

APPENDIX 6

08RIGHT TO HEALTH ASSESSMENT OF SELECTED HSS PROPOSALS APPROVED WITH CLARIFICATIONS (November 2006 to April 2008)

Burundi, Liberia, Viet Nam, Afghanistan, Cameroon, Honduras, Bolivia, Armenia¹

YES= A country has applied the feature or highlighted that it is an important feature in relation to HSS and or vaccine coverage.
NO = Only applies to the feature of *Legal Recognition*. Only applies to the feature of *Legal Recognition*. A country receives a ‘No’ if it has not legally ratified national or international covenant, or convention, but has mentioned human rights in its work.

	Burundi	Liberia	Viet Nam	Afghanistan	Cameroon	Honduras <i>(limited docs)</i>	Bolivia	Armenia
”People at the centre” - the well being of individuals, communities and populations need to be reflected in the plan, projects and activities								
Legal recognition		YES			NO		NO	YES
Standards , e.g. detailed provisions clarifying what society can expect by way of health-related services and facilities.		YES						YES
Equity, equality and non-discrimination	YES	YES	YES	YES	YES	YES ²	YES	YES
Process in developing the plan is transparent, participatory and without discrimination.	YES	YES			YES		YES	YES

¹ **Methodology a) Country selection:** The first country in each group approved with clarifications. Due to limited time it was not possible to do all 33 countries which are approved with clarifications (see appendix 4 for complete list of countries which have applied for HSS); b) **Materials reviewed:** All the documents sent with the HSS proposal was reviewed.

² Liberia: Highlights gender equity and equity of the most vulnerable groups. Would have reservations – should be equity, and non discrimination for all. If question this it can be who is considered the most vulnerable and by whom?

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	Burundi	Liberia	Viet Nam	Afghanistan	Cameroon	Honduras <i>(limited docs)</i>	Bolivia	Armenia
Active and informed participation e.g. in identifying the overall strategy, implementation, and accountability.	YES	YES ³		YES ⁴	YES ⁵	YES ⁶	YES ⁷	YES ⁸
Coordination mechanism between different ministries, CSOs.NGOs and services within the health sector	YES	YES	YES ⁹	YES ¹⁰	YES ¹¹	YES	YES ¹²	YES
Transparency		YES ¹³			YES ¹⁴		YES ¹⁵	
Good quality of the services, activities	YES		YES	YES	YES	YES ¹⁶	YES	YES

³ Liberia: identified as one of the aspects that needs to be improved in relation to planning and implantation of quality of services and sustainable vaccine coverage.

⁴ Afghanistan: highlights the problem with limited female participation . Their lack of participation has a direct impact on e.g. immunization coverage; women do not see the added benefit. Also highlight the need to include local traditional village level leaders in planning, establishment and sanctioning of local delivery, so they have the ownership.

⁵ Cameroon: Highlights the importance of participation. Objective 4.17 is to increase community participation to follow-up and prevent drop outs.

⁶ Honduras: Talks about it in relation of CSO, which is not always the same as community participation, ensuring gender equality and other vulnerable group or groups in the area where one is working, such as indigenous, disabled.

⁷ Bolivia: Has a broad inclusion. The process was assisted by PAHO. There is a mix use participation and consultation. Consultation is not the same as participation.

⁸ Armenia: Part of Armenia’s Principles of Health Policy. Also states that the policy enhances consumers’ participation and responsibility in the clinical decision-making process. To satisfy human rights participation goes beyond the clinical decision making. Also important to have an inclusive participatory process, encompassing vulnerable groups and both sex.

⁹ Viet Nam GAVI-IRC stresses it is weak coordination between district levels.

¹⁰ Afghanistan: Notes poor participation at field level.

¹¹ Cameroon: Includes, besides the common actors such as the Ministry of Health and Ministry of Finance, also traditional healers, Ministry of Education, water and sanitation , social welfare and at times the Ministry on the status of women.

¹² Bolivia: Also including women organizations and indigenous representatives.

¹³ Liberia: Links to accountability of the government and finances. Highlights there is a lack of transparency among the NGOs to the MOH, as the MOH is unaware of their projects.

¹⁴ Cameroon: Highlights that there is a lack of transparency with regard to the financial resources mobilized locally for vaccination campaigns; Suggest to use the community to monitor implementation.

¹⁵ Bolivia: In relation to accountability.

¹⁶ Honduras: Highlights the importance of improved quality of services in general.

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	Burundi	Liberia	Viet Nam	Afghanistan	Cameroon	Honduras <i>(limited docs)</i>	Bolivia	Armenia
Respect for culture differences	YES		YES ¹⁷	YES	YES	YES	YES	
Plan/ strategy	YES	YES	YES	YES	YES	YES	YES	YES
The plan needs to have objectives, time frames and budget	YES	YES	YES	YES	YES	YES	YES	YES
Plan is based on a situational analysis/ rapid assessment	YES	YES	YES	YES	YES	YES	YES	YES
Plan went through a health and human rights impact assessment								
The plan went through a prioritization process	YES		YES	YES ¹⁸	YES			YES
Indicators and benchmarks are included in the plan in order to monitor progressive realization	YES	YES ¹⁹	YES	YES	YES	YES	YES	YES
There needs for continuum of care and referral systems		YES ²⁰			YES ²¹		YES	YES

¹⁷ Viet-Nam: IRC asks Viet-Nam to consider making special efforts to recruit ethnic populations in the region. Viet Nam considers to include culture consideration in training and manuals.

¹⁸ Afghanistan: IRC questions how the districts were determined.

¹⁹ Liberia: Highlights that they need to be strengthened.

²⁰ Liberia: Assessed if referral systems are in place in the districts.

²¹ Cameroon: Highlights the need to improve the referral system.

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Underlying determinants e.g. water sanitation, education, poverty and gender equality.	YES ²²			YES ²³	YES ²⁴	YES ²⁵	YES ²⁶	
Health information- disaggregation of data								
Evaluation, monitoring, accountability and remedies	YES ²⁷	YES	YES ²⁸	YES ²⁹	YES ³⁰		YES ³¹	YES ³²

²² Burundi: Highlights how various underlying determinants impact the delivery of health, but not directly related to vaccine coverage.

²³ Afghanistan: Transport, poor roads, security, gender inequality, poor education among women---all leading to poor vaccination coverage.

²⁴ Cameroon: gender inequality (women have less access to formal education, not in managerial and executive positions) cultural-(ethnic women are further marginalized), legal barriers for women. All impacts vaccine coverage.

²⁵ Honduras: gender inequity and security.

²⁶ Bolivia: Highlights mainly transport and culture as barriers to vaccine coverage. However, gender equality is highlighted as a general concern for discrimination.

²⁷ Burundi: In relation to funding. This is not satisfactory according to human rights.

²⁸ Viet Nam: Suggests monitoring the data and information collected at lower levels and considers this an effective measure to encourage more accountability for and assurance of quality of the information collected. Links it with promotion of monitoring the quality of services.

²⁹ Afghanistan: Yes, but in relation to international donors. Human rights would require that it expands to the people.

³⁰ Cameroon: Importance of an independent committee.

³¹ Bolivia: Not in relation to HSS and vaccine coverage, but in relation to their poverty reduction project, Administrative Decentralization and Popular Participation. The project fosters the processes of grassroots level community supervision and developed the capacity to demand accountability from government officials with respect to social policies—which in turn led to higher levels of social investment.

³² Armenia: The Ministry of Health maintains the network of SHAI stations inherited from the soviet system. This system is responsible for the collection of epidemiological data and a first line response to environmental health challenges or outbreaks of infectious disease. One of the key institutional reforms in this system was the reform of the sanitary management. The reform contributed to fragmentation in responsibilities and accountability for population based pubic health programs including management and provision of immunization services.