



A plea by Monika Christofori-Khadka and Agenor Junior Clerge from the Swiss Red Cross.

Access to Sexual and Reproductive Health Care and Rights (SRHR): A Major Challenge During Humanitarian Crises

By Agenor Junior Clerge and Monika Christofori-Khadka

Despite advances in Sexual Reproductive Health and Rights (SRHR) globally, substantial gaps remain, particularly regarding comprehensive sex education, access to contraception, screening for sexually transmitted infections and treatment, safe abortion services, and prevention of sexual and gender based violence (SGBV). Although maternal and infant mortality rates have dramatically decreased worldwide, estimates by the World Health Organization (WHO, 2024) indicate that 800 women die daily from preventable pregnancy-related causes, with 99% of these deaths occurring in low-income settings particularly within rural and marginalized communities. These disparities are further exacerbated in humanitarian crises settings.



Medical interventions as part of a family planning programme in an emergency situation. Photo: © German and Colombian Red Cross

Women and girls in humanitarian settings continue to be deprived of basic SRHR resulting in devastating consequences. Studies have shown that, during humanitarian crises, there is a rise in the rates of unintended pregnancies, unsafe abortions, sexual and gender-based violence, sexually transmitted infections (including HIV), pregnancy and obstetric complications, miscarriage, stillbirth, maternal and neonatal mortality and morbidity increase (UNFPA, 2022).

Even though SRHR constitute a vital aspect of humanitarian responses, they are often overlooked in crisis situations. Historically, humanitarian agencies have focused on immediate needs such as shelter, food, and medical care to combat infectious diseases, frequently neglecting the unique SRH needs of affected populations. In 2020, the UNFPA initiated the Minimum Initial Service Package (MISP) in SRH (UNFPA, 2020), which are reflected in the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings* (IAWG, 2018), and incorporated into existing standards and funding mechanisms for humanitarian response including the *Sphere Handbook* (Sphere, 2018) and *Central Emergency Response Fund*. However, during a humanitarian crises, resources are often concentrated towards the immediate emergency, leading to a reduction in resources allocated to SRH and SRH education programs. With the recognition of SRHR as a fundamental human right, there remains an urgent need to prominently address the needs of women and girls, men and boys in humanitarian crises and migration settings.

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Examination in a treatment tent. Photo: © SRC

Access to SRH services

In emergency situations—such as natural disasters, armed conflict, and pandemics—the importance of access to SRH services is amplified for several compelling reasons:

- **Addressing of Sexual Violence and Exploitation** -- Access to SRHR services, including emergency contraception and psychosocial support for survivors of sexual violence, is crucial to mitigate the impacts of such violence and ensure timely and necessary post-rape care. Establishing safe spaces, offering clinical management for sexual violence victims, and training healthcare providers to handle sensitive cases with confidentiality are essential mitigative measures.
- **Continuity of Maternal and Newborn Care** -- Pregnant women face amplified risks during crises. Ensuring access to maternal healthcare—from antenatal and emergency obstetric care to safe delivery services—is essential to reduce maternal and newborn mortality.

- **Access to Contraception and Family Planning** -- Emergencies often disrupt family planning services, leading to unintended pregnancies. Maintaining access to these services respects individual autonomy in reproductive decisions.
- **Safe Abortion Services**--Crises create increased demand for safe abortion services, which frequently become less accessible. Where legal, ensuring safe abortion services and post-abortion care is critical to preventing unsafe procedures.
- **Support Vulnerable Populations** -- Marginalized groups-including adolescents, persons with disabilities, and LGBTQ+ individuals-may experience additional barriers to accessing SRHR services during emergencies. Targeted interventions are essential to effectively address their needs.
- **Psycho-social support for affected population** -- Ensuring adequate psychosocial support for affected women and men in emergencies will help reduce stressors, prevent SGBV, and provide information on personal SRHR.

To safeguard the health and rights of affected populations, targeted strategies must ensure inclusivity and accessibility in the delivery of SRHR services, incorporating training for healthcare providers to address the unique needs of diverse groups sensitively. Adopting evidence-based practices from stable settings can offer a pathway toward enhancing the SRHR of refugees and displaced persons during humanitarian crisis. Ensuring SRHR in emergencies is not only about safeguarding health but also involves upholding individuals' rights and autonomy in their reproductive choices.

Addressing SRH by sectors other than health

Besides the reproductive health standards in humanitarian settings, the Sendai Framework for Disaster Risk Reduction 2015–2030 also includes provision of SRH services as a critical component of strengthening individual and community resilience.

Sensitivity to SRHR is essential not only in the delivery of health interventions, but also in the provision of camp infrastructure such as shelter, safe spaces, water and sanitation, and in the location of relief distributions. To prevent SGBV, access to latrines at night must be close to where women and girls are staying and well lit. Camps need good lighting infrastructure on roads and pathways, and short distances from shelters to relief and water distribution points must be ensured. Camp infrastructure should allow access for ambulances for obstetric and other emergencies.

Good collaboration between different humanitarian actors is essential to address SRHR needs in an integrated manner and to mitigate potential negative consequences at their root.

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Photo: © SRC

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Can the "R for Rights" adequately be addressed in humanitarian crises?

The range of issues encompassed within SRHR is expansive and includes the right to make informed decisions about one's body and reproductive health free from violence, discrimination, and coercion. Access to comprehensive sexual education, contraception, safe abortion services, maternal healthcare, and STI prevention is crucial to uphold these rights.

Even though relief organizations endeavour to create functional SRH services and a conducive environment, which shall protect women and girls, men and boys from sexual violence, the "right to make informed decisions about one's body and reproductive health free from violence, discrimination, and coercion" is almost impossible to uphold by agencies.

Although countries sign the Geneva conventions, adherence to these principles are deteriorating, and humanitarian diplomacy is more important than ever. Moreover, SRHR deficits often stem from socio-cultural and legal barriers, the latter have become increasingly restrictive in many countries over the past decade. While this underscores the need for urgent action to promote and protect these rights in humanitarian contexts, thereby fostering overall health, social justice, and well being, humanitarian actors are challenged in finding the right entry points to SRHR in emergency settings, in order not to jeopardize their overall legitimacy to assist populations in emergencies.

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Switzerland and the Geneva Convention

The urgent need for comprehensive SRHR services cannot be overstated in the wake of imminent crises. By incorporating SRHR into emergency preparedness and response frameworks, humanitarian organizations can alleviate distress and uphold the rights, dignity, and health of affected communities. Despite the progress since the Cairo Accord (UNFPA, 1994), the global community has yet to fulfil its commitment to equitable access to quality SRHR services in an increasingly challenging environment.

As a signatory to the Cairo Agreement and the country of origin of the Geneva Convention (ICRC, 1949), Switzerland can play a crucial role in improving access to SRHR in emergencies. By raising awareness, mobilizing resources, and demonstrating leadership through funding and advocacy, Switzerland has the potential to make a significant contribution to a more equitable and robust humanitarian response, ensuring access to essential SRHR services while using humanitarian diplomacy to uphold the Geneva Conventions. Through concerted efforts, we can strive to fulfil the promise of universal SRHR for all - especially in their most vulnerable moments.

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Agenor Junior Clerge is a medical doctor specializing in obstetrics and gynecology. After long-term missions and emergency interventions in different contexts and countries like Democratic Republic of Congo, Nigeria, Niger, Cameroon, Central African Republic, Mozambique, Nicaragua, Peru, Mexico, Haiti and in the Middle East, notably in Iraq, he joined the Swiss Red Cross in 2023 as of Health in Emergency and Surge program coordinator. E-Mail



Monika Christofori-Khadka works as a Senior Health Adviser in the Swiss Red Cross International Cooperation Department. Her special interests are sexual and reproductive health, health system strengthening and community engagement. Monika is also the Vice president of Medicus Mundi Switzerland. E-Mail

Kontakt

Deutschschweiz

Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande

Medicus Mundi Suisse
Rue de Varembé I
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Bank details

Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX