ACCOUNTABILITY FOR SRHR:
CHALLENGING THE STATUS QUO

DATE: 16 OCTOBER 2019
1430 TO 1600 HOURS
INDIA HABITAT CENTRE, NEW DELHI

HOSTS:
Independent Accountability Panel (IAP),
Human Reproduction Programme (HRP),
World Health Organisation (WHO)
MODERATOR: Asha George, University of Western Cape (UWC), South Africa

PANELISTS:
- Gita Sen, Independent Accountability Panel (IAP) & Public Health Foundation of India (PHFI), India
- Subhashri CommonHealth, India
- Marta Schaaf, GHJG, Columbia University, USA
- Victoria Boydell, Graduate Institute Geneva, Switzerland
- Rajat Khosla, WHO HRP, Switzerland

INTRODUCTION
Community of Practitioners on Accountability and Social Action in Health (COPASAH) along with like-minded organisations hosted a 'practitioner-centred' Symposium, with the theme **Leaving No One Behind: Strengthening Community Centred Health Systems for Achieving Sustainable Development Goals** from October 15-18, 2019. The Symposium focused on sharing and learning of accountability praxis by practitioners of diverse cultural, linguistic, geo-political and national contexts, primarily from the global south. This Symposium facilitated interactions, between around 500 delegates from over 40 countries representing Latin America, Africa, South Eastern/Central Europe, South Asia and pro-people intellectuals/researchers from Global North and Asia-Pacific. The participants included practitioners in health; policy makers, academics, researchers, and other activists on common issues of concern.

INTERTHEMATIC SESSIONS
The interactions and exchanges in the COPASAH Global Symposium were facilitated through different sessions and themes deliberating on varied practices of accountability. The Symposium also witnessed inter-thematic session’s facilitated discussions around critical and intersecting themes and issues that determine the politics of social accountability in its interface with global policies. Amongst the twelve inter-thematic sessions in the symposium Independent Accountability Panel (IAP), World Health Organisation (WHO) and Human Reproduction Programme (HRP) collaboratively hosted a session on the theme Accountability for SRHR: Challenging the status quo on October 16, 2019.

CONTEXT OF THE SESSION
Global strategies and commitments for Sexual and Reproductive Health and Rights (SRHR) underscore the need to strengthen rights-based accountability processes. Yet there are gaps between these ambitious SRHR rights frameworks and the constrained socio-political lived realities within which these frameworks are implemented. This session aimed to address these gaps by reviewing the evidence on the dynamics and concerns related to operationalising accountability in the context of SRHR.

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The moderator Asha George laid the context of the session. She outlined that of-late with the framing of universal health coverage, at the global level, there were changes and shifts happening dynamically with various actors. She expressed that the session aimed to explore what it meant about making it stick at global, regional national and local levels. Following the context of the session and the introduction of the panelists, presentations were made by the panelists.

SNAPSHOTS OF PRESENTATIONS

ACCOUNTABILITY FOR SRHR IN CONTEXT OF UHC

PRESENTER: Prof. Gita Sen, Independent Accountability Panel (IAP) and Public Health Foundation of India (PHFI), India

Gita Sen highlighted that ‘Universal Health Coverage (UHC) and not care is not desirable as it is coverage that is in the target for SDGs and not care.’ She expressed that a paradox exists in the context of SRHR and whatever larger framework it may be linked to. The paradox is that the ideas, language and realities of SRHR that came to being in the 80s and 90s had two intrinsic challenges going for them from the beginning and this came into being largely because of advocacy and activism of women’s movements. SRHR including in key countries where the women’s movements have been strong from the beginning had this challenge thrown at it. She opined that the western agenda has narrowed it and has insisted that it should be broadened as we are speaking of only one aspect of women’s health. The paradox also is that the global health power brokers don’t want to focus on SRHR either; they want to talk about health more broadly. They want to talk about Primary Health Care (PHC) and Universal Health Coverage (UHC) and urge to keep SRHR out of the way, as they view it as a nuisance. This struggle to include SRHR within larger health agenda has been there from the very beginning. The other paradox is that health is like ‘motherhood and apple-pie’ unlike SRH which generates tension immediately. How do we ensure that Primary health care agenda actually pays attention to sexuality, reproduction and gender equality, she emphasized.

PRESENTER: Dr. Subha Sri B, Commonhealth, India

Subha Sri spoke about the initiative ‘Dead Women Talking’ that examines maternal deaths. She stressed on the importance of community based monitoring of maternal health services, as well on the need of community based advocacy for access to safe abortion. She stressed that knowledge and hierarchy gaps need to be bridged to help the community demand accountability from the health systems. She spoke about the need to demystify the biomedical terminology as well provision of specific inputs of knowledge for the community to demand better health services. She strongly advocated for the need to bring women’s lived experiences related to gender, domestic violence, safe birth, issues of access to water, issues like son preference in the Indian context etc.

ACCOUNTABILITY FOR SRHR FOR EVERYONE, EVERYWHERE

PRESENTER: Dr. Marta Schaaf, Columbia University

Marta Schaaf discussed about four board approaches to accountability, derived from scoping review of accountability of SRHR in humanitarian settings including peer reviews and grey literature and from field workers.

1. Efforts to improve performance accountability- Wherever programs are using the AAAQ framework to measure progress, there are huge funding programs for it.

2. Accountability to affective population- This has evolved over 15 years as a response to negative evaluation, widespread exploitation and abuse, transactional sex abuse etc. for girls to access humanitarian services. There are problems in obtaining responses to feedback and complaints. Although more people have had access to these mechanisms, still it is not clear how the data that is collected is then used.

3. Community score cards and other humanitarian services- in the long-term are fragile and unstable.

4. Legal approaches- integrate community based arbitrary mechanisms and formal legal processes to facilitate access to services and care.

She also spoke about how many of these efforts are largely top-down and bottom-up solutions not very evident. Most efforts to induce participation by encouraging women to give their inputs have led to issues for
those women within their families and societies. There are examples of existing civil society groups being side-lined and ignored and that is evidence of many missed opportunities.

PRESENTERS: Victoria Boydell, Graduate Institute Geneva, Switzerland

Victoria spoke about research that has been undertaken in collaboration with WHO, to look at social accountability and access to contraceptive services.

- She highlighted that the research raises questions and challenges on how to design and undertake this. For example, what is the common matrix for looking at contraceptive uptake? It also examines how accountability is evolving over time, based on differing contexts.
- How do we study something surrounded by moral policing and other global anxieties that go along with it?
- We came up with the design and findings to share it. A woman’s experience at the family planning clinic has to be good for her to come back. To respond to the changes, we need to map out possible, existing and evolving changes, we need to look at things like quality of interaction between them.
- How do we situate SRH processes in the local context? One solution is by working with local health rights organisations. We tried to convert locally evolved socially accountable processes to public services and used the principles of SA to look at pre-existing processes.
- We must also be very conscious of power dynamics and triangulate different points of view. It requires that we look at the dynamics of the research team as well, amongst themselves as well as with the subject of research, she expressed.

WHAT WORKS; WHY IT WORKS AND DOES NOT WORK FOR ACCOUNTABILITY FOR SRHR

PRESENTERS: Rajat Khosla, WHO, HRP Switzerland

Rajat spoke about why WHO is looking at SRHR and how it is back dropped over the developments in last decade. ‘The Commission on information and accountability gave a call to ensure accountability. Although calls were made, much of the issues were around data monitoring and not accountability. If there is no accountability for health can we still have one for SRHR,’ he questioned? He reflected on whether there are effective interventions that can be replicated and scaled up. The systematic findings were interesting, he said and that there is a multitude of actors performing a range of roles which interact nationally, locally and globally. Of all the work happening under SRHR, there is a greater focus on maternal health and child health as compared to abortion, family planning, etc. and many issues are being constantly neglected, he reflected.

He emphasized upon the need for multidisciplinary research on some of the issues and a government based context to increase accountability. He also highlighted the increasing influence of the private sector on accountability. He reflected that a lot of work was being done on monitoring around SRHR – but the question of getting redressal of SRHR issues, looms large.

SNAPSHOT OF OPEN DISCUSSION

The presentation by the panelists was followed by an open discussion. Stimulated by the presentations, the participants raised some issues and concerns. The participants raised some queries on abortion and reflected that paradoxes continue to exist in different countries related to access to safe abortion services. They had queries about variance in interpreting legal framework across the world for abortion. Concerns were also raised over death penalty and improvement in some countries for expressing diverse sexual orientations. It was mooted how the agenda of SRHR should be advanced in the difficult and complex global and national politics. Some key reflections that emerged from the discussions included the need of strong formal spaces to discuss about demanding accountability as well as the need to look at accountability in fragile contexts?

Key reflections that emerged from the discussion suggested for the need to look at hierarchies existing in formal health systems as well as the need to study power in the context of accountability. Power must be looked at as an upstream dagger that ultimately affects community’s ability to demand rights and services. Furthermore the need to reflect upon measures and outcomes was suggested. Participants pointed towards the need of studying effectiveness of certain approaches and strategic litigations, institutions and mechanisms etc., to understand whether these actually work and change circumstances on the ground or not? The key input that came forth was that the existing systems and processes cannot be critiqued unless a reduction in mortality is showcased.

CONCLUSION AND REFLECTION POINTERS

The moderator of the session thanked all the panelists and participants for the intriguing discussions on accountability of SRHR. The session brought out some collective pointers for reflection to further delve upon. The
reflections pointed to look into what have been effective as redressal and remedial mechanisms in RSHSR. Concerns were raised that much of the conversations taking place are at levels much higher than community levels. The conversations led to raising concerns on how to deal with commodification in SRHR. Thoughts for reflection came in the form of a concern on that the sexual health is focused on deliveries or sex work and the work to protect women seems to be missing in it. A concern was also pointed out that the collaboration with nurses is not happening researches were missing among the nurses. Another key reflection that came forth was to locate men in the SRHSR work. The participants were left with the question as through which lens should be men be seen in the SRHSR work, as violators of SRH, as barriers, as clients, or as agents of change?

**BIOS OF SPEAKERS**

**Asha George** is a professor at the School of Public Health, University of the Western Cape, South Africa. As a qualitative researcher she is engaged with health systems to advance health and social justice in low- and middle-income countries. With a gender and rights lens, she focuses on the frontline interface and governance of services taking into consideration community and health worker perspectives.

**Gita Sen** is a distinguished Professor and Director of the Ramalingaswami Centre on Equity and Social Determinants of Health at the Public Health Foundation of India, and Adjunct Professor of Global Health and Population at the Harvard T H Chan School of Public Health. She is currently member of Independent Accountability Panel. She also serves on the Gender and Rights Advisory Panel of WHO’s Department of Reproductive Health and Research.

**Marta Schaaf** is the Director of Programs at the Program on Global Health Justice and Governance, Columbia University School of Public Health. She has worked for almost 20 years in health and human rights, and has developed successful partnerships with governments, local and international NGOs, academia, and the private sector. She has experience in designing and managing programs, overseeing and undertaking policy analysis, and leading mixed methods research.

**Rajat Khosla** presently works as Human Rights Advisor for Department of Reproductive Health Research at the World Health Organisation. He is a lawyer by training and specialises on issues related to sexual and reproductive health and human rights. Previously he worked with UN agencies and others on ICPD+20 review process and post 2015 MDGs discussions. He used to work as the health policy advisor with Amnesty International.

**Dr. Subha Sri Balakrishnan**, is a member of CommonHealth India, and a gynaecologist working with RUWSEC, Rural Women’s Social Education Centre, a Dalit women’s organisation in Tamil Nadu. She has been working on issues of gender equality, health and the sexual and reproductive rights of women.

**Dr. Victoria Boydell** is a social anthropologist who has carried out research in the UK, the Philippines, El Salvador, Tanzania, Nigeria, Uganda, Indonesia, Kyrgyzstan and Bosnia Herzegovina. She has over 15 years’ experience in the field of family planning, reproductive health and gender equality.