The late Jonathan Mann, among his many contributions to the world, led the way in linking public health to human rights. His emphasis on integrating human rights into public health is well placed: not only is it the right thing to do but an increasing body of evidence suggests that it also is the most effective thing to do. Human rights violations in the area of sexuality, for example, lead to adverse public health outcomes, such as higher rates of unintended pregnancies, maternal and neonatal mortality, unsafe abortions and sexually transmitted infections (STIs), including HIV/AIDS. Lack of enforcement of basic human rights also inhibits women’s social mobility, limiting their access to contraception, maternal and child care and treatment of STIs.

Clearly a dialogue is needed between those working primarily in public health and those working primarily in human rights, since both fields have much to offer each other. It is also clear that although there are many shared goals, there are also differences in perspectives and that there is little collaboration between the two communities. As a consequence, PATH’s Women’s Reproductive Health Initiative (WRHI) joined nine other NGOs, universities and multilateral organizations to plan a day-long dialogue on reproductive health, gender and human rights. The gathering took place at the World Bank on December 8, 1999. Its purpose was to provide useful information to public health policymakers and implementing agencies on the relevance of human rights issues to public health—and of public health issues to human rights—with particular reference to reproductive health and gender inequity. The ultimate goal of the gathering was to encourage public health agencies to address human rights and gender issues more fully in reproductive health programs.

We are grateful to the following cosponsoring organizations, which variously contributed speakers, discussants, question-and-answer facilitators, note-takers, photographers, materials, travel expenses and a great deal of thoughtful planning: the Center for Health and Gender Equity (CHANGE), the Center for Reproductive Law and Policy (CRLP), Columbia University School of Public Health, The Futures Group International (TFGI), George Washington University School of Public Health, the Global Health Council, Human Rights Watch, the Pan American Health Organization (PAHO) and The World Bank. In addition, the U.S. Agency for International Development (USAID), the International Center for Research on Women (ICRW), the Society of Women and AIDS in Africa (SWAA), and EngenderHealth provided excellent speakers. All the speakers willingly took time to update their presentations, which now constitute the chapters of this publication. We also thank the discussion facilitators during the day of dialogue: Norine Jewell of TFGI, Anu Kumar of the MacArthur Foundation, Rosalia Rodriguez-Garcia of George Washington

by
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University and Martine de Schutter of PAHO. Finally, we acknowledge our PATH colleagues Helen Cornman, Susie Bloodworth and Manisha Tharaney, who worked tirelessly, and with unfailing graciousness, to organize the conference.

While a major gathering can serve as a catalyst, it is seldom enough to guarantee action. Action requires a sustained interest in the issues, which can be fostered by regular meetings with informed and committed people; program models; tools for designing, monitoring and evaluating programs responsive to gender and human rights issues; and an ongoing source of reliable information. After the conference, WRHI and many of its partner organizations have worked on developing indicators and program models and have co-sponsored a series of follow-up seminars. These seminars built upon the reproductive health, gender and human rights issues discussed at the December 1999 conference, as related to maternal mortality, family planning and abortion, HIV/AIDS, and violence against women. The seminar series allowed for a larger discussion on related topics such as trafficking, adolescent reproductive health and rights, male involvement, sex work, FGM and gender norms in reproductive health. Some of the seminars also served to educate Congress on these issues in hopes of influencing policies related to reproductive health and human rights. A list of follow-up activities is found in Appendix D.

The articles in this publication—both the “hardcopy” and the “e-version”—are based on the presentations at the conference, but many have been updated and have added references and other resource material. We therefore prefer to think of it not as a proceedings document but as a collection of interesting articles by interesting people reflecting various viewpoints on reproductive health, gender and human rights. We hope that the reader will find these articles compelling and useful commentaries on the fields of human rights and public health.

May 2001
The Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo, to which the nations of the world agreed, was firmly grounded in commitments to the protection of human rights and the pursuit of gender equity. In the years since the Cairo meeting, many stakeholders have dedicated themselves to making the ICPD vision a reality. The day-to-day challenges of implementing Cairo have not always allowed stakeholders with various perspectives to share and enrich each other’s experiences and evolving definitions of the reproductive health and rights agenda.

For this reason, the Dialogue on Reproductive Health, Gender and Human Rights held at the World Bank in December 1999 was particularly important. It provided over 160 key stakeholders from the public health, human rights, and gender communities and a range of organizations—including NGOs, foundations, and international agencies—a forum for sharing lessons learned and deepening their understanding of how reproductive health, human rights and gender equity are linked. The large number of co-sponsoring and participating organizations provided evidence of these institutions’ recognition of the importance of building bridges between the various communities and strengthening their commitments to reproductive health and rights, including gender equity.

Discussions focused on a range of crucial concerns raised in Cairo and in the ICPD+5 consultations held during 1999, addressing the unacceptably high levels of maternal mortality and morbidity suffered by poor women around the world as both a rights and a public health issue and identifying other problems, including unwanted pregnancy and unsafe abortion, HIV/AIDS, violence against women and practices such as female genital mutilation, in similar terms. Country case examples were used to explore how these issues could be addressed in concrete terms through better program design and implementation strategies.

Issues that need further thinking were also raised, including ways to ensure reproductive health and rights in an era of changing macroeconomic policies, including health reform. One of the challenges is getting health systems to work better without neglecting human rights. Recognizing that there is a multi-sectoral realm beyond health and rights, the need for more resources and greater efficiency in resource allocation is clear. We not only need more effective use of existing reproductive health programs, but also structural changes in all sectors; it is this broader approach that will contribute most to sustainable and rights-based reproductive health programs.

The collective wisdom of this dialogue is that public health personnel and economists must both begin to look through the “human rights lens,” as various
human rights conventions/treaties, bills of rights and watch groups keep our “feet to the fire.”

At the same time, the gender and rights dimensions, while crucial, are only part of the story of how to improve reproductive health. There are huge external forces working against our agendas. Political, cultural and financial forces often have a bigger impact on delivery of reproductive health services than what we as public health and human rights professionals can achieve from within the system. In order to accomplish something, we need to be selective and specific in choosing our battles. If we spread the work too thinly, the chances of success are limited.

Given limited human, financial and political resources, how do we decide what is worth fighting for and where to put our resources? We need guidance from the people who work at the intersection of public health and human rights to know where to put our energy. Although the forces that shape the outcome of maternal and other reproductive health issues may sometimes seem beyond our control, bringing the voices of public health and human rights together is a major step forward. Our collaboration will maximize the likelihood of success in achieving those outcomes both communities seek. Together, we need to keep fighting the fight.

The articles in this volume provide readers who were not able to participate in the meeting with a sense of the exciting dialogue that occurred, and for those who did attend, a chance to revisit the experiences of that very valuable day together.
This special dialogue is dedicated to the late Jonathan Mann, whose work with the Harvard Institute for Health and Human Rights spearheaded the linking of human rights and public health.

The goals of this dialogue are:

♦ To encourage the integration of gender and human rights issues in the field of reproductive health,
♦ To provide the tools for this integration,
♦ To foster dialogue and cooperation between the human rights community and the public health community.

While those of us working in the public health and human rights arenas are in agreement over basic goals such as addressing inequities in health care and improving the quality of life for all people, there are many issues on which we may not agree. For example, consider how you might answer the following questions, as individuals working primarily in either the public health or human rights arena:

♦ With only about 600,000 maternal deaths per year, maternal mortality is low on the Burden of Disease yardstick. Should we devote large sums to prevent it if that means less money for more prevalent causes of death?
♦ If research shows that the health consequences of female genital mutilation are not as severe as previously thought, should we abandon our work to eradicate it?
♦ Now that we have drugs to reduce mother-to-child transmission of HIV, should we have mandatory testing and treatment for all pregnant mothers?
♦ Should sex-workers be required by law to be tested and treated for sexually transmitted infections, including HIV infection? Or would collaborative health education programs with sex workers be as effective and more ethical?
♦ Is it justified to promote vigorously long-term and permanent contraception to poor women with many children? Or to offer them generous “travel expenses” to be sterilized?

The contributors to this volume—who engaged in the day-long dialogue—address some of these questions, helping to bridge the gap between the public health and human rights fields.