8th International Dialogue on Population and Sustainable Development – Making sexual and reproductive rights a reality: What does it take? Berlin 5-6, 2010

ISSUE NOTE FOR SESSION 7 PREPARED By: John P. Skibiak, Director of the Reproductive Health Supplies Coalition

Session 6: Strengthening health systems capacities to address sexual and reproductive health and human rights, especially of poor and marginalized people.

Issue 1: A hallmark of health reform and much systems strengthening has been the devolution of decision making authority from central to local authorities. Part of the thinking behind this shift is that local decision making will be more attuned to the needs of the community. But does local decision making also serve better the needs of the poor and marginalized?

a. The effect of decentralization of services on SRH services is mixed – largely because of the diversity of local influences on the determination of which components of SRH are considered "appropriate". In decentralized settings, the role of civil society can be especially critical.
b. WHO's Rights and Reform Initiative Global Literature Review drew attention to the importance of disaggregating the different components of SRH. Some SRH services are socially and politically "safer" than others (e.g. perinatal care) are easier to target by governments and other decision makers as development priorities. Other areas may be more challenging (ARH)

Issue 2: What is a reasonable level of impact any systems strengthening can have on equity, particularly in the absence of larger movements within society towards improvements in equity and social justice?

a. Vega and others have argued that certain health system impact indicators of equity, particularly with respect to the poor and marginalized, may be more related to the historical development of the society than the performance of the health sector at any given moment in time.
b. "Given that persistent health inequities are primarily rooted in the influence of social and environmental determinants of the population, monitoring of interventions for the achievement of equity should not be limited to the health sector. Exogenous influences from other sectors, such as education, labor, social security, transport, should be considered for a more comprehensive understanding of how equity is improved by reform." (Solar, Irwin and Vega 2004)
c. The notion of a "right to health", enshrined in the 1948 Declaration of Human Rights, was soon eclipsed by an approach that aimed to "obtain the largest possible health benefits for the poor from finite foreign aid budgets". The "rights to health has made a comeback" – but which

"right" seems to increasingly be the outcome of political battles. William Easterly, economist at NYU, argues that "Rights advocacy often favors some aspects of health relative to others". "The right to health" skews public resources towards the most politically effective advocates, who will seldom be the neediest."

Issue 3: How does one measure success at achieving health equity?

a. The "Benchmarks of Fairness" framework was conceived of in the US in the early 1990s to evaluate planned health insurance reforms. It is now used widely to evaluate the "fairness" of health sector reforms and other efforts at systems strengthening. Studies that use the methodology develop locally agreed-upon scoring methods to assess three dimensions of fairness: equity, efficiency, accountability. Nonetheless, the author of the methodology acknowledges that the benchmarks are not intended for cross-country comparisons because local contextual factors will influence the scoring criteria.
b. Are there universal standards – internationally recognized legal agreement that encode agreed definitions and specify reproductive rights – and that cut across discussions of cultural relativism and avoid cross-national comparisons?
c. There is widespread recognition of the importance of targeting RH care services by socioeconomic criteria. Evidence from five country studies (Bangladesh, India, Nepal, Pakistan) carried out by the World Bank's South Asian Women's Health Study found that for a wide range of health outcome and service use indicators, the differentials by social characteristics (such as education, religion, caste or poverty) are greater than those by biological characteristics (age, parity, birth order)

Issue 5: Inadequate public provision has caused large segments of the population in many countries (including the poor) to utilize private sector providers.

a. There is substantial evidence that contracting out primary health care services can increase access to services by increasing their provision, utilization and coverage. However their impact on outcomes relating to equity, quality or efficiency is less conclusive.