

WHO written contribution to the discussion on the CEDAW General Recommendation on trafficking in women and girls in the context of global migration

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**WHO key messages:**

**Human trafficking has health consequences and victims of trafficking have the right to health.** WHO supports a human rights-based approach to the prevention and response to human trafficking, which includes the right to health, where the health needs and rights of victims and survivors are put in the centre.

**The health sector has an important role in preventing and responding to human trafficking.** The health system plays an important role, within an intersectoral response, to ending trafficking in women and girls, including prevention strategies, identifying victims, providing safety and health care and collaboration with other sectors. Given that front line health professionals may be the sole professionals to meet victims of trafficking while trafficked, the health system has a responsibility and an opportunity to ensure access to confidential services and promote and protect the rights of trafficked women and girls.

**WHO technical guidance informs human rights standard-setting.** WHO recommendations on how the health system should respond to women and girls subjected to gender-based violence follow human rights standards and in turn should inform the application of human rights in the area of trafficking.

**Preventing and responding to human trafficking requires systems-thinking**. WHO recognizes the importance of a holistic approach to combatting trafficking in women and girls and encourages that the CEDAW General Recommendation take a comprehensive approach and include guidance ranging from prevention measures and measures to eliminate demand, to recommendations on support systems and services that uphold the human rights of victims and survivors of trafficking.

**The public health dimensions of trafficking in women and girls**

**Human trafficking has health consequences and victims of trafficking have the right to health**

Human trafficking is a lucrative crime that exploits women, children and men. It can take many different forms, including trafficking for forced labour, sexual exploitation, child soldiers, organ removal, forced begging, sham marriages, fraudulent schemes and pornography1,2. It is a grave violation of human rights and the health effects of trafficking (caused among others by physical, psychological, and sexual abuse) and the health needs of victims and survivors of trafficking are immense and important.

Trafficking in women and girls is rooted in gender inequality, perpetuates gender-based discrimination and is a structural form of violence against women. Governments are obliged by human rights law to take gender specific measures to assist and protect victims, and to eliminate gender-based discrimination and harmful gender stereotypes. While the exact figures of trafficking are unknown, estimates show that there are millions of people who are trafficked in the world today. According to the United Nations Office on Drugs and Crime, children make up almost one-third of all human trafficking and 71% of all victims are women and girls. Trafficking for sexual exploitation remains predominant and 96% of the victims trafficked for sexual exploitation are women and girls2.

It is important not to conflate the trafficking for sexual exploitation with sex work. While sex workers experience human rights violations, human trafficking is a human rights violation in itself. Furthermore, many of the practices associated with trafficking, such as debt bondage, forced labour, forced marriage, and enforced prostitution, are also human rights violations well-established under international law.

Another reason as to why it is important to examine trafficking for sexual exploitation and sex work as separate is that while sex workers and women trafficked for sexual exploitation have the same human rights and should enjoy the same protection, anti-trafficking laws that assume that all or most sex workers have been trafficked may both undermine efforts to stop trafficking and likewise negatively impact sex workers, including increase human rights abuses against them3. In countries where laws and policies criminalize sex work, and discriminatory practices and stigmatizing attitudes drive sex work underground, this not only increases violence against sex workers but also impedes efforts to reach them with health and other services. For this reason, WHO guidelines indicate that countries should work towards decriminalization of sex work and the elimination of the unjust application of non-criminal laws and regulations against sex workers4.

WHO supports countries in combatting human trafficking and strengthening health systems responses within its framework for addressing violence against women and health consequences of other gender inequalities, and within the context of the Sustainable Development Goals (in particular SDGs 3, 5 and 16). Recent key commitments made by Governments in WHO governing bodies and relevant to the development of this General Recommendation include:

* WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (WHA69.5)5;
* Strategy on women’s health and well-being in the WHO European Region (EUR/RC66/14)6;
* Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in the WHO European Region – leaving no one behind (EUR/RC66/13)7;
* Strategy and action plan for refugee and migrant health in the WHO European Region (EUR/RC66/8)8.

**The health dimensions of human trafficking**

There are health dimensions to all the stages of trafficking. For people who are trafficked, health influences are often cumulative, making it necessary to consider each stage of the trafficking process (recruitment, travel/transit, detention/exploitation/re-trafficking, integration/return/re-integration). At each stage, women, men and children may encounter psychological, physical and/or sexual abuse and violence; forced or coerced use of drugs or alcohol; social restrictions and emotional manipulation; stress, shame and stigma; economic exploitation, inescapable debts; and legal insecurities. Risks often persist even after a person is released from the trafficking situation and only a small proportion of people reach post-trafficking support services or receive any financial or other compensation1.

Trafficking studies and research point to a number of risk factors for women and girls, becoming victims of sex trafficking, and these are all rooted in gender inequality. Child sexual abuse, early exposure to violence and family dysfunction play a role. Financial insecurities, lack of education and economic opportunities are also among the determinants that increase vulnerabilities9. Demand-driven determinants include profitability, high demand, and corruption among law enforcement. Gender norms and roles that objectify women and condone their exploitation are key determinants behind trafficking in women and girls9.

The health effects of trafficking (caused among others by physical, psychological, and sexual abuse) and the health needs of survivors of trafficking mainly relate to poor mental and reproductive health. They include: depression, PTSD, high levels of anxiety and hostility, suicidal thoughts, fatigue, psychosomatic conditions, headache, back and stomach/abdominal pain, substance use (drugs, alcohol) either coerced or as a coping method, violence-related injuries, unwanted pregnancy, STIs including HIV, pelvic pain and gynecological infections10-12.

The right to health is a fundamental human right of all, no matter their legal and/or migratory status. The WHO constitution states that “(t)he enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. This includes the right to access preventive, curative and palliative health care, but also the right to the underlying social pre­conditions for health, as per the 1966 International Covenant on Economic, Social and Cultural Rights. In 2009, the Committee on Economic, Social and Cultural Rights in its General Comment 20 stated, “Covenant rights apply to everyone including non-nationals, such as refugees, asylum-seekers, stateless persons, migrant workers and victims of international trafficking, regardless of legal status and documentation”13.

There is clear evidence that the respect, protection and fulfillment of human rights is necessary to progress towards the highest attainable standard of health. Evidence also shows, for instance, that discrimination in health care settings undermines human dignity and deters people from seeking services. Efforts to not leave anyone behind and a comprehensive application of human rights such as the right to non-discrimination, right to access health services, the right to information and informed consent  and privacy and confidentiality, are essential for successful health interventions14.

**The important role of the health sector in preventing and responding to human trafficking**

No country or sector alone can address trafficking. However, given the fact that front-line health professionals may be the sole professionals to meet victims of trafficking while trafficked, and are key for supporting survivors, the health system has both a responsibility and a unique opportunity to promote and protect the rights of trafficked women and girls15.

An emerging body of research exists on what the health system can do to both prevent and respond to human trafficking. Studies have found that a health care provider is likely to be the first professional contact for women surviving violence and/or sexual assault16. Statistics also show that women who are abused use health care services more than non-abused women do (even if often they do not disclose violence). Moreover, women identify health care providers as the professionals they would most trust with disclosure of abuse16. Health workers are therefore in a unique position to address the health and psychosocial needs of women who have been trafficked.

While there are few studies on victim’s access to health services while trafficked, a recent study in the UK concluded that about 20% of victims had some form of health care access17. Surveying health professionals, about 13% of hospital personnel reported to have (or suspected to have) treated a victim of trafficking (20% in maternity wards). However, 87% reported lacking knowledge on what questions to ask to identify potential victims, and 78% reported that they had insufficient training to assist those who are trafficked18.

The WHO Global Plan of Action outlines the role of the health system in addressing violence against women and girls. Applied to the situation of human trafficking, the role of the health system would include5,9,19:

* to raise awareness on the public health perspectives to gender inequalities and human rights violations, such as the trafficking in women and girls;
* to identify victims of trafficking and provide them with comprehensive care, health services at all levels of health service delivery, promote safe solutions and build trust;
* to document the health and other consequences of human trafficking, as well as effective interventions.

WHO clinical and policy guidelines on responding to violence against women provide rights-based, women-centred and evidence-based recommendations on issues related to the training of health workers, standard operating procedures and referral systems, and the gathering and sharing of health and other information16. WHO ethical and safety recommendations on interviewing trafficked women provide important and practical guidance for health workers20. A WHO/UNODC toolkit on strengthening the medico-legal response gives guidance on the important collaboration between health and justice sector for supporting people who have been subjected to sexual violence21.

These guidelines point out that a comprehensive application of human rights, such as the right to non-discrimination, right to access health services, the right to information, informed consent, privacy and confidentiality, is essential for any successful health intervention. Health care providers should, as a minimum, provide survivors of human trafficking with first-line support on the first and potentially only meeting with the survivor. This care, based on psychological first aid, includes listening without judgement, asking about the history of violence and the need of the survivors without pressuring, validating her experience, providing practical care and support that responds to her concerns, helping her access information as well as other services where needed and wanted, and assisting to increase safety for the survivor (and her children).

WHO does not recommend mandatory reporting for adult survivors of intimate partner violence or sexual violence16. The same is applicable to survivors of human trafficking. Mandatory reporting laws may discourage women from disclosing information and seeking the care they need whether during the trafficking experience or after. Health-care providers should offer to report the incident to the appropriate authorities (including the police) if the woman wants this, and is aware of her rights. Rather than focusing solely or specifically on perpetrator retribution, as part of women-centred care, it is crucial to ensure that the needs and concerns of survivors are met, considering the multiple needs, risks and vulnerabilities. Recovery should focus on the healing of the survivor, which includes her autonomy and decision-making.

The health sector also has an important role to play through active participation in intersectoral action combatting human trafficking. As many of the risk factors and determinants of human trafficking lie outside the reach of one specific sector, a holistic, integrated and coordinated response across different sectors, professional disciplines, and governmental, private and nongovernmental institutions is required. Therefore, and in line with the “health in all policies”-approach, governments should enable the health system to interact and coordinate its own response with a number of other sectors, including police and justice, social services, education, housing/shelter, child protection, labour, employment, and gender equality and women’s empowerment. As part of a multi-sectoral prevention effort, the health system can:

* Embed trafficking prevention strategies in community health programmes to allow for early identification and intervention for women and girls at risk of trafficking;
* Partner with communities and school-based health educators to raise public awareness on trafficking and its risks;
* Promote accessible models of care and effective referral pathways and facilitate the access of survivors/victims to multisectoral services;
* Inform multi-sectoral prevention policies and programmes, including comprehensive sexuality education grounded in gender equality;
* Support the testing and evaluation of interventions in other sectors.

In order to have the health system better engaging in counter-trafficking efforts, a number of individual, system and policy level barriers will need to be addressed. Recognizing human trafficking as a public health problem, a human rights violation and a symptom of gender-based discrimination, and including the health sector in anti-trafficking policy would be an important step towards strengthening prevention and response.

**Conclusions**

WHO supports a human rights-based approach to the prevention and response to human trafficking, where the health needs and human rights of victims and survivors are put at the centre. The health system has an important role in preventing and responding to human trafficking, and has both a responsibility and a unique opportunity to promote and protect the rights of trafficked women and girls. WHO guidelines provide rights-based recommendations on how the health system should respond to women and girls subjected to gender-based violence, and can inform standard setting in the area of trafficking. Human rights accountability to victims and survivors of trafficking requires a whole-of-government approach, ranging from prevention strategies, access and quality support services, and a strong intersectoral response.

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