

omgyno

CLOSING THE GENDER HEALTH GAP WITH TECH-ENHANCED SRHR



**A Feminist Toolkit towards
Joyous & Autonomous
Sexual & Reproductive Futures
in Lebanon & beyond**

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GLOSSARY

Sexual and Reproductive Health and Rights (SRHR)

‘Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights.¹

Sexually Transmitted Infections (STIs)

STIs are infections caused by the transmission of ‘bacteria, viruses, and parasites via sexual contact, including vaginal, anal and oral sex. Some STIs can also be transmitted from mother-to-child during pregnancy, childbirth and breastfeeding.²

Human Papilloma Virus (HPV)

‘HPV infection is a viral infection that commonly causes skin or mucous membrane growths (warts). There are more than 100 varieties of human papillomavirus (HPV). Some types of human papillomavirus (HPV) infection cause warts, and some can cause different types of cancer.³

Telemedicine

‘Telemedicine is the use of electronic information and communications technologies to provide and support health care.⁴

1. Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., Coll-Seck, A. M., Grover, A., Laski, L., Roa, M., Sathar, Z. A., Say, L., Serour, G. I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., & Ashford, L. S. (2018). Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *Lancet* (London, England), 391(10140), 2642–2692. [https://doi.org/10.1016/S0140-6736\(18\)30293-9](https://doi.org/10.1016/S0140-6736(18)30293-9)

2. World Health Organization. (2023, July 10). Sexually transmitted infections (STIs). World Health Organization. Retrieved from [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))

3. Mayo Clinic. (2021, October 12). HPV infection: Symptoms & causes. <https://www.mayoclinic.org/diseases-conditions/hpv-infection/symptoms-causes/syc-20351596>

4. Institute of Medicine (US) Committee on Evaluating Clinical Applications of Telemedicine; Field MJ, editor. (1996). *Telemedicine: A Guide to Assessing Telecommunications in Health Care*. Washington (DC): National Academies Press (US). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK45440/>

Medicalization

“Medicalization consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to “treat” it”.⁵

Paternalism

‘Paternalism is the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm.’⁶

Conscientious Objection

‘In health care, conscientious objection involves practitioners not providing certain treatments to their patients, based on reasons of morality or “conscience”.’⁷

Obstetric Violence

Obstetric violence is ‘the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanised treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women.’⁸

5. Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology*, 18(1), 209-232.

6. Dworkin, G. (2020, February 27). Paternalism. In *Stanford Encyclopedia of Philosophy*. Stanford University. Retrieved from <https://plato.stanford.edu/entries/paternalism/>

7. Shanawani, H. (2016). The challenges of conscientious objection in health care. *Journal of Religious Health*, 55(2), 384-393. <https://doi.org/10.1007/s10943-016-0200-4>

8. Sen, G., Reddy, B., & Iyer, A. (2018). Beyond measurement: The drivers of disrespect and abuse in obstetric care. *Reproductive Health Matters*, 26(53), 6-18. <https://doi.org/10.1080/09688080.2018.1508173>

Getting to know Omgyno

1.1 Background

Omgyno⁹ is a growing social enterprise that was born in response to the deep-rooted and emergent challenges in accessing sexual and reproductive health and rights (SRHR). It is a femtech platform that seeks to reimagine the gynecological experience through human-centred design and digitised care. By deploying technological tools to navigate SRHR challenges, Omgyno pursues and advocates for more equitable and joyous sexual and reproductive lives.

Operating in Lebanon and Greece, Omgyno is actively expanding the scope of its work and launching in multiple areas in the world, with a focus on Arab countries. In its journey, Omgyno has remained committed towards its values as an inclusive, feminist, community-centred, holistic, eco-conscious, and fun-loving practice. Instead of the “traditional “beneficiaries” model of service provision which insinuates a one-way relationship between an organisation and those who seek its support, Omgyno adopts a mutual learning model. This means that by engaging with those who use Omgyno’s services, through feedback and follow-up systems, Omgyno hopes to learn about their experiences in working towards more meaningful, attentive, and nuanced forms of support.

The Omgyno platform works on four interdependent fronts, each designed to respond to the diverse local contexts in which it operates. Due to the nature of its work, Omgyno relies necessarily on community engagement, including but not limited to patients, medical practitioners, lab professionals, researchers, translators, and activists, whose collaboration is necessary for creating alternative forms of SRH care.

9. Omgyno. (n.d.). Innovative gynecology with progressive values & tech. Retrieved from <https://www.Omgyno.com/>

Home Tests



Omgyno offers a number of anonymous at-home testing services, in collaboration with trusted diagnostics labs, including tests for sexually transmitted infections (STIs), Human Papilloma Virus (HPV), and vaginal smears for vaginitis.

Telemedicine



Omgyno facilitates online telemedicine consultations with informed healthcare providers to discuss home testing results and overall sexual and reproductive health.

OMGuide



Omgyno hosts an informative blog on its website that is dedicated to addressing a wide array of SRHR topics, aiming to cultivate an environment of informed care and deconstructed SRH-related shame.

FemShop



Omgyno has its own online shop that sells eco-conscious SRH products and feminist merchandise, aligning with its commitment to sustainable and ethical practices.



1.2 Launching Omgyno in Lebanon

Omgyno launched in Lebanon in March 2023, with a country-wide campaign offering free SRH home testing and telemedicine consultations. The team in Lebanon encompassed a dynamic programmatic staff with experience in project coordination, research, communications, medical education, and community support. Prior to the launch, the team reached out to local organisations to establish partnerships and to promote Omgyno's services among their respective audiences. Additionally, the team sought the collaboration of local medical practitioners and labs through which home testing and telemedicine consultations would be possible. The launch, which was a pilot test to understand the best way to conduct Omgyno's activities in Lebanon, was a deeply insightful learning experience.

As the launch coincided with a grave economic crisis in Lebanon¹⁰ which had become apparent in 2019 and had been festering for decades, we recognised the need for financially accessible services as an initial steppingstone. Accordingly, it was paramount for the launch to offer SRH services, namely home tests and telemedicine consultations, free of charge. The major challenge, nonetheless, was ensuring a conducive environment that enables the receptibility and sustainability of these services. We encountered deeply entrenched cynicism towards de-medicalised and self-managed care practices from local medical practitioners as well as people seeking SRH care. This prompted us on a learning journey to understand the complex landscape of SRHR in Lebanon and beyond, and to think through alternative ways in which the reclamation of SRHR can take shape.

1.3 Key Facts and Figures

Contextual Background

The National Cancer Registry (NRC) established by the Ministry of Public Health (MoPH) between 2002 and 2016 ranks cervical cancer (CC) 10th among the most common cancers in Lebanon, with a higher prevalence among females older than 45 years.¹¹

More than 99% of these CC cases are due to persistent infection with one or more of the high-risk HPV strains.¹²

10. World Bank. (2022, November 2). Lebanon Overview. Retrieved from <https://www.worldbank.org/en/country/lebanon/overview>

11. Ministry of Public Health. (n.d.). National Cancer Registry. Retrieved from <https://www.moph.gov.lb/en/Pages/8/19526/national-cancer-registry>

Nevertheless, recent and accurate data regarding HPV infections and the prevalence of CC in Lebanon is scarce, due to the absence of national screening programs, and the social stigma surrounding STIs. The present literature around CC in Lebanon indicates that most cases are detected at a very late stage when treatment is no longer effective, and cancer is fatal.

On average 99 women in Lebanon are diagnosed with invasive CC per year.¹³

These numbers are alarming, given the preventable nature of CC. Primary prevention for CC is achieved through vaccination. In 2023, the only approved HPV vaccine available in the Lebanese market is Gardasil9 at an estimated cost of 170\$ per shot. Taking into account that every person would require 2 or 3 shots of Gardasil9, national vaccination campaigns were not shown to be cost-effective, and indicated that the price of the vaccine had to be substantially reduced to less than 30\$ before it became accessible to the Lebanese population.¹⁴ Given those challenges associated with scaling up HPV vaccination campaigns in Lebanon, the focus in CC prevention shifts to secondary prevention, which is achieved through screening and early detection.

Omgyno's Intervention

In this context, Omgyno has been providing free HPV DNA tests since March 2023 in Lebanon.

65% of the community members who ordered HPV tests were curious about trying a home test for the first time, or sought a regular checkup, while 31% of them experienced symptoms and discomfort. The rest ordered the test based on their physician's recommendation.

33% of those tests came back positive for high-risk and potentially high risk strains, 73% of which indicated co-infection with more than one oncogenic HPV type.

It is also important to mention that 20% of the people who tested positive for a high-risk strain have never visited a gynaecologist, and 53% of them had their last checkup over a year prior, which highlights the need for home tests, as a first step towards addressing one's symptoms promptly and taking care of one's sexual and reproductive health.

Alongside HPV DNA home tests, Omgyno has also provided free vaginal

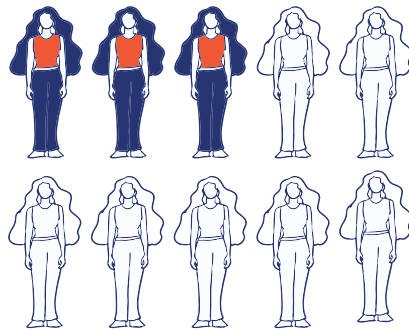
12. World Health Organization. (n.d.). Cervical cancer. Retrieved from https://www.who.int/health-topics/cervical-cancer#tab=tab_1

13. Lakkis, N. A., Osman, M. H., & Abdallah, R. M. (2022). Cervix Uteri Cancer in Lebanon: Incidence, Temporal Trends, and Comparison to Countries From Different Regions in the World. *Cancer Control*, 29. <https://doi.org/10.1177/10732748211068634>

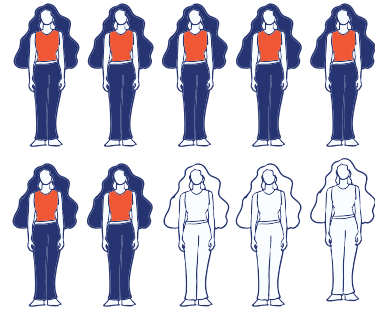
14. Bahr, S., Bzieh, R., El Hayek, G.Y., & Adib, S. (2019). Cost-benefit analysis of a projected national human papilloma virus vaccination programme in Lebanon. *Eastern Mediterranean Health Journal*, 25(10), 715-721. <https://doi.org/10.26719/2019.25.10.715>

smear cultures with or without urinalysis and comprehensive STI tests. In addition to financial accessibility, community members have reported feeling more at ease getting tested at their convenience and in private.

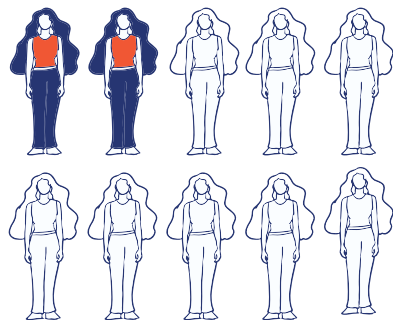
30% who ordered tests had **symptoms**



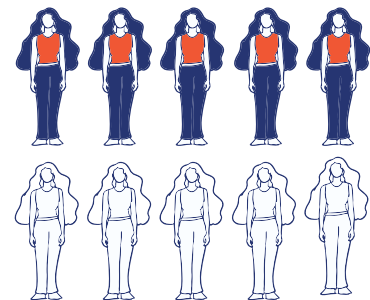
73% of the positive cases were infected with **more than one high risk HPV strain**



20% who tested positive for high-risk HPV had **never tested before**



53% who tested positive for a high-risk strain had their last checkup **more than 1 year ago**



Getting to know this toolkit

2.1 Purpose

We recognise that the reclamation of SRHR is a collective effort, and one that grapples with deeply rooted medical, cultural, social, and economic systems and structures. The purpose of this toolkit is to bring together all those who envision and pursue a future where everyone has access to SRHR. It hopes to open a reflective space that calls on activists, policymakers, healthcare providers, community members, organisations, grassroots actors, rights holders, and all SRHR advocates.

The toolkit is mainly inspired by the launch of Omgyno in Lebanon. It will provide practical recommendations that we have learnt through direct experience and experience-sharing, in the hope that we can collectivise and galvanise our efforts locally, regionally, and globally. It benefits from and builds on community knowledge as well as globally established SRHR resources to establish culturally viable guidelines for enhanced practices. While this toolkit focuses on Lebanon, it may be adaptable to other contexts that observe comparable challenges.

The objectives of this toolkit are:

1. Unpacking SRHR challenges in Lebanon:

To dissect and understand the multifaceted challenges associated with accessing SRHR in Lebanon, rooted in its socio-cultural and healthcare landscape.

2. Challenging traditional healthcare provision and encouraging feminist reimagination of care practices:

To contribute to the transformation of the patient-provider dynamics through a feminist lens, recentering empathy, care, and respect for agency and autonomy.

3. Setting forth an initial framework for enhanced access to SRHR:

To devise a toolkit that is responsive to the challenges in accessing SRHR in Lebanon in the form of an initial framework that seeks to inspire further reflective, inventive, and intentional care practices.

4. Forging an SRHR transnational network:

To advocate for the conjoining of the diverse actors who envision a transformed SRHR future and to bridge between the vital lines of work necessary towards its actualisation.

To ensure that this toolkit reaches a wider audience, it is available in both English and Arabic.

2.2 Limitations

This toolkit hopes to set forth a blueprint for Omgyno's model of work, which is at the intersection of community engagement, health technology, as well alternative and digitised care, to facilitate the replication and enhancement of said model. It is essential to acknowledge the limitations of this toolkit, which does not aspire to be comprehensive of all challenges in accessing SRHR in Lebanon or to be exhaustive of all possible recommendations. It is merely a way for us to share the knowledge we have garnered through implementing Omgyno's scope of work, in the hope that it can assist others who are navigating similar paths. Additionally, and while this toolkit is inspired by and benefits from extensive conversations with the local, regional, and global SRHR community in formal and informal settings, a more comprehensive and contextualised toolkit would surely require further in-depth consultations. In this sense, this toolkit can be understood as an initial framework in the form of a 'living document', which would benefit from further research led by different actors and interested persons.

Pursuit of Enhanced Sexual and Reproductive Health and Rights

This section underscores the necessity of a synergistic approach to addressing the complex landscape of SRHR. It highlights the critical role played by an interconnected web of actors in this landscape, utilising Lebanon as an example. It also explores the diverse nature of efforts required in realising enhanced access to SRHR, encompassing healthcare provision, advocacy, knowledge dissemination, community engagement, and other collective efforts. In doing so, this section highlights how coordination amongst actors is necessary not only for fulfilling healthcare needs but also for influencing deeper systemic change.

The pursuit of sexual and reproductive health and rights (SRHR) requires concerted efforts from an interdependent web of actors to address the multi-layered challenges hindering its realisation. Achieving equitable, comprehensive, and transformative SRHR outcomes necessitates cooperation among various actors, each bringing their unique perspectives, expertise, and resources. These include state, semi-state actors, and non-state, with varying levels of capacity, and whose coordination is necessary towards more accessible and agency-affirming sexual and reproductive futures.

In Lebanon, similar to many other contexts around the world, non-governmental actors step in to accommodate for the absence or inadequacy of state-mediated systems of knowledge and care; as well as the inaccessibility of its private healthcare system.

The MoPH in Lebanon provides sexual and reproductive health services through Primary Healthcare Centers (PHCCs), supported by the United Nations Population Fund (UNFPA), with focus on pregnancy care, family planning, and gynaecological services¹⁵. This was initially implemented as part of a Reproductive Health Program running from 1998 to 2001 in compliance with outcomes of the International Conference on Population and Development in 1994, however it continues to be the modus-operandi of the primary healthcare provision in Lebanon.¹⁶ This primary healthcare network operates within limited capacities and is available to Lebanese citizens, as well as Syrian refugees and migrants with the support of international organisations such as the United Nations High Commissioner for Refugees (UNHCR), the International Committee of the Red Cross (ICRC), and Médecins Sans Frontières (MSF). Additionally, Palestinian refugees in Lebanon are not covered within any of the MoPH's healthcare schemes, and rely on the insufficient healthcare provision support by UNRWA (United Nations Relief and Works Agency).¹⁷

The healthcare system operates in synergy with Lebanon's political and socio-cultural climates. This means that racism, ableism, cultural sensitivities, taboos, and other forms of discrimination and pressures gravely affect access to SRHR. For instance, Médecins Sans Frontières (MSF) has reported an increase in missed appointments at their clinics by Syrian patients who fear deportation while navigating checkpoints to reach their healthcare facilities¹⁸.

15. United Nations Population Fund Lebanon. (2000). Title of the Report. Retrieved from <https://lebanon.unfpa.org/sites/default/files/pub-pdf/Report10.pdf>

16. Ministry of Public Health. (n.d.). Reproductive Health Services. Retrieved from <https://www.moph.gov.lb/en/Pages/6/758/reproductive-health-services>

17. Nahle, Y. (2016, December). Healthcare: A Privilege Refugees in Lebanon Cannot Afford. Women Across Frontiers Magazine. Retrieved from <https://wafmag.org/2016/12/healthcare-privilege-refugees-lebanon-cannot-afford/>

18. Médecins Sans Frontières. (2023, May 17). Syrians in Lebanon avoid healthcare in fear of deportations. Retrieved from <https://www.msf.org/syrians-lebanon-avoid-healthcare-fear-deportations>

Given this landscape, marked by limited capacities and resources, as well as discriminatory and inaccessible systems, non-governmental, community-based and grassroots organisations in Lebanon intervene to enhance knowledge production, advocacy, services provision, among other activities to ensure more comprehensive access to SRHR.

This glimpse of the sexual and reproductive healthcare system in Lebanon exemplifies the intricate web of actors within this realm. Unpacking these realities is crucial to understanding the dynamics through which actors operate and interact. The absence of well-capacitated and accessible institutions creates an ecosystem of care that is fragmented, inequitable, and over-reliant on non-governmental organisations. This necessarily results in ad hoc forms of care that fail to build sustainable access to SRHR. Therefore, and to meaningfully navigate the intricate web of actors, we must understand the presence of actors and lack thereof, as well as the relationships between actors and lack thereof, as part of the political, social, economic, and medical contexts in which they operate.

Exploring SRHR's Multi Faceted Landscape

Within the expansive realm of SRHR, actors take up diverse lines of work to ensure that the rights to sexual and reproductive health are not just acknowledged but firmly supported and sustained. From the core of clinical healthcare services to the outer realms of advocacy, knowledge production, and community engagement, these lines of work intertwine to jointly advance SRHR on various fronts:

Healthcare	Providing clinical services such as counselling, family planning, prenatal and postnatal care, maternal health, sexual health screenings, access to contraception, safe abortion care, among other sexual and reproductive care services.
Knowledge Production and Dissemination	Conducting campaigns, workshops, and community activities that seek to build knowledge surrounding sexual and reproductive health and rights, deconstruct taboos and shame, and advocate for informed care.
Advocacy and Policy Change	Lobbying and advocating for policy and legal reform that protects and promotes sexual and reproductive health and rights, including but not limited to affordable healthcare, reproductive agency, and sexual freedoms.
Data Collection and Research	Engaging in data collection and research about SRHR-related topics to inform evidence-based policies and programs, monitor progress, and identify areas for improvement. This also is necessary in understanding contextual nuances that are critical to responsive care practices.
Community Engagement and Movement Building	Collaborating with local, regional, and global communities, community-based organisations, and grassroots actors to understand and address specific SRHR needs and challenges. By engaging in participatory network building and solidarity practices, SRHR movements can convene around common grievances and aspirations in pursuit of transformative care futures.
Media and Communication	Using various media channels, including social, mass, and offline media platforms, to disseminate SRHR information, problematise stigma, and engage the public in conversations about sexual and reproductive health and rights. This is critical to challenging alienation and isolation, and encourages relating to one another and fighting for fairer care for everyone.
Capacity Building and Mutual Learning	Engaging in mutual learning and capacity-building exercises for healthcare providers, educators, community members, and other relevant actors to ensure they have the knowledge and skills to deliver effective, ethical, and sensitised sexual and reproductive care.
Support for Vulnerable Communities	Tailoring sexual and reproductive care such that it's responsive to certain communities' needs, including but not limited to poor, disabled, queer, trans*, racialised, refugee, and incarcerated communities. Seen as sexual and reproductive care is a socio-cultural, political, and economic issue and not merely a healthcare issue, this support is critical in challenging traditional forms of care that are harmful and discriminatory towards non-normative, differently abled, non-citizens, and vulnerable people at large.

Transformative toolkit for Addressing SRHR Challenges in Lebanon and Beyond: Contextual Analysis and Recommendations

This section provides a foundational analysis rather than a comprehensive exploration of all the challenges undermining access to SRHR in Lebanon. It identifies key obstacles such as knowledge gaps, patriarchal and privatised healthcare provision, over-medicalisation, and legal restrictions, alongside initial recommendations for navigating these deep-seated barriers. This analysis serves as a starting point for broader discussions and actions towards improving SRHR in Lebanon and beyond.

A. Myths, Misconceptions, and Knowledge Gaps

Deeply ingrained myths, persistent misconceptions, and profound knowledge gaps about SRHR are often exacerbated by lack of accessible resources and restrictive socio-cultural norms in Lebanon. This restricts agency over one's sexual and reproductive life, whereby one's ability to understand and make informed choices about their health is compromised. For instance, we see this particularly prominent in contraceptive care, whereby the lack of knowledge about the different contraceptive choices, their advantages and disadvantages, hinders a person's ability to experiment with different options and observe what works best for them. Similarly, navigating STIs without access to information can reinforce stigmas and shame, and can lead to misconceptions surrounding the contraction and treatment of STIs. In fact, a study by Hamdanieh et al. (2019) uncovered that unmarried women across Lebanon had inadequate understanding of key SRHR topics, such as sexually transmitted infections (STIs), menstruation, and contraception.¹⁹ Additionally, Lebanon's educational system does not incorporate sex education with its curricula, and instead relies on subjects such as "biology" to build sexual and reproductive health knowledge among students. Previously, attempting to deliver sex education in schools in Lebanon in 1995 solicited backlash from religious figures which led to its redaction²⁰, which has had detrimental effects on the knowledge and culture surrounding SRHR.

Coupled with a fragile and discriminatory healthcare system which fails to compensate for these knowledge gaps, the issue becomes further complicated. Healthcare providers, intentionally or otherwise, may withhold, distort, and miscommunicate relevant information that is necessary for affirming sexual and reproductive agency. In fact, several organisations we spoke with expressed concern over the lack of comprehensive and inclusive education for healthcare providers on SRHR topics, which hinders their ability to deliver informed and sensitised care. Despite the greatly valuable efforts by local organisations in forging alternative and accessible forms of knowledge production and sharing, through campaigning, workshops, and training activities, there remains a need for more invigorated and coordinated efforts on this front.

19. Hamdanieh, M., Ftouni, L., Al Jardali, B., Ftouni, R., Rawas, C., Ghotmi, M., El Zein, M. H., Ghazi, S., & Malas, S. (2021). Assessment of sexual and reproductive health knowledge and awareness among single unmarried women living in Lebanon: a cross-sectional study. *Reproductive Health*, 18(1), Article 24. <https://doi.org/10.1186/s12978-021-01079-x>

20. Soweid, L. (2017, June 13). In search of sex-ed. *Public Health Post*. Retrieved from <https://www.publichealth-post.org/research/search-sex-ed/>

Tools and Recommendations

- **Knowledge Production and Dissemination:** Develop and implement comprehensive SRHR education programs in schools and communities, utilising the expertise of dedicated SRHR trainers to design and deliver training curricula that cater to various audiences, including teachers, parents, and students. This is essential for re-affirming agency and informed care. Similarly, engage in training of healthcare providers, including doctors, nurses, midwives and others, on sensitised and inclusive care.
- **Advocacy Campaigning:** Launch extensive multi-media campaigns to enhance knowledge about SRHR, targeting myths and promoting accurate information. These campaigns should be culturally sensitive and tailored to address the specific needs of different communities in Lebanon.
- **Community Engagement:** Organise community workshops and discussion forums to engage local communities in SRHR education. This is also critical for mutual learning practices, and for enabling sensitised and nuanced knowledge production and advocacy.
- **Digital Outreach and Resources:** Develop and disseminate online resources, such as mobile applications, chat bots, and interactive websites, offering reliable SRHR information in multiple languages. These digital platforms should be accessible and user-friendly, including features such as anonymous Q&A forums and directories of SRHR services.
- **Collaborative Partnerships:** Foster partnerships with local civil society, international organisations, and government bodies to strengthen SRHR initiatives. Leverage these collaborations for resource pooling, knowledge sharing, and advocacy efforts to influence policy changes and devise alternative care avenues.

B. Patriarchal and Privatised Healthcare

The healthcare system in Lebanon, marked by its heavy privatisation and patriarchal underpinnings, faces substantial hurdles in providing comprehensive access to SRHR. The privatisation has led to a healthcare landscape where the bulk of services are concentrated within the private sector, focusing predominantly on curative care rather than preventive and primary healthcare. The current economic crisis has exacerbated these issues, leading to severe shortages of supplies, equipment, and personnel, and an increase in healthcare costs that are unaffordable for most people.²¹ Furthermore, this has particularly impacted marginalised communities, which face bureaucratic, economic, and prejudicial barriers in accessing basic SRHR services, and which are often scapegoated in economic crises.²²

Moreover, the system is influenced by patriarchal norms, which can manifest in biases within healthcare provision and a lack of gender-sensitive approaches. In effect, privacy and confidentiality concerns are paramount, given the cultural context and the shame that transpires from patriarchal attitudes. This also leads to paternalistic attitudes by healthcare providers, whereby they deem themselves in a position to advise on what is best for their patients, compromising their sexual and reproductive agency. In addressing these challenges, there's a critical need for alternative, accessible, digital, and secure forms of service provision that ensure privacy and confidentiality, and that undermine patriarchal pressures.

Tools and Recommendations

- **Policy Advocacy and Reform:** Collaborate with local civil society and international organisations to advocate for healthcare reforms that address the patriarchal and privatised nature of the system. This includes lobbying for increased funding and support for public healthcare institutions, and the implementation of policies that ensure equitable access to SRHR.
- **Capacity Building in Public Healthcare:** Develop programs to strengthen the capacity of public healthcare institutions. This includes training healthcare providers in gender-sensitive and inclusive care and ensuring

21. El-Jardali, F., Masri, R., & Sleem, Z. (2023, July 27). Rethinking Lebanon's healthcare system amid the economic crisis. Lebanese Center for Policy Studies. Retrieved from <https://www.lcps-lebanon.org/articles/details/4799/re-thinking-lebanon%E2%80%99s-healthcare-system-amid-the-economic-crisis>

22. Daigle, M., Spencer, A., Diab, J. L., Samneh, B., & Afandi, A. (2023, October 5). Sex, health and rights in displacement and humanitarian response: crises upon crises in Lebanon and beyond. ODI: Think Change. Retrieved from <https://odi.org/en/publications/sex-health-and-rights-in-displacement-and-humanitarian-response-crises-upon-crises-in-lebanon-and-beyond/>

that public institutions are equipped with the necessary resources to provide comprehensive SRHR services. Encourage task-sharing and collaboration with community healthcare workers, pharmacies, nurses, midwives and other key health workers to expand access to SRH.

- **Community-Based Interventions:** Utilise community networks and informal support systems to improve access to SRHR. Engage with community leaders, civil society, grassroots, and mutual support groups to create safe spaces where individuals can receive SRHR information and services in a confidential and respectful manner. This approach can be particularly necessary in reaching marginalised populations who may not have access to formal healthcare settings.
- **Confidential and Respectful Care Provision:** Implement strict confidentiality protocols across all SRHR services. Healthcare providers should be trained to offer non-judgemental and dignified treatment, respecting the privacy and autonomy of all individuals. This training should emphasise the importance of confidentiality in healthcare and the role of healthcare providers in upholding patient privacy.
- **Digital Health Solutions:** Leverage technology to enhance privacy in sexual and reproductive health service provision. Develop telemedicine platforms (such as e-pharmacies) and online consultation services that allow individuals to seek SRHR advice and services discreetly, particularly beneficial in remote or conservative areas. Ensure these digital solutions are accessible, user-friendly, and secure, maintaining the confidentiality of user data.

C. Over-medicalisation in Healthcare

The challenges of overmedicalization in sexual and reproductive health provision are compounded by a broader healthcare crisis in Lebanon, marked by political, economic, and social turmoil. Overmedicalisation in SRH often manifests as the unnecessary use of medical interventions, obstetric violence, excessive and unnecessary testing, pathologization of sexual orientations or gender identities²³, among other harmful practices.

The financial crisis marked by high inflation, liquidity issues, and the devaluation of the Lebanese pound has led to increased inaccessibility to medical care within the country's highly privatised healthcare system²⁴. The delegitimization of self-managed care, coupled with the over-reliance on traditional, inaccessible healthcare systems emphasise the need for alternative avenues for the reclamation of SRHR.

In light of the massive exodus of healthcare providers as well as depletion of resources and infrastructure in Lebanon, it has become critical to reinvigorate alternative and self-managed care. Additionally, and due to rising anti-queer and xenophobic discourses instigated by political and religious actors locally and globally, undermining the safety of vulnerable communities, the urgency of such efforts has become more imminent. Moreover, the centralization of healthcare services in urban areas like Beirut exacerbates accessibility issues for those unable to afford the journey or are subject to security risks.

Depathologization and countering over-medicalisation can include forgoing the nonessential pursuit of specialised care, and expanding the scope of sexual and reproductive care by involving midwives, retired healthcare professionals, medical trainees, nurses, pharmacies, medical labs, as well as telemedicine and digitised healthcare. This requires a concerted effort from all actors in the SRHR landscape to prioritise not just the medical aspects of sexual health but also the social, cultural, and political dimensions that influence individuals' experiences and access to care.

Tools and Recommendations

- **Promotion of Self-Care Practices:** Initiate educational and informative campaigns about the importance and reliability of self-care practices in SRHR, such as home testing and self-injectable contraception²⁵. These campaigns should focus on demystifying home testing methods and encouraging individuals to reclaim agency over their sexual and reproductive health management. Incorporate educational materials in both formal education

23. Inter-American Commission on Human Rights. (2016). [Pathologization: Being Lesbian, Gay, Bisexual and/or Trans is Not an Illness]. Organization of American States. Retrieved from https://www.oas.org/en/iachr/media_center/PReleases/2016/064.asp

24. Daigle, M., Spencer, A., Diab, J. L., Samneh, B., & Afandi, A. (2023). Enablers of more inclusive and comprehensive SRHR. In Sex, health and rights in displacement and humanitarian response: Crises upon crises in Lebanon and beyond (pp. 46–52). ODI. <http://www.jstor.org/stable/resrep53494.11>

25. Injectables Access Collaborative. (n.d.). Home - DMPA-SC Resource Library. Retrieved from <https://fpoptions.org/>

settings and through media platforms to reach a broader audience. Engage in evidence-based research as a tool to legitimise and advocate for the validity and safety of self-managed care.

- **Integration of Self-managed Care within the Healthcare System:** Collaborate with healthcare providers and policymakers to integrate home testing services and other forms of self-managed care into the broader healthcare system. This integration should aim to legitimise home testing as an effective and reliable method for SRHR management. Develop guidelines and protocols to support healthcare providers in incorporating home testing results into patient care plans. Ensure that home testing services are private and confidential, through discrete packaging of testing kits, safe digital communication of results, and other forms of security measures.
- **Addressing Stigmatization through Sensitization Programs:** Design and implement sensitisation programs that target the stigmatisation of SRHR issues. These programs should focus on changing societal attitudes towards various care options, including home testing, and emphasise the legitimacy and importance of diverse SRHR practices. Engage with community-based and grassroots organisations to disseminate knowledge that challenges existing stigmas and promotes a more inclusive understanding of SRHR.
- **Supporting Marginalised Communities:** Recognize the unique challenges faced by marginalised communities in accessing SRHR services. Develop targeted initiatives to provide these groups with the necessary resources and support for self-care and home testing. This could include distributing home testing kits, ensuring access for individuals with disabilities, providing multilingual educational materials, and establishing support networks within these communities.

D. Policy and Legal Barriers

In Lebanon, restrictive legal and policy environments gravely impede access to SRHR, influenced by the country's socio-cultural realities and religious norms. For instance, the sectarian personal status law, governing marriage, divorce, inheritance, child custody, among other matters, is patriarchal and relegates women to disadvantageous positions in legal settings. In effect, non-governmental organisations have long been advocating for the unification of the personal status law such that it protects women from state-sanctioned violence.²⁶

Moreover, laws such as the criminalization of abortion except in life-threatening situations severely limit reproductive agency.²⁷ This is further exacerbated by additional barriers to safe abortion services, such as the withholding of care due to conscientious objection by healthcare providers, lack of access to information about abortion methods and regulations, nonessential medical testing, financial constraints, and other factors contribute to the hindered access to SRHR.

Additionally, it is critical to recognise and address the intersection of sexual and reproductive rights with other rights, such as labour rights, to elucidate how restrictive policies further marginalise already vulnerable groups. This includes migrant domestic workers under the kafala (sponsorship) system, refugees, and trans* individuals.²⁸ These communities face additional barriers in accessing SRHR due to their precarious legal status and residency rights, racism, xenophobia, homophobia, transphobia, and other forms of discrimination which significantly impacts their ability to seek healthcare without fear of harm or retaliation.

Therefore, addressing these policy and legal barriers requires a multifaceted approach that includes legal reform, community engagement, and the strengthening of local and transnational networks committed to advancing SRHR in Lebanon and beyond.

Tools and Recommendations

- **Legal Reform Advocacy:** Engage in robust advocacy efforts to reform restrictive SRHR laws in Lebanon. This includes campaigning for the decriminalisation of abortion and the implementation of laws that protect and promote comprehensive SRHR services. Collaboration with grassroots organisations, legal experts, human rights organisations, and international bodies can provide the necessary support for these advocacy efforts.

26. Hivos. (2020, April 7). Citizenship and the state: KAFA protecting women in Lebanon. Retrieved from <https://hivos.org/citizenship-state-kafa-protecting-women-lebanon/>

27. CanWaCH. (2023, August 19). Breaking barriers: Protecting SRHR in times of crisis. Retrieved from <https://canwach.ca/article/breaking-barriers/>

28. Human Rights Watch. (2021, March 5). Lebanon: Sexual harassment law missing key protections. Retrieved from <https://www.hrw.org/news/2021/03/05/lebanon-sexual-harassment-law-missing-key-protections>

- **Policy Development and Implementation:** Work towards developing comprehensive SRHR policies that are inclusive and cater to the needs of all communities. Collaborate with government bodies, healthcare providers, and community organisations to ensure that these policies are effectively implemented and accessible to everyone.
- **Legal Capacity Building and Strengthening:** Conduct workshops and training programs for lawmakers, policymakers, and stakeholders to build their capacity in understanding and supporting SRHR issues, focusing on the importance of gender-sensitive and rights-based approaches in policy formulation and implementation. In addition, provide legal counsel and accompaniment for grassroots, community-based, and non-governmental organisations navigating the legal and policy advocacy landscapes.

Looking Forward: Forging a Transnational SRHR Network

The development of this toolkit represents a collective effort to reimagine and realise alternative, accessible, and digitised care practices in the realm of SRHR. By learning from Omgyno's experience as a health-tech platform as well as other invaluable experiences in navigating and addressing SRHR challenges, this toolkit is designed to be "a living document". Recognising the dynamic and adaptive nature of this initiative, a living document approach implies that the toolkit is not static. Instead, it continuously evolves in response to new research and technology, changing economic, social, and political landscapes, emerging health challenges, and developing networks. This model allows for the integration of ongoing feedback from diverse stakeholders, ensuring that the toolkit remains relevant and effective.

The Living Document Approach

By embracing the concept of a living document, this toolkit becomes a collaborative platform that thrives on the exchange of knowledge, experiences, and practices from diverse contexts and regions. It invites continuous feedback from a broad spectrum of stakeholders and rights holders, ensuring that the information and resources it contains is both up-to-date and reflective of the diverse needs and challenges faced by communities across the globe. This approach not only enriches the toolkit but also fosters a sense of shared purpose and solidarity among those working to advance SRHR.

In our conversations with local, regional, and global sexual and reproductive health organisations, we learnt about several key considerations that are essential for building and sustaining a transnational SRHR network, while reaffirming its value.

Key Considerations

Contextual Sensitivity: Understanding and advocating for SRHR requires a nuanced understanding of local and broader contexts, whereby the realisation of SRHR intersects with the realisation of other rights. A representative of a global organisation based in Lebanon expressed cynicism towards “lazy” approaches to contextualisation, and emphasised that SRHR issues are deeply intertwined with broader social, economic, environmental, political, and other factors, necessitating a comprehensive approach that takes these intersections into account. Additionally, it’s become evident through our consultations with different actors the need for increased attention towards the rising anti-rights movements which have grave implications on advancing SRHR. Therefore, It’s crucial that we move beyond superficial engagements with contexts to develop a deep, intentional understanding of the diverse realities faced by individuals and communities.

Accessibility: In devising alternative sexual and reproductive care, accessibility considerations are essential for avoiding the reinforcement of discriminatory practices. For instance, and while developing telemedicine platforms is a significant step towards enhancing SRHR, ensuring accessibility for poor people, people with disabilities, or for people with limited digital literacy/internet reach is critical. A transnational SRHR network can play an vital role in facilitating engagement with different communities and identifying accessibility needs, and in working together for inventive and collaborative ways to address them. For instance, an international organisation representative we spoke with explained that coordinating with local organisations allows them to lower their shipping costs for delivering abortion pills, which in turn allows them to deliver more effective and accessible

services. They also explained how their adopting a sliding scale model for delivering their services across multiple contexts allows them to subsidise their operations in more disadvantaged settings. Therefore, collaborating with technology developers, disability advocates, accessibility experts, and community members is essential in building towards more accessible sexual and reproductive care futures.

Participatory Practices: The capacity strengthening and mutual learning among organisations and rights holders in SRHR is best achieved through participatory practices. Engaging communities directly in the advocacy, knowledge production, and implementation of SRHR initiatives ensures that these efforts are grounded in the real needs and priorities. Building trust, fostering genuine partnerships, and accompanying communities are essential for the sustainability and effectiveness of SRHR programs. This requires engaging critical conversations about decolonising and recentering local contexts in SRHR research, advocacy, network-building, and activism. For instance, organisations with more robust capacities and resources can support smaller organisations through legal counsel, flexible granting and subgranting, and other forms of accompaniment.

Evidence-Based Advocacy: Robust scientific research and needs assessments play a critical role in identifying challenges in accessing SRHR and advocating for change. Deploying evidence-based research and reporting as a tool for advocacy helps in challenging stigma and strengthening the legitimacy and impact of efforts for advancing SRHR. Collaborative research endeavours and resources-sharing within the network can enhance the relevance and efficacy of advocacy strategies. This is particularly critical in restrictive legal and cultural settings, whereby evidence-based reporting serves as a protection tool against villainization, retaliation, ostracisation, and other security risks.

Collaboration and Mutual Support: The complexity and scope of SRHR challenges necessitate a collaborative approach. Building partnerships with local organisations, fostering synergies among community-based groups, and creating a mutual support system are crucial for sustaining the movement. The transnational network should prioritise these collaborative efforts, leveraging the unique strengths and expertise of partners to advance shared goals.

The establishment of a transnational SRHR network, as outlined in this toolkit, represents a collective effort to address the complexities of SRHR advocacy and service provision in a connected, inequitable world. By embracing key considerations and values rooted in contextual sensitivity, accessibility, participatory practices, evidence-based advocacy, and mutual support, we can collectively build a more inclusive, responsive, and sustainable SRHR ecosystem. This network is not just about sharing resources and knowledge; it's about building a global community in the pursuit of health, rights, and justice for all.

In line with the “living document” approach, we welcome your thoughts, reflections, and recommendations towards developing this toolkit further. Please reach out to us on hello@omgyno.com.