CARE International Recommendations:
Health in the Post-2015 Development Agenda
December 2012

Introduction: Delivering Development Beyond 2015

CONTEXT

Since the Millennium Development Goals (MDGs) were agreed to in 2000, the world has changed rapidly, with new opportunities arising from innovative technologies, globalization and the changing roles and influence of different development actors. At the same time, there are new challenges to ending poverty and developing in an equitable and sustainable way.

The shifting balance of power with the emergence of more and stronger middle income countries and an increased role of the private sector in the development agenda have changed the global decision-making and financial landscapes. Private investment now exceeds Official Development Assistance and, increasingly, multinational and small- to medium-sized enterprises recognize that constraints on global resources and threats to sustainable supply chains require new solutions and technologies that could and should benefit poor people. The world is facing growing and proven threats from climate change as a result of historic patterns of development based on high fossil fuel consumption, with implications on energy, water, shelter and food security, disproportionately affecting the poorest people who bear the least responsibility for the problem. The last five years have also seen a major global financial crisis and economic downturn with negative impacts on health and development efforts, while in some parts of the world, conflict continues to undermine the development prospects of millions of people.

The world has also witnessed increased inequality and changes in the nature of poverty, with the majority of poor people now living in middle income countries and increasingly in cities, rather than rural areas. And women and girls continue to bear the brunt of poverty and conflict. Further, commitments made by the international community on fundamental rights, and more specifically on sexual and reproductive rights, are at risk of being reversed.

It is within this context that decisions on the post-2015 MDG framework must be made. The scale of the challenges and increasingly interconnected nature of our global economies and societies means that delivering on global promises for poverty eradication and social justice can no longer be "business as usual". Instead, we all need to use the discussions around the "beyond 2015 framework" to challenge existing norms and practices for delivering development, and instead build on what we know works best and what is most urgently needed for a rapid transition to a safer, more equitable and resilient world for all.

The MDGS: PROGRESS AND CHALLENGES

The MDGs have been a useful rallying point for mobilizing and prioritizing political energy and development resources around a shared set of poverty reduction targets, particularly in the area of health. Despite the progress made, significant numbers of people remain in poverty with well over 1.3 billion people living on less than US$1.25 a day. And while there have been notable improvements in some health indicators – including a 47 percent decline in the number of maternal deaths between 1990 and 2010 – progress tends to be extremely inequitable, with poor and marginalized women and girls continuing to face immense barriers to improved health. In parts of sub-Saharan Africa and South Asia where a majority of maternal and child deaths occur, there has been minimal or no progress, and in some cases, the situation is getting worse. In addition, global and national trends mask the severe inequities that continue to persist, and in some cases are growing, between and within countries. As such, significant work remains in order to meet the current health-related MDG goals.

HEALTH AND DEVELOPMENT

Health must remain a critical component of the post-2015 MDG framework, as healthy women and children are agents of sustainable development. CARE's experience has shown that the realization of the "right to health" cannot be achieved through direct services alone. Large-scale and sustainable change requires that we address underlying and systemic factors, including gender inequality, policy barriers, and power imbalances that have an impact on health. Thus, **women's empowerment, gender equality and human rights— which CARE International believes must be at the core of any post-2015 development framework— must be an integral part of the discussion on health.** Regarding health specifically, CARE believes it is critical to give particular attention to sexual, reproductive and maternal health and rights. The remainder of this document discusses these recommendations in more detail.

RECOMMENDATIONS

CARE International provides the following recommendations on the post-2015 framework, highlighting key cross-cutting issues that impact health and specific health-related issues.

1. Include women's empowerment and gender equality as central pillars of the post-2015 development framework

Recognizing that gender inequality is a key driver of poverty and poor health, and that it is manifested across multiple dimensions, CARE International believes that there is a need to ensure a strong and explicit focus on gender equality in any new global framework, with priority given to reaching the poorest women and girls. Beyond improvements in women's agency, the framework should place emphasis on long-term transformation of power relations within social, economic and political systems to address the root causes of gender inequality. This requires engaging individuals including men and boys, communities and leaders in challenging discriminatory norms that contribute to issues such as gender-based violence, inequitable distribution of power and resources and other injustices that impede the education, health and welfare of women and girls and limit the opportunities and resources available to them.

Thus, the post-2015 framework should:

- Have the achievement of gender equality and women's empowerment as a central goal/pillar, as well as ensure that gender factors are made visible or mainstreamed within other development goals e.g. through gender-related indicators and targets across all development domains.

- Adopt a rights-based and transformative approach to capture and measure the many key dimensions of gender disadvantage. This requires expanding beyond targets or indicators focused on parity of numbers, towards a focus on high-level outcome indicators to track progress in addressing underlying structures and power relations that are the key drivers of inequality between women and men. This includes changes related to cultural norms and attitudes, workload, household and public decision-making, educational quality and gender-based violence.

- Include the need to build increased accountability among governments and other actors for the implementation of their commitments under existing women's rights treaties and frameworks, including the Beijing Platform for Action, the International Conference on Population and Development and the Convention for the Elimination of all forms of Discrimination against Women (CEDAW).

> **Example: Addressing gender norms to improve sexual, reproductive and maternal health**
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> *In a two-year controlled trial in India, CARE implemented a community-based intervention designed to encourage communities and couples to discuss, reflect on, and question harmful gender and social norms which led to substantial and statistically significant differences in women's mobility and access to resources. The proportion of women who discussed contraception with their husbands doubled from 42 percent to 90 percent, and the proportion who delivered with a skilled birth attendant also increased significantly. Building on this experience, CARE developed the Social Analysis and Action approach, which has been used in multiple countries to surface and stimulate reflection on gender and social norms, often leading to transformation and greater equality in families and communities. While many believe that norms are resistant to change, our experience suggests that meaningful change can occur in a relatively short period of time and that transforming norms can unlock demand for health services.*

2. Fully integrate human rights into the development framework with particular attention to women's and girls' rights

CARE International believes that a human rights-based approach to development is fundamental to ending poverty and inequality and addressing underlying barriers to improved health, thus recommends that the post-2015 framework:

- Make human rights principles of accountability, participation, transparency, and non-discrimination central to all development programming and funding. Interventions must address the extreme inequity that exists between and within countries, focusing on the underlying drivers of poverty and paying a particular attention to women's and girls' rights.

- Ensure that donors and governments assess how to better operationalize international human rights frameworks to secure development outcomes. The UN Human Rights Council (in particular the process of Universal Periodic Review) offers an opportunity for states to hold each other accountable for their commitments to achieving greater progress towards economic, social and cultural rights. In addition, the report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights (A/HRC/14/39) provides guidance on how to operationalize this approach.

- Acknowledge and support the vital role of civil society. The MDG framework must send a clear signal that civil society plays a vital role in achieving development outcomes: in monitoring commitments at local, national and international levels, in supporting women and the broader community to better understand their rights, and in demanding improvements in services. An active and informed civil society can enhance accountability efforts by supporting women and the broader community to better understand their health rights, demand improvements in policies and services, monitor and report on the quality of health services and hold governments and decision-makers accountable to their commitments. Moreover, genuine participatory mechanisms must be implemented, whereby health authorities and service providers dialogue with the users of health services in order to better understand and respond to their needs and demands.

Example: Engaging civil society and communities to increase accountability

To support a human rights approach to health, there needs to be a greater focus on the participation of civil society and representatives of marginalized populations in the accountability and monitoring processes at the local, national and international levels. Processes and tools which enable civil society and communities to track how national and international commitments are translating (or not) into action at the grassroots level should be used to facilitate broad engagement. For example, in Peru, CARE has trained indigenous women to be "social monitors" who observe health facilities and discuss with women their experiences receiving care. Findings are shared with an Ombudsman, civil society groups and healthcare providers, and action plans are developed to address concerns raised. Evaluations have shown increased knowledge of women's rights; greater satisfaction with services; increased acceptance of cultural traditions; and a one-third increase in the number of births at facilities after one year. This success contributed to citizen monitoring being institutionalized as national policy in Peru and has been highlighted globally as an example of a rights-based approach to maternal health.

CARE also uses the Community Scorecard process— an approach where community members and healthcare providers independently define what they consider quality services; come together to develop a combined list of indicators; rate the current quality; and develop and monitor action plans to address deficiencies— to promote engagement of all stakeholders. Through these participatory governance approaches, we have witnessed the power of communities to sustainably improve the performance and responsiveness of their health systems and to hold governments accountable to implementing and upholding policies and providing appropriate services.

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3. Prioritize sexual, reproductive and maternal health and rights in both development and humanitarian settings

CARE International believes that access to sexual, reproductive and maternal health services is both a fundamental human right and a critical development issue, in line with the 1994 Cairo Programme of Action, which placed women's empowerment and reproductive rights at the centre of development. In many countries, the low status of women and girls and persistent gender inequality are closely associated with women's inability to exercise their sexual and reproductive rights. In our work in sexual, reproductive and maternal health, CARE has observed first-hand the transformative power of directly addressing inequitable social norms. Helping people to think differently about their roles and rights as women and men is a critical factor in empowering women and girls, in helping them make informed decisions about their reproductive choices and, ultimately, enabling behavior change and improved health outcomes.

Specific to SRMH and rights, CARE believes that the post-2015 development framework should:

- Finish the work begun under the current MDG framework to dramatically reduce maternal mortality and promote universal access to reproductive health services. Significant action is still needed to ensure the coverage, quality and equity of health services.

- Ensure that indicators measure the disparities in health service quality and provision. Data should be disaggregated by poverty quintiles, socio-cultural group, age and geographic location (urban vs. rural), to ensure that progress is being made country-wide and across the entire population. Community-based data, which may not be included in health facility or institutional data systems, must also be also considered. Outcome indicators should measure the impact of health interventions, access to health services, and the quality – not just the quantity – of care.

- Be comprehensive, cover a full 'continuum of care' and integrate with other health and development issues. Any framework must cover the broad spectrum of healthcare services across the life cycle and must link home to community to clinic to hospital and back again. It must also support community-based approaches that integrate or link maternal and newborn health with child survival, sexual and reproductive health and family planning, nutrition, microfinance, education and HIV/AIDS in a coordinated manner.

- Include a goal related to emergencies and natural disasters with a particular emphasis on the reproductive health needs of women and girls in these settings. The negative effects of conflict and natural disasters often disproportionally affect the people least able to cope with them and exacerbate existing gender inequalities and pre-existing vulnerabilities. In many countries, natural disasters and conflict have reversed or prevented improvements in sexual, reproductive and maternal health. The need for sexual and reproductive health services is particularly acute in disaster and conflict settings where health systems may have collapsed, supplies are scarce, and conditions are hostile to pregnancy and childbearing. In these environments, women and girls are often subjected to an increased risk of sexual and gender-based violence, unwanted pregnancies due to lack of access to contraceptives and overall lack of control over their situation. Emergency response must be linked to longer-term development.

Example: Reproductive health in humanitarian situations

The challenges to providing reproductive health services in acute as well as protracted emergency settings are enormous, perhaps only matched by the need itself. When CARE implemented the Uzazi Bora project in Kasongo district in the Democratic Republic of the Congo (DRC), the area was still recovering from war, and the district was characterized by severe geographic isolation and chronic neglect and underinvestment. The health system reflected this: most health centers in the district did not meet even minimal standards for care. Staff were underpaid and had little support or supervision. Turnover was high, especially in the most remote villages. Drugs, supplies and materials were grossly insufficient, and logistics systems were broken. Maternal and newborn health indicators in Kasongo were among the worst in DRC.

From mid-2007 to mid-2011, CARE and its partner, the local ministry of health (Bureau Central de Zone, or BCZ) and its 22 health facilities,[1] implemented a range of activities to strengthen the health infrastructure, to increase use of data at the facility to guide service delivery, and to engage the community through social and behavior change communication. All 22 health facilities were supplied with equipment and initial stocks of consumables. When Uzazi Bora began, only 40 percent of women in the project area reported that their most recent birth had been attended by a trained service provider.[2] Two and a half years later, the figure had nearly doubled to 78 percent. The contraceptive prevalence rate for all modern methods rose from 2.8 percent at baseline to 5.9 percent just 20 months later. This was a significant gain in a relatively short time, given the chronic difficulty of ensuring supplies in Kasongo: stock outs of family planning supplies were so frequent that CARE chose to directly source supplies from United Nations Population Fund and a neighboring province, while joining others to advocate for improvements to the national system.

CARE'S EXPERIENCE

CARE International, one of the largest international non-governmental organizations, has been working for more than 65 years on development and humanitarian relief in over 80 countries. Our experience shows that tackling gender inequality and investing in women pays dividends above and beyond immediate returns. CARE International works worldwide with women and men, girls and boys, to achieve gender equality as a fundamental human right. By empowering women and girls, entire families and communities can be lifted out of poverty. Our experience has shown that simply including women and girls in development projects does not empower them. It is necessary to promote fundamental changes in the root causes of inequality, including cultural and societal norms, as well as policies and power relations, in order to allow women and men to step into new roles and ensure equal opportunities.

For a longer discussion and additional examples of CARE's experience in family planning, specifically focused on gender, governance and reproductive health and emergencies, please see: ***Women's Lives, Women's Voices: Empowering women to ensure family planning coverage, quality and equity*** (http://familyplanning.care2share.wikispaces.net/Featured+Resources)

CONTACT

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