

Report on the **International Conference on Realising the rights to Health and Development for All**, organised by the University of NSW' Initiative for Health and Human Rights and the Central Commission for Popularisation and Education of the Communist Party of Vietnam, for October 26-29, in Hanoi, Vietnam.

The core of my presentation is in the accompanying attachment, as text, not the full power point.

As well, you might be interested in the following highlights.

The Conference aimed to "further the understanding of the complex and powerful relationships between health, development and human rights, and to propose practical ways that policies, strategies and research can optimally respond...." Sessions were designed to bridge across the areas of health (predominantly HIV/AIDS focussed), climate change and development.

I was particularly frustrated that the Vietnamese Government insisted that our topic of the benefits of family planning be contained within "Maternal Health". As a response during a plenary session I stated this frustration, explaining that family planning is a strategic issue which will determine whether our human family can survive climate changes with equity. In another session I urged, in the interests of human rights, that family planning be made accessible now, before populations reach the sort of crisis numbers that bring enforced population control as in China. There were very affirming responses, during and after the sessions, and I was urged to keep on speaking out. Other speakers then added in mention of family planning. Two discouraging exceptions were a United Nations Development Fund representative who said we should think of population as opportunity, and a climate change engineer who said, "Oh, dear, you have put into my head the image of forced sterilisation." The conference organiser reassured me that he knew that was not what I was saying.

In a related issue, I learned that the preponderance of boys over girls will affect Vietnam as it has China. Because there has been a Confucian value in sons' carrying on lineage and caring for parents, the restriction on funding for government services for more than two children has led to abortions of girls and an imbalanced population. UNFPA estimates that there will be significant deficit of girls in Vietnam before 2025, leading to "more girls being married at younger ages; more girls dropping out of school; higher maternal mortality due to early child bearing; importation of brides; higher risk of violence against girls and women, including rape, trafficking and a rising demand for sex work." Girls can't win, can they? And I heard anecdotally of current kidnapping of Vietnamese girls for China's shortage.

Stars of the Conference were The Hon. Justice Michael Kirby AC CMG on human rights, Mr. Tom Calma on closing the gap for indigenous health equality, Professor Daniel Tarantola, the mastermind of the conference, and Professor David Kinley, University of Sydney, speaking about the need for civilising

financial globalisation; he said that much of the funding spent on aid should have accomplished more, and I approached him afterwards with our perspective.

David Walker, of World Vision Australia, summed up the deficiencies of systems that are solely top-down:

- Health systems are highly inequitable: asymmetry in information between rights-holding users, and duty bearers and their agents, leads to inequitable relationships. Public spending on health is often enjoyed by the non-poor.
- Health and related services fail to meet distributive justice: services are often deficient in quality or quantity, of low accessibility, and of poor or variable availability. As a result the needy use the health sector less.
- Their voice is not heard nor heeded. One key reason is that the means for local accountability are defunct or barely operating.

There were many informative sessions of interest to us, with snapshots of prevailing challenges around the world.

- **PNG** (Heather Worth, University of NSW): Whereas it has been a common belief that poverty drives the HIV epidemic, the reality is not that simple. Poverty affects vulnerability, but it has been the opening of roads and employment in the mining industry, with the social changes in family patterns that brings, that has made the huge difference in disease transmission. Growing inequalities have come with the demand for export crops and a cash economy, including inequalities between men and women.
- **Nepal** (Pushpa Lata Pandey, Health Sector Support Programme, German Technical Cooperation): “Nepal’s National Health Sector Program Implementation Plan aims to increase coverage and raise the quality of Essential Health services with improved access for the poor and vulnerable; however the plan only has focus on poverty and lacks clear definition of vulnerability. The provision of the right to basic health care, free of cost, has not been translated into law; hence legal specification of financing and social security mechanisms for free health care is lacking.”
- **Peru** (Amy Kesterton, Women’s Global Network for Reproductive Rights, Philippines): “In a field investigation last march, 98 percent of surveyed women in the indigenous communities of Peru had expressed distrust in Western contraceptive practices, perceiving certain forms of contraception as attempts by a predominantly white culture to control their reproductive process.... Cases of unwanted pregnancy, illegal and unsafe abortion, maternal mortality...remain prevalent in remote indigenous communities and rural/urban poor areas and in conflict situations where reproductive health services are rare.... Women in these settings have a different level of understanding of, and perception about, their reproductive rights as influenced by their traditional practices or cultural beliefs, illiteracy, and reproductive rights or seeking reproductive health services.... 96 percent of the constituency of surveyed organisations have expressed desire and need for education or information but could not get them from their governments, agencies or health centres.”

- **Guatemala** (Walter Flores, Government) Members of Community Based Organisations have recently been trained to collect and analyse data. Indicators, variables and data collection tools were designed by a core team of representatives. Government agencies are now using these, and their action will be tracked by civil society organisations.
- **Pakistan** (Sabir Farhat, AIDS Prevention Society): An NGO team formed Reproductive Health Rights Clubs to impart training, as a way of dealing with the risk of community refusal due to social, cultural and religious taboos. The clubs played a pivotal role as an agent of change to disseminate information to the entire population of the area.

The Conference was best represented in the HIV/AIDS sector. There were many in-depth studies of maternal health situations. Least comprehensive was the Climate Change perspective, with reports detailing Vietnam's preparedness to move people to higher ground and to measure and adapt to changes for agriculture. Australia's weakened stance on emissions was noted, and the perspective of participants was defence of the rights of poorer nations to development.

Women's Plans Foundation's advocacy of population stabilisation by means of reaching women to fulfil their human rights to reproductive health education and access to family planning, enabling their development, was a single voice, heard, approved by many, and probably forgotten among so many issues. I hope we will again be afforded the opportunity to speak out.

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