Regional workshop on a Human Rights-Based Approach to maternal, newborn and child health, including related sexual and reproductive health issues

Lilongwe, Malawi on 18-20 November, 2013

Workshop report

1. Background

OHCHR, together with the Partnership for Maternal, Newborn and Child Health (PMNCH), WHO and UNFPA, is working to strengthen the application of rights based approaches to maternal, newborn and child health, including related sexual and reproductive health issues. As part of this joint work, a regional workshop was organized in Lilongwe, Malawi from 18-20 November 2013, bringing together governments, NHRIs, UN Country Teams and civil society actors from four countries (Tanzania, Malawi, Uganda and South Africa) to implement human rights based approaches to maternal, sexual, and reproductive health and newborn and child health at the national level.

The aim of the workshop was to build the capacity of participants to:

- Assess the legal and policy environment in order to integrate human rights into laws, policies and programmes related to maternal, sexual, and reproductive health and newborn and child health; and
- Understand the implications for States in the areas of planning, budgeting, implementation, monitoring, review and remedies.

The workshop was organized as a combination of capacity building exercises, technical presentations, and strategic group work and sought to foster collaboration among the different stakeholder groups to promote multistakeholder processes at the national level.

2. Programme

The workshop was opened with welcoming statements from the organizers, Ms. Mia Seppo, the UN Resident Coordinator, and Dr. Charles Mwansambo, Director of Health Services. Both statements emphasized the importance of adopting rights based approaches, particularly in the areas of sexual and reproductive health, and highlighted the ways in which Malawi is working to address maternal and child mortality and morbidity.

Each country team delivered a presentation, which offered a first glance at the profile of each country in terms of maternal, sexual and reproductive health, and newborn and child health. A questionnaire was circulated in advance which served as the basis for this initial discussion with the following three questions:

1.- What are the main maternal health and under 5 child health issues in your country?
2.- What are the key barriers to improve maternal health and under 5 child health?
3.- Who are the most marginalized groups in relation to sexual, reproductive, maternal and child health in your country? How are they specifically targeted in national plans and strategies?
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The country profiles provided an important basis for further discussions on how rights based approaches could be implemented in the four country contexts. Although each country has a distinct context, certain common issues emerged as barriers to the improvement of maternal, sexual and reproductive health, and newborn and child health. These included persistent gender inequality, weak health systems, teenage pregnancy, poverty, religious and cultural beliefs, legal restrictions (including related to abortion and early marriage), and a lack of accountability. There were also common concerns about particularly marginalized groups, including adolescents, people living in poverty, persons with disabilities, and people living with HIV, amongst others.

Building on the country profiles, the remainder of the first day was devoted to ensuring a common understanding of human rights standards and human rights based approaches. Concerning standards, participants together identified the most relevant standards which applied to maternal, sexual and reproductive health, and newborn and child health. Through this discussion and a presentation on human rights standards, it was evident that addressing maternal and child health from a human rights perspective requires recognition and respect for multiple human rights standards. These span from guarantees of non-discrimination and the right to autonomy, to the rights to health, education and an adequate standard of living, to civil rights such as the right to birth registration, the right to life and the prohibition of torture, to the right to privacy, to rights related to the family such as the prohibition of early marriage, the right to decide the number and spacing of one’s children. Access to information, ensuring participation, eliminating discrimination and ensuring remedies and redress are fundamental aspects of all of these rights.

The human rights based approach was introduced through a combination of dynamic exercises, presentations and discussion. At the heart of this session was the illustration of the combination of factors which render certain people powerful, and others powerless. The adoption of a human rights based approach, which is grounded in legally binding human rights obligations, places the protection of human rights at the heart of policies and programmes, thus addressing these power differentials. It requires an understanding of the scope and normative content of different human rights, as well as key human rights principles such as universality, indivisibility, interdependence, non-discrimination, participation and accountability. In country groups, participants developed problem trees to identify the underlying issues contributing to poor maternal and child health in their countries, and the duty bearers who have responsibilities to take action to address these issues. The problem trees revealed a multitude of human rights concerns, which required action by diverse actors, including different parts and levels of Government, the private sector and international development partners.

On Day 2 of the workshop, participants worked in different groups divided according to broad categories corresponding to steps in the policy cycle: laws and policies, budgeting, health systems, accountability and access to justice, and multistakeholder processes. These discussions provided an opportunity to exchange cross-country experiences on how rights based approaches have been or could be applied in particular areas in different contexts. Several common themes emerged for consideration across the groups, including the need for meaningful participation and ensuring that community level stakeholders are able to effectively voice their views and interests. Ensuring transparency of information and accountability across the policy cycle was also a common theme.

In the afternoon, each country team identified opportunities for implementing rights based approaches, challenges that may exist and how to address such challenges in the short, medium and long term. Much of the discussion focused on challenges, many of which cut across the four country contexts. For instance, capacity gaps, including of duty bearers to meet their human rights obligations, as well as of rights holders to claim their rights, was
repeatedly mentioned. Fragmentation and lack of coordination among Government ministries was also highlighted as a common challenge. Lack of participation by rights holders in policy development, implementation, monitoring and/or evaluation emerged in all four country presentations, and resource constraints to implementing rights based approaches came through as an issue for most countries. Political will was pointed to as both a challenge, where it is lacking, and an opportunity, where there is high level political commitment to improving maternal, newborn and child health. To overcome these challenges, a variety of measures were highlighted including capacity building, law and policy review to ensure compliance with human rights and coordination, support for resource allocation and adoption of human rights based budgeting methods and advocacy to prioritize sexual and reproductive rights, to name a few.

The latter part of the afternoon was dedicated to a marketplace where different tools were shared with participants. These tools included:

- Technical guidance on applying a human rights based approach to policies and programmes to reduce preventable maternal mortality and morbidity (UN Doc. A/HRC/21/22);
- Committee on the Rights of the Child, General Comment 15 on the right of the child to the highest attainable standard of health
- WHO, Sexual and reproductive health and human rights: A Tool for examining laws, regulations and policies
- PMNCH, Multi-stakeholder Dialogue Guide;
- OHCHR budgeting monitoring guide;
- UNFPA, HRBA to Programming;
- UNFPA / CRR Monitoring tool

Although more time for discussion of these resources would have been desirable, the short session provided an introduction to available materials, which were also shared on a USB key with all participants. Participants expressed much interest in these resources, which will hopefully continue to be useful to participants as national processes move forward.

Day 3 focused on country team’s next steps and future plans. Each team considered specific action points for applying rights based approaches to maternal, sexual and reproductive health, and newborn and child health in their domestic context. The action points which resulted from these discussions were precise in identifying strategic, upcoming multistakeholder opportunities and follow up actions required. The types of actions varied including commitments to apply a human rights based approach to ongoing law and policy reviews, integrate human rights into UNDAF preparations, ensure training curriculum for health professionals include human rights, implement existing plans and policies in line with human rights, and build networks of allies to advocate for sexual and reproductive rights. Participants also pointed to the need to get Parliamentarians and local government representatives involved in efforts to implement rights based approaches.

The organizers also shared information about commitments to support national level processes to continue the discussion about the application of rights based approaches to maternal, sexual and reproductive health, and newborn and child health. In 2014, the organizers hope to continue to work with country teams from the four countries in order to support the preparation of a country assessment which could inform national level multistakeholder dialogues. The organizers are also committed to supporting such dialogues, in the form which is most appropriate in each country, taking account of existing initiatives. Importantly, the country teams expressed a commitment to continue working together, which is an important first step for continuing these discussions at the national level.
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The workshop concluded with an evaluation, followed by closing remarks by the organizers and Ambassador Sophie Asimenye Kalinde of the Malawi Human Rights Commission. The organizers expressed deep appreciation for the commitment of the participants to actively engaging the workshop. The success of the workshop was very much attributed to the high quality of the participants. Through the evaluation and interventions, participants also expressed appreciation for the holding of the workshop and support for taking the work forward.

Next steps:

The organizers will continue to work with each of the countries to support national level processes to follow up on the action points identified, and deepen the dialogue with more stakeholders. UN focal points in each country will be identified to coordinate work at the national level. Consultants are being hired in each country to undertake human rights assessments of maternal, sexual and reproductive health, and newborn and child health. It is hoped that these assessments will be informed by the groups which have already been established in Lilongwe, as well as bringing in other critical views at the national level. It is envisioned that these assessments would be discussion documents for national level multi-stakeholder dialogues. The exact format and approach to these dialogues will be adapted to each country context in order to align with existing initiatives and efforts in this area.