

BODILY AUTONOMY IN TIMES OF CRISIS:

Advancing Sexual and Reproductive Health and
Rights in the Women, Peace and Security Agenda.

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INTRODUCTION

Sexual and Reproductive Health and Rights (SRHR) is essential to addressing the gendered impacts of crises and conflicts and to ensuring women's participation, protection and leadership in conflict settings. Yet it remains largely absent from Women, Peace and Security (WPS) agenda resolutions, planning and initiatives, and is systematically neglected in humanitarian and peacebuilding programming and policy efforts.[1] SRHR is often treated as an afterthought, even as food security, Water, Sanitation and Hygiene (WASH) and shelter are recognised as key immediate humanitarian priorities in emergency and crisis response. Preventable maternal deaths; widespread sexual and gender-based violence; forced pregnancies; child, early and forced marriage; unsafe abortions; lack of basic menstrual hygiene; and systematic denial of care are not only health concerns but key security, life-saving and gender-related issues in any conflict or humanitarian crisis setting. This learning paper draws from the webinar "Advancing Sexual and Reproductive Health and Rights in the Women, Peace and Security Agenda," held on 17 September 2025 and hosted by Oxfam Denmark, Women's Council Denmark, DanChurchAid and the Danish Family Planning Association on behalf of the Danish Women, Peace and Security CSO Network. The webinar brought together practitioners from IPPF, UNFPA, Haiti and Ukraine, alongside Danish and international civil society, to explore how SRHR can be centred within WPS policy and implementation.

KEY ISSUES AND ANALYSIS

THREATS TO SRHR IN CRISIS AND CONFLICT SETTINGS

SRHR has reached an unprecedented crisis point, particularly in conflict and humanitarian settings where lack of access to SRH services remains a leading cause of death, especially among displaced women and girls¹ in their diversity. High levels of sexual and gender-based violence, forced pregnancies, maternal and child mortality, unsafe abortions and systematic denial of care are exacerbated during armed conflict, natural disasters and forced migration.² According to a Care International report from 2016, “around 60 per cent of all maternal deaths take place in conflicts, during displacement and natural disasters.”³ Little has changed in the past decade. The United Nations reports that 676 million women and girls were living close to deadly conflict in 2024, which is the highest recorded number since the 1990s.⁴ During the webinar, speakers from Haiti and Ukraine stressed that crises exacerbate pre-existing inequalities, cutting off access to SRHR services precisely when needs are greatest. As the IPPF Member Association in Haiti (Association des Sages-Femmes d’Haiti) reported during the webinar, in a country where the health system has collapsed,

midwives travelling by motorbike to reach pregnant women in labour are often the only healthcare providers the women in need see. Women in such settings are disproportionately affected by institutional collapse, displacement, food insecurity and attacks on health infrastructure.⁵

The ability of women, girls and non-binary people to participate in peacebuilding, access protection and rebuild their lives after conflict depends on access to essential SRHR services. These include safe maternal and newborn care, menstrual hygiene products, contraception, safe abortion services, HIV and STI prevention and treatment, and support for survivors of gender-based violence. In particular, sexual violence has been used in times of conflict and remains a defining feature of almost all armed conflicts of our time. As such it requires sustained responses across justice and prosecution, health and psychosocial care for the survivors, and political commitment.

The WPS agenda cannot be realised in contexts where sexual and reproductive health services fail, survivors of sexual and gender-based violence are left without care, and access to contraception and safe abortion remains out of reach.

¹ See for example UNFPA (2023). *State of World Population 2023: 8 Billion Lives, Infinite Possibilities*. UNFPA, New York

² UNFPA (2024). *The Future of Sexual and Reproductive Health and Rights*. UNFPA https://www.unfpa.org/sites/default/files/pub-pdf/2.%20SRHR_ICPD30_ThinkPiece_050724_FINAL_WEB_V2%20%281%29.pdf

³ Care International (2017). *Suffering in silence: The 10 most under-reported humanitarian crises of 2016*, p.17. <https://data.unhcr.org/en/documents/details/53331>

⁴ United Nations Security Council (2025), *Women and Peace and Security: Report of the Secretary-General, S/2025/3645*. United Nations

⁵ Jeffthanie Mathurin, IPPF, Haiti during webinar

THE POLITICAL WEAPONISATION OF SRHR

SRHR extends far beyond healthcare – it is a deeply political terrain, consistently politicised and mobilised for political gains. Even in times of peace, SRHR is deliberately instrumentalised to regulate women’s bodies, limit autonomy and reinforce patriarchal power structures, often under the guise of cultural, religious or security justifications. Issues such as

abortion, contraception, LGBTQIA+ rights and comprehensive sexuality education stand out for having been used in political election campaigns in the name of traditional family values in many countries. At the same time, SRHR is at the core of women’s and girls’ capacity to participate politically in public debates and decision-making processes.

As highlighted during the webinar and reinforced in the IPPF presentation and annual reports,⁶ neglecting SRHR undermines peace and recovery efforts,



⁶ See for example IPPF. Annual Performance Report 2024. <https://www.ippf.org/resource/annual-performance-report-2024-0>

while the systematic exclusion of SRHR from policy frameworks compromises women's participation and leadership.⁷ In the words of the UNFPA representative: "Women cannot participate in public debates about security and peacebuilding if they die during childbirth, when they have been raped but not received psychosocial support or not slept for 3 days."⁸

THE CASE FOR A FEMINIST AND DECOLONIAL LENS ON SRHR IN CRISIS AND CONFLICT

As several speakers emphasised, control over women's bodies, denial of bodily and reproductive autonomy, and the use of sexual violence are deeply rooted in patriarchal and colonial power structures that persist in contemporary armed conflicts from Haiti to Ukraine.⁹ These dynamics disproportionately affect women of colour, adolescent girls, women living with disabilities, LGBTQIA+ communities, indigenous women, and migrant, refugee, stateless and displaced populations who face compounded barriers to accessing SRH services and to being recognised as legitimate political actors. Intersectionality, therefore, becomes indispensable for analysing how race, class, age, ethnicity, SOGIESC, disability, migration status and displacement shape access to health, safety and rights.

Embedding feminist and decolonial principles within the WPS agenda requires not only addressing SRH service gaps but also confronting the structural and

systemic inequalities, global hierarchies and geopolitical interests that determine whose rights are protected, whose suffering is seen and whose voices shape actual policy decisions.

Integrating SRHR into WPS frameworks must therefore go hand in hand with broader efforts to dismantle oppressive systems and elevate local, women, LGBTQIA+ and youth-led feminist movements that are already generating alternative visions of peace, justice, and bodily autonomy recognising their decades-long efforts to provide social and care systems to those most affected by war.

The very actors most capable of advancing integrated, survivor-centred SRHR responses – midwives, community health workers, youth-led groups, feminist movements and local women-led organisations – are marginalised within humanitarian decision-making, financing and protection frameworks.

FUNDING CUTS TO SRHR SYSTEMS: TENS OF THOUSANDS OF PREVENTABLE DEATHS AT RISK

Despite the compelling case for centring SRHR within the WPS agenda, the political and funding landscape tells a different story. SRHR not only continues to be deprioritised in policy and funding but has most recently been almost completely ignored, with funding reduced to a minimum.¹⁰ Webinar participants described environments where donors are withdrawing funding

⁷ See also IPPF Website: <https://www.ippf.org/our-priorities/women-girls>

⁸ Ulla Müller. UNFPA intervention during the webinar

⁹ Jeffthanie Mathurin, IPPF, Haiti and Ulla Müller. UNFPA intervention during the webinar

¹⁰ Horizon 2030. Sexual and Reproductive Health and Rights (SRHR) must be part of the Women, Peace and Security (WPS) Agenda. Factsheet. 2024: https://www.countdown2030europe.org/wp-content/uploads/2025/04/FACTSHEET-WPS-SRHR-factsheet_v2.pdf

for SRH systems, gender components in humanitarian and crisis response plans, and political support within country structures and institutions. At regional and global levels, political discussions compromising already agreed language due to backlash and deprioritisation, resulting in the disappearance of services and awareness-raising initiatives. This political resistance exists alongside structural barriers, including limited data and weak inter-agency coordination.

In 2024 the US government alone had appropriately committed more than 600 million US dollars to global family planning and reproductive health programmes, including to UN entities such as UNFPA.¹¹ If these funds were uninterrupted, they would support an estimated 47.6 million women and couples with modern contraceptives, and avert 17.1 million unintended pregnancies and 34,000 preventable pregnancy-related deaths.¹² However, starting in 2025, the new US administration froze and ultimately rescinded or cancelled most of those family planning funds, including US funding agreements to UNFPA early in the year, and cancelled the majority of international aid contracts through the Rescissions Act of 2025. Worryingly, funding reductions extend well beyond the US, with significant cuts recorded globally. According to the latest FP2030 Impact Report (2025),

based on the most recent available donor reporting for 2023–2024, global family planning funding has largely stagnated despite rising demand, placing these lifesaving gains at continued risk.¹³



¹¹ Samira Damavandi, Elizabeth A. Sully, Amy Friedrich-Karnik, Mira Tignor. *Just the Numbers: The Impact of US International Family Planning Assistance, 2024*. Guttmacher Institute. Policy Analysis. 2925: <https://www.guttmacher.org/2025/02/just-numbers-im-pact-us-international-family-planning-assistance-2024>

¹² Sully E, Friedrich-Karnik A. *Foreign aid cuts will lead to 34,000 more pregnancy-related deaths in just one year*. Guttmacher Institute; 2025 Mar 19: <https://www.guttmacher.org/article/2025/03/foreign-aid-cuts-will-lead-34000-more-pregnancy-related-deaths-just-one-year>

¹³ *FP2030 Impact Report 2025: Accelerating Progress, Sustaining Commitment*. FP2030 Secretariat. 2025: <https://www.fp2030.org/im-pact-report-2025/>

LOCAL WOMEN-LED ORGANISATIONS: FILLING THE GAPS IN SRHR SERVICE DELIVERY

In crisis settings where state institutions cannot reach the most vulnerable, grassroots women-led and women's rights civil society organisations provide SRH services under extreme political pressure, with very limited support and challenging infrastructure. The *Mentimeter* that webinar participants interactively contributed to strongly underscored the importance of midwives, community health workers and local SRHR organisations as critical connectors between communities and the formal humanitarian systems, including UN agencies, international and national NGOs and government counterparts. Women-led and community-based organisations in crisis contexts support contraception, SRH health and security for the most structurally excluded where state institutions fail to reach out to. They are often the ones absorbing the primary psychological and emotional burden of frontline work, often without sufficient mental-health or institutional support for their staff. Their role is also crucial in supporting access to information, community-based services, self-managed care, networks of collective care, referral and accompaniment.

SRH PEACEBUILDING AND POST-CONFLICT RECOVERY

The erosion of SRHR indicates a decline in infrastructure, security and human rights protection overall not only for women but for all people. It has a significant effect on the well-being of women, girls and communities as a whole, and on our capacity to build peace, safety and sustainable development. Integrating SRHR into early warning systems, peacebuilding initiatives and post-conflict recovery and reconstruction therefore offers avenues for transformative change and for addressing security concerns in more holistic, gender-responsive ways.

During the webinar, participants stressed the need to strengthen the policy infrastructure connecting SRHR and WPS. Integrating SRHR into WPS National Action Plans, humanitarian response plans, and peace processes requires clearer evidence, stronger advocacy, and improved coordination between peace, humanitarian, and health actors. The regional SRHR-WPS hub described by IPPF is developing a model in the Arab region for technical coordination, policy advocacy, and capacity-building that could be replicated or adapted in other regions to improve coherence and support frontline responders.¹⁴

¹⁴ *Mustapha Kemayel, Regional External Relations Director, International Planned Parenthood Federation (IPPF) Arab World during webinar*

**STRENGTHENING THE LINKS
BETWEEN SRHR, WPS POLICIES AND
HUMANITARIAN FRAMEWORKS**

To meaningfully embed SRHR within the WPS agenda, governments and international actors must move beyond rhetorical commitments and build a stronger policy infrastructure that recognises SRHR as foundational to women’s participation, protection and leadership. This begins but does not stop with generating clearer, context-specific evidence on SRHR needs and violations in conflict and humanitarian settings, including hybrid and protracted

crises where conflict, disaster and systemic fragility overlap, through the generation of data on maternal mortality; unsafe abortion; sexual and gender-based violence; access to contraception; child, early and forced marriage; and barriers faced especially by women, girls, LGBTQIA+ people and structurally excluded groups. Such evidence must be systematically used to inform policy design and planning, guide resource allocation and hold decision-makers accountable. Despite the many reports and research that demonstrate the clear links between the heightened risks to SRHR in crisis settings, it remains a sidelined issue when it comes to political will and resources.



CONCLUSION

SRHR determines whether women, girls and LGBTQIA+ people can survive crises, participate in public life and rebuild their communities after conflict, including in protracted crisis settings. When sexual and reproductive care collapses, when survivors of sexual and gender-based violence lack access to essential services, when contraception and safe abortion remain inaccessible, the foundational pillars of the WPS agenda (participation, prevention, protection, relief and recovery) cannot be achieved. Ensuring that SRHR becomes a central component of peace and security programming is therefore essential to fulfilling the commitments set out in UNSCR 1325 and all following WPS resolutions.

At the same time, the lived experiences from Haiti, the Arab region and Ukraine shared during the webinar demonstrate that the actors most capable of driving this integration – midwives, community health workers, youth-led groups, feminist movements and local women-led organisations – often remain excluded from decision-making forums while being undervalued, underfunded and unprotected in humanitarian responses. Their work shows the extraordinary adaptability, trust and proximity to communities required to maintain continuity of life-saving SRH services under conditions of collapse. Yet these same actors operate under increasing pressure due to funding cuts, political backlash and personal risks. Without systemic investments in their safety, mental health, institutional stability, and political inclusion, the WPS agenda will continue to miss its full potential.

When SRHR is neglected, it signals deeper structural deterioration of institutions, of civic space, and of societal resilience. Integrating SRHR into WPS frameworks is therefore not only about improving health outcomes but also an entry point for strengthening peacebuilding, restoring social contracts and fulfilling states' obligations to provide healthcare and protect the rights of their citizens.

It also requires reframing SRHR as an essential element of early warning, conflict prevention, humanitarian preparedness, response and recovery. By embedding SRHR systematically into humanitarian plans, political dialogues, peace processes and WPS National Action Plans, governments and international actors can create the conditions for gender-responsive, community-rooted and sustainable peace and more comprehensive human development.

Yet, integrating SRHR into WPS policy demands systemic change that bridges the long-standing disconnect between health, humanitarian and peace architectures. Cross-sector coordination mechanisms, joint programming and institutionalisation of SRHR within WPS structures such as the regional SRHR WPS hub highlighted in the webinar are essential to ensuring coherence, technical support and stronger alignment. Replicating such models can help create durable linkages between policy and practice, strengthen support to frontline responders and embed SRHR in the core of peace and security agendas rather than at their margins.

RECOMMENDATIONS

1. **Acknowledge and Include LGBTQIA+ Realities in the WPS Agenda** – Ensure LGBTQIA+ people are explicitly named in WPS policy frameworks, NAPs and funding mechanisms. Inclusion must be rooted in lived realities based on consultations with LGBTQIA+ rights defenders and civil society, not abstract commitments to diversity. Ensures definitions of conflict, intersectionality and SOGIESC reflect perspectives and narratives from LGBTQIA+ people and networks in global majority contexts.
1. **Integrate SRHR into WPS Policy Based on Evidence, Advocacy and Systemic Change** – Achieving this integration also requires shifting the policy narrative away from viewing SRHR as a sensitive, contested, or optional component and toward recognising it as imperative for women’s participation and leadership, and as a prerequisite for stability, dignity and long-term recovery in conflict-affected settings.
2. **Direct Sustained and Flexible Funding to Local SRHR Civil Society Actors** – Including women’s rights organisations, women-led organisations, youth-led groups, and LGBTQIA-led initiatives. These actors are consistently the first to respond in crises, yet they remain structurally underfunded despite playing a central role in service provision, protection and community resilience. Donors should prioritise multi-year, core and rapid-response funding modalities that reduce administrative barriers, enable organisational continuity and recognise the political and security risks these groups face in fragile and repressive contexts.
3. **Strengthen Inclusion of SRHR in Relevant Policy and Planning Frameworks Such as WPS Strategies, NAPs and Humanitarian Response Plans** – Ensuring coherence would require the systematic inclusion across the triple nexus between humanitarian, development and peace across the UN system and beyond, and the integration of SRHR indicators into monitoring frameworks. This can lead to a more coordinated advocacy and closer collaboration between SRHR, peace, and humanitarian actors to ensure that SRHR is recognised as a core component of protection, participation, prevention, relief and recovery.
4. **Recognise Midwives, Nurses, Community Health Workers and Grassroots SRHR Providers as Essential Humanitarian Responders and Peacebuilders Within WPS and Emergency Frameworks** – Their contributions are foundational to safe delivery, contraception access, safe abortion and post-abortion care, care for survivors of sexual and gender-based violence, yet they are often excluded from policy discussions, training opportunities, and protection measures and often underpaid and undervalued. National authorities, UN agencies, and humanitarian actors should ensure their inclusion in preparedness plans, compensation schemes, and protection mechanisms that ensure justice is integrated alongside care for survivors of sexual violence, while strengthening referral pathways that place their expertise at the centre of crisis response.

- 5. Ensure SRHR Services Consider Diverse Sexual Orientations, Gender Identities, Expressions and Sexual Characteristics (SOGIESC) as Well as Intersecting Diversity Aspects That May Affect SRH Issues, Such as Age, Race, Religion, Ethnicity or Diverse Abilities** – SRH services and outreach must therefore be designed to meet these differentiated needs by providing private, confidential, stigma-free and culturally sensitive support; ensuring accessible facilities and communication; protecting the rights and safety of people of diverse SOGIESC; and integrating community-led expertise into programme development.
- 6. Develop Safe Digital Platforms, Helplines and Training on Self-Care, Trauma-Sensitivity and Survivor-Led Approaches for SRH Service Providers** – Helplines and digital solutions must prioritise privacy, confidentiality and safety, particularly for survivors of violence or individuals facing persecution for their SOGIESC. Investments in self-care support and trauma-informed survivor-led care are essential to support both service users and frontline providers, many of whom carry accumulated stress and vicarious trauma. Expanding mobile clinics, one-stop centres and community outreach models will further help bridge gaps where formal health systems are disrupted or inaccessible.

