



JWF SDG Conference

19 September 2022

Greetings to everyone attending today, and thank you to the Journalists and Writers Foundation for inviting me. I speak to you as Chair of the Board of PMNCH – the Partnership for Maternal, Newborn and Child Health – which is the world’s largest network focused on advocacy for the health and wellbeing of women, children, and adolescents.

Wherever violent conflict occurs, women and girls are in peril. The numbers of people impacted by such conflicts have grown rapidly over the past decade, and the incidence of sexual and gender-based violence has grown with that. The war in Ukraine is the latest of many deadly conflicts where rape and other sexual and gender-based violence are used as a weapon of war.

Unfortunately, still under one per cent of humanitarian aid addresses sexual and gender-based violence. Such violence is often underreported, and so the data which is available is unreliable, and attackers tend to go unpunished. Access to healthcare facilities by those who have suffered such attacks may be very difficult, and those facilities which do exist may lack awareness of how to respond to the suffering of victims. In Mali, for example, a country experiencing significant armed conflict, half of all healthcare centres are said to have no post-rape kits which could support victims, making recovery from the trauma of rape more difficult.

The scourge of sexual and gender-based violence is widespread even in places not wracked by armed conflict. It is estimated that, worldwide, one in three women between the ages of 15 and 49 has experienced sexual and gender-based violence.

But violent conflict makes women and girls even more vulnerable. In Liberia after its civil war, of 1,600 women interviewed in one survey, 92 per cent had experienced sexual violence, including rape.

The outbreak of war and conflict contributes to a breakdown of the social, economic, and justice infrastructure – not least of policing and court systems. The search for basic supplies, such as food, water, and medicine, can be very dangerous for women and girls. The routine protection for women and girls from being in familiar neighbourhoods with people who know them is lost where there is displacement and conflict.

Women journalists, parliamentarians, and human-rights defenders are at particular risk. They face even greater danger than do other women, as well as facing greater risks than men engaged in the same activities.

Such threats constrain women's participation and leadership, which is an immense loss. For example, when women participate in the making of a peace agreement, research suggests that it is 35 per cent more likely to last at least fifteen years. We need the voices of women and girls in these processes.

Above all, we need action, globally and nationally, to ensure that women and girls are not exposed to sexual and gender-based violence, and to ensure that those who are its

victims get access to all the services they need to recover from their ordeal. It's vital to work in partnership with those who best understand these issues: first and foremost, the women who have experienced such attacks.

PMNCH has the prevention of sexual and gender-based violence high on its advocacy agenda. Too often, this is a hidden or largely ignored consequence of conflict, and is not openly addressed in many societies. The challenges of overcoming it need much more visibility and political attention.

Then, PMNCH believes there must be a survivor-centred, multi-agency, and cross-border approach to tackling sexual and gender-based violence.

We say that forging partnerships for action and having highly visible champions matters. When we come together, we can do great things. It was very encouraging to see this year's G7 communique condemning sexual and gender-based violence.

And on the subject of partnership, PMNCH is absolutely delighted that President Cyril Ramaphosa of South Africa has announced that he will lead a global leaders' network supported by PMNCH to advocate for women, children, and adolescents.

PMNCH highlights three priorities for action now:

First: Every country must condemn all sexual and gender-based violence, including violence against women journalists, parliamentarians, and defenders of human rights.

Two UN Security Council resolutions have urged states to condemn and prevent violence and intimidation against women leaders and peacebuilders, as well as against civil society generally.

Second: States need to integrate addressing sexual and gender-based violence – and comprehensive sexual and reproductive health and rights more broadly – into health services and humanitarian responses. This needs to be a standard part of humanitarian response plans, rather than depending on the number of reported sexual and gender-based violence cases. WHO has an excellent toolkit on how this can be done in humanitarian settings.

Third: States must ensure that healthcare workers have the training and support they need to respond to the health needs – physical and mental – of women, children, and adolescents who have suffered violence. This work is often both distressing and gruelling.

In conclusion, much more priority must be given both to addressing sexual and gender-based violence across the board, and to addressing the needs of those who survive it.

As we strive for universal health coverage, let's ensure that the services needed to support survivors are regarded as essential services.

And let us strive harder to support the world's peacebuilders and mediators to prevent the outbreak of violent conflict and thereby support a roll back of the scourge of sexual and gender-based violence which women and girls are experiencing in our troubled world.