

Working Session
Regional Consultation in Chile
on the Global Strategy for Health of Women, Children and Adolescents 2.0

Monday, March 16, 2015
College of Midwives of Chile, 18:00 hrs

List of Participants:

Local Point of Contact: Sandra Oyarzo, ICM

Facilitador: Carla Rivera, LAC Focal Point, GTR

1. Marta Prieto Mendez, OPS Chile
2. Alejandra Montero Valenzuela, Universidad de Santiago de Chile
3. Eduardo Lillo, Universidad Diego Portales
4. Carol Toro, Universidad Mayor
5. Constanza Fernandes Zamorano, MILES Chile
6. Anita Román, Colegio de Matrones y Matronas de Chile
7. Erica Castro, Universidad San Sebastián
8. Felipe Rodríguez Carrasco, Univ. de Valparaíso, Sec. Gral ADEOCH, Estudiante
9. Paola Gaete Hermosilla, Facultad de Medicina, Univ. de Chile
10. Talía Flores Gutiérrez, I.M. Huechuraba, Santiago
11. Horacio Croxato, Univ. Andrés Bello
12. Eduardo Soto Fernández, MINSAL
13. Carmen Garcés Illone, Colegio de Matrones y Matronas de Chile
14. Lina Córdoba Mangili, Colegio de Matrones y Matronas de Chile

OVERVIEW

This session was hosted by the Chilean Association of Midwives and brought together midwives (men and women), academics, and staff from PAHO and the Ministry of Health from Chile. The session lasted approximately two hours of a lively and interesting debate, mainly centered in the Chilean context, although some reference to a regional perspective was incorporated. Participants were very involved in RMNCAH issues.

The facilitator gave a short 10 minute presentation about the Global Strategy, providing a background for participants who were keen to learn about the Strategy and the post 2015 development process. The website and all the information available was presented to inform participants about how they can become involved in this and upcoming consultations. The discussion in this group was very focused at the political level, and how good governance is crucial to ensure the accountability of governmental RMNCAH programs. Particularly the issue of LEADERSHIP was widely discussed and the need to provide visibility and mobilize the political will for RMNCAH programs.

For the LAC Region it is important to give visibility to lack of financing at the national and local levels. The tremendous breach in the indicators in countries is alarming. However, indicators that do not reflect the internal disparities in every country have resulted in less funding for crucial RMNCAH programs. Health systems need to be strengthened and decentralized (at the community level). It should be highlighted that participants had no

information about the GFF and the processes taking place in this regard, making it difficult to answer those questions.

NATIONAL LEADERSHIP AND OPERATIONALIZATION

In Chile the National Ministry leadership has designed its own policies and health decisions are very politicized. Policy makers are difficult to be accessed and there is a discourse that is not consistent between what is said and done. Leadership is elected by political parties not for their technical knowledge.

Some in the group believed that besides Observatories, sanctions should be imposed in order to achieve greater impact.

BASIC PACKAGE OF SERVICES

UHC is essential. A model where the participation of the health team should be encouraged to avoid discontent. This should be factored to know and understand the service portfolio that is needed. Without it you will not know what to include, it's a vicious circle.

The most important for the group were in relation to policy, planning and governance, including measuring public health functions. Also more decentralized services and quality of care, including strengthening basic primary services.

ADOLESCENT

Here access to RH information and services for adolescents was considered key.

HEALTH INFLUENCING SECTORS

Overall the group felt it should be inter-ministerial, not only rely on the Ministry of Health because there are social determinants that escape and go beyond the scope of this Ministry. A proper diagnosis should be made to assess the realities of each country. More training, advocacy. Indicators that the country has and that can generate short-term indicators. They favored factors such as human rights, political participation, equity, and mostly governance.

INNOVATION

Improve the relationship between science and technology and incorporate it into public health. Digital mammography for example is not done in many areas of the country. This needs to reach out beyond the capital.

HUMAN RIGHTS

Multicultural approach in the provision of health services should be included in the overall health policies. The Western approach doesn't consider women from different ethnic groups, thus invalidating their Rights.

HUMANITARIAN SETTINGS

Chile is a country with many unfortunate nature disasters. Policies should take into consideration the lessons learned from these emergency situations, ensuring that a proper SRH supplies are included in the disaster kits,

like condoms and emergency contraception. A proper monitoring of this should be implemented as well to evaluate later what worked and what didn't.

FINANCING

For this group the priority was on sustainability of health systems. Governments should follow the commitments by at the international level and they should properly report so that the people in the country are informed and proper policies implemented at the national level. Financial resources are given to the doctor who do not to hire midwives, leading also to gender inequality and differences pay gaps between men and women.

MONITORING AND ACCOUNTABILITY

Transparency and use information for decision-making was key for this group in the development of indicators and data, to avoid confusion. Well-defined indicators, verifying sources, proper definition (skilled professional delivery care can be understood in different ways and mean different things for other people). More information is needed to hold the government accountable, as not enough is known about these national initiatives.

Key Recommendations

- Good governance is essential as ALL decision and planning are political in nature.
- In addition to National Observatories for Reproductive Health and Reducing MM, there is a need for strong monitoring and evaluation for more transparent and high accountability mechanisms, in some instances with sanctions in order to obtain results
- Involve key decision makers and parliamentarians linking with NGOs and CSO involved in RMNCAH programs to assess the needs at the planning stages of program implementation
- Initiatives must be cross cutting involving the different Ministries not only the Ministry of Health. The must take into account social determinants of health that go beyond.
- Strengthen Health systems at the community level.
- Prioritize the relationship between public health and technology and innovation.
- Campaigns and visibility about the GFF and the impact it has in the LAC Region.

