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RECOMMENDATIONS ON HUMAN RIGHTS

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Global Strategy for Women's and Children's Health

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Background Paper for the Global Strategy for Women's and Children's Health:

Recommendations on Human Rights

September 8, 2010

Introduction

In 2010, with only five years left to achieve the Millennium Development Goals (MDGs), UN Secretary-General Ban Ki-moon, supported by the Partnership for Maternal, Newborn and Child Health (PMNCH), has led the development of a Global Strategy for Women's and Children's Health to accelerate progress towards achieving the MDGs. The plan focuses on women's and children's health as a bellwether for the MDGs, and the area where there is the least progress and the most urgent need. The Global Strategy seeks new commitments from all actors at the UN MDG Summit in New York in September 2010 and beyond.

The Secretary-General views the MDGs as representing: "human needs and basic rights that every individual around the world should be able to enjoy". Emphasizing the importance of linking the MDGs and human rights, Helen Clark, United Nations Development Programme (UNDP) Administrator, highlighted the conclusions of a 2010 International Assessment of 50 countries, which showed that:

> Women, rural inhabitants, ethnic minorities, people with disabilities and other excluded groups often lag well behind national averages of progress on MDG targets ... The denial of human rights and the persistence of exclusion, discrimination and a lack of accountability are ... barriers to the pursuit of human development and the MDGs. [1]

One of the major constraints to achieving the MDGs is that they ignore issues of equity, so the MDG matrix cannot distinguish between equal and unequal social distribution of outcomes. A human rights approach can address this because it includes:

- An emphasis on accountability
- The principles of non-discrimination and equality
- The principle of participatory decision-making processes

If these features are successfully integrated into work to meet the MDGs, they will prevent exclusion of marginalized groups, hold governments to account for their obligations, and ensure that the most marginalized (including children) are included in the formulation,

implementation and monitoring of interventions and strategies. As a result, beneficiaries will become active participants in more effective and successful interventions.

Human Rights and the MDGs

Annex 1 of this document summarizes how the MDGs relate to international human rights treaties and provisions and demonstrates that there is a human rights context to meeting the MDG targets and sustaining them beyond 2015. Moreover, the core principles of human rights offer a coherent framework for achieving the MDGs and for developing effective, equity-based indicators to measure progress.

Annex 2 is a detailed background paper setting out the key areas in which the MDGs and human rights complement each other. It provides examples from countries, and in the literature, of how these synergies can be harnessed towards achieving shared global commitments to the MDGs and human rights. This current document draws on the background paper to highlight key recommendations related to human rights and the MDGs.

The UN Secretary-General's Global Strategy presents an opportunity to take advantage of the significant overlap between the MDGs and human rights, and to help power the journey towards shared global commitments. Recommendations to this end are discussed under six headings:

1. Ensuring entitlements
2. Context and capacities
3. Integration and innovation
4. Equality and non-discrimination
5. Monitoring and accountability
6. Sustainability

One critical innovation promoted by the Global Strategy is an approach to tracking progress. This is designed to hold states – and all other stakeholders – to account for the commitments they make in relation to the health MDGs. This is important because it moves away from the idea that states are solely accountable for human rights. Although states do have primary responsibility, the activities and interventions of non-state actors also have an impact on the enjoyment of human rights. The recommendations below are therefore addressed to all relevant actors, as appropriate to their respective roles.

1. Ensuring entitlements

Individuals have human rights related to health, but unless they also have endowments – such as access to appropriate health services – they cannot enjoy these rights.[2-4] The idea of entitlements therefore connects MDGs and human rights through the operational lens of endowments. Endowments comprise the resources (e.g. from MDG funding initiatives) needed to enjoy human rights. The following equation shows how entitlements link human rights to the MDGs:

Entitlements = Rights + Endowments *(e.g. MDG resources towards these rights)*

To ensure that individuals can enjoy their entitlements, states should incorporate the MDGs and their human rights obligations into their national legal and policy frameworks, including the right to the highest attainable standard of health. In so doing, states should ensure that their efforts towards achieving the MDGs are consistent with their human rights obligations. They should also progressively ensure access to accessible, acceptable and good-quality health care services, including universal access to reproductive health (as established in MDG target 5b).

All stakeholders, including states, should link their policies for achieving the health MDGs with a strategy to ensure an essential level of universal health care – as well as education, clean water, adequate nutrition and other underlying determinants of health. In parallel, they should integrate a human rights-based approach into MDG strategies. This would entail ensuring that human rights obligations and principles guide the elaboration, implementation and evaluation of health policies and programs. These principles include equality and non-discrimination; the interdependence and indivisibility of all human rights; participation, accountability and self-determination; core obligations; and the commitment to take steps to the maximum of available resources to progressively realize these rights.

States and the international community should support comprehensive multi-stakeholder processes to assess the extent to which the right to health is embodied in the health system and health-related policies and strategies. The assessment should inform an inclusive process to develop a strategy and specific action plan for adjusting strategies, policies and practices to realize more fully the right to health. All stakeholders should provide required assistance – policy, financial, and services - needed to implement the action plan.

With the help of the international community and other national actors, states should as soon as possible remove all barriers preventing access to health care services. For example, user fees on health services should be replaced by equitable health financing schemes.

They should also address other obstacles to access, including: distance to health facilities (e.g. by opening additional facilities, providing free transportation and opening maternity homes); language barriers; the inequitable distribution of health workers (through a comprehensive approach); and stigma, discrimination and gender-based violence. Approaches should include legal reform, educating patients and health workers on patient rights and the right to health, and establishing patient charters and complaints procedures.

2. Context and capacities

Context and capacities are intrinsic, fundamental concerns in the human rights framework. They focus attention on nationally owned efforts to improve the enjoyment of human rights, on strengthening economic, social and political systems, and on international responsibilities to support these efforts.[5, 6] This aspect of the human rights framework is useful to guide any MDG efforts so that they are relevant to the context and capacities of countries and communities.

States have an obligation to spend the *maximum* of their available resources towards *progressively* realizing the full spectrum of human rights. This might require greater progress than the targets of the MDGs. The recent report of the UN Office of the High Commissioner for Human Rights (OHCHR) on maternal mortality, morbidity and human rights[7] provides guidance to states on how to apply a human rights-based approach to their efforts to achieve MDG 5, which concerns improving maternal health.

As part of this obligation, states should ensure that individuals are aware of their rights and the MDGs, and can participate in a meaningful way in decisions that affect their lives. Mechanisms should be in place to enable individuals to claim their rights and obtain information. Governments, NGOs and the media should cooperate to educate people about their rights and specific entitlements. All actors should make efforts to raise awareness of the issues and to improve participation. They should promote the rights of the individual, and in particular the empowerment of women in the workplace (e.g. through local, national and international planning efforts and programme reviews), and provide mechanisms to address concerns about rights violations in relation to their work. Stakeholders should make special efforts to ensure that women and members of marginalized populations, including children, are able to participate meaningfully and fully in these processes.

As part of their efforts to achieve the MDGs, states should ratify international human rights treaties and comply with the recommendations, resolutions and decisions of international and regional human rights bodies related to women's and children's health. They should establish links with the relevant human rights mechanisms and bodies in order to continue receiving guidance on how to improve women's and children's health.

3. Integration and innovation

The human rights principles of interdependence and indivisibility focus attention on the links between various health and development goals, and help to promote integration of the required services. Integration is also a necessary perspective for achieving the MDGs. The UN Secretary General's Global Strategy for Women's and Children's Health[8] emphasizes the links across the MDGs in relation to poverty, inequity, education, sustaining environments and health.

A coherent conceptual and operational framework is required to facilitate integration of diverse health, development and human rights services and efforts. Different actors and programs can use this to mobilize and coordinate their work and to cooperate across sectors.

Innovation has an important role to play in the process of integration. Governments, NGOs and the media should support innovative uses of technology (such as SMS messaging) to enable communities to monitor and report on the availability and quality of local health services. Governments should widely disseminate information on health funding and its intended results.

4. Equality and non-discrimination

Progress towards achieving MDGs 4 and 5 – to reduce maternal and child mortality and promote universal access to reproductive health – cannot be achieved unless the human rights standards of equality and non-discrimination are met. In the most vulnerable communities across the world, access to essential health services is typically constrained by financial, geographic and cultural barriers. The Countdown to 2015 data show that there are significant inequities in coverage of essential interventions for maternal, newborn and child health across the highest and lowest socio-economic quintiles in countries.[9] By adopting equality and non-discrimination as programming standards, stakeholders will assist in designing health interventions that successfully reach marginalized populations, and meet their needs.

To this end, inequalities that hamper achievement of the MDGs must be identified and measured. States should routinely and consistently disaggregate all development data according to wealth quintile (highlighting the poorest 20%), rural/urban location, ethnicity, gender, disability, legal citizenship, status as a refugee or internally displaced person, living situation, and age (child/youth/adult), alongside national averages.

Efforts to reach marginalized populations, and improve health services and outcomes for them, should receive priority. States should develop ambitious targets and strategies for improving health services and outcomes for these people (including the poorest quintile, people with disabilities and children). The greatest health gains will be achieved by focusing on populations with the worst health status. This will accelerate progress towards the MDGs, which cannot be achieved without an emphasis on non-discrimination and unless the most vulnerable and at-risk groups are given access to essential services. States should strive to achieve (at least) the MDG targets for all segments of the population.

To monitor equality and non-discrimination, states should use disaggregated data to identify vulnerable and marginalized groups. Outreach to these communities should encourage their participation and address stigma and discrimination through comprehensive approaches.

In support of these measures, states should comprehensively review laws and policies to identify any that discriminate against women and children and other vulnerable or marginalized populations, or that fail to protect their rights adequately. Legislative reform should be supported to replace these with laws and policies that protect rights, which should be robustly enforced. UN human rights treaty bodies and civil society should monitor progress and support this process.

Development partners should greatly increase support for women's and children's rights organizations, as well as other civil society organizations that directly or indirectly promote health and human rights. In parallel, states should ensure an environment that is conducive to the work of such organizations. In part this requires more effective enforcement of laws that protect the rights of women and children, and should include educating legal and law enforcement personnel and community leaders.

5. Monitoring and accountability

There are two powerful synergies between the processes for monitoring progress in health and development in relation to MDGs and human rights. Firstly, MDG-related accountability has features and innovations that augment the accountability of states within the human rights framework. Secondly, the analytic and technical developments that evolved for monitoring the MDGs (including clear benchmarks, targets and indicators) can significantly strengthen the monitoring process for human rights.[10] The international regulatory framework for human rights – with mandated monitoring and

reporting requirements from state and non-state actors – provides a systematic mechanism to promote mutual accountability.

To assist monitoring and accountability, it is essential for states to develop vital registration systems and strengthen health information systems. This will enable them to disaggregate data by gender and other factors related to discrimination or reduced access to health services e.g. wealth (poorest/wealthiest quintile), disability and indigenous and non-indigenous populations. Effective and systematic national monitoring and accountability mechanisms should be developed, and used to identify and address causes of avoidable mortality and ways to improve existing policies and programs. Health workers and communities should participate in these accountability mechanisms, which should facilitate regular audits of maternal, newborn and child deaths.

States should integrate their monitoring systems for the MDGs and human rights. The latter can be strengthened using the more sophisticated indicators and methods developed for the MDGs. Conversely, the human rights institutions can provide a systematic mechanism for MDG-related monitoring that is sustainable beyond 2015.

States should develop strategies to enable community members to engage in health-related planning at all levels. They should monitor and evaluate local health services, and adapt them to meet local need, and ensure that health policies are fully funded and effectively implemented.

Donor countries should be required to publish information on their MDG-related funding. In parallel, annual MDG country reports should include additional budgetary information, such as budgeted resource allocations and actual expenditures on key interventions. These should be linked to the indicators that governments are generating regarding health facilities, services and personnel.

Another vital indicator of progress toward realizing the MDGs is budgetary transparency. This requirement is necessary as an early indicator of whether governments are translating their commitments into investments. It is also a precondition for the public and the international community to hold governments accountable for the use of public resources towards the MDG goals.[11] To meet this requirement, it will be necessary to adapt the current annual reporting mechanisms for development assistance and at country level to include budgetary and financial information.

6. Sustainability

A fundamental advantage offered by the human rights framework is that it can help ensure the sustainability of MDG efforts. The idea is that MDG interventions strengthen endowments that contribute towards realizing human rights and providing related entitlements. As discussed in section 1, by ensuring entitlements we can promote the integration of MDGs with the human rights framework, thereby providing a basis to sustain these efforts beyond 2015.

To this end, all stakeholders should build on progress and lessons learned from the MDG global effort and think beyond 2015. The human rights framework offers a sustainable, long-term approach to ensuring that this progress is maintained and to addressing recurring constraints and challenges by building on lessons learned.

Stakeholders, including states, should develop long-term perspectives and commitments for maternal, newborn and child health, aligned with work on environmental change and sustainable development. A world that sustains women's and children's health must be built on political reform, concerted joint action, new ways of thinking and empowered and enlightened citizens. It follows that the MNCH community needs to appreciate that attempting these changes is a difficult and unpredictable process, and may only produce results in the long term. Future generations may be the main beneficiaries of these efforts, and this is one promise that our generation can try and keep for the next. In fact, the health and productivity of the next generation depends on our commitment today.

Conclusion

The MDGs and the human rights framework complement each other to a substantial degree. Therefore, it would be an unnecessary – and indeed an unforgivable - waste to ignore the human rights dimensions of the MDG implementation effort, and vice versa. By linking the MDGs to human rights, we would help realize shared global commitments. Ultimately, development, health and education must come together at the level of every individual and community, and every women, man and child has the right to take advantage of them. The UN Secretary-General's Global Strategy for Women's and Children's Health offers a significant opportunity to identify and harness the synergies between the MDGs and human rights. We all have a role to play in seizing this unprecedented opportunity to achieve global health and development goals, and to realize our common human rights.

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ANNEX 1. THE MDGS AND RELATED HUMAN RIGHTS STANDARDS

The MDGs reflect human rights obligations, and set goals that can help states and other stakeholders to comply more fully with their human rights obligations.

MDG	RELATED HUMAN RIGHTS	HUMAN RIGHTS TREATY PROVISIONS (SELECTED EXAMPLES)
MDG 1: Eradicate extreme poverty and hunger	Right to social security Right to an adequate standard of living Right to food Right to health	CRC: Articles 26 and 27; International Covenant on Economic, Social and Cultural Rights (ICESCR): Articles 6,9 and 11 ICESCR: Articles 11 and 12
MDG 2: Achieve universal primary education	Right to education	CRC: Article 28 ICESCR: Articles 13 and 14 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): Article 10 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD): Article 5(e) Convention on the Rights of Persons with Disabilities (CRPD): Articles 7 and 24
MDG 3: Eliminate gender disparity in primary and secondary education	Right to non-discrimination Right to education	CRC: Article 2 and 28 ICESCR: Articles 13 and 14 CEDAW: Article 10 ICERD: Article 5(e) CRPD: Articles 6 and 24
MDG 4: Reduce child mortality	Right to life, survival and development of the child Right to health Right to non-discrimination	CRC: Article 6 ICCPR: Article 6 ICESCR: Article 12(2)(a) CRC: Article 24 CRC: Article 2
MDG 5: Improve maternal health	Right to health	CEDAW: Article 10(h), 11(f), 12(1), 14(b) and General Comment 24 CERD: Article 5 (e iv) ICESCR; Article 12 CRC; Article 24(d)
MDG 6: Combat HIV/AIDS, malaria and other diseases	Right to health	International Guidelines on HIV/AIDS and Human Rights ICESCR; GC 4&7 CRC; Article 24(C)
MDG 7: Ensure environmental sustainability	Right to health Right to water and sanitation Right to adequate housing	CRC: Article 24(C) ICESCR: Articles 11 and 12
MDG 8: Global partnership for development	Achieve international cooperation to realize human rights	UN Charter: Article 1(3) ICESCR: Article 2 CRC : Article 4

Annex 2. Human rights background paper: The MDGs and Human Rights: Realizing Shared Commitments

(Available at: http://www.who.int/pmnch/activities/jointactionplan/en/index.html)

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(THE FULL LIST OF REFERENCES IS AVAILABLE IN ANNEX 2)

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