



Rights of the Child in Humanitarian Settings: A missed opportunity

The Center for Reproductive Rights (CRR), the Sexual Rights Initiative (SRI), Child Rights Connect (CRC), the International Women’s Health Coalition (IWHC), the Youth Coalition for Sexual and Reproductive Rights, Plan International, the International Planned Parenthood Federation (IPPF), the Swedish Association for Sexuality Education (RFSU) welcome the theme of the Human Rights Council resolution on the protection of the rights of the child in humanitarian situations.

The resolution addresses several issues of critical importance to children in humanitarian situations. It acknowledges the applicability of international human rights law in humanitarian situations, urges states to provide age-, disability- and gender-sensitive humanitarian assistance to children, including for refugee and displaced children, and urges states to meet the needs of children in these settings, including through the provision of sexual and reproductive health-care services. It also encourages states and all other relevant stakeholders to address the vulnerabilities of children, particularly girls, to prevent and respond to sexual and gender-based violence, various forms of exploitation and neglect, and harmful practices, such as child, early and forced marriage(CEFM), during emergencies and in post-disaster environments.

Given the recognition of these gross human rights violations within the resolution, we deeply regret that States’ obligations to uphold the sexual and reproductive health and rights of young women, girls and adolescents and to respond to the consequences of sexual and gender-based violence, were not adequately reflected within the adopted text. Although they have been reaffirmed as key human rights by United Nations Treaty Monitoring Bodies (TMBs), by United Nations Special Rapporteurs (UNSRs), by several Human Rights Council (HRC) resolutions and by the Maputo Protocol and are reflected in most national laws and policies, States at the Human Rights Council continue to contest the sexual and reproductive health and rights of women, girls and adolescents.

Young women and girls affected by conflict and humanitarian settings face increased risks of sexual violence and urgently need sexual and reproductive health care and services, such as obstetric and antenatal care for pregnant young women and girls, physical and mental health care, menstrual hygiene supplies, access to contraceptive information and services, including emergency contraception, and access to safe abortion and post-abortion care.

Unfortunately, young women and girls are often unable to, or prevented from, accessing these services.¹ Disintegrating health infrastructure in conflict and post-conflict settings can have critical impacts on reproductive health. This, coupled with unsafe, restrictive, or repressive environments; prohibitive costs; lack of information in a language they understand; and fear of further violence or stigmatization for seeking care make it difficult for young women and girls to access these services. This is of particular relevance for girls, who may face intersecting forms of discrimination.

¹ United Nations Population Fund (UNFPA), State of World Population 2015: Shelter from the Storm, A Transformative Agenda for Women and Girls in a Crisis-Prone World *available at* http://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf



While there continues to be a need for more reliable data on maternal mortality in conflict and displacement settings, there is little doubt that conflict exacerbates maternal mortality.² In 2015, a United Nations (UN) inter-agency report found that in countries designated as fragile states, which include conflict-affected settings, the estimated lifetime risk of maternal mortality is 1 in 54, as compared to 1 in 180 global lifetime risk.³ Moreover, maternal mortality ratios (MMRs) in countries affected by conflict remain high and have been shown to increase during periods of conflict.

In this context, it is therefore disappointing that the resolution fails to properly address the specific forms of discrimination faced by girls in humanitarian settings and the root causes underpinning these violations such as gender inequality, stigma, lack of access to education and poverty. The resolution also does not address access to accountability mechanisms and to effective remedies for children in humanitarian settings.

Ensuring the provision of sexual and reproductive health information and services and accountability for sexual violence in these settings is central not only to an effective humanitarian response but also to fulfilling fundamental human rights and humanitarian law obligations.⁴

It is not enough to underline the vulnerabilities of children and to request states to meet the 'needs' of children. Children and adolescents, including girls, are rights-holders whose rights, including their sexual and reproductive rights, need to be respected, protected and fulfilled, at all times but particularly in humanitarian settings when previous structural issues and violations may be exacerbated.

This failure to properly address these key issues represents a missed opportunity to build on the Human Rights Council resolution on child, early and forced marriage in humanitarian settings of June 2017, which, among other crucial key points, reiterated the right of young women and girls to bodily autonomy, free of coercion, discrimination and violence and that violations such as CEFM constitutes a serious threat to the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health of young women and girls, including but not limited to their sexual and reproductive health.

² See, e.g., Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, *Rep. on the right to health*, para. 43, U.N. Doc. A/68/297 (Aug. 9, 2013) (by Anand Grover) Therese McGinn, Sara Casey, Susan Purdin, and Mendy Marsh, *Reproductive Health for conflict-affected people: Policies, research and programmes*, 45 Overseas Development Institute Humanitarian Practice Network 10-11 (June 2004); see also Kayla McGowan, *Closing the Gaps of Maternal Health in Conflict and Crises*, Maternal Health Task Force Blog (Dec. 15, 2016), <https://www.mhtf.org/2016/12/15/closingthe-gaps-of-maternal-health-in-conflict-and-crisis/>

³ WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division, *Trends in Maternal Mortality: 1990 to 2015*, at 15, 26 (2012), available at http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf

⁴ Center for Reproductive Rights, Briefing Paper, *Ensuring Sexual and Reproductive Health and Rights of Women and Girls Affected by Conflict*, p.6, 2017, available at https://www.reproductiverights.org/sites/crr.civicaactions.net/files/documents/ga_bp_conflictnrcrisis_2017_07_25.pdf



According to assessments carried out in specific humanitarian contexts, one of the important things women and girls in humanitarian settings ask for is access to sexual and reproductive health services⁵.

If the Human Rights Council is committed to fulfill its mandate to promote and protect all human rights and fundamental freedoms and to ensure that no one is left behind, it needs to listen to them.

⁵ *ibid*, p.10, 2017, available at https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/ga_bp_conflictnrcrisis_2017_07_25.pdf