

# SAFE ABORTION CARE IN HUMANITARIAN SETTINGS



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More than 60 million people—that's almost the population of the entire UK, of France or of Thailand—are living in crisis settings or are displaced due to conflict, natural disaster, or other human rights abuses.

The average time a person spends displaced is 20 years. That's much of a person's life and has a dramatic impact on their human rights, their dignity and their health.

Sexual and reproductive health is often invisible, compared with the need for food, water, shelter and vaccines. But in crisis settings, women face significant hardships trying to prevent pregnancy, and end unwanted pregnancies. They have lost their livelihoods, their normal family and social structures, their health care. They're at greater risk of gender-based violence, contracting sexually transmitted infections and disruptions in contraceptive use.

Women and girls in crisis settings face tremendous obstacles to meeting their sexual and reproductive needs —when it's incredibly crucial, and their right. Adolescents and youth, and those in other

vulnerable circumstances, including conflict and post-conflict settings, suffer the greatest harms. Addressing unsafe abortion is essential to protect their health, fulfill human rights obligations and meet principles of social justice, and gender equality.

## *Human rights obligations*

Access to a comprehensive package of sexual and reproductive health services and information is guaranteed under both international human rights law and international humanitarian law. This package includes the right to comprehensive sexuality education, access to safe abortion care, respect for bodily integrity and autonomy, consensual marriage, the ability to decide if and when to have children, to be free from gender-based violence, among all other matters relating to sexuality, gender and reproduction.

Governments, as duty bearers, have an obligation to ensure sexual and reproductive health facilities, information, education, goods and services, are available, accessible, acceptable and of good quality, particularly for adolescents, women and marginalized groups. Failing to provide access to abortion to women and adolescent girls, including survivors of sexual

violence and married young women and girls, denies them their human rights.

Informing women and girls of their rights and the availability of services is an important need, as is addressing abortion stigma, which permeates health systems, communities, policy-making processes and the global aid architecture.

## Challenges

Conflict-affected settings receive 57% less funding for reproductive health care than countries without significant conflict.<sup>1</sup> Comprehensive sexual and reproductive health care, including safe abortion and contraception, is neglected in emergency settings in large part because of misperceptions. These myths are the result of misinformation, stigma and a lack of commitment to the basic human rights of women.

The myths result in organizations, the donor community and practitioners incorrectly assuming that: there is no demand for safe abortion care, the delivery of abortion is too complicated in fragile settings, donors won't fund abortion care in fragile settings and/or abortion is illegal.<sup>2</sup>

Even with proper knowledge of the safety of abortion care, the legal framework and the needed clinical skills, negative attitudes, and fears related to provision of safe abortion care will continue to act as underlying barriers, restricting women's access to safe abortion care in crisis settings.

## Policy recommendations

Providing leadership in expanding access to safe legal abortion is one of the most important steps Canada can take to realize its commitments to sexual and reproductive health and rights and gender equality. By investing in organizations and programmes with proven track records in addressing the global problem of unsafe abortion, Canada can have significant impact in the short term:

- Earmark development assistance funds for the delivery of safe abortion care in humanitarian settings, as part of a comprehensive package of sexual and reproductive health care,
- Establish a clear sexual and reproductive health and rights policy for Global Affairs, which includes strategies to deliver safe abortion care as part of Canada's development assistance and humanitarian aid,
- Build the capacity of public and private health-care systems to provide integrated sexual and reproductive health services, including high-quality comprehensive abortion care (CAC) (emergency treatment for complications of unsafe abortion; induced abortion to the full extent of the law; and post-abortion contraception, to help prevent future unintended pregnancies), by training and equipping a wide range of health-care professionals at all levels of the health-care system,
- Ensuring the sustainable supply of contraceptive and abortion-care commodities, including manual vacuum aspiration (MVA) and medical abortion drugs,
- Establish the capacity of local, national, regional and global civil society including women's rights and feminist organizations and advocates, to promote respect for women's human rights and full implementation of human rights standards,
- Invest in research to fill gaps in evidence and inform policies related to abortion, including for safe abortion in humanitarian settings.

By not providing comprehensive care, including contraception and safe abortion services, humanitarian agencies and governments are siding against women's human rights, science and evidence.

<sup>1</sup> <http://iawg.net/wp-content/uploads/2016/08/IAWG-Global-Evaluation-2012-2014-1.pdf>

<sup>2</sup> McGinn, T. & Casey, S.E. (2016). Why don't humanitarian organizations provide safe abortion services? Conflict and health, 10(8).