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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by Human Rights Advocates, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2009/1.



Statement*

ADDRESSING MEDICAL CONSEQUENCES OF SEXUAL EXPLOITATION OF REFUGEES BY PEACEKEEPERS AND HUMANITARIAN AID WORKERS

1. Human Rights Advocates Inc. (HRA) is a non-profit organization, dedicated to promoting and protecting international human rights in the United States of America and abroad. HRA's ultimate objective is to advance the cause of human rights so that basic protections are afforded to all.
2. This report focuses on the equal participation of men and women in peacekeeping and humanitarian efforts, in order to effectively address the role of sexual exploitation of refugees in escalating HIV/AIDS.
3. At the end of 2007, refugee populations under the United Nations High Commissioner for Refugees' mandate increased to 11.4 million, with women and children comprising the majority of this number.¹ Although there is scarce data tying sexual exploitation by peacekeepers and aid workers to the transmission of HIV/AIDS, the epidemic is quickly spreading in regions populated by displaced persons. For instance, two-thirds (67%) of the global total of 32.9 million people living with HIV live within sub-Saharan Africa, a region including refugee host countries such as the Democratic Republic of Congo, Liberia, Sierra Leone, Cote d'Ivoire and Sudan.²
4. Those charged with refugee care giving are instead contributing to the problem of HIV/AIDS. United Nations peacekeepers and humanitarian workers, deployed to protect refugee populations, have been accused of sexual exploitation.³ Thirty-seven percent of all United Nations peacekeepers come from nations with high HIV/AIDS prevalence rates⁴; and it has been found that military personnel have twice the chance of being HIV positive than civilian populations.⁵
5. In Sierra Leone, Guinea and Liberia, almost 70 aid workers from 40 agencies were implicated in acts of sexual violence, with female victims as young as eight involved.⁶ Despite the

* Issued without formal editing.

¹ UNHCR, *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons* 2 (June 2008) (Figures do not include Palestinian refugees or internally displaced persons).

² See UNAIDS, *Sub-Saharan Africa*, at <http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp> (last viewed 10/22/08).

³ UNHCR & SAVE THE CHILDREN-UK, NOTE FOR IMPLEMENTING AND OPERATIONAL PARTNERS ON SEXUAL VIOLENCE & EXPLOITATION: THE EXPERIENCE OF REFUGEE CHILDREN IN GUINEA, LIBERIA AND SIERRA LEONE: BASED ON INITIAL FINDINGS AND RECOMMENDATIONS FROM ASSESSMENT MISSION 22 OCTOBER - NOVEMBER 2001 (Feb. 27, 2002).

⁴ Refugees International, *Liberia: Extremely Vulnerable to HIV*, http://www.refugeesinternational.org/section/publications/pk_exploit/ (last visited 10/22/08).

⁵ Brent W. Hanson et al., *Refocusing and prioritizing HIV programmes in conflict and post-conflict settings: funding recommendations*, 22 AIDS S95, S99 (2008).

⁶ *Id.*

United Nations' immediate investigations and reports, minor changes were implemented. Reports recently emerged of continued sexual violence by peacekeepers and aid workers in Liberia, Southern Sudan, Cote d'Ivoire and Haiti.⁷

6. Underlying this situation is an imbalance of power between men and women. Male aid workers and peacekeepers wield enormous power over refugee women - not only due to their status of benefactor/beneficiary but also due to their gender.
7. Despite numerous attempts to engage more women at all decision levels, there has been failure at preventing and protecting women and children in armed conflict or post-conflict settings from sexual violence. Since camp structures are patriarchal, very few women hold key positions which prevent them from supporting themselves and dependents. With the pattern of humanitarian assistance resulting in overwhelming dependency, women and children are exchanging sex for goods and services, due to severe economic deprivation and unequal access to supplies.
8. Decisions about food-assistance are generally made by international organizations and host countries in consultation with only male camp leaders. Distribution in this structure results in women as mere beneficiaries, and ignorant of their entitlements. However, refugee women are in the best position to inform and dictate procedures that are most beneficial and effective to the community as a whole.
9. United Nations Security Council Resolution 1325 on Women, Peace and Security was authorized primarily in response to sexual exploitation violations by peacekeepers and for the purpose of increasing women's participation on various levels during times of armed conflict.⁸ The Resolution specifically includes refugees and displaced persons under its mandate. However, misconduct by peacekeepers is typically handled by their home countries, while violations by aid workers are managed by their respective NGO's administrative procedures. Unless criminal penalties or civil sanctions for abuse are incorporated into an individual country's laws (either receiving or sending countries), perpetrators will continue to go unpunished.
10. Refugees are often ignored in the context of national HIV prevention and excluded from national funded programs. With the average length of stay in refugee camps before repatriation being 17 years worldwide, lengthy displacement requires adequate assistance from the refugee host country.⁹ Often host countries are resource-poor and already overburdened by the effect of HIV- claiming inability to provide infrastructure to sustain refugees.

⁷ SAVE THE CHILDREN-UK, FROM CAMP TO COMMUNITY: LIBERIA STUDY ON EXPLOITATION OF CHILDREN (2006); SAVE THE CHILDREN-UK, NO ONE TO TURN TO: THE UNDER-REPORTING OF CHILD SEXUAL EXPLOITATION AND ABUSE BY AID WORKERS AND PEACEKEEPERS (2008).

⁸ S.C. Res. 1325, U.N. Doc. S/RES/1375 (Oct. 31, 2000).

⁹ UNAIDS, *Policy Brief: HIV and Refugees* (Jan. 2007), at 1.

11. Host communities and refugees remain uneducated about HIV. Refugees are often falsely perceived as having higher HIV prevalence. The stigma associated with HIV/AIDS is so pervasive it leads to denial and silence of the epidemic and begets myths about transmittal. Current programs for peacekeepers provide only basic facts about HIV/AIDS and are rarely monitored or assessed.
12. Inadequate mechanisms exist for reporting HIV status or incidents of abuse. Refugees do not know where to report cases and fear retaliation or withdrawal of their provisions if they make problems known. This makes it impossible to safeguard a refugee's health and confidentiality. Through literacy programs, vocational training, income-generating projects, leadership training and women's groups, refugee women can become self-sustainable and empowered. These programs must address socio-cultural norms, community attitudes, knowledge and behaviour of women and children's roles.
13. Therefore, HRA requests that the Commission on the Status of Women ensures that the following recommendations are included in the Agreed Conclusions for its fifty-third session:
14. The Commission on the Status of Women should recall the importance of Resolution 1325 and urge Member States to comply with its provisions.
15. As it is important to hold *all* individuals responsible for their actions in conflict settings, we recommend the explicit clarification of Resolution 1325's scope to include both peacekeepers *and* humanitarian aid workers.
16. In response to the lack of political will on the part of United Nations Member States, United Nations bodies and agencies to effectively apply the provisions of Resolution 1325, we urge collaboration between the various actors to furnish guidance and oversight to Governments for creating and implementing legislation focused on the rights of the refugee. There should be a process for the imposition of sanctions, as well as assistance (technical or otherwise) for enforcement.
17. Recalling the responsibility to prosecute those responsible for war crimes, including those relating to sexual and other violence against women and girls as set out in Resolution 1325, we urge Member States to institute and enforce corrective and disciplinary measures.
18. Consequently, we recommend Member States to afford refugees a right of access to courts; and to implement measures to assist refugees to full due process rights.
19. We urge Member States to abide by their commitment to Resolution 1325 of increasing the participation of women at decision-making levels in conflict resolution and peace processes, including in the judiciary and law enforcement.
20. Recalling the obligation of Resolution 1325 to expand the role and contribution of women in United Nations field-based operations, especially human rights and humanitarian personnel,

we urge combined agency development to increase women's participation at all decision-making levels within camps. Women should play genuine leadership roles in camp infrastructure, health program design, implementation and evaluation. It is vital that women are included in the distribution of supplies and camp services employment.

21. Recalling Resolution 1325's request to provide training guidelines and materials on the protection, rights and particular needs of women, we urge the United Nations High Commissioner for Refugees, in cooperation with other United Nations agencies, NGOs and peacekeeping operations, to implement national training programs – including for law enforcement and judges – and to facilitate community discussions. Such projects should take into account the specific refugee community, including demographic composition, socio-cultural norms, family structure, existing political will, and facilities.
22. We recommend the addition of extensive HIV/AIDS awareness training to detail refugee rights, educate about health implications and prevent unsafe practices without condoning illicit acts with refugees. Women should play the role of teacher and advisor in these activities. HIV information must be culturally appropriate and in a language and format refugees can understand. Because of high turnover among camps and troops, this education must be mandatory. To stress its importance, programs should concentrate on key concepts, facilitated by senior officials.
23. We recommend significant improvement of health services and a dependable supply of condoms to all. The United Nations High Commissioner for Refugees should set up specific procedures, increase female staff providing medical services and designate them as confidential resources.
24. We ask major world funding institutions to provide financing to host countries and those charged with administration of refugee camps to ensure that camps provide the above named infrastructure, in particular education and employment opportunities.
25. We urge the United Nations High Commissioner for Refugees to impose stricter regulations on humanitarian aid agencies working under its mandate.
26. Due to conflicting standards from agency to agency, we call for codification of appropriate and standard norms in a Universal Code of Conduct for Peacekeepers and Humanitarian Workers Protecting Refugees. This code should specifically prohibit sexual exploitation and impose sanctions for violations.