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PMNCH Knowledge Summary 23: Human Rights & Accountability

Kate Sabot, Bilal Avan & Agnes Becker

IDEAS

London School of Hygiene and Tropical Medicine

<http://ideas.lshtm.ac.uk>



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Presentation Outline

- (1) Overview of PMNCH
- (2) Overview of Knowledge Summary Process
- (3) KS 23 Highlights



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Overview

Partnership for Maternal, Newborn and Child Health (PMNCH)

PMNCH is a partnership of over 400 governments; multilateral organizations; NGOs; health care professionals; donors; and the academic, research, and training communities.

<http://www.who.int/pmnch/en/>

Vision: "the achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond."

Mission: "Supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care."

Selection of Resources

- MNCH Knowledge Portal <http://portal.pmnch.org/>
- PMNCH Knowledge Summaries
http://www.who.int/pmnch/topics/part_publications/knowledge_summaries_introduction/en/index.html
- Essential interventions http://portal.pmnch.org/downloads/low/Knowledge_for_Action_Annex1_lowres.pdf



Overview

Partnership for Maternal, Newborn and Child Health (PMNCH)

Strategic Objectives

- **Broker knowledge and innovation for action**, leading to increased access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms.
- **Advocate for mobilizing and aligning resources and for greater engagement**, leading to additional resource commitments for RMNCH, visibility of women's and children's health issues in relevant forums, and consensus on evidence-based policy development and implementation.
- **Promote accountability for resources and results**, leading to better information to monitor RMNCH results, as well as better and more systematic tracking of how resource commitments are actually allocated.



Knowledge Summaries



Overview

What is a Knowledge Summary?

“PMNCH Knowledge Summaries **synthesise the scientific evidence** in a **short, user-friendly format** to inform **policy and practice**, and can be a useful resource for policymakers, advocates, program managers and others. The Knowledge Summaries bring together information from **trusted sources** such as journal articles, systematic reviews, technical guidelines, policy documents etc., and **each summary is peer-reviewed**”

3 A4 pages structured as follows:

- Front page summary
- The Challenge
- What works
- Conclusion
- References

Supporting graphics & case study text boxes



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Overview

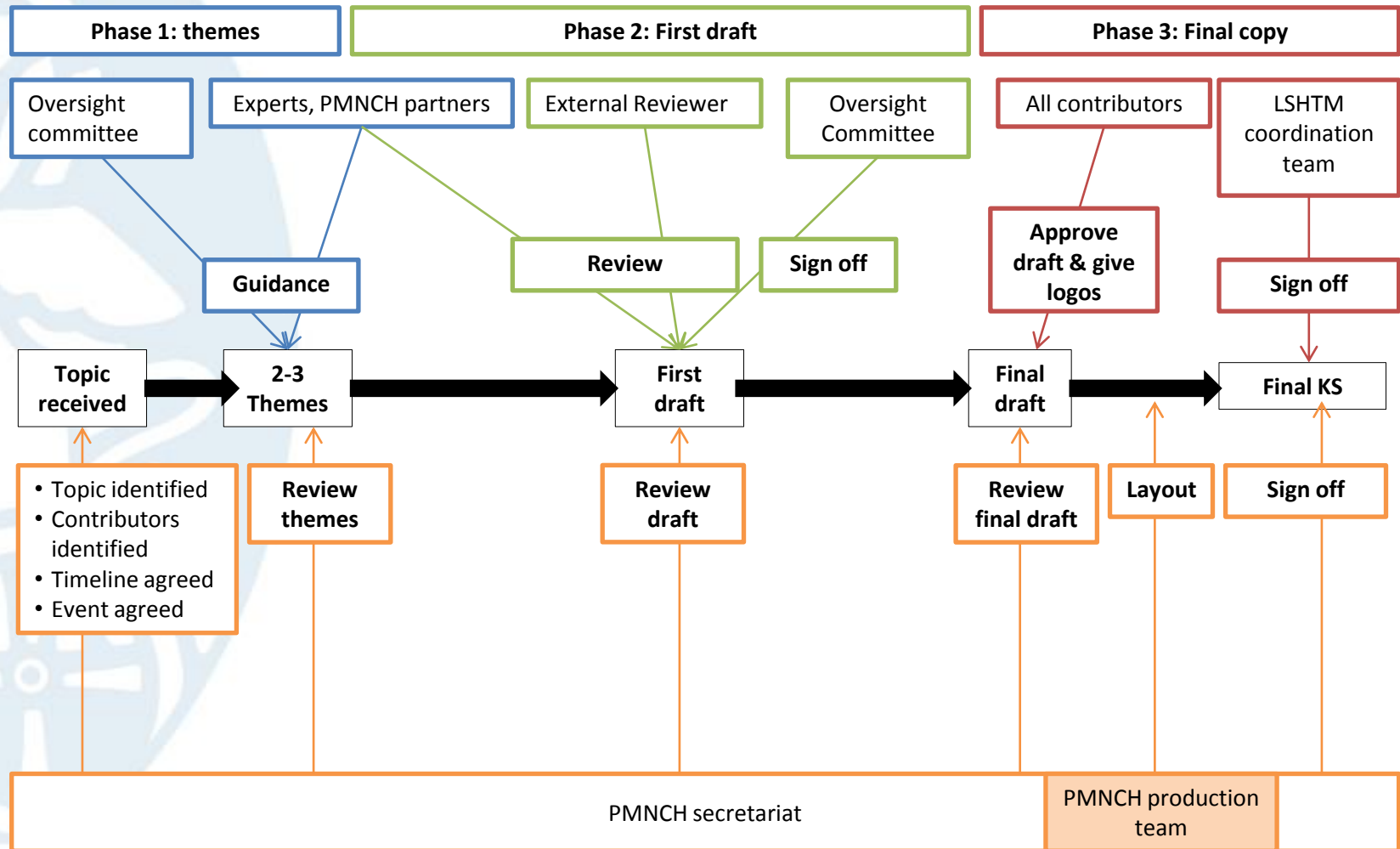
Knowledge Summary Process

- **Coordination team:** Dr Bilal Avan, Project Lead, Agnes Becker, Coordinator, Shirine Voller, Project Manager
- **Writers:** Kate Sabot, Katherine Theiss-Nyland, Dr Boika Rechel
- 3 phases of expert, peer-review
 - Phase 1: identification of topic
 - Phase 2: review of first draft following initial scoping interviews
 - Phase 3: review of final draft, incorporating expert feedback
- Experts identified by PMNCH Secretariat
- LSHTM Oversight Committee to ensure high academic quality
- Independent External Reviewer to ensure KS was relevant to policy makers
- 23 written to-date (IDEAS have worked on 5 of these, 1 in production)
- IDEAS/MARCH/LSHTM contracted to support production of 2 more KS:
 - Maternal Death Reviews
 - Vaccines



Overview

Knowledge Summary Process



KS 23 Highlights:

Development Statistics and Challenges

Development Statistics

- Developed August-December 2012
- 32 Experts consulted
- 17+ Organisations represented
- Family Care International currently translating into Spanish and adapting examples for Latin America

Implementation Challenges

- Working with different communities: MNCH academic and human rights
- Difficult decisions on what to include/exclude due to space restrictions



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KS 23 Highlights:

The Challenge

800 maternal mortalities
19,000 child mortalities
Per day [1,2]

+

Millennium Development Goals
Every Woman, Every Child
& other initiatives to address
maternal and child mortality

Accountability Challenge

KS 23 Highlights:

The Challenge

“The right to health does not mean the right to be healthy... But it does require ... policies and action plans which will lead to available and accessible health care for all...this is the challenge facing both the human rights community and public health professionals.”

-Mary Robinson, former UN High Commissioner for Human Rights



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KS 23 Highlights:

Background Operational Definitions

- **Rights based approach to health:** Reframes health needs as **essential legal entitlements** protected by international and national law, with corresponding **legally binding government obligations**.
- **Principles of human rights include:** universality and inalienability; indivisibility; inter-dependence and inter-relatedness; non-discrimination and equality; participation and inclusion; **accountability** and the rule of law.
- **Accountability:** A cyclical process of monitoring, reviewing and acting that emphasises human rights principles of equality, non-discrimination, transparency and partnership

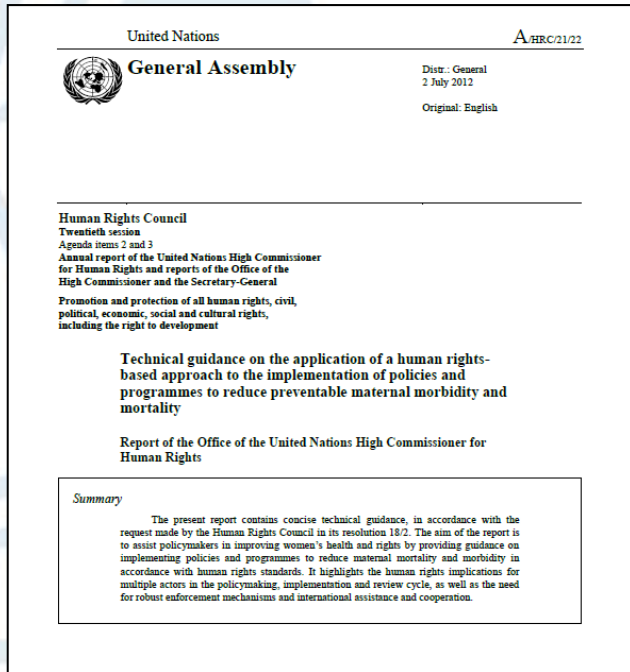


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KS 23 Highlights:

Background Human Rights Concepts



“AAAQ” framework identifies **availability, accessibility, acceptability** and **quality** of health care facilities, goods and services as essential elements of the right to health.



KS 23 Highlights:

Background Human Rights Concepts

Respect, refraining from interfering with the enjoyment of the right

Protect, enacting laws that create mechanisms to prevent violation of the right by state authorities or by non-state actors. This protection is to be granted equally to all.

Fulfill, take active steps to put in place institutions and procedures, including the allocation of resources to enable people to enjoy the right. A rights-based approach develops the capacity of duty-bearers to meet their obligations and encourages rights holders to claim their rights.

The reciprocal relationship between rights holders and duty bearers



<http://www.unfpa.org/rights/approaches.htm>



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KS 23 Highlights:

Background Human Rights Concepts

Remedy, recourse for anyone who alleges that their rights have been violated

Reparations, compensation, rehabilitation and guarantees of non-repetition



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KS 23 Highlights: What Works

Figure 1: Human Rights Accountability Mechanisms by systemic level and type

	Judicial	Quasi-Judicial	Non-Judicial
Community	<ul style="list-style-type: none"> Local courts Traditional courts 	<ul style="list-style-type: none"> Health tribunals 	<ul style="list-style-type: none"> Maternal death reviews Health facility complaint procedures Community-based monitoring Participation Media
National	<ul style="list-style-type: none"> Constitutional courts National courts Civil and criminal tribunals 	<ul style="list-style-type: none"> National Human Rights Institutions Political and legislative processes 	<ul style="list-style-type: none"> Human Rights Impact Assessments Civil society organisations Professional Associations Media
Regional	<ul style="list-style-type: none"> Regional courts Regional parliamentary resolutions 		<ul style="list-style-type: none"> Civil society organisation Professional Associations Media
International		<ul style="list-style-type: none"> Treaty monitoring body committees Optional protocols 	<ul style="list-style-type: none"> Universal Periodic Review Civil society organisations Special Procedures Media



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KS 23 Highlights: What Works Case Study

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Case Study: Ministry of Health v. Treatment Action Campaign, South Africa

In 2000, the South African Ministry of Health (MOH) restricted provision of Nevirapine, a drug used to prevent mother to child transmission of HIV (PMTCT) to pilot sites. The drug was available in the private sector, but most mothers could not access it. The Treatment Action Campaign issued a constitutional challenge as the South African bill of rights includes access to healthcare. The Constitutional Court ruled in their favour, ordering the MOH to make Nevirapine available throughout public health sector and provide the court with a plan of action. [3] By 2010 PMTCT was offered at 98% of health facilities; 87% of HIV-positive pregnant women received antiretrovirals.[4]



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KS 23 Highlights: What Works Case Study

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Case Study: Maternal Death of Savita Halappanavar, Ireland

News and social media may be the most responsive and powerful accountability mechanisms in the arsenal. One example is the worldwide furor in 2012 over the death of Savita Halappanavar who was denied an abortion of a non-viable fetus in Ireland.[5] In response to the outrage and following an investigation, there has been a call for a maternal death review and legislation is being introduced to expand access to abortion when a women's life is at risk.



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KS 23 Highlights: What Works Case Study

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Case Study: Alyne da Silva Pimental v. Brazil

Alyne died when her local health centre delayed providing emergency obstetric care. Her mother, through the support of a local non-profit, Advocaci and the Centre for Reproductive Rights brought her case to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Committee. The 2011 landmark ruling found that Alyne had been denied her basic human rights regarding access to healthcare and non-discrimination accorded to her by Brazil's constitution and the CEDAW, and recommended Brazil:

- Ensure women's right to safe motherhood and affordable access to emergency obstetric care
- Provide training for health workers
- Fully implement the National Pact for the Reduction of Maternal and Neonatal Mortality, including establishing maternal death review committees
- Ensure access to remedies when women's reproductive rights have been violated
- Pay reparations to Alyne's family[6]



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Conclusion

“Integrating the human rights framework into ongoing and post-MDG strategies can reduce fragmentation and parallel systems, improve continuity and sustainability, and enhance the equity and accountability to help realise shared goals.” [7]



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- [2] UNICEF, et al., *Levels & Trends in Child Mortality*, 2012.
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- [4] UNGASS, *Global AIDS Response Progress Report: Republic of South Africa*, 2012: http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_ZA_Narrative_Report.pdf (access date 18 December 2012).
- [5] Brice, M., *After Death of Savita Halappanavar, Ireland Will Legalize Abortion*, 2012: <http://www.medicaldaily.com/articles/13590/20121219/death-savita-halappanavar-ireland-will-legalize-abortion.htm> (access date 20/12/2012).
- [6] Judith Bueno de Mesquita and E. Kismodi, *Maternal mortality and human rights: landmark decision by United Nations human rights body*. Bulletin of the World Health Organization, 2012. **90**: p. 79.
- [7] Kuruvilla, S., et al., *The Millenium Development Goals and Human Rights: Realizing Shared Commitments*. Human Rights Quarterly, 2012. **34**: p. 141-177.