

Human rights are key to the MDGs: Sierra Leone

by Salil Shetty

Hawa went into labour on the evening of 18 March 2008 in a rural village in Koinadugu District in northern Sierra Leone. She went to the local health clinic to give birth, but there were serious complications. The local health worker advised her to go to Kabala hospital, a little more than 10 miles away, where more advanced care was available.

But there were more problems. The health centre had no vehicle and no phone or radio to call for one, so it was up to Hawa to find her way there. Her family immediately began collecting money to pay for transport and looking for a means to get her to the hospital. But no car could be found and it was soon too late. Hawa died at 2.30 am the next morning. Her twins were still born.

Sadly, Hawa's story is all too familiar in Sierra Leone, a country with one of the highest maternal mortality rates in the world. Thousands die in similar circumstances each year.

Still recovering from a devastating civil war, the country's health care system struggles to meet even the most basic needs. Women are hardest hit. They face discrimination, violence and a lack of education and support that directly affects one of the most fundamental of all human rights: the right to health.

Like the other members of the United Nations, the Sierra Leone government committed to improving maternal health as one of its Millennium Development Goals (MDGs) in 2000. The MDGs represent an unprecedented promise to address global poverty, adopting eight targets addressing a range of issues from extreme poverty and health to education and living standards to be met by 2015.

But, a decade on, the fate of the MDGs is in doubt. The UN has issued a clear warning that many of the MDGs will not be met in time unless efforts are radically ramped up. Even by the most conservative estimates, more than a billion people are being left behind.

Amnesty International's work over the years has shown how discrimination and exclusion can often cause or exacerbate many of the problems the MDGs seek to address. In rich countries as well as developing ones, vulnerable people on the fringes of society are frequently subjected to violations of their right to adequate housing, health, water, sanitation, and education, among others. They are often left out of consultations about things that will affect them, or ignored when they try to make their voices heard. As Amnesty has also shown, equality and inclusion are essential for making things better.

Ten years on, it is worthwhile to reflect upon where we are and where we need to go to meet the MDG goals. The architects of the MDGs established the original targets as a starting point for progress. They always intended that states should set their own individual targets, adapted to their national contexts but within the MDG framework. This was left for states to do so voluntarily. Unfortunately, most countries have chosen not to act.

Some countries have adopted targets above the MDG level. For example, Latin American and the Caribbean countries have expanded their commitments on education to include secondary education. In Africa and South Asia, Kenya, South Africa and Sri Lanka adopted targets stronger than the MDGs for access to water and sanitation. Peru has taken steps towards addressing health barriers for poorer women and Nepal has explored improving maternal health care.

These countries have shown that it is possible to adapt the MDGs to address some of their most pressing needs and to bolster the rights of some of their most vulnerable people. The rest of the world should be working to do the same.

We have an opportunity to ensure that the political momentum around the MDGs can be used as a catalyst to bring about the far deeper and longer-term change that is necessary for people living in poverty.

But this can only be achieved if world leaders make a commitment at this month's MDG Summit to uphold the human rights of those who need the greatest support. Discrimination against women and exclusion of the marginalized must be addressed in all MDG efforts, if they are to be effective.

To achieve this, all governments should make an honest assessment of their progress on the MDGs. They should work to end discrimination and promote equality and participation, ensuring that progress towards the MDGs is inclusive, aimed at ending discrimination, guaranteeing gender equality and prioritizing the most disadvantaged groups.

Finally, they should remember that the Millennium Declaration – from which the MDGs are drawn – promised to strive for the protection and promotion of *all* human rights, civil, cultural, economic, social and political rights, for *all*.

As the members of the UN gather this month to reflect upon the progress made on the MDGs, little has changed for the people of Koinadugu District. Sierra Leone has recently introduced free health care for pregnant women, but the government pledges have been slow to reach rural areas. For many, there is still no antenatal or emergency obstetrics care, the clinic is still too far away and lacking basic essentials. For the women of the village there is still little help, and little hope that things will improve any time soon. It is up to us to help change that.

Salil Shetty is the Secretary General of Amnesty International

/ENDS