Women's and children's health: evidence of impact of human rights

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World Health Organization

GENEVA FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

SAPIENZA UNIVERSITÀ DI ROMA

Public health, medicine and human rights share a common goal: to improve the health, life and well-being of individuals, communities and populations.

Moreover, they are deeply complementary. The right to the highest attainable standard of health cannot be realized without using the expertise of health professionals.

Equally, the long established objectives of public health and clinical care can benefit from the dynamic discipline of human rights.

Today, it is universally accepted that human rights include not only classic civil and political rights, but also economic, social and cultural ones, including the right to the highest attainable standard of health.

This right, enshrined in the Constitution of the World Health Organization, is to be progressively realized and is subject to resource availability.

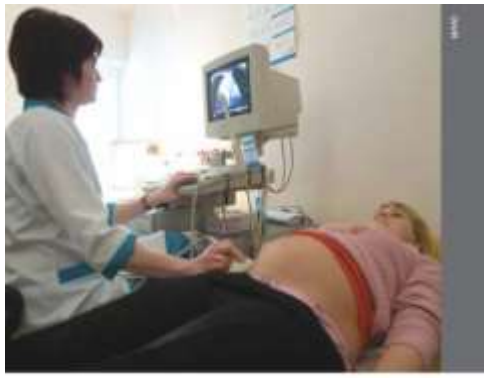
In addition, the human right approach can be used by health workers to achieve their professional goals.

However, the right to the highest attainable standard of health, and other human rights, can only be made operational if health professionals and human rights experts work together learning from each other.

"This report demonstrates plausible evidence that human rights-based approach contributes to health improvements for women and children. It shows that the constitutional and international right to health can be translated into improved health services and health status through laws, policies and programmes that are explicitly shaped by health rights principles, such as accessibility, quality, participation and accountability."

Human rights are recognized in a number of legal and other documents of the World Health Organization, including the WHO Constitution, the Declaration of Alma-Ata, the International Health Regulations and the WHO Framework Convention on Tobacco Control.

Member States of the United Nations have negotiated and agreed the *Universal Declaration of Human Rights*, the *Convention on the Rights of the Child* and the *Convention on the Elimination of all forms of Discrimination against Women*.



Moreover, countries have put in place policies, programmes and other measures to ensure that human rights move beyond laws and institutions to actually improve the lives and well-being of individuals, communities and populations.

International agencies offer advice, assistance and support to governments as they seek to put their human rights commitments into practice.

Implementation of human rights is the key contemporary challenge.

The recent history of Public Health, especially in developing countries has been marked by the struggle to give women rights equal to those traditionally granted to men. This, in practical terms translates into giving women equal access to health care.

Within this struggle there are two specific issues that need to be addressed:

Gender Medicine and Women Specific Needs






The International Conference of Population and Development

Cairo, Egypt 5-13 September 1994

Fourth World Conference on Women

Beijing, China - September 1995

Action for Equality, Development and Peace

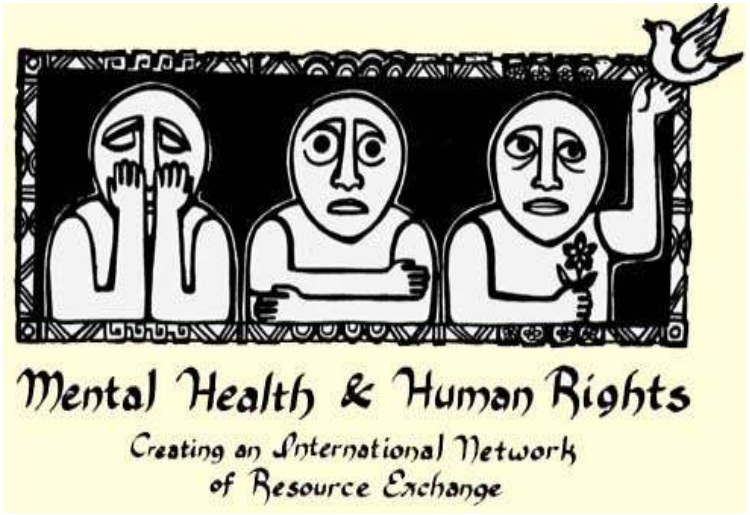
In Beijing, women became active and equal partners in the solution of the world's problems

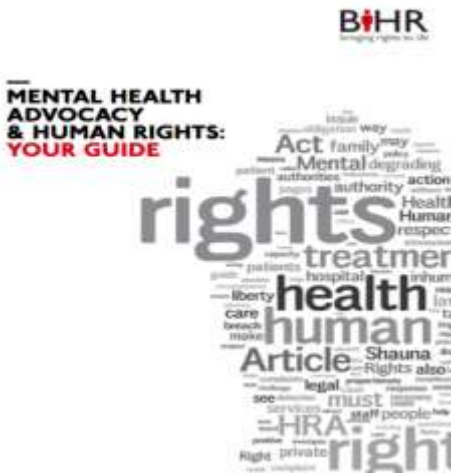
We are not asking for privileges for women. All we are saying is that equitable care is not identical care, particularly where physiological differences obviously call for specialized health services.

Sustainable progress will be achieved when women are finally empowered to make free, informed and responsible choices, and assert themselves as leaders in their own right within their societies.

Women's health is the surest road to health for all.

Dr Hiroshi Nakajima
Director-General of the World Health Organization





EXAMPLES OF PROGRESS MADE POSSIBLE BY HUMAN RIGHTS-DRIVEN APPROACH TO HEALTH

Maternal and child health in Nepal*

Akshay Patel, Sudha Sharma, Audrey Prost, Genevieve Sander, Paul Hunt

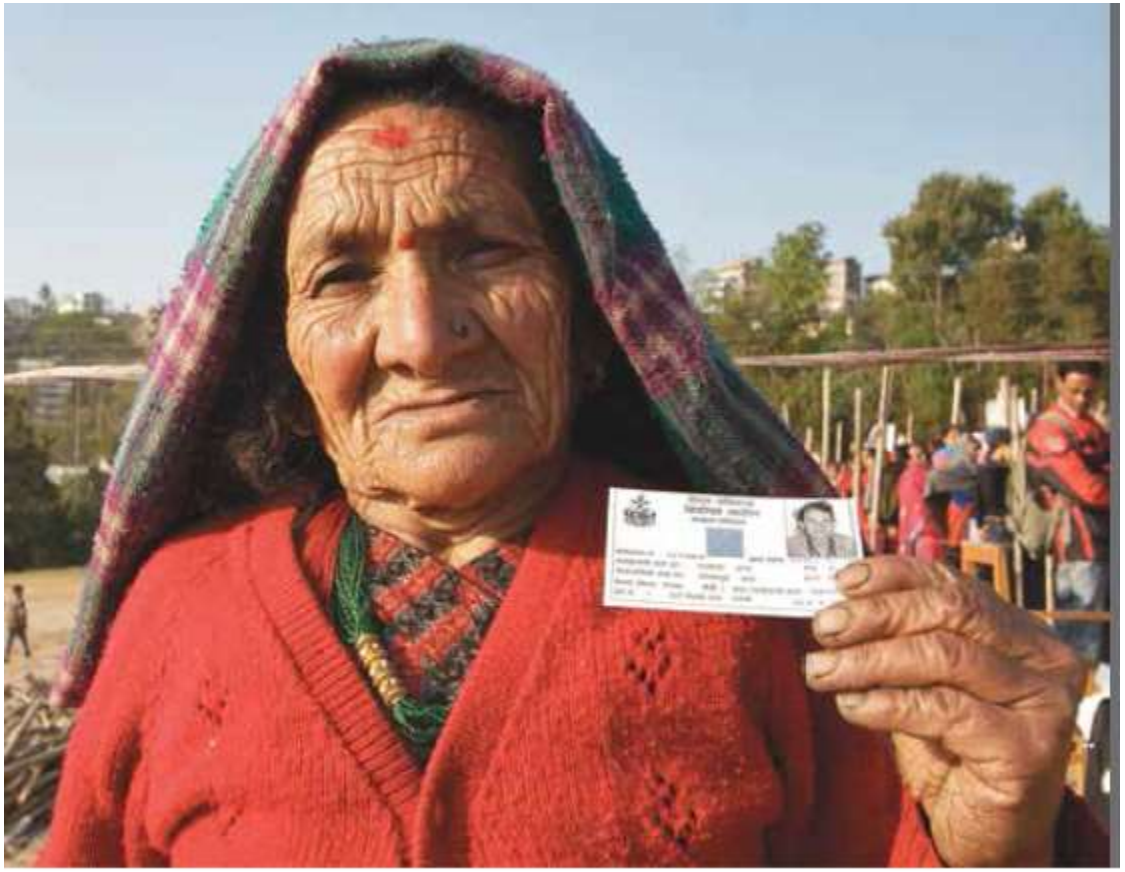
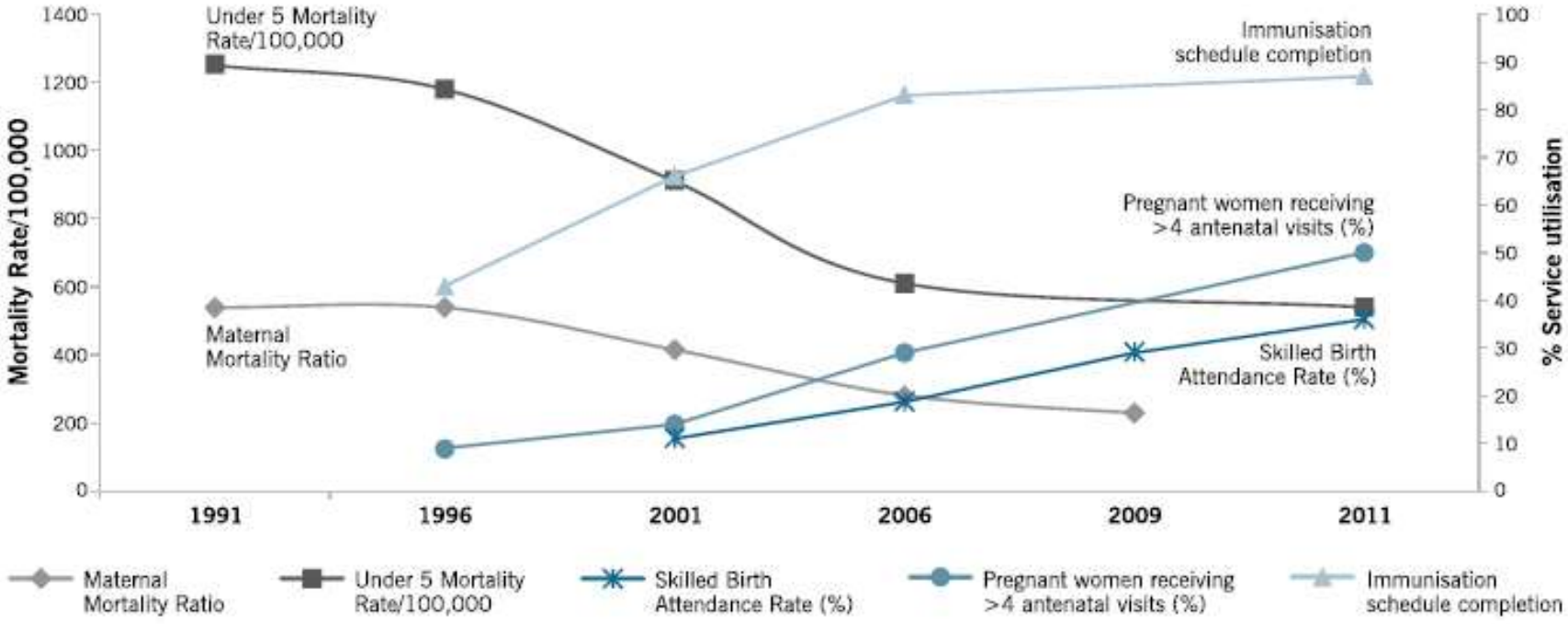


Figure 1.

Trends in mortality rates and service use, and introduction of policies and plans shaped by human rights considerations, Nepal, 1991-2011



Equity and Access Programme (23)

The Equity and Access Programme, part of the Support to Safe Motherhood Programme, was established in 10 districts through a partnership between the Government of Nepal and the UK Department for International Development (DFID)/Options. This Programme explicitly adopted a human rights-based approach, aiming to "empower women, their families and local stakeholders to secure maternal and newborn health rights", and specifically targeted the poor and excluded (23). As a demand-side initiative, it focused on behaviour change strategies in two districts, and on strengthening village development committees in eight districts by, for example, mobilizing women's groups.

Summary of achievements

- The Women's Right to Life and Health Programme adopted an explicit human rights-based approach that led to improvements in emergency obstetric care, including increased accessibility.

- The Equity and Access Programme adopted an explicit human rights-based approach and saw notable results, including increased uptake of antenatal care visits and an institutional delivery rate twice the national rate.

- The explicitly human rights-based Aama Surakshya Karyakram Programme (to increase skilled birth attendance) redressed some of its predecessor's shortcomings; there was a 19% increase in institutional deliveries in the first 18 months of the Programme.

Summary of achievements

- The National Safe Abortion Programme, rooted in human rights-influenced initiatives, has led to increased availability and accessibility of comprehensive abortion care.

- The "Bal Bachau" Child Survival Project, which used an explicit human rights-based approach, contributed to an increase in availability, accessibility and utilization of child survival services.

- Overall, there is evidence that human rights have contributed positively to women's and children's health interventions, and that the human rights-shaped interventions contributed to significant health improvements for women and children.

Sexual, reproductive and maternal health in Brazil

Gabriela Barros De Luca, Genevieve Sander, Sandra Valongueiro, Elcylene Leocádio, Jose Martines, Islene Araujo de Carvalho, Paul Hunt

	Laws	Year	Rights focus
1	Brazil's Democratic Constitution of 1988	1988	Explicit
2	Law no. 8.080 creating the "*Sistema Único de Saúde*" (SUS)	1990	Explicit
3	Law no. 9.263 on family planning	1996	Explicit
4	Law no. 11.108 on the right to a companion during labour	2005	Explicit
5	Law no. 11.634 on the right of pregnant women to know to which hospital they will be admitted for institutional delivery	2007	Explicit
	Policies and programmes	**Year**	**Rights focus**
6	Programme for Comprehensive Assistance to Women's Health	1984	Explicit
7	Adolescent Health Programme	1989	Implicit
8	Programme on Humanized Assistance to Pregnancy and Childbirth	2000	Explicit
9	National Policy for Comprehensive Assistance to Women's Health	2004	Explicit
10	National Sexual and Reproductive Rights Policy	2005	Explicit
11	I National Programme for Women's Policies	2005	Explicit
12	National Family Planning Policy	2007	Implicit
13	National Policy on Obstetric and Neonatal Care	2005	Explicit
14	II National Programme for Women's Policies	2008	Explicit

	Strategies and plans	Year	Rights focus
15	Safe Motherhood Project	1995	Explicit
16	National Pact to Reduce Maternal Mortality (until 2015)	2004	Explicit
17	Pact for Health (*or "Pact for the SUS"*)	2006	Explicit
18	National Pact to Combat Violence Against Women	2007	Explicit
19	Plan to Combat the Feminization of the Epidemic of AIDS and other STDs	2007	Explicit
20	Campaign for Natural Birth and Against Unnecessary Caesareans	2008	Implicit
	Ministerial decrees from the Ministry of Health	**Year**	**Rights focus**
21	Creation of National Committee on Maternal Mortality (no. 773)	1994	Implicit
22	Compulsory notification of maternal deaths (no. 256)	1997	Implicit
23	Procedures and resources for high-risk pregnancies (nos. 3016, 3482, 3477)	1998	Implicit
24	Procedures to reduce number of caesarean sections (no. 2816)	1998	Implicit
25	Creation of natural birth centres (no. 985)	1999	Implicit
26	Creation of Child and Maternal Mortality Surveillance System (no. 1399)	1999	Implicit

	National guidelines	Year	Rights focus
27	Technical manual on assistance to family planning	1988	Explicit
28	Manual on maternal mortality committees	1994	Implicit
29	Technical guidelines on the prevention and treatment of injuries resulting from sexual violence against women and adolescents	1999	Implicit
30	Technical manual on antenatal care	2000	Explicit
31	Technical manual on high-risk pregnancies	2000	Implicit
32	Maternal emergencies: guide for diagnosis and practice in relation to high-risk pregnancies and obstetric emergencies	2000	Explicit
33	Operational norm for health care services	2001	Implicit
34	Guidelines on the humanization of antenatal care and childbirth	2002	Explicit
35	Technical norm on abortion	2005	Explicit
36	Emergency contraception: guide for health professionals	2005	Explicit
37	National guidelines for attention to assisted reproduction	2006	Implicit
38	Manual on sexual and reproductive rights for people with disabilities	2009	Explicit

Box 2B.1.
The Brazilian Constitution (1988)

Article 196: Health is a right of all and a duty of the State and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and other hazards, and at the universal and equal access to actions and services for its promotion, protection and recovery.

Article 226 (7): Based on the principles of human dignity and responsible parenthood, family planning is a free choice of the couple, it being within the competence of the State to provide educational and scientific resources for the exercise of this right, any coercion by official or private agencies being forbidden.

Key messages

- Since the 1980s, there have been notable improvements in sexual, reproductive and maternal health indicators in Brazil.
- The Constitution (1988) is a landmark on Brazil's road to democracy and the realization of human rights; the right to health, and special guarantees for family planning, are enforceable in the courts.
- Brazil's public health system is universal, tax-based, community-based and participatory; women's health initiatives rely heavily on this system and related schemes, such as the Family Health Programme.

Programme for Comprehensive Assistance to Women's Health (PAISM) (1984)

Launched in 1984, the Programme anticipated the democratic Constitution (1988), the Unified Health System (SUS) (1990), the Programme of Action of the International Conference on Population and Development (Cairo, 1994), and the Platform of Action of the Fourth World Conference on Women (Beijing, 1995).

Affirming sexual and reproductive rights, it reflected Brazil's dynamic women's movement.

Eighteen years later, the Government reported: "The importance of PAISM by introducing the language of women's human rights is unquestionable. It pervaded the legislative process, consolidated important rights for women's health in the 1988 Constitution, and has enabled the organization, discussion and development of new rights based on their original conception"

Table 2B.2.

Sexual, reproductive and maternal health indicators from national surveys (9)

	1981 (67)	1986 (8)	1996 (68)	2006–07 (5)
Any contraceptive use in women living with their partner	...	65.8	76.7	80.6
Modern contraceptive use in women living with their partner	...	57.0	72.0	78.5
Any antenatal care	74.7	74.0	85.7	98.7
Antenatal care (six or more visits)	40.5	...	75.9	80.9
Started antenatal care during first trimester of pregnancy	...	...	66.0	83.6
Received tetanus toxoid vaccine during pregnancy	...	...	58.5	76.9
Institutional delivery	79.6	80.5	91.5	98.4

Table 2B.3.

Time trends in selected indicators by wealth quintile (10)

Indicator and year of survey (5, 69)		Wealth quintile[a]				
		1	2	3	4	5
Skilled birth attendance	1996	72.6	89.8	96.8	98.2	99.2
	2006–07	96.8	98.1	99.5	99.2	99.5
Antenatal care (4 or more visits)	1996	52.5	79.1	89.6	94.7	97.2
	2006–07	92.7	94.5	96.8	98.5	99.4
Prevalence of contraceptive use	1996	55.8	68.9	73.6	73.8	76.8
	2006–07	82.7	86.0	81.6	83.7	81.6

[a] *Quintile 1 was the poorest; quintile 5 the richest.*

Children’s health in Malawi

Chisale Mhango, Levi Mvula, Genevieve Sander, Joo-Young Lee, Paul Hunt

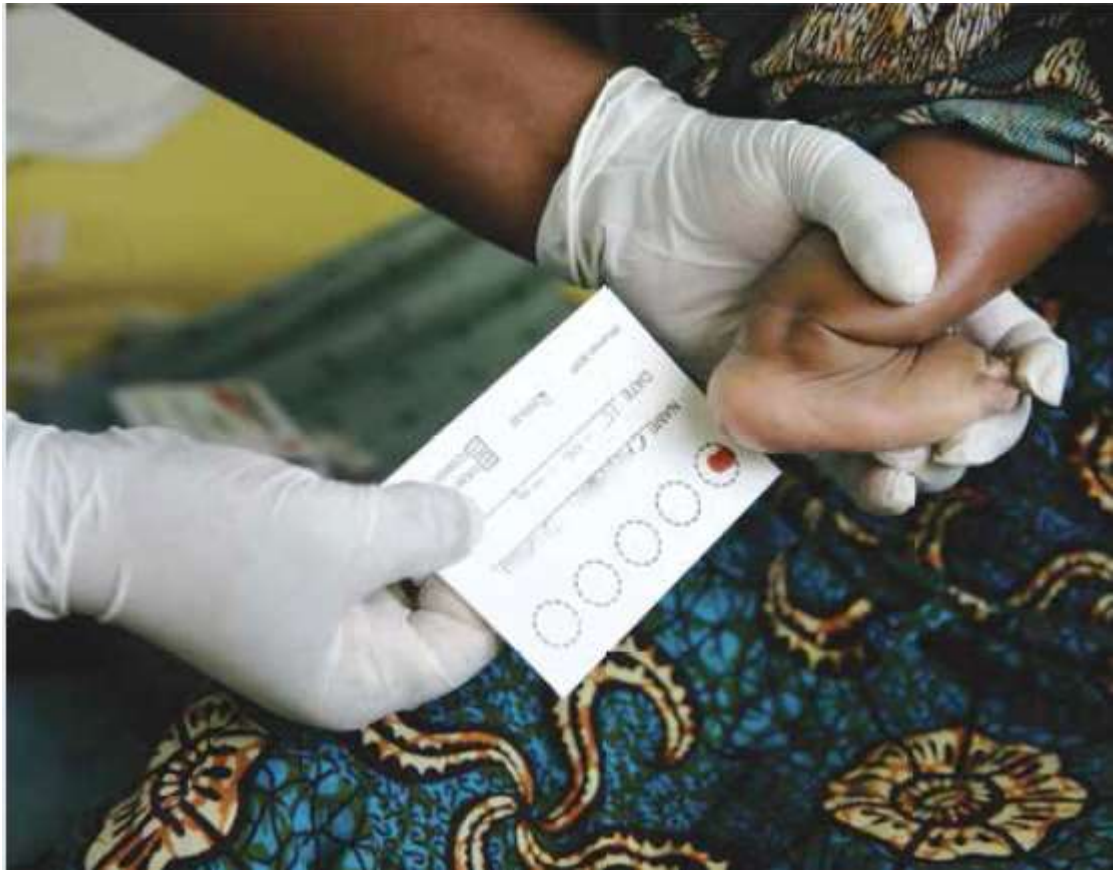


Figure 2C.1.

Human rights and development: Malawi's IMCI approach

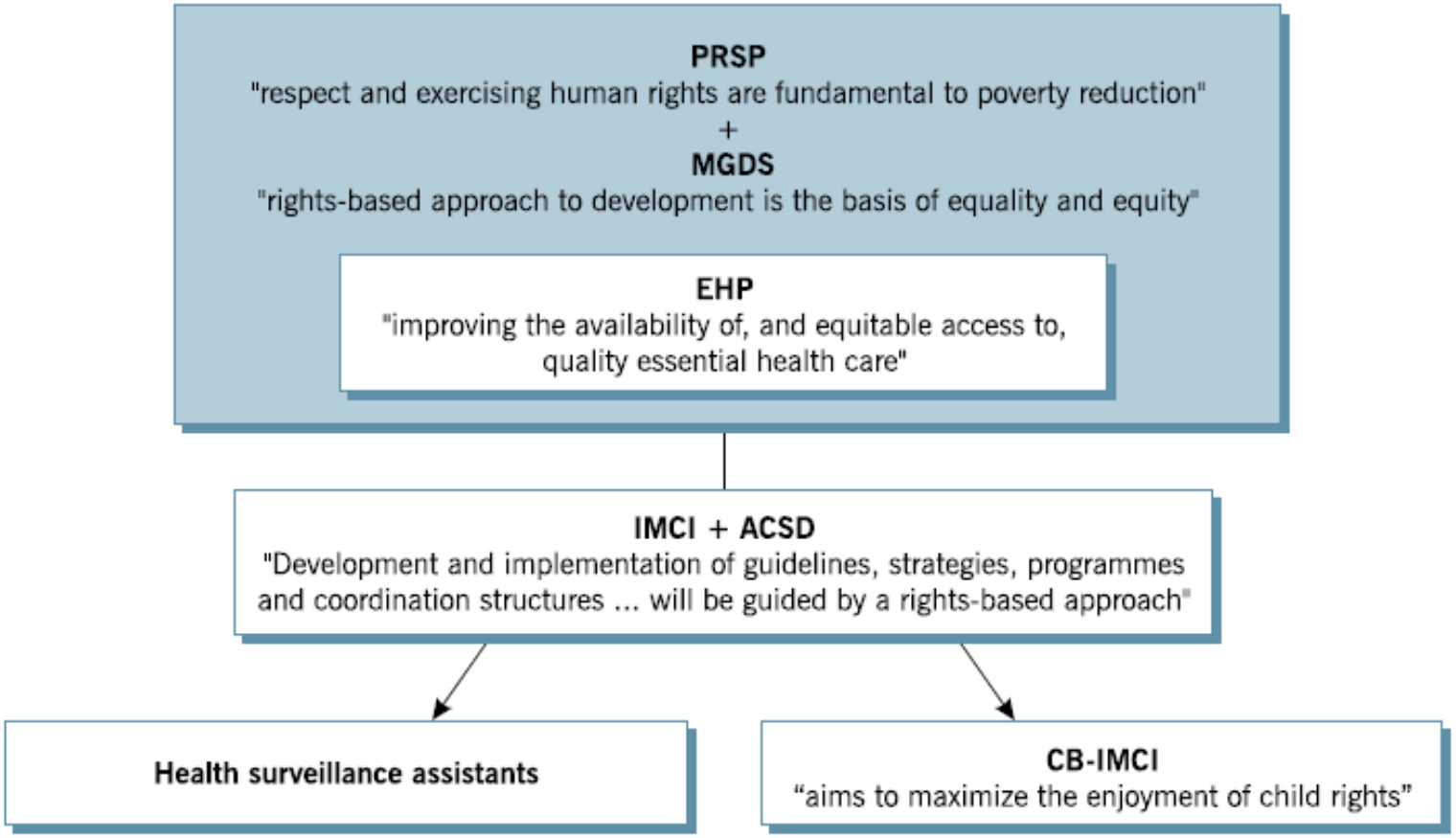


Figure 2C.2.

Trends in child mortality and average annual rates of reduction (AARR), 1990-2010 (rates are deaths per 1000 live births) (5)

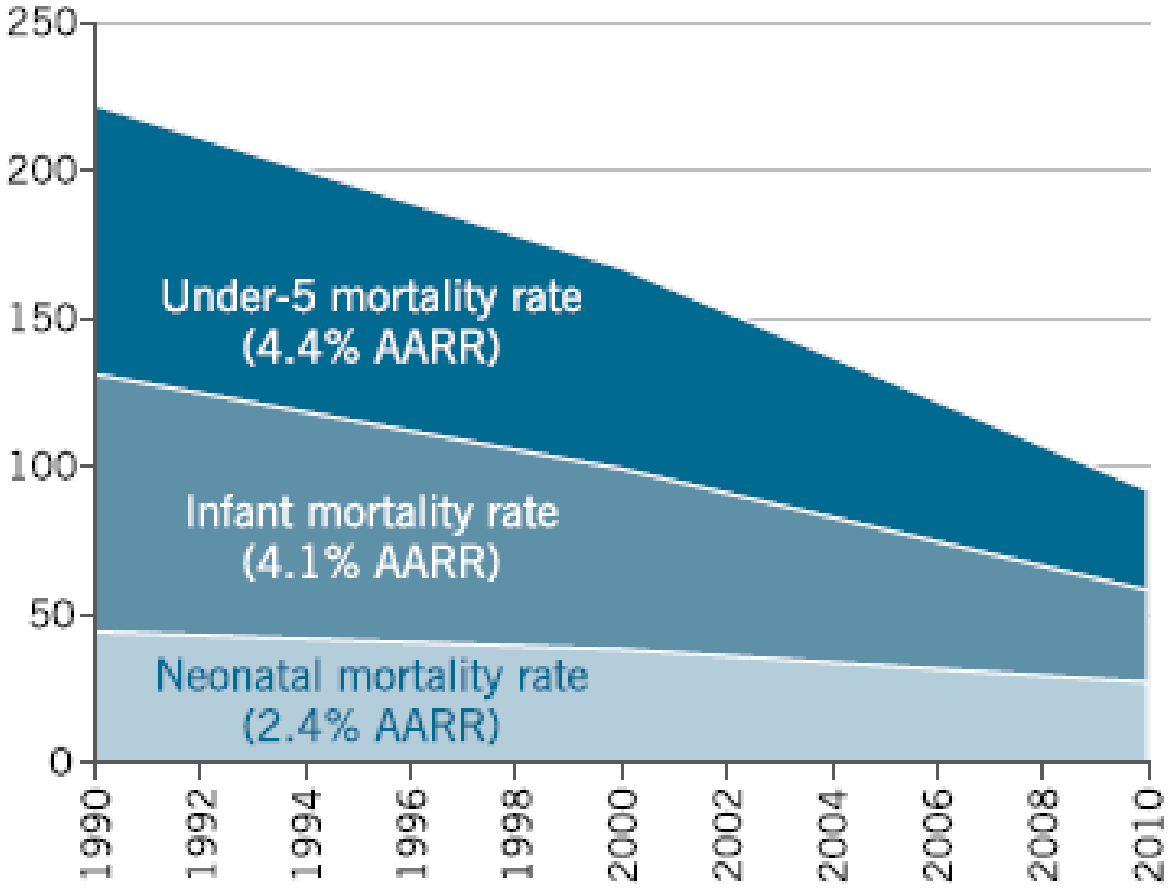


Table 2C.3.

ART coverage among HIV-positive children aged 0–14 years (26)

Date	Coverage
End April 2010	25%
End June 2010	27%
End September 2010	28%
End December 2010	29%
End April 2011	30%
End June 2011	32%

Key messages

- Malawi has made significant progress in relation to health-related outcomes for children; it is on track to achieve MDG4.
- There is evidence that human rights have influenced children's health interventions in Malawi, and that these human rights-shaped interventions contributed positively to health improvements for children, as well as their families and communities.

Women’s and children’s health in Italy

Silvia Longhi, Walter Ricciardi, Mario Merialdi, Giuseppe Benagiano, Flavia Bustreo, Paul Hunt, Genevieve Sander

Key messages

- Human rights have explicitly shaped Italy's overarching *Servizio Sanitario Nazionale*, package of essential levels of care, and National Health Plans. Individuals are entitled to the SSN package of essential levels of care.
- At the community level, the human rights-shaped *Consultori Familiari* deliver women's health information and services, such as family planning, maternity care and cervical cancer screening.
- Community-based paediatricians, who provide primary health care services for children, are instrumental in Italy's immunization programmes, which are explicitly informed by human rights.
- *Consultori Familiari* and community-based paediatricians are part of a complex system of health care for women and children that is shaped and reinforced by human rights.

Figure 2D.3.

Breast cancer screening coverage, 2000–10 (26)

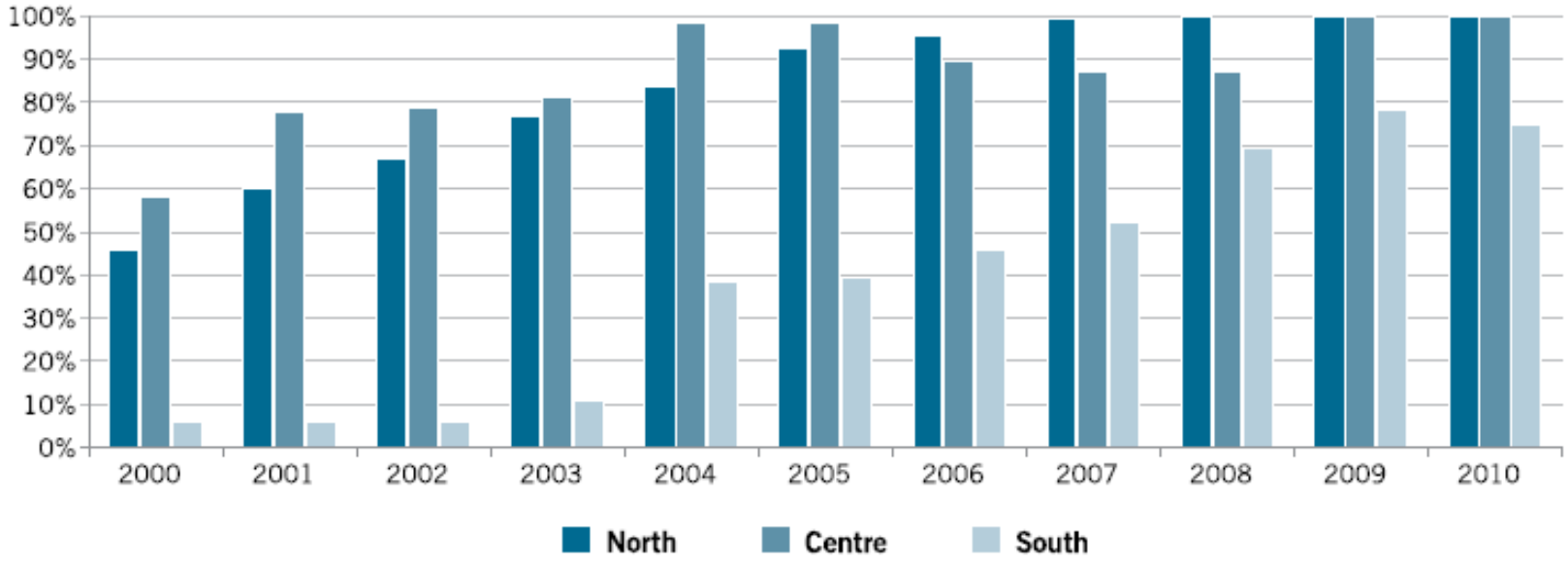


Figure 2D.4.

Rates of voluntary termination of pregnancy (TOP) and use of oral contraceptives (OC) among women of reproductive age in Italy, 1978–2002 (40)

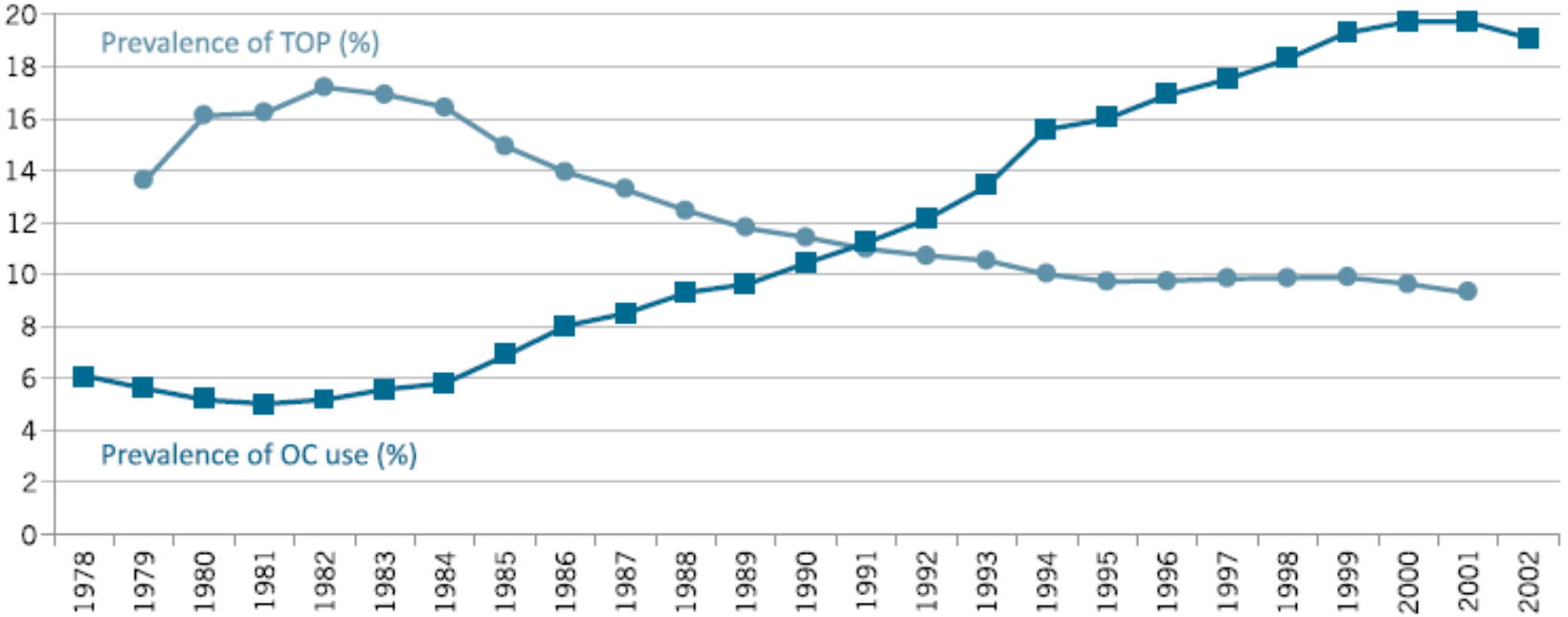


Figure 2D.1.
From constitution to community: illustrative pathways

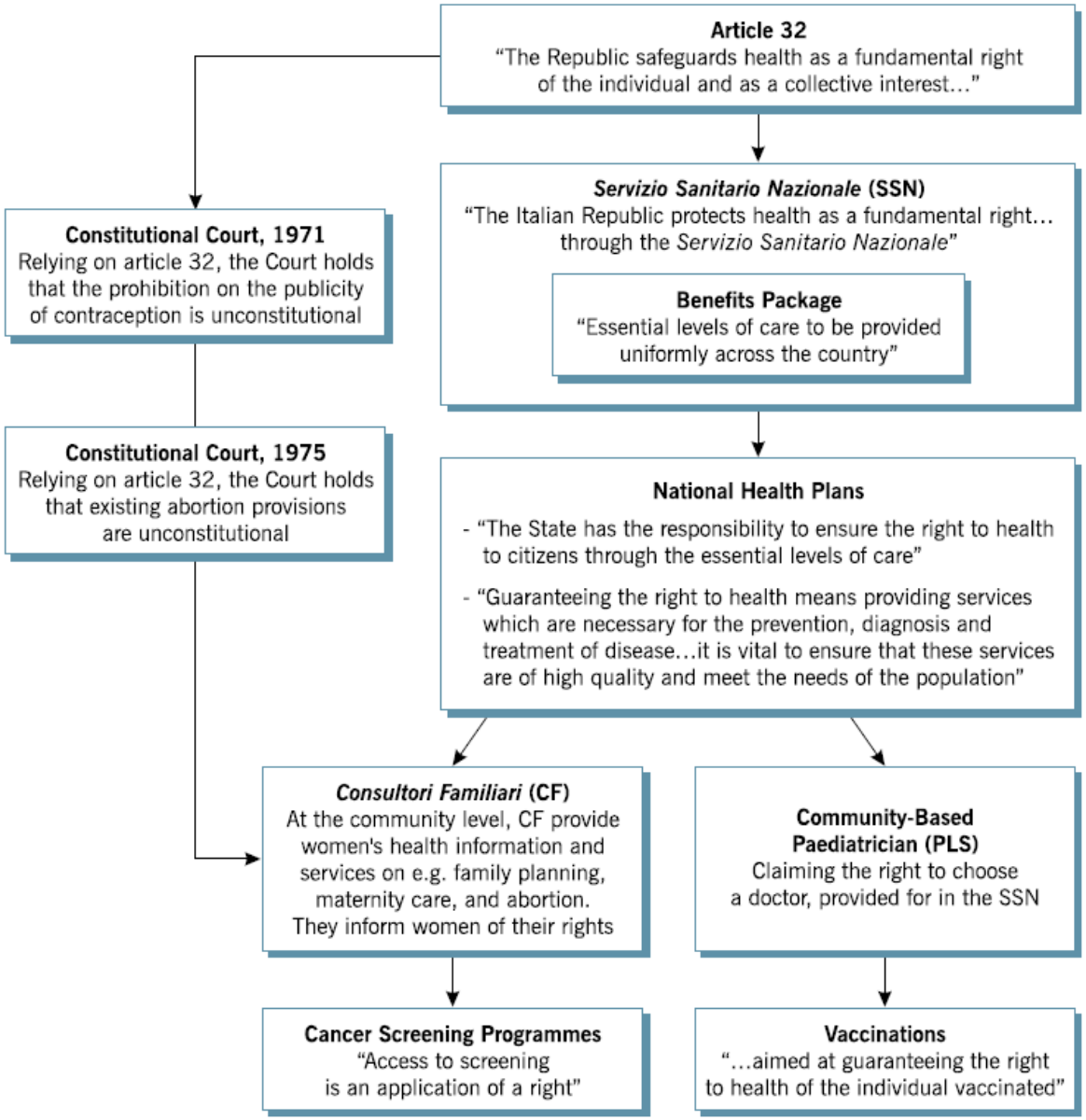


Figure 2D.2.

Standard mortality rate for breast cancer, per 100 000 women aged 0–84 years, 1970–2010 (7)

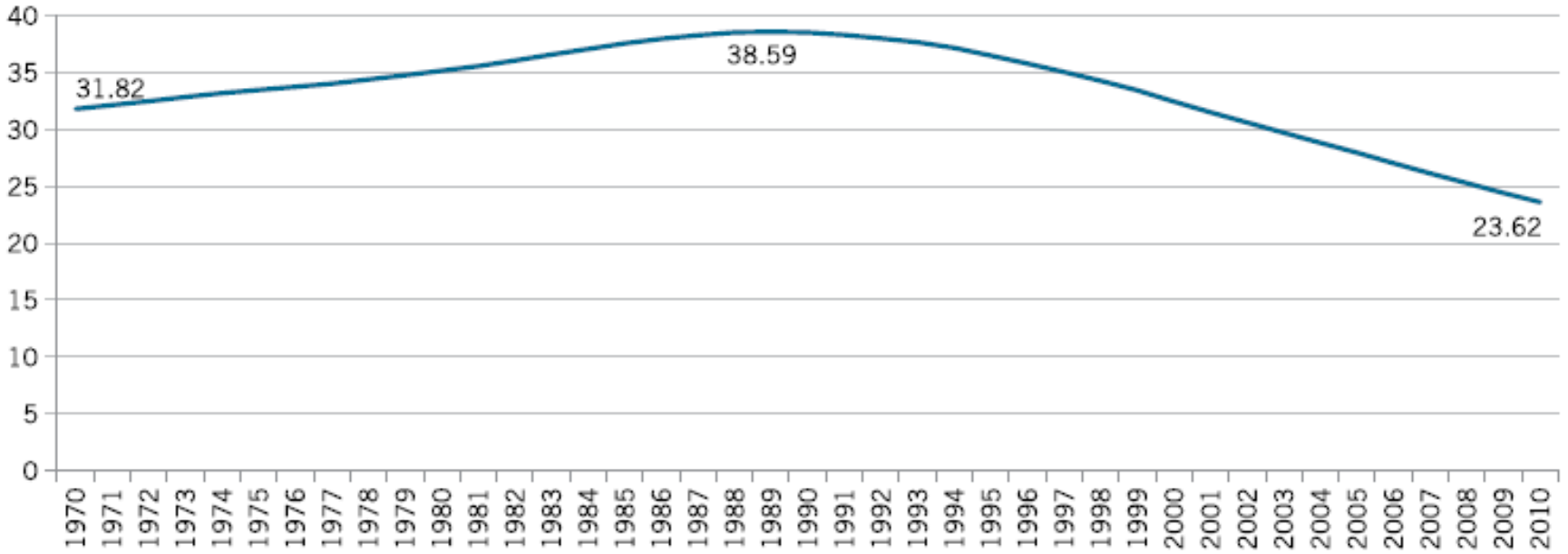
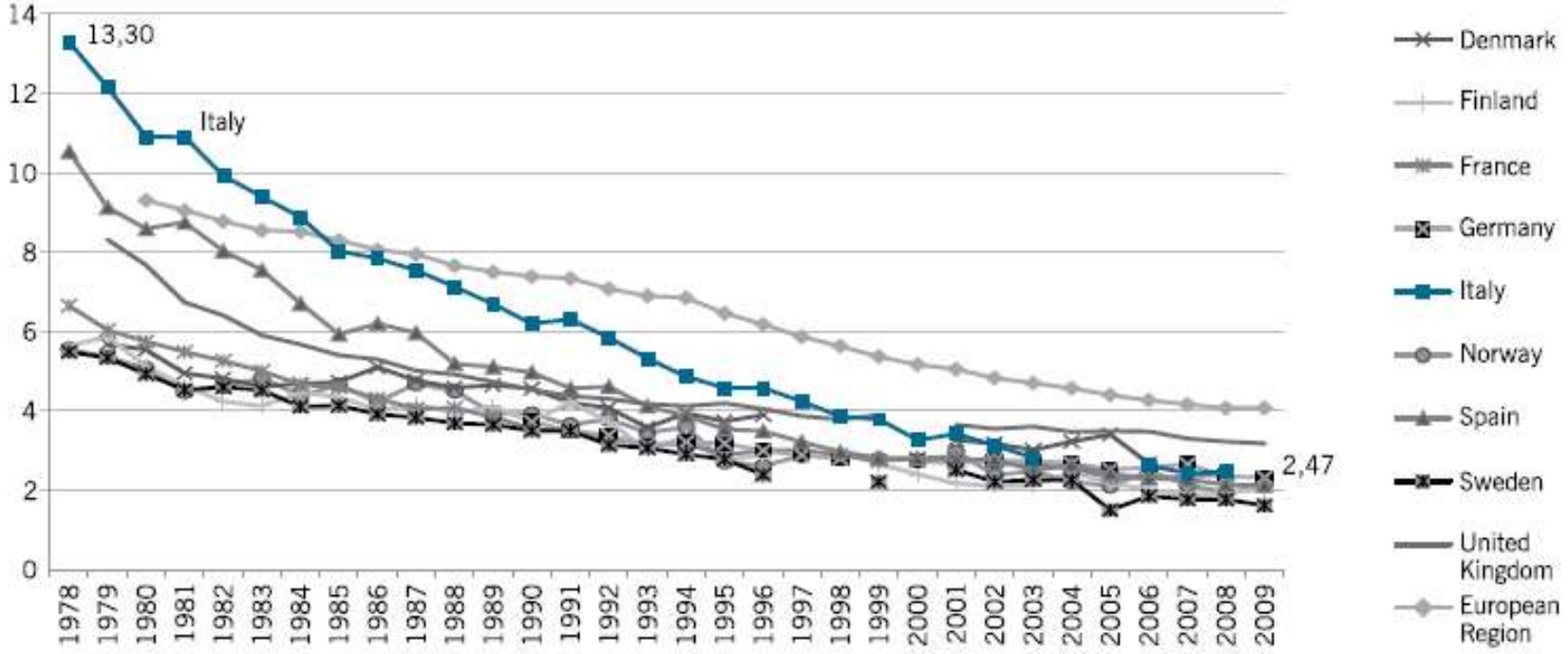


Figure 2D.5.

Neonatal mortality rates in various European countries, 1978–2009 (3)



Key messages

- Laws, plans and initiatives explicitly shaped by a human rights-based approach have contributed to improving and strengthening the system of health protection for women and children.
- Significant improvements in key women and child health indicators can be observed, including assistance during pregnancy, cancer screening, neonatal and infant mortality, and vaccination coverage. Also, as the use of modern contraception has increased, the number of abortions has declined.

Conclusions

Rendering a human right approach to health a valid e operational instrument to improve the situation depends on the context and these country experiences cannot provide a blueprint for others to follow.

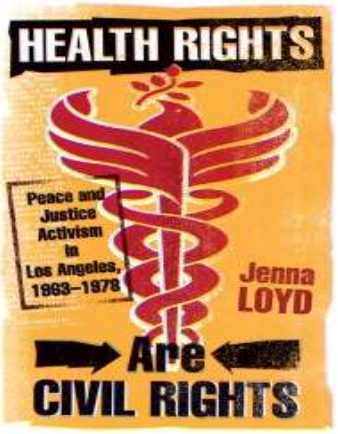
However, they do provide instructive illustrations of how some governments have applied human rights to women's and children's health, with evidence of a beneficial impact.

Although major challenges remain in the areas of women's and children's health and human rights in Nepal, Brazil, Malawi and Italy, the governments deserve great credit for their leadership in taking human rights beyond the law books and beginning to apply them to women's and children's health policies and programmes.

There are a number of lessons we can draw from this work:

- **In Nepal, Brazil, Malawi and Italy, human rights appear to have shaped, to one degree or another, laws, policies and programmes related to women's and children's health.**
- **Human rights-shaped policies, programmes and other interventions have contributed positively to equitable health and health-related improvements for women and children, such as increased access to emergency obstetric care (Nepal), increased access to modern contraception (Brazil), reductions in early childhood mortality (Malawi), and increased cancer screening and vaccination coverage (Italy).**

- **Although it must be stressed that we cannot positively attribute improvements in women's and children's health exclusively to the use of a human rights-based approach, there are plausible levels of evidence that human rights did contribute in a positive way to women's and children's health gains in the four countries.**
- **It appears that a human rights-based approach to women's and children's health is facilitated by an enabling environment with a number of features.**



A systematic review showed that community-based intervention packages led to significant reductions in maternal morbidity, stillbirths and perinatal mortality, but did not reduce maternal mortality.

Referrals to a health facility for pregnancy-related complications also increased by 40% and early breastfeeding rates improved by 94%.

Reviews of community participation in the context of maternal health and HIV prevention and in rural health systems observed positive health outcomes associated with participation, but noted that the evidence was limited to a small number of high-quality studies.

Women's EMPOWERMENT 2013

A review of empowerment strategies found these to be promising in producing both empowerment and health impacts.

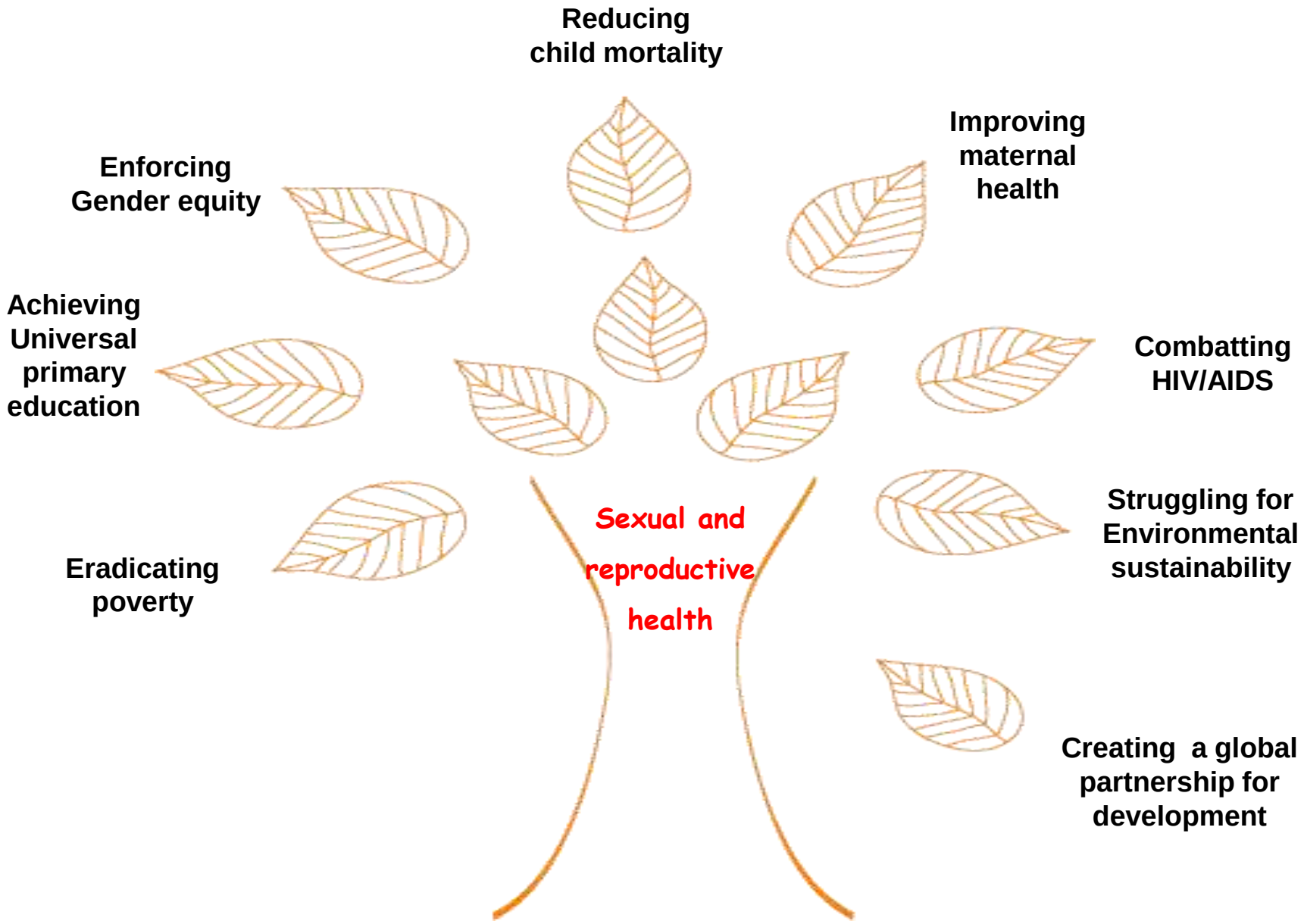
Participation is central to empowerment, but it is insufficient on its own to achieve the goal of empowerment.

Attention also needs to be paid to the capacity of community organizations and individuals for decision-making and advocacy.

It is striking how little research and evaluation there has been on the impact of a human rights-based approach to women's & children's health; a specific study of the subject mainly had to draw on existing quantitative data collected for other purposes. However, such data do not capture many of the distinctive elements of a human rights-based approach.

The Health Professional as a Change Agent

- Bridge gap between health facility and household;
- Use influence beyond the health sector;
- Address social and cultural factors affecting women's use of health services;
- Bridge gap between health facility and household;
- Use influence beyond the health sector;
- Address social and cultural factors affecting women's use of health services;
- Promote essential interventions for behavior change and positive health practices;
- Work to eliminate harmful practices.


Reducing child mortality
Improving maternal health
Enforcing Gender equity
Achieving Universal primary education
Combatting HIV/AIDS
Sexual and reproductive health
Struggling for Environmental sustainability
Eradicating poverty
Creating a global partnership for development