



*WHO submission to the call for comments on the first draft of the CEDAW General Recommendation on trafficking in women and girls in the context of global migration*  
May 2020

WHO is pleased to provide the following contribution to the process of the CEDAW developing a General recommendation on Trafficking in Women and Girls in the Context of Global Migration

WHO would like to reiterate the key messages in our written contribution to the General Discussion at the start of the consultation on this General Recommendation in February 2019, and published on the OHCHR website:

- **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 at the centre of the health response.
- **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 end trafficking in women and girls, including through prevention and response strategies, identifying victims, providing safety and health care and collaboration with other sectors. Given that front line health professionals may be one of the few 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, inter-country and interregional collaboration.** 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 and response measures and measures to eliminate demand, recommendations on support systems and services to inter-country and interregional collaboration joint actions that uphold the human rights of victims and survivors of trafficking.

WHO would like to provide the following general comments on the current draft:

- The draft is very comprehensive; however it can be strengthened further through an increased focus on concrete policy and programming recommendations for State Parties on the provision of human rights-based support to victims.
- There is inconsistency between the usage of gender sensitive and gender responsive measures. Recommend making all gender-responsive (e.g. paragraph 29, vs 57).

WHO would like to provide specific input to the following numbered paragraphs and chapters:

**Paragraph 26:** Include the role of the health system in prevention: 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.

**Paragraph 27 b-** The formulation is misleading and goes against the existing advice from UN agencies on the topic. The language in the paragraph could be interpreted to recommend criminalizing the buying of sex work on the assumption that all or most sex workers have been trafficked. Evidence highlights that such laws may both undermine efforts to stop trafficking and negatively impact sex workers, including increasing human rights abuses against them<sup>1</sup>. In countries where laws and policies criminalize sex work, 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. The paragraph should instead highlight the importance of legal measures to target the traffickers and for users it should provide recommendations for more educational measures.

**Para 28** – to include “strengthening access to sexual and reproductive health-care services and reproductive rights (Goals 3 and 5)”.

**Paragraph 29** – to include the provision of free health services to be accessible to survivors of human trafficking regardless of their cooperation with prosecution of the perpetrators.

**Paragraph 31-** to include specific recommendation on the inclusion of formulation of services available to survivors of trafficking, including access to quality and survivor-centred health, social and legal services. Suggested after sub-item d.

**Paragraph 61 e** – remove the condition ‘resulting in deportation’. Mandatory testing for pregnancy and STIs should not take place altogether. Suggest adding the word, ‘including those’ and ‘possible’, so it reads: “Repeal requirements for women migrant workers to undergo mandatory testing for pregnancy and sexually transmitted diseases and eliminate/avoid deportation on the grounds of pregnancy or diagnosis of HIV”

**Paragraph 66-** include in the first sentence victims/survivors themselves and not only incidences in the identification and sensitivity in response.

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<sup>1</sup>UNAIDS Joint United Nations Programme on HIV/AIDS, 2012. UNAIDS Guidance Note on HIV and Sex Work: Annex 3 Differentiating sex work and trafficking. Available at: [http://www.unaids.org/sites/default/files/sub\\_landing/files/JC2306\\_UNAIDS-guidance-note-HIV-sex-work\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf)

Suggest revising **paragraph 67** to:

Elimination of discrimination in access to health care as well as in health care provision and by health care providers themselves is an urgent issue for trafficked women and girls who because of their trafficking experience (including possible gender-based violence and sexual exploitation and abuse), are at an increased risk of physical injury, mental health disorders, behavioural disorders, pregnancy, STIs, HIV, and other sexual and reproductive health conditions at various stages of the trafficking cycle.<sup>2</sup> A large number of trafficking survivors access healthcare facilities during their period of victimization and/or shortly thereafter and a health care provider is likely to be the first professional contact for women surviving violence and/or sexual assault – offering a unique opportunity for the health sector to identify and support survivors of trafficking. Victims of trafficking, particularly those in irregular migration situations, face personal, administrative, linguistic, cultural, social and other barriers in accessing health services, including fear of retaliation from perpetrators, fear of being blamed for what happened, and fear of being denounced by health service professionals for their irregular immigration status. The provision of services should not be contingent on reporting or cooperation in the prosecution of perpetrators. The development of standard operating procedures for private and confidential services to allow survivor's sole access without perpetrator, police or other presence, trafficking victim identification, service provision and referral pathways, and the training of health workers on providing a gender-sensitive woman-centred response are key to assisting trafficked women exit from exploitative situations and in their recovery.

**Paragraph 68 B-II.** Suggest to include guidelines on victim identification, provision of services and referral systems.

**Paragraph 68-J** As many different actors can aid with this and provide critical information, suggest not highlighting one specific actor, thus removing 'including faith-based actors'.

**Chapter V – Victims identification, assistance and protection** - to include a **paragraph** on the important role of the health system in responding to human trafficking with the following text:

The health system is an important aspect in the provision of services for survivors of trafficking that many will make use of during the trafficking cycle. Up to 90% of trafficking survivors report accessing healthcare facilities during their period of victimization and/or shortly thereafter. Trafficked children and adults experience many health consequences including increased presence of mental health disorders (including mood disorders, chronic stress, depression, complex PTSD, self-harm and suicidal ideation, anxiety, and hallucinations), behavioural disorders (oppositional behavior, conduct disorders, affect dysregulation, compulsivity,), sleep disorders, high levels of drug and alcohol use, as well as STIs. Self-harm, including self-poisoning, attempted hanging, and cutting or burning, was commonly observed among trafficking survivors who have sought mental health services.

Health workers are in a unique position to address the health and psychosocial needs of women who have been trafficked. Though trafficking survivors seek the support of healthcare systems during and following their victimization, there remain significant barriers to trafficking survivors' engagement with the health system, including fear of the perpetrator and fear of stigma and shame in the health system.

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<sup>2</sup> General recommendation No. 30 (2013) (CEDAW/C/GC/30), para. 37.

The health system can raise awareness on the public health dimensions of human trafficking and document the health and other consequences of human trafficking and effective interventions. State parties should ensure the health system is ready to provide services to survivors of trafficking and ensure a policy or protocol following international standards is in place, services are provided to survivors of trafficking without mandatory reporting or contingent on cooperation with legal proceedings, and health care providers are trained on safe and confidential woman-centred care, identification of survivors, and clinical care including first-line support.

**Paragraph 72 d**- include that it should also be regardless of their cooperation with the legal system

**Paragraph 74 (or after paragraph 72)** - to include a specific recommendation on the role of the health system with the following formulation:

Strengthen health systems' capacities to prevent and respond to the trafficking of women and girls, including improved confidential and safe access and free healthcare for all trafficking survivors, unconditionally; comprehensive, system-wide inquiry protocols respecting safety and confidentiality and meeting international standards; training on the identification of and services for all forms of human trafficking for health managers and health services providers; the development of shared trauma-informed and survivor-centered standards of care; introduction of standardised documentation systems; and the provision of community based health services for trafficking survivors, informed by international standards<sup>3</sup>.

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<sup>3</sup> i.e. <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>