



STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

**CSW70 Side-Event, hosted by Finland, UN Action, UNFPA,
Ukraine & Panama**

“Under Attack: Gendered Consequences for Health in Conflict”

Tuesday 10th March 2025, 1:15 - 2:30 pm

Keynote address of SRSB Patten

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Your Excellency, Ms. Sanni Grahn-Laasonen, Minister of Social Security of **Finland**, Executive Director of **UNFPA**, Ms. Diene Keita, Excellencies, Distinguished colleagues:

The protection of healthcare in conflict is among the *oldest norms* of international humanitarian law. Yet, as we survey the global landscape, we see that it is *woefully under respected and enforced*. At the same time, contemporary conflicts are replete with *appalling patterns of sexual violence used as a tactic of war, torture, terror and political repression*. The intersection between these issues is often *overlooked*, but cannot be *overstated*.

For survivors of wartime sexual violence, the consequences are *immediate* and often *irreversible*. When healthcare infrastructure is *decimated, clinics closed, supplies looted, and referral pathways reduced to dead-ends*, the suffering of survivors is multiplied. The wounds – ranging from acute physical injuries, to HIV and other sexually transmitted infections, unwanted

pregnancy, and profound psychological trauma – can *last a lifetime*, and even *echo across generations*.

The *vast majority of war-related deaths come not from bullets or bombs*, but from the *lack of healthcare, food and sanitation*. Women and girls are disproportionately affected, due to the lack of maternal and reproductive care, and the burden they shoulder when systems collapse.

In **Sudan**, the civil war has *crippled the healthcare system*, leaving millions without care, as disease and famine loom, and sexual violence surges. In October 2025, the *last functioning hospital* in El Fasher became a scene of carnage, as hundreds of patients and caregivers were slaughtered in a single day. Sudanese women report being forced to make *unfathomable choices* between procuring medical care for a raped daughter or food for her siblings.

In **Ukraine**, the WHO has verified **almost 3,000 attacks on health facilities** since the start of the full-scale military invasion, including maternity wards and children's hospitals. In Kyiv, I heard the testimony of a woman who was raped by Russian soldiers and *forced to wait two months* for their departure to find a gynaecologist able to treat her. Due to this delay, she developed severe medical complications. As her story shows, *safe and timely access to healthcare is paramount*. A survivor *does not have weeks or months to wait*. She has **72 hours** in which emergency contraception, post-exposure prophylaxis, and psychological first aid, are optimally effective.

In **Haiti**, **less than 30 percent** of survivors are able to access care within this critical **72 hour window**, amid *escalating armed violence*, in which *rape and gang-rape are rampant*.

In **Afghanistan**, the Taliban has banned women from working, while also barring them from seeing male doctors. Services for gender-based violence have been dismantled, with the mental health toll evident in the fact that most suicides are now by women, as their *only escape*.

In many conflicts, from **Myanmar** to **Gaza** and beyond, health workers face *rising reprisals*, harassment, and violence, to *destroy their information before it can become evidence*. Such attacks have a *chilling effect on reporting and response*. Indeed, the scale of conflict-related sexual violence is *far greater than statistics suggest*, as many survivors forego care due to a lack of safe reporting channels. The stark reality thus remains that most survivors are *never able to reach a clinic, let alone a courtroom*.

It is estimated that **one in five** internally displaced or refugee women caught up in conflict have suffered sexual violence, yet **less than one percent** of global humanitarian aid is dedicated to addressing it. In **2025**, further *dramatic funding cuts* resulted in the closure of hundreds of safe spaces and mobile clinics.

Despite *mounting needs amid dwindling resources*, we still see *what is possible* when we act *collectively and decisively*.

In **Ukraine**, coordinated UN Action initiatives, uniting six UN agencies, national authorities, and survivor-led networks, have

equipped Survivor Relief Centres to deliver specialized services, enabling **thousands** to receive medical care and psychosocial support. Since UN Action launched this effort, the number of survivors networks has **quadrupled**, and their membership has **increased sevenfold**, reflecting a *shift from stigmatization to solidarity*.

In **Haiti**, where services are *least available* at the very moment they are *needed most*, UN Action is launching a joint initiative to enhance holistic, survivor-centred healthcare, with generous support from **Canada**.

Excellencies,

For survivors of conflict-related sexual violence, *war is not over when it's over*. Without sustained support, they remain at risk of secondary harm. As one survivor put it: *“The rape was one cause of pain. But what came after – the neglect and silence – was another”*. We cannot allow this to be their fate.

I urge each one of you to recommit to our collective responsibility and ensure that survivors have access to the care they not only *need* but *deserve*. The response to CRSV is not only about addressing immediate needs, but also about building resilience, restoring dignity, and *replacing horror with healing and hope*. The road to recovery is long and *no survivor should walk it alone*.

I thank you for your shared commitment to this cause.

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