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As Delivered

## **“Voices of Courage Must be Heard”**

### **Responding to the Reproductive Rights of Refugees**

**Notes for an address by Ambassador Allan Rock  
Permanent Representative of Canada to the United Nations  
at the Women’s Commission for Refugee Women and Children  
Voices of Courage Awards Luncheon**

In a world of human wrongs and unmet needs, there are none who have a greater claim on our conscience than those millions around the globe who have been driven from their homes by conflict, by persecution or by natural disaster—who live suspended lives in settings that are largely unsafe and frequently unserved.

As we meet today, the world’s displaced persons and refugees outnumber Canada’s total population. And they wait in makeshift camps, in 50 countries, hoping for the help they’ll need to survive their ordeal and, at last, to return to their homes.

Of the world’s 10 million refugees and 25 million internally displaced persons, over two-thirds are women and children. Women who carry, disproportionately, the burden of hardship that affects these families. The hardship of caring for children, in the most difficult of circumstances; of coping with the daily labour of carrying water; of maintaining a shelter; of finding food, and of suffering the violence—especially the sexual violence—that is often a central part of their lives.

Among the basic human rights frequently denied these women and girls is their right to reproductive health. And this, among those whose needs are greatest. Consider their circumstances:

- the absence of family planning services leads to unintended pregnancies that add to the burden for women already overwhelmed by their displacement;
- poverty, mobility and lack of protection mean that women are vulnerable to sexual violence and exploitation by military and – sadly – even by peacekeeping forces;
- that violence and exploitation cause injury and disease, including HIV/AIDS;
- in the harsh conditions of the camps, young women are often forced to trade sex to meet their basic survival needs, increasing their risk of infection;
- adolescents are especially vulnerable — to exploitation, to unwanted pregnancies and to unsafe abortions.

Complications of pregnancy and childbirth are the leading cause of death and disability for young women in poor countries. And humanitarian emergencies simply make things worse.

Now, from the safe distance of New York City, I confess that I had sometimes found myself thinking of these horrors as abstractions.

Until I stood in the camps in Northern Uganda, and in Eastern Congo, and saw for myself the urgent reality that the Women's Commission and other courageous voices have sought to address.

I remember the mother in the Aloi camp, near Lira in Uganda, speaking of her worry for her daughter—pregnant at 16—and coping with untreated pain at mid-term. The only medical assistance was the once-weekly visit by the doctor, who only saw children five years of age or younger. In the name of humanity, we have to do better.

And this is where the work of the Women's Commission for Refugee Women and Children has made such a difference. This is where the selfless commitment of Gertrude Garway and Sophia have improved the lives of so many. And to this work, Ortho Women's Health and the foundations we honour today, have provided sustained and exceptional contributions.

As a result of their diligence, over the last ten years, there has been a major improvement in reproductive health services, particularly in stable refugee settings.

A decade ago the needs and the rights of refugee and internally-displaced women weren't enough on our minds. The Women's Commission is helping to change that, starting with the groundbreaking report that it brought to the Cairo Conference on Population and Development, that pushed governments and UN agencies to cooperate better with NGOs and to focus their attention on the problem.

They created a Working Group that produced a field manual outlining the basic services that must be provided in all disaster settings, including a "Minimum Initial Service Package" of activities that can prevent sexual violence and help women cope with its consequences, reduce HIV transmission, and prevent deaths during pregnancy and childbirth.

We've also seen in the last three years, the implementation of codes of conduct among a wide variety of agencies and actors. This has been a crucial development as we've moved from advocacy to action.

In Afghanistan, a past winner of the Women's Commission's Voices of Courage Award, Partaw Mmina Hashemee, has partnered with the Afghan Ministry of Women's Affairs and UNIFEM to establish a Provincial Women's Development Centre and satellite centers that target internally displaced people in remote rural communities.

But I have to tell you today, that not only much more needs to be done – but that the many gains to date are in danger of being rolled back—unless we increase our efforts and intensify our work.

There has been a decline in funding and political support for reproductive health services from the United States administration over the last five years. All of us—governments, agencies, NGOs and foundations—must do all we can to reverse that trend and persuade the administration that humanity must come before ideology.

Second, while stable refugee settings have seen improvement, reproductive health services in IDP camps are severely lacking in all areas and need the most urgent attention.

Third, while family planning is much more widely available than it was 10 years ago, access to contraception remains limited, and cultural barriers often mean services are not requested. There remains a great deal to do in developing effective and sensitive ways to overcome those barriers.

Fourth, access to medication for reproductive diseases remains an issue.

Fifth, while integrated programming to prevent, to manage and to treat HIV/AIDS is emerging, it must be better funded, and more broadly available.

Perhaps more than anything else, we must attack head-on the failure to understand that reproductive health services for women and girls is an essential part of emergency response. Reproductive health is a human right enshrined in a large number of international instruments. When providing services for refugees and the internally displaced, we're not providing an optional add-on, or an elective benefit—it's a plain necessity that saves lives and dramatically reduces ill health.

And so, we must do everything possible to ensure that sexual and reproductive health are an integral part of our response to the needs of the internally displaced and refugees.

For those of us in a position to help, today must be an occasion not only to celebrate past achievement, but to address present gaps and to provide for future needs;

- to marshal greater financial and human resources;
- to improve emergency obstetric care;
- to broaden family planning services;
- to focus on the needs of the young; and
- to increase protection from gender based violence and end impunity for offenders.

And so, let us ensure that the Voices of Courage are heard. The voices of Sophia, and of Gertrude, the voices of the Women's Commission for Refugee Women and Children. We must not only hear those voices – we must listen to them, and then act. So much depends on our response. So many rely on our commitment. So let's get on with the job.