THE MISSING LINK

Applied budget work as a tool to hold governments accountable for maternal mortality reduction commitments

IIMMHR
INTERNATIONAL INITIATIVE ON MATERNAL MORTALITY AND HUMAN RIGHTS

IBP
INTERNATIONAL BUDGET PARTNERSHIP

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IIMMHR is the first civil society human rights effort aimed at reducing maternal mortality. For more information, visit **www.righttomaternalhealth.org**.

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The public budget reflects a government's true social and economic policy priorities. The analysis of the public budget provides citizens with critical information that enables them to asses whether a government is in fact complying with its national and international commitments, including its obligations to safeguard fundamental human rights. One such commitment that governments around the world have acquired is the reduction of the maternal mortality ratio by three quarters from 1990 to 2015 as expressed in the Millennium Development Goals.

This brief explores the relevance of civil society budget analysis and advocacy (i.e., budget work) and its potential as a tool to hold governments accountable for their maternal mortality reduction commitments. In doing so, it discusses three recent examples of civil society groups engaged with budget analysis and advocacy: *Fundar, Center for Analysis and Research in Mexico; Women's Dignity in Tanzania; and the Center for Budget and Governance Accountability in India*. The work of these organizations, and the lessons that we seek to draw from their experiences, underscore that the lack of real progress in reducing maternal mortality is unquestionably linked to the failure of governments to make maternal health a budgetary priority. Their findings reveal that even though resources to address this issue exist—and may continue to grow—they are not necessarily being allocated correctly or spent effectively.

Budgets and their link with maternal mortality

The United Nations' 2008 Millennium Development Goals Report shows that maternal mortality has decreased by less than 1% each year; to reach the Millennium Development target, this reduction should be at least 5.5% annually.[1] This means that more than half-a-million women *continue* to die each year from pregnancy-related causes, 99% of them in the developing world, with Sub-Saharan Africa and South Asia taking the lead with 86% of all deaths.[2] In these countries, many of the women who survive childbirth will suffer lifelong disabilities like fistula, uterine prolapse, pelvic inflammatory disease, painful sexual intercourse, and infertility.[3]

The fact that the immense majority of these deaths occur in the developing world shows that maternal mortality is, unequivocally, a poor woman's issue. The numbers speak for themselves: in Sierra Leone, Chad, and Niger, the maternal mortality ratio is 2,100, 1,500 and 1,800 per 100,000 live births, respectively; the same rate is only 4 per 100,000 in Germany and 11 per 100,000 in the United States.[4]

Poor women face a higher risk of dying from pregnancy-related causes or suffering from lifelong disability, simply because they lack access to the existing knowledge and technology that can save their lives. High maternal mortality and morbidity rates are symptomatic of weak health systems in which health facilities are unaffordable, out of reach, under-equipped, or simply nonexistent. Such systems also tend to impose user fees on women and ask them to bring their own supplies for labor and delivery to the hospital.[5]

These conditions, which act as insurmountable barriers for realizing the right to health, and ultimately the right to life, are inherently linked to the public budget. They stem from concrete actions that governments could and *should* take to reduce or eliminate them. The health of the poor, understood

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in its widest definition,[6] depends greatly upon the services and attention that the government is *able* or *willing* to provide. For this reason, public budgets have a greater impact on the poor. The fact that maternal mortality is both preventable and unacceptable in some nations—but such a common event in others—makes it a slight to the lives and dignity of women who face high probabilities of maternal death for the sole reason of being poor. Maternal mortality stands, therefore, as a violation of women's rights, particularly their rights to life, to safe motherhood, and to the highest attainable standard of health.

If maternal mortality is to be reduced, and women's right to the highest attainable standard of health protected, governments must allocate and effectively spend increasing and sustained resources to strengthen their health systems and make them available, accessible, and affordable. Governments also need to prioritize funding for family planning and prenatal care, skilled care during pregnancy and childbirth, and essential lifesaving interventions, such as emergency obstetric care (EmOC) and postnatal care.[7] In addition, citizens must actively monitor government spending on maternal health, scrutinizing how much is spent and on what, as well the process through which these decisions are made.

Civil society budget work at a glance

National budgets concern us for two main reasons: they affect our everyday lives and are composed of *our* contributions through taxes and, in some cases, income generated through natural resources that belong to our nations. The government's money is, in truth, our money. For some human rights activists, feminist organizations, community-based movements, sexual and reproductive health groups, and citizens who work on maternal health issues, the public budget and its technical jargon appear to be out of reach. The first objective of civil society applied budget work is to demystify the budget by building the connections between money, social agendas, and the everyday lives of people.

The global transition toward more democratic political systems has led to greater opportunities for citizens to participate in public debates. Increasing numbers of civil society organizations have started paying attention to public budgets, due to the realization that legal commitments and policy frameworks cannot reverse inequities and exclusion unless they are paired with adequate funding.[8] Civil society budget work seeks to generate independent and accurate information and assessments on public spending with the goal of influencing public debate, making budgetary information available and intelligible to a wider public, opening spaces for participation, and pushing for greater transparency.[9] These are key intermediate objectives of the process of engaging citizens with public budgets. Ultimately, the aim is to transform the conditions of vulnerability under which many people continue to live and to hold governments accountable for their duties toward their citizens.

In terms of human rights, budget analysis is relevant for several reasons. Even though human rights advocacy can be carried out without budget analysis, a nation's budget should reflect its human rights commitments, particularly in the case of economic, social, and cultural rights, which entail the adoption

COMMON OBSTACLES TO BUDGET ANALYSIS AND ADVOCACY

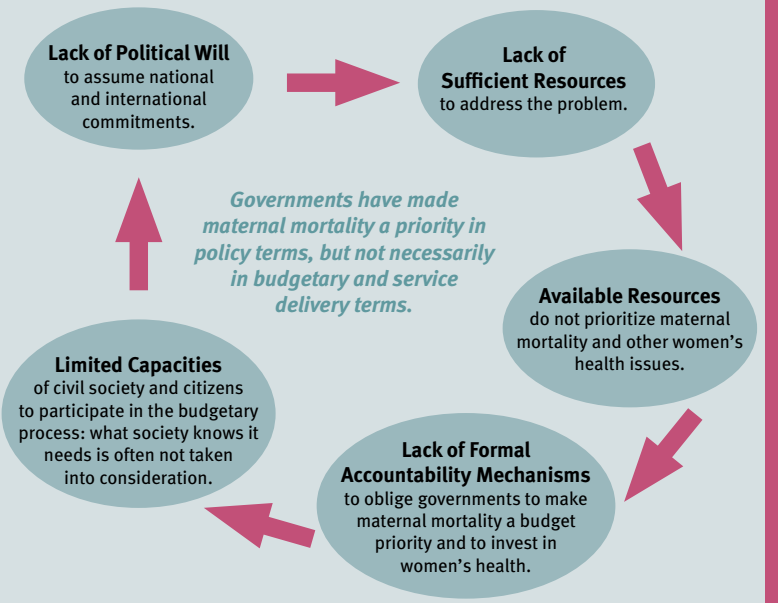
- Lack of access to information
- Opaque resource-allocation practices on the part of the executive branch
- Weak legislatures and oversight institutions
- Lack of formal spaces for civil society participation
- Closed decision-making processes at all levels of government
- Repressive political systems
- Lack of political will to engage civil society in budgetary issues

of specific policies and programs. In this sense, budget analysis enables human rights activists to assess whether the government is spending the maximum available resources on the realization of a particular right or set of rights. By analyzing a government's spending trends over a period of time, one can gather information regarding the progressive achievement of such rights. Moreover, one can provide alternative evidence of the extent to which governments are complying with their positive obligations (i.e., obligations to take action) through, for example, information regarding inadequacies in expenditures or misdirection of funds. Understanding *who* among the population is prioritized in budgetary terms allows us to demonstrate whether the government is fulfilling its obligation of non-discrimination.[10] Finally, budget analysis also reveals the extent to which a government fulfills citizens' right to information. As the cases discussed in this brief will demonstrate, even when access to information laws exists, governments do not necessarily generate or provide citizens with information that is sufficient, understandable, and accessible.[11]

In the case of maternal health, the end goal of budget work is to push the government to implement proper measures and spend the maximum available resources to reduce maternal mortality.

Budgetary information and budget analysis greatly complements other types of information used by groups interested in advocating for maternal mortality reduction. For example, budget data supplements epidemiological information on the causes and prevalence of maternal mortality; complements socio-economic indicators (which women are most vulnerable and where?); and provides a different angle to national and international legal analysis (treatises, national legal frameworks, decrees, etc.). Together, this information allows us to identify the gaps between need and action—between commitments and concrete results. For groups interested in holding governments accountable, budget information provides essential support for the *evidence-based advocacy* that is necessary to push governments to spend their money on the right priorities.

THE CIRCLE OF CONTRADICTION



Source: International Budget Partnership (2008)

Applied budget work and maternal mortality: examples from Mexico, Tanzania and India

Mexico: Fundar, Center for Analysis and Research

Fundar is an independent, interdisciplinary, and plural organization that for the past nine years has played a crucial role in developing applied budget work in Mexico. Fundar has been monitoring Mexico's spending on maternal health since the year 2000, documenting the government's changing strategies, programs, and budgets. Its research, conducted in conjunction with three state-based partner organizations, encompasses national, sub-national, and sometimes local analysis and monitoring. In Mexico, the maternal mortality rate is 60 per 100,000 live births. While this rate pales in comparison to those in Africa, these deaths are concentrated among rural indigenous women and Afro-descendant women living in extreme poverty. For this reason, and despite some achievements, maternal mortality exemplifies prevailing patterns of social injustice and exclusion in Mexico.

Since the late nineties, the government has developed several strategies to offer basic health services to the unemployed or informally employed—who, due to their employment status, are not entitled to access the social security health system. Both the health component of the world-famous *Oportunidades* program and the World Bank-funded "Coverage Extension Program" target marginalized communities and include maternal health among their priorities. In addition, the "Fair Start in Life" (APV) program was specifically designed to address maternal and infant health.

Fundar and its partners examined how much of the Coverage Extension Program funds were directed toward maternal health issues; APV funds were scrutinized to understand exactly what they were financing. In both cases, preliminary findings revealed that the maternal health budget was insignificant and that per capita expenditures were lowest in the regions with the highest concentration of poverty. Furthermore, targeted programs did not contribute to improving health infrastructure or providing EmOC, as they focused mainly on prenatal care.

In 2003, Mexico's government established the *Seguro Popular*, or "Popular Health Insurance," as a new long-term strategy to provide health services to the unemployed. The program receives the majority of its funding from the federal government, with small contributions from state governments and individuals. While *Seguro Popular* constituted a serious first attempt to deconstruct longstanding inequities between the employed and unemployed populations, it had an immediate negative impact on transparency: detailed budget information that had been previously available became hidden within huge budget categories.[12]

In addition to this severe setback in budget transparency, *Seguro Popular* did not initially include EmOC among the services that pregnant women could seek. The coalition working on maternal mortality undertook the task of pricing out the provision of basic and comprehensive EmOC, demonstrating its financial viability, and arguing for its life-saving relevance, given the main causes of maternal mortality in Mexico. As a result, a series of EmOC-related services and interventions were ultimately included in the program.

Since the passage of *Seguro Popular*, Fundar and its sub-national partners have been monitoring the program's budget and its contribution to a functioning health system, and have found that available funds for health infrastructure have not been adequately utilized. From 2004 to 2007, only 30% of the money earmarked for the development of much-needed infrastructure was actually spent, indicating a lack of progress in the *use* of the maximum available resources for the progressive realization of the right to health.[13]

Fundar's work has helped demystify the issue of maternal mortality in Mexico. The political profile of maternal mortality has been raised; once discussed solely by medical doctors and public officials, it is now an issue of social justice, gender, class, and race. Providing resources for the reduction of maternal mortality is an unavoidable topic during congressional budget discussions, and policy design has taken important positive steps, particularly with regard to EmOC. Moreover, the information and findings that Fundar provides through its budget work has allowed other civil society organizations to enhance their own evidence-based advocacy.

MEXICO: LESSONS FROM THE FIELD

The government is not a monolith. One can find allies in the most unexpected places. Fundar and its allies were able to push for the incorporation of EmOC into the Seguro Popular interventions because they had established a collaborative relationship with the Ministry of Health and the Gender Equity Commission in Congress.

Budget information that is available at some point may not be accessible at another. The availability of such information depends on political will. Budget advocates should keep in mind that access to information and budget transparency can be part of their demands!

Tanzania: Women's Dignity

Women's Dignity[14] is a non-governmental organization that has advocated for marginalized girls' and women's health issues from a right-to-health perspective since the inception of Tanzania's first comprehensive fistula initiative in 1995. A crucial element of the program's work is to strengthen the capacities of citizens to access the information that will allow them to promote and defend their rights. While its main area of focus is obstetric fistula, Women's Dignity also seeks to achieve greater equity throughout Tanzania's health system. For this purpose, it has engaged in extensive analysis of the nation's policies, programs, and service delivery and, more recently, in budget monitoring activities.

In April 2008, the government of Tanzania launched the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania (the One Plan). Under the One Plan, the government committed to reducing the

country's maternal mortality ratio by two-thirds, from 578 to 193 deaths per 100,000 live births, by 2015. This objective is in line with Tanzania's commitment to the Millennium Development Goals, for which it has promised to increase the number of births attended by trained personnel.[15]

Through its equity-focused analysis of the Tanzania Demographic and Health Survey (2004-05), Women's Dignity discovered that women in the highest income quintile are twice as likely to deliver at a health facility as those in the lowest quintile. Furthermore, women with a secondary education are eleven times more likely to deliver by cesarean section than women with no education. Finally, poor women are over seven times more likely to give birth at home, without postnatal care.[16] In Tanzania, as in so many other places around the world, maternal mortality and morbidity is a poor woman's issue.

In collaboration with their colleagues from the Health Equity Group, Women's Dignity engaged in budget analysis by tracking the funds destined for "delivery kits." These kits contain basic supplies used by midwifes and health workers to assist women during birth, such as soap, a plastic sheet, a razor blade, umbilical tape and cotton wrap for the newborn. The delivery kit is essential in preventing some of the causes of maternal mortality and morbidity, and—according to the government's own health plans—should reach most, if not all, women free of charge.

Women's Dignity began by developing a basic costing exercise to assess how much the government would have to invest in order to provide free delivery kits to all women in vulnerable situations. Using the figures in the United Nations' Millennium Declaration, which price a basic delivery kit at USD 1.78, the exercise determined that providing these kits to 1.7 million women would cost the Tanzanian government only 0.55% of its total health budget. The same costing exercise was applied to a more comprehensive delivery kit that includes iodine, painkillers, and additional drugs and supplies at a cost of USD 5.24. To provide such a kit to all Tanzanian women, the government would need to spend 1.7% of its total health budget.[17]

Through interviews with health providers at the local level, national health officials, and Tanzanian women, Women's Dignity found that delivery kits are not available in all health facilities. Even when they are available, women are often charged for them

TANZANIA: LESSONS FROM THE FIELD

Public budgets can be scrutinized at different levels. The analysis of budget allocations can be complemented with that of budget executions to see whether allocated funds are actually being spent on the right priorities.

Budget analysis can complement other types of research, such as surveys on service delivery issues. These surveys can, in turn, strengthen budget analysis by including the voice of the affected population!

or advised to bring their own delivery supplies. These findings led Women's Dignity to track the budget for the delivery kits within the national health budget in an effort to determine where the supplies—and the money for the supplies—actually were. Yet the organization discovered that it is very difficult to track resources for specific interventions within Tanzania's budget; only a small amount of resources for maternal health was identifiable.[18]

This budget analysis is a critical step in beginning to measure the Tanzanian government's commitment to women's right to safe motherhood. By tracking resources for drugs and supplies, Women's Dignity's research highlights important transparency issues in Tanzania's budget and health spending, 30% of which comes from foreign sources. If we are to measure whether these resources will go toward maternal health, we must first pursue budget transparency and access to information. Thus, Women's Dignity has begun advocating for more precise information regarding the funding and availability of the delivery kit and the overall flow of resources from the national level all the way to the health facilities.

Center on Budget and Governance Accountability (CBGA), India.

India: Center on Budget and Governance Accountability [19]

The Center on Budget and Governance Accountability (CBGA) is an Indian civil society organization that aims to promote budget transparency and accountability, participatory governance, and greater citizen participation in the design and implementation of India's public budgets.

Maternal health is a pressing issue in India, which has a maternal mortality ratio of 301 per 100,000 live births.[20] CBGA has been tracking the flow of funds for maternal health from the central government to the district level, scrutinizing the national budget, the state budget, and the district program implementation plans.[21] Its budget tracking work follows an outlays to outcomes methodology that seeks to understand not only how much has been allocated and spent, but also what outcomes are delivered.

One of CBGA's primary areas of focus is India's Reproductive and Child Health Program, which includes maternal health funding and, as of 2005, requires states to develop their own implementation plans. The program seeks to identify and manage high-risk pregnancies, and to provide antenatal care services, including iron prophylaxis, two doses of tetanus vaccines, and screenings and treatment for anemia, to pregnant

INDIA: LESSONS FROM THE FIELD

In countries where health funding is decentralized, **it is important to track the flow of funds from one level of government to the next.** This analysis can provide important evidence of fund leakages that hamper service delivery.

Access to information barriers can vary from one level of government to the next. Data that is available at the national level may be unavailable at the sub-national level.

women.[22] CBGA has tracked the flow of funds for this program in the states of Uttar Pradesh and Chhattisgarh in order to assess whether any gaps exist in the transfer of funds, and to determine what the money actually purchases at the district level. In doing so, the organization has identified a mismatch between what is allocated, what is released, and what is spent.

In order to understand how the funds that do reach the district level are spent, CBGA has conducted field visits to health facilities and interviews with district program management units, pregnant women, and women who have recently given birth. This field work has allowed CBGA to assess the state of India's health infrastructure and understand the gaps that exist in actual service delivery. One of the biggest challenges that CBGA has faced is collecting budget information at the district level, mainly due to a weak data collection system and an absence of records documenting how the money is actually spent. In addition, CBGA has faced resistance from local government officials when asking them to provide information on the budget.

CBGA's efforts offer an interesting approach to budget analysis: tracking the flow of funds from one level of government to another in order to uncover leakages that can eventually affect service delivery. Despite India's critical increase in institutional

deliveries, the quality of services seems to be decreasing; the available funds often remain unused or are not allocated to actions that will ultimately save women's lives. CBGA's findings highlight the fact that additional budget allocations are not enough to reduce maternal mortality and ensure the right to safe motherhood. To be effective, an increase in funds must be coupled with an efficient spending scheme that, in turn, should be based on the actual needs of the targeted population.

Conclusion

Civil society budget work is powerful because it provides a citizen's perspective on public finance, thereby demystifying the notion that budgets and public policy are an issue for only the "experts" or the government. Through this process, citizens can identify the gaps between a government's promises and its actions. Moreover, they are enabled to develop more strategic and targeted advocacy as they move beyond describing what the problem is to providing concrete recommendations for its solution. As citizens become more aware of budgetary issues and actively engage with them, they can transform their relationship with the government from a hierarchical one to one that entails more transparent, inclusive, and horizontal processes.

The examples from Mexico, Tanzania, and India show, however, that budget work is a long-term commitment. Influencing governments and achieving increased allocations for maternal mortality reduction schemes, more efficient and transparent budgets and budget processes, fewer fund leakages, or a reprioritization in policies and budgets requires consistent and sustained research and advocacy. Analyzing budgets for one year will not reveal much about whether the government is, for example, fulfilling its obligations to progressive achievement of the right to health. Only ongoing budget analysis and advocacy will provide enough information for organizations to build solid, evidence-based advocacy that can potentially lead to change.

The findings of the Mexican, Tanzanian, and Indian advocacy groups offer another crucial lesson to maternal health activists: more resources are necessary but not sufficient to reduce maternal mortality and uphold every woman's right to safe motherhood. Fundar, Women's Dignity, and CBGA have demonstrated that governments should be held accountable not only for the amount of resources they allocate to maternal health, but also for how these resources are applied. Civil society groups, citizens, and activists interested in monitoring budgets

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for maternal health should consider the entire budgetary process, paying close attention to how gaps in the implementation phase affect the accessibility, availability, and affordability of health services.

In terms of human rights accountability, incorporating a budget perspective allows citizens, activists, and civil society groups to ask a different set of questions when assessing whether a government is or is not promoting and protecting economic, social, and cultural rights. Is the government, for example, moving beyond the adoption of a legal framework for the advancement of the right to health and designing and implementing relevant policies and programs? Are these policies and programs receiving a fair share of the budget, and do they reflect an effort to invest the maximum available resources? Who are these budgetary allocations benefiting the most, and are they targeting the most vulnerable populations? Over time, is the budget reflecting an effort to move progressively in the achievement of the right to health?[23]

For this reason, as we incorporate a human rights approach to maternal mortality, we should also push governments and donors for greater mechanisms of accountability regarding budgets for maternal health. This objective is increasingly important if we

consider the international community's commitment to provide more resources to the cause.[24] When these resources go through public budgets, governments need to be held accountable for their use and must be persuaded to produce and provide information that will allow citizens, civil society groups, and donors to know exactly how these funds are implemented and whether they are truly benefiting the most vulnerable women. Resources for maternal health should be sustained, consistent, efficiently spent, measurable, transparent, and accountable throughout all phases of the budgetary process.

Most governments around the world have recognized the Safe Motherhood Initiative's (Nairobi 1987) plan of action. Some of them have signed and/or ratified the International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women, both of which contain specific provisions regarding maternal health. If our overall aim is to reverse the lack of progress on maternal mortality that has prevailed for the past twenty years, we must push governments to move beyond rhetoric when it comes to investing in protecting and improving the lives of women. Government budgets—particularly in those countries where maternal mortality and morbidity affects women on a massive scale—need to reflect their acquired commitments to protect women's lives and fulfill their right to safe motherhood.

Endnotes

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3 RHO Archives, Maternal Health, http://www.rho.org/html/sm_overview.htm (last visited March 1, 2009).

4 MDG Monitor, Improve Maternal Health, http://www.mdgmonitor.org/goal5.cfm (last visited March 1, 2009).

5 Related to this particular obstacle are the costs associated with being away, transportation costs to and from the health facility, lodging and food.

6 According to the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In the particular case of reproductive health as defined by Cairo, "[...]the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." United Nations Department of Public Information, The Right to Reproductive and Sexual Health, http://www.un.org/ecosocdev/geninfo/women/womrepro.htm (last visited March 1, 2009).

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8 See http://www.internationalbudget.org for information on civil society groups engaging with budget analysis around the world.

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19 The data for this example was gathered through conversations with Indranil Mukhopadyay, CBGA's maternal mortality lead researcher. The full report of their research was published in March 2009 and is available at http://www.cbgaindia.org.

20 Registrar General India, "Maternal Mortality in India: 1997-2003," Sample Registration System (2006).

21 Program Implementation Plans are the schemes that outline how specific programs should be implemented at the national, state and district level. This study refers to the Reproductive and Child Health Program district level implementation plans.

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The International Initiative on Maternal Mortality and Human Rights (IIMMHR) is the first civil society human rights effort aimed at reducing maternal mortality. We seek to ensure that the policies and practices of key stakeholders successfully address maternal mortality as a human rights issue.

www.righttomaternalhealth.org

The International Budget Partnership was formed within the Center on Budget and Policy Priorities to collaborate with civil society organizations in developing countries to analyze, monitor, and influence government budget processes, institutions, and outcomes. The aim of the Partnership is to make budget systems more responsive to the needs of poor and low-income people in society and, accordingly, to make these systems more transparent and accountable to the public.

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