

# Comments in Response to the Implementation of the Global Health Initiative: Consultation Document

Submitted by:

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These comments are tailored to specifically address issues within our particular expertise, though we also join with other comments from the advocacy community addressing larger frame issues related to the President's Global Health Initiative (GHI). We strongly support the goal of a comprehensive, integrated approach to addressing global health as we believe such an approach will result in clear and significant results for the individuals the GHI is intended to serve. The consultation document is a first step toward crystallizing how the GHI's goals will be accomplished, and we hope that our comments, and input received from our colleague organizations will contribute to providing the USG the tools and insight necessary to ensure the GHI reaches its full potential. Please find our comments below.

An overarching concern is regarding the elaboration of specifics. The framework provided in the consultation document leaves wide open the question of when and where the specifics of what will actually be undertaken will occur. Which agency will lead coordination for the U.S. government – and how will these efforts be coordinated in country? When and how will the specific interventions to be supported in any country be developed and with the participation of whom? The answers to these questions will be critical to successfully addressing the following issues:

1. **Woman- and girl-centered approach.** This principle does not have meaning as a stand alone “line-item;” rather, the GHI must clearly delineate specific actions that will be taken to ensure that the woman- and girl-centered approach is meaningfully integrated as the lens through which all other GHI principles are approached (as stated in the box on page 6 of the consultation document). This means ensuring that each country's national plan and strategy incorporates a gender sensitive perspective, taking into account the realities and inequities that women, men and youth face, when articulating processes and outcome measures that highlight performance objectives.
  - **Invest in country-led plans:** How does a specific government view the importance of focusing on the needs of, and barriers to women and girls? How does the U.S. ensure that country-led plans adhere to this principle? The U.S. should develop funding mechanisms to ensure U.S. support for indigenous, community-based woman- and girl-centered organizations, especially those working to advance women's rights and sexual and reproductive health.
  - **Strengthening health systems:** How will both technical assistance (education and training) and direct services address, emphasize and overcome the inequities that women and girls face? How will efforts to strengthen and expand services address issues of quality and accessibility, including a focus on interpersonal communication, respectful treatment, and adequate counseling? Unless barriers to the utilization of care are understood, and communities are engaged in efforts to address these barriers, there is the risk that any services improved on a technical level will be underutilized or will not be sustained.
  - **Improving monitoring and evaluation:** What mechanism will be implemented to ensure the meaningful participation of women and girls in the monitoring and evaluation of the impact of U.S.

policies and programs? Will monitoring and evaluation data be disaggregated by age and marital status? What procedures must be developed to correct, dismantle or scale-up programs?

- **Research and innovation:** Will there be particular focus on researching the interventions that positively affect health outcomes for women and girls, as well as the best practices for woman- and girl-centered approaches?
- **Policy:** Will efforts be made to create a U.S. and global policy environment conducive to achieving the goals of a woman- and girl-centered approach?

**Women as decision-makers.** As the consultation document acknowledges, women and girls have a central role in the decision-making that controls the health and well-being of herself and her family, which has a multiplying impact on the social and economic future of the society. Therefore, it is imperative to not only reduce the economic and social inequities women face but also to recognize a woman as an individual that needs access to essential information and services to make her own choices about her health, and to care for her needs and the needs of her children. Additionally, women leaders who are also decision-makers at every level in the public and private sector must be involved in the development, implementation, monitoring and evaluation of GHI health interventions.

- **A lifecycle approach.** As the particular needs of women change over time, a lifecycle approach, particularly towards sexual and reproductive health, should be adopted. This includes comprehensive sex education for young people, youth-friendly sexual and reproductive health services, family planning and maternal health care for those in their reproductive years, and care for post-menopausal women, as well as services for the prevention, detection and treatment of sexually transmitted infections, including HIV and AIDS, throughout the life span.

2. **Role of civil society:** The consultation document (page 5) states that the success of the GHI will be measured by meeting the needs of key populations to improve health conditions. Ensuring input from all perspectives within civil society is the key to defining what needs must be met. Comments must be explicitly solicited from marginalized groups (like those living with HIV, including women and young people; people who inject drugs; sex workers; and the incarcerated), as well as indigenous, grassroots and community-based groups, particularly women's and youth groups, which are often underrepresented though profoundly affected.

- **New mechanisms for meaningful involvement from civil society.** The U.S. should adopt mechanisms for civil society input to U.S. policy and program development and decision-making at the field level with U.S. Missions and at U.S. agency headquarters in Washington, D.C. Special attention must be given to inclusion of those advancing human rights, women's rights and sexual and reproductive rights.
- **Capacity building of civil society.** The U.S. should partner with multilateral organizations, other donor countries and civil society groups to strengthen civil society capacity for monitoring, accountability and advocacy at the country and global level to track the effective disbursement of funds and assess progress toward GHI goals.
- **Community/National assessment.** Input related to the conceptualization, development, implementation, monitoring and evaluation of U.S. policies and programs from groups representing diverse sectors of society, especially human rights, women's rights and youth groups, is essential to learning what is happening in communities and nationally and what barriers prevent populations from accessing services and information.

3. **Human-rights based approach:** The consultation document should further elaborate and better articulate that a human-rights based approach requires access to high-quality health services and programs for all individuals at any time, free from discrimination, coercion, and violence.
- **Equitable treatment for a diverse population of women with unique health needs.** Because discrimination, poverty, education level and other stigmas create barriers for women, they must be treated as a diverse group within populations. Adult women, adolescent girls, sex workers, lesbians and transsexuals, incarcerated women, and those living with HIV and AIDS all share basic health needs but may also have additional unique health needs and circumstances that put them at different levels of risk for ill health. The GHI must focus on ensuring access and equitable treatment to meet the unique needs of all these populations.
  - **Elaboration of specifics.** The GHI must ensure that input is solicited from groups representing a human-rights framework when shaping the content of health interventions or education and awareness programs. The articulation of this perspective must include the specific steps necessary so that staff know how to ensure that human rights are protected as they are serving the clients, such as formulating and posting human rights policies in health clinics and centers and developing trainings and other educational tools for health workers that are mindful of country-specific cultural norms.
4. **Comprehensive and holistic approach to addressing sexual and reproductive health and rights:** Such an approach must address non-health related factors that impact health outcomes.
- **Recognizing non-health related barriers.** The GHI must formally recognize that, in addition to health services, women and girls need the tools necessary to combat economic, cultural, social, educational and legal barriers that prevent them from accessing services. The GHI should develop a multisectoral strategy in partnership or coordination with other U.S. efforts to address these barriers that prevent women and girls from accessing health services.
  - **Including all related reproductive health education and services.** Time and again the global community has defined what is encompassed in providing reproductive health services in the context of primary health care, and recognized the interrelationship of them in terms of an individual's health and how services are delivered. In addition to promoting family planning and maternity care – essential elements of the set of services – services to address sexually transmitted infections and reproductive cancers (in both men and women) should be part of the package, as well as providing comprehensive sexuality education for young people to help them make healthy decisions now and in years to come. Confronting unsafe abortion must also be addressed, especially if the goals related to maternal health are to be met. Violence against women – which is not included in the consultation document – is a key factor that needs to be addressed, including female genital mutilation (which results in reproductive and other health complications for women) and other harmful traditional practices.
5. **Integrated approach.** Although an integrated approach seemed to be one of the priorities of the GHI, the consultation document's "vision" (page 4), does not mention the concept of integration as one of the methods being adopted by the GHI, and the remainder of the document only mentions integration intermittently (for example, in the context of family planning, maternal and child health and malaria programs (page 5) and in the context of PMTCT (page 6).
- **Integrating HIV/AIDS care, treatment and prevention.** There must be greater emphasis placed on the integration of HIV/AIDS care, treatment and prevention (mentioned in Annex B), as this is a critical

component necessary to fill a huge gap that exists when describing what should make up a system that delivers “comprehensive care.”

- **Referral system.** Co-located care is a cost-effective, client-centered, and successful way to reach those who may not otherwise seek care. The GHI should seek to ensure that a full range of basic primary health care services are available at health centers and health posts that are closest to where people live, based on national guidelines and protocols. For some services, such as comprehensive emergency obstetric care, referral to higher-level facilities may be necessary. As such, the GHI should work to build robust referral systems, through which qualified, knowledgeable health workers can identify complications and refer clients to a higher-level facility through a functional communications and transport mechanism.

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