

MATERNAL HEALTH CAMPAIGN



CLAIMING THE RIGHT TO HEALTH OF WOMEN

Women's rights to life, health, and non-discrimination entitle them to the services and care they need to safely go through pregnancy and childbirth safely. These rights are guaranteed by international treaties that Uganda subscribes to, as well as by the Constitution.

But at 435 deaths per 100,000 live births, an estimated 6,000 women die from giving birth in Uganda every year.³ These deaths are up to three times higher than the target of 131 deaths per 100,000 live births set to be achieved by 2015 under the UN Millennium Development Goals.⁴

The maternal health campaign of Center for Health, Human Rights and Development (CEHURD) aims to reverse this appalling situation by mobilising and working with civil society partners and communities to claim the right to health of women through court action, engaging state actors, and promoting dialogue on women's health.

¹ Center for Reproductive Rights, 2008: Briefing Paper: Maternal mortality

² Articles 33(1) and 33(2) of the Uganda Constitution of 1995

³ Ministry of Finance (Ministry of Finance, Planning and Economic Development), September 2011: Millennium Development Goals Report for Uganda 2010

⁴ UN Millennium Development Goal No.5

UGANDA'S MATERNAL HEALTH CRISIS

Maternal health conditions contribute 20% of the country's disease burden. Every day, an estimated 16 women die from giving birth in Uganda, which implies one death every hour and a half. The major direct causes of the deaths are hemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labor, while the major indirect causes are malaria, anemia and HIV/AIDS.¹

Yet these causes are preventable if the state can live to its international and national obligations to respect, protect and fulfill the right to health of women. The critical concern is that this is not happening to scale.

Up to 42% of births are not assisted by health personnel, and – with the national unmet need for emergency obstetric care (EmOC) estimated at 34.3% – only 11.7% of women deliver in health facilities with comprehensive EmOC services.²

According to the 2011 UDHS Report, only 30% of women in their reproductive age use contraception. This limited access and the resulting unwanted pregnancies are leading to more than 300,000 induced abortions each year and at least 1,200 deaths from unsafe abortions.³

¹ Ministry of Finance, 2011: Millennium Development Goals Report for Uganda 2010

² Ministry of Health: Health Sector Strategic and Investment Plan 2010/11-2014/15.

³ CRR, 2012: Abortion and the Law in Uganda. Available at www. reproductiverights.org

MATERNAL HEALTH IN CONSTITUTIONAL COURT

CEHURD filed a landmark public interest litigation case in the Constitutional Court (*Constitutional Petition No.16 of 2011*) seeking a declaration that non-provision of essential maternal health commodities to public health facilities leading to the death of expectant mothers is a violation of their constitutional right to health.

CIVIL SOCIETY FOR MATERNAL HEALTH RIGHTS

CEHURD has mobilized more than 50 civil society organisations from the fields of health, human rights, women's rights, and HIV/AIDS, into the *Coalition to Stop Maternal Mortality*. CEHURD has worked through the Coalition to engage state actors, media, communities, development partners and the international community to advocate for maternal health rights:

- CEHURD convenes meetings of the Coalition to draw followup strategies and respond to emerging issues. Coordination, information sharing and discussions take place via the listserv petitionnumber16@googlegroups.com.
- Engaged Members of Parliament through meetings with Social Services Committee as well as with individual legislators, information sharing, and other forms of lobbying to support a parliamentary motion on maternal health which was passed.
- Successfully advocated for an increase in budget allocation to the health sector; a government decision to recruit more health workers; increase in remuneration of health professionals; a proposal to refurbish public health facilities.

- Held radio and television talk shows on maternal health; built the capacity of, and engaged journalists to appreciate and competently report maternal health issues.
- Mobilized community support for Petition No.16 of 2011 to attend court sessions.
- The Coalition has sensitized community stakeholders in various districts to raise awareness of maternal health rights, including obligations of government; and highlighted the plight of expectant mothers and the poor state of public health facilities.

ENGAGING THE MASS MEDIA

CEHURD is implementing a media reproductive health rights fellowship program, through which journalists in the mainstream media are selected through a competitive process for 12 months of capacity building and mentoring to report on sexual and reproductive health rights in Uganda. See http://www.cehurd.org/publications/?did=54

LEGAL, HUMAN RIGHTS EXPERTS JOIN CAMPAIGN

CEHURD has brought together experts from the academia, civil society, legal and human rights fields to support the Constitutional Petition and the maternal health campaign. The experts have contributed to the campaign by writing legal opinions in support of the case; provided jurisprudence on the right to health; shared best practices from other jurisdictions; and participated in discussions around cases, etc.

OTHER RIGHT TO HEALTH CASES IN COURT

Following Petition No.16 of 2011, CEHURD filed other cases in the High Court to challenge violations of the right to health in public health facilities (http://www.cehurd.org/programmes/strategic-litigation/):

- CEHURD and Others vs Nakaseke District Local Administration, Civil Suit No. 111 of 2012, was filed in the High Court in relation to a woman who died in Nakaseke district hospital, seeking court declarations on the rights to health, life, family, children's rights, among others.
- CEHURD and Others vs. Executive Director of Mulago National Referral Hospital and Attorney General, Civil Suit No.212 of 2013, sought declarations on the right to health and related rights.
- Complaint on electricity load shedding of public health facilities.
- CEHURD lodged a complaint with Uganda Human Rights
 Commission over the continued human rights violations
 that occur when electricity distributor UMEME load-sheds
 public health facilities.
- In Constitutional Petition No.64 of 2011, CEHURD filed a case in the Constitutional Court challenging the constitutionality of some provisions of the Trial on Indictments Act and Penal Code Act that refer to persons with mental disabilities as criminal lunatics, idiots and imbeciles.

REGIONAL INTERVENTIONS ON LITIGATING THE RIGHT TO HEALTH

CEHURD convened legal practitioners, civil society advocates, academia, judiciary and state agencies from the East African region to share experiences on the use of regional mechanisms in litigating the right to health in relation to such crucial health issues in the region as HIV, TB, reproductive health, minority rights and disability.

CEHURD PUBLICATIONS ON THE RIGHT TO HEALTH

- Inaccess: Monitoring access to maternal health commodities in Uganda; October 2011. See http://www.cehurd.org/publications/?did=15
- Advocating for the right to reproductive health care in Uganda; The import of Constitutional Petition No.16 of 2011, October 2011. See http://www.cehurd.org/publications/?did=13
- Human rights implications of load shedding health facilities.
 See http://www.cehurd.org/publications/?did=28
- The Parliamentary motion on maternal health 15th
 December, 2011; What does it mean for maternal health
 advocacy? See http://www.cehurd.org/wp-content/uploads/
 downloads/2012/06/maternal-motion-factsheet.pdf

JOIN THE CAMPAIGN

Contact CEHURD to find out how you can contribute to the campaign:

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ABOUT CEHURD

Center for Health, Human Rights and Development (CEHURD) is an indigenous, non-profit advocacy organisation which is pioneering the justiciability of the right to health as a means of enforcing human rights in East Africa. CEHURD uses laws as principal tools for the promotion and protection of health and human rights of populations in Uganda and in the East African region.

CAMPAIGN PARTNERS



