UHC means that everyone, regardless of their economic status or geographic location, has access to the health services they need without facing financial hardship. In the context of SRH, UHC means ensuring that all individuals have access to comprehensive, quality sexual and reproductive health services, including family planning, maternal and newborn health, prevention and treatment of sexually transmitted infections (STIs), and safe and legal abortion services. It also means ensuring that these services are affordable and culturally appropriate, and that they are delivered with respect for human rights and gender equality. Achieving UHC for SRH has numerous benefits for individuals, families, and communities [1]. It can help reduce maternal and newborn mortality, prevent unintended pregnancies, and reduce the transmission of STIs, including HIV. It can also promote gender equality and empower women and girls to make informed choices about their health and their lives. However, achieving UHC for SRH is not without its challenges. Many individuals, particularly those living in low- and middle-income countries, lack access to essential SRH services due to a lack of resources, inadequate health systems, and social and cultural barriers. Stigma and discrimination related to sexual and reproductive health issues can also deter people from seeking care. To address these challenges, governments, health organizations, and civil society must work together to develop and implement policies and programs that promote UHC for SRH [25]. This includes increasing investment in health systems, improving the quality and availability of SRH services, and addressing the social and cultural factors that create barriers to care. It also means ensuring that marginalized and underserved populations, including women and girls, adolescents, and sexual and gender minorities, have equal access to SRH services. Implementation of UHC for SRH is a critical step towards promoting global health and development, reducing health inequalities, and empowering individuals to make informed choices about their health and their lives. While it poses significant challenges, it is a goal that can be achieved through collaborative efforts and a com-

mitment to promoting equity, dignity, and human rights for all.

Conclusions

The global refugee crisis is one such issue that requires a concerted effort from the international community to find durable solutions for refugees and displaced persons. International cooperation is also essential in addressing the root causes of displacement and preventing future refugee crises. This requires collaboration between countries and regions to address the underlying drivers of conflict and instability, including poverty, inequality, and political instability. The COVID-19 pandemic has been a global public health crisis of unprecedented scale, affecting millions of people worldwide. The pandemic has exposed numerous systemic inequities, including disparities in access to healthcare and economic opportunities, and has disproportionately impacted vulnerable populations, including forcibly displaced people. In this manuscript, we argue that a coordinated global response is essential to addressing the pandemic's impact and supporting vulnerable populations, including forcibly displaced people.

Forcibly displaced people, including refugees, asylum seekers, and internally displaced persons, are particularly vulnerable to the effects of COVID-19. These populations often live in crowded conditions with limited access to healthcare and other essential services, making them more susceptible to infection and transmission of the virus. Moreover, many forcibly displaced people have limited economic opportunities and rely on humanitarian aid for their survival, which has become increasingly scarce due to the pandemic's economic impact. Prolonged refugee situations pose significant challenges for refugees and host countries. These challenges include: limited access to basic services (many refugees in prolonged situations lack access to basic services, such as healthcare, education, and employment opportunities), lack of legal status (many refugees in prolonged situations lack legal status, which can limit their access to rights and services), limited opportunities for self-reliance (refugees in prolonged situations often have limited opportunities for self-reliance, as they are unable to work or start businesses), social and psychological challenges (prolonged situations can lead to social and psychological challenges for refugees, including isolation, depression, and anxiety).

To address these challenges, a coordinated and comprehensive approach involving multiple stakeholders, including refugees themselves, is essential. Some of the key solutions include: enhancing legal frameworks (host countries should enhance their legal frameworks to provide refugees with legal status and access to rights and services), promoting self-reliance (host countries should promote self-reliance among refugees by providing access to education, employment, and business opportunities), strengthening social and psychological support (host countries should strengthen social and psychological support for refugees, including counseling services and community-based activities), promoting integration and resettlement (host countries should promote integration and resettlement for refugees who cannot return to their country of origin), importance of a coordinated and comprehensive approach (a coordinated and comprehensive approach involving multiple stakeholders, including refugees themselves, is essential to address prolonged refugee situations). Such an approach can help ensure that refugees have access to essential services, promote their self-reliance, and enhance their social and psychological well-being. It can also help promote the integration and resettlement of refugees who cannot return to their country of origin. Moreover, a coordinated and comprehensive approach can help build stronger partnerships between host countries, refugees, and other stakeholders, leading to more effective and sustainable solutions to address prolonged refugee situations.

Prolonged refugee situations pose significant challenges for refugees and host countries. However, a coordinated and comprehensive approach involving multiple stakeholders, including refugees themselves, can help address these challenges and promote more effective and sustainable solutions. By enhancing legal frameworks, promoting self-reliance, strengthening social and psychological support, and promoting integration and resettlement, we can help ensure that refugees have access to essential services and opportunities to rebuild their lives.

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