A Rights-based approach to promote Ownership and Accountability within the Peruvian health sector

Ariel Frisancho
“Improving the Health of the Poor: a Human Rights Approach” Program Manager / CARE Peru

I. Background

Improving the health of the poor and marginalized in countries of high inequality like Peru, where one in every two people live below the poverty line\(^1\), will not be achieved by technical interventions, or even through more funding. Significant, sustainable change can only happen if the poor have much greater involvement in shaping health policies, practices and programs, and in ensuring that what is agreed actually happens. Increasing this “voice” and oversight of the poor, and making sure it is more effective, is at the core of Health Rights Program, which seeks ultimately to improve the relations between State and society to promote the fulfilment of poor people’s right to health.

By early 2000s, citizens, health workers and policy makers within the Peruvian health system evidenced a poor understanding of health rights, and services provided showed serious limitations in respect of culture, citizenship, or equity in terms of race, social and economical status and gender. Moreover, there are limited legal enforceability mechanisms for holding public authorities accountable on their obligations to social rights. Therefore, health policies and the way they are implemented become of paramount importance for the complete realization of health rights.

In recent years, there has been increasing understanding of the vitally important role of citizens’ participation to ensure more inclusive and sustainable social policies. The World Bank’s 2004 World Development Report, and a related report on the social sectors in Peru in 2006, stresses the importance for health service performance of key relations between policy-makers, health providers and citizens/health service users, in what the Bank refers to as the Triangle of Accountability and Responsibilities. The reports emphasize the paramount role of citizens and civil society networks in influencing health policy making (what the Bank calls the long route of accountability) and health providers’ performance (the short route)\(^2\).

II. Health Rights Program and the Promotion of Ownership

Over the last five years, CARE Peru’s Health Rights has contributed to strengthen Peruvian civil society in health in both conceptual and organizational terms. Health Rights Program has partnered with ForoSalud, a major civil society network, which has become an important space for dialogue and consensus-building for different civil society organizations focusing on health. ForoSalud has contributed to establishing a new vision of health policy – coming out of health sector reform processes excessively focused on

---

\(^1\) In other words, more than 14 million people; three out of every four people are below the poverty line in rural areas, and just under 85% are poor in the Department of Huancavelica.

efficiency and cost recovery - and this meant establishing health as a universal right. This in turn has meant prioritizing the need for good quality health services that actually reach the most poor and excluded (the estimated 12.5% of the overall Peruvian population with no access to health services when they need them), establishing citizens’ participation in health policy decision-making, at national and regional levels, and setting standards for social surveillance of health policies and public health services.

Training on health rights and developing capacities for collective action and advocacy brought the “voice of the poor” to regional and national policy dialogues through a bottom-up policy design process in 15 out of 24 regions. As a result of these processes, health policy proposals coming from all regions of Peru have been openly discussed at national and regional levels (15 regions); ForoSalud representatives have been elected as people representatives for the National Health Council and 10 Regional Health Councils, getting part of ForoSalud policy proposals institutionalized. In the II National Health Conference (2004) nearly 2500 nation-wide delegates discussed and presented health policy proposals to the Peruvian Minister of Health.

Health Rights Program has also linked up with the Peruvian Ministry of Health. In early 2004 there was a “window of opportunity: the upcoming visit by the UN Special Rapporteur on the Right to Health and a newly appointed Minister of Health. Both events allowed CARE to meaningfully address institutional shortcomings in cooperation with the MoH. Through a series of capacity building and cooperative meetings, cross-cutting principles of a rights based approach (RBA) were endorsed by the Ministry of Health. Along the next years, significant change occurred within MoH, especially regarding relationships with civil society. MoH officers developed public positions linked to health rights realization, placing inclusion and cultural appropriateness of health services provision as institutional priority and creating technical units to work health rights contents within MoH. As results of these institutional processes, along 2004 through 2006 MoH launched a National Mobilization on Health Rights and Responsibilities; implemented nation-wide macro-regional workshops & training on health rights & citizen participation; sanctioned norms to include cultural preferences within health care practices.

III. Health Rights Program’s multi-level Accountability Approach

In order to promote public accountability for health policy, CARE has supported a variety of social reporting mechanisms. These have included the support to the participatory construction of a 2006 civil society shadow report to UN Special Rapporteur on the Right to Health, drawing on his Recommendations to the Peruvian Government in 2004. It has also raised awareness on the situation of the Right to Health, through a nationwide report on the Actionability of Sexual and Reproductive Rights and Access to HIV / Aids Treatment and a study on maternal mortality and avoidable deaths, assessed through a Rights-Based analysis made by Physicians for Human Rights (2007). These reports, altogether with a series of studies propelled with national academic and research institutions, have been important for promoting specific issues in public debate, and have provided important tools for advocacy.

In the national level, Health Rights Program has succeed in its direct political incidence strategy, strengthening the Ministry of Health Shared Administration Program, through which citizens elected by the community are incorporated to the direct management of health facilities within the Primary Care level. This process included advocacy and technical assistance for the sanction of a national Law on Health Services Co-Management and Citizen Participation. HR Program has also partnered with ForoSalud to support civil society engagement and advocacy in the formulation of national health rights legislation to strengthen the basis for holding the government to account for
service delivery, through a Law proposal on Health Services users Rights & Responsibilities.

In the Regional and local level, CARE and PHR have supported the development of citizen and civil society-based accountability mechanisms, promoting citizen surveillance on health services and social programs quality & effectiveness in Piura & Puno regions, linking Quechua and Aymara women community leaders to regional offices of the human rights Ombudsman to monitor women’s health rights, particularly their right to good quality, appropriate maternal health services.

How is this former process implemented? After an open call to diverse community women leaders there is a selection of those who have the will to participate and propel citizen surveillance on health services quality and responsiveness. The 50 women leaders amongst three provinces from Puno (Azángaro, Melgar y Huancané) followed a capacity building process on HRs, institutional responsibilities and legal framework protecting Health Rights and citizen participation. After the women leaders feel ready to begin, the Ombudsman regional officer, together with the women presented the initiative to the regional and local health authorities.

Monitoring activities include the visit of a pair of these rural leaders along one day: women speak with health services’ users about the quality of health services and how they felt and were treated; talk with health providers and make direct observation of both good and bad practices. Before leaving the service, women ask the health providers to sign a visit report (registry). Once a month women report their findings to Ombudsman regional officer. Ombudsman officer reports the finding back to the health care facility manager and health team. This experience has run along the last five months and has produced negative and positive findings: reduced hours for health services provision as a mechanism to deter women using the health services and to charge for medicines which should be free; traditional Vertical birth delivery, although institutionalized by MoH, is not provided in Puno Hospitals; non dignity treatment, little information provided. On the other hand, women are observing progressive change of health providers’ attitudes and practices, particularly when they visit the health facilities, and improved quality of health care process. Some health facilities’ managers have begun to facilitate the provision of information to the community leaders.

IV. On the road of Harmonisation

Peru has not developed SWAPs or Basket funds. However, HR Program strategy of building alliances with key actors to a) strengthen the scope of work and its own “voice” within the sector; b) get appropriate synergies and sustainability has proven effectiveness

- (2005-2006) Alliance with USAID, National Democratic Institute and UNFPA to promote debate, consensus and commitments on health priorities amongst national and regional political parties
- (2006-ongoing) Alliance with PAHO, Canadian Co-operation, MoH and Social Multisectoral Program CRECER for the development and implementation of National Guidelines of Integral Children Health Care incorporating a Rights-based Approach
- (2007-ongoing) Alliance with PAHO, UNFPA, Congressmen, MoH, Women Ministry & Academic Societies to promote Safe and Healthy Motherhood

V. Increasing Effectiveness of Ownership: lessons learned

- Role of informed and committed participation as a means for influencing public health policies and for the construction of inclusive policy contents and as an end in itself for empowerment & building of citizenship
• It is important to support the own social movements’ agenda, with no intention on imposing the aid agency agenda
• Importance of social communication strategies to disseminate health rights and raise awareness
• *Strengthening ‘Voice’ is not necessarily enough to strengthen governance.* Government bodies often don’t have capacity to engage in a proper dialogue with civil society. It is important to involve them, working both the demand and supply sides, planning a multi-level intervention addressing a) capacities of both right-holders and duty bearers, b) strengthening dialogue spaces and mechanisms and c) broader policy environment, through social communication strategies to raise awareness amongst public opinion. On the other hand, Development Aid could be very influential promoting rights & better governance

VI. Increasing Effectiveness of Accountability: lessons learned

• Significant, sustainable change can only happen if the poor have much greater involvement in shaping health policies, practices and programs, and in ensuring that good practices within health services actually happen
• Importance of raising awareness on health rights amongst the people, with culturally appropriated social communication strategies
• It is possible to develop local mechanisms of surveillance of health services, together with establishing partnerships with key actors to strengthen voice and improve effectiveness
• Importance of constructing common knowledge and language on the basis of the community own views and experience
• Partnership have proven mutually enriching: women leaders feel better positioned and entitled to demand information and changes in health services; regional Ombudsman officers have proven how they could extend the scope of their work through the citizen voluntary organization

VII. Chief challenges

• Social indifference facing the exclusion of the poor
• Facing weak legal enforceability mechanisms, need of strengthening responsiveness, engagement and accounta- bility from duty bearers, public health services and MoH
• Historical top-down relations and power inequities between health providers and community (“patrimonialismo”)
• Promoting social rights involves risks: authorities misunderstanding of CARE role, when contributing to address institutional shortcomings and systemic inequity
• Lack of personnel within the regional Ombudsperson offices, i.e., six officers for surveillance of all human rights respect within all the region
• Engaging local, “grass - roots” experiences with major stake - holders from the start: promoting ownership (early appropriation of the experience)

VIII. Lessons for Development Aid Agencies

• “Accountability Triangle”: working with demand (long run, short run) as important as strengthening government development programs
• Importance of capacity building of both right holders (demand) and duty bearers (supply) to enter into effective relationships for social rights realisation
• Need to get consensus on criteria to assess “health rights performance”
• Importance of strengthening the interface between community and state: national decentralisation processes should give attention not only to the “quantity of participation” provided by new participatory mechanisms, but to its “quality” (representative-ness, “voice” brought to decision making tables, etc).
• Promoting governance and empowerment demands time and a more flexible approach which are more difficult to get incorporated within traditional cooperation deadlines and frameworks