



in conjunction with:



Emergency Contraception for Rape Survivors: A Human Rights and Public Health Imperative

**Bangkok, October
2013**

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Access to EC in post-rape care is low

- **Even where ECPs are available in health systems, they are often not provided on-site to women who seek post-rape care.**
 - **South Africa***: Study found 14% of girls aged 12-17 received EC in post-rape care.
 - **Kenya and Zambia***: Survey of “one-stop centers” found that 3 of 5 did not offer ECPs to survivors.
 - **U.S.+**: Half of hospitals do not provide EC on-site to survivors. No improvement in EC provision, 2004-2009.

* Population Council, 2012 and 2013

+ Ashlesha Patel et al, 2013 and 2012



Policy Underpinnings for EC provision



**UN Commission
on the Status of
Women**



**World Health
Organization**

**UN Committee
Against Torture**



PEPFAR

U.S. President's Emergency Plan for AIDS Relief



**SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
TOWARDS A COMMON FUTURE**



Some details on EC provision

- **EC pills are safe & effective for all ages.**
 - All female survivors of rape should be offered ECPs if they have reached puberty or are believed to be at risk of pregnancy.
- **Pregnancy testing is not required.**
 - Guidance from WHO and others does not support pregnancy testing before ECP provision.
- **IUD can be used for EC.**



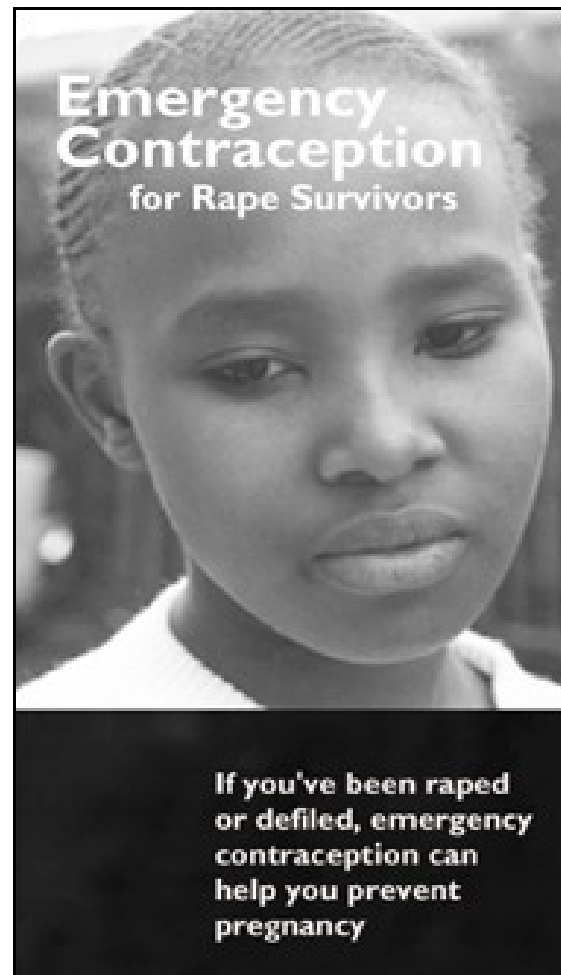
Increasing access to EC in post-rape care

- **Policies**
- **Front-line care**
- **Enforcement**



Implementing policies

- **Country-level guidance** on EC as a part of post-rape care is **uneven**
- **Including EC in national guidelines on post-rape care** standardizes EC as an essential treatment component



Produced and distributed by ECAfrica in partnership with the Zambian Police and the Central Board of Health of Zambia
[Click here](#) to download the brochure.



Front-Line EC Provision in Post-Rape Care

- **Front-line responders & organizations should:**

- Be trained in EC provision
- Stock EC
- Offer EC on-site immediately
- Counsel women about EC



- **Policies should allow non-health providers (like police officers) to provide EC**

- Where not permitted: Put referral systems in place



Enforcing Laws & Policies That Protect Survivors

- **Monitoring and enforcement** of policies is critical
- **Must address “conscientious objection” laws and practices**
 - Should mandate alternative means to access EC



Recommendations

- **Governments should implement & enforce policies** ensuring prompt on-site provision of EC
- **Health care institutions, policies, training, & supply systems** should support EC provision
- **Non-health professionals** should be authorized to provide ECPs or referrals

Failure to ensure rape survivors' EC access may harm women's physical & psychological health and violates women's human rights.



What can you do?



- **Distribute the fact sheet**

- Available on our website:
www.emergencycontraception.org

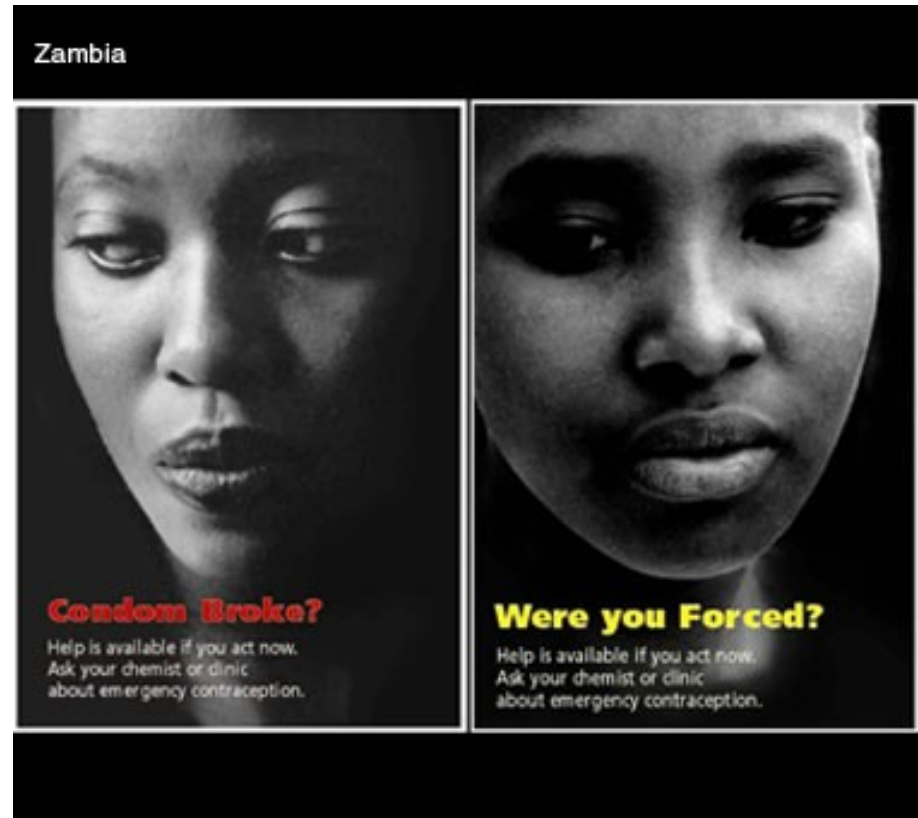
- **Join our listserv**

- Email Hilary Lawton:
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Thank you!

- Questions?
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www.emergencycontraception.org

