

A Call for Sweden to Protect the Right to Abortion for Girls and Women Surviving Rape in Armed Conflict

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On June 24, 2013, the UN Security Council unanimously passed Resolution 2106 which – for the first time – calls for the UN and donor countries to ensure that girls and women raped in armed conflict are provided “... non-discriminatory and comprehensive health services, including sexual and reproductive health.”¹ **Behind this mandate lies a horrific and sometimes deadly reality - the near universal denial of abortions to girls and women raped in armed conflicts.**

Denying girls and women impregnated by rape in armed conflict abortions, while providing male rape victims and all other persons “wounded and sick” in armed conflict the medical care required by their condition, is unlawful discrimination under the Geneva Conventions. **Forcing childbearing on female victims of war rape is cruel, inhuman, and violates Sweden’s national laws and policies.**

SWEDEN’S LEADERSHIP

Sweden has the political will necessary to lead donor states in complying with Resolution 2106. The first step must be for Sweden to ensure that its humanitarian aid for female victims of rape in armed conflict complies with the non-discrimination mandates of the Geneva Conventions, and includes the option of abortion.

Currently over 95% of Sweden’s humanitarian aid for victims of armed conflict, goes to entities which discriminate against female war rape survivors by denying them abortions. **This treatment of women raped in war flouts Sweden’s longstanding commitment to women’s equality and good humanitarian practices.** There are two major reasons why this is happening:

- **The major humanitarian entities providing assistance in war zones, including the International Committee of the Red Cross (“ICRC”) and multilateral institutions operate under the ban on abortion provision and abortion speech attached to their US funding,** which they apply to their entire field of operations and to all their donor funds. Sweden’s direct bilateral aid to countries in armed conflict is also compromised as the US attaches its abortion ban to its bilateral aid to foreign governments.
- Sweden, as do other donors such as the European Community Humanitarian Office (“ECHO”),² applies a single humanitarian response protocol to both aid for victims of armed conflicts and aid for victims of natural disasters. **This “one policy fits all” standard violates Sweden’s 2004 Humanitarian Aid Policy which explicitly requires Swedish humanitarian aid for victims of armed conflict to be distinguished from other aid, and be in accord with the legal framework provided**

by the Geneva Conventions and its Additional Protocols.³ This 2004 Policy was operationalized by Sida in 2007 in its humanitarian assistance strategy for 2008-2010.⁴ Subsequent evaluation of Sida's funding under this plan confirms a "one policy fits all" standard is employed in humanitarian aid, which directly contradicts the 2004 Parliament approved policy.⁵

THE TIME IS NOW

The Security Council's call to end the discriminatory provision of medical care for female victims of war rape in Resolution 2106 is only historic if the UN and donor states comply.

Sweden can take the global leadership to end this barbaric treatment of girls and women raped in war and join growing action on this issue:

- On June 13, 2013, the European Union passed its second Resolution⁶ calling for EU humanitarian aid to be segregated from US aid in order to "ensur[e] access to abortion for girls and women who are victims of rape in armed conflicts."⁷ The first resolution, passed on March 13, 2012 included a reminder to member states of their obligations to uphold the rights of women in armed conflict under Security Council Resolution 1325.
- Two Vice-Presidents of the European Parliament, Alexander Alvaro and Edward McMillan-Scott, wrote to President Obama on March 1, 2012 urging the President to lift the abortion ban on war rape victims which violates the Geneva Conventions.⁸
- In 2010, at the UN Human Rights Council, Norway became the first country to recommend that the US remove its "blanket abortion restrictions on humanitarian aid covering the medical care given girls and women who are raped and impregnated in situations of armed conflict."⁹
- In 2013, the governments of the United Kingdom and the Netherlands explicitly affirmed that the rights of girls and women raped in armed conflict to non-discriminatory, comprehensive medical care under common Article 3 of the Geneva Conventions means that humanitarian aid for these war victims must include abortions.¹⁰

RECOMMENDATIONS

1. **Sweden should request that the US remove its blanket abortion ban on humanitarian aid for girls and women impregnated by rape in situations of armed conflict**, and affirm that common Article 3 of the Geneva Conventions prohibits any adverse distinction in medical care for women, meaning that female rape victims must be provided abortions when medically appropriate. The Obama Administration has the legal authority to do this without having to go through the US Congress. Sweden should further use its 2013 Presidency of the Nordic Council to get member states to jointly call for the US to comply with Resolution 2106 and lift the US abortion ban on humanitarian aid.
2. **Sweden should make clear in its statements at the forthcoming UN Security Council open debate on Women, Peace and Security in October 2013 that the denial of abortions for women and girls raped in armed conflict violates their rights to non-discriminatory medical care under common Article 3 of the Geneva Conventions.** Sweden has not clearly linked the rights of women raped in armed conflict to "safe abortion" with their absolute rights as war victims to the medical care

guarantees of IHL.¹¹ Netherlands made this link in their statement during the debate on Security Council Resolution 2106 in June 2013.¹²

3. **The Swedish Parliament should take the initiative and pass a resolution setting forth Sweden’s policy on abortion and the medical mandates of IHL.** This would require only a brief modification of Sweden’s existing 2004 Humanitarian Aid Policy on discrimination in humanitarian action and the Geneva Conventions.¹³ A suggested policy is as follows:

SUGGESTED MODEL POLICY ON ABORTION AND THE GENEVA CONVENTIONS FOR SWEDEN

Women and children who are raped and impregnated in situations of armed conflict have increased rates of maternal morbidity and mortality, including from the risks of unsafe abortions. Abortion services and counseling constitute medically appropriate, and often life-saving, interventions for impregnated female survivors of war rape.

States in armed conflict have the primary obligation to provide medical care for persons “wounded and sick” in armed conflict in their territory, in accord with the mandates of common Article 3 of the Geneva Conventions, Additional Protocols I and II, and customary international law. However, all states providing humanitarian aid for war victims are obligated under common Article 1 of the Geneva Conventions to ensure such aid is in strict compliance with international humanitarian law.

The denial of abortion to women and girls who become pregnant as a result of rape in armed conflict violates common Article 3 of the Geneva Conventions and the Additional Protocols, which mandate that victims of armed conflict be given the full range of medically appropriate care without discrimination due to sex, and that in no case can the outcome of medical care for women be less favorable than for men. Abortion denial constitutes torture or cruel, inhuman or degrading treatment under common Article 3 of the Geneva Conventions. Girls and women denied abortions in humanitarian settings are entitled to redress, including reparations and support for bearing unwanted children from rape.

4. **Sweden should require humanitarian aid recipients providing services for female war rape victims to segregate their Swedish funds from their US funds, and ensure access to safe abortion services.** The World Health Organization is the only entity that routinely segregates out US funding from other donors in order to ensure the integrity of its abortion-related work.¹⁴ This can be done.
5. Sweden should adopt new funding guidelines and monitoring mechanisms requiring humanitarian aid recipients, including UN entities and the International Committee of the Red Cross, to identify female aid beneficiaries whose rights are governed by the Geneva Conventions, and **take all steps necessary to ensure that Swedish aid is used in accordance with women’s rights to non-discriminatory medical care, including abortions.**
6. Sweden should develop innovative, creative solutions. **The intransigence of multilateral institutions should not stop Sweden from acting immediately to do what it can do to relieve the suffering of girls and women impregnated by war rape.** For example, Sweden could:
 - “Buy up” the local medical providers on the ground in conflict areas so that they do not need funds from the US;

- Fund clinics or mobile facilities staffed with international doctors to provide safe abortion services, as was done in 1971 for female victims of the mass rapes in Bangladesh;
- Arrange medical evacuations out of conflict zones for pregnant war rape victims to get safe abortions;
- Fund organizations working in conflict areas that will provide abortions for rape victims. Currently Médecins Sans Frontières is the only recipient of Swedish humanitarian aid which as a matter of principle refuses to take US funds, and provides abortions to girls and women raped in armed conflicts in all its operations, regardless of national laws, as a matter of medical ethics and international law.

Denial of Abortions for Female Victims of War Rape Violates International Humanitarian Law

Girls and women raped in armed conflict are persons “wounded and sick” in armed conflict and are entitled “to the fullest extent practicable and with the least possible delay the medical care and attention required by their condition,” with no adverse distinction made “on any grounds other than medical ones” under common Article 3 of the Geneva Conventions, its Additional Protocols and customary international law.¹⁵

The former Head of the Legal Division of the International Committee of the Red Cross, in a letter to President Obama,¹⁶ details how the US abortion ban violates common Article 3 of the Geneva Conventions, including because the **“exclusion of one medical service, abortion, from the comprehensive medical care provided to the ‘wounded and sick’ in armed conflict, where such service [abortion] is needed by only one gender” is discrimination based on sex.**¹⁷ She goes on to assert that:

[D]istinctions on the basis of sex are . . . prohibited only to the extent that they are unfavourable or adverse. Favourable distinctions are permissible, and indeed required, to ensure the best possible treatment for each person. **Thus, under both international humanitarian law and human rights law, non-discrimination signifies that the outcome for each gender must be the same, not that the treatment must be identical. Therefore, as rape can result in additional consequences for women and girls compared to men and boys, most notably pregnancy, these additional consequences necessitate distinct medical care, including the option of abortion.**¹⁸

The imposition of a single humanitarian standard on conflict and non-conflict crises by donor countries effectively removes another layer of protection for female war rape victims: the right to benefit from the legal duty of doctors treating persons “wounded and sick” in armed conflict to provide them with all medical services required by their condition – in all circumstances.¹⁹ In turn, the Geneva Conventions provides doctors treating war victims with a protected legal status which includes immunity from prosecution²⁰ under domestic laws, including restrictive abortion laws. The legal duties and legal protections of doctors under IHL do not attach to doctors providing medical care for girls and women raped in non-conflict crises, such as those caused by natural disasters.

Denial of Abortions for Female Victims of War Rape Violates Swedish Domestic Law

Sweden has ratified and implemented into national law the Geneva Conventions of 1949 and its Additional Protocols of 1977, and acknowledges that most of international humanitarian law (IHL) has reached the level of customary international law.²¹ Sweden has pledged to advance and enforce equal rights of women under international humanitarian law as required by Security Council resolutions on women, peace and security, starting with Resolution 1325 in 2000.

Sweden's Manual on International Humanitarian Law, the *Svensk manual i humanitär rätt m.m.* explicitly provides that the application of humanitarian law prohibits adverse distinction, including based on sex in the provision of treatment to the "wounded and sick."²² The IHL Manual makes clear that "[w]omen and children are entitled to special protection and their special health support needs to be respected."²³ Sweden's implementation of international humanitarian law includes an additional rule, which appears to be unique to Sweden, which emphasizes equality of treatment of women including with regard to health care.²⁴

Additionally, Sweden has incorporated into national law the prohibitions on torture and inhuman treatment in common Article 3 and the Additional Protocols, and criminalizes causing severe suffering to persons protected under international humanitarian law, as a crime against international law.²⁵

Sweden defines sexual rights as meaning that all people – regardless of sex – have a right to their own body and sexuality and considers this a principle as fundamental to all human rights,²⁶ as reiterated by Foreign Minister Enström at the Security Council debate on Resolution 2106.²⁷ Sweden's policy is that "all women have a right to safe and legal abortion, wherever they live."²⁸ The overarching objective of Sweden's gender equality policies is that women and men shall have the "same opportunities, rights and responsibilities in all areas of life."²⁹

Sweden's Humanitarian Aid Partners Fail to Carry out Swedish Law and Policy

Sweden's overseas development budget, including the provision of humanitarian aid, given Sweden's size, is the most generous in the world. Since 2005, Sweden's humanitarian aid contributions have risen from SEK 3.3 billion (\$499,719,000 USD) to over SEK 5 billion (\$757,150,000 USD) in 2012.³⁰ Sweden is a crucial leader within the international donor community, with its humanitarian aid as a proportion of gross national income reaching 0.15% in 2011 and it has featured in the top three every year since 2007.³¹

The chart below, using 2012 figures, demonstrates that all but one of Sweden's major humanitarian recipients compromise the integrity of their Swedish funding by applying the abortion ban attached to their US funding to their operations.

Sweden's partner of choice for aid to persons "wounded and sick" in armed conflict, including female war rape victims, is the ICRC,³² which receives over 20% of its annual budget from the US.³³ Not surprisingly, the ICRC has an explicit operational policy for ICRC staff providing medical care and services for girls and women raped in armed conflict that its "**medical staff do not perform abortions**"³⁴ and the operational guide cautions ICRC staff not to make referrals for safe abortions if doing so might impact the public perception of the ICRC or its operations.³⁵ Furthermore, and in contrast with their other policies, the

ICRC's recommends that providing medical care for women impregnated by rape in armed conflicts, doctors should determine medical care not by the medical needs of the woman as required by IHL, but rather by reference to domestic abortion laws.³⁶ No other medical treatment is subjected to national not universal standards for war victims.

With the exception of the United Nations Population Fund ("UNFPA"), US humanitarian grantees **could** segregate their US funds³⁷ from that of other donors, and provide abortions with non-US funds, but **they do not**. Our research indicates that the World Health Organization is the only organization receiving humanitarian aid which deliberately segregates out its US aid to preserve the integrity of its abortion related work, which includes standards for safe abortions in crisis situations.³⁸

Top Recipients of Swedish Humanitarian Aid in 2012³⁹

	Total (in USD)	US Funded with ban on abortion speech/service ⁴⁰	US Funds segregated from Swedish Funds
UN Office for the Coordination of Humanitarian Affairs (OCHA) (\$34,391,060) and Pooled Funds (coordinated by OCHA) (Central Emergency Response Fund \$72,132,873; Common Humanitarian Fund \$64,279,159; Emergency Response Fund \$11,676,639) ⁴¹	\$182,479,731	Yes ⁴²	No
United Nations High Commissioner for Refugees ⁴³	\$124,231,636	Yes ⁴⁴	No
European Commission (ECHO) ⁴⁵	\$69,957	N/A	N/A
World Food Programme ⁴⁶	\$87,959,867	Yes ⁴⁷	No
Total Red Cross Family (International Committee of the Red Cross \$73,747,438; Sweden National Society \$4,366,638; Contributions in kind and to integrated projects \$1,249,855) ⁴⁸	\$79,363,932	Yes ⁴⁹	No
United Nations Population Fund ⁵⁰	\$64,854,243	Yes ⁵¹	No
United Nations Children's Fund ⁵²	\$31,208,394	Yes ⁵³	No
World Health Organization (WHO)⁵⁴	\$21,683,266	Yes⁵⁵	Yes
Swedish Civil Contingencies Agency (MSB) ⁵⁶	\$17,725,082	N/A	N/A
Médecins sans Frontières⁵⁷	\$15,409,902	Does not take US funds⁵⁸	N/A
Food & Agriculture Organization of the United Nations ⁵⁹	\$12,838,849	Yes ⁶⁰	No
Save the Children ⁶¹	\$10,055,851	Yes ⁶²	No
Oxfam GB ⁶³	\$9,643,482	Yes ⁶⁴	No
Norwegian Refugee Council ⁶⁵	\$ 8,745,660	Yes ⁶⁶	No
UN Office of Office of the High Commissioner for Human Rights (OHCHR) ⁶⁷	\$8,683,596	Yes ⁶⁸	No

Danish Refugee Council ⁶⁹	\$ 8,161,940	Yes ⁷⁰	No
International Strategy for Disaster Reduction ⁷¹	\$5,856,297	Yes ⁷²	No
Action Contre la Faim ⁷³	\$5,199,830	Yes ⁷⁴	No
International Organization for Migration ⁷⁵	\$4,882,216	Yes ⁷⁶	No

¹ UN Security Council Resolution 2106, U.N. Doc. S/RES/2106 (2013), ¶ 19.

² Letter from Claus H. Sorensen, Director-General DG ECHO, to Janet Benshoof, President Global Justice Center (20 Dec. 2012), on file (“As a needs-based and non-discriminatory donor, the European Commission’s Directorate-General for Humanitarian Aid and Civil Protection supports the provision of the same type of care to victims of rape in armed conflict as to any other victims of rape in any other emergency context.”). By utilizing a single standard of care that doesn’t distinguish the special rights of women and girls under IHL, ECHO admits that it does not comply with the EU’s Guidelines on Promoting Compliance with International Humanitarian Law, which explicitly requires that “in order to enable effective action, situations where IHL may apply must be identified without delay.” Updated European Union Guidelines on Promoting Compliance with International Humanitarian Law, 2009/C 303/06 (23 Dec. 2005), available at [http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52009XG1215\(01\):EN:NOT](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52009XG1215(01):EN:NOT).

³ See Swedish Ministry of Foreign Affairs, Government Communication 2004/05:52: The Government’s Humanitarian Aid Policy (16 Dec. 2004), available at <http://www.regeringen.se/content/1/c6/09/36/93/5755b712.pdf> (“The instruments of international law that apply to responses to natural disasters and other disaster situations are, to some extent, different from those that apply to armed conflicts. They are also less uniform and consist largely of bilateral intergovernmental agreements rather than universal treaties and other multilateral agreements.”).

⁴ Sida, Strategy for Humanitarian Assistance 2008-2010, UD2007/47656/SP, (19 Dec. 2007), available at http://www.goodhumanitariananddonorship.org/Libraries/Members_Documents_Public_Website/Sida_s_Strategy_for_Humanitarian_Assistance_2008_%E2%80%932010.sflb.ashx.

⁵ Tasneem Mowjee and Judith Randel, Evaluation of Sida’s Humanitarian Assistance (Nov. 2010), available at <http://www.oecd.org/derec/sweden/48561363.pdf>. See also Sida, Action Plan for Sida’s Work Against Gender-Based Violence 2008-2010 (Aug. 2008), available at http://www.sida.se/Publications/Import/pdf/sv/Action-Plan-for-Sidas-work-against-Gender-based-violence-2008-2010_680.pdf.

⁶ Eur. Parl. Doc. (P7_TA 283) (2013), available at <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2013-283>.

⁷ *Id.* at ¶ 31.

⁸ Letter from Vice-Presidents of European Parliament to President Obama (March 1, 2012), available at <http://globaljusticecenter.net/index.php/component/mtree/august-12th-letters/202-vice-presidents-of-european-parliament-letter-to-president-obama?Itemid=>.

⁹ UN Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United States of America*, Recommendation 92.228, UN Doc A/HRC/16/11, 4 January, 2011, available at <http://www.unhcr.org/refworld/docid/4d6b6d3e.html>.

¹⁰ See Global Justice Center, *United Kingdom Pledges to Ensure Abortion Access for Women Raped in War*, Jan. 10, 2013, available at <http://globaljusticecenter.net/index.php/news-and-events/news/press-releases/288-united-kingdom-pledges-to-ensure-abortion-access-for-women-raped-in-war>; see also Global Justice Center, *Netherlands Affirms Right of Women Raped in Armed Conflict to Abortions as Part of Necessary Medical Care Under International Law*, Apr. 8, 2013, available at <http://globaljusticecenter.net/index.php/news-and-events/news/press-releases/319-netherlands-affirms-right-of-women-raped-in-armed-conflict-to-abortions-as-part-of-necessary-medical-care-under-international-law>.

¹¹ Statement by Defense Minister Ms. Karin Enström on behalf of the Nordic countries during the Security Council’s Open Debate on Women, Peace and Security, U.N. Doc. S/PV.6984 (24 Jun. 2013) (“It is crucial that services be in place, including access to emergency contraception and safe abortion. The right to make decisions about one’s own body, life and sexual health is a basic human right”).

¹² Statement by Ambassador Herman Schaper during the Security Council’s Open Debate on Women, Peace and Security, U.N. Doc. S/PV.6984 (24 Jun. 2013) (“There is a need for a comprehensive multisectoral response for survivors, including medical care, in accordance with international humanitarian law, and access to emergency contraception and safe abortion”).

¹³ Government’s Humanitarian Aid Policy, *supra* note 3.

¹⁴ World Health Organization, Programme Budget 2012-2013, 39-45 (2011).

¹⁵ Global Justice Center, *The Right to an Abortion for Girls and Women Raped in Armed Conflict* (Jan. 2011), available at <http://www.globaljusticecenter.net/index.php/publications/briefs-and-white-papers/2-the-right-to-an-abortion-for-girls-and-women-raped-in-armed-conflict-february-2011>. See also International Committee of the Red Cross, *Customary IHL Database: Rules 88 and 110*, available at http://www.icrc.org/customary-ihl/eng/docs/v1_rul.

¹⁶ Global Justice Center, *Prof. Louise Doswald-Beck, Leading Expert on International Humanitarian Law, Calls on President Obama to End US Abortion Restrictions on Aid to War Rape Victims*, (16 Apr. 2013), available at <http://www.globaljusticecenter.net/index.php/news-and-events/news/press-releases/323-prof-louise-doswald-beck-leading-expert-on-international-humanitarian-law-calls-on-president-obama-to-end-us-abortion-restrictions-on-aid-to-war-rape-victims>.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Armed Conflicts, art. 10, Jun. 8, 1977, 1125 U.N.T.S. 302 and Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts, art. 7, Jun. 8, 1997, 1125 U.N.T.S. 609. See also, International Committee of the Red Cross, *Customary IHL Database: Rule 110*, available at http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule110.

²⁰ Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Armed Conflicts, art.16(1), Jun. 8, 1977, 1125 U.N.T.S. 302 and Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts, art.10(1), Jun. 8, 1997, 1125 U.N.T.S. 609. See also, International Committee of the Red Cross, *Customary IHL Database: Rule 26*, available at http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule26.

²¹ See International Committee of the Red Cross, *Customary IHL – Practice Relating to Rule 134 on Women: Sweden*, available at www.icrc.org/customary-ihl/eng/docs/v2_cou_se_rule134 (“According to Sweden’s IHL Manual (1991), the ‘general protection of women’ contained in the 1977 Additional Protocol I has the status of customary international law.”) (citing Sweden, *International Humanitarian Law in Armed Conflict, with reference to the Swedish Total Defence System*, Swedish Ministry of Defence, January 1991, Section 2.2.3, p. 19); International Committee of the Red Cross, *Customary IHL – Practice Relating to Rule 70 on Weapons of a Nature to Cause Superfluous Injury or Unnecessary Suffering: Sweden*, available at www.icrc.org/customary-ihl/eng/docs/v2_cou_se_rule70; International Committee of the Red Cross, *Customary IHL – Practice Relating to Rule 87 on Humane Treatment: Sweden*, available at www.icrc.org/customary-ihl/eng/docs/v2_cou_se_rule87; International Committee of the Red Cross, *Customary IHL – Practice Relating to Rule 88 on Non-Discrimination: Sweden*, available at www.icrc.org/customary-ihl/eng/docs/v2_cou_se_rule88 (“Sweden’s IHL Manual (1991) considers that the fundamental guarantees for persons in the power of one party to the conflict as contained in Article 75 of the 1977 Additional Protocol I are part of customary international law.”); International Committee of the Red Cross, *Practice Relating to Rule 110. Treatment and Care of the Wounded, Sick and Shipwrecked*, available at http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule110 (“Sweden’s Military Manual (1976) provides that the wounded and sick, whether civilians or combatants, shall receive medical care. Sweden’s IHL Manual (1991) considers that Article 10 of the 1977 Additional Protocol I on the protection of the wounded, the sick and the shipwrecked has the status of customary law.”); Report of the Swedish International Humanitarian Law Committee Stockholm, Case No. 48 (1984) (declaring that Articles 10, 11(1), (2), (3), 35(2), 75, 76(1) and 77(1) of Additional Protocol I, among others, “have the status of customary law”).

²² Statens Offentliga Utredningar, *Svensk manual i humanitär rätt m.m.* (2010), available at <http://www.regeringen.se/content/1/c6/15/40/30/113aaee0.pdf>.

²³ *Id.*

²⁴ *Id.* at ¶ 1020 (“Equal Treatment. 1. Women shall receive special protection from degrading and violent treatment, especially rape, forced prostitution and every kind of inappropriate advances. With regard to the regulations concerning health status, age and sex, every protected person shall be treated with the same respect by the detaining power, and no one shall be treated inferior because of race, skin color, sex, language, religion or belief, political or other opinion, national or social origin, wealth, birth or other status, or because of similar criteria.”) (translated from Swedish by Global Justice Center) (citing to International Committee of the Red Cross, *Customary Rules of International Humanitarian Law*, Rules 88 (“Adverse distinction in the application of international humanitarian law based on race, colour, sex, language, religion or belief, political or other opinion, national or social origin, wealth, birth or other status, or on any other similar criteria is prohibited.”), 93 (“Rape and other forms of sexual violence are prohibited.”), and 134 (“The specific protection, health and assistance needs of women affected by armed conflict must be respected.”)).

²⁵ Sweden, Penal Code § 22(6) (1962) (amended 1998).

²⁶ Regeringskansliet, *Sweden’s International Policy on Sexual and Reproductive Health and Rights (2006)* (2006), available at <http://www.regeringen.se/content/1/c6/06/14/89/712f7e0c.pdf>.

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- ²⁷ Karin Enström, Remarks at the the United Nations Security Council (June 24, 2013), *available at* <http://www.regeringen.se/sb/d/17578/a/220005>.
- ²⁸ Regeringskansliet, *Sweden's International Policy on Sexual and Reproductive Health and Rights (2006)* (2006), *available at* <http://www.regeringen.se/content/1/c6/06/14/89/712f7e0c.pdf>.
- ²⁹ *Id.*
- ³⁰ Regeringskansliet, Press Release: Sweden's Humanitarian Aid in 2013 (13 May 2013), *available at* <http://www.government.se/sb/d/17511/a/216685>.
- ³¹ Global Humanitarian Assistance, Sweden, *available at* <http://www.globalhumanitarianassistance.org/countryprofile/sweden>.
- ³² Evaluation of Sida's Humanitarian Assistance, *supra* note 5, at 123.
- ³³ International Committee of the Red Cross, 2012 Financial & Funding Information Overview (May 2013), *available at* <http://www.icrc.org/eng/assets/files/annual-report/current/icrc-annual-report-financial-overview-2012.pdf>.
- ³⁴ International Committee of the Red Cross, Frame of Reference on sexual violence in armed conflict and other situations of violence at 143 (March 2009).
- ³⁵ *Id.* at 93.
- ³⁶ *Id.*
- ³⁷ The US Congress treats the UNFPA differently than any other recipient of US foreign aid by imposing upon it not one, but two, abortion-related restrictions. Congress not only requires UNFPA to agree to the "no abortion" ban on US funds, but UNFPA cannot perform a single abortion, even with funds from other donors, such as DFID, or it will be defunded by the US entirely. *See* Consolidated Appropriations Act 2012, §7085(d)(2), P.L. 112-74 (Dec. 23, 2011).
- ³⁸ *See supra* note 14.
- ³⁹ Donor recipients who do not provide medical care are also included in this chart in order to present a fuller picture of humanitarian funding.
- ⁴⁰ Luisa Blanchfield, Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy, February 12, 2013 *available at* <http://www.fas.org/sgp/crs/row/R41360.pdf> Note: abortion and voluntary family planning restrictions are enacted in all US foreign assistance authorizations and appropriations.
- ⁴¹ Financial Tracking Service, Donor Profile: Sweden in 2012 (as of September 4, 2013), *available at* http://fts.unocha.org/reports/daily/ocha_Rdonor10_DC204_Y2012_1308300100.pdf Note: while the US does not contribute to the Common Humanitarian Fund and the Emergency Response Fund, the recipients of these pooled funds receive US humanitarian aid, allowing US abortions restrictions to indirectly impact these funds. *See also* Financial Tracking Services, "Global Overview of 2012 Pooled Funding," Feb. 15, 2013, *available at* <https://docs.unocha.org/sites/dms/Documents/Global%20Overview%20of%202012%20Pooled%20Funding%20-%20CERF.%20CHFs%20and%20ERFs.pdf>.
- ⁴² Donor Profile: United States in 2012, *supra* note 43.
- ⁴³ Donor Profile: Sweden in 2012, *supra* note 41.
- ⁴⁴ Financial Tracking Service, Donor Profile: United States in 2012, as of September 4, 2013), *available at* http://fts.unocha.org/reports/daily/ocha_Rdonor10_DC224_Y2012_1309041508.pdf
- ⁴⁵ European Commission, Communication from the Commission to the European Parliament, the Council and the Court of Auditors: Final Accounts of the 8th, 9th and 10th European Development Funds – Financial Year 2012 (16 July 2013), *available at* http://ec.europa.eu/budget/library/biblio/documents/FED/FED_2012_en.pdf.
- ⁴⁶ Donor Profile: Sweden in 2012, *supra* note 41.
- ⁴⁷ Donor Profile: United States in 2012, *supra* note 43.
- ⁴⁸ International Committee of the Red Cross, Annual Report 2012 (27 Jun. 2013), *available at* <http://www.icrc.org/eng/assets/files/annual-report/icrc-annual-report-2012.pdf>.
- ⁴⁹ International Committee of the Red Cross, Annual Report 2012 (27 Jun. 2013), *available at* <http://www.icrc.org/eng/assets/files/annual-report/icrc-annual-report-2012.pdf>.
- ⁵⁰ Sweden is the largest country donor of UNFPA. United Nations Population Fund, Annual Report 2012: Promises to Keep (2013), *available at* <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/AR%202012%20EN-Final.pdf>.
- ⁵¹ Donor Profile: United States in 2012, *supra* note 43.
- ⁵² Donor Profile: Sweden in 2012, *supra* note 41.
- ⁵³ Donor Profile: United States in 2012, *supra* note 43.
- ⁵⁴ Sweden's total contribution to the World Health Organization's General Fund for program budget in 2012. *See also* http://www.who.int/about/resources_planning/A66_29add1-en.pdf
- ⁵⁵ <http://www.who.int/apoc/about/funding/en/>

⁵⁶ Donor Profile: Sweden in 2012, *supra* note 41.

⁵⁷ *Id.*

⁵⁸ 100 percent of MSF-USA's funding) comes from private, non-governmental sources. See more at <http://www.doctorswithoutborders.org/aboutus/>

⁵⁹ *Id.*

⁶⁰ Donor Profile: United States in 2012, *supra* note 43.

⁶¹ Donor Profile: Sweden in 2012, *supra* note 41.

⁶² Donor Profile: United States in 2012, *supra* note 43.

⁶³ Donor Profile: Sweden in 2012, *supra* note 41.

⁶⁴ Donor Profile: United States in 2012, *supra* note 43.

⁶⁵ Donor Profile: Sweden in 2012, *supra* note 41.

⁶⁶ Donor Profile: United States in 2012, *supra* note 43.

⁶⁷ For 2011, Sweden was the third largest donor to OHCHR at \$8,683,596 USD. OHCHR has 2 humanitarian funds: the UN Voluntary Fund for Victims of Torture and the UN Voluntary Trust Fund for Victims of Contemporary Forms of Slavery. Office of the High Commissioner for Human Rights, OHCHR Humanitarian Funds, What the Funds Are, *available at*

<http://www.ohchr.org/EN/AboutUs/Pages/OHCHRHumanitarianFunds.aspx>. See also Office of the High Commissioner for Human Rights, OHCHR Report 2012: Funds Administered by OHCHR (May 2013), *available at*

http://www2.ohchr.org/english/ohchrreport2012/web_en/allegati/12_Funds_administered_by_OHCHR.pdf

and Office of the High Commissioner for Human Rights, OHCHR Report 2012: Funding (May 2013), *available at*

http://www2.ohchr.org/english/ohchrreport2012/web_en/allegati/10_Funding.pdf.

⁶⁸ Donor Profile: United States in 2012, *supra* note 43.

⁶⁹ Donor Profile: Sweden in 2012, *supra* note 41.

⁷⁰ Donor Profile: United States in 2012, *supra* note 43.

⁷¹ Donor Profile: Sweden in 2012, *supra* note 41.

⁷² Donor Profile: United States in 2012, *supra* note 43.

⁷³ Donor Profile: Sweden in 2012, *supra* note 41.

⁷⁴ Donor Profile: United States in 2012, *supra* note 43.

⁷⁵ Donor Profile: Sweden in 2012, *supra* note 41.

⁷⁶ Donor Profile: United States in 2012, *supra* note 43.