# Improving Governance and Realising Health Rights in Peru[1]

*Improving the Health of the Poor: a Rights-Based Approach Program* is a DFID – funded Program implemented by CARE International in Peru. Its first phase (December 2003 – march 2005) was directly financed by DFID and its second phase (april 2005 – march 2008) was financed through a Program Partnership Agreement between DFID and CARE International UK. The overall purpose of the Program was to strengthen Peruvian state and civil society relations in the health sector, promoting poor people's health rights. Health Rights Program´s expected outputs were: a) Civil society organisations (CSOs) develop and strengthen strategies for making health sector policies and institutions respond to, protect and promote health rights, especially of the poor and marginalized people; b) Civil society and health providers have developed participatory and inclusive mechanisms for planning, provision and evaluation of health services.

Through its development, Health Rights Program seeks to address two thematic areas of focus identified by the Advisory Group: a) recognition of the roles and voice of CSOs as development actors in their own right and b) implementing and enriching the international aid effectiveness agenda, promoting local and democratic ownership. Both of them share AG´s understanding of CSOs as potential participants in the identification of priorities, the monitoring of development programs and reinforcing the accountability of government. Health Rights Program´s good practice is most relevant to developing country Civil Society Organizations (CSOs), developing country governments and donors.

*Strengthening CSOs Ownership of Health Policies and Development Programs:*
Along the last five years, CARE Peru's Health Rights Program 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 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 (an 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 12 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 (12 regions); ForoSalud representatives have been elected as people representatives for the National Health Council and for 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.

*Strengthening Peruvian Ministry of Health Ownership of a Rights-Based Approach for Health Policy Development, Promoting Democratic Ownership:*
Health Rights Program has also linked up with the Peruvian Ministry of Health. Although public officers have been traditionally reluctant to increased citizen participation and accountability, in early 2004 there

[1] This case study was written by Dr. Ariel Frisancho (National Coordinator of CARE Perú Health Programmatic Team) as a submission to the Good Practice Case Book and Paper of the OECD-DAC's Advisory Group on Civil Society and Aid Effectiveness, April 2008. For further information, please contact afrisancho@care.org.pe

was a *"window of opportunity"*: the upcoming visit to Peru of 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.

*Promoting public accountability for health policy and development programs:*
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 (PHR) in 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 and to hold the government accountable facing poor and excluded women right to a safe motherhood.

In the Regional and local level, CARE and PHR have supported along the last 8 months 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 Ombudsperson 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 was 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. 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 leaders report their findings to Ombudsperson regional officer. Ombudsperson officer reports the finding back to the health care facility manager and health team.

## 1. Results achieved by the initiative

*Strengthening CSOs Ownership of Health Policies and Development Programs:*

Major advances have been made in the last four years towards this vision:

- ForoSalud has significantly developed the capacity for citizens to participate in developing health policy proposals. ForoSalud, with the contribution of different allies, including CARE Peru, has helped bring "the voice of the poor" to the policy design and public debate process, through the construction of bottom–up approaches to health policy development. Regional Forums have set in motion public policy dialogues in most of the 23 Regions in the country. ForoSalud is known at national and regional levels as a "network of networks", channelling alternative proposals of health policies and developing campaigns linked to health rights and people's needs.
- ForoSalud has been elected as the civil society representative of social organizations in the National Health Council, as well as in many Regional Health Councils. At such "invited spaces", ForoSalud has succeeded in getting a number of its policy proposals included in Regional Health Policies.

- ForoSalud has presented a Law proposal on Health Services users' Rights & Responsibilities, supported with 100,000 people's signatures to the Congress of Republic
- In the run up to national elections 2006, civil society and its allies worked with seventeen political parties in a process of consensus-building and formulation of commitments to improve the health of the population, focusing on how to meet the Millennium Development Goals, health decentralization, promotion of citizens' participation, health financing and universal access to health care. ForoSalud, together with the Peruvian Ombudsman's Office and the National Health Council, were designated recipient of those agreements, with responsibility for oversight to follow up on their fulfilment. ForoSalud has in turn been part of diverse alliances with regional movements to promote similar processes of consensus-building and agreement amongst political parties in ten Regions prior to the regional elections in November 2006.
- ForoSalud has advanced in its own democratization and decentralization process, and is currently building increasing representation of the most poor and excluded in its own structures.
- The recently appointed Peruvian Minister of Health (December 2007) has publicly recognized ForoSalud as a both political and technical key actor within Peruvian health sector.

It still remains important to analyse the challenges civil society face to effectively influence health policy processes and the evidence gained when overcoming those challenges to propel sustainable change. This is specially critical in countries like Peru, where there are not SWAP, nor Basket funds, the "policy making cycle" seems a "muddling + more muddling through" process. Peruvian public institutions are still learning to incorporate a "rational" approach for policy-making, as

a) there are few health sector five-year policies, most of the times, nor medium term plans to be respected and implemented by successive national health authorities. Most of the cases, the Minister who is appointed has lots of discretionality to orientate priorities (meaning his/her priorities and understanding of the health sector are important inputs for the health programming / health actions);

b) lack of public career within the Peruvian public sector generates a turnover of public officers and policy makers each time government changes – and even whenever a new health minister is appointed, although they could belong to the same five-year government period and political party;

c) agreed policies - i. e., those decided /approved in the National Health Council - where ForoSalud has contributed decisively to shape the new National Mental Health Policy, the new National Health Investment Policy and Health Promotion National Policy – could not receive enough financial resources to be effectively implemented. This is a key point to take into account ("Non-effective planning"), which demands independent oversight of government fulfillment of agreed commitments.

Having said that, civil society participation has indeed advanced and obtained *sound results:*

1. 2005 ForoSalud´s campaign to raise awareness on the risks that USA - Peru Free Trade Agreement could generate to access to medicines - due to increased patents protection. ForoSalud national and regional activities did raise awareness amongst the public opinion, and motivate the media to cover the case. Currently this issue has been taken into account for the FTA implementation.

2. 2007 ForoSalud claims on the Government and the MoH when diverse health patients were infected in the public hospitals with HIV/AIDS. The visibility gained amongst public opinion through media – engaged activities was the main reason for the Government to take action on behalf of this cases - the affected people -, and there will be a norm to create a national fund for the State to repair immediately any case which occur again.

3. 2007 ForoSalud and the women leaders' citizen surveillance scheme in Puno turned inspirational to the current Minister of Health: he has taken - for good and bad - the strategy of citizen oversight of health services quality, and has propelled MoH surveillance committees for the national hospitals and has sanctioned a norm that pretends to propel and give support to the diverse initiatives of citizen oversight of health services quality (today still in discussion). When presenting the MoH surveillance committees, the Minister of Health praised the ForoSalud & women leaders initiative

4. 2001 – 2004 ForoSalud and diverse women organizations' strategies of defense of Sexual and Reproductive Health priority (including dissemination and use of contraceptive modern methods and the "day after" pill – oral contraception method) when the first two Health Ministers appointed by Toledo's government generated a backslash on this policies. Sexual and Reproductive Health policies and the use and dissemination of modern contraceptive methods were approved in early 2004 by Toledo's fourth Minister of Health.

5. Along 2004 ForoSalud implemented bottom-up processes of participatory construction of health policy proposals. Several months later, those proposals were presented and discussed by the civil society networks to the regional authorities and those proposals were part of the inputs to the National proposal for changing health policies propelled by ForoSalud in the National level.

A distinctive issue of those proposals was that health problems and challenges came from three approaches / levels of analysis: 1) Sicknesses and traditional health problems - like maternal mortality; 2) analysis of key socials determinants of health (water and sanitation, mining companies contamination, exclusion, etc; and 3) Challenges of the performance and responsiveness of health system / health facilities to people needs.

This innovative health diagnosis and definition of alternatives for each prioritised level, was later incorporated by the proper Peruvian MoH, when MoH launched its 2006 - 2007 "participatory" construction process of the National Concerted and Decentralised Health Plan. Exactly the three levels. This "non consulted benchmarking" was, to ForoSalud's point of view, a direct contribution to government health priorities analysis.

6. In 2007, CONAMUSA, the multi actor committee in charge of managing Global Fund to Fight HIV/AIDS and TB in Peru, successfully promoted a political incidence process, with the support and leading role of CARE Peru, to include the costs of anti-retrovirals for HIV/AIDS treatment as part of the Integral Health Insurance Plan of Benefits - a reimbursement scheme similar to that Maternal and Children Health Insurance of Bolivia, in which the state uses public budget to finance health care of prioritised groups -, so they won't cost to the poor sick patients with HIV/AIDS.

7. (2008, may 8th) ForoSalud representatives in the National Health Council - Mario Rios and me - successfully obtained the Minister of Health support and the National Health Council approval of our proposal of Law to change the composition of those "invited spaces" (National Health Council, Regional Health Councils, Province Health Councils) composition that was absolutely inequitative - nine representatives of health providers or health workers organizations and only one representative of civil society and health services' users-. The new proposal also includes the realization of National Health Conventions, with a bottom-up approach for the participatory presentation and discussion of the new government Health Policy and commitments, and a second one two years and 6 months later, for the government officers be held accountable on the achievements and pitfalls.

8. 2006 association of International CSO and co-operation agencies (this is a CARE -led experience) to position chronic malnutrition as a national priority and improve National policies to tackle it. As a result of their political incidence activities of this coalition of national and international NGOs and the opportunity of their partnership with World Bank put pressure on the Peruvian Government and generated national commitments to reduce chronic malnutrition in Peru.

9. Diverse studies and literature existing on CLAS experience (shared-administration of health facilities involving elected citizens into the local health management committee), some of them coming from the World Bank itself, evidencing the success of the CLAS management environment to achieve better performance - with the contribution of a shared management approach amongst the local health team and leader and voluntary citizens - than those non- CLAS facilities.

*Strengthening Peruvian Ministry of Health Ownership of a Rights-Based Approach for Health Policy Development, Promoting Democratic Ownership:*

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 and implemented nation-wide macro-regional workshops & training for public regional officers on health rights & the promotion of citizen participation. Additionally, MoH created a Unit on Health Rights, Gender Equity and cultural adaptation of health care. This Unit has defined - with support of CARE HR Program, PAHO, European Commission Health Program and WB Health Program – national norms related to the incorporation of Rights-Based Approach into the public analysis and implementation of health programs. Moreover, MoH opened new spaces for citizen participation and sanctioned norms to include cultural preferences within health care practices (i.e. vertical birth delivery for rural areas)[2].

Moreover, Health Rights Program has engaged with the Ministry of Health officers and Congressmen to contribute with the sanction of a Co-management Law (citizen participation for the management of health facilities), which was approved last October.

*Promoting public accountability for health policy and development programs:*

The Puno and Piura experiences have run along eight months and have 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 to rural, poor women. All these are issues not detected by traditional monitoring systems, and the rural women leaders´s actions are strengthened by the joint agreement between ForoSalud and Ombudsman Office n Puno.

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. As mentioned, current Minister of Health has appreciated directly the Puno experience, and has made a public statement on supporting and extending this inititative on citizen oversight of health care quality.

[2] Frisancho, A (2008) *"Looking for More Inclusive and Sustainable Health Policies: The role of Participation"* Chapter 16 of Health Capital and Sustainable Socioeconomic Development, Cholewka, P., Motlagh, M. (Eds.). CRC Press, Taylor and Francis Group, Florida, Miami.

## 2. Description of Good Practice

As stated before, Health Rights Program addressed two thematic areas of focus identified by the Advisory Group: a) recognition of the roles and voice of CSOs as development actors in their own right and b) implementing and enriching the international aid effectiveness agenda, promoting local and democratic ownership. Both of them share AG´s understanding of CSOs as potential participants in the identification of priorities, the monitoring of development programs and reinforcing the accountability of government. Health Rights Program´s good practice is most relevant to developing country Civil Society Organizations (CSOs), developing country governments and donors.

*a) Recognition of the roles and voice of CSOs as development actors in their own right*

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[3], 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*[4]*(See attached graphic).*

On other hand, AG states that *"CSOs are often particularly effective at reaching the poor and socially excluded, mobilizing community efforts, speaking up for human rights and gender equality, and helping to empower particular constituencies. Their strength lies not in their representation of society as a whole, but in their very diversity and capacity for innovation, and in the different perspectives that they bring to the issues when engaging in policy dialogue"*[5].

DFID's and CARE's entry point was Peru's extreme inequality. Despite its status as a middle-income country, Peru has sustained high levels of poverty. The analysis of this situation drove DFID-CARE's initiative to a conclusion: working towards sustainable poverty reduction required strategies that

[3] 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.
[4] World Bank (2006) *A New Social Contract for Peru: : An Agenda for Improving Education, Health care, and the Social Safety Net*, Cotlear, D. (ed) pp. 193-196
[5] Advisory Group on Civil Society and Aid Effectiveness (2008) Synthesis of Findings and Recommendations. Second Working Draft, April 16th, 2008.

addressed the exclusionary power relations and ethnic discrimination that underlined Peru's inequality. Therefore, Health Rights Program focused on inclusive citizenship and rights realization through the strengthening of equitable relations between state and society. Health Rights Program strengthened ownership of health policy design and implementation processes. Moreover, strengthened accountability through support to the mechanisms of citizen participation and oversight, and (to the formal institutions) of rights-based approach and participatory democracy [6].

Instead of "propelling" a new civil society organization, CARE sought to strengthen an existing civil society network (ForoSalud) with a clear commitment towards health rights realization of the most poor and excluded, and with the principles of inclusion and informed citizen participation. ForoSalud was seen as a social space of policy making, to help build consensus among the widely differing interests within Peruvian civil society in health.

Moreover, CARE's engagement with ForoSalud has contributed with its own decentralization and democratization - ForoSalud evolved from being a mostly professional-based, urban male organization to be a gender-equitable, umbrella organization, closer to transform itself into a social movement towards health rights realization, including regional networks, community based women organizations and civil society coalitions - processes, and is currently building increasing representation of the most poor and excluded in its own structures [7]. As International Civil Society Organization (INGO), CARE succeeded in its facilitating role regarding the effectiveness in promoting the participation of socially excluded groups. This was also part of a strategy of "trusting the locals", providing support to this independent CS network to develop principles of good practice and to promote increased legitimacy and sustainability.

However, civil society is far from being homogenous. Thus, there is a clear need of analysis and good information and knowledge of key social actors' characteristics and trends, but also of the main social processes within each country - bearing in mind not losing analysis both of the national social dinamics and sub-national ones.

This analysis is key good practice for donor agencies and International Civil Society Organizations to identify those social actors who are effectively contributing to tackle poverty and social injustice, or show good potential for this. Additionally, should also help to get important information on their legitimacy and representative-ness (or their genuine purpose of improving them). This analysis should be incorporated as an essential component of agencies and ICSOs' programmatic competencies, especially because social processes use to be very dynamic, and roles and interests could change.

*b) Implementing and enriching the international aid effectiveness agenda, promoting local and democratic ownership.*

CARE partnership with ForoSalud contributed to strengthen ownership as a principle that *"extends beyond government ownership, and that is both widespread and deep-rooted. Ownership, from this perspective is "local," meaning that it is not limited only to the definition of national development priorities in the country's national development plans or poverty reduction strategies. It applies, rather, to all levels of development programming, implementation, and monitoring down to the community level. It is also "democratic," deriving its legitimacy from democratic participation. Such "local and democratic ownership" thus needs to include, in some way, all of those who are involved in and affected by the planning, design, implementation, and monitoring of development programs whose aid*

[6] Awilson, F., Eyben, R. (2006) *Supporting Rights and Nurturing Networks: The case of UK Department for International Development (DFID) in Peru*, chapter 6 in Eyben, R. (ed.) Relationships for Aid.
[7] Sandino, M.E. (2006) Most Significative Change Exercise with ForoSalud representatives, realized in Huancavelica and Puno Regions and Lima (national exercise). CARE USA.

*effectiveness is in question, and accountability to those for whose benefit these programs are being implemented"*[8].

ForoSalud played some strategic roles, mobilizing grassroots communities and poor and marginalized groups for a bottom-up construction of health policy proposals; monitoring the health policies and practices of both national and regional governments and strengthening citizen oversight of health services and evidence-based health demands and proposals. CARE partnership helped ForoSalud for becoming progressively more effective in demanding and contributing to social change, on the basis of the "voices" of those poor and excluded. And CARE has done this without imposing its own "agenda" and understanding of what needs to be done. Not always has been an absolute coincidence, and ForoSalud has appreciated CARE's approach[9]. However, promoting social rights and citizen participation could imply risks, as some authorities evidenced misunderstanding of CARE role, when contributing to address institutional shortcomings and systemic inequity.

In summary, CARE engagement with ForoSalud has *Increased Effectiveness of Ownership:* It has demonstrated the role and possibilities 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.*

On the other hand, CARE experience on capacity building within the State officers evidenced that *strengthening 'Voice' is not necessarily enough to strengthen governance*. These processes contributed with an enabling environment for civil society actions. Nevertheless, governmental 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 among public opinion. On the other hand, Development Aid could be very influential promoting rights & better governance

ForoSalud engagement with Ombudsperson officers in the regions and the implementation of citizen oversight of health services have *Increased Effectiveness of Accountability:* evidences that 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. It has also demonstrated the 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 Ombudsperson officers have proven how they could extend the scope of their work through the citizen voluntary organization.

Working with a Rights-based approach, linking both a) national and local civil society organizations strengthening and b) governmental officers capacity building on propelling genuine participation and governance demands medium term timelines and flexible interventions. It also demands the ICSO capacities to build strategic alliances with key partners and other stakeholders for promoting advocacy and increasing visibility on the people needs.

[8] Advisory Group on Civil Society and Aid Effectiveness (2008) Synthesis of Findings and Recommendations. Second Working Draft, April 16th, 2008.
[9] Sandino, M.E. (2006) Most Significative Change Exercise with ForoSalud representatives, realized in Huancavelica and Puno Regions and Lima (national exercise). CARE USA.