**Draft UNFPA input to OHCHR report on the contribution of the right to health framework for effective implementation of the health related Sustainable Development Goals**

The United Nations Population Fund (UNFPA) submits this report to the Office of the High Commissioner (OHCHR) pursuant to paragraph 13 of the Human Rights Council resolution 35/23 entitled: “*The right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development*”, which requested the High Commissioner “to prepare a report which presents contributions of the right to health framework to the effective implementation and achievement of the health related Sustainable Development Goals, identifying best practices, challenges and obstacles”.

UNFPA operates in over 150 countries to strengthen sexual and reproductive health systems and care, including access to family planning, maternal health care services, HIV prevention, and sexuality education. It also works to advance gender equality and empower women to freely decide on their fertility and sexuality free of coercion and violence, including by preventing gender-based violence, female genital mutilation and early, forced, and child marriage.

# Overview

The right to health framework provides a valuable contribution to UNFPA’s work in supporting the implementation of the health related SDGs targets, in particular those under SDG 3, Ensure healthy lives and promote wellbeing for all at all ages, and SDG 5, Achieve gender equality and empower all women and girls. This UNFPA report to OHCHR focuses on key principles from the right to health framework that are at the core of UNFPA’s efforts to achieve universal access to sexual and reproductive health: i) the need to address the underlying determinants of health, in particular gender inequality and violence; ii) leaving no one behind through a focus on equality and non-discrimination; and iii) and supporting participation and accountability processes. An overview of how these principles cut across UNFPA’s efforts in support of the SDGs, with illustrative examples that highlight both achievements and challenges faced, is provided.

1. **Addressing the underlying determinants of the right to health**

**Gender Equality:** UNFPA’s approach to public health is based on the premise that women’s sexual and reproductive health is determined not only by their access to health services, but also by their ability to freely decide on all matters related to their sexual and reproductive health and rights. Women in general, but especially adolescents and those living in poverty, are often unable to access care because they lack the decision making power, the financial resources or the empowerment to challenge harmful, stigmatizing or discriminatory social norms and therefore cannot obtain the full range of their sexual and reproductive health and rights to services and information. These historic and substantial restrictions have been institutionalized in regulations, laws and policies. There is thus a need to take regulatory, legal and policy measures to empower women and adolescents to make informed choices, free from coercion, in the exercise of their sexual and reproductive health and rights.

UNFPA’s work to end child marriage illustrates the importance of addressing discriminatory social norms and practices in order to ensure positive health outcomes for women. Early marriage means adolescent women and girl face the risks of early pregnancy and the associated health implications. UNFPA is working to end child marriage through the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. The programme has a 15-year strategy to promote the rights of girls to marry only after they have reached the age of 18, addressing the underlying conditions that perpetuate the practice and support girls already in union. The joint Programme, in partnership with governments and civil society, is turning commitment into tangible action to transform the lives of girls by using five proven strategies to end child marriage: building the skills and knowledge of girls at risk of child marriage; supporting households in demonstrating positive attitudes towards adolescent girls; strengthening the systems that deliver services to adolescent girls; ensuring laws and policies protect and promote adolescent girls’ rights; and generating and using robust data to inform programmes and policies relating to adolescent girls.

In taking these efforts forward, a few key challenges have been identified in addressing child marriage. Legal reform to ensure a consistent minimum age at marriage of 18 is still a significant hurdle. In the vast majority of countries, exceptions to minimum age laws (that lower the age based on parental consent, under religious or customary law, with court approval, or when the girl is pregnant or given birth) mean that girls younger than 18 can be married. Moreover, while a growing number of countries are adopting national strategies and action plans to end child marriage, implementation of these strategies is still weak with little to no domestic resource allocation to the strategy itself.

**Violence:** While positive milestones have been achieved in various areas relating to addressing rights of women and girls, 1 in 3 women throughout the world still experience physical and/or sexual violence by a partner or sexual violence by a non-partner. The health consequences of violence are immense - women who have been physically or sexually abused by their partners are more than twice as likely to have an abortion, almost twice as likely to experience depression, and in some regions, 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence. They are more likely to suffer from life-long physical injuries and mental trauma, are burdened by and forced to lead lives shadowed by fear, trauma and guilt.

Despite extensive commitment by governments, women’s and civil society organizations and other relevant stakeholders, many women and girls subjected to violence still lack access to coordinated, quality essential services for their safety, health and access to justice.  Even where basic support services exist in the world, they are typically underfunded, understaffed, not of sufficient quality, and mostly available only in the capital or district-level cities. Even in high-income countries, the availability, quality and access to such services can be insufficient, uncoordinated or limited in scope or coverage. These services are even more inaccessible for women and girls who suffer multiple forms of discrimination and/or are particularly marginalized, such as migrant and younger women, women living with disabilities or HIV and AIDS, or those living in remote or rural areas.

To improve the quality of and access to essential multi-sectoral services, UN Women and UNFPA, together with WHO and UNODC, initiated the Essential Services Programme in 2013. The term essential services refer to a set of core or minimum services that respond to the immediate and long-term needs and well-being of women and girls who have experienced violence. Founded on the principles of the human rights-based approach, it aims to reach agreement on a package of internationally agreed guidelines and tools for the provision of essential services and to provide technical support and assistance on how to implement these at the country level. The initiative has been rolled out in 10 pilot countries and 30 self-starter countries globally.

1. **Leaving no one behind**

For UNFPA, LNOB has always been at the heart of our work, and all of our work is focused on marginalized and unprivileged groups. UNFPA has long worked to improve coverage and quality of health services for those considered most marginalised, including first-time young mothers and adolescent girls, those living in poor urban settings, indigenous women, women living with disabilities, and populations living with or at risk of HIV. Our Strategic Plan includes both specific outcomes and outputs that focus on the needs and rights of these groups, and 90 per cent of UNFPA outcome indicators can be disaggregated by sex, age, residence, and wealth quintile to track both our reach and impact. We promote the inclusion of national census questions on both disability and migration status in all countries where we work, so that persons with such life conditions can be better located and served in future.

Leaving no one behind demands that we **can identify and locate the vulnerable in every context**. To further these aims, UNFPA’s assures the generation and expert use of population data, enhances government capacity to use such data for development, and promotes access to high-quality population data for all UN partners. For the population and housing census, UNFPA is the leading UN partner of National Statistical Offices, and for the 2020 census round UNFPA is expanding the generation, dissemination and use of high-resolution geospatial census data, for all sectors of government and development partners. Population data are essential to operationalizing LNOB, as they provide crucial data on subnational variations and inequalities in health, educational attainment, wealth, and access to resources - and the obstacles to universality and equality.

For populations living in hard-to-reach locations, or areas of high insecurity, UNFPA is partnering with research teams to innovate a “hybrid census” approach that combines micro-surveys and remote sensing from satellite images to estimate the population census.

Partnering with UNHCR, OCHA and IOM, UNFPA has agreed to commit increasing human and fiscal resources to apply our demographic and population expertise to strengthen the Common Operational Data (COD) on Population, to improve population estimates in areas of humanitarian crisis.

UNFPA’s dual approach to LNOB - ensuring the data to identify and locate those furthest behind, and developing dedicated programmes to address their specific needs - is exemplified by our work with youth and women with disabilities. The WE DECIDE Youth and Women with Disabilities initiative promotes the human rights of persons with disabilities, to live a life free of gender based violence, and the chance to access and exercise sexual and reproductive health and rights. Building on UNFPA’s programmes centred on ensuring that all women and young people are empowered to a live a life free of violence and discrimination, the WE DECIDE Programme is working to building evidence and knowledge including through a global study and a resource tool aimed at strengthening disability and sexual and reproductive health statistics, as well as advocacy with governments to include questions on disabilities in their upcoming censuses. Through WE DECIDE, UNFPA is also working directly with young people themselves, to develop accessible sexual and reproductive health materials, and guidelines for strengthening service provision including on gender based violence response.

Reaching the furthest behind also requires innovation to find solutions to reach marginalised populations. Two examples of innovative approaches are UNFPA’s work to promote equitable access to quality midwifery care in remote rural areas and expanding access to care for women and girls suffering from obstetric fistula, are highlighted below.

Promoting equitable access to quality midwifery care in rural areas

Since 2008, UNFPA through its midwifery programme has been investing in building skills and capacities of midwives through quality training and education and strengthened regulatory mechanisms to help improve health outcomes; avert maternal and newborn deaths and disabilities and improve accountability mechanisms. However, a critical challenge to these efforts has been to find a solution to reach marginalized populations in rural areas and to provide them with quality midwifery care and midwifery services. In rural areas, midwifery services are often of poor quality due to a lack of basic infrastructure, availability of trainers and poor quality education and training.

To address these challenges, between 2014-16, UNFPA helped develop 10 multi-media E-Learning training modules for midwives and community health workers on key life-threatening emergencies (e.g post-partum hemorrhage, hypertension, obstructed labor, sepsis, post abortion care), essential new-born care, family planning, female genital mutilation and danger signs in pregnancy. These user-friendly, interactive modules come with built-in graphics and videos, standards and protocols and follow a clinical decision making model. These modules do not require internet connectivity and being interactive, they even help overcome the challenge of lack of qualified trainers. To date over 10,000 midwives have benefitted from updating their life-saving skills using these modules in 20 countries.

Harnessing the Power and Potential of Mobile Technology: expanding access to care for the poorest and most marginalised women and girls suffering from obstetric fistula

Obstetric fistula is a devastating childbirth injury that leaves women and girls incontinent and often stigmatized and isolated from their families and communities. If left untreated, it can lead to devastating, lifelong morbidity with serious medical, psychological and social consequences. Evidence shows that approximately 90 per cent of women who develop fistula deliver a stillborn baby. A woman with fistula is not only left incontinent but may also experience neurological disorders, orthopaedic injury, bladder infections, painful sores, kidney failure or infertility. The odour from constant leakage, combined with misperceptions about its cause, often result in stigma and ostracism. Many women with fistula are abandoned by their husbands and families. They may find it difficult to secure income or support, thereby deepening their poverty. Their isolation may affect their mental health, resulting in depression, low self-esteem and even suicide.

To address this health and human rights tragedy, in 2009, the Comprehensive Community Based Rehabilitation (CCBRT) in Tanzania partnered with UNFPA and mobile technology company, Vodacom, to initiate an innovative project that uses the M-PESA mobile phone money transfer service to help women and girls access fistula repair surgery. Although CCBRT provides fistula surgery free of charge, many women and girls were unable to reach a hospital due to the high cost of transportation. Using mobile-to-mobile banking technology, funds can now be transferred to fistula patients to cover this cost, with the help of community-based outreach workers or “ambassadors” who identify and assist woman and girls suffering from fistula in their local communities. Since the project began, the number of women that received fistula treatment has grown exponentially.

Challenges:

It must also be noted that there are challenges to LNOB that cannot be resolved by UNFPA alone, or even by the wider UN development system. For example, we cannot easily address the health needs of indigenous women and girls, or those with disabilities, or those who are homeless, or those with multiple complex forms of discrimination - in the absence of data on such needs. Yet our national population systems are often inadequate to locate those in need, especially if they are in small numbers, and where discrimination runs especially deep - identification of difference may also put people at risk of violence.

Whilst the main international surveys that collect data on health in middle and low income countries, offer the option to disaggregate data by ethnicity, it is not routinely collected or analysed. A forthcoming UNFPA, UN Women, UNICEF factsheet highlights the challenge of disaggregated data, and calls for the more participation of indigenous communities in data collection processes; the promotion of ethnically disaggregated data in all reporting mechanisms of donors; NGOs and international institutions; and improving the collection, analysis and publication of ethnically data at the country level.

1. **Accountability**

One of the key challenges to meeting the right to health through the SDGs is that of accountability. In situations where individuals’ rights are violated because of low quality of service care, lack of information and choice, disrespectful and abusive behaviour, discriminatory laws, there are few (formal and informal) mechanisms by which to bring attention to these violations and seek redress. For marginalized group, this situation is particularly acute.

UNFPA is working to strengthen systems of accountability by supporting reporting to and follow up of recommendations from international human rights mechanisms in relation to gender equality and sexual and reproductive health and rights.

In this context, the Universal Periodic Review has provided a critical avenue for promoting a human rights based approach to sexual and reproductive health and strengthening government accountability in this area. SRHR is one of the most frequently cited issues in the UPR process. However, UNFPA’s preliminary research on the extent to which UPR recommendations from the 2nd cycle address gender equality and SRHR issues has found that the percentage of which these issues have been raised as an overall part of the UPR recommendations has decreased from 26 % in the first cycle to 18% in the second cycle. These preliminary findings signal the need for a strengthened focus on gender equality, women’s empowerment and sexual and reproductive health and rights in the recommendations by the Human Rights Council to enable UNFPA and partners to better support national efforts to address gender inequality and discrimination in efforts to meet the SDGs.

UNFPA is also supporting National Human Rights Institutions monitor sexual and reproductive health and rights. Capacity of NHRIs to engage in advancing gender equality and sexual and reproductive health and reproductive right is uneven, with NHRIs’ knowledge and understanding of the human rights dimension of sexual and reproductive health and wellbeing often insufficient or fragmented among these institutions. To address this gap, UNFPA has been working at the global, regional, and country level to strengthen the attention that NHRIs give to sexual and reproductive health and reproductive rights issues and their capacity to engage. Further support of NHRIs is needed if they are to be appropriately mandated and resourced to monitor and support the right to health.

Finally, in the area of SRHR there are still significant data gaps that comprise the ability to monitor their implementation. The monitoring that takes place often focuses on service delivery but not on dimensions of women’s empowerment and human rights and freedoms overall. UNFPA is working to address this gap in the SDG context, through its role as custodian of SDG indicators 5.6.1 and 5.6.2, which measure women’s decision making ability around sexual and reproductive health, and laws that guarantee access to SRHR respectively. In collaboration with UN-Women and WHO, UNFPA is developing metadata for these indicators which to be rolled out globally in 2018.

1. **Conclusion**

The human rights framework to health is a valuable framework to support States and development organisations systematically apply a human rights lens to policies and programmes to support health related SDGs and ensure outcomes are aligned with human rights standards. Yet, there are a number of challenges faced in ensuring the implementation of the framework - among these the weakness of national and international accountability mechanisms, particularly in areas related to SRHR, weakness of data on both marginalised groups and on dimensions of women’s empowerment and human rights, the need to reform regulations and policies that inhibit equal access to SRHR and ensure they are implemented, and the need to more systematically address the underlying determinants of health, including the discriminatory social norms and practices that prevent women’s autonomous decision making around their sexual and reproductive health and rights.