

THE UTILITY AND LIMITS OF RIGHTS-BASED APPROACHES

WHAT ROLE CAN RIGHTS PLAY IN THE WORK OF INTERNATIONAL AGENCIES?

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Today, with only 1877 days to go until the turn of the millennium, there is an unprecedented opportunity to mobilize the energies and resources available for a sustainable betterment of the human condition. Rights and obligations can play an important role in the instruments that are used to shift social paradigms. The Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (Women's Convention) are two such important instruments in which rights and obligations play an important role.

CRC: AN EFFECTIVE FRAMEWORK FOR ACTION

UNICEF's experience with the ratification and implementation of the Convention on the Rights of the Child can throw valuable light on the possibilities now opening up to make major headway in the gradual fulfillment of reproductive rights, especially the reproductive rights of women, to narrow the gap between knowing what should be done and making it happen.

The Convention on the Rights of the Child is a landmark piece of human rights legislation. This Convention stands alone in international human rights law as the clearest and most comprehensive expression of what the world community wants for its children. The

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CRC's fifty-four Articles endorse a unique spectrum of rights, guaranteeing for the first time social and economic, as well as civil and political, rights in one instrument. The Convention codifies children's rights to survival, protection, development, and participation.

This Convention has been ratified by more countries, and in a shorter time, than any other human rights treaty. As of today, 167 countries have ratified the Convention on the Rights of the Child, and another nine have signed it, thereby indicating their intention to ratify. Only fourteen countries have neither ratified nor signed this Convention, with the United States of America notably among them. Efforts are underway to make this Convention the first universally ratified human rights Convention in history before the fiftieth anniversary of the United Nations.

UNICEF has worked with numerous partners and used a combination of strategies to help accelerate the ratification process. UNICEF's efforts included liaising with U.N. Ambassadors in New York, writing letters to Heads of State who signed the 1990 Declaration of the World Summit for Children, and employing advocacy in forums such as the Islamic Conference of Foreign Ministers, the World Conference on Human Rights in Vienna, and the International Conference on Population and Development in Cairo.

UNICEF also intensified its field-level follow-up with appropriate ministries, and will from now on use the CRC as the framework for its country program assistance. Data on the implementation of the rights will be regularly collected, analyzed, and widely disseminated to stimulate societal action. UNICEF began to develop electronic networking as a means of exchanging experiences and information on the CRC among its field offices. To this end, a database with a corresponding electronic conference function has been set up on ChildNet, an electronic network.

At the international level, the Committee on the Rights of the Child periodically reviews reports from States Parties, many of which have been prepared with the active involvement of nongovernmental organizations (NGOs) and experts. In fact, countries are urged to report not only the progress they have made, but also the constraints they encounter in implementing the CRC's provisions; the more candid the reports, the better. The spirit of this reporting is not to accuse States Parties, but to ask how they can be helped in moving forward better and faster.

GOALS: MILESTONES ON THE WAY TO PROGRESS

One of the most important instruments for translating the Convention on the Rights of the Child into concrete action is the formulation of the twenty-seven specific, timebound, and quantified goals for children agreed to by over 150 government leaders at the World Summit for Children in 1990. Some of these goals are to be reached by the year 1995, others by the year 2000. These goals relate to child and maternal mortality reduction, safe water and sanitation for all, universalization of primary education, reduction of malnutrition, and achievement of high coverage levels for specific health and family planning services. These milestones provide clear priorities and direction, and establish accountability for action in each of the responsible sectors.

It has been argued that global goals restrict national initiative, prioritization, and resource allocation. Similarly, some say global goals would drive countries to implement conspicuous, but unsustainable, campaigns rather than quietly build systems that will endure. I disagree with those criticisms. I firmly believe that goals are needed precisely to ensure that, whatever infrastructures and delivery systems are established, these investments will result in tangible, specific, minimum outcomes. Goals are not an end in themselves, but, translated into appropriate programs and action, goals can provide a crucial policy framework and become an effective management tool for the optimal allocation and utilization of scarce resources. Goals also tend to generate pressure on politicians and service providers. As such, they only enhance the chances of greater commitment and accountability.

ISSUES IN REPRODUCTIVE HEALTH AND FULFILLING RIGHTS

Today, the technologies, potential, and resources exist to create conditions in which the reproductive process is accomplished in a state of complete physical, mental, and social well-being. These developments imply, however, that people have the choices to regulate their fertility and to practice and enjoy sexual relationships, as well as that women can safely go through pregnancy and child-birth. For this potential to become a reality, certain critical issues have to be addressed.

Potential for Equity

The potential for complete mental and social well-being currently exists. The world today has the resources and the understanding of how these conditions can be harnessed for the benefit of all. We could create the milieu for achieving the highest level of reproductive health, but the basic issues of equity, including those for women, remain unresolved. Discrimination against women is one of the inequities that exists in the world today. This kind of discrimination requires a radically new way of looking at human relationships. Universal values need to be promoted that harmonize tradition and culture with the best interests of women. Efforts should be sensitive to the needs of women, who are most deprived and vulnerable today, and who are not represented at these forums. The issues and requirements of the most vulnerable women should be foremost, and get maximum consideration.

Specifying Technologies and Programming at Scale

Though medical technologies have been available to ensure the survival of women and deal with morbidity, these technologies have not been systematically applied to cover entire nations, particularly in the developing world. Compare, for example, the progress made in child health with women's health over the last decade. In order for programs to be implemented at scale, it is essential to specify the minimum set of interventions. In 1985, for example, the strategy and operational guidelines for the immunization program were redefined by the World Health Organization to ensure that adequate support was provided to improve effective coverage and to focus on infants. Indeed, the definition of coverage goals and specification of minimum support needed was the most important step towards achieving the goals. Though technologies have been introduced for the control of childhood diseases on a large scale, such specification within an interactive systems framework has not been available for reproductive health. Very recently the World Health Organization defined the "Mother-Baby Package," which fills this gap. The challenge now is to implement this package of services, with suitable adaptation, in all countries, ensuring that large scale programs are implemented for universal coverage. Major changes will be required in operational aspects and program design. Efforts in strengthening services need to be combined with action to empower families.

Doing the Possible Now

Debate continues on what the minimum package of services should include. Today, technologies are available to regulate fertility and deal with morbidity and mortality, for example by saving the lives of women who die unnecessarily during pregnancy and childbirth. Most of the problems that affect women in the developing world can be tackled effectively now. The spectrum of problems to be addressed depends upon the epidemiologic situation within each country. The most important factor is to ensure that an essential minimum level of reproductive health care is available for all women in all countries. We constantly need to ask ourselves "whose problems are we trying to solve?" While the debates continue, the challenge becomes to take an essential package of services *available now* for women who are most vulnerable, including mothers most in need. The emphasis should move from "*what* should we do" to "*how* should we do it and *how soon*." We need to spend more time discussing "how" to organize legal and health services, discussing "why" they are not reaching *all* women, and generating more resources to cover everyone.

Monitoring Progress

Specific goals related to reproductive health need to be defined, including goals measuring outcome as well as goals measuring processes. These definitions will ensure greater accountability. Quality of care has an impact on whether and where women seek care in the first place. In addition, quality of care is critical to a woman's decision to use formal health services. Indeed, women are willing to travel further to get to a clinic that provides better quality care. Empathetic and friendly treatment are essential elements of quality care. Monitoring will help us to know whether disparities are being reduced, and whether women and mothers who need services the most are receiving quality care.

Financing

International agencies and governments need to allocate resources to these programs within the overall context of available funds. In most instances, a disproportionately low amount of money is allocated for maternal and women's health. Governments should draw up a financing plan that reflects the fact that certain costs are increasingly borne by users. These financing plans should encourage reinvestment

of funds in the facility, thereby fostering both community ownership and improvements in service quality.

WHAT NEXT?

I would like to propose nine points for action to insure that reproductive health rights are translated into action:

1) **DEFINE TIMEBOUND GOALS TO TRANSLATE RIGHTS INTO ACTION.** These goals need to be progressively defined for smaller regions within the country, in the interest of equitable distribution.

2) **SPECIFY INDICATORS AND MEASURE CHANGE REGULARLY.** Emphasis is needed on measures for disparity reduction; "efforts" need to be measured, not only outcome.

3) **SUPPORT COUNTRIES NARROWING THE GAP BETWEEN RIGHTS AND REALITY.**

4) **ADVOCATE FOR ACHIEVING THE GOALS AND PROMOTING RIGHTS THROUGHOUT SOCIETY.** Set up mechanisms and define activities to do so.

5) **ESTABLISH SUPPORT GROUPS TO MONITOR COMPLIANCE.** Acknowledge and encourage each country's efforts and progress. "Rights" should not be used to make countries "wrong," but rather to give direction for action.

6) **DEFINE APPROPRIATE REPRODUCTIVE HEALTH PACKAGES AND MAKE THEM AVAILABLE WITH UNIVERSAL COVERAGE.** Reduce disparity and address the needs of the most vulnerable; put more resources where most women and mothers suffer; create an "essential package for all," not "everything for a few."

7) **IDENTIFY RESOURCE NEEDS AND MAKE COMMENSURATE COMMITMENTS.** Resources are needed not only for reproductive health but also for interventions that will enable women to ride the crest of change through education and income generation. A milieu in which women can make better choices has to be created, and must be supported with financial and other resources.

8) **WORK WITH GOVERNMENTS, INTERNATIONAL AGENCIES, NONGOVERNMENTAL ORGANIZATIONS, AND CIVIL SOCIETY TO RECONCILE CULTURE AND UNIVERSAL HUMAN RIGHTS WHEREVER REQUIRED.** Accountability and action of governments and international agencies need to be emphasized. NGOs and civil society, however, should also be more accountable to people and support governments committed to change.

9) **GO BEYOND RIGHTS.** Create an environment that nurtures spiritual development, growth, and transcendence to ensure sustainable societal change.

In conclusion, there is now an unprecedented opportunity to make progress for the children and women of the world. In the words of the UNICEF publication *The Progress of Nations*:

The day will come when the progress of nations will be judged not by their military or economic strength, nor by the splendour of their capital cities and public buildings, but by the well-being of their peoples: by their levels of health, nutrition and education; by their opportunities to earn a fair reward for their labours; by their ability to participate in the decisions that affect their lives; by the respect that is shown for their civil and political liberties; by the provision that is made for those who are vulnerable and disadvantaged; and by the protection that is afforded to the growing minds and bodies of their children¹

I hesitate here, but will nonetheless add the conclusion to the sentence, "by the opportunities created for spiritual development, for each one foremost as individuals, and collectively, for sustained change."

1. UNICEF, PROGRESS OF NATIONS (1994).

