GENEVA CENTRE FOR HUMAN RIGHTS ADVANCEMENT AND GLOBAL DIALOGUE

ADDRESSING WOMEN'S AND GIRLS' RIGHT TO HEALTH IN HUMANITARIAN AND REFUGEE CONTEXTS: OVERCOMING BARRIERS TO ENSURE DATA-DRIVEN RESPONSES

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PANEL EVENT REPORT

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Addressing Women's and Girls' Right to Health in Humanitarian and Refugee Contexts: *Overcoming Barriers to Ensure Data-Driven Responses*

Panel Discussion organised by the Geneva Centre for Human Rights Advancement and Global Dialogue and the Permanent Mission of the Hashemite Kingdom of Jordan to the United Nations Office at Geneva and other international organizations in Switzerland on 16 December 2025 at the United Nations in Geneva.

Table of Contents

Introduction

On 16 December 2025, the Geneva Centre for Human Rights Advancement and Global Dialogue, organized with the Permanent Mission of the Hashemite Kingdom of Jordan to the United Nations Office at Geneva, a panel event on *Addressing Women's and Girls' Right to Health in Humanitarian and Refugee Contexts: Overcoming Barriers to Ensure Data-Driven Responses.* The conference brought together representatives from international organizations, humanitarian actors, and human rights mechanisms to examine the systemic barriers affecting women's and girls' right to health in humanitarian and refugee contexts. Across all interventions, a shared message emerged: the health of women and girls is not only a medical issue, but a matter of human rights, dignity, protection, and long-term resilience. The discussions highlighted how armed conflict, displacement, climate-related crises, and structural inequalities intersect to produce differentiated and disproportionate impacts on women and girls, while exposing critical gaps in access, data, accountability, and sustainability of health responses.

In his opening statement, **H.E. Mr. Akram Sa'ud Harahsheh, Ambassador and Permanent Representative of the Hashemite Kingdom of Jordan to the United Nations Office at Geneva and other international organizations in Switzerland,** welcomed participants and expressed sincere appreciation to all partners involved, in particular the Geneva Centre for Human Rights Advancement and Global Dialogue, for its close cooperation in convening the event and for creating a space for open, constructive, and solutions-oriented dialogue.

He thanked representatives from international and regional organizations, United Nations entities, civil society, academia, and partner institutions for their continued engagement, and acknowledged the panellists for grounding the discussion in practical experience and actionable solutions.

Setting the tone for the conference, the Ambassador highlighted that the discussion takes place at a time when humanitarian needs are increasing, resources are under growing pressure, and host countries are shouldering expanding responsibilities. Against this backdrop, he stressed that advancing the health and well-being of women and girls—through protection, data, and practical responses—is both timely and essential.

Drawing on Jordan's experience, the Ambassador invited participants to reflect on a fundamental question:
whether the right to health for refugee women and girls should be understood narrowly as access to clinics and medicines, or more broadly as encompassing safety, education, income, dignity, and the ability to make informed choices. He emphasized that in Jordan, health is understood as inseparable from protection and from the daily realities of displacement.

Jordan, he recalled, remains one of the world's major refugee-hosting countries, hosting refugees from Syria, Iraq, Yemen, Sudan, Somalia, and other countries. The refugee population exceeds one million people, with approximately 600,000 registered with UNHCR. Nearly half are women and girls, and more than 80 per cent live outside camps, within host communities. This reality, he noted, requires responses that are practical, realistic, and supportive of stability and resilience for both refugees and host communities.

On health access, the Ambassador outlined how Jordan has enabled refugee women and girls to access primary healthcare services through Ministry of Health facilities, including maternal and reproductive health care, vaccinations, family planning, and emergency services. During the COVID-19 pandemic, refugee women and girls of all nationalities were included in the national vaccination plan, reflecting the principle that public health protection is only effective when everyone present is protected.

He further underlined that health does not begin at the clinic, but with safety. In cooperation with UNHCR, UN Women, UNICEF, and national partners, Jordan has supported comprehensive protection services for refugee women and girls, including prevention of and response to gender-based violence, child protection services, psychosocial support, and confidential case management and referral mechanisms.

Education was highlighted as another cornerstone of health and well-being. Jordan provides access to free public education from grade 1 through grade 12 for refugee girls of different nationalities, both in camps and host communities, alongside access to higher education opportunities and fully funded university scholarships. Educating refugee girls, the Ambassador stressed, is one of the strongest forms of protection available.

Livelihoods and economic empowerment were also identified as critical determinants of health. Within national frameworks and labour market conditions, Jordan has facilitated access to legal work opportunities through vocational training, economic empowerment programmes, and work permits in specific sectors. Cash assistance, including winter support, has remained essential for the most vulnerable households, recognizing that poverty disproportionately affects women and girls.

Concluding his remarks, the Ambassador emphasized that Jordan's approach is defined not by isolated services, but by the link between health, protection, education, and livelihoods, all grounded in evidence-based data. He acknowledged the increasing complexity of the humanitarian environment and underscored the need for continued cooperation, coordination, and shared learning among all actors. He closed by inviting further dialogue and practical exchange throughout the conference.

Interventions by the Panelists

Ms Amal Ireifij, Director General, Royal Health Awareness Society (RHAS), emphasized the **importance of integrating refugee-responsive health interventions into national systems**, rather than relying on parallel or temporary humanitarian structures. Speaking from Jordan's experience, she underlined how the country has deliberately embedded refugee health responses within public health systems, despite facing the dual burden of hosting large refugee populations and rising non-communicable diseases (NCDs).

She highlighted RHAS's community-based, prevention-focused approach, which places women and girls not only as beneficiaries, but also as leaders and agents of change. RHAS' programmes span school-based health education, youth leadership initiatives, access to mental health and NCD services, and capacity-building for female health workers and volunteers. Through its engagement in national coordination platforms, including the Jordan Civil Society Network for Displacement, RHAS contributes to advocacy and shared responsibility aligned with Jordan's commitments under the Global Refugee Forum.

A concrete example presented was the Healthy Community Clinic Initiative, launched in partnership with the Ministry of Health and embedded in public primary health centres, including in refugee-hosting areas. The programme adapted service delivery to women's social, cultural, economic, and logistical realities, using hybrid models and individualized counselling. Implementation research played a key role in refining the model and supporting its eventual institutionalization at national level.

From this experience, three lessons were highlighted:

1. Alignment between humanitarian and development actors must be intentional and based on cross-sector partnerships.
2. Accessibility requires flexible, culturally appropriate delivery models.
3. Strong data systems are essential for informed and equitable planning.

Ms Sofia Calltrop, Director, UN Women Geneva Office and Chief of Humanitarian Action, framed the health of women and girls as a **frontline indicator of stability, resilience, and recovery** in contexts of escalating conflict and climate crises. She presented alarming global trends, noting the sharp increase in women and children killed in conflict between 2023 and 2024, as well as a 50% surge in conflict-related sexual violence, with women and girls representing the vast majority of victims.

She underlined that for refugee women, risks continue beyond displacement, including unsafe transportation, heightened exposure to gender-based violence, and compounded stress linked to caregiving responsibilities. As health needs increase, access to services often declines due to insecurity, damaged infrastructure, and attacks on health facilities and health workers—most of whom are women—turning health crises into explicitly gendered crises.

A key concern raised was the persistent lack of sex- and age-disaggregated data and gender analysis, which undermines effective humanitarian response. Data collection is often deprioritized during emergencies and, when conducted, tends to focus narrowly on sexual and reproductive health, neglecting other critical issues such as NCDs and mental health.

Ms Calltrop stressed the high-impact role of women-led organizations, which frequently act as first responders and trusted community actors. Despite their proven contribution to service delivery, data

collection, and advocacy, their participation in Refugee Response Plans remains minimal, and recent funding cuts threaten their survival. Examples from Haiti, Ukraine, and Lebanon illustrated how sustained investment in women-led organizations and gender data can transform humanitarian planning and outcomes.

She concluded by calling for investment in women-led organizations, strengthening national data systems before crises occur, and adopting flexible, context-specific approaches that capture evolving gender norms.

Ms Reem Al-Salem, UN Special Rapporteur on the Violence against Women, anchored the discussion firmly within international humanitarian law, refugee law, and human rights law, recalling that women's specific protections are well established in customary IHL and the Geneva Conventions, including prohibitions on sexual violence, slavery, and the death penalty for pregnant women and mothers of young children.

She emphasized that women and girls have the right to the highest attainable standard of health in all circumstances, including humanitarian settings. However, she noted that sex and gender inequalities exacerbate civilian harm during hostilities, and that IHL does not always adequately address the gendered dimensions of certain situations, such as occupation.

Al-Salem stressed that the right to health must be grounded in the lived realities of women and girls, which requires robust, disaggregated data on sex, age, exposure to violence, caregiving responsibilities, legal status, and relationships to perpetrators. Without such data, health needs remain invisible, interventions are poorly targeted, and accountability is weakened.

She highlighted structural barriers to access, including lack of identity documents, insecure legal status, language barriers, and fragmented health services. Mental health services, in particular, are often neglected despite the cumulative trauma experienced by refugee women and girls. Short-term programmes, while useful, cannot replace integrated, long-term health systems.

The Special Rapporteur also underscored the importance of ethical data collection, secure women-only spaces when necessary, and accountability for deliberate policies that obstruct women's and girls' access to health, including attacks on health infrastructure and reproductive health services. She warned that cuts to development and humanitarian assistance further undermine states' ability to meet their obligations.

Drawing on extensive field experience, **Audrey Midavaine, Health Coordinator, Rapid Deployment Standing Team, ICRC,** focused on the practical and operational barriers women and girls face in accessing health care during armed conflict. These include financial constraints, limited mobility, geographical distance, and cultural norms that restrict women's autonomy or require female health providers.

She outlined the ICRC's mandate to protect and assist victims of armed conflict and its commitment to working through national health systems to ensure sustainability. ICRC interventions aim to remove access barriers by providing free essential health services, covering transportation costs, deploying mobile clinics, and training health personnel, including female first responders, where culturally required.

A strong emphasis was placed on Mental Health and Psychosocial Support (MHPSS) as a cross-cutting priority, addressing the long-term impacts of violence, loss, and displacement. The ICRC adopts a

cross-sectoral, evidence-based approach, linking health with protection, sexual violence prevention, water and sanitation, and family tracing, to address both immediate needs and root causes of health inequities.

Dr Alia El- Yassir, Director, Gender, Equity, Diversity, and Rights for Health, WHO, highlighted the importance of integrating health, including mental health, into national systems rather than addressing it through isolated or short-term interventions. She stressed the need for evidence-based approaches supported by robust data collection and analysis, underlining that effective responses depend on the availability of high-quality, disaggregated data. Capacity-building programmes, including those implemented by organizations such as the ICRC, were identified as key tools to strengthen local systems and ensure sustainability. Alia also drew attention to women's access to health services, noting that while women often have specific health needs and may be aware of existing services, multiple barriers—financial, physical, cultural, educational, and those linked to poverty, particularly in rural areas—prevent effective use. She further emphasized the importance of a do-no-harm approach, given the heightened risks of sexual abuse and exploitation faced by women. Finally, she called for improved coordination and consolidation of efforts among stakeholders, especially in the African region, to ensure context-specific, coherent, and impactful interventions.

Conclusion

Across all interventions, the conference reaffirmed that protecting and advancing women's and girls' right to health in humanitarian and refugee contexts is both a legal obligation and a strategic imperative. Fragmented services, insufficient data, short-term funding, and the marginalization of women-led actors continue to undermine effective responses.

At the same time, the discussions demonstrated that inclusive national systems, gender-responsive data, women's leadership, and sustained investment can significantly improve health outcomes and resilience. Ensuring access to comprehensive, culturally appropriate, and long-term health services for women and girls is essential not only to saving lives, but also to safeguarding rights and enabling recovery and peacebuilding.

As research shown, reframing the approach to refugee health is essential to addressing the evolving challenges facing contemporary societies and health systems. This requires acknowledging the specific vulnerabilities and health needs of displaced populations, with particular attention to sex- and gender-based differences, especially those affecting women and girls. As displacement continues to rise globally, it becomes increasingly important for mainstream health systems to actively engage in refugee health, developing a deeper, evidence-based understanding of refugees' lived experiences and health-related needs. [1] Refugee women and girls face serious and interconnected health challenges due to forced displacement, limited access to healthcare, gender-based violence, exploitation, and other factors affecting their health and well-being, particularly social determinants of health.[2]

Fiorenza Deriu, in one of her research studies on *Regressions in Gender Equality, Women's Human Rights, and Empowerment,*[3] analysed the progressive erosion of women's and girls' right to safe and free movement and its implications for gender equality and human rights. It frames freedom of movement as a fundamental human right and a prerequisite for the enjoyment of other rights, emphasizing women's autonomy, self-determination, and ability to make life choices.

She highlighted how restrictive migration policies, intensified border controls, armed conflict, climate change, and displacement disproportionately affect women and girls. These conditions expose them to heightened risks of gender-based violence, sexual exploitation, trafficking, abuse, and secondary victimization during transit, at borders, and in destination countries. Such risks are not incidental, but structurally produced by legal gaps, weak protection mechanisms, and the lack of gender-sensitive migration and asylum systems.

A central theme is intersectionality. Gender-based risks are compounded by factors such as race, ethnicity, socioeconomic status, legal status, and lack of documentation, leaving migrant, refugee, Indigenous, and stateless women particularly vulnerable. Women displaced by climate change are noting the absence of adequate international legal frameworks to protect those forced to move due to environmental degradation. Despite existing international human rights and humanitarian law protections, implementation remains weak. Corruption, limited enforcement capacity, and the failure to integrate gender perspectives into migration governance further undermine women's safety and freedom of movement.

[1] https://www.mdpi.com/1660-4601/22/2/204
[2] Ibidem.
[3] https://link.springer.com/content/pdf/10.1007/978-3-032-09963-1.pdf

Overall, restrictions on movement reinforce structural inequalities and systematically limit women's rights. Ensuring safe and free movement for women and girls is therefore essential not only for protection during migration, but also for advancing gender equality, dignity, and the full realization of human rights.

Key Recommendations:

Building on the panel discussions, scientific literature, and international best practices, the following recommendations aim to strengthen the protection and realization of women's and girls' right to health in humanitarian and refugee contexts. They emphasize sustainability, accountability, and evidence-based action, while recognizing the intersecting vulnerabilities that shape health outcomes during displacement and crisis.

1. **Integrate humanitarian and refugee health responses into national systems**
   States and partners should prioritize inclusive national health systems over parallel humanitarian structures. Integrating refugee health services into public systems enhances sustainability, continuity of care, and equity, while strengthening preparedness for future crises. Such integration should explicitly include maternal, reproductive, mental health, and non-communicable disease services for women and girls, regardless of legal or migratory status.

2. **Strengthen gender-responsive and disaggregated data systems**
   Robust data collection and analysis must be institutionalized before, during, and after crises. Sex- and age-disaggregated data, combined with gender and intersectional analysis, are essential to identify differentiated health needs, inform targeted interventions, and ensure accountability. Data systems should extend beyond sexual and reproductive health to include mental health, NCDs, exposure to violence, caregiving burdens, and access barriers.

3. **Invest sustainably in women-led and community-based organizations**
   Women-led organizations often act as first responders and trusted intermediaries, yet remain underfunded and underrepresented in decision-making. Donors and humanitarian actors should provide predictable, multi-year funding and ensure their meaningful participation in coordination mechanisms, refugee response plans, and data collection efforts.

4. **Ensure comprehensive, continuous, and quality health services**
   Humanitarian responses should move beyond short-term, project-based approaches toward integrated service delivery models. Comprehensive care must include sexual and reproductive health, mental health and psychosocial support, prevention and response to gender-based violence, and long-term management of chronic conditions, with clear referral pathways and continuity across displacement phases.

5. **Remove structural, legal, and indirect barriers to access**
   Policies and programmes should address the legal, financial, linguistic, cultural, and logistical obstacles that prevent women and girls from seeking care. This includes lack of documentation, insecure legal status, transportation costs, caregiving responsibilities, limited mobility, and the absence of female health providers where culturally required.

6. **Protect health infrastructure and health workers**
   States and parties to conflict must uphold international humanitarian and human rights law obligations to protect health facilities, services, and personnel. Attacks on health infrastructure and restrictions on essential services disproportionately harm women and girls and undermine long-term recovery. Accountability mechanisms must be strengthened to deter violations.

7. **Prioritize mental health and psychosocial support as a core health component** Mental health services should be recognized as essential rather than complementary. Responses must address cumulative trauma resulting from conflict, displacement, and gender-based violence, through culturally appropriate, community-based, and trauma-informed care integrated within broader health and protection systems.

8. **Adopt ethical, safe, and inclusive data-collection practices** Data collection involving women and girls should adhere to strict ethical standards, ensuring confidentiality, informed consent, and do-no-harm principles. Where necessary, women-only spaces and trusted intermediaries should be used to reduce risks of retaliation, stigma, or re-traumatization.

9. **Strengthen coordination across humanitarian, development, and peace actors** Effective responses require sustained coordination between humanitarian, development, and peacebuilding actors. Cross-sectoral collaboration linking health, protection, education, livelihoods, and social protection is essential to address the root causes of health inequities affecting women and girls.

10. **Embed accountability and participation in all health responses** Women and girls, including refugees and internally displaced persons, should be meaningfully involved in the design, implementation, and evaluation of health policies and programmes. Accountability frameworks must ensure that commitments translate into measurable outcomes, grounded in rights-based and evidence-driven approaches.

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