



Health. Access. Rights.

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**Submission to the Office of the High Commissioner for Human Rights for their report requested in Human Rights Council resolution 33/18 on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance.**

Ipas was founded as a nonprofit, nongovernmental organization (NGO) in 1973 with conductive status with ECOSOC. We work around the world to increase women's and girls' ability to exercise their sexual and reproductive rights through access to comprehensive abortion care, including contraception and related reproductive health information and care. We work to nurture a legal, policy, and social environment supportive of women's and girls' rights to make their own sexual and reproductive health decisions freely and safely.

Ipas wishes to submit the following information on a human rights approach to eliminate preventable maternal mortality and morbidity from unsafe abortion in humanitarian settings. We address the challenges in working to eliminate unsafe abortion in humanitarian settings and share an example of our work to meet these challenges.

1. Governments are failing to protect the human rights of women in humanitarian settings

Access to abortion care is guaranteed under international human rights law and supported in international humanitarian law. With more women living in humanitarian settings today than ever before, and as health systems are stretched to their limits responding to the multitude of health needs among crisis-affected populations, we can expect that the experience of unsafe abortion is magnified in humanitarian settings.

Governments around the world are failing to meet their obligations to fulfill the human rights of women who seek abortion in humanitarian settings, including their rights to life, health, the benefits of scientific progress, and non-discrimination, among others. When women experience unwanted pregnancy and safe abortion services are unavailable, they may turn to unsafe methods to end their pregnancy and risk their

health and lives, with consequences to their families and communities. Globally 25 million women experience unsafe abortion every year, millions are hospitalized for complications while tens of thousands die. Among girls aged 15 to 19, pregnancy is a leading cause of death, most frequently due to complications of delivery and unsafe abortion.

Denying women access to abortion in cases of rape or incest or when there is a threat to her life or health violates their right to health, privacy, and in certain cases, the right to be free from cruel, inhuman and degrading treatment. When governments do not provide abortion care, they may also violate a woman's right to life, equality and non-discrimination, and right to reproductive self-determination.

2. Lack of access to safe abortion care and comprehensive sexuality education contributes to preventable maternal mortality and morbidity in humanitarian settings

Today over 60 million people—roughly the population of the United Kingdom, France and Thailand—are living in crisis settings or are displaced due to conflict, natural disaster or other human rights abuses.<sup>1</sup> The average time a person spends in displacement is 17 years, meaning that the impact of a crisis now lasts for much of one's lifetime, clearly affecting human rights and human dignity throughout the life course. This includes the often-overlooked area of SRHR during crisis. In crisis settings women and girls face significant hardships when trying to prevent unwanted pregnancy, starting with a loss of livelihoods, assets and family and social structures that they normally rely on; disrupted access to contraception and other SRH services; and increased risk of exploitation, sexual violence (including rape used as a weapon of war) and transactional sex. Put simply, women and girls living in crisis situations face the greatest obstacles to obtaining needed SRH care, particularly contraception and safe abortion care

However, governments, NGOs, and donors often neglect comprehensive sexual and reproductive health services—including safe abortion and contraceptive care—in these settings as the global community struggles to meet competing humanitarian needs in acute and protracted crises. While there has been growing awareness and increased investments in SRH programs in humanitarian response more broadly over the past 20 years, safe abortion largely remains on the sidelines.

In addition, refugee children as any other have the right to education, including comprehensive sexuality education (CSE), but they face multiples barriers to access it. Children and youth, especially girls, are particularly vulnerable to rape and sexual exploitation due to their lack of power, lack of resources, and because rape may be used as a method of war. Under the Human Rights Council 2016 resolution on *Accelerating*

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<sup>1</sup> UNHCR. 2016. UNHCR Statistics: The World in Numbers, <http://popstats.unhcr.org/en/overview>. Accessed 30 August 2016.

*efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls,*

Removal of all barriers interfering with women's access to comprehensive sexual and reproductive health services, goods, education and information is required. To lower rates of maternal mortality and morbidity requires emergency obstetric care and skilled birth attendance, including in rural and remote areas, and prevention of unsafe abortions. Preventing unintended pregnancies and unsafe abortions requires States to adopt legal and policy measures to guarantee all individuals access to affordable, safe and effective contraceptives and *comprehensive sexuality education*, including for adolescents, liberalize restrictive abortion laws, guarantee women and girls access to safe abortion services and quality post-abortion care including by training health care providers, and respect women's right to make autonomous decisions about their sexual and reproductive health.<sup>2</sup>

Access to CSE can connect girls to community services and support and access to reproductive health care, which helps to prevent early and forced marriage, sexual violence, unintended pregnancies, and unsafe abortion. Girls have the right to complete and accurate information about their sexual and reproductive health and rights. CSE programs must be age-appropriate, culturally relevant, provide scientifically accurate, realistic, non-judgmental information, and address stigmatized issues like contraception and abortion.

### 3. Ipas is using a human-rights based approach to reduce unsafe abortion in humanitarian settings

With over forty years of experience integrating safe abortion care into existing health care service delivery channels, Ipas is working to address this critical gap in availability of comprehensive reproductive health care in crisis settings. We would like to share an example of this work in which Ipas Bangladesh provided training in menstrual regulation<sup>3</sup> (MR) in an acute emergency setting.

Since August hundreds of thousands of Rohingya have fled Myanmar for Bangladesh and more continue to seek refuge every day. Almost 800,000 Rohingya refugees are now living in camps or makeshift camps in Bangladesh. The United Nations Population Fund (UNFPA), reports "horrific" accounts of rape and sexual assault against Rohingya women and girls fleeing Myanmar. Thousands of pregnant women and girls are living in

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<sup>2</sup> Human Rights Council: Accelerating efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls A/HRC/32/L.28/Rev.1, 2016 (italics added).

<sup>3</sup> Abortion is only legal in Bangladesh to save a woman's life. Yet a procedure the government terms "menstrual regulation"—which involves vacuum aspiration to bring on menstruation and thereby establish non-pregnancy—is legal in the first trimester.

the camps in Bangladesh. They have acute reproductive health needs yet those services are often minimal or nonexistent in crisis settings.

Ipas Bangladesh is working in partnership with the United Nations Population Fund (UNFPA) to strengthen reproductive health services for Rohingya refugees in Cox's Bazar District and showing that comprehensive reproductive health care can be provided during acute emergency. To date, we have established quality sexual and reproductive health services, including safe MR and postabortion care, in six public health care facilities and two camps.

We are supporting healthcare facilities and strengthening providers' capacity to provide safe MR and contraceptive services to those in need. We are providing safe MR and postabortion care training and technical assistance for health care providers. Ipas is also providing technical assistance on MR and postabortion contraception to staff from our humanitarian partner organizations, sensitizing providers at Cox's Bazar Medical College Hospital and working with hospital staff to ensure they have accurate, comprehensive information that will help women and girls get the care they need.