Towards intensified African Union–United Nations cooperation for the elimination of sexual and gender-based violence and protecting the health and rights of women and children in humanitarian settings

Vanquishing violence and vulnerability in humanitarian settings

Background paper for the joint African Union–UNAIDS (in capacity of serving Chair of H6) high-level side event at the 73rd United Nations General Assembly, 24 September 2018, at UNHQ, Conference Room 3
“No one loses when women are empowered. Women are a cornerstone of prosperity of the society as a whole. Even in situations of conflicts they are in a position to make unique contributions to peace and stability.”

HE President Paul Kagame
Chair of the African Union
President of Rwanda

“I reiterate my call for concrete, decisive and lasting actions. The promotion of women is not a favour, but an imperative need for the respect of human dignity and the development of the continent.”

Moussa Faki Mahamat
Chair of the African Union Commission

“Greater investments in reproductive, maternal, neonatal, child and adolescent health are also some of our greatest tools in the face of rising levels of conflict and humanitarian crisis, which disproportionately affect Muslim-majority countries. We must prioritize the potential of women and adolescents as agents of peace through greater investments across health, education, and economic sectors.”

Amina J. Mohammed
Deputy Secretary-General of the United Nations

“Humanitarian crises exacerbate the HIV epidemic. Millions of people are left behind, vulnerabilities increase, rape is used as a weapon of war, and violence leads to new infections. The African Union Commission and the United Nations are committed to ensuring that every child, young person and woman reaches their full potential in all settings, including humanitarian emergencies.”

Michel Sidibé
UNAIDS Executive Director
Chair of the H6 partnership
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Overview

Humanitarian crises are on the rise, both in frequency and in scale. Violence and conflicts are both causes and consequences of instability, fragility and mass displacement of people. Climate change, weather events and other natural disasters continue to rise and impact on millions of people across the world every year. In line with this, unresolved humanitarian emergencies have undone decades of development progress on the African continent and elsewhere. Serious interruptions and even the collapse of health-care systems due to conflict or natural disaster prevent access to basic health care.

Women and girls are particularly vulnerable in these humanitarian crises. Violence against women and girls increases during periods of conflict, and women and girls have been shown to be affected more adversely than men and boys when populations are displaced by natural disasters.

In the face of these challenges, the 2030 Agenda for Sustainable Development and the African Union’s Agenda 2063: The Africa We Want have created an important political window. New commitments by the African Union and the United Nations provide a timely opportunity to enhance collaboration on human security, including stronger health outcomes in humanitarian, fragile and conflict-affected settings. The country-based H6 partnership, which unites United Nations agencies on women’s, children’s and adolescents’ health, can provide a critical vehicle for action within the context of the existing Joint United Nations–African Union Framework for an Enhanced Partnership in Peace and Security.

To seize this moment, the African Union and the United Nations will convene a high-level dialogue at the United Nations General Assembly to press the international community for concerted action on the elimination of sexual and gender-based violence and on protecting the health and rights of women and children in humanitarian settings, in part through global health diplomacy efforts. It will highlight the multisectoral nature of human security, and in particular how sexual exploitation and abuse, gender-based violence and HIV disproportionately affect women and girls in humanitarian settings. It will reinforce the call for more diplomatic support for humanitarian health within the context of conflict prevention, peacebuilding, recovery operations and resilience-building.
This background paper aims to inform discussions at the event and sets out a number of recommendations, particularly for enhanced African Union–United Nations collaboration.

**Summary recommendations**

**Joint African Union–United Nations actions**
To set a common agenda and guide concerted action in addressing the interlinkages between sexual and gender-based violence, sexual exploitation and abuse, gender and women’s health and rights, human security and HIV in humanitarian settings:

- Convene an annual meeting between leadership of the African Union and the H6 partnership to develop and monitor an annual road map to take forward the common agenda.
- Develop a comprehensive and integrated joint African Union–United Nations plan of action that would, among other things, include the development of tools for awareness-raising and training programmes for uniformed personnel in peacekeeping operations and strengthen African Union–United Nations architecture for joint, evidence-informed action to address sexual and gender-based violence and HIV in conflicts and humanitarian emergencies.
- Conduct targeted advocacy for resource mobilization and partnerships to strengthen coordinated programme implementation for the responses to sexual exploitation and abuse and HIV in humanitarian settings.
African Union actions

- Encourage the African members of the United Nations Security Council (A3) to put sexual and gender-based violence and protection of the health and rights of women and children in fragile and conflict-affected settings on the Security Council agenda during their respective presidencies.
- Ensure wide dissemination of the recommendations of this side event through relevant African Union organs, including during the African Union Summit in January 2019.

United Nations actions

- Strengthen collaboration across the United Nations system to ensure more systematic reporting on HIV, sexual exploitation and abuse, and sexual and gender-based violence, including their impact on women’s and children’s health in conflict settings, drawing on data from a range of partners, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Department of Peacekeeping Operations (DPKO), the International Organization for Migration (IOM) and UN Women.
- Establish innovative mechanisms to strengthen collaboration between the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Refugee Agency (UNHCR), the World Food Programme (WFP) and IOM for joint implementation of the H6 Results 2020 framework in humanitarian settings.
- Strengthen cooperation with United Nations health-related agencies and the United Nations Office for Disaster Risk Reduction (UNISDR) to integrate H6 priorities into the resilience agenda of disaster risk reduction and cooperation with the United Nations Peacebuilding Fund.
Growing threats to healthy lives in humanitarian settings

Humanitarian crises are a growing threat to global development, peace and security. In 2017, 68 million people were forcibly displaced worldwide as a result of persecution, conflict or generalized violence, including 25 million refugees, 40 million internally displaced people, and 3 million asylum-seekers; this was an increase of 2.9 million people from 2016 and a new record high (1). Overall there are 2 billion people living in countries where development outcomes are affected by fragility, conflict and violence (2).

Africa faces particular challenges: in 2017, 25 African states struggled with one or more forms of insecurity, such as organized rebellion or civil war, organized crime, and violent extremism (3). While Africa accounted for only 16% of the global population in 2016, more than a third of armed conflicts worldwide took place there (4). As a consequence, in sub-Saharan Africa the refugee population increased by 1.1 million in 2017, reaching 6.2 million people, or nearly a third of the 19.9 million refugees under UNHCR’s mandate.1

Additionally, natural disasters, including epidemics, affect on average 11 million people in Africa each year (5). Developing countries have taken in a disproportionate number of refugees—currently 85% of the world’s displaced population (1).

Natural disasters, conflict and other humanitarian crises often trigger a vicious cycle through which vulnerable people lose access to basic services. Education systems, health systems, infrastructure, water and sanitation are considerably weakened, while at the same time they may need to accommodate an increasing number of displaced people. These severe systemic problems deepen the negative impacts of the crisis, cut off opportunities for education, employment and social integration, and lead to longer recovery times (6). Refugees hosted in developing countries also put enormous pressure on the water and health-care systems of host communities (7).

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1 This total does not include the 5.4 million Palestine refugees under the mandate of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
Health systems are a case in point. Serious interruptions and even the collapse of health-care systems due to conflict or natural disaster prevent access to basic health care. Furthermore, assaults on health workers and facilities have become increasingly common in active conflict (8), and over time conflict leads to the deterioration of the health workforce, facility infrastructure and medical supply chain.

Unsurprisingly, the evidence suggests that the countries furthest from reaching globally agreed development goals are in or emerging from armed conflicts (9). Armed conflict in sub-Saharan Africa over the past three decades has accounted for a substantial loss of health and well-being (10).

Women and girls are particularly vulnerable in humanitarian settings. Protracted violence and natural disasters in 2018 are estimated to affect 34 million women of reproductive age, including 5 million who are pregnant (11). An estimated 60% of all preventable maternal deaths occur in humanitarian and conflict settings, which equates to nearly 500 deaths each day (12). Women and girls have been shown to be affected more adversely than men and boys when populations are displaced by natural disasters such as floods and typhoons (13). Violence against women and girls increases during periods of conflict, with rape and other forms of sexual violence being a common practice of war (14,15). Women and girls in refugee and internally displaced populations are particularly at increased risk of gender-based violence (16): at least one in five female refugees and internally displaced people in countries affected by conflict experience sexual violence (17). Forced sex has been shown to facilitate HIV transmission (18). These patterns of violence against women and girls underscore the need for urgent action to respond to the full range of violence that women and girls experience in conflict and post-conflict settings, including their links to HIV.

Injustice, violations of human rights, and sexual and gender-based violence are not only a dramatic consequence of crisis situations; they also nurture conflict and instability in the long run. Conversely, protecting the health and rights of women and young people is critical to mitigating fragility, conflict and disaster. It also accelerates recovery and strengthens the rule of law, equity, equality and inclusive growth.

And yet humanitarian responses on the ground often fail to account sufficiently and adequately for the different ways in which disasters and conflict impact on the health of women and girls. Although guidelines for action have been developed, there is currently very little evidence of successful interventions to prevent gender-based violence during conflict and against refugee and internally displaced populations (19–21). Health and rights cannot be treated as an afterthought.
Building human security through multilateral action

The 2030 Agenda for Sustainable Development and the African Union’s Agenda 2063: The Africa We Want set the vision and long-term development objectives for the African continent. Peace and security are critical enablers to achieving these agendas.

The peace and security pillar of United Nations Secretary-General António Guterres’ United Nations reform agenda prioritizes conflict prevention and sustaining peace, and calls for aligning the United Nations peace and security efforts more closely with its development and human rights work (22). This approach is consistent with an increasing global focus on human security, defined in General Assembly resolution 66/290 as “an approach to assist Member States in identifying and addressing widespread and cross-cutting challenges to the survival, livelihood and dignity of their people” (23). A human security approach calls for “people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people” (23).

Conflict prevention, resilience-building and disaster preparedness are indispensable to containing the scope of the negative impacts of crises, enabling faster recovery at individual and national levels, and breaking the cycle of crises. A strong health system is a critical element to efforts to strengthen human security. With a strong, well-functioning health system, a country is better able to respond to conflict and humanitarian crises, while also laying the foundation for more peaceful and resilient communities.

Women have a critical role to play. United Nations Security Council resolution 1325, adopted in October 2000, reaffirmed the importance of women in the prevention and resolution of conflicts, peace negotiations, peacebuilding, peacekeeping, humanitarian responses and post-conflict reconstruction. The resolution also stresses the importance of the equal participation and full involvement of women in all efforts for the maintenance and promotion of peace and security.
Over the following 18 years, additional Security Council resolutions have reinforced international efforts to prevent and respond to sexual exploitation and abuse, gender-based violence in conflict and post-conflict settings (Table 1): resolution 1820 (2008) called for action on sexual violence in conflict; resolution 1889 (2009) stressed the need for protection and empowerment of women and girls in post-conflict programming; resolution 1960 (2010) empowers the Secretary-General to monitor and report on conflict-related sexual violence, including rape, in situations of armed conflict and post-conflict, and calls on parties to armed conflict to make and implement specific and time-bound commitments to combat sexual violence; resolution 2122 (2013) sets out the need for humanitarian aid to ensure access to sexual and reproductive health services, including for pregnancies resulting from rape; resolution 2272 (2016) strengthens efforts to prevent sexual exploitation and abuse in peace operations; resolution 1983 (2011) recognizes the specific needs of women living with or affected by HIV in conflict and post-conflict situations; and resolution 2286 (2016) reinforces protections for health-care workers and humanitarian personnel in conflict settings.

The African Union has also made a range of commitments to this agenda—for example, the communiqué of the 659th meeting of the African Union Peace and Security Council, adopted on 16 February 2017 (Table 2). Among other things, the African Union has adopted a zero-tolerance stance on sexual exploitation and abuse by its staff and peace support operations personnel. This position has been articulated in the African Union Policy on Prevention and Response to Sexual Exploitation and Abuse in Peace Support Operations. In 2017 the Peace and Security Council of the African Union called on Member States to bolster the role of women in protecting lives in challenging security environments in Africa. These efforts are underpinned by the Africa Health Strategy 2016–2030 and the 2016–2030 Maputo Plan of Action, which call on African governments, civil society, the private sector and multisectoral development partners to join forces and operationalize the Continental Policy Framework on Sexual and Reproductive Health and Rights, including the elimination of all forms of violence and discrimination against women and girls.

However, despite these high-level multisectoral efforts, in recent years there has been a steady increase in the number of people displaced by conflict and natural disasters, and humanitarian crises continue to disproportionately impact on women and girls. Political commitments are not being consistently translated to action. Moreover, capacity and resources have not always been consistent with needs and commitments made.
Table 1. International commitments towards the elimination of sexual and gender-based violence, HIV prevention, and the protection of women and girls in humanitarian settings (2000-2017)

<table>
<thead>
<tr>
<th>United Nations Security Council resolution</th>
<th>Theme</th>
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<tbody>
<tr>
<td>1325 (2000)</td>
<td>Importance of women’s equal participation and full involvement in all efforts for maintenance and promotion of peace and security</td>
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<tr>
<td>1308 (2000)</td>
<td>Responding to HIV in peacekeeping operations</td>
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<tr>
<td>1889 (2009)</td>
<td>Protection and empowerment of women and girls, including those associated with armed groups, in post-conflict programming</td>
</tr>
<tr>
<td>2122 (2013)</td>
<td>Strengthening participation of women in all stages of conflict prevention</td>
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<tr>
<td>2272 (2016)</td>
<td>Preventing sexual exploitation and abuse in peace operations</td>
</tr>
<tr>
<td>2286 (2016)</td>
<td>Protection of wounded and sick people, medical personnel and humanitarian personnel exclusively engaged in medical duties</td>
</tr>
<tr>
<td>2320 (2016)</td>
<td>Cooperation between United Nations and regional and subregional organizations in maintaining international peace and security</td>
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<tr>
<td>2378 (2017)</td>
<td>United Nations peacekeeping reform</td>
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</tbody>
</table>
Table 2. African Union policies, strategy and programmes paving the way for the protection of women and girls in all settings (2001–2017)

<table>
<thead>
<tr>
<th>African Union declaration/policy/programme</th>
<th>Theme</th>
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<tbody>
<tr>
<td>Abuja Declaration (2001, reaffirmed 2013)</td>
<td>Affirms importance of prioritizing women and youth in response to pandemics, including HIV</td>
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<tr>
<td>Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (2003)</td>
<td>Guarantees comprehensive rights to women, including social and political equality with men, improved autonomy in reproductive health decisions, and an end to female genital mutilation</td>
</tr>
<tr>
<td>Mama Afrika Award on Maternal, Newborn, and Child Survival in Africa (2013)*</td>
<td>Recognizes key dignitaries working at forefront of women’s and children’s health in Africa</td>
</tr>
<tr>
<td>Agenda 2063: the Africa We Want (2015)</td>
<td>Continental 50-year agenda for Africa’s long-term socioeconomic and integrative transformation, including goal to eradicate all forms of violence and discrimination and attainment of gender parity</td>
</tr>
<tr>
<td>Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030 (2015)</td>
<td>Guides empowerment of young people with skills to protect themselves from HIV and increased access to services and justice to realize the vision of “an Africa free of AIDS” by 2030</td>
</tr>
<tr>
<td>African Health Strategy (2016–2030)</td>
<td>Guides Member States towards vision of an integrated and prosperous Africa free of its heavy burden of disease, disability and premature death; recognizes that disease outbreaks, disasters and humanitarian crises are threats to ending preventable maternal, newborn and child deaths</td>
</tr>
<tr>
<td>Maputo Plan of Action (2016–2030)</td>
<td>Strategic objectives include achieving gender equality, empowerment and human rights (including ending female genital mutilation) and investing in adolescents, youth and other vulnerable and marginalized populations through education</td>
</tr>
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* Award launched at the margin of the 2013 International Conference on Maternal, Newborn and Child Health in Africa and that received technical and financial support from UNFPA, UNAIDS and the UNICEF.
Seizing momentum: putting humanitarian health on the global health diplomacy agenda to advance human security

Almost 20 years ago, in recognition of the magnitude of the HIV epidemic—including its human, political, economic and instability/security ramifications—United Nations Member States placed AIDS on the United Nations Security Council agenda to mobilize the international cooperation needed to address it. It was the first time a health issue featured as an issue of high international politics at the Security Council. The resulting resolution 1308 urged countries to take actions to support HIV prevention among international peacekeeping and support personnel, while tasking the Secretary-General to expand his leadership and UNAIDS to strengthen multisectoral cooperation.

Leadership within the Security Council bolstered a growing social movement. An unparalleled global response was mounted, particularly to assist the most affected people and countries in Africa. This successful endeavour in global health diplomacy supported the prioritization of the HIV epidemic on national political agendas, facilitated cross-border collaboration, and contributed to substantial increases in global solidarity. It paved the way towards new global norms, provoked international diplomacy for wider access to generic medications, and triggered more streamlined and coordinated United Nations support to countries and regional institutions.

Today, the global health diplomacy agenda focuses largely on antimicrobial resistance and epidemic outbreak preparedness—two grave challenges to human security and sustainable development in an increasingly interdependent world. Yet, given the scale of humanitarian health crises and the slow progress on sexual and gender-based violence despite nearly two decades of international discussion and commitments, a more deliberate and focused approach is needed to elevate the health and rights of people affected by conflict and living in post-conflict settings. Greater political visibility and intensified international cooperation is required.
Foreign policy-makers must ensure that upholding the rights of women and girls—and preventing and responding to sexual exploitation and abuse, and sexual and gender-based violence—is front and centre in their humanitarian policy. This will in turn ensure that strategies are in place and that adequate resources are allocated to increase awareness and prevention of HIV, and to assist survivors of sexual exploitation and abuse.

In this regard, the African Union and the United Nations should join forces to prioritize humanitarian health, prevention of sexual exploitation and abuse, and access to health services by survivors of sexual exploitation and abuse, as part of their global diplomacy effort and ensure a commensurate response is delivered. The H6 partnership, the technical arm of the Every Woman Every Child movement (see below), can provide technical support to ensure health is systematically included in humanitarian interventions, thus contributing to building resilience and tackling the root causes of human suffering. Interventions of sufficient scale will require enhanced global solidarity for Africa.

Global health diplomacy and the right to health

Global health diplomacy brings together public health, international affairs, management, law and economics. It focuses on negotiations that shape and manage the global policy environment for health (25). Further, it seeks to uphold the rule of law and ensure that populations most at risk are afforded basic protection and provided with the means to restore dignity and health, and that the means of legal redress are in place and available to all people affected by crisis. Global health diplomacy makes the case that quality-assured health services are a human right and not dependent on gender, age, race, sexual orientation or domicile. This right must be upheld in humanitarian settings.

The Foreign Policy and Global Health Initiative was formed by foreign ministers from Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in 2006. The Initiative builds the case for why global health should hold a strategic place in the international agenda. It recognizes that global health is a key global and national security priority, and that the goal of health equity lies in sustainable development, global solidarity and international cooperation.

The Initiative has shone a light on critical health issues in conflict and humanitarian settings, and it has mobilized action through several resolutions adopted by the United Nations General Assembly. These include resolutions on emerging infectious diseases and human resources for health (A/RES/64/108 in 2009) and on the protection of health infrastructure and health personnel in humanitarian and conflict settings (A/RES/69/132 in 2014). In 2015 the group introduced draft resolution A/RES/70/183 on improving the management of international health crises.
African Union–United Nations enhanced cooperation for sustainable, people-centred solutions

The African Union and the United Nations have a long track record of collaboration on sustainable development and issues related to peace and security. When the United Nations Security Council deliberates on a particular crisis situation on the African continent or considers the establishment of a peace operation in Africa, its partner of choice is the African Union. Africa has developed significant peace operations capacity over the past decade (25). In addition to deploying eight African Union peace operations, African countries have contributed approximately 50% of all United Nations peacekeepers (26).

The complexity and multiplicity of security challenges on the African continent demand new approaches that go beyond traditional United Nations-mandated peace operations. In this regard, the African Union has authorized several ad hoc regional security initiatives in its attempts to adapt and respond to security challenges that transcend the national borders of its Member States. These include the Regional Cooperation Initiative for the Elimination of the Lord’s Resistance Army, the Multinational Joint Task Force against Boko Haram, and the Joint Force of the Group of Five for the Sahel (27).

In 2015 a report by the High-Level Independent Panel on Peace Operations made over 160 recommendations on how to ensure better design and delivery of United Nations peace operations, focusing particularly on how to make peacekeeping more responsive and fit for purpose. Creating a stronger relationship between the African Union and the United Nations is one of the key recommendations of the High-Level Independent Panel on Peace Operations. In 2016 the United Nations Secretary-General and the United Nations General Assembly called for a stronger partnership with the African Union.

The Security Council also highlighted the importance of a strengthened African Union–United Nations partnership, in particular in resolution 2320 (2016) and resolution 2378 (2017). In this regard, the importance of transparency, accountability and respect of international norms, including taking adequate measures to prevent and combat impunity for sexual exploitation and abuse, was particularly highlighted.
The Joint United Nations–African Union Framework for an Enhanced Partnership in Peace and Security, adopted in April 2017, builds on a 2006 joint declaration entitled “Enhancing UN–AU Cooperation: Framework for the Ten Year Capacity Building Programme for the African Union”. The new joint framework provides a solid institutional road map for the two organizations to build an effective strategic and operational partnership, and it is a cornerstone in the African Union’s effort to continue to transform its peace and security architecture. The framework underlines the importance of compliance with international humanitarian and human rights law, and the need for the two organizations to collaborate and reinforce each other in that regard.

Guided by the framework, coordinated actions are intended to develop sustainable solutions to ongoing and future challenges, based on the principles of complementarity, comparative advantage, burden-sharing and collective responsibility to respond early, coherently and decisively in order to prevent, manage and resolve conflicts.

Multistakeholder partnership to train soldiers in Malawi on gender issues

Malawi first contributed troops to United Nations peacekeeping in 1994. Today, the Malawi Defence Force has deployed over 900 uniformed personnel across several peace operations in Africa, including in the Democratic Republic of the Congo (28). The Malawi Defence Force has been a champion in strengthening human rights-based approaches to HIV and sexual and gender-based violence, demonstrated through its commitment to implement Security Council resolution 1983 (2011), which encourages inclusion of HIV prevention, treatment, care and support in the implementation of peacekeeping mandates. Malawi was one of the first countries in the region to provide pre-deployment training in direct compliance with the requirements of resolution 1983, thanks to partnership between the Malawi Defence Force, UNAIDS, DPKO and Global Crisis Solutions, a South Africa-based human security and development think tank.

As part of efforts to operationalize resolution 1983 (2011) and resolution 2272 (2016), which address sexual exploitation and abuse by peacekeepers, UNAIDS trained officers and senior non-commissioned officers of the Malawi Defence Force in 2014 and 2016 before their deployment to the eastern part of the Democratic Republic of the Congo. The training aimed to enhance the knowledge and skills of the Malawi Defence Force in the areas of human rights and civilian protection, prevention of HIV and gender-based violence, and promotion of gender equality in peacekeeping operations.

During an interview, a Malawi Defence Force soldier stationed at the United Nations–African Union Hybrid Operation in Darfur since 2017 said she took pride in how her first job was to conduct confidence-building patrols and help the Sudanese police force build capacity, and to sensitize civilians and displaced people on issues such as community policing and sexual and gender-based violence.
In a time of rising conflict and humanitarian crises, countries require and expect an integrated response from development partners, including the United Nations system, that transcends silos to maximize effectiveness and efficiency and address common determinants of poverty, ill-health and inequality. The H6 partnership unites the mandates and capacities of WHO, UNAIDS, UNICEF, UN Women, UNFPA and the World Bank. The work of H6 is particularly relevant in humanitarian settings.

H6 serves as the country-level technical arm of the Every Woman Every Child movement. The Every Woman Every Child Global Strategy for Women’s, Children’s and Adolescent’s Health 2015–2030 provides a road map for countries to work toward a range of targets within the Sustainable Development Goals, including reducing inequities, strengthening fragile health systems, and fostering multisectoral approaches to end all preventable deaths of women, children and adolescents and ensure their health and well-being.

Promoting health in humanitarian settings is among the Every Woman Every Child priorities. Every Woman Every Child partners have supported countries through the revision of relevant guidelines on sexual, reproductive, maternal, neonatal, child and adolescent health and nutrition, including the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings* (29). The *Newborn Health in Humanitarian Settings Field Guide* (30) was field-tested in Somalia and South Sudan. The Every Woman Every Child initiative is currently defining a priority research agenda for sexual, reproductive, maternal, neonatal, child and adolescent health and nutrition programming in humanitarian and conflict settings (31).
A snapshot of H6 in action in humanitarian settings

As the Ebola crisis deepened in Liberia, H6 resources were reprogrammed to focus on reinforcing maternal and newborn health services weakened by the crisis. At the policy level, key results included supporting the development of the post-Ebola national recovery plan. H6 also provided support to revive the country’s health management information system (32).

In Cameroon, the presence of Boko Haram in Northern Province led to insecurity and high levels of vacancy among skilled health-care providers. As a result, the H6 country coordinator was relocated to the province to strengthen coordination of H6 partners’ support to the health system, from health posts to secondary-level health facilities. Programmatic support to the communities helped health-care providers to overcome feelings of insecurity and resume work.

The countries of the Arab States region have received technical assistance from H6 to strengthen reproductive, maternal, neonatal, child and adolescent health services in humanitarian settings; to assess reproductive, maternal, neonatal, child and adolescent health targets and indicators; and to strengthen the adoption of surveillance tools at national and subnational levels to improve measurement of maternal, newborn and child deaths (33).

The H6 partnership is at a time of strategic renewal. The new 2020 Vision and Results Framework positions H6 as a transformative platform for technical support and policy advice to engender partnerships for results at the country level. The framework prioritizes a number of results to focus political attention, strengthen the unique ability of the United Nations to broker political impasses, mobilize networks to tackle complex societal challenges, and ensure United Nations agencies speak as one. The framework also focuses the partnership on providing tailored, context-specific technical support where it is most needed, in particular in humanitarian settings (Table 3).

By mobilizing H6 country teams and cross-country regional networks, H6 can promote humanitarian health, support the African Union in its effort to transition from humanitarian responses to sustainable development, and support crisis-prevention efforts wherever possible. H6 can provide a structured space for engagements between the African Union and the United Nations on training and programming in areas such as HIV, sexual and gender-based violence, and sexual and reproductive health and rights in humanitarian settings. It can further serve as a source of political advocacy and technical expertise by encouraging and supporting the African Union to document and share best practices and facilitate regional south–south cooperation on these issues.

H6 can leverage its partnerships with other African regional political bodies to further engage in structured joint planning and analysis with the African Commission on Human and Peoples’ Rights and the Africa Centres for Disease Control and Prevention.
**H6 regional support to the African Union road map** (32)

The Muskoka Fund supports H6 to strengthen interagency collaboration, including joint programming, budgeting, mobilization of financial resources, and strong coordination for implementation towards expected results (33). The establishment of a Muskoka 2.0–H6 platform at the regional and country levels is planned. The platform aims to serve as the vehicle for programmatic implementation of the African Union’s “demographic dividend” road map pillar on health, well-being and rights (34).

**Table 3.** H6 Implementation Plan 2020: taking actions in humanitarian and fragile settings is one of the six pillars of the H6 Results Framework 2020

<table>
<thead>
<tr>
<th>Humanitarian settings</th>
<th>H6 strategic priorities</th>
<th>Indicators for 2030 outcome results in high-priority countries</th>
<th>Indicators for 2020 output results in high-priority countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: all people, especially the most vulnerable, have access to uninterrupted health services and support in humanitarian settings as part of resilient, prepared and responsive health and social systems</td>
<td>Uninterrupted access to sexual and reproductive health rights services in humanitarian settings</td>
<td>Countdown composite reproductive, maternal, neonatal, child and adolescent health index</td>
<td>Human rights-based and gender-responsive sexual, reproductive, maternal, neonatal, child and adolescent health plans integrated into emergency preparedness and response plans</td>
</tr>
<tr>
<td></td>
<td>Zero tolerance for sexual and gender-based violence</td>
<td>Universal health coverage index</td>
<td>Increased equitable financing to sexual, reproductive, maternal, neonatal, child and adolescent health services, including access to lifesaving commodities in humanitarian and fragile settings</td>
</tr>
<tr>
<td></td>
<td>Complementarity to cross-cluster coordination on sexual and reproductive health rights and preventing sexual violence</td>
<td>Proportion of survivors of rape who received HIV post-exposure prophylaxis within 72 hours of incident occurring</td>
<td>Percentage of children aged under 5 years who are wasted</td>
</tr>
</tbody>
</table>

Humanitarian settings

Table 3. H6 Implementation Plan 2020: taking actions in humanitarian and fragile settings is one of the six pillars of the H6 Results Framework 2020

This side event provides an opportunity to convene stakeholders and galvanize political commitment at the highest levels to implement the United Nations Secretary-General’s call for zero tolerance on sexual and gender-based violence and the African Union’s zero tolerance stand on sexual exploitation and abuse. The side event will also promote the prevention and elimination of HIV among vulnerable populations in conflict situations and humanitarian settings, and in the context of Peace Support Operations, by increasing awareness about preventive measures against HIV and providing access to health services to people who are affected. Enhanced accountability of all Member States and parties to armed conflict on these issues is needed.

This dialogue provides a platform for high-level advocacy for a holistic humanitarian response that places women’s, adolescents’ and children’s rights and health at its core, with the support of the H6 partnership. In so doing, it calls for a multisectoral response to promote human security and address the root causes of sexual and gender-based violence, and also provides for remedies and assistance to survivors, including through joint and people-centred African Union–United Nations actions.

This event takes place in the context of other relevant initiatives, and it aims to further their implementation, including the Spotlight Initiative, recent Security Council discussions, and United Nations reform.

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2 A United Nations–European Union partnership that targets investments to African countries facing humanitarian situations.

3 On 12 September 2018, the Security Council debated peacekeeping reform, highlighting sexual exploitation and abuse as one of the gravest violations of conduct and discipline standards by peacekeepers. The debate followed recommendations by Secretary-General António Guterres in his February 2017 report on special measures for protection from sexual exploitation and abuse, in which he outlined his strategy to improve the organization’s system-wide approach to preventing and responding to sexual exploitation and abuse (36).
Building on Africa’s experience and resilience through people-centred actions to realize the goals of Agenda 2030 and the African Union Agenda 2063, and in the context of the Joint United Nations–African Union Framework for an Enhanced Partnership in Peace and Security, the African Union and UNAIDS make the following recommendations for enhanced strategic cooperation to elevate HIV prevention, and effective prevention of and response to sexual and gender-based violence and sexual exploitation and abuse in conflict and humanitarian settings.

**Recommendations for joint African Union–United Nations action**

To set a common agenda and guide concerted action in addressing the interlinkages between sexual and gender-based violence, sexual exploitation and abuse, gender and women’s health and rights, and HIV in humanitarian settings, in particular among refugees and displaced populations:


- Establish an annual meeting between the leadership of the African Union Commission and H6 to develop and monitor an annual road map to take forward the common agenda. Such actions will be supported by quarterly meetings between African Union experts and H6 partners.

- Develop a comprehensive and integrated joint African Union–United Nations plan of action, pursuant to a review of early work towards the development of an African Union protocol for supporting health in peacekeeping operations (36). Among other things, the plan of action would:

Lead to the development of an African Standby Force standard operating procedure for addressing sexual and gender-based violence and HIV in peace support operations, including issues related to assistance for survivors and remedial actions.

Aim to strengthen African Union–United Nations architecture for joint action to address HIV in emergency settings, including conflict and post-conflict situations, and ensure interventions reflect the most recent international commitments and most effective ways to address HIV and conflict-related sexual violence, including by ensuring availability of voluntary testing and counselling for HIV, and providing remedial actions and other assistance to survivors of sexual and gender-based violence.

- Conduct targeted advocacy for resource mobilization and partnerships to strengthen coordinated programme implementation for HIV prevention, care and treatment services, including information, education communication activities, strengthened human resources, and integration of HIV services into primary care provision in humanitarian settings.

**Recommendations for the African Union**


- Ensure wide dissemination of the recommendations outlined in this background paper and the discussions at the United Nations General Assembly side event through relevant African Union organs and its subsidiary bodies, including during the African Union Summit in January 2019.
Recommendations for the United Nations

- Improve and strengthen collaboration across the United Nations system to ensure more systematic reporting on HIV, sexual exploitation and abuse, sexual and gender-based violence, and the health of women and children in conflict settings in order to inform humanitarian interventions at country, regional and global levels, drawing on data from a range of partners, such as UNAIDS, DPKO, IOM and UN Women.

- Establish innovative mechanisms to strengthen collaboration between OHCHR, UNHCR, WFP and IOM at country and regional levels to strengthen joint implementation of the H6 Results 2020 framework in humanitarian settings.

- Ensure United Nations health agencies work closely with UNISDR to integrate H6 priorities into the resilience agenda of disaster risk reduction and to strengthen linkages between humanitarian and development partners in tackling persistent vulnerabilities in fragile settings, including through strengthened collaboration with the United Nations Peacebuilding Fund.
References


