Dr. Inge Baumgarten

8th International Dialogue on Population and Development
Making sexual and reproductive rights a reality: What does it take?

Question 1: Individual, Leadership and contextual factors leading to action

Recognition of the range of human rights that combine to make up "reproductive rights".

Identification (as in the W*orld health report 2008)* of policies and laws acting as barriers to the availability, accessibility, acceptability and quality of sexual and reproductive health services (whether for the entire population or only for certain population groups), as an area of serious area of concern.

Incorporation of human rights in diverse ways into the approaches used to address sexual and reproductive health, as well as other health issues including the provision of essential medicines, HIV/AIDS and child health.

Organizations are developing and applying "a rights-based approach" to sexual and reproductive health programming. These organizations include United Nations agencies such as the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), and nongovernmental organizations such as CARE and Save the Children. They generally focus on three key principles:

- participation of affected communities;
- ensuring discrimination does not occur in programme design or implementation;
- existence of accountability mechanisms.

Some organizations simply invoke these principles; others have used human rights as a conceptual framework for their actions; and still others have developed a checklist of actions tied to specific norms and standards. Taken together, this diversity has resulted in varied interpretations of what these linkages mean in practice, as well as raised questions about the practical value of human rights for improving population health.

Question 2: Obstacles to action? How to overcome them.

Lack of awareness on side of duty bearers as well as right holders:

- *Duty- bearers*: Health-care service providers as duty bearers are often not aware of their obligations as professionals, e.g. medical ethics and code of conduct; or of their clients' rights or the existence of the patient charter, e.g. to privacy or have access to gender-based violence services.
- *Right holders*: A perception of reproductive health as a service that the government is encouraging to use, but not an entitlement of each individual to claim, has contributed to emphasis on the supply rather than demand side, with people understanding information about services as a request for them to use these services. In contrast, a human rights-

TGPSH is implemented on behalf of the German Ministry for Economic Cooperation and Development (BMZ) by CIM, DED, GTZ, KfW and InWEnt.

based approach suggests that people are entitled to evaluate available resources in view of their needs, and to communicate to the government how to modify resources to better meet those needs. On Family Planning, the process of choosing a family planning method is viewed as complicated, as right-holders / clients often do not understand the associated biological issues and are inclined to ask providers to choose a method for them.

Lack of adequate responsiveness to diverse needs:
The diversity of needs could be addressed through different service delivery approaches; however a lack of strategies for effective partnerships with NGOs, CBOs or the private sector (such as PPPs – Public Private Partnerships) limits the potential to address the diversity of needs at the local level.

Legal, policy and regulatory barriers exist both within and outside the health sector:
Even though Tanzania has ratified the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) and is therefore being committed to eliminate violence against women, the legal and policy framework is not yet appropriate and does not translate into action easily:

- Lack of sufficient data indicating the extent of the existing barriers and a systematic analysis of which groups of women are mostly affected. Also weaknesses in the existing Health Information Systems to capture improvements in health status still exist.
- Lack of sufficient expertise in reproductive rights at all levels and of priority given to these issues by Ministry of Health and Social Welfare. Also the capacity of government implementing partners in reproductive rights and human rights based approach to health is weak and limited resources have been devoted to strengthening them.

- Despite a decentralization reform few mechanisms for peoples' participation in policy and decision-making, such as CBO/ CSO involvement, exist and both Government and communities are reluctant to join hands.

- Lack of effectiveness to translate an increased awareness of policy and legislation into reform and to communicate adequately with lower levels where these reforms should be understood and implemented Lack of sufficient M&E to assess effectiveness of f implemented interventions

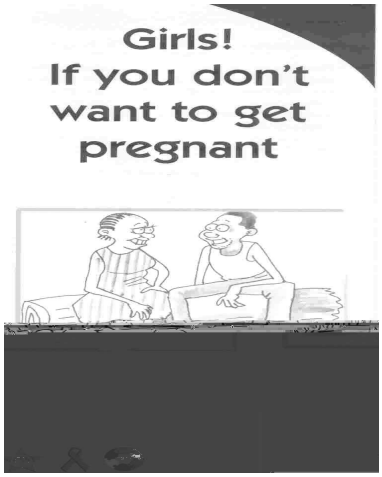
- Weak documentation and analysis of lessons learned or good practices which lead from pilot approaches to scaling up into a coherent programme approach within the sector wide approach to health (SWAP).

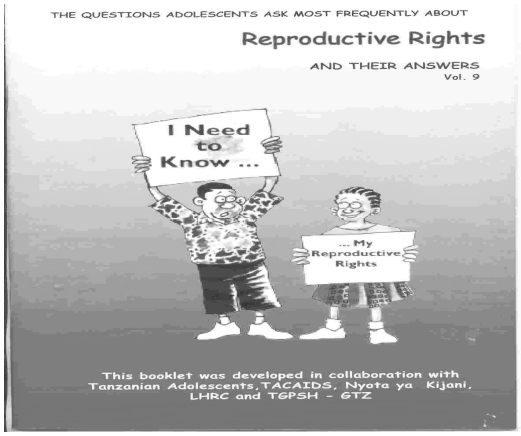
- Lack of adequate resources for scaling up innovative approaches.

Question 3: Has action improved health. Has it been sustained?

By drawing on the principles of human rights to guide policy, programme design and service delivery, reproductive health programmes can protect clients and increase effectiveness. In Tanzania, for example, this has led to improved access to comprehensive sexuality education, in addition as well as to confidential and youth friendly sexual and reproductive health services.

In collaboration with young people and other stakeholders, TGPSH supports the Ministry of Health in a comprehensive approach to SRHR and HIV prevention. Print and audio-visual materials have been developed on different subjects, including reproductive rights, contraception for young people, how to avoid pregnancy after having unprotected sex, girls if you don't want to get pregnant, a booklet for Albinos, their friends and families. Social marketing of condoms and a bilingual interactive web site are supported so that young people can request information about their health. See www.chezasalama.com (chezasalama, Kisuaheli, "play safe")





The development of comprehensive policies, guidelines and standards for Adolescent friendly health services has been supported. These serve as guidance for the many stakeholders involved in adolescent health and development. Initiatives to reach young people, including those with special needs, are mainstreamed into broader plans. In HIV prevention, orphans and vulnerable children (OVC) are reached out to with sexual reproductive health information and services which address the wider context including socio-cultural factors, gender considerations and rights aspects. Youth specific interventions include school based peer education which is

delivered as extra-curricular activities, supported by counsellors / teachers and community involvement to ensure support, sustainability and ownership.

Question 4: What are the lessons learnt? Recommendations for others?

There are some important lessons learned that can contribute to improving sexual and reproductive health and rights of Tanzania women and men throughout the life-cycle.

Understanding State obligations:
Men and women have to know about the Governments' obligations in relation to sexual and reproductive health. Based on this knowledge recommendations can be formulated to amend laws. Referring to human rights standards can help to lift discussions out of possibly entrenched positions on topics such as sex work, abortion and adolescents' access to information and services. Human rights concepts can be systematically internalized and then be translated into practical actions and decisions. Well intended policies are not always disseminated sufficiently or, if they are disseminated, they are not discussed and agreed upon. As a result the policies and guidelines may be excellent but they are not translated into practice and can often be implemented wrongly.

Vulnerable groups:
The discrepancy in health status among different population groups in Tanzania is recognized. However, few, if any, mechanisms exist to systematically take into account the needs of vulnerable or marginalized groups in laws, policies and strategies for sexual and reproductive health. While stakeholders can easily identify vulnerable groups, it is often extremely difficult to find data about the health status of these groups. There is also lack of responsiveness of a legal and policy framework to address the needs of the identified groups, such as Men-who-have-sex with men or sex workers.

Involving other sectors:
The involvement of ministries other than the Ministry of Health, such as Ministry of Justice, Education, and Finance will help broaden the understanding of the barriers that have a negative impact on effective service delivery and to create consensus for and ownership of proposed actions. For example, while universal access to education is guaranteed in international conventions ratified by the State and in national law, pregnant girls are still expelled from school, while efforts from activist for re-admission are still meeting deaf ears.

Civil society participation:
Civil society organizations, and particularly the women's groups, help to ensure that the needs and rights of vulnerable girls and women are prioritized, and that barriers which might not be immediately apparent to government actors are recognized and addressed.