# Issue Brief on *Health*

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## Introduction

Armed conflicts have been major causes of disease, suffering and death for much of human history. The fatalities, injuries and disabilities suffered on the battlefield are obviously direct effects of conflict. But there are also health consequences from the breakdown of services and from population movements. The diverting of human and financial resources away from public health and other social goods contributes to the spread of disease. These indirect consequences of war may remain for many years after a conflict ends. Both the experience of conflict itself and the impact of conflict on access to health care determine the physical health and the psychological well-being of women and girls in very particular ways. Women are not only victims of the general violence and lack of health care – they also face issues specific to their biology and to their social status. To add to the complexity of the picture, women also carry the burden of caring for others, including those who are sick, injured, elderly or traumatized. This in itself is stressful and often contributes to illness

# Defining Terms

- **World Health Organization:** **Why gender and women's health?** The term "gender" includes both masculinity and femininity, not just one or the other. Why, then, is it the Gender and **Women's** Health Department? Across continents and cultures, established gender norms and values mean that women typically control less power and fewer resources than men. Not surprisingly, this often gives men an advantage - in the economic, political, and educational arenas, but also with regard to health and health care. Certainly, there are instances where gender differences hurt men's health – as, for example, when greater risk-taking among young men leads to higher accident rates, or higher levels of violence between men leads to greater death and disability . But, by and large, many health professionals believe that gender inequalities have led to a systematic devaluing and neglect of women's health.

- **Violence against Women**: The Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

- Article 2 of DEVAW elaborates that violence against women encompasses but is not limited to the following: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

- **Reproductive Health:** Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

- **Female Genital Mutilation (FGM):** FGM, often referred to as 'female circumcision', comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

- **Post-traumatic stress disorder (PTSD)** is a type of anxiety disorder that can develop after experiencing a very traumatic or life-threatening event. Feeling physically threatened or witnessing violence, even if you were not physically injured, can lead to PTSD. Post-traumatic stress disorder can be terrifying and even disabling for some people. It can cause flashbacks, sleep problems and nightmares, feelings of isolation, guilt, paranoia, and sometimes panic attacks. Examples of traumatic events that can lead to PTSD include: war combat, terrorist attack,

violent crimes, such as a rape, domestic abuse, or physical assault, a serious accident or injury, a natural disaster, such as a fire, tornado, flood, or earthquake, ongoing physical or sexual abuse.

## Fact Sheet

- Armed conflict results in serious negative consequences for the health of entire populations. Women are disparately impacted by the deterioration in health because they have less access to resources and are more likely to shoulder the burden of care. [1]

- Seven out of ten of the lowest ranking countries on Save the Children's Mother's Index, which measures the health and well-being of the world's mothers, are in conflict or post-conflict phases.[2]

- More women and children die from preventable diseases, malnutrition and childbirth complications in conflict zones than from actual violence or brutality.[3]

- Combatants often receive priority in emergency hospitals, leaving civilians, women and children less likely to recover from injury.[4]

- Globally, diseases such as tuberculosis, yellow fever, dengue fever, malaria, HIV/AIDS and other STIs affect the poorest people in the world. The correlation between conflict and poverty and women's lower status within poverty- and conflict-stricken regions render women the most likely to contract and suffer from these diseases.[5]

- The destruction of health infrastructure during conflict limits women's access to care for themselves and for their family members.[6]

- Gender-based violence becomes a public health issue as it often leads to a myriad of physiological and psychological illnesses.[7]

- Many countries with a high prevalence of Female Genital Mutilation (FGM), such as Guinea-Bissau, Sierra Leone, Liberia, Guinea, Côte d'Ivoire, Somalia, Eritrea, Ethiopia, DR Congo, Central African Republic, Uganda, Mozambique, Zimbabwe, Chad, Mali and Burkina Faso, are also countries that have experienced or are experiencing conflict and instability. The health problems that arise from FGM are thus compounded by deteriorating health conditions in conflict and post-conflict environments.[8]

- The African countries with the highest Maternal Mortality rates, DR Congo, Sierra Leone, Angola, Ethiopia and Eritrea, are also countries that have experienced decades of conflict and instability.[9]

- Displacement aggravates health problems for women in conflict as displacement further isolates them from health infrastructure, kinship support and traditional forms of care. Physical

insecurity and susceptibility to gender-based violence renders women more vulnerable to reproductive health problems.[10]

- Women suffer a variety of mental health problems caused by violence, trauma and insecurity. For example, a study done on Afghan women under Taliban rule found that 97 percent of Afghan women suffered from severe depression, 86 percent displayed significant anxiety, 42 percent suffered from Post-Traumatic Stress Disorder, 25 percent "frequently" contemplated committing suicide.[11]

- Emergency responses have often considered reproductive health and feminine hygiene lower priorities, resulting in precarious circumstances for many women and girls.[12]

- Exposure to chemical, biological and nuclear weapons appears to have a disparate impact on women's reproductive systems.[13]

- Women shoulder the burden of care for ailing, sick, injured and traumatized relatives all over the world. Conflict, and the accompanying social and economic collapse, make the conditions under which women care for their loved ones even more difficult.[14]

- Many of the countries experiencing conflict are countries in which a high percentage of the general population uses traditional medicine as a means of primary care. In a region that has been decimated and stripped of its resources the lack of availability of plant, animal and mineral based medicines will have a dramatic effect on the health of women. Traditional practitioners may be killed, extinguishing them as a knowledge source, or in regions where ethnic violence is prevalent they may not wish to practice for fear of being culturally identifiable. The WHO reports that in Africa up to 80% of the population relies on traditional medicine as primary care. [15]

- WHO, UNICEF and UNFPA report that women in sub-Saharan countries have a 1 in 16 chance of dying in pregnancy or childbirth, compared with a 1 in 2800 risk for women from a developed country. Many sub-Saharan countries are politically unstable and are currently experiencing conflict or are in great danger of conflict. [16]

## Treaties and Institutions

- The Geneva Convention Relative to the Protection of Civilian Persons in Times of War (1949) outlines provisions related to the protection of civilians' health and health services during war and under foreign occupation.

- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Article 12 States that:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period,

granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

- The Center for Disease Controls Health Information Systems

## Tools and Checklists

- The WHO's policy guidelines for nurses and midwives on the prevention and management of complications arising from FGM

- International Planned Parenthood Foundation's Field Manual on Reproductive Health in Refugee Situations.

- The Women's Commission on Refugee Women and Children have outlined a Minimum Initial Service Package (MISP), the provision of which meets the basic reproductive needs of displaced women

- Made up of seven academic and non-governmental institutions, the Reproductive Health for Refugees Consortium has compiled a series of training manuals, toolkits and checklist for field-based assessment and action

- The WHO'S situation reports for countries in conflict.

- The WHO tools for mapping public health can be used to track infectious disease and public health programs. This can be particularly useful to detect disease patterns in possible conflict zones.

- The WHO research tools

- The WHO's Fact Sheet on Women and Mental Health

- The WHO Geographical Information System

- The WHO Global Atlas of Infectious Disease

- The PAHO Pan-American Geographical Information System in Health

## UNIFEM Action

- In Afghanistan, UNIFEM has collaborated with the Ministry of Women's Affairs (MOWA) on the development of a network of women's centers dedicated to operationalizing MOWA's principles. The centers will provide women with health and psychosocial services, education and income generation. The International Day for Ending Violence Against Women provided an opportunity for another landmark event. MOWA organized the event with UNIFEM support. It became the first time in the country where the issue was addressed publicly, and supportive statements were made on behalf of President Karzai, and by the Minister of Finance, Minister of Women's Affairs sending a message to the country that this is an issue that will be addressed.

# UN Resources

- UNFPA addresses issues of reproductive health and gender-based violence during and after armed conflict. UNFPA supports emergency reproductive health services as well as psychological support and STI and HIV prophylaxis provision. As a follow-up to 1325, UNFPA produced a publication entitled "The Impact of Conflict on Women and Girls," which details many of the health ramifications for women in conflict situations.

- UNFPA paper on fistula in Sub-Saharan Africa

- UNFPA Report "Enlisting the Armed Forces to Promote Reproductive Health and Rights: Lessons-Learned from Nine Countries." August 2003

- The WHO fact sheet on gender and disasters

- WHO brochure on Maternal Mortality in Africa region

- WHO brochure on FGM in Africa

- WHO site on Gender and Health

- UNICEF operates programmes in emergency situations geared towards improving maternal health and reducing maternal mortality and morbidity. Programming includes increasing access to skilled birth attendants, reducing mother-to-child transmission of HIV, increasing the availability of medicines and procedures and the prevention of early marriage.

- Since the Beijing conference, WFP has been committed to increasing women's control over food aid and increasing advocacy around women's role in food security with the goal of enhancing women's and families' nutrition and health

- The World Bank provides various reports on health and economic programs in countries in conflict.

- United Nations Population Information Network

# Recommendations

**The Independent Experts Recommend:**

1. Psychological support and reproductive health services for women affected by conflict to be an integral part of emergency assistance and post-conflict reconstruction. Special attention should be provided to those who have experienced physical trauma, torture and sexual violence. All agencies providing health support and social services should include psychosocial counseling and referrals. UNFPA should take the lead in providing these services, working in close cooperation with WHO, UNHCR and UNICEF.

**Explanation of the Recommendation:** The urgency and commitment to treating physical wounds is far greater than efforts to address psychosocial needs. In addition to physical wounds, war-affected populations suffer high rates of anxiety, depression and post-traumatic stress disorders. Those who have been tortured may require intensive therapy in order to carry on with their lives. Refugees who leave their communities and countries also experience what one specialist calls 'cultural bereavement', a grieving for home, language or traditions. Those who are granted asylum in rich countries with very different cultures from their own experience social isolation and high levels of depression. Shockingly little attention has been paid to the effects of conflict on the psychosocial status of women or on how women process and cope with their experiences. One very recent study of trauma in non-conflict situations indicates that there may be gender differences in the response to trauma. The study found that, although the lifetime prevalence of traumatic events is slightly higher for men, women run twice the risk of developing post-traumatic stress disorders, suggesting that certain types of trauma may have a deeper and longer-term psychological impact on women. This recommendation suggests that a revaluing of the immeasurable but desperately needed psychosocial services for women is necessary, and that UNFPA should lead in providing these services, working with WHO, UNHCR and UNICEF, other agencies with relevant field operations.

**Entities Responsible:** National governments, Donor governments, Private foundations and NGOs, UNFPA working with UNHCR, WHO, UNIFEM and UNICEF, NGOs and humanitarian agencies providing health support and social services.

**Ideas for Implementation:** Standardized humanitarian food and services packages, funding programmes and emergency crisis responses should be reviewed to ensure assistance and post-conflict reconstruction programmes adequately provide support for women survivors of violence.In light of the unpredictable time frame necessary for individuals and communities to heal from the psychosocial wounds of war, donors, UN agencies and NGOs should extend support arrangements for longer funding cycles, demanding fewer reports, and define success through tangible and intangible results.UNIFEM to review various models of psychosocial support, including peer counseling, training of trainers, and supportting through community/local/state institutions from a viewpoint of sustainability, efficacy, and linkage to other kinds of reforms such as social and legal protection of women from gender-based violence.

2. Recognition of the special health needs of women who have experienced war-related injuries, including amputations, and for equal provision of physical rehabilitation and prosthesis support.

**Explanation of the Recommendation:** Studies of the health effects of conflict have rarely focused on women (with the exception of reproductive health) and most of the data on conflict mortality and morbidity (illness) are not broken down by gender. Women are seldom mentioned as a special group, but are lumped together with children as 'vulnerable groups'. Yet women have particular experiences and exposure to circumstances that affect their health. They also have

patterns of access to health care that are different from those of children and men. Recognising this will better prepare health programmes to equally deliver what women and men need.

**Entities Responsible:** National governments, Donor governments, UN agencies especially the World Health Organization, UNFPA, UNMAS, UNICEF, Doctors and health professionals, Health-focused NGOs

**Ideas for Implementation:** WHO, with support form other agencies including NGOs, should review the implications of conflict and displacement on specific women's health issues and develop guidelines for the provision of adequate relief emergency and long-term services.

3. Special attention to providing adequate food supplies for displaced and war-affected women, girls and families in order to protect health and to prevent the sexual exploitation of women and girls. The WFP and other relief agencies should strengthen capacities to monitor the gender impact of food distribution.

**Explanation of the Recommendation:** Almost always, civil conflict and human rights abuses either paved the way for famines, such as those in Biafra in the 1960s and the Horn of Africa in the mid-1980s, or prevented food aid from reaching starving communities, as happened in Angola more recently. Women and children die at extremely high rates in such circumstances. When food is scarce, women are often subjected to sexual exploitation to obtain it.Because of women's physiology, they are vulnerable to vitamin and iron deficiencies that affect their health and energy levels as well as their pregnancies. Very often food is distributed in camps or crisis situations through a heads of household mechanism, with the head of the household assumed to be a man, when that is not necessarily the case if the man is not the person responsible for food preparation or distribution and so mismanages this responsibility or does not share food fairly.

**Entities Responsible:** UNHCR, WFP, NGOs

**Ideas for Implementation:** Standardized humanitarian food and services packages, funding programmes and emergency crisis responses should be reviewed to ensure assistance and post-conflict reconstruction programmes adequately provide support for women survivors of violence.Better utilization of the Consolidated Appeals Process could help ensure that women are equal beneficiaries of humanitarian aid.

4. The UN, donors and governments to provide long-term financial support for women survivors of violence through legal, economic, psychosocial and reproductive health services. This should be an essential part of emergency assistance and post-conflict reconstruction.

**Explanation of the Recommendation:** Although global attention has been focused for more than a decade on sexual violence as a strategy of war and as a human rights issue, the women who have suffered need direct support immediately, which they are still not getting. Agencies such as the WFP, UNHCR and the UNICEF, as well as the many NGOs involved in emergency relief, have begun to think more carefully about how to provide medical support and recognize and treat anxiety, post-traumatic stress disorders, depression and suicide, but the programmes are fleeting, the supplies inadequate whereas the need is urgent for long-term treatment and care.

**Entities Responsible:** UN agencies working in the field: UNHCR, WHO, WFP, UNICEF, UNFPA, UNIFEM, UNDP, OCHA, NGOs

**Ideas for Implementation:** UNIFEM working with all relevant agencies, to undertake a study of the social and economic costs of not providing this care.UNDG/ECHA group on transition should consider mechanisms to ensure that these needs are included in programme planning and resource mobilization.

5. Protection against HIV/AIDS and the provision of reproductive health through the implementation of MISP. Special attention must be paid to particularly vulnerable women such as displaced women, adolescents, girl-headed households and sex workers.

**Explanation of the Recommendation:** Even in settings where HIV prevention programmes have been well established and where women have reached a level of equality, the onset of war can severely disrupt such programmes, causing a breakdown in access to health information, damage to health infrastructure, lack of access to services and shortages of supplies such as STI treatment drugs or condoms. This lack of services, combined with poverty, can severely limit women's abilities to control their exposure to HIV. HIV prevention materials are not a luxury to be enjoyed only in times of peace. If food and other humanitarian aid is able to get access, health services and equipment that prevent HIV/AIDS should be included, and is recognized as part of the Minimum Initial Services Package.

**Entities Responsible:** WHO, UNHCR, UNFPA, UNICEF With support from UNAIDS, NGOs

**Ideas for Implementation:** UNFPA should take the lead in increasing awareness of the Minimum Essential Service Package within the UN system, among NGOs and national government and among donor government. OCHA and UNAIDS should monitor Consolidated Appeal Response which supports HIV prevention and provision of reproductive health.

6. Immediate provision of emergency contraception and STI treatment for rape survivors to prevent unwanted pregnancies and protect the health of women.

**Explanation of the Recommendation: T**he strategy of forcibly impregnating women as part of an ethnic cleansing campaign has occurred in recent conflicts in Bosnia and Herzegovina, East Timor, Kosovo, Rwanda and Sudan. Tens of thousands of women in these areas (and elsewhere) suffered the trauma of being raped repeatedly and impregnated rapists. The health and psychosocial needs of women who have endured these attacks are intricately entwined and require particularly sensitive responses. Provision of emergency contraceptive to prevent unwanted pregnancy and STI treatment is critical.

**Entities Responsible:** National governments, Donor governments, UNFPA and WHO working with other relevant UN agencies and programmes, NGOs

**Ideas for Implementation:** An assessment of the provision and use of emergency contraception for victims of sexual abuse in conflict and emergency situations should be undertaken. UN agencies should do a review of the social, medical and psychological implications of unwanted pregnancies in conflict situations.

**Graça Machel (UNICEF) recommends:**

- States should strengthen national laws to prevent and prosecute gender-based and sexual crimes.
- All humanitarian responses in conflict situations must emphasize the special reproductive health needs of women and girls, include systematic reporting on sexual violence and reflect strengthened policy guidance on gender-based violence and sexual exploitation.

- Political pressure and other measures should be mobilized to ensure that warring parties provide access to health systems, clean water and adequate nutrition. "Days of Tranquility" and "Corridors of peace," vital for security emergency access, must be expanded.

- Governments of war-affected countries, international agencies, NGOs and donor countries must accord greater resources and a higher priority to protect women and girls from gender-based sexual violence and support their reproductive health.

**The Secretary-General Recommends in his 2002 Study,** Women, Peace and Security:

- Integrate prevention activities into all areas of emergency response, including in design of camps, provision of shelter, sanitation facilities and health-care facilities, distribution of food supplies and other benefits, access to water supplies, as well as specific protection programmes, working together with health service providers, NGOs, and community groups, including women's groups and networks, to address both discrimination against women and girls and the effects of gender-based and sexual violence.

- Increase the capacities of women and girls affected by armed conflict to protect themselves from the risk of HIV/AIDS, principally through protection from sexual violence, abuse and exploitation, access to treatment and the provision of health care services, including sexual and reproductive health, and through HIV/AIDS prevention education that promotes gender equality within a culture- and gender-sensitive framework.

- Increase the provision of reproductive health services, which take into account the specific vulnerabilities of women and girls in conflict and post-conflict situations.

- Ensure access to appropriate and adequate health care for victims of rape and other gender-based and sexual violence, including culturally sensitive counselling in a supportive environment, which ensures confidentiality, as an integral component of reproductive health services.

- Restore and strengthen safe access to education for girls and adolescent girls as a priority component of all humanitarian assistance, ensuring that the core curriculum includes gender-sensitive training on life skills, family life education, landmine awareness, HIV/AIDS and other STI prevention, human rights, peace education as well as psychological support.

- Ensure that humanitarian organizations responsible for provision of immediate relief systematically include attention to gender-based and sexual violence in all research, data collection and documentation, including through regular consultation with health facilities, midwives, traditional birth attendants and women's groups and networks.

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