

The Impact of Crises and Conflict on Sexual and Reproductive Health and Rights The EU is to act!

Recommendations for the Slovenian Presidency of the EU

Background

On 22 November 2007 a seminar was organised in Slovenia in relation to the Slovenian EU presidency during the first half of 2008, entitled “Impact of crises and conflict on sexual and reproductive health and rights; The EU is to act!” The speakers, experts and participants highlighted the need for strengthening sexual and reproductive health and rights (SRHR) principles and for care, services and supplies, including the services for consequences of sexual violence in crises and conflict, and throughout all stages of a crisis: from emergency through reconstruction to development.

Comprehensive sexual and reproductive health: What it means

Sexual and reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and its functions and processes.¹

The right to sexual and reproductive health includes the right to have control over and to decide freely and responsibly about matters related to sexuality and whether or not to have children, and the information and means to do so, free of coercion, discrimination and violence. It also includes access to the following comprehensive services: safe motherhood, including basic and emergency obstetric services, including post abortion care, and where legal comprehensive abortion care; comprehensive family planning, including long-term, permanent and emergency contraception; prevention and treatment of sexually transmitted infections (STIs), including HIV/AIDS; prevention and medical response to sexual and gender-based violence, including the referral to psychosocial and legal services ².

A lack of quality sexual and reproductive health services can lead to high infant and maternal mortality rates, an increase in the spread of STIs, including HIV/AIDS, an increase in unwanted pregnancies and unsafe abortions, and increased premature women’s mortality and morbidity rates.³

In crises, the Minimal Initial Services Package (MISP) is the model for addressing the ‘priority reproductive health needs of populations in the earliest phases of emergencies’ and for planning for ‘comprehensive reproductive health services when a crises situation stabilizes.’

Key policy documents:

- Programme of Action (PoA) of the UN International Conference on Population and Development, Cairo, 1994 and its follow up session in 1999;
- Beijing Platform for Action (1995) and The Beijing Five-year Review (2000);
- The MDGs framework that promotes gender equality (MDG3), reduction of child mortality (MDG4) and improvement of maternal health (MDG5), with a specific target on universal access to reproductive health, and combating HIV/AIDS and other diseases (MDG6);
- European Consensus on Development (2005), which underlines the importance of sexual and reproductive health and rights and mentions the obstacles to achieving the MDGs in conflict situations;
- Cotonou agreement (revision 2005), which refers to reproductive health and to the rights of women (article 25);
- EU/Africa Strategy (December 2005), which refers to sexual and reproductive health and rights and describes the effects on women in conflict;
- UN Security Council resolution 1325 (October 2000) which specifically addresses the impact of war on women, and women's contributions to conflict resolution and sustainable peace;
- Communication from the EC ‘Towards an EU strategy on the Rights of the Child’ (July 2006), which refers to children in armed conflict, violence against children and the challenge to ensure that the rights of children as refugees are fully respected;
- EU guidelines on children and armed conflict (adopted by European Council in 2003), which refers to gender-based violence and HIV/AIDS;
- The Council of the European Union’s Conclusions on Gender Equality and Women’s Empowerment in Development Cooperation (15/5/2007), which stresses the importance of tackling gender-based violence in all its manifestations, including conflict / post-conflict situations;
- Brussels Call to Action to Address Sexual Violence in Conflict and Beyond, endorsed by among others the European Commission (June 2006), which focuses on sexual violence and making the link to sexual and reproductive health services;

¹ International Conference on Population and Development – Cairo 1994: programme of Action, para 7.2

² Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative

³ Marie Stopes International Australia, Sexual and Reproductive Health in Crisis Situations.

- European Parliament Annual report on Human rights in the world in 2003 and the European Union's Policy on the matter (13 April 2004), which focuses on sexual and reproductive health and rights as well as refugees and emergency situations;
- the European Parliament adopted a resolution on the situation of women in armed conflict and their role in reconstruction and the democratic process in post-conflict assistance (Veronique de Keyser, June 2006). It stresses the importance of including reproductive health services in conflict situations and refugee camps.

Principles and recommendations

The civil society participants of the seminar from 12 European countries agreed on the following principles and recommendations:

Whereas

- women and children (refugees, Internally Displaced Persons (IDPs) and all conflict-affected persons) often have been denied their sexual and reproductive rights and received limited access to SRH services throughout all stages of a crisis: from emergency through reconstruction to development;
- women and children suffer from increased sexual violence during and after crises and conflict;
- providing medical support and SRH services to survivors of sexual violence is one of the key ways to assess the magnitude and occurrence of sexual violence;
- women and children are rarely able to get the health care (including SRH) and psycho-social support needed during and after crises and conflict;
- the combination of limited access to SRH services and of increased sexual violence has a major, life-long impact on their sexual and reproductive health, impeding the post-crisis return to normalcy and development of their communities;
- the attention for SRHR in the Balkans has been severely neglected during the war, post-conflict and in the current democratisation process.

The Slovenian presidency of the EU must:

- **make sexual and reproductive health and rights in crises and conflict areas, including the fight against sexual violence, a priority in policies, funding and services in the humanitarian phase as well as in the transition towards development;**
- **make the provision of sexual and reproductive health services and the provision of reproductive health supplies, for refugees, IDPs and others affected by emergency or conflict, an essential part of all health interventions from the Minimal Initial Service Package (MISP) at the outset of an emergency, towards comprehensive sexual and reproductive health as soon as the situation allows more strategic planning and consult with local NGOs/users of the services in all phases;**
- **provide sufficient funding for sexual and reproductive health services and for programs that combat violence against women for refugees and IDPs and others affected by crises and conflict and in the transitional phase (LRRD – Linking Relief, Rehabilitation and Development);**
- **require that progress on combating violence against women and girls is an indicator of human rights performance in the assessment of the governance of third countries by the EC through the so-called governance profile;**
- **ensure that ECHO, other EU and Member State crisis funding mechanisms act in accordance with the agreed Humanitarian Charter and Minimum standards in disaster response (SPHERE standards), which includes the MISP;**
- **insist that partners of ECHO, other EU institutions and Member States include the MISP in humanitarian health programmes and apply the UN Inter Agency Standing Committee Guidelines for Gender-based Violence in Humanitarian Settings.**
- **ask for an action plan to be developed following the European Consensus on Humanitarian Aid to include a strong reference to the importance of quality health services, including sexual and reproductive health services (SRH), in humanitarian settings. In addition, this plan must emphasize the Humanitarian Charter and Minimum Standards in disaster response (Sphere Standards);**
- **follow the principles of gender equality and women empowerment in European national policies as well as in humanitarian aid and development cooperation to convey the core values of the EU such as gender equality as a fundamental human right and indicator of social justice (Conclusions of the Council, 2007) in order to promote SRHR in high risk settings;**
- **mobilise political will and make a priority of strengthening health system capacities within as well as outside the EU ; to this end, create supportive legislative and regulatory frameworks to strengthen monitoring, evaluation and accountability mechanisms.**