

CONTRIBUTIONS BY MCAI TO A REPORT FOR THE HUMAN RIGHTS COUNCIL (HRC) FOLLOWING A MEETING OF EXPERTS IN JUNE 2017

General points

At the meeting participants agreed that for any approach to be effective it will need to address the core of human rights abuses which basically relate to a lack of security. The need for protection was advocated for strongly by participants throughout the meeting.

Although the meeting was convened to concentrate on ways of addressing the best ways of using a human rights approach to the health of newborn infants and children under 5 years, many contributors present accepted that you cannot consider this issue without including maternal healthcare. This means that, especially when considering the healthcare of the newborn infant, there has to be integration with the obstetric care of the mother.

There are so many areas where human rights abuses are currently impacting on healthcare that it may be helpful to address them in order of their severity and prevalence; looking for actions that will impact on the most damaging as a matter of urgency and then continuing to look at system approaches that will improve healthcare using a human rights based approach that have been under development during recent times but which require more input and support.

1. The most serious abuses of healthcare that require urgent action by the HRC

Since the meeting in June 2017, the Myanmar Army's attacks of persecution on the Rohingya people represent one example where the interventions suggested below, if they had been in place, may have prevented so much continuing suffering.

1a. The effects of armed conflict

Despite resolutions, conventions and international laws, healthcare during conflict continues to be deliberately subject to attack by combatants and requires effective protection. Please see the following website: <https://www.safeguardinghealth.org/>

Presentations from a Syrian doctor (Dr. Nour Alnirabia) from The Syrian American Medical Society (SAMS), from The Medical Operational Support Unit, Medecins Sans Frontieres Dr Roberta Petrucci) and from MCAI (Professor David Southall) at the expert meeting reported the devastating consequences of attacks by state and non-state actors on women, babies and children and on hospitals, clinics and health workers.

ACTIONS proposed by MCAI and discussed by all participants at the meeting

A UN protection system that works (please see:) www.ihpi.org

Establishment of an ethically organised, adequately armed/equipped, appropriately mandated, international UN protection system, funded and established within the UN which is enabled by the agreement of all UN states immediately and urgently to be deployed, without interference by sovereignty, to protect mothers, babies, and children and their healthcare from conflict and do everything to end conflict and create a peaceful settlement.

Armed persons attacking the health of civilians are committing war crimes. Protection to ensure healthcare must not be denied. Just as countries accept that a police force is sometimes needed to enforce the protection of women or children who are being abused, so the international community should consider establishing a similar system to protect civilians from those who are defying Geneva conventions and International Humanitarian Law.

In terms of healthcare, specifically the UN protection system will undertake the following:

- protection for health facilities, hospitals and clinics
- protection for the delivery of essential drugs, medical equipment and supplies.
- protection for health workers from attack and intimidation during their work, in their homes, and to and from their places of work.
- protection to ensure safe transport of ill or injured patients to and from health facilities
- ensure protection for incoming UN agencies and NGOs providing healthcare
- ensure health care is protected from abuse by armed factions storing weapons in hospitals and launching attacks from healthcare facilities

How could a new UN protection system work?

- Accept that neutrality is not appropriate; the abusers of mothers, babies and children and their healthcare are the problem and must be stopped
- Identify a current armed conflict for a first attempt at implementation (a pilot project)
- Involve the International Criminal Court (ICC) in giving formal agreement to act and prevent further war crimes
- Have a UNSC resolution to support actions to be taken
- Ensure that as many members as possible of the protection system are going to act in an ethical and professional manner (perhaps an excess of women?)
- Aim for arrest and prosecution for war-crimes rather than death/injury of perpetrators
- Work with national government, unless they are responsible for the war crimes
- Avoid other agendas (political or financial)
- Have an exit strategy
- Publicise as a deterrent

Modifications to the veto in the UNSC. A redesign to the veto of the permanent members of the UN Security Council, must be undertaken. All 5 are the global leaders in the sale of major weapons and small arms and, unlike most countries in 2017 where armed conflict is present, the permanent members are rich and their countries have relatively good maternal and child health indicators

The current construction of the UN Security Council makes the actions of international arms trading by its members a serious conflict of interest which can make their contributions biased against preventing the occurrence of conflict or its ending.

1b. The protection of healthcare in populations suffering enforced displacement

“Forced displacement worldwide is at its highest in decades. UNHCR’s annual Global Trends report says an unprecedented 65.6 million people were uprooted from their homes by conflict and persecution at the end of 2016”.

<http://www.unhcr.org/afr/news/stories/2017/6/5941561f4/forced-displacement-worldwide-its-highest-decades.html>

There was some discussion about this at the meeting, but the principles discussed in point 1a above apply in this setting. UNHCR has highlighted the fact that there are more refugees now in the world than ever and that resources provided to them and others to care for and protect these people are insufficient.

A new UN protection system could be of great value in such settings, especially given the great vulnerability of mothers, babies and children.

2. Improvements in systems for providing healthcare for mothers, babies and children based on a human rights approach that were highlighted at the expert meeting and actions to take them forward and make them more globally effective.

ACTIONS proposed by MCAI and discussed by all participants at the meeting

2a The CFHI and MCFHI

The UN General Assembly adopted the UN Convention on the Rights of the Child (UNCRC) and opened it for signature on 20 November 1989 (the 30th anniversary of its Declaration of the Rights of the Child) and it came into force on 2 September 1990, after it was ratified by the required number of nations. There is little doubt globally that, especially in low resource settings, this has been responsible for the most effective improvements **ever** in the healthcare of children.

Following onto this in 2000, MCAI in partnership with UNICEF UK, the Royal College of Paediatrics and Child Health, and the Royal College of Nursing in the UK developed and published in the highest impact medical journal "Pediatrics" the Child Friendly Healthcare Initiative (CFHI) <http://www.childfriendlyhealthcare.org/> This consisted of 12 standards of healthcare based on the human rights based approach to healthcare contained within the UNCRC. A toolkit was developed to implement this work.

The CFHI was initially explored in 4 countries (Uganda, Pakistan, Kosovo and the UK) and then taken up in 2008 in a highly developed form in Chile (the 'Hospital Amigable' program: see separately for a summary of this programme).

As a result of further experience, and recognising the importance of pregnancy, both in terms of its high prevalence in children and because of its implicit relevance to neonatal and child healthcare, MCAI subsequently developed the Maternal and Child Focused Healthcare Initiative (MCFHI). In addition to adaptations to the toolkit arising from the CFHI, a manual supporting the initiative and providing the toolkit has been published:

<http://www.mcai.org.uk/advocacy-in-healthcare-for-mothers-and-children>

The aims and objectives of the MCFHI are to improve the quality of health care given to women and girls, particularly those who are pregnant, children and families across the world and to reduce unnecessary fear, anxiety and suffering during and because of a

healthcare experience. The MCFHI involves (self-)assessment of the quality of care being provided in healthcare facilities with a view to informing quality improvement interventions.

The MCFHI manual describes the rationale, concept and details of women- and child-friendly health care. It discusses reasons for sub-optimal care and suggests simple and practical ways in which health providers and individual health workers can assess their care and make improvements.

The MCFHI builds on the previously-developed 'Child Friendly Healthcare' Standards, translating the articles of the CRC into every day health practices relevant to children as well as women and girls who are or may become pregnant.

The standards were developed following global consultation that ensured the participation of a range of stakeholders. The MCFHI assessment process is also highly participatory, seeking ideas and possible solutions from health workers, women, and children and their parents/care-givers thereby giving them a voice in how services are provided. This promotes a sense of ownership of health services, and any improvements thereto, among these groups.

Taking into account limitations in resource availability, the standards promote high quality care that is accessible (including financially accessible) and acceptable to women and children.

One of the Standards *"Recognises, protects and supports vulnerable and/or abused women, girls, infants and children"* thereby promoting equality and non-discrimination, which are key elements of a human rights based approach.

Overall, the MCFHI aims to improve institutional accountability for the provision of quality health services for maternal, neonatal and child health by promoting self-awareness among hospital managers and staff about strengths and weaknesses in their service delivery to inform quality improvements.

2b A proposed new UN convention on the rights of pregnant women and their newborn babies

In 2012, MCAI in a further attempt to emphasise the importance of human rights relating to healthcare in pregnancy, described and advocated for in the peer-reviewed journal "Archives of Disease in Childhood" a proposal to establish a new UN convention aimed at addressing the human rights of pregnant women and the newborn infant. This was discussed in the expert meeting and since then is being examined by UNICEF in New York.

2c. Attempts to reduce the physical and mental health consequences of child abuse especially in low resource countries

Most low resource countries do not have adequate child protection systems. Serious health consequences exist for children subject to child abuse or neglect, especially their severe forms. In response to this, MCAI worked with paediatricians and social welfare departments

in Pakistan and The Gambia to develop documents/guidelines/protocols that highlight and help to manage the health consequences of abuse. They have also carried out short training courses in the recognition by health workers of the clinical signs of both serious physical and sexual abuse of children.

This intervention was designed to improve the quality of child health services by increasing health worker capacity to recognize and respond to child abuse in countries where these activities were previously severely lacking. Children who have experienced abuse are particularly vulnerable members of society and therefore any efforts to reach them and improve their health are aligned with the principles of equality and non-discrimination. See the following for details: <http://www.mcai.org.uk/international-child-protection>

A summary of the massive nature of child abuse in low resource settings, with suggestions as to how it might be addressed, were published in an Editorial in 2013 by the two directors of MCAI. <http://www.mcai.org.uk/child-protection>

2d. Improving professional standards and the ethical behaviour of health workers at all levels in hospitals in Liberia

As a result of many factors, including extreme poverty, lack of education, an Ebola epidemic and armed conflict, professional standards and medical ethical behaviour in the public hospitals of Liberia have been difficult to achieve. To address this, the Ministry of Health, the Liberian Medical and Dental Council (LMDC) and MCAI have organised a series of workshops and a national conference on the subject.

The training was participatory in nature with short presentations followed by interactive discussions. Following the conference, manuals outlining ways in which each hospital could develop better professional standards as well as a more ethical approach to patient care were prepared and the LMDC has started to implement these in two hospitals. This creates an opportunity for improving the acceptability and quality of care, and for holding duty bearers accountable for their actions.

2e. Improving the management of pain control and palliative care in The Gambia

Despite the great importance of pain control and palliative care in managing acute and chronic illnesses, major injuries and incurable diseases in low resource countries, there have been few advances in the development of effective systems for their provision to women and children attending public hospitals in West Africa. This has resulted for example in children with severe injuries undergoing painful treatments with wholly inadequate pain management, leaving them screaming in pain.

To address this, MCAI in partnership with the Ministry of Health and WHO in The Gambia, prepared a training course for hospitals on the use of morphine for treating severe pain in children and pregnant women. Large quantities of oral and injectable morphine were imported and provided through the government pharmacy to the hospitals involved. In addition, and to promote accountability, special lockable drug boxes and logbooks were also

provided to ensure that a record was kept of the treatments given by trained staff in the hospital.