

# ABSTRACTS

## Applying Human Rights to Sexual and Reproductive Health

### A Reality for All?

*Alfonso Barragues, UNFPA*

#### **From global commitment to rights-based action and accountability**

In recent years we have seen a renewed global commitment to a human rights-based approach to development and, particularly to the universal realization of sexual and reproductive health and rights. The 2030 Agenda for Sustainable Development adopted at the General Assembly in September 2015 represents a major shift in development policy by making more clear normative and operational linkages between all pillars of the UN, namely, development, human rights and peace and security. Similarly, the global review of the International Conference on Population and Development (ICPD) programme of action has acknowledged important achievements in the area of sexual and reproductive health and rights since 2014. However, it highlighted pending challenges in ensuring the effective implementation of global commitments, as well as national laws and policies with a focus on equality, quality and accountability gaps. While the SDGs go in the direction of prioritizing the reduction of inequalities (leaving no one behind), and moving beyond access to services to emphasize quality; however the effective operational translation of the human rights principle of accountability is still pending to be defined. The development system has a lot to learn and benefit from the accountability work of international human rights mechanisms. The Universal Periodic Review of the Human Rights Council, in particular, can greatly contribute to advance the realization of sexual and reproductive health and rights in the development policy arena.

*Erika Placella, SDC*

#### **A rights-based approach to sexual and reproductive health services for young people in Moldova: challenges and opportunities**

Young persons between 10 and 24 years makeup nearly a quarter of Moldova's population. Their health and development are negatively impacted by the difficult social and economic conditions, poverty, unemployment, migration, and social and gender inequality. Although Moldova is a party to human rights treaties guaranteeing the right to information and the access to health care services for youth, life-skills education is not included in the mandatory curriculum of educational institutions.

In 2001, a national program aiming at providing Youth Friendly Health Services (YFHS) across the country has been launched by the Ministry of Health. Since 2013, in partnership with UNICEF, SDC is supporting the strengthening and the scaling up of YFHS at country level. To date, 38 Youth Friendly Health Centres (YFHCs) have been set up.

The objective of the presentation is to highlight some interesting aspects of the rights-based approach to sexual and reproductive rights introduced by the project, and to provide a general overview of the challenges faced in the implementation.

The following elements contribute to ensure a comprehensive rights-based approach and to improve the access of young Moldovans to quality, affordable and equitable sexual and reproductive services:

- The program works both at duty bearers (strengthening the capacities of medical staff, social workers, school staff) and right-holders level (young people).
- One of the most important components of the program is the improvement of the national legal, policy and regulatory framework for YFHS, in order to remove legal barriers for young people to

access the services (parental consent is required to see a doctor for adolescents under the age of 18) and to clarify and stabilize the position of YFHC within the health system.

Challenges faced by the program include the following issues:

- Low acceptance, negative attitudes and resistance from parents and conservative religious circles towards sexual education in schools. This represents serious impediments for the achievement of positive changes in adolescent sexual behaviours.
- Breaking attitudinal barriers of health professionals about the right of young people to make decisions related to their sexuality and reproduction.

*Jana Gerold, Swiss TPH*

### **Results of the MMS survey on human rights based approaches among its member organisations**

The survey aimed at exploring the experiences of MMS network members in operationalizing human rights-based approaches in the field of sexual and reproductive health. Specifically, two research questions guided the survey:

- How are the human rights principles operationalized by MMS member organisations based in Switzerland and their respective local partner organisations?
- What are the benefits to using a human rights-based approach?

In-depth interviews with 14 MMS members and 14 identified local partner organization were conducted on the operationalization of human rights principles along the project management cycle; on challenges and successes they have experienced in implementation, and on partnership relations.

*Stuart Halford, The Sexual Rights Initiative*

### **The Geo-politics of sexual and reproductive rights at the United Nations – how to address the protection gaps**

The presentation will focus on the current geo-politics in relation to advancing SRHR through various UN mechanisms while also highlighting the areas of SRHR that are routinely neglected – and look at how we address these protection gaps.

*Tabitha Griffith Saoyo, KELIN, Kenya*

### **Using a Rights Based Approach to Advocate for Sexual and Reproductive Health Rights: The Kenyan Experience**

In many African contexts, motherhood informs social constructions of womanhood and femininity. Forced and/or coerced sterilization of women living with HIV (WLHIV) robs women their right to choose to have children. Sterilized women face extreme stigma, gender-based violence, abuse from their communities, and a loss of their status as “whole” women. International bodies have convened to strategize on the relationship between such human rights abuses and the key legal questions pertaining to the global AIDS response. In this vein, UNDP coordinated a strategy meeting in 2015 to discuss the findings of the Global Commission on HIV and the Law’s regarding young women and adolescent girls. Contributing to the advancement of these recommendations, the Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN) is engaged in facilitating access to justice through the legal representation of women who have been forced or coerced into sterilization.

With a view toward the full enjoyment of health-related rights, KELIN provides legal services and influences policy that promotes evidence-based change. Through public interest litigation, KELIN advocates for the enjoyment of health on a more far-reaching scale than with individual cases. With the support of partners, KELIN is challenging the sterilization of women living with HIV – representative of a larger cohort of victims – in two currently ongoing court cases initiated in 2014. To date, some of the key lessons that KELIN has learnt include: first, that women’s narratives have revealed that illegitimate consent and a lack of awareness of rights are at the core of sterilization, revealing a discrepancy between laws/policies and actual practices. Second, the important impacts of community-led documentation and sensitization, alliance building, and lobbying at a high-level, policy level has been appreciated and lastly, that Education and empowerment on reproductive health rights will be instrumental in tackling misinformation by healthcare providers. Key next steps include continuous training of WLHIV, their families, and healthcare providers. The public interest litigation itself has the potential to set a legal precedent in Kenya and hold the government accountable in the long term

*Jasna Zecevic, Vive Zene, Bosnia and Herzegovina*

**Service provider and civil society actor at the same time: Challenges of rehabilitation of survivors of sexual and gender-based violence in Bosnia and Herzegovina**

Throughout the years, Vive Zene developed a comprehensive multidisciplinary psychosocial treatment for survivors of war, torture and violence. Since 1994, Vive Zene developed from an “emergency/ humanitarian” organization into a professional and competent organization working with survivors of sexual and gender-based violence (SGBV), offering them psychological, social, pedagogical, medical and legal support.

Nowadays, the psychosocial work with SGBV survivors done by Vive Žene is based on the understanding that healing of trauma is a multidimensional long-term process that involves work at the individual, local-community and macro levels in the society. Vive Žene has adopted an integrated multidisciplinary and multilevel approach in the work on SGBV. Individuals struggling with their healing processes are empowered as actors for their own rights, participate in processes of community mobilisation and join in to the organisation’s efforts towards the reconstruction of a safe, democratic and economically viable society.

Vive Zene has integrated three levels of intervention in its psychosocial program implemented through three working fields, each of them having specific objectives, activities and results:

- A.** the first level is Psychosocial and psychological rehabilitation of SGBV survivors on individual level
- B.** the second level is Reconciliation ,reintegration and prevention on community level
- C.** the third level is Raising Awareness, Advocacy, Lobbying and Networking activities on a broader society level.

The human rights based approach forms a basic fundament of Vive Zene’s work and has been followed up throughout their whole development process. But being a service provider and a civil society actor at the same time bears important challenges. It requires diverse specific capacities, a political understanding of the organisation’s work and mission and a strong believe in the possibility of social change where each individual has a role to play.