

H.E. Mr. Ban Ki-moon
Secretary-General
United Nations

27 May 2011

Report of the Commission on Information and Accountability for Women's and Children's Health: A response from civil society

Dear Secretary-General,

We civil society organisations,¹ working to promote human rights relating to women's and children's health, welcome *Keeping Promises, Measuring Results*, the report of the Commission on Information and Accountability for Women's and Children's Health, which was established to ensure oversight of the Global Strategy you launched last year.²

We welcome in particular the centrality given in the report, to the right to the highest attainable standard of health and of the importance of achieving equity in health. We welcome also the crucial link made between resources, results, outcomes and impact. This is critical for monitoring the fulfilment of the highest attainable standard of health, as it determines how legal and political commitments are translated into policy efforts in specific contexts. Furthermore, we believe the 'monitor-review-act' framework for accountability the Commission proposes could make an important contribution to achieving the UN Millennium Development Goals (MDGs).

We recall that in September 2010 at the High-level Plenary Meeting on the MDGs, the UN General Assembly recognized that "the respect for and promotion and protection of human rights is an integral part of effective work towards achieving the MDGs," acknowledged "the importance of gender equality and empowerment of women to achieve the [MDGs]," and welcomed the Global Strategy on Women's and Children's Health.³ The UN Human Rights Council has also welcomed the Global Strategy, and requested *all* relevant stakeholders, including the United Nations, to identify good or effective practices in adopting a human rights-based approach to eliminating preventable maternal mortality and morbidity.⁴ Furthermore, the Council has called on all States to integrate a human rights perspective into their initiatives to reduce maternal mortality and morbidity.⁵

We therefore urge you to ensure that human rights principles and standards are fully integrated into your work with governments, civil society and other development partners to effectively implement the Commission's recommendations. In particular we urge you to take the following elements into account:

¹ Action Canada for Population and Development, Amnesty International, Center for Economic and Social Rights, Human Rights Watch, International Planned Parenthood Federation, and Ipas.

² The report of the Commission, and the Global Strategy on Women's and Children's Health are available at www.everywomaneverychild.org

³ UN General Assembly resolution 65/1, adopted by consensus on 22 September 2010, at paragraphs 53, 54 and 73(p).

⁴ UN Human Rights Council resolution 15/7, Preventable maternal mortality and morbidity and human rights: follow-up to Council resolution 11/8, adopted by consensus on 30 September 2010.

⁵ UN Human Rights Council resolution 11/8, Preventable maternal mortality and morbidity and human rights, adopted by consensus on 17 June 2009.

1. Human rights indicators

Our organisations have previously urged the Commission to develop an accountability framework that is responsive to the root causes of maternal mortality and morbidity and tracks governments' observance of human rights obligations, such as the right to freedom from discrimination.⁶ The World Health Organisation's work on the social determinants of health has similarly highlighted persistent health inequities, in particular those resulting from gender-based discrimination, as factors determining risk of illness and the potential for prevention and treatment.⁷

The accountability framework in the Commission's report focuses on health, the health system and budgetary indicators, but also needs to address the way in which legal, social and other barriers impede women's access to sexual, reproductive and maternal health care. The framework should also address how quality of care affects health outcomes and individuals' experiences of the health system.

We urge you to help ensure that the national and global oversight mechanisms established as a result of the Commission's work track barriers, quality of care and equity, in line with governments' obligations under international and regional human rights treaties.

2. National accountability mechanisms

We strongly endorse the Commission's recommendation that all countries establish national accountability mechanisms by 2012. However, the Commission has defined the scope of such mechanisms narrowly, focusing only on national review of data on progress and performance in the health sector. Accountability at the national level requires more than data review: Judicial and non-judicial national accountability mechanisms such as national human rights institutions, Ombudspersons, patients' rights institutions, and courts can strengthen accountability for women's and children's health, by reviewing not only laws, policies and data but also individual complaints of violations of human rights. In many countries, women and their families who are victims of human rights violations, have extremely limited access to avenues to make complaints and seek redress, whether through courts or other means. The absence of strong national and local accountability processes and mechanisms presents one of the biggest challenges in realising the right to health of women and children.

⁶ Letter to the Commission on Information and Accountability for Women's and Children's Health by Action Canada for Population and Development, Amnesty International, Center for Reproductive Rights, Canadian Society for International Health, Human Rights Watch, International Planned Parenthood Federation, Ipas, 21 January 2011, <http://www.hrw.org/en/news/2011/01/21/letter-commission-information-and-accountability-women-s-and-children-s-health>; Amnesty International letter to the Commission on Information and Accountability for Women's and Children's Health, 22 February 2011, <http://www.everywomaneverychild.org/upload/AI%20response%20to%20WG%20discussion%20papers%20Feb%202011969802.pdf>; Amnesty International letter to the Commission on Information and Accountability for Women's and Children's Health, 5 April 2011, <http://www.everywomaneverychild.org/upload/Amnesty%20International%20response%20on%20draft%20final%20Working%20Group%20papers.doc523331.pdf>; Human Rights Watch letter to Amnesty International letter to the Commission on Information and Accountability for Women's and Children's Health, 12 April 2011, <http://www.everywomaneverychild.org/upload/HRW%20comments%20on%20Discussion%20Paper%20on%20Accountability%20for%20Results479820.pdf>

⁷ CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

The accountability framework developed by the Commission aims to accelerate progress towards “keeping the promise” of achieving the MDGs by 2015, however the national accountability mechanisms should continue beyond 2015. Furthermore, national accountability mechanisms should develop plans with timetabled actions for implementation of the Commission’s recommendations, to maximise the potential for progress.

In line with General Assembly resolution 65/1 on the MDGs, we hope that you will encourage State parties to human rights treaties to ensure that their national accountability mechanisms are consistent with their treaty obligations. Mechanisms such as the UN Human Rights Council’s Universal Periodic Review, the human rights treaty monitoring process and regional human rights mechanisms are also crucial to a comprehensive accountability framework.

3. Remedial action

The Commission’s report includes some important references to “remedial action.” Remedies for violations of the right to health and other human rights will help to ensure that advances in health are meaningful and sustainable. Remedies may include restitution, rehabilitation, compensation, satisfaction and guarantees of non-repetition. We therefore urge you to help ensure that the national accountability mechanisms and the Expert Review Group give due attention to remedial action for human rights violations.

4. Mutual accountability

The framework’s focus on mutual accountability is narrowly construed. Such accountability should not be limited to the monitoring of, and reporting on, transfers of financial and technical assistance. Mutual accountability also includes adequate monitoring and other accountability mechanisms to ensure that the use of development assistance for delivering women and children’s health is consistent with human rights standards. This could include periodic parliamentary scrutiny, reporting to human rights treaty monitoring bodies and to the UN Human Rights Council’s Universal Periodic Review process, and ensuring that national human rights institutions are mandated to consider the human rights impact of development assistance. Regional bodies can also play an important role in promoting mutual accountability.

5. Expert Review Group

We note the Commission’s recommendation to establish an independent “Expert Review Group” to report regularly to the UN Secretary-General on results and resources related to Global Strategy and on progress in implementing Commission’s recommendations. We welcome the recognition of the need for diversity of knowledge in terms of the membership of the Group, and for an open and transparent nomination process that includes civil society.

In order to ensure the Group’s independence, individuals who hold any position within a government or another organisation that could compromise their impartiality and independence should not be nominated. The Group must not only include individuals with recognized competence in the field of women’s and children’s health but also in human rights. The criteria for selection should reflect substantive knowledge, diversity, geographical and gender balance. We very much hope that you will engage civil society organisations in the solicitation and selection of nominees.

The mandate of the Group must include oversight including monitoring, to ensure consistency with international human rights standards. Accountability in the context of women's health is intrinsically linked to an understanding of what it means to observe human rights in the delivery of sexual, reproductive and maternal healthcare. Our research and experience has shown that effective maternal mortality reduction policies have incorporated observance of human rights at their core, as essential to equitable and sustainable progress in women's and girls' health.

6. Consultation on the Commission's recommendations

The proposed stakeholder consultations on implementation of the Commission's recommendations must be conducted in an open and transparent manner, in line with the best practices. We believe it is paramount to allow sufficient time and space for stakeholder deliberations in order for the national and global oversight mechanisms to serve their purpose of aiding partners in fulfilling their obligations under the Global Strategy.

Secretary-General, in view of your personal engagement in the Global Strategy for Women's and Children's Health, we very much hope that you will take our recommendations into full consideration, in particular as you set up the Expert Review Group and assist in the establishment and work of the national accountability mechanisms. We look forward to continued cooperation with the United Nations in helping to improve women's and children's health.

Yours sincerely,

Action Canada for Population and Development, Amnesty International, Center for Economic and Social Rights, Human Rights Watch, International Planned Parenthood Federation, and Ipas.

