



List of Issues on Angola's Efforts to Reduce Preventable Maternal Mortality and Improve Sexual and Reproductive Health

Presented to the pre-sessional working group of the Committee on the Elimination of Discrimination against Women (CEDAW)

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Angola has one of the highest rates of maternal mortality and one of the worst-ranked life expectancies in the world,¹ despite being one of the wealthiest countries in Sub-Saharan Africa, with an incredible economic growth since the end of civil war in 2002. Preventable maternal death – which can often be avoided at a low cost – or a lack of reduction in early pregnancy can be traced back to the failure of states to use the resources at their disposal to make reasonable and equitable progress, and to the absence of mechanisms for holding the state to account for the progressive fulfillment of sexual and reproductive rights.²

CESR therefore raises concerns to CEDAW that maximum of available resources are not adequately being allocated towards improving women's enjoyment of the right to sexual and reproductive health in Angola. In its policies to address the maternal mortality crisis in the country, Angola must also address underlying determinants that can serve as barriers to enjoying this right, such as poverty and entrenched inequalities, low educational attainment, HIV/AIDS, insufficient gender empowerment and harmful stereotypes towards women.

The below-mentioned questions aim to provide suggestions on guiding questions that the pre-sessional working group of the Committee on the Elimination of Discrimination against Women should interrogated to the State in order to solicit complementary information to its State report prior to Angola's examination by the CEDAW in February 2013.

¹ According to data from the WHO, Angola ranks 161 out of 184 countries with a maternal mortality ratio of 450 in 2010 and 174/193 on life expectancy, at 52 years. See: World Health Organization. Global Health Observatory Data Repository, Mortality and burden of disease, Life expectancy and Trends in Maternal Mortality: 1990 to 2010.

² Center for Economic and Social Rights. Written Submission to the Committee on Economic, Social and Cultural Rights in light of the Day of General Discussion (DGD) on the right to sexual and reproductive health. November 15, 2010. Available at: http://cesr.org/downloads/CESR_Written_Submission_Day_of_General_Discussion_CESCR_SRH.pdf

Progress on Reducing Rates of Maternal Mortality

Concluding Observations, CEDAW, 2004

The Committee is especially concerned about women's low life expectancy, high maternal mortality and morbidity rates, high fertility rates and inadequate family planning services, low rates of contraceptive use and lack of sex education. The Committee is also concerned about trends in HIV/AIDS infection rates of women. (para. 162)

Concluding Observations, CESC, 2008

The Committee recommends that when carrying out its next census in 2009, the State party adopt rights-based indicators and benchmarks to monitor the progressive realization of the rights recognized in the Covenant and that to this end establish a data collection, and provide in its second periodic report updated statistical data on the enjoyment of economic, social and cultural rights, disaggregated by gender, age, rural/urban population and by refugee/IDPs, HIV/AIDS and disability status. (para. 8)

Concluding Observations, CEDAW, 2004

The Committee requests the State party to provide sex-disaggregated statistical data and analysis in its next report. It also urges the State party to include monitoring and assessment mechanisms in all its policies and programmes so as to be able to assess their impact on the intended goal and to take corrective measures. (para. 167)

1. Angola, like many other countries, has committed to meeting the Millennium Development Goals. Goal 5 calls on States to cut their maternal mortality rates by three-quarters and ensure universal access to reproductive health services by 2015. The country target, as a minimum, is to reduce maternal deaths to 250 per 100,000 live births.³ Could Angola provide more information on its progress in this regard, with disaggregated indicators over time?⁴
2. Lack of information is often an obstacle to being able to measure the impact of policies. What efforts is Angola taking to improve its data gathering, monitoring and evaluation systems, including through the disaggregation of indicators to monitor inequalities and any patterns of discrimination towards vulnerable and marginalized groups?

Policy Commitments to Sexual and Reproductive Health

3. What is the current status and results of several plans, programs and strategies cited in the State report, such as: the Joint Gender Program; the anticipated "Support of Gender Issues in Angola" project funded by NEPAD/Spain; the draft Law against Domestic Violence; and the Angolan Executive Plan on improving equal access to health?
4. Is there a successor to the Strategic Plan on Sexual and Reproductive Health (2003-2008), and if so, does it incorporate human rights-based indicators and benchmarks, as well as concrete timelines and measurable indicators of success?

³ Countdown to 2015. Maternal, Newborn and Child Survival. 2012 Report: Angola. Available at: http://www.countdown2015mnch.org/documents/2012Report/2012/2012_Angola.pdf

⁴ Disaggregation, for example, by educational attainment, urban/rural location, region, ethnicity, age, HIV/AIDS, disability status, poverty status, among others.

5. The Global Strategy for Women and Children's Health launched by the UN General Secretary in September 2010 focuses on Angola as one of its target countries. What is Angola doing to meet the 10 recommendations issued by the Commission on Information and Accountability?⁵
6. Unsafe abortions are one of the leading causes of maternal mortality around the world.⁶ A recent study found that "highly restrictive abortion laws are not associated with lower abortion rates" and that "where abortion is permitted on broad legal grounds, it is generally safe, and where it is highly restricted, it is typically unsafe." In Angola, abortion is prohibited other than cases to save the life of the woman. How does the State ensure that the current law does not result in women relying on illegal, unsafe abortions which place their lives at risk?

Improvements to Health Systems and Infrastructure

Concluding Observations, CRC, 2010

While the Committee also notes the existence of a public education outreach programme targeting adolescents to promote health and prevent teenage pregnancies, it nevertheless expresses its concern at the high incidence of early pregnancies, with more than 50 per cent of first pregnancies being in women under 18. The Committee also notes with regret that contraceptive prevalence is low. (para. 51)

Concluding Observations, CECSR, 2008

The Committee is concerned about the limited access to sexual and reproductive health services and contraceptives, especially in rural and deprived urban areas. The Committee recommends that the State party ensure affordable access for everyone, including adolescents, to comprehensive family planning services and contraceptives, especially in rural and deprived urban areas, adequately funding the free distribution of contraceptives, raising public awareness and strengthening school education on sexual and reproductive health. (para. 37)

Concluding Observations, CEDAW, 2004

While welcoming the priority placed by the State party on the rehabilitation of the health sector, the Committee is concerned about the poor health infrastructure, which results in women's lack of access to health services and their low health status. (para. 162)

The Committee urges the State party to ensure that the rights, needs and concerns of rural women are given greater attention and visibility in the country's rural rehabilitation and development strategy. It also calls on the State party to ensure that rural women can participate fully in decision-making in the formulation and implementation of policies and programmes in rural areas. (para. 165)

7. What is Angola doing to reduce urban/rural disparities in the availability, accessibility, acceptability, and adaptability and quality of public goods and services related to maternal health, including emergency obstetric care, antenatal care, family planning services, contraception and delivery by skilled personal at a healthcare facility?

⁵ Commission on information and accountability for Women's and Children's Health. Keeping Promises, Measuring Results. World Health Organization. 2011. Available at:

http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf

⁶ A recent study found that "highly restrictive abortion laws are not associated with lower abortion rates" and that "where abortion is permitted on broad legal grounds, it is generally safe, and where it is highly restricted, it is typically unsafe." See: Guttmacher Institute. Facts on Induced Abortion Worldwide. January 2012. Available at:

http://www.guttmacher.org/pubs/fb_IAW.html

8. As noted in Angola's report to the Universal Periodic Review, the upsurge of war cut access to health care and other basic services by around 70 per cent, which led to high rates of maternal mortality. What efforts have been made since Angola's appearance before the CEDAW in 2004 to increase the number of functioning health facilities and to develop a comprehensive health infrastructure development plan?
9. How many qualified health professionals, including gynecologists and obstetricians, exist per 1,000 inhabitants, what proportion of births are attending by skilled birth attendants? How have these improved over time and do disaggregated indicators show patterns of deprivation among certain population groups? What is the State doing to provide training to healthcare professionals in its effort to combat maternal mortality?
10. Can the State provide data over time to assess progress on the indicators cited in para. 120 of the State report on health and development? What steps have been taken by the State to address the challenges and "problematic indicators" identified in para. 122-127 and 143 of the State report related to maternal health?
11. If early pregnancies are identified in the State report as a causal factor in early dropout rates of girls in education, what is the government doing, concretely, to provide sexual and reproductive health education in schools, as well as access to adolescents to contraception, and what has been the impact of these interventions?

Efforts to Dedicate Resources to Maternal Health

Concluding Observations, CECSR, 2008 (para. 26)

The Committee notes with concern that, in spite of the State party's significant economic growth and huge natural wealth, the resources allocated to social services and public infrastructure are far from adequate. The Committee recommends that the State party take all appropriate measures, including by allocating product of oil and diamond revenues, to accelerate the rehabilitation and reconstruction of public infrastructure and social services in both urban and rural areas.

12. What is the State doing to ensure that the rapid economic growth the country has experienced in the last decade since the end of the civil war translates into improvements in investment in the health sector on the ground, in compliance with the human rights principle of maximum available resources?⁷
13. What percent of government spending does Angola allocate to the health sector, how does this contrast to spending in other sectors not related to social spending, such as defense, and how has this allocation evolved over time in order to meet the Abuja target of allocating at least 15% of annual budgets to improving the health sector, set by the

⁷ The Committee has noted in General Recommendation 24 on Women and Health that "the duty to fulfil rights places an obligation on States parties to take appropriate legislative, judicial, administrative, budgetary, economic and other measures to the maximum extent of their available resources to ensure that women realize their rights to health care" (para. 17) and that "it is the duty of States parties to ensure women's right to safe motherhood and emergency obstetric services and they should allocate to these services the maximum extent of available resources." (para. 27).

African Union?⁸ How is the state budgeting specifically for sexual and reproductive health?

14. How are resources distributed from central to local levels of government and across regions in order to ensure that the funds are reaching rights-holders and targeted to the programs crucial for the delivery of maternal health services and geographic areas that have the highest rates of maternal mortality?
15. What is the impact of recent tax reforms in 2012 on the realization of human rights?⁹ How is the Angolan government employing the revenue generated from the oil sector towards social spending in the health sector, and more generally, managing funds towards fulfilling the economic, social and cultural rights of its people?¹⁰
16. A study by Tax Justice Network finds that the amount of tax revenue lost by Angola to evasion is equivalent to 86% of the amount of money spent on healthcare by the State.¹¹ What efforts is the State making to fight against tax evasion?
17. Can the State provide more information on funds that it receives from international assistance and cooperation towards programs focused on improving sexual and reproductive health in the country?

Accountability, Transparency and Participation

Concluding Observations, CECSR, 2008 (para. 10)

The Committee notes with concern that the State party has not yet adopted strong and efficient measures to combat corruption and impunity, despite the fact that the State party is a country with a high level of corruption. It regrets the lack of concrete information regarding the cases of politicians, civil servants, judges and other officials having been prosecuted and sanctioned on charges of corruption. (para. 10)

The Committee notes with concern that the mandate of the Provedor de Justicia in Angola is very limited and that this institution appears not to be an independent national human rights institution established in accordance with the Paris Principles of 1991. (para. 11)

The Committee notes with concern that the Constitutional Law does not fully guarantee the independence of the judiciary, which is allegedly often subjected to executive influence, lacks adequate financial means and suffers from widespread corruption. It regrets that the majority of Angolans do not have access to a formal justice system and the lack of judicial officials at municipal levels. (para. 12)

18. Do maternal health-related policies and plans count on the participation of women in their design, implementation and evaluation? What accountability mechanisms exist (such as maternal death audits or complaints systems) to ensure that quality services are

⁸ Organization of African Unity. Abuja Declaration on HIV/AIDS, Tuberculosis and Other Infectious Diseases. Doc.: OAU/SPS/ABUJA/3, 24-27 April, 2001. Available at: http://www.un.org/ga/aids/pdf/abuja_declaration.pdf

⁹ Chr. Michelsen Institute (CMI) and Centro de Estudos e Investigação Científica (CEIC). "Taking stock of the tax reform process in Angola.... and why tax incentives should be avoided" Angola Brief, Vol. 2, No. 1. June 2012. Available at: <http://www.cmi.no/publications/file/4477-taking-stock-of-the-tax-reform-process-in-angola.pdf>

¹⁰ See Human Rights Watch. *Some Transparency, No Accountability: The Use of Oil Revenue in Angola and Its Impact on Human Rights*. January 2004, Vol. 16, No. 1 (A). Available at: <http://www.hrw.org/sites/default/files/reports/angola0104.pdf>

¹¹ Tax Justice Network. *The Cost of Tax Abuse: A briefing on the cost of tax evasion worldwide*. November 2011. Available at: http://www.tackletaxhavens.com/Cost_of_Tax_Abuse_TJN_Research_23rd_Nov_2011.pdf

delivered to communities by public and private actors, as well as the seek remedy in the case of policy failures on maternal health?

19. According to the 2010 Open Budget Survey of the International Budget Partnership, despite improvements, Angola scores 26 out of a possible 100 points in budget transparency – a figure much lower than many of its regional neighbors.¹² What is Angola doing to improve its budget transparency, participation and accountability on how public funds are managed?
20. What is being done to strengthen the mandate and independence of Angola's national human rights institution in accordance with the Paris Principles of 1991? Was the Provedor de Justicia consulted in the preparation of the State report?
21. According to the Global Corruption Perceptions Index by Transparency International, Angola ranks 168 of 182 countries, with a score of 2/10.¹³ What is the State doing to combat corruption, particularly in the health sector and in the judiciary?
22. In accordance with the indivisibility and interdependence of human rights, how does Angola uphold civil and political rights, such as freedom of expression and association, ensure due checks and balances in the government over the executive, such as parliamentary oversight and independence of the judiciary?

Addressing Underlying Determinants of Health

Concluding Observations, CECSR, 2008 (para.28)

The Committee is concerned that [Angola's] Poverty Reduction Strategy is apparently ineffective. The Committee in particular notes that the State party has not yet created an efficient coordination mechanism to combat poverty. The Committee urges the State party to take all the necessary measures to implement a poverty reduction strategy which should integrate the economic, social and cultural rights...

Concluding Observations, CEDAW, 2004 (para.147)

The Committee is concerned at the strong persistence of patriarchal attitudes and deep-rooted stereotypes regarding the role and responsibilities of women and men in society, which are discriminatory to women. The Committee is concerned that the preservation of negative cultural practices and traditional attitudes serve to perpetuate women's subordination in the family and society and constitute serious obstacles to women's enjoyment of their human rights.

23. What is the State doing to address the key underlying determinants of maternal mortality and early pregnancy – both supply and demand-side – including , general health status, urban/rural residence, poverty status, educational attainment, access to other rights, such as housing, water and sanitation, access to sexual and reproductive health information and contraception, health service factors, among others?
24. What policies is the State taking to eliminate persistent gender stereotypes, patriarchal beliefs or harmful cultural practices which may compromise women's sexual and reproductive health rights, including a woman's right to autonomy in making decisions concerning her health as well as freedom from sexual violence and exploitation?

¹² International Budget Partnership. Open Budget Index 2010: Country Summary of Angola. Available at: <http://internationalbudget.org/wp-content/uploads/2011/04/OB12010-Angola.pdf>

¹³ Transparency International. Corruption Perceptions Index 2011. Available at: <http://cpi.transparency.org/cpi2011/results/>