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Sexual Violence in Conflict and the Role of the Health Sector

Scoping Paper

Contents

Some Norwegian medical staff are working for Médecins Sans Frontières (MSF) in various conflict-ridden and crises-stricken zones.

Health sector response

The health sector has a very important role to play both in terms of prevention, treatment and rehabilitation. Prevention of and response to sexual violence must be part of any comprehensive agenda for improving reproductive health in crises.[27] Survivors of sexual violence urgently require a range of health services, from treatment for physical and psychological trauma and long-term physical and mental health consequences, to rehabilitation services. Making relevant health services available and visible not only reduces the threshold for seeking help but also contributes to reducing stigma, shame and social exclusion.

Medical treatment is critical for someone who has been sexually assaulted. In crisis zones, there is a need for emergency reproductive health kits containing the medical equipment, supplies and medicine that humanitarian workers need to address the immediate physical impact of sexual violence. Survivors need antibiotics to prevent infection and may require treatment for abrasions, tears or a traumatic fistula. The latter is a devastating but operable injury that may occur as a result of sexual assault.

In addition to physical injury, women and girls who are raped may be at risk of unwanted pregnancy or sexually transmitted infection, including HIV. If provided in time, emergency contraception can prevent an unwanted pregnancy, and post-exposure prophylaxis can prevent the transmission of HIV and other sexually transmitted infections. Victims of rape who have become HIV positive may need antiretroviral (ARV) treatment and/or prophylaxis for prevention of mother-to-child transmission (PMTCT).

Women who are raped and impregnated in situations of armed conflict have increased rates of maternal mortality and risk of resorting to unsafe methods of abortion. States have an obligation to provide non-discriminatory medical care to the wounded and sick under Common Article 3 of the Geneva Conventions, Additional Protocols I and II, and customary international law. Abortion services and counselling constitute medically appropriate interventions for survivors of rape who have been impregnated. The denial of abortion to women who become pregnant as a result of being raped has been considered to constitute torture or cruel, inhuman or degrading treatment. Consequently, the denial of the full range of medically appropriate care to victims of rape in situations of armed conflict constitutes a violation of their rights under applicable international law.[28]

[27] http://www.raiseinitiative.org/services/#gbv

[28] As part of the Human Rights Council's Universal Periodic Review (UPR) of the United States in November 2010, Norway recommended that the US remove its "blanket abortion restrictions on humanitarian aid covering the medical care given women and girls who are raped and impregnated in situations of armed conflict".

there is more opportunity to address the root causes of gender-based violence, such as consistent discrimination against women, violent ideals of masculinity, deep poverty and lack of employment opportunities. Building up and strengthening health services and systems with a focus on primary health care and reproductive health is a crucial element in post-conflict settings to improve living conditions and stabilize fragile states.

Both in ongoing conflict and post–conflict settings, health-sector interventions should be coordinated and linked with interventions in other sectors, particularly basic education, judicial and penal, water and sanitation and programmes for training and income-generating activities.

Recommendations

Show leadership and maintain a high political profile in international meetings (including bi-lateral meetings with state leaders) around the need to address reproductive health needs in conflict settings. This is particularly relevant for victims of sexual violence and for pregnant women, the newborn and adolescents.

Work systematically with international organizations (the United Nations Secretary-General, WHO, UNFPA, UN Women and major International Nongovernmental Organizations) to make them pay more attention and allocate resources to address the issue. The field has an acute need for better coordination and research to establish systematic, evidence-based approaches that go beyond the distribution of reproductive health kits. Better coordination at global level will trickle down to better coordination among actors in the field.

Pick key issues where there is a need for a lead advocate and sponsor. Access to safe abortion and sexual and reproductive health services for young people are areas where Norway has potential to play an important role, since other major donors and actors are reluctant to do so or not allowed to address these critical issues. Many (or most) of the NGOs offering health services in conflict and humanitarian settings rely on funding from the US, which does not allow funds to be used on abortion services.

Support provision/expansion of services and procurement/distribution of commodities and drugs, particularly in remote, hard-to-reach areas.

Advocate for, and support building of, evidence on the burden of health in conflict settings and the need for reproductive health services and successful interventions (good practices).

Support and promote the normative frameworks established by WHO and its partners, mainly the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*.

Prevention of and response to sexual and gender-based violence in conflict and post-conflict settings should be integrated in the United Nations Secretary-General's Global Strategy for Women's and Children's Health. It should be flagged as a major concern,