Transforming Global Health and Development Through Human Rights[1]

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Women, Children, and Adolescent Health: An Unfinished Agenda

Healthy women, children, and adolescents whose rights are protected are at the very heart of sustainable development. Their inherent right to the highest attainable standard of health is enshrined in the constitution of the World Health Organization (WHO) and international human rights law. The WHO constitution states this explicitly:

> The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.[2]

The Global Strategy of Women's, Children's and Adolescents' Health (2016-2030) clarion call is to survive, thrive, and transform. When the right to health is upheld, access to all other human rights is also enhanced, triggering a cascade of transformative change. If this becomes a reality, the delivery of the Sustainable Development Goals (SDGs) will indeed leave no one behind.

Progress in the realization of rights has been reported from every region of the world over the past 20 years. Governments have taken steps to implement

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their commitments to the health and human rights of women, children, and adolescents, with laudable reductions achieved in maternal mortality and, to a greater extent, infant mortality and morbidity—key objectives of the Millennium Development Goals (MDGs). Globally, the under-five child mortality rate dropped by more than 50 percent between 1990 and 2016.[3] Maternal mortality rates lowered on average by 44 percent in 25 years, and the global life-time risk of maternal death fell from one in 73 to one in 180.[4]

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Despite this hard-won progress, millions of women, children, and adolescents worldwide continue to face challenges in their access to essential high-quality health services. Poor sexual and reproductive health outcomes make up a third of the total global burden of disease borne by women between the ages of 15 and 44.[5] Violence and unsafe sex, which are major risk factors for death and disability among women and girls in low- and middle-income countries, continue to disproportionately affect marginalized groups in high-income countries as well.[6] Seventeen thousand children under five years old still die every day, largely from preventable communicable diseases and malnutrition; among those who survive, an estimated 200 million children do not have access to the resources they need to attain their full developmental potential.[7]

Although the global maternal mortality ratio—the number of maternal deaths per 100,000 live births—was halved between 1990 and 2013, it did not fulfill the target of MDG Goal 5, which aimed for a 75 percent reduction by 2015.[8] According to estimates in 2015, 303,000 women died from complications of pregnancy and childbirth, with a majority of these deaths occurring in low- and middle-income countries.[9] Furthermore, approximately 22 million unsafe abortions take place worldwide every year.[10] Catastrophic out-of-pocket health expenditures for healthcare services, such as treatment of complications from unsafe abortions, continue to affect women and girls around the world.[11] The burden of maternal morbidity remains high.[12] Each year, 5.4 million women endure pregnancies that end in stillbirth (2.6 million in 2009) or neonatal death (2.8 million in 2013).[13] An estimated 225 million women worldwide have an unmet need for modern contraception.[14]

In 2013, almost 60 percent of all new HIV infections among young people aged 15–24 occurred among girls and young women.[15] One in three women

aged 15–49 has been subjected to physical violence, sexual violence, or both by an intimate partner or to sexual violence by a non-partner, with many short- and long-term consequences for their health.[16]

Discrimination and stigma in healthcare delivery are still widespread against women, adolescents, and children, especially against those belonging to marginalized groups, preventing them from receiving essential treatment and care. Punitive laws and sanctions regarding access to certain health services, including treatment for HIV and sexual and reproductive health services, continue to undermine the rights of women, children, and adolescents. For example, in many countries the legal framework for abortion remains under penal code, which may lead to criminal sanctions for women seeking the service, for the service provider, or for persons assisting with access to abortion and the provision of information about it.[17]

Furthermore, while notable progress has been made, many young people—especially adolescent girls—are still denied the financial and educational opportunities required to realize their full potential. Girls in particular face specific impediments, such as lower levels of schooling.[18] The *Lancet* commission on analysis of adolescent health and wellbeing elaborated in detail on the relationships between a number of risk and structural factors, including legal and economic rights and cultural practices, which are of particular concern for adolescent girls.[19] Millions of adolescents still have little to no access to comprehensive sexuality or life skills education.[20] Over the course of the MDGs, HIV deaths increased for adolescents while decreasing for all other age groups. Millions of young people around the world continue to face human rights abuses, particularly female genital mutilation (FGM) and child, early, and forced marriage.[21]

An Unprecedented Opportunity

Agreed upon by the 193 member states of the UN, the new agenda, *Transforming Our World: the 2030 Agenda for Sustainable Development*, consists of a declaration, 17 SDGs, and 169 targets.[22] These decisions formulated the global course of action to end poverty, promote prosperity and well-being for all, protect the environment, and address climate change.

Health occupies a central role in the SDGs: SDG 3 promotes the well-being of everyone at all ages, and health targets and indicators are scattered throughout many of the other goals, including Goal 5 (gender equality). As in the preceding Rio+20 declaration, health is recognized as a prerequisite for sustainable development writ large.

The centrality of human rights to sustainable development is also recognized. Agenda 2030 reaffirms that states must "respect, protect and promote human rights, without distinction of any kind as to race, colour, sex, language, religion, political or other opinions, national and social origin, property, birth, disability, or other status."[23] It emphasizes that its SDGs will not be achieved unless and until human rights and dignity are ensured for individuals everywhere.

The new Global Strategy on Women's, Children's and Adolescents' Health (2016–2030), formulated as a frontrunner in the implementation of SDGs, defines its vision as such: "By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies."[24] The objectives of the strategy therefore go beyond the reduction of mortality and morbidity to a holistic focus on surviving, thriving, and transforming.

Creating a New Vision for the Future: Realizing Rights to Health and Through Health

To respond to these challenges, and to realize the SDG vision of leaving no one behind, the Global Strategy sets out a vision for an integrated, multi-sectoral action agenda that extends to the creation of "enabling environments" and transformational change. To ensure this vision delivers its promise of more rights-based approaches, in 2016 WHO and OHCHR convened a High Level Working Group on the Health and Human Rights of Women, Children and Adolescents. The Working Group has generated high-level political dialogue for the advancement of the health and human rights agenda at the national level through the implementation of the new Global Strategy. The final report of the Working Group, which was presented at the 70th World Health Assembly in 2017, provides guidance on how human rights can be integrated into health programming. Furthermore, it suggests how indicators and data sources can be repurposed to enhance accountability for rights in collaboration with other UN partners, by linking health with human rights at the global, regional, and national levels.[25]

Addressing existing gaps and inequities in implementation is essential to ensuring that current and future generations of women, children, and adolescents can claim and realize their health and human rights. The Working Group argues that when the right to health is upheld for women, children, and adolescents, it also increases access to all other human rights, triggering a cascade of transforma-

tive change. Given that preventable death, ill health, and impairment are firmly rooted in failures to protect human rights, this report encourages leadership to realize rights to health and through health. In many settings, the international community can play an important role, but given the primary duty of states to respect, protect, and fulfill human rights, national and local leadership are vital. Even when resources are restricted, committed leadership can make a significant difference in the lives of women, children, and adolescents.

Our work was inspired by the human rights principles of equality, inclusiveness, non-discrimination, participation, and accountability, and it stands on a firm foundation of international human rights law. It owes much to the efforts of activists, health professionals, lawyers, politicians, academics, and others whose tireless and at times courageous efforts have developed this mutually dependent field of health and human rights over the past decades. It also includes numerous examples of the efficacy of a human rights-based approach to improving health, and of how better health can enable women, children, and adolescents specifically to realize their other rights.

With human rights still merely an abstract concept for millions of women, children, and adolescents, the report calls on leaders to take up the challenge of making the right to health a reality for all. By acting decisively to uphold these rights, leaders—especially at national and local levels—can put an end to preventable and unacceptable suffering, and in so doing unlock enormous human potential. Only when health and human rights are understood as interlinked will women, children, and adolescents be able to realize the vision of the Global Strategy and the 2030 Agenda for Sustainable Development to survive, thrive, and truly transform our planet.

A transformative leadership agenda is vital if women, children, and adolescents are to flourish and prosper. The Working Group report describes the key dimensions of this agenda and urges the world's leaders to base their efforts in pursuit of this agenda squarely on the human rights principles of equality, inclusiveness, non-discrimination, participation, and accountability. This can catalyze the transformation necessary to secure more peaceful, fair, and inclusive societies for everyone.

Frameworks of Cooperation and the Way Forward

On 21 November 2017, WHO Director General Dr. Tedros Adhanom Ghebreyesus and High Commissioner for Human Rights Zeid Ra'ad al-Hussein met in Geneva to formally sign a Framework of Cooperation as a follow-up to the

final report. The Framework responds directly to the three recommendations made by the Working Group to the director general and high commissioner. The four key areas of collaboration outlined in the Framework are as follows:

- Supporting the advancement of, and respect for, international norms and standards for the realization of human rights to health and through health, including through international human rights monitoring mechanisms (e.g. Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, Universal Periodic Review, etc.);
- Strengthening national implementation of human rights standards and human rights–based approaches to health law, policies, programs, budgets, and services;
- Enhancing member state capacities—and that of other partners—to monitor and strengthen accountability for the realization of rights;
- Jointly developing new guidance on priority health and human rights issues.[26]

The Working Group urges committed leadership. Dedicated work has taken place since the release of the report, but much remains to be done in implementing the recommendations. Sexual and reproductive health and rights have been a sensitive topic of discussion for some, but this further underlines the need for realizing human rights for all. Implementation should occur at the regional, national, and local levels. Respective partners are also encouraged to report on their experiences and developments in the field. We hope that this can inspire a positive spiral of competition: namely, national champions for women's, children's, and adolescents' health and human rights, and for the health of their communities.

Appendix: Recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents

Enable the realization of human rights to health and through health

1. Uphold the right to health in national law
2. Establish a rights-based approach to health financing and universal health coverage
3. Address human rights as determinants of health
4. Remove social, gender, and cultural norms that prevent the realization of rights

Advance human rights to health and through health by partnering with people

5. Enable people to claim their rights
6. Empower and protect those who advocate for rights
7. Ensure accountability to the people for the people

Strengthen evidence of and public accountability for the realization of human rights to health and through health

8. Collect rights-sensitive data
9. Report systematically on health and human rights

Notes

1. This article represents the views of the named authors only, and not the views of their institutions or organizations. As the co-chairs of the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents, the authors would like to thank all members of the Working Group and the Technical Advisory Group for their input in this process. The authors would also like to thank all members of the Secretariat for their input.

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