

Case Study on

Advocacy Initiative in Pakistan

to support the Preventable Maternal
Mortality and Morbidity and Human
Rights at the United Nations' Human Rights
Council

World Population Foundation-Pakistan

June, 2009



What's at stake?

Toady Pakistan stands as the sixth populous country in the world; adding approximately about 3 million people to the world population every year. It makes the highest net addition to the world population annually after India and China¹. An analysis of net Addition in Population shows 4,210,000 births in one year; 350,833 births in one month and 11,534 births in one day.²

It remains true that most maternal deaths do occur in poor countries with high population growth, and that poor women are the most vulnerable. The question of poverty constrained access becomes as important as the health system improvements in relation to resources that are required to have any impact on the continuing loss of maternal lives.

The overall progress on the MDGs indicators suggests that education and health never remained the top priority of any government and there is a dire need to increase the budget in the respective sectors in order to meet the MDGs.

In the budget year June 2009-June 2010 only 0.7%¹ of the GDP has been allocated for the health sector despite the fact MDGs require that the public health expenditure must be raised up to two per cent of the GDP by the year 2015.

An analysis of policy landscape in Pakistan reveals that actions have somehow missed maternal mortality in the “rights” perspective. As a result, Government interventions haven't brought anything substantial to deal with realities of life for the marginalized segment of the population, encompassing mostly women, with a maternal mortality ratio (MMR) as high as 276 per 100,000 live births.³ According to UNICEF's latest report “The State of the World's Children 2009”, 1 in every 89 Pakistani women will die of childbirth related causes compared to 1 in 8000 in the developed world.⁴

Global Commitments and Pakistan

“I dream of Pakistan, an Asia, of a World where every pregnancy is planned and every child conceived is nurtured, loved, educated and supported”-Benazir Bhutto, ICPD

¹ Population Reference Bureau, Washington D.C.

² Population Growth & its Implications – 2005, National Institute of Population Studies

³ Demographic Health Survey 2006-07, Pakistan.

⁴ The State of the World's Children 2009, UNICEF

Pakistan has adopted the following international instruments with reference to Maternal Mortality:

- **The Convention on the Elimination of all forms of Discrimination against Women (CEDAW), 1979**
- **The International Conference on Population and Development (ICPD), 1994**
- **Millennium Declaration, 2000**

Safe Motherhood Campaign

Healthy pregnancy is a pre-requisite for sustainable human development and to have a safe and healthy pregnancy, delivery and post-delivery period; it is important to promote the concept of Safe Motherhood. Keeping the state of affairs related to maternal mortality in Pakistan, WPF launched its campaign on Safe Motherhood, “Saving the Soul Bearers” on the eve of International Mother's Day, on 11 May 2007. The purpose of the campaign is to advocate for Safe Motherhood through awareness raising at different tiers to build up momentum so that related issues could be prioritized at political, policy, programmatic levels creating an enabling environment where every pregnancy is planned and safe.

In 2009, World Population Foundation-Pakistan, initiated the Safe Motherhood campaign to create interest among stakeholders and ensure the concept of joint responsibility. A week prior to Mothers' Night 2009, WPF and NATPOW organized a string of provincial level consultations with stakeholders to draw recommendations from across the country. This process culminated into the formulation of a “Call to Action”, for the year 2009-2010.

Maternal Mortality Resolution at the UN Human Rights Council

At the 11th regular session of UN Human Rights Council, 2-18 June, 2009, the issue of maternal mortality and morbidity and human rights, was tabled. On March 16 2009, 84 Governments in a joint statement delivered to the UN Human Rights Council reaffirmed their commitment to address 'maternal mortality as a human rights issue' and called upon the UN Human Rights Council to take decisive action to contribute to the existing efforts.

Pakistan though a member of the Human Rights Council with alarmingly high Maternal Mortality Rate was amongst the list of countries that did not

Advocacy Process:

1. Documentation: preparation of position paper
2. Coalition building: with pro-Safe Motherhood organizations
3. Identification of “Pushers”: influential people involved in the decision making process
4. Information sharing: Regular updates
5. Lobbying: with Policy Makers
6. Follow up: with all primary and secondary audiences
7. Recognition: of all audiences

initially show any favorable outlook towards the Maternal Mortality Resolution.

Advocacy and Lobbying- Process

CSOs initiated a short but extensive advocacy campaign urging the Government of Pakistan (GoP) to accept Maternal Mortality as a **human rights issue** by endorsing the Maternal Mortality Resolution at the UN. Different tools to convince decision makers to pledge their commitment for the cause of safe motherhood in Pakistan were adopted. After conducting a thorough analysis Parliamentarians and relevant Ministries (**Primary Target Audience**) while NGO's/CSO's, UN agencies, Media (**Secondary Target Audience**) were approached for this advocacy initiative.

Journey of Advocacy: MMR by Civil Society, Media and Government

A position paper encompassing data and information was prepared by WPF to form sound basis of advocacy efforts and policy deliberations followed by a plan of action keeping in view the urgency and a limited time line between 26th May to 17th June 2009.

Active involvement of WPF in several coalitions and networks offered an immediate initiation of the campaign through internet based groups' i.e. Safe Motherhood-Pakistan Yahoo Group⁵, Leadership Development Mechanism-Pak and others.

WPF approached NATPOW⁶, and they assured full support for the cause and discussed the issue with the Federal Minister for Population Welfare who agreed to approach Ministry of Foreign Affairs and Human Rights. Subsequently, a meeting with CSOs on 26th May 2009 at WPF was held for gathering their support and reviewing plan of action.

⁵ Mr. Farid Midhet, Berkeley University

⁶ Mr. Iftikhar Durrani, CEO, National Trust for Population Welfare

WPF's Communication Department⁷ contacted focal media personal to advocate for the endorsement of the Resolution. FPAP⁸ mobilized print media in Lahore and approached Federal Ministry of Health (MoH). Regular updates were shared with leading English and Urdu newspaper to build a cohesive account of the proceedings in Geneva. Newspapers published articles, and letters highlighting the need to support the MMR, urging the government to support the issue. **Shirkat Gah**⁹, an organization working on Women Empowerment and Youth Coalition learnt about the initiative from **ARROW**¹⁰ in early June and circulated an “urgent action needed appeal” to CSOs. The NCSW¹¹ lobbied with Ministry of Human Rights. Throughout the campaign there was a constant flow of information between the organizations, providing a Safe motherhood umbrella in the South Asian region. **FPAP and WPF** tried to approach parliamentarians both in the national and provincial assemblies to lobby for the resolution targeting MoPW, MoH, MoFA, NCSW and Women Caucus.

Process outlined in chronological order:

23 rd May 2009	Information from WPF- Netherlands
25 th May 2009	Contact established with Special Advisor to PM
26 th May 2009	Letter to Federal Minister for HR
2 nd June 2009	News Article
4 th June 2009	Letter from Special Advisor to M of FA
4 th June 2009	News Article
5 th June 2009	Letter to the Editor Update to CSO's
9 th -10 th June 2009	Press Release
16 th June 2009	Letter to Federal Minister for Human Rights
17 th June 2009	MM Resolution Passed!
18 th June 2009	Press Release

At the same time updates from Geneva were not encouraging despite efforts of Pakistani civil society. Pakistani delegation to Geneva did not support the human rights aspect of the resolution and Pakistan's representative maintained its stance of maternal mortality being a health and development issue and

⁷ Ms. Areebah Shahid, Communication Officer WPF- P

⁸ Ms. Nabila Malick, Director, Family Planning Association Pakistan

⁹ Ms. Khawar Mumtaz, CEO, Shirkat Gah - Women's Resource Centre

¹⁰ Asian-Pacific Resource and Research Centre for Women

¹¹ National Commission on Status of Women

not a human rights issue. We were informed by Mr. Sandeep Prasad that:

“Pakistan has shown itself to be the most regressive participant seeking to eliminate most references to human rights within the draft resolution thus undermining its value considerably.” (9 June 2009)

CSSR¹², an organization working on social science research, wrote letters to Advisor to Prime Minister and other Parliamentarians, highlighting the importance of the resolution with reference to Pakistan’s support, as the trajectory for this move can be traced back to the Beijing summit and CEDAW – which showed the strong support and personal involvement of former Prime Minister, Benazir Bhutto.

The Packard Foundation¹³ corresponded with Ministers and officials at Resident Mission in Geneva and New York and Director International Affairs in MoH to understand the gravity of the issue and mobilized their contacts in Pakistan and abroad effectively in a very short time.

It was evident that despite these efforts and promises from the federal ministers the Pakistani delegation in Geneva until **15th June, 2009** had not received any directions from the Ministry of Foreign Affairs and Ministry of Human Rights.

Through regular updates WPF-P kept CSOs, professionals and activists informed and engaged in this advocacy campaign. Although the response of the civil society was initially limited but it gained momentum during in the second week of June. This was the time when in addition to contacts within the ministries, contacts with interested parliamentarians and senior media personal were proved effective.

Eventually the draft resolution became public and helped engage all stakeholders in Pakistan, depicting exactly what the situation was and which governments co-sponsored the resolution. Now it became easy to see the clear picture at the broader echelon and helped CSOs to once again urge the parliamentarians and media to approach relevant Government Ministries to ensure that **Pakistan delegation endorses the maternal mortality as a human rights resolution on June 18 in UN HRC Council meeting**. MoFA and MoPW informed that GoP has advised it Resident Representative to

support the draft resolution as evident by the communication we received from Geneva.

“Pakistan and a few other governments have settled for what amount to fairly small changes in the text.” (Sandeep Prasad, ACPD, June 17, 2009)

Regular update, news articles, lobbying by CSOs and media at every level; and so many other individuals or organizations whose actions we may not even know about but who reached out to the decision makers had a snowball effect. Such a wide spectrum of stakeholders demonstrating a consensus on an issue was perhaps compelling and difficult to ignore.

Outcomes

Finally, on the 17th June, 2009 the Human Rights Council, at Geneva during its eleventh regular session adopted a landmark resolution on ‘Preventable maternal mortality and morbidity and human rights’ without a vote which is a big achievement.

In the resolution, governments at the Human Rights Council acknowledged that maternal mortality is a human rights issue and showed their commitment to enhance the efforts at the national and international level to protect the lives of women and girls worldwide. Over 70 UN member states co-sponsored this resolution, led by Colombia and New Zealand.

To keep the spirit alive and to spread the long awaited good news about the successful adoption of the Resolution in the United Nations Human Rights Council. It was celebrated by appreciating the power of collectivism by CSOs through congratulatory emails to all stakeholders ensuring that their contribution is duly acknowledged.

“...this is the perfect example of collective advocacy.”-Dr. Yasmeen Qazi, Packard Foundation, June17 2009

“...this is a positive advocacy outcome that is of public interest”-Harris Gazdar, CSSR, June 20 2009

“This is great and a solid step forward. I cannot emphasize enough how important civil society engagement has been in this process. I really strongly believe that this is a major reason why Pakistan went from demanding large scale changes in the resolution to being satisfied with smaller ones in the end.”- Sandeep Prasad, ACPD, June 182009

¹² Haris Gazdar, Collective for Social Science Research

¹³ Dr. Yasmeen Sabeeh Qazi, Senior Country Advisor, Population Program, Pakistan, The David and Lucile Packard Foundation

"I take this opportunity to congratulate everyone working for the cause, especially WPF team who has been a real basis of motivation for guiding us to an incredible finale; we realize this all was not possible without the support of Government of Pakistan."- Iftikhar Durrani, NATPOW, June 18 2009

High lights-Maternal Mortality Resolution

The resolution, *Preventable Maternal Mortality and Morbidity and Human Rights* (Resolution 11/8) calls upon member states to:

1. incorporate a human rights-centered approach to the programs and policies to eliminate preventable maternal mortality and morbidity (3M). Specifically, the Council has requested states to renew their commitment to their international human rights obligations and to "redouble" existing efforts to fulfill these obligations and allocating more resources to public health systems, better equipping them to handle challenges that often lead to preventable maternal illness and death (operative paragraph 3).
2. give "renewed emphasis" to 3M in their development and cooperation agreements, whether by ensuring that agreements that tackle the issues are honored, or by giving due attention to the issues when negotiating new agreements, by adding a "human rights perspective into such initiatives, addressing the impact that discrimination against women has on 3M". New initiatives should emphasize the exchange of technical expertise and effective practices on eliminating maternal mortality and morbidity (operative paragraph 4).
3. pledge increased attention and resources to eliminating preventable maternal deaths (operative paragraph 5).

Way Forward

Preventable Maternal Mortality and Morbidity and Human Rights Resolution will guide collaborative actions in determining and addressing the most important and urgent priorities.

WPF-P, NATPOW and CSOs have resolved to advocate and support improvements of health systems towards effective maternal health services by forming a core group of CSO to ensure implementation of this resolution. High priority will be given to policy-making, research, access to skilled birth attendance including institutional deliveries, and

implementation of effective referral systems for comprehensive emergency obstetrics.

9 step approach towards the implementation of the Resolution:

1. Supporting the government to realize its commitment to enrich the existing programmes and develop new ones
2. Lobbying with the Decision-Makers and Parliamentarians to push the agenda forward
3. Reproductive health care within a human rights context where choices and rights are given importance
4. Health education and services for adolescents encouraging them towards responsible behaviors
5. Family planning services, empowering women to plan their pregnancies through women focused education programmes
6. Nation- wide care by skilled birth attendants before, during and after childbirth
7. Prevention and management of complications due to unsafe abortion
8. Community education for women, their families and communities
9. Mandatory 'Maternal Death notification', to observe and ensure action

Barriers outside the health system must not be neglected. The alliance will advocate and support greater participation by women in local governance decisions that concern their own life and health situation and their access to sexual and reproductive health services. The alliance will also advocate and support health-promoting behavioral change and information with the ultimate aim of informed decision-making.

Lessons learnt and Challenges:

The successful advocacy camping for the MMR experience has been indeed exhilarating and has been recognized beyond Pakistan. Civil society has played its role in creating the space at the policy table and has contributed to significant changes in the policy arena. Collaboration with key policymakers has led to the acceptance of civil society as an important stakeholder and a valuable partner in strengthening the policy process. The challenge facing Civil Society and all advocacy networks is to sustain these efforts and successes while monitoring the implementation process of the **Preventable Maternal Mortality and Morbidity and Human Rights Resolution**.

Frequent political changes and increasing religious extremism is a challenge for the civil society to maintain the Government commitment towards the implementation of 3M **Resolution** and internationally agreed instruments including ICPD and MDGs. Possibly alternative routes should be explored such as a Government Ministry developing draft Law and/or amendment of existing legislation by Parliament with regard to the resolution.

Pakistan's political environment limited the approaches to initially gather support for the Maternal Mortality Resolution from relevant Government Ministries and Parliamentarians, CSOs and Media. Therefore the strategies used were simple yet wide-ranging, providing a comprehensive yet flexible foundation for the development of more specific actions based on rights based approach.

Civil society, through a well coordinated campaign has the potential to bring about change in the existing policy of the state and ultimately drive the advocacy agenda at the decision making level to get the state responsible for the International commitments regarding women and other disadvantaged groups.

Advocacy on issues pertaining to SRHR at times brings advocates eye-to-eye with individuals and institutions invested in perpetuating the status quo. As such, Advocacy campaigns need to be pragmatically designed to achieve positive results.

Acknowledgement

This advocacy campaign is the result of collaborative efforts and contributions from a range of individuals, partner agencies, government departments and media.

WPF is grateful to Ms. Yvonne Bogaarts, WPF-N and Mr. Sandeep Prasad for sharing the opportunity in time and providing regular updates from United Nations HRC.

WPF, P acknowledges the efforts of Ms. Shehnaz Wazir Ali, Special Assistant to the Prime Minister and Dr. Firdous Aashiq Awan, Federal Minister for Population Welfare for accelerating the agenda within the relevant segments of the government. WPF,P expresses its gratitude to the CSOs for their continuous and untiring support to the advocacy efforts.

The role of media cannot be forgone and WPF, P appreciates media personal for joining hands to strengthen its advocacy efforts by reaching out to the masses and presenting a global perspective of Human Rights.

WPF, P also wishes to thank its Pakistan team particularly Ms. Nazoora Ali and Ms. Huma Nayani who contributed with their wealth of ideas, insights, inspiration and time to this advocacy campaign. WPF, Pakistan expresses its commitment to continue efforts for the cause of Safe Motherhood and realizing the dream of a 'Pakistan where every pregnancy would soon be planned and safe'.

Qadeer Baig
Country Representative, WPF, Pakistan