

OPERATIONALIZING CAIRO AND BEIJING: A Training Initiative in Gender and Reproductive Health

The International Coordinating Committee

The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing endorsed a major paradigm shift for the population and health fields. The ICPD Programme of Action and the Beijing Platform for Action argued persuasively that efforts to curtail population growth through targeted family planning programs had often been conducted without adequate attention to women's health, human rights, or individual choice. Improving quality of life, they stated, should be the ultimate purpose of programming, and should therefore promote reproductive health from a human rights perspective, including a focus on gender equality in health.

To varying degrees, the international community has endorsed the ICPD effort to help individuals to achieve their reproductive intentions in a healthful manner, but translating such proposals into programs, services, and policies has proven more difficult. Five years after Cairo, the progress is slow at best, and there is clear selectivity in which aspects of the new agenda are being adopted. While some family planning services are being expanded to address additional clinical dimensions of reproductive health (e.g., sexually

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transmitted diseases) and/or to reach new client groups (e.g., men or adolescents), it has proven more difficult for governments, multilateral agencies, and even NGOs to identify effective means of promoting gender equality or human rights through health and population programs. The gap is a serious one, for unless reproductive health reform includes promotion of gender equality and rights, population-level improvements in reproductive health status are unlikely to be significant or long-lasting.

In order to address this gap in gender and rights promotion in reproductive health programs, services, and policies, Operationalizing Cairo and Beijing: A Training Initiative in Gender and Reproductive Health was launched in 1996. Now in its fourth year, this international initiative has designed and promoted a training package for program managers and health planners in five countries and is currently editing the emerging curriculum for publication. Both the curriculum and the Initiative are unique: they offer new approaches for implementation-oriented learning and an example of how a curriculum can be "globalized" through regional and institutional partnerships. The process and outcomes of the Initiative are described below.

Beginnings

The International Coordinating Committee was formed in 1996 in response to the recognition that existing courses on reproductive health did not include a gender or human rights perspective, and frequently lacked a health systems orientation. Health system planners and program managers were grappling with the challenges of developing and sustaining integrated health services and, within this, the challenge of offering client-oriented services. Yet available courses tended to focus only on technical or clinical training in reproductive health. If mentioned in such courses, gender training was relegated to a brief session, and attention to gender inequality was rarely integrated into substantive training on research, policy, or health service planning. Furthermore, most reproductive health courses were taking place in industrialized country institutions, with limited responsiveness to the specific needs of developing countries

and limited impact on building the training capacity of institutions in the developing world.

In April 1996, an international group of reproductive health professionals and policymakers met in Johannesburg, South Africa to review regional training possibilities and concluded that there was a need for a coordinated international initiative in gender and reproductive health. An institutional collaboration was established between the Women's Health Project at the University of the Witwatersrand (South Africa), the Harvard School of Public Health (U.S.), and the Women's Health and Development program of the World Health Organization (WHO). Key experts in the field from India and Kenya were invited to join, as were representatives from the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health and the Department of Reproductive Health and Research at WHO. Thus the nine-member International Coordinating Committee was established. The Committee subsequently designed and developed a draft Core Curriculum and collectively facilitated and evaluated a Pilot Course in South Africa in August 1997.

The Curriculum

The draft Core Curriculum provides material for a three-week (15-day) course. A maximum of 30 participants is recommended. The Curriculum leads participants through six modules:

- Gender
- Determinants of Health
- Reproductive Rights
- Evidence
- Policy and Strategic Planning
- Health Systems

The first three modules (Gender, Determinants of Health, and Reproductive Rights) provide the conceptual foundation for the course, the analytic "lens" through which reproductive health programs are studied. These are followed by the

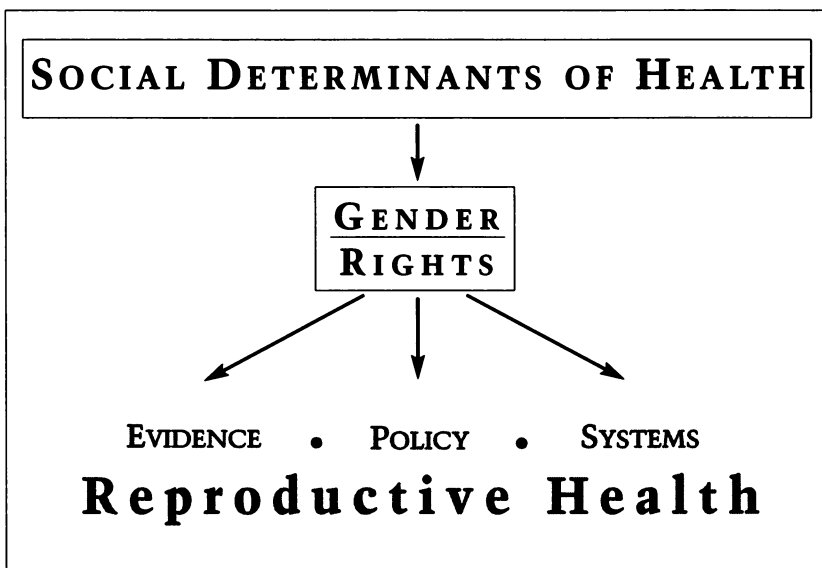


Figure 1. *Course Schema.*

three application modules (Evidence, Policy and Strategic Planning, and Health Systems), which provide skills for building and reforming reproductive health systems to promote gender equality and reproductive rights. (See Figure 1 for a diagram of the course schema.)

Reproductive health is the substantive focus of the course, forming the basis of all case materials, examples, and exercises. Each module includes a range of optional sessions that can be used to meet different learning objectives, allowing facilitators to choose sessions that are best suited to a given audience or to local concerns. Thus, based on the discretion of the course facilitators, new technical developments or regional programmatic debates in reproductive health can be interwoven throughout the course.

By the close of the course, participants should have acquired the skills to conduct a gender analysis of health data, health policy and services; become familiar with recent technical developments in reproductive health; developed an understanding of the links between reproductive rights and health; acquired new research, planning, advocacy, and leadership skills; and incorporated the perspective proposed by the Cairo and Beijing documents

on how to improve reproductive health services in their community or country.

Regionalization

From the outset, a primary goal of the Initiative was to develop a product that would be accessible and effective in diverse regions. This has been encouraged through regional adaptation, pre-testing, and evaluation and through a curriculum structure that can incorporate, and be shaped by, local case material.

Following the initial pilot course in South Africa in August 1997, the Initiative announced a request for proposals from training centers interested in adapting and offering the curriculum in their region. From more than 30 applicants, four collaborating institutions were chosen:

- Centre for African Family Studies (CAFS), Nairobi, Kenya.
- Centre for the Study of State and Society (CEDES), Buenos Aires, Argentina.
- Key Centre for Women's Health in Society, University of Melbourne, Victoria, Australia.
- Yunnan Reproductive Health Research Association (YRHRA), Kunming Medical College, Kunming, China.

In addition, the Social Research Center (SRC), American University in Cairo, Egypt joined the Initiative as a partner institution for mutual exchange of curricula.

In November 1998, representatives from the regional sites met with members of the Coordinating Committee in Geneva for a 10-day Regional Adaptation Workshop (RAW). After sharing its vision and methodology, the Coordinating Committee worked with the site partners to adapt the Core Curriculum to address different target groups, cultures, and regional challenges. The adapted syllabi were designed and collectively reviewed in wall posters for each module, ensuring an iterative group process. Common evaluation tools were drafted, revised, and agreed upon.

During 1999, each of the four collaborative institutions launched and ran the regionally adapted course for between

20 and 30 participants. Members of the Coordinating Committee attended each course to observe and learn. The course was taught in English in Australia and Kenya, in Mandarin in China, and in Spanish in Argentina.

The regional partners and the Coordinating Committee will meet again in Germany in March 2000 to consolidate the lessons learned through regional testing and adaptation. During a week-long Regional Evaluation Workshop (REW), the group will assess the extent to which the curriculum is “teacher-proof”—that is, usable by diverse facilitators and responsive to cultural specificity. Because the impact of gender equality and human rights is a new analytic orientation for many people, and the manifestation of gender is different in diverse societies, the REW is designed to foster group reflection and mutual learning. The regional partners will demonstrate materials that they have developed, and new approaches will be incorporated, thereby broadening the usefulness of the curriculum to trainers in different regions of the world. To further draw out the views and experience of the regional partners, the REW will include a focus group discussion run by an independent facilitator.

Shared work with regional partners, although less extensive than within the Coordinating Committee, has had important intellectual benefits. For example, because the entire language of gender is culturally laden, the regional partnership has enriched the intellectual vocabulary around gender and allowed for the identification of common obstacles to the effective promotion of sexual and reproductive health, rights, and gender equality.

Collaborative Management and Institutional Support

WHO serves as the secretariat for the Initiative, with one or two members of the Coordinating Committee serving as project coordinators. The Initiative has consistently sought to operate through negotiated decision-making, engaging the nine members of the Coordinating Committee in all aspects of the Initiative, ranging from curriculum development to fundraising and administrative policy. The Initiative has also created numerous opportunities for

receiving candid feedback on both process and content from regional teaching partners. This participatory approach reflects the Coordinating Committee's political commitment to shared responsibility, equity, and mutual learning.

A particularly valuable outcome of the Initiative's cooperative approach is that it has facilitated the development of a curriculum that blends diverse styles and expertise and reinforces key lessons across the different teaching modules. Courses that are taught or developed by a group of different lecturers are often disjointed and may suffer from a lack of intellectual cohesion. The Initiative, by contrast, has placed a high priority on co-teaching and mutual critique, thus ensuring continuity and coherence across the different components of the curriculum.

The WHO-based secretariat has been critical to the financial sustainability of the project, as the majority of core activities have been supported by bilateral donations to WHO programs. Direct awards have also been given to the regional partners by several foundations and agencies, most notably the Rockefeller Foundation and the Ford Foundation, with additional support from the World Bank, the United Nations Population Fund (UNFPA), the MacArthur Foundation, and other private donors.

The Future

A final editorial meeting in June 2000 will be followed by publication of the curriculum in 2001. This publication will be a teacher-friendly manual offering a range of optional teaching sessions for each of the six modules and recommendations for adapting the curriculum for local use. It will be designed for use by institutions and groups that offer training to health policymakers, planners, and program managers. Prospects for Spanish and Mandarin versions of the Core Curriculum are currently under discussion.

Conclusion

Operationalizing Cairo and Beijing addresses a major gap in reproductive health training. Through its International Coordinating Committee and collaboration with regional

training centers, the Initiative is mobilizing global resources and experiences in gender, reproductive rights, and reproductive health reform while building institutional training capacity in both the developing and the industrialized world.