

Expert Group Meeting on the application of a human rights-based approach to policies and programmes to reduce preventable maternal mortality and morbidity in humanitarian settings

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Opening remarks by Ms. Peggy Hicks, Director, Thematic Engagement, Special Procedures and Right to Development Division (TESPRDD), OHCHR

- The scope and complexity of the issue and our collective challenge in these settings is daunting. In 2018, 136 million people required humanitarian assistance. Of these, 34 million were women and girls of reproductive age, 5 million were pregnant. 66% of maternal deaths occur in fragile settings, which is more than 500 deaths each day. In these settings, women and girls face much higher risks of maternal mortality and morbidity. The nature of these crises is increasingly complex and protracted and the average length of time spent in a refugee camp is 20 years. Some young persons and children have never known life outside of crisis.
- In these settings, moreover, women and girls are rarely able to seek effective remedies when their rights are denied. Disintegrating judicial systems in conflict areas, corruption, discrimination against migrant and refugee populations in host countries, fear of reprisals against their families or themselves, and the stigma associated with gender based violence and for seeking sexual and reproductive health services all function as barriers against women and girls to seeking redress and reaching services that reflect their needs.
- While the coverage and prioritisation of sexual and reproductive health services in emergencies has significantly improved in recent years, there remain gaps in comprehensive, holistic, integrated and systematic delivery of these services. The complex reality of humanitarian crises means that women and girls continue to face serious barriers in accessing quality sexual and reproductive health services. Collapsed health systems, prohibitive costs, lack of information, agency and decision-making power, lack of privacy, insecurity, restrictions in movement, and fear of further violence for seeking out care.
- Accountability in humanitarian settings is often interpreted narrowly – either for health outcomes to donors or limited to punishment of perpetrators. Although these forms of accountability are critically important, we may need a larger understanding of accountability. One that places the individual affected women or girl at its core. One that focuses on restoring the dignity and rights of those who have had their denied. Every women, every child, everywhere.
- This is what is at the heart of human rights accountability. Being accountable to those who we seek to help, empower and represent in the most difficult and complex of circumstances. It is also about ourselves - the UN, human rights and humanitarian actors and donors – and the way we plan, design, monitor, implement and evaluate policies and programs – to ensure that no woman and girl is ever left behind.
- And this brings me to a need to interrogate our framing and categorizations – development / humanitarian; refugee / IDP; refugee / migrant; within a camp / outside a camp; her experience of violence / her access to services. For the individual, these are abstract notions often removed from her reality, yet they continue to dominate a lot of our discourse and undermine our ability to put individual woman and girls – and our accountability towards them - at the center of preparedness

and response. I submit this to you humbly, as something that we in the human rights community are also guilty of, as well as with the recognition that many in this room are doing important work to break down these siloes.

- A few recent crises have again shined a light on the need for this change in framing and integrated approach. What does accountability mean for Rohingya women and girls who have fled Myanmar, who have survived sexual violence, who are now surviving in the mud of refugee camps, or dying from preventable causes related to pregnancy or child-birth? What does accountability mean for Syrian women and girls, who suffer a daily struggle to survive, with many suffering serious physical injuries consistent with rape and the rise of child and forced marriage as a means to “protect” women and girls from sexual violence? What does accountability mean for Yemeni women and girls trapped in the conflict, where the health infrastructure is fragmenting under serious strain, where child marriage, forced prostitution, and survival sex, is rising both in displaced and host communities, and where access to essential sexual and reproductive health goods, services and facilities is denied or avoided due to stigma and shame?
- The task before us is not an easy or simple one. Humanitarian settings are extremely complex environments and I recognize that sometimes human rights may seem abstract or theoretical compared to the practical need to provide urgent care and services to people affected by crisis. The objective of this meeting, and the discussions which will inevitably continue into the future, is to get more specific about how human rights can be helpful in these situations; to collectively consider what sorts of actions we could take across our various systems to improve the way in which human rights are protected in these settings.
- So what can we do? We can be determined to improve our systems and to bridge our siloes despite knowing that these things are not always straight-forward. We can start by recognizing that women and girls are endowed with all human rights which do not shift or change based on these artificial distinctions that we have placed on them. Peoples’ lives are difficult to “box in” and as a result our responses are often inadequate, incomplete or risk leaving people out. We can think together about the most strategic ways to advance holistic and integrated action. And this takes all actors, human rights, health and humanitarian.
- In this light, I want to also recognise the incredible initiatives that stakeholders operating in humanitarian contexts have already undertaken from different entry points to implement aspects of a human rights-based approach to sexual and reproductive health, which we look forward to learning from and unpacking together.
- Again, the complexities and challenges in these settings are enormous. This is not made easier when developments at the global level, such as the omission of “sexual and reproductive health” in the Security Council’s most recent resolution on women, peace and security, continue to deny and dispute the stark realities of women and girls and their sexual and reproductive health in emergencies.
- It is therefore timely that we are surrounded today by such a wealth of expertise and diversity of backgrounds to underline the critical life-saving importance of sexual and reproductive health in emergencies and explore together how a human rights-based approach can complement existing efforts to help to address some of the challenges and gaps we are all facing.