

Civil Society Statement on the draft Joint Action Plan for Women's and Children's Health

The draft *Joint Action Plan for Women's and Children's Health: Investing in Our Common Future* put forward by the UN Secretary-General for the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (MDGs) in September 2010 focuses on the need to accelerate efforts to promote the health of women and children, which is key to ensuring progress on *all* the MDGs.

The draft *Joint Action Plan* aims at ensuring a coordinated and joint effort by the international community to deliver vital healthcare services for women and children who continue to face the greatest barriers in realising their right to health.

As civil society organisations working on the issue of women's and girls' health from a wide variety of perspectives and in a range of contexts, we would like to highlight the lack of clear focus on human rights of women and girls in the *Joint Action Plan*. We consider human rights as essential for ensuring that global, regional, national and local efforts achieve equitable and sustainable progress on *all* MDGs, in particular Goal 3 (on gender equality and women's empowerment) and Goal 5 (on maternal health).

Women, particularly women living in poverty, continue to face a range of barriers (financial, legal, social and other) to accessing the healthcare services they need. Difficulties in accessing services are closely linked to state failure to guarantee non-discrimination, equal access to care, and other dimensions of the human rights to life and health. The draft *Joint Action Plan* does not reflect this reality and does not adequately reflect states' obligations to realise the right to health and other human rights of women and girls. We believe that a human rights-centred approach to strategies, policies and programmes aimed at realising the MDGs will enhance their effectiveness.

Women and girls across the world are subjected to gender discrimination and other human rights violations, including harmful practices and gender-based violence. They are also frequently subject to multiple forms of discrimination, for example because of their race, caste, ethnicity, disability, socio-economic or marital status.

Failure to tackle discrimination and ensure accountability in efforts to meet all of the MDGs will undermine progress. This was recognised by the General Assembly at the 2005 World Summit, by the UN Human Rights Council in its Resolution 11/8 (2009) with regard to preventable maternal mortality and morbidity, and by the Secretary-General in his report *Keeping the Promise* for the September UN Summit.

We welcome the inclusion of an accountability framework in the draft *Joint Action Plan*. However, the framework must ensure that states' health policies, strategies, programmes - and the implementation of these - are consistent with human rights standards. In particular, the *Plan* should promote accountability for maternal health interventions through a series of measures including:

- Monitoring of systemic failures leading to maternal mortality;
- Promoting equitable access to emergency obstetric care;
- Establishing grievance and redress procedures; and
- Promoting the improvement of birth and death registrations.

The draft *Joint Action Plan* calls for national health plans to be based on an integrated package of priority health interventions to improve access to health services for women and children. Realising women's right to health requires states and donors to invest in health interventions that are proven to have maximum impact in preventing and reducing maternal mortality and morbidity. The UN Millennium Task Force on Maternal and Child Health and the

Global Consensus on Maternal, Newborn, and Child Health have both pointed to the importance of skilled attendance at childbirth, access to emergency obstetric care and referral systems, as well as improved access to family planning and access to safe abortion. These services, as well as a plan to address inequities in the enjoyment of them, should be front and centre of any policy to reduce maternal mortality and morbidity.

We are convinced that systematic integration of the human rights dimensions of women's and children's health within the *Joint Action Plan* is vital to ensuring meaningful and sustainable progress on all MDGs. Such integration should reflect the relevant provisions contained in international law and standards, including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, Convention on the Elimination of all Forms of Discrimination Against Women, and Convention on the Rights of the Child.

We call on the Secretary-General and UN member states to ensure that the *Action Plan*:

- Reaffirms, in line with the 2005 World Summit Outcome, that gender equality and the promotion and protection of the full enjoyment of all human rights and fundamental freedoms for all are essential to the achievement of the MDGs.
- Reaffirms the key principles identified in the 2010 Office of the High Commissioner for Human Rights study on preventable maternal mortality and morbidity and human rights: accountability, participation, transparency, empowerment, sustainability, international cooperation and non-discrimination.
- Recognises girls' and women's sexual and reproductive rights, including universal access to reproductive, sexual and maternal health.
- Recognises the importance both of collecting data on the Emergency Obstetric Care indicators outlined in the *UN Guidelines for Monitoring the Availability and Use of Obstetric Services* (as revised) and of building the capacity of states to measure these indicators.
- Recognises the need for stakeholders to commit to ensuring that their actions to improve women's and children's health are consistent with their human rights obligations, including the obligations to ensure non-discrimination, gender equality, participation and accountability.
- Promotes actions to:
 - Eliminate all barriers to access to maternal health services, including user fees and other financial barriers, and third party consent requirements for sexual and reproductive related health care;
 - Reform laws and policies that discriminate against women, for example those that criminalise abortion.

-ENDS

This statement is signed by:

Action Canada for Population and Development
Amnesty International
Center for Reproductive Rights
Economic and Social Rights Centre
Human Rights Watch
International Commission of Jurists
International Initiative on Maternal Mortality and Human Rights
International Planned Parenthood Federation
Realizing Rights: The Ethical Globalization Initiative

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