



Improving the impact of sexual and reproductive health development assistance from the like-minded European donors

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Abstract: *Aid from Denmark, Finland, Germany, Netherlands, Norway, Sweden and UK provides essential support for sexual and reproductive health and rights. Recent research, however, has revealed conflicting values in how their aid is programmed, resulting in a reduction in both quantity and quality of support provided. The strong commitment of these donors to country ownership has, in practice, invested decision-making primarily with developing country governments, with civil society playing a much weaker role. In most countries, strong civil society organizations are needed for effective advocacy of sexual and reproductive health and rights and health service delivery, and the restricted role of this sector has slowed progress towards universal access to reproductive health. The research documented also that these donors' respect for the autonomy of multilateral health agencies has resulted in some reluctance to encourage more attention to SRHR. In addition, their commitment to "impact" has not translated into the incorporation of relevant and practical outcome measures by which to assess the results of their investments. Almost 80% of the money they earmark for sexual and reproductive health and rights goes to UNFPA, underscoring its critical role. This article recommends donor support for a stronger civil society role in the design, implementation and evaluation of SRHR funding; strengthening civil society so that it can successfully undertake this role; use of better outcome measures to assess impact; and active support for UNFPA to implement the recommendations of recent external reviews. ©2011 Reproductive Health Matters. All rights reserved.*

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SEVEN European countries (Denmark, Finland, Germany, Netherlands, Norway, Sweden and United Kingdom), collectively known as the "like-minded", have been staunch supporters of international sexual and reproductive health and rights (SRHR) development cooperation over many years. Although they do not have identical approaches to official development assistance (ODA), they stand alone in being willing to embrace the controversial elements of SRHR, such as promotion of safe abortion and services to youth, as well as more mainstream areas, such as the unmet need for contraception. Although

many of these countries now have more conservative governments than in the recent past, there is as yet no tangible evidence indicating any reorientation of their SRHR ODA priorities.

Recent reports, commissioned by the Hewlett Foundation, reviewed approaches to SRHR ODA in each of the seven like-minded countries.¹⁻⁷ These analyses revealed that conflicting values shape the SRHR ODA policies and practices of these donors and that to varying extents, this dissonance is reducing the impact of their aid investments. This article synthesizes the major findings of the reports, and proposes ways in

which these very important donors can use their investments to make a more tangible and positive impact on the lives of hundreds of millions of the world's most vulnerable women.

The reports document conflicts in values that reflect the well-known problem donors have of wanting to foster autonomy in execution without losing accountability for the results. These seven European donors are committed to “country ownership”, through which recipient countries have substantial autonomy in the allocation of aid between sectors (e.g. health, agriculture) and within sectors (e.g. within health to SRHR or malaria prevention). This philosophy also extends to multilateral organizations in the United Nations (UN), and indeed the studies documented that the like-minded donors do not want to be perceived as being overly directive about how their money should be spent or even overly inquisitive about how it is spent.* At the same time, they are also deeply committed to showing a concrete impact of their ODA investments.

The like-minded donors acknowledge and respect the important role that civil society plays in development. However, during ODA negotiations at the developing country level, civil society rarely has a role powerful enough to significantly affect resource allocation decisions. This is particularly unfortunate since experience has shown it is civil society rather than developing country governments that lead the way for improving sexual and reproductive health and rights, especially with regard to making abortion safe and legal, services to sexually active unmarried people, and promoting and protecting sexual rights.

It is particularly important to recognise and resolve this conflict, because of the increasing concern among donor country governments (and their taxpayers) that decades of development assistance needs to show tangible, measurable results, and that continuing the status quo is not acceptable. Arising from the broader push for fiscal austerity following the near col-

*The UK Department for International Development (DFID) recently undertook a major review of the impact of its investments in the multilateral organizations. DFID has stated that it will use this assessment to guide future funding. If it does and the other like-minded follow suit, then it may signal more active oversight in the future.

lapse of the international banking system, this concern has only intensified.

This article:

- describes the country studies upon which this article is based,
- briefly reviews the history of major ODA developments that have shaped how the like-minded programme their SRHR funds and why this has led to value conflicts,
- summarizes data from the studies about how resources flow to SRHR and the amount of these funds, and
- discusses the recommendations made by experts within each of the countries about ways to improve the impact of SRHR ODA investments by resolving the conflict between the values of autonomy and accountability.

Seven-country study of the like-minded European donors

Between May and December 2011, the Hewlett Foundation commissioned experts from Denmark, Finland, Germany, Netherlands, Norway, Sweden and United Kingdom to undertake documentation research concerning the SRHR ODA policies and practices of these governments, focusing on aid to sub-Saharan Africa.^{1–7} These reports were based on interviews with donor agencies, parliamentarians, NGOs, think tanks and, in some places, the media in those countries. Each study reviewed the major policies underlying SRHR ODA, and how decisions were made on this topic at the political/strategic and ministerial levels. Using primarily published data, but also some unpublished sources, each study attempted to estimate the amount of money these funders spent on SRHR ODA. A draft copy of each report was circulated to the interviewees involved and their corrections and comments were integrated into the final versions. Each interviewee was asked to suggest ways in which their country's SRHR ODA could have more impact, and these are discussed at length in the final reports. This article synthesizes the main findings and recommendations from the reports that have relevance for all seven countries.

Policy frameworks for SRHR ODA: a brief history

The SRHR ODA policies documented in the seven countries did not emerge in a vacuum.

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