Consultation on Applying Human Rights to Women's and Children's Health

Oslo, December 5-6, 2013

Save the Children Norway

Norad

Introduction

Efforts to develop and elaborate the importance of human rights as a foundation for improving the health of women and children have gained increasing momentum in recent years. One of the key driving forces behind this progress occurred in February 2013, when the UN Committee on the Rights of the Child adopted General Comment 15 on the right of the child to the enjoyment of the highest attainable standard of health. Women and children's health was also the focus in September 2012, when the UN Human Rights Council adopted technical guidance on the reduction of preventable maternal mortality and morbidity, and in May 2013, when the WHO published a monograph documenting evidence of impact of human rights on women's and children's health.

While each of these steps represents an opportunity for further advancement of women's and children's health, the implementation of rights-based approaches to health will require concerted action at local, national and global levels. Because of this, Norad and the Group of Partners decided to bring together knowledgeable individuals from academia, civil society and multilateral organizations, including those working with communities in countries, to discuss how best to use human rights standards and principles to improve the health of women and children. This diverse group met for two days in Oslo, Norway, and concluded by generating concrete suggestions on how to go about shaping the practical next steps in achieving and operationalizing a rights-based approach to women's and children's health.

Accountability for every woman & every child's right to health

Seeking a new normal

The health and well-being of every woman and every child is integral to that of the rest of the world. Yet at the pace we are going, by 2015, we will have reduced maternal mortality to 220 rather than the target of 125 per 100 000 live births. Development assistance for reproductive health and family planning remains low, and last year, 16 million adolescents under the age of 19 became pregnant.

I have worked at country level, where it is "normal" for children to miss up to three months of school every year because they have malaria, pneumonia, worm infestation, or diarrheal disease; guaranteeing poor learning outcomes.

Where it is normal for mothers to spend on average two days a week caring for a sick family member and forgoing the earning of critical household income, harming nutrition and pushing families further into poverty.

I have seen the dreams of young couples shattered because contraception is not accessible to the youth, although they may wish to use it. I live where the number of new infections with HIV, negate the sustainability of ARV treatment.

The strengthening of human rights tools and frameworks to achieve better health and accountability for women and children is a critical first step in adopting a rights-based approach to women's and children's health. For a country, this means full compliance with the legal obligations of State parties as set out in article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

The requirement of progressive realization of the right to health places responsibility on countries to develop and implement, expeditiously and effectively, programs that will provide for and enable access to the interventions in the Global Strategy for Women's and Children's Health.

This should be underpinned by an accountability mechanism governed by the principles of availability, accessibility, acceptability, and quality of services; participation; equality and non-discrimination.

The costs of not adopting this approach over the past decade and a half are clear. To achieve universal coverage with comprehensive quality, efficient, and effective services, the strengthening of the systems that deliver these services is critical. It is disconcerting that vital registration continues to be very poor; data on reproductive, maternal, newborn and child health (RMNCH) resource allocations and expenditures at country level is more often than not incomplete or inaccurate; data is still not fully disaggregated, with critical areas like violence, mental health and young people not being monitored at all. Failure by countries and partners in the systems area is a key reason why maternal mortality is still too high. Another glaring failure has been the inattention to reproductive health which I believe is symptomatic of a larger inattention to women more generally.

The reproductive, maternal, newborn, and child health community and the Human rights community needs to bridge the gap between their work, by integrating into the RMNCH programs, effective human right tools that will accelerate and improve service delivery, results and impact for women and children's health.

We seek a new normal, where the right of every woman and every child to health is prioritized by all.

Joy Phumaphi

Chair, independent Expert Review Group, UN Secretary General's Global Strategy for Women's and Children's Health

Executive Summary

The right to the "highest attainable standard of health" is enshrined in the Covenant on Economic, Social and Cultural Rights. The UN Convention on the Rights of the Child states that the right to health applies to all children. The UN Human Rights Council adopted resolutions on maternal health (2009) and child mortality (2013). Nevertheless, tens of millions of children lack access to adequate health services. 260,000 women die every year due to pregnancy and childbirth.

In recent years, a growing consensus has emerged surrounding the importance of human rights as a foundation for improving health. The UN Committee on the Rights of the Child adopted General Comment no. 15 on the right of the child to the enjoyment of the highest attainable standard of health in February 2013. A monograph documenting evidence of impact of human rights on women and children's health was launched at the World Health Assembly in May 2013. Human rights frame work to provide access to HIV related services, as well as sexual and reproductive health care.

In an effort to harness this momentum, Norad, in partnership with Save the Children, World Vision, UNICEF and WHO (collectively known as the "Group of Partners"), invited a diverse group of stakeholders (Annex 1) to Oslo, Norway, to discuss how best to use human rights standards and principles to improve the health of women and children; a discussion which concluded with concrete plans on how to shape the practical next steps in achieving and operationalizing a rights-based approach to women's and children's health.

Global initiatives and frameworks

The two-day consultation began with a thematic session on global initiatives and frameworks, which focused on accountability, General Comment 15, and evidence of impact of human rights on women and children's health. The session aimed to provide participants with an introduction to the current status of women's and children's health, a common understanding of what is meant by a "rights-based approach to health" and a familiarization with the content of the General Comment.

A number of key points emerged during the session, including the understanding that there is a changing global order in terms of service delivery and in terms of building relationships with private actors who are playing a larger role than ever before. In addition, while better health accountability can be achieved through the use of human rights tools, frameworks and national oversight mechanisms, it was affirmed that more evidence will be needed in order to demonstrate their potential. It was also explained that General Comment 15 provides interpretation and guidance for state and non-state actors on the child's right to health, thus its operationalization will require a concerted effort from states, civil society and multilateral organizations. Finally, it was emphasised that the General Comment places a strong duty of action on states to protect and promote children's right to health.

Learning from country and regional experiences

Stepping away from the global level, the second thematic session focused on regional and country-specific contexts, providing participants with a better sense of the barriers and opportunities that can be encountered at these levels, and illustrating what actors and processes need to come together to apply a rights-based approach to health.

The session drew attention to the fact that the right to health is not fully understood by all relevant actors, and emphasized the importance of using a multi-stakeholder approach to encourage action and advance important issues. It was also

concluded that monitoring child and adolescent health should be carried out through challenging existing systems rather than creating parallel systems as new issues arise, and that elements of a human rights-based approach can be implemented irrespective of a country's level of development through actions like informing communities of their rights and allowing participation in decision-making.

Roles of civil society, parliamentarians and global accountability mechanisms

The third thematic session focused on the roles of key actors and mechanisms in strengthening the application of human rights standards in the context of women's and children's health. The session aimed to establish a better understanding of how human rights can be operationalized at the local level to empower communities, the role of parliamentarians in advancing women's and children's rights and existing opportunities at the global level to increase accountability.

The effectiveness of social accountability to empower communities was among the key messages from this session. It was also affirmed that parliamentarians should be seen as duty-bearers and pushed to engage in women's and children's health issues. On the global level, the UN Human Rights Council was identified as an important political forum for health issues, while the reporting processes of the Universal Period Review (UPR) and the Committee on the Rights of the Child were described as key mechanisms to ensure accountability for child rights that are increasingly used by civil society organizations to prompt action from states.

Gaps and Opportunities

The consultation concluded with a group work session, where participants were divided into six small groups and instructed to develop one of three assigned topics, aiming to create concrete and action-oriented suggested actions and outcomes. Groups began by identifying a number of strategies on applying a rights-based approach to health, and then developed one idea in a more detailed manner. The methodology was used to explore practical ways for improving: a) health service delivery and programs; b) child health legislation, policy and programs; and c) accountability mechanisms at global, national and sub-national levels.

The resulting action plans recommended the creation of facility management committees (2.1) and the inclusion of communities in budgeting and planning processes (2.2) to improve health service delivery. They also highlighted the importance of creating a conducive legal policy environment (2.3) and generating political will (2.4) to build better child health legislation, policies and programs. Finally, they indicated the need to create more awareness about the existing accountability mechanisms at all levels (2.5) and also to collect and use better data for accountability purposes (2.6).

Conclusion

The consultation demonstrated that the process of bringing together the discussions of various stakeholders involved in applying a rights-based approach to women's and children's health is necessary to create more coherence as the global health and human rights landscapes become more crowded and complex. Such coherence is required to improve health service delivery for women and children at the community level, to create a conducive legal policy environment and to strengthen accountability at all levels.

PHOTO: TERI PENGILLEY/SAVE THE CHILDREN

DAY 1:
Setting the Scene

Introductory Remarks

Hans Brattskar

State Secretary, Ministry of Foreign Affairs, Norway

- Applying human rights to women's and children's health combines two of Norway's priorities: global health, with a special focus on women and children, and human rights.
- Human rights can help forge more equitable health systems that reach deep into marginalized communities; a timely issue as human rights and universal access to quality health care are mutually reinforcing and link with the post-2015 agenda.
- General Comment 15 on the child's right to health is the most recent contribution of the human rights machinery to help articulate what the right to health means.
- In 2013, Norway co-sponsored a resolution in the UN Human Rights Council on States' responsibility to ensure the highest attainable level of health for all including access to medicines, and worked with partners through the UN Commission on Life-Saving Commodities for Women and Children to make 13 commodities available in the world's poorest countries.

Holding governments to account for their promises is important, and a number of accountability-strengthening initiatives have been launched, including the UN Commission on Information and Accountability (CoIA), which Norway is involved in as well.

A better understanding of how a human rights-based approach to health, including participation, non-discrimination and empowerment, can be implemented in practical terms and on the ground is still needed.

Key question: How should a district health manager go about providing rights-based health services, and what can be done to support him or her in that endeavour?

> *"Every year, almost 300,000 women die in relation to childbirth. Every day, close to 18,000 children under the age of five die. 18 million people who are eligible for HIV treatment do not receive it. This is unacceptable."*
>
> **HANS BRATTSKAR**

"The picture is clear: The poorer coverage of basic health services, the less likely a child is to survive her first day- or fifth birthday… History has shown us that change and progress is possible. But this requires financial, practical and political solutions where empowerment of local communities is key."

TOVE WANG

Tove Wang

CEO, Save the Children Norway

- Addressing children's poor health in some areas of the world will require a holistic perspective that includes the standards of the child's right to health.
- Interlinking work streams related to the Millennium Development Goals (MDGs) and human rights may create a better foundation for post-2015 goals.
- General Comment 15 provides states, the duty-bearers, as well as other actors, with guidance on how to implement the right to health, encouraging global accountability.
- In Africa, for example, working to reduce teenage pregnancies through access to sexual and reproductive health and information about rights is key, but acceptability is of the utmost importance, as young girls must be met with respect and dignity when seeking health-related guidance.
- 1 billion people do not have access to health services today; changing this will require national and international leadership for justice in health, based on human rights.
- Two key challenges: 1) Ensure more health workers, equipped and justly distributed. 2) Eliminate out-of-pocket payments through pooled resourcing.
- Civil society is important at the local level, as it is crucial to ensure participation and dialogue to empower communities to demand improvements in health services.
- Health service delivery in line with the General Comment will require investment, but has the potential to break vicious cycles of poverty.

Helga Fogstad

Head of the Department of Global Health, Norad

- Would like to understand how services can be improved to ensure a rights-based approach, but also explore what evidence exists that this is a better, more cost-effective approach to health.
- A lot has been done on the rights-based approach to health in regards to tools, but the question is how to bring all of the activities – from the global strategies to the service needs at the local level – together in ways that make more sense and give better value.
- Essential to use the consultation to look at how to ensure the post-2015 goals embrace a human rights-based approach to health.
- Norad hopes the conference will generate technical advice and clarity so that participants can advise their own organizations and play their part.

SESSION 1:

Global initiatives and frameworks

The first thematic session discussed global initiatives and frameworks through focusing on accountability, General Comment 15 and research on evidence of impact of human rights on women and children's health.

The session aimed to provide participants with an introduction to the current status of women's and children's health, a common understanding of what is meant by a "rights-based approach to health" and a familiarization with the content of the General Comment.

Asbjorn Eide

Professor Emeritus at the Norwegian Centre for Human Rights

Moderator of "Global initiatives and frameworks." Introduced the session by stressing the importance of working together to find the best ways to realize the right of the child to health; a priority which he said cannot be separated from women's health as the two are inextricably linked.

Joy Phumaphi

Chair of the independent Expert Review Group (iERG)

Discussed strengthening accountability for women's and children's health through integrating human rights into current global initiatives.

- A new world order is emerging, renewing global interdependence and creating a paradigm shift in development.
- The resilience of society is not a critical construct or measure, it is the quality of human life, dependent on the understanding that every woman and child is first a citizen of this planet.

Last year, the iERG reported that 38 of the 75 countdown countries targeted by the Global Strategy had experienced either no reductions, or an increase in under-five and infant mortality, and recommended strengthening human rights tools and frameworks to achieve better health accountability.

For countries, this means full compliance with all legal commitments and having a plan as to how to move forward with a human rights-based approach to health, which must be monitored, reviewed and acted upon by a broad range of stakeholders working together.

The iERG's 2013 report features accountability as a key focus again, calling for the prioritization and evaluation of national oversight mechanisms and a global demand for global accountability post-2015.

Prioritization of quality will reinforce the value of a human rights-based approach to women's and children's health.

Liz Mason

Director for Maternal, Newborn and Child Health at the World Health Organization (WHO)

Discussed the concept of a human rights-based approach to health and shared the key findings of the WHO's recent monograph, "Women's and children's health: Evidence of impact of human rights."

- A rights-based approach to health is about achieving health goals and outcomes through transparent processes that encourage participation, inclusion and responsiveness, based on the legal entitlements of rights-holders and the obligations of duty-bearers.
- The WHO wanted to know whether a human rights-based approach to health worked, and carried out a study in Nepal, Brazil, Malawi and Italy, asking two questions: 1) Has a human rights-based approach explicitly shaped the laws, policies and programmes related to women's and children's health? 2) If so, what is the evidence that these explicitly human rights interventions contributed to improvements in women's and children's health?
- In Malawi, for example, a new cadre of health worker called, "health surveillance assistants," linked health service facilities and communities and expanded with external funding before eventually being taken over by the government.
- The study concluded that while there is no set formula for implementation, a human rights-based approach to women's and children's health needs an enabling environment based on the ratification of key treaties, the presence of the right to health in the national constitution, high-level political support and a dynamic civil society.
- Prospective and retrospective research is urgently required on the operationalization of human rights-based approach through systematic application of human rights in law, policies, programmes and services and further documentation of good practices.

Download Liz Mason's presentation here

Kirsten Sandberg

Chair of the Committee on the Rights of the Child

Spoke about how to use General Comment 15 as a tool to operationalize a human rights-based approach to child health.

- The process of developing General Comment 15 started in February 2011, following a recommendation by the Group of Partners to move forward with Article 24 of the Convention on the Rights of the Child to the highest attainable standard to health.
- The General Comment focuses on indivisibility of rights, the four general principles of the Convention (non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child) and the evolving capacities of children.
- The Comment provides interpretation and concrete guidance on each part of Article 24, including responsibilities of state and non-state actors, including parents and the media, and a framework for implementation and accountability.
- Key elements of General Comment 15 include the child's right to control their health and body, to access confidential counselling and to participate in individual actions.
- The Comment places a strong duty of action on states and affirms it is the core obligation of the state to review legislation and provide an adequate response to underlying determinants of child health, even when resources are inadequate.
- Operationalization of the Comment across the action cycle of planning, implementation, monitoring and evaluation will require availability, accessibility, acceptability and quality of health services, which includes components such as the availability of hospitals and community health workers, accessibility through non-discrimination and affordability, acceptability through respect of medical ethics and children's needs and views, and the quality of treatment, personnel and drugs.

The Committee has made other efforts to engage the broad group of actors involved in the child's right to health, including its adoption of General Comment 16, which encourages states to hold businesses accountable for protecting children's rights.

- The way ahead requires action from states, civil society, WHO and UNICEF, as the Committee is dependent on its partners to translate General Comment 15 into improving children's health in countries.

"The Committee cannot follow up apart from what is done in dialogue with states and in future concluding observations. It means that we are dependent on states and our partners… international and local. We are really dependent on someone out there pushing the governments and finding real solutions."

KIRSTEN SANDBERG

Download Kirsten Sandberg's presentation here

SESSION 1:

Key Messages

- **There is a changing global order** in terms of service delivery and in terms of building constructive relationships with private actors who are playing a larger role than ever before.
- **Better health accountability is key** and can be achieved through strengthening human rights tools, frameworks and national oversight mechanisms.
- **There is no set formula,** but an environment most conducive to enabling the application of human rights standards in health interventions is based on compliance with key treaties, the presence of the right to health in the national constitution, political support and a dynamic civil society.
- **Both prospective and retrospective research is needed** on the operationalization of a rights-based approach to health.
- **General Comment 15 provides interpretation and guidance** for state and non-state actors on the child's right to health based on the principles of indivisibility, the four general principles of the CRC (non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child), and recommends that states adopt a framework for implementation and accountability for children's health.
- **Operationalization of the General Comment will require a concerted effort** from states, civil society and multilateral organizations.

SESSION 2:

Learning from country and regional experiences

The second thematic session stepped away from the global level in order to highlight regional and country-specific efforts to implement a rights-based approach to women's and children's health. The session aimed to provide participants with a better sense of the barriers and opportunities that can be encountered at these levels, and helped illustrate what actors and processes need to come together to apply a rights-based approach to health.

Anita Bay Bundegaard

Director and UN Representative of Save the Children Geneva

Began moderating the session by emphasising that shifting from the global level to the country level is vital because information from both sides is needed to achieve progress.

Dr. Heidi Jimenez

Legal counsellor at the Pan American Health Organization (PAHO)/ WHO

Spoke about regional perspectives and progress on using a human rights-based approach to women's and children's health in the Americas.

- Last year, PAHO decided that the human rights-based approach must be given the highest level of importance and has since collaborated with many of its member states to reform or develop laws, plans and polices using the right to health and other human rights.
- The PAHO/Norway Initiative led to member states adopting new concepts like "gender identity" and "sexual orientation", as well as collaboration with key stakeholders including different governmental bodies and UN Special Procedures.
- Alternatively, in some cases the decision to avoid sensitive language, opting for words like "discrimination" instead of "human rights", has been made in an effort to include important substance in agreements that might otherwise be rejected.
- PAHO's recent resolution on lesbian, gay, bisexual and transgender (LGBT) people's rights was able to translate country-level work into a higher mandate of the Orga-

nization, urging member states to expand services for LGBT people based on the right to health and privacy.

- Capacity building initiatives have been expanded to include non-traditional actors, including judges and legislators, as while a country's constitution may provide a framework on the right to health, tools like General Comment 15 play a crucial role in outlining how this right can be applied.
- Strengthening legislative and judicial branches using human rights instruments and strategic technical information is important for PAHO; specific areas of reform are a current focus.
- Moving forward will require reforming discriminatory laws and policies, empowering indigenous and migrating communities with human rights instruments and developing national right to health monitoring mechanisms, especially for children and adolescents.

Download Dr. Heidi Jimenez' presentation here

Billy Robin Estrada

Director and Supervisor of World Vision's Child Health Now Campaign in Guatemala

Shared his perspective on the human rights-based approach to health as a member of civil society.

- In Guatemala, nearly half of children under the age of five suffer from malnutrition.
- Plans currently exist to reduce malnutrition by 10 per cent, and a human rights-based approach to health should be used as a way to improve child nutrition in the country.
- A possible way to integrate human rights concerns into child health is to empower communities at the local level, but this is something that cannot be achieved alone and must be reached through working in alliances.

"There is not a lack of will, and there are tools. The challenges are how and by who."

BILLY ROBIN ESTRADA

Roberto Cabrerea

Fundraising Manager and Health and Nutrition Focal Point from Save the Children Guatemala

Also commented on his experience in Guatemala.

- While most health systems track numbers, less attention is paid to the quality of health service delivery.
- Not all health officials know what a human rights-based approach demands of their roles.
- As a result of the regional consultation, "Human Rights of Children and Adolescents, Including aspects of Sexual and Reproductive Health and Maternal and Infant Nutrition," in Nicaragua in March 2013, a working group was created with health system professionals where General Comment 15 was discussed.
- Despite progress, there is still a lot to be done, requiring a greater focus on cooperation and making alliances.

Roberto Iunes

Senior Health Economist at the World Bank Institute (WBI)

Spoke about the Institute's multi-dimensional and multi-stakeholder approach to creating an enabling environment for the implementation of a human rights-based approach to health in Latin America.

- The right to health is enshrined in many Latin American constitutions, and as a result, people are increasingly going to court to demand their rights in two circumstances: 1) To demand included goods and services: government's non-compliance with the right to health as guaranteed in the constitution. 2) To demand new goods and services: failure to enforce priorities.
- Litigation is a symptom of more complex issues such as lack of access to goods and services, inefficiencies, inequalities, discrimination and low technical capacity; all of which are accentuated by rapid technological innovation and increased access to courts.
- The dilemma courts face is protecting the rights of everyone and the conflict between individual and collective rights, to which there is no single "right" answer.
- The WBI introduced the Initiative on Equity, Priority Setting and Constitutional Mandates in Health, a rights and process-based approach in seven Latin American countries that created an environment for policy dialogue based on the objectivity of arguments, openness to share and accept ideas and accept second-best solutions, the ability to revise decisions and the monitoring of the implementation process.
- The initiative involves a wide range of stakeholders including judges, health sector policy makers, civil society, and patients, and features regional, national and online dialogue.
- This multi-stakeholder approach to the right to health has been able to challenge the traditional discretionary authority of the health sector and has led to a revision of how priorities are set and public resources are allocated, at the same time as encouraging participation and the leadership of non-sector actors.

Dr. Dewi Indriani

National Programme Officer for Child Health at WHO Indonesia

Shared her experience working at the country level in Indonesia.

- Availability, or the human resources of health, is a good starting point in Indonesia, as the government is experiencing serious problems recruiting health workers in rural areas.
- Procurement of vital medicines is also a key barrier as stock-outs regularly occur.
- The government is trying to build its capacity as a duty-bearer through planning to implement universal health coverage in 2014, and working on a medium-term development plan.
- Collaboration between various sectors will be needed to fulfil the right to health of the child in Indonesia.

Astera Taruliasi Artonang

Director of World Vision Indonesia's Child Health Now Campaign

Patricia Norimarna

Manager of Communications and Advocacy from Save the Children Indonesia

Shared their perspectives on barriers and opportunities to a rights-based approach to health programming at the national and sub-national level.

- Indonesia is home to more than 81 million children, with a health management system that is regulated down to the community level through integrated health posts that are coordinated by community health workers.
- Nonetheless, a number of barriers to applying human rights standards to child health interventions still exist as a result of high out-of-pocket expenditures, a lack of trained health workers and a concentration of health workers in urban areas.
- Partners coordinated around maternal, newborn and child health in the country by launching the Maternal and Child Health Movement in 2010 and by creating a large civil society coalition, both of which have allowed for increased visibility.
- Even with the coalition, lack of operational guidelines on the country's existing Health Law and limited monitoring from Human Rights National Commission on the implementation of the child's right to health pose additional barriers.
- Opportunities for the country include the implementation of universal health care starting in January 2014, the general elections in April and July of 2014, and two strong civil society coalitions on maternal, newborn and child health and Convention on the Rights of the Child monitoring, which could be encouraged to work more closely together in the future.

SESSION 2:

Key Messages

- **In some cases, the right to health is still not fully understood** by all relevant actors, including health officials and judges.
- **Working in partnerships is extremely important.** Whether through a multi-dimensional, multi-stakeholder initiative like that of the WBI, which facilitated dialogue and openness amongst a wide range of actors, or the civil society coalition in Indonesia, which allowed for coordination around particular issues, alliances are a highly effective way to encourage action and progress.
- **Reaching out to the most marginalized groups** (such as LGBT) can be a start to building a more equitable health system.
- Irrespective of the level of development of a country's health system, **a human rights-based approach can always be implemented** by simple actions such as informing communities of their rights and allowing their participation in decision-making.
- **It will be important to monitor** child and adolescent health through challenging existing systems rather than creating parallel systems as new issues arise.

SESSION 3:

Roles of civil society, parliamentarians and global accountability mechanisms

The third thematic session focused on the roles of key actors and mechanisms in strengthening the rights-based approach to women's and children's health. The session aimed to give participants a better understanding of how human rights can be operationalized at the local level to empower communities, the role of parliamentarians in advancing women's and children's rights and existing opportunities at the global level to increase accountability.

Bjorg Sandkjaer

Senior Advisor at Norad's Department of Global Health, Education and Research

Moderator of "Roles of civil society, parliamentarians and global accountability mechanisms." Opened the session by stressing that even with the best intentions, it is difficult to progress without accountability.

Brezhnev Henry Otieno

Coordinator of World Vision's Child Health Now Campaign in Kenya

Spoke about how to improve child health through social accountability.

- The relationship between governments, service providers and citizens is often broken.
- World Vision is working to transform this relationship through its approach to social accountability being carried out in 34 countries called, "Citizen Voice and Action," which aims to improve services like health care and education.
- Key elements of the approach include: 1) Civic education 2) Social audit and community scorecards 3) Interface meetings
- In Kenya, World Vision mobilized communities, equipping them with the skills to monitor delivery of health services and provide feedback to service providers on health service delivery through medical supplies, accessibility and uptake of services.
- In Homabay and Migori counties, for example, the introduction of social accountability increased hospital deliveries and referrals of pregnant women to health facilities and decreased the number of households without treated water or latrines.
- Further, traditional healers agreed to hand over child cases, contributing to decreased child mortality.
- Challenges remain including the utilization of social accountability plans for political gain, initial resistance from some service providers and weak policy and legislative frameworks.
- Success factors have included social accountability tailored around policy frameworks and service delivery standards, community members organized around structures, enhanced relationship between duty-bearers and rights-holders, and working through new networks.

Sue Gumisayi Mbaya

Senior Parliamentary Political Advisor at the Inter-Parliamentary Union (IPU)

Explained how parliamentary action can improve women's and children's health.

- The observance of human rights is essential to democracy, meaning that parliamentarians are guardians of human rights through their legislative and oversight responsibilities.
- As members are the parliaments themselves, the IPU is largely able to avoid the politicization of rights-based issues, with projects focusing on child rights, health, and HIV/AIDS, as well as a maternal, newborn and child health project in Africa and Asia.
- The IPU has mainstreamed maternal, newborn and child health into the work of its member parliaments through its assemblies, and has also developed a thematic handbook and an orientation manual that make maternal, newborn and child health "digestible" for every parliamentarian.
- All IPU member parliaments have made themselves accountable by adopting a progressive resolution on reproductive, maternal, newborn and child health and taking part in the IPU's accountability report, where parliaments rate themselves.
- Deepening action through law making was seen in Kenya, where Parliament undertook a review of all of its health legislation, and through the Pan-African Parliament, who undertook a study to assess laws on early marriage.
- There is increasing interest and commitment by parliaments on women's and children's health; engaging parliamentary staff in the issues helps foster continuity.
- Challenges include capacity issues and fragmented efforts within parliaments and among partners, and the fact that plans are prone to interruptions.

"What we really need is for the average politician to look at maternal, newborn and child health and think, 'This is my bread and butter.' This isn't happening yet."

SUE GUMISAYI MBAYA

Heidi-Maria Helenius

Child Rights Officer at UNICEF

Spoke about using the Convention on the Rights of the Child reporting process to strengthen accountability on the child's right to health.

- UNICEF interacts with various human rights bodies, but has a particularly strong link with the Committee on the Rights of the Child due to its role outlined in Article 45 of the Convention on the Rights of the Child.
- States report to the Committee on their implementation of the Convention; the fundamental goal of this international monitoring system is to strengthen the national capacities to implement children's rights.
- UNICEF is engaged in different stages of the process and is formally responsible for presenting its own analysis on progress made by the reviewed country, but also supports initiatives by non-governmental organizations (NGOs) to give alternate versions of the situation of child rights in countries.
- UNICEF works closely with Child Rights Connect, an NGO coalition that facilitates the implementation of the Convention and the Committee Secretariat, and holds a biannual meeting with Committee members to strengthen collaboration and highlight emerging issues.
- Follow up actions at the national level can include debriefing meetings with stakeholders, encouraging governments to follow up on recommendations, using the media to encourage awareness of the child's right to health and launching awareness-raising campaigns.

Marcus Stahlhofer

Adviser of Child and Adolescent Rights and the WHO

Spoke about strengthening the human rights-based approach to health through the UN Human Rights Council's efforts to address women's and children's health.

- The Human Rights Council is the inter-governmental body of the UN responsible for the promotion and protection of human rights, comprising of 47 member states elected by the General Assembly for three-year terms.
- Key mechanisms and procedures include the UPR, the Complaints Procedure, the Advisory Committee and the UN Special Procedures.
- The Council, an important political forum for health issues, has paid particular attention to the right to health for women and children since 2009 through its resolutions and reports.
- In 2012, the Council adopted an omnibus resolution on child rights and technical guidance on preventing maternal mortality and morbidity, which outlined the human rights implications for multiple actors in policymaking, implementation and the review cycle, and reinforced the need for robust enforcement mechanisms and international cooperation.
- In March 2013, the Council adopted a resolution on the child's right to health and asked the WHO to prepare a study on under-five mortality.
- In September 2013, a resolution on under-five mortality was adopted and the Council requested technical guidance on the subject, which is in the process of being developed.
- The next steps include a progress report on the implementation of technical guidance on maternal mortality and morbidity in September 2014, and continued efforts to develop technical guidance on under-five mortality linked with General Comment 15.

Jennifer Philpot-Nissen

Senior Advisor of Human Rights at World Vision

Spoke about using the UPR process to strengthen accountability for child's right to health.

- The UPR is a peer review process where governments can make statements and engage with other states on their human rights record.
- World Vision uses this process to lobby states to bring up their concerns during Working Group sessions, raising issues on child health like access to health services and financing.
- In the case of Uganda, for example, five World Vision recommendations to improve child health were made through states in 2011, and in 2012, the Government significantly increased its health budget; illustrating the potential of the process when used as a part of the package of an advocacy campaign.
- In 2012, World Vision and Save the Children recommended that India raise its health spending to 2.5% of GDP by 2016-2017, and just before the review, the Government announced an increase to 2.5% over five years.
- Child participation in the UPR process was first carried out in Lebanon in 2009 by involving children as young as ten in the preparation of their own alternative report.
- Children from various countries have since been brought to Geneva to take part in the Review process.

SESSION 3:

Key Messages

- At the local level, **social accountability empowers communities** and can transform the relationship between the government, service providers and citizens, and has shown to significantly improve services like health care and education.
- **Nationally, parliaments play a vital role** in protecting and promoting human rights through the creation of laws and policies and should be pushed to engage in women's and children's health issues.
- **The Human Rights Council is an important political forum** for health issues working to strengthen the rights-based approach to women's and children's health through its focus on maternal morbidity and mortality and under-five mortality.
- **The reporting processes** of the UPR and the Committee on the Rights of the Child are integral tools for ensuring accountability for child rights and are increasingly used by civil society organizations to prompt action from states.
- While there is no formal connection between the various global accountability mechanisms, **offices consult each other** and use information compiled by other bodies on a regular basis.

Norad

DAY 2: The Way Forward

PHOTO: JASON TANNER/SAVE THE CHILDREN

SESSION 1:

Next Steps: Implementation activities at local, national and global levels

This session focused on the larger context of the consultation from the perspectives of Norad and the Group of Partners, aiming to move past discussions on the tools and mechanisms outlined in the first day, and provide participants with a sense of how the information gathered at the conference could contribute to the global efforts to operationalize the rights-based approach to health.

Helga Fogstad

Spoke about the importance of the consultation from Norad's perspective and elaborated on its link with the post-2015 goals.

- The post-2015 goals are part of a political process where working groups, engagements with member states and consultations have all been gathering to set global priorities for the future; soon this process is going to call upon the technical groups for guidance.
- When this occurs, it would be useful to speak with the same voice and be able to use evidence and indicators to show there is a consensus.
- Norway would like to be strategic with how taxpayer money is used, and wants to strategically enable the different groups to play their parts.
- This is a partnership- not bottom up or top down- meaning that member states, donors and recipients all have an important role to play.
- It is time to operationalize; this can be done through looking at the human rights-based approach from the service delivery side, and understanding what the rights-holder needs.

Chantal Baumgarten

Project Officer of Child Survival and Health at Save the Children Geneva

Spoke about using General Comment 15 as a tool for implementation of the rights-based approach to health at the national and local level.

- General Comment 15 was adopted in 2013, but the process began in 2011, with key moments for the Group of Partners including a technical meeting in Geneva and regional consultations in Manila, Philippines, and Nicaragua.
- It is important to look at what each organization in the Group of Partners represents in terms of achieving the broader approach, as each member has a role to play in moving forward with the General Comment.
- For example, the WHO is able to link to CoIA, UNICEF interacts with human rights accountability mechanisms, and through Save the Children and World Vision it is possible to ensure that there is local level impact and sustainability in the approach.
- The Group of Partners is developing tools that can be used at the local level including a child-friendly version of the General Comment, and are expanding efforts to ensure communities are aware of their rights and able to demand improvements in health services.
- At the local level, the first step will be capacity building using some of these tools; at the global level, this will mean continuing to work with global accountability mechanisms.

Jennifer Philpot-Nissen

Spoke about World Vision's development of a child-friendly version of General Comment 15.

- A key step for the Group of Partners was figuring out to best use the General Comment.
- Last month, World Vision started working with a consultant on a child-friendly version of the General Comment, which will serve as an interactive tool to help children understand what is being done around them.
- There are still discussions on whether to make more than one version and how to approach the sensitive language of sexual and reproductive health, but World Vision plans to field-test its child-friendly version in early 2014.

SESSION 1:

Key Messages

- **Operationalizing the human rights-based approach from the service delivery side is vital**; a consensus surrounding its importance should be reflected in the development of the post-2015 agenda.
- **The Group of Partners is able to broadly approach** the child's right to health because of its local, national and global presence, and is developing tools and expanding efforts to implement General Comment 15 at all levels.

SESSION 2:

Gaps and Opportunities

In this second session, conference participants were divided into six small groups and instructed to develop one of three assigned topics, aiming to create concrete and action-oriented suggested actions and outcomes, which take into account a rich and diverse mix of perspectives and ideas.

Topic 1:

How can we pave the way for improvements in health service delivery/programs?

1) IDENTIFYING STRATEGIES

- **Focus on evidence:** Know the situation and what is going on in reality. This could include improving data collection and analysis on nutrition, water, sanitation and structural determinants, as well as introducing different ways of generating data such as user focus groups, the internet and cell phones.
- **Work in alliances:** Reach out to a wide range of actors and work in alliances. Such collaborations could be carried out with agencies, civil society, traditional and religious leaders, professional associations and businesses within the private sector.
- **Involve women and children:** Involving women and children themselves and building their advocacy capacity is also important. This could be done through using child-friendly tools, involving peers and siblings, and awareness raising for children of all ages.
- **Create awareness and demand through empowering communities:** Communities should also be involved in identifying their own priorities for health services. Ideas for encouraging this include the use of community scorecards for health service delivery, training on the rights-based approach to health for parents, teachers and students, and community consultations and reviews.
- **Focus on resources:** There is a need for increased funding and to ensure that all resources are being dispersed equitably and in hard-to-reach communities. Practically, resource management could include bottleneck analysis, supply chain analysis, budgeted health plans, and the assurance that there are enough financial resources and an adequate number of health personnel.
- **Work with parliamentarians, government ministries and local councils:** Create and harness political will in order to create an environment in which proper policies, bylaws and programs can be put in place for effective implementation of health-related plans. Most often, this means working with ministries of health, but could include collaboration with other government branches. Other levels of leadership should also be targeted, including local bodies.
- **Focus on the management of health services:** Creating facility management commit-

tees, the strengthening of support supervision, the creation of a competitive environment between regions, complaint handling mechanisms, credentialing of health care providers and a friendly environment for both services providers and users could contribute to improvements in service delivery.

- **Improve transparency and accountability:** This relates to government officials, the media and health workers themselves, although other actors could also be involved. Local budget tracking and disbursement, improving links between health facilities and communities and feedback mechanisms on the quality of services would contribute to achieving this.

2) OPPORTUNITIES FOR ACTION

2.1: Create Facility Management Committees

- There is an opportunity to improve the management of health services through involving and empowering communities. Creating facility management committees could achieve this.
- The committees would manage the day-to-day health services in communities, which might involve a variety of roles such as acting as an oversight mechanism, supporting health facility staff, supporting the maintenance of buildings and equipment, undertaking budget tracking activities like scorecards and becoming involved in data analysis which could be reported back to the community.
- The WHO and UNICEF would be able to contribute through creating national guidelines and tools, and providing training for the committees. Save the Children and World Vision could be tasked with overseeing local implementation, but might also help with training and the development of guidelines. Local and national health authorities, community members, children and traditional leaders could all be involved in supporting local implementation.
- Facility management committees have already been successfully introduced in some countries like Kenya and Sierra Leone, but need to be scaled up.
- Carrying out this plan could involve the following steps:
    1. Identify how a human rights-based approach can strengthen existing models.
    2. Develop or revise guidelines on facility management initiatives, carry out tests and generate evidence to present to other countries. Recommended that this be carried out in remote areas rather than in tertiary hospitals.
    3. Standards would have to be agreed upon by involved parties.
    4. National buy-in of the national ministry of health and other government bodies.
    5. Training, implementation and support structures.
    6. Once in place, monitoring and evaluation, as well as sharing evidence of success will be important in order to ensure the effectiveness of exiting committees and encourage the creation of new ones.

2.2: Facilitate Participation of Communities in Budgeting and Planning Processes

- Improving the use of funds through looking at financial allocation in different regions could be carried out through facilitating the participation of communities in budget and planning processes.
- The gap that currently exists is due to the fact that women and children are not being involved in budget tracking, and in order for this to change, the development of guidelines on how to integrate their role in the process will be important.
- Parliamentarians would be the main target of such an initiative in order to ensure they are well versed on the issues that matter most to women and children and their inputs on budgeting. This initiative would be carried out during budget sessions.
- Setting this plan in motion might require the following steps:
    1. Conduct baseline analysis, which could be done by civil society and partners.
    2. Involve the community to try to influence the district budget plan. Influence the media on activities and actions that should be taken.
    3. At the national level, efforts would have to be carried out by national civil society and partners to influence the plans of Ministry of Health.
    4. Follow up once the budget is being decided upon at the Ministry of Finance would be necessary and again, could be done by civil society and partners.
    5. Reach out to parliamentarians and meet with them to discuss priorities.
    6. Budget approval with the help of parliamentarians.
    7. Monitoring and implementation of the budget carried out by community members and district health management teams.
    8. Tracking progress on the budget by civil society and the community, looking at how the money is being spent and the effectiveness of its utilization.
    9. Share a report on findings once a year, inviting media, civil society and other partners.

Topic 2:

In what way do we ensure improvements in child health legislation, policy and programs?

1) IDENTIFYING STRATEGIES

- **Decide what makes a "conducive" legal environment:** Develop a shared idea or set of steps on global, regional and national levels as to what makes a legal environment conducive to child health. Build awareness of key actors and ensure technical support across all levels. At the global level, one way to reach a consensus could be through engaging the H4+ platform (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank).
- **Use multi-stakeholder processes:** Identify and assign responsibilities to all relevant actors. This might include a collaborative forum for sharing experiences and ideas on the rights-based approach to health involving regular meetings on different levels.
- **Focus on funding:** This might include supporting fundraising initiatives, ensuring adequate financing, developing costed national plans on women's and children's health, carrying out budget and expenditure tracking, developing cluster plans and involving parliamentarians on a regular basis, not only during budgeting periods.
- **Review existing laws, policies and programs:** Carry out a systematic review and analysis of all relevant laws, policies and programs through a human rights lens. It will be important to ensure the existence of operational guidance or protocols on how to put women and children's health into the legislative frameworks.
- **Focus on health systems:** This might involve ensuring coordination of ministries on health-related issues, community accountability, identifying different barriers of access, improving and strengthening information systems, increasing health research and mapping opportunities in a planning and review cycle.
- **Use a participatory approach to laws, policies and programs:** Ensure transparency and meaningful and practical participation in all stages of laws and policy-making processes. Involve a diverse range of stakeholders including youth groups, the media, community members, legislators and hold multi-stakeholder forums. Ensure information is available for sharing among all relevant stakeholders, including communities and individuals.
- **Focus on accountability**: Ensure implementation, monitoring and evaluation of processes and mechanisms that are participatory, inclusive and transparent. Utilize global accountability mechanisms like the UPR and the reporting procedure of the Committee on the Rights of the Child. Use General Comment 15 as a framework and focus on data collection in order to use existing mechanisms to their fullest capacities.
- **Generate political will:** Identify champions, create first ladies groups, encourage reporting from the highest level, carry out training for members of parliament and facilitate regional comparison through initiatives like scorecards.
- **Focus on capacity building**: Carry out capacity building for legislators, policy makers, program managers and members of civil society. Map existing capacity building tools and identify visible gaps.

2) OPPORTUNITIES FOR ACTION

2.3: Create a Conducive Legal Policy Environment

- A comprehensive rights-based review of the legal, policy and program framework would allow for the identification of gaps and barriers which hinder the availability, accessibility, acceptability and quality of services in relation to reproductive, women's and children's health.
- This plan could be pursued through identifying existing, or developing new multi-stakeholder accountability mechanisms, utilizing those mechanisms to strengthen political commitment, mapping out existing opportunities at the country level, developing tools for review and capacity building, and carrying out human rights-based capacity building for stakeholders.
- WHO and UNICEF would take the lead, working in consultation with civil society partners for local and community-level capacity building on existence and relevance of laws, policies and programs.
- Steps which could be taken to move forward with this plan include:
    1. Informal consultation organized by country-level participants, with support from the global level on the process and importance of a rights-based review (2014)
    2. Establish formal process with all stakeholders (2014)
    3. Develop and identify tools with integrated monitoring and accountability (2014)
    4. Carry out human rights capacity building activities (2014)
    5. Review, disseminate findings, follow up and impact evaluation (2015)

2.4: Generate Political Will

- Improving child health legislation, policy and programs could best be achieved by generating political will through developing a clear and measurable commitment to proposed laws, policies and commitments on child health.
- This could be carried out through training, awareness raising and capacity building for parliamentarians and political parties, clearly articulating commitments, reporting from the highest level and creating leadership through identifying champions.
- The IPU would play a role by being responsible for capacity building and development of champions. World Vision could be tasked with capacity building and informing commitments, and Save the Children might be able to organize field trips for parliamentarians to countries where relevant programs are underway. The WHO could develop capacity building tools and undertake research.
- Key events which could be used as platforms to carry out this goal could include:
    - IPU capacity building in Lesotho and Rwanda in February 2014.
    - World Vision and Save the Children's ongoing capacity building in 2014.
    - The IPU forum in March 2014.
    - WHO finalizing its tools for capacity building and implementation (2014).
    - The development and revision of IPU's orientation manual (2014-2015).

Topic 3:

How do we contribute to strengthening accountability mechanisms at global, national and sub-national levels?

I) IDENTIFYING STRATEGIES

- **Invest in data collection, analysis and dissemination:** Use real-time data to inform local accountability processes at the community and district levels, and develop capacities of health workers to collect, analyse and disseminate this data. Share this collected data with communities, create partnerships with technology providers and show the impact of accountability on service delivery. In Malawi, for example, an equity-based approach to monitoring the coverage of health services is strengthening the ability of district health management teams to review the performance of service provision and plan future investments to increase coverage. Indicators collected thus far have included data on topics like antenatal care, health seeking in children under five, water and sanitation, immunization and family planning.
- **Focus on capacity building and training:** This might include competence and capacity building on General Comment 15, the UPR process and on reporting to the Committee on the Rights of the Child for governments, civil society organizations and child-led groups.
- **Consider self-regulation:** Identify champions. In some cultures, this might be more effective than strategic litigation. Beyond that, it will be important to assess the existing structures. Agencies should hold themselves accountable to all their actions to improve women's and children's health. At the country level, there will need to be a national oversight mechanism. Establish how the review will be carried out and motivate action. Independence of accountability mechanisms will be key.
- **Scale up social accountability:** Invest sustainably and systematically in enabling communities to claim their right to health. Ensure that human rights principles and standards are intentionally included in materials used to train staff working with communities on social accountability. At present, there is ample evidence that social accountability works; it is a matter of scaling up programs. Social accountability should consider the political sensitivities of each country.
- **Develop thread of accountability mechanisms focusing on the national and sub-national levels:** Create a matrix per country on existing accountability mechanisms for women's and children's health at national and sub-national levels with mechanisms pertaining to the health and human rights sectors. National human rights institutions should be included in the process.
- **Strengthen the focus of global accountability mechanisms:** Avoid creating new and possibly parallel structures of accountability. Create networks of experts and interested stakeholders to foster integration of existing processes and use human rights and global health mechanisms in a coordinated and mutually enforcing manner. Promote a better understanding and increased use of global accountability mechanisms through capacity building. The Steering Committee of the Reproductive Maternal and Child Health Trust Fund is one platform that could be used to coordinate existing global accountability mechanisms.
- **Focus on information and defining accountability:** People need to know what they are being held accountable for. Stimulate discussion to clarify the concept of accountability in the context of women's and children's health. The accountability cycle (monitor, review, remedy/action) would be a place to start discussions. From there, the necessary tools can be developed

for different stakeholders and responsibilities can be assigned at different levels.

- **Create partnerships:** Collaborate to encourage progress and avoid counterproductive actions. This includes state and non-state actors, the private sector, civil society and multilateral organizations. It will be important to look into how to encourage governments to commit to working with civil society. Equality of civil society actors must also be recognized.

2) OPPORTUNITIES FOR ACTION

2.5: Carry Out Capacity and Awareness Building at the National Level

- There is an opportunity to improve accountability through carrying out capacity and awareness building using the "ASK" framework: attitude, skills and knowledge.
- This could be carried out by a coalition of partners working together to assess gaps, challenges and needs, as well as to develop tools and map existing mechanisms.
- Target groups would include parents, teachers, judges, children, service providers, legislators, law enforcement leaders, community leaders and existing networks.
- Carrying out this plan could begin immediately through the following steps:
    1. Consultation meeting at the national level (including budget and funding proposal)
    2. Mapping and needs assessment
    3. Identifying key partners and target groups
    4. Developing tools with integrated monitoring and accountability
    5. Agreeing on operational guidelines and accountability mechanisms with partners and target groups
    6. Implementation plan with timelines and support for key partners
    7. Monitor, review, action, reporting to all stakeholders groups
- Sufficient funding throughout the process will be necessary in order for the plan to be carried out effectively.

2.6: Use Data to Ensure Accountability on the Right to Health

- Generating and using real-time data could increase accountability on the right to health.
- This could be put into action through developing the capacity to use basic technology to collect, analyse and disseminate real-time data.
- UNICEF, the World Bank and civil society organizations are already implementing an equity-based approach to monitoring the coverage of health services in Malawi, which could be replicated in other countries with increased support from civil society organizations and communities.
- In the context of Malawi, the global agreement signed by UNICEF and the World Bank will be followed by capacity building of health workers on how to collect and use the data, participation of civil society organizations and communities and eventually, plans to scale up the program.
- Replicating a similar initiative in another country might involve:
    1. Buy-in from government and H4+
    2. Establishment of a partnership with a technology provider
    3. Mapping of stakeholders
    4. Facilitating process to determine how data can be best used for sub-national and national levels
    5. Formally agreeing on a joint strategy
    6. Implementation
    7. Monitoring and Evaluation

DAY 2:

Concluding Remarks

Bjorg Sandkjaer closed the Consultation on Applying Human Rights to Women's and Children's Health with brief remarks on the outcomes of the day and plans for the future.

- Hopes the partnership has been further developed, but the test will come when everyone returns home.
- Norway will take on some of this work and continue its efforts to uphold human rights standards through a number of global initiatives including its work on reproductive, maternal, newborn and child health.
- This process of bringing together the different discussions on the rights-based approach to women's and children's health is crucial and will ultimately lead to better health.

Annex 1: List of Participants

NAME	POSITION	ORGANIZATION
Kirsten Sandberg	*Chair*	CRC Committee
Asbjorn Eide	*Professor Emeritus*	Norwegian Centre for Human Rights
Joy Phumaphi	*Chair*	Independent Expert Review Group
Susan Gumisayi Mbaya	*Senior Parliamentary Policy Advisor*	Inter-Parliamentary Union
Roberto Iunes	*Senior Health Economist*	World Bank Institute
Ganna Dovbakh	*Policy Director*	Ukraine, HIV/AIDS Alliance
Fionnuala Murphy	*Campaign Manager*	International HIV/AIDS Alliance, UK
Maren Olene Kloster	*Assistant Lecturer, Center for Development and the environment*	University of Oslo
Adam Musgrave	*Senior Global Campaigner - Essential Services*	Oxfam, GB
Martha Kwataine	*Executive Director*	Health Equity Network, Malawi
Victor Lansana Koroma	*Executive Director*	Health Alert, Sierra Leone
Dra Rosa Marlene Manjate	*Deputy Director of Public Health*	National Director of Public Health, Mozambique
Liz Mason	*Director for Maternal, Newborn, Child and Adolescent Health*	WHO
Dr. Heidi Jimenez	*Legal Counselor*	PAHO/WHO
Rajat Khosla	*Techical Officer, Human Rights*	WHO
Marcus Stahlhofer	*Adviser, Child and Adolescent Rights*	WHO
Dr. Dewi Indriani	*National Programme Officer for Child Health*	WHO Indonesia

NAME	POSITION	ORGANIZATION
Dr. Khadija Abdalla	*Health Specialist*	UNICEF Kenya
Heidi-Maria Helenius	*Child Rights Officer*	UNICEF Geneva
Thalia Seguin	*Intern*	UNICEF Geneva
Mahimbo Mdoe	*UNICEF Representative*	UNICEF Malawi
Ellubey Rachel Maganga	*Health Specialist*	UNICEF Malawi
Thiago Luchesi	*Advisor, Child Health, Policy and Rights*	World Vision
Jennifer Philpot -Nissen	*Senior Advisor, Human Rights*	World Vision
Kate Eardley	*Senior Policy Adviser, Child Health*	World Vision
Nicky Benn	*Social Accountability Acquisition and Learning Advisor*	World Vision
Astera Taruliasi Artonang	*Director, Child Health Now Campaign*	World Vision Indonesia
Billy Robin Estrada	*Director and supervisor, Child Health Now Campaign*	World Vision Guatemala
Brezhnev Henry Otieno	*Campaign Coordinator, Child Health Now*	World Vision Kenya
Patricia Norimarna	*Manager, Communications and advocacy*	Save the Children Indonesia
Tieyse Jean Chimuna	*Advisor, Child Health and Nutrition*	Save the Children Malawi
Judas Xavier Massingue	*Senior Program Manager, Child Rights Govern-ance*	Save the Children Mozambique
Roberto Cabrerea	*Fundraising manager and Health and Nutrition focal point*	Save the Children Guatemala
Claire Bader	*Health Advisor*	Save the Children Sierra Leone

NAME	POSITION	ORGANIZATION
Ben Hewitt	*Operations Director*	Save the Children International
Anita Bay Bundegaard	*Director and UN Representative*	Save the Children International
Chantal Baumgarten	*Project Officer, Child Survival and Health*	Save the Children International
Tove Wang	*CEO*	Save the Children Norway
Guro Nesbakken	*Director Child Rights Policy and Program Quality*	Save the Children Norway
Yngve S. Stokke	*Chief Operating Officer*	Save the Children Norway
Ann M. S. Pedersen	*Head of Norad Partnership*	Save the Children Norway
Marte B. Wensaas	*Senior advisor, Health*	Save the Children Norway
Kim Terje Loraas	*Senior Advocacy Advisor*	Save the Children Norway
Lisa Brodshaug	*Campaign Advisor*	Save the Children Norway
Kjersti Koffeld	*Senior Advocacy Advisor*	Save the Children Norway
Gunvor Knag Fylkenes	*Head of Advocacy*	Save the Children Norway
Lalaine S. Stormorken	*Senior advisor, Child Rights Governance*	Save the Children Norway
Brynjar S. Nilsen	*Senior advisor, Child Rights Governance*	Save the Children Norway
Anne May Andersen	*Project Coordinator, Health*	Save the Children Norway
Helga Fogstad	*Head, Global Health*	Norad
Camilla Holst Salvesen	*Advisor, Department of Global Health, Education and Research*	Norad
Bjorg Sandkjaer	*Senior Advisor, Department of Global Health, Education and Research*	Norad
Anne Skjelmerud	*Senior Advisor, HIV and Health*	Norad

Save the Children
Norway

Norad

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Contributing partners UNICEF Geneva, WHO Geneva, World Vision Geneva and Save the Children International.

The report is written on behalf of the partners by Thalia Seguin and Thiago Luchesi.

PHOTO: JANE HAHN/SAVE THE CHILDREN