

THE TRENTO CHARTER

New edition, with the
5th and 4th Millennium
Development Goals



FOR BETTER
INTERNATIONAL
COOPERATION



THE MILLENNIUM DEVELOPMENT GOALS

In September 2000, 191 heads of state and government leaders undersigned eight global development goals to be achieved by 2015:



THE MILLENNIUM DEVELOPMENT GOALS

The UN Millennium Declaration invites governments to pursue goals aimed at ensuring global human development. Civil society is called to exert constant pressure on their governments so that they keep their promises and, at the same time, to make their own the priorities and efforts proposed by the United Nations.

To this end, the Trento Charter adopts the items of the agenda moved by the Millennium Campaign. We are working backwards, one goal per year, towards 2015, the year in which 191 countries, Italy included, have undertaken to improve the life of millions of people in the world affected by extreme poverty and exclusion.

After the year 2008 that was dedicated to the 8th Millennium Goal (develop a global partnership for development) and the year 2009, dedicated to the 7th Goal (ensure environmental sustainability), in 2010 the Charter intends to work on the 6th Millennium Goal through a wider perspective focused on the access to healthcare and the combat against the spread of diseases.

THE TRENTO CHARTER

The world has changed. The Trento Charter embodies the attempt to re-read the present in order to analyse together the “cooperation for development” theme in its essential and identifying aspects.

We therefore have attempted to sketch several traits that appeared to be fundamental to the shaping of the “intended cooperation”. These traits could be joined by others which, we hope, will be translated into explicit proposals for regulations in the future.

From the methodological viewpoint, the following text is the result of the mutual processing that occurred between the cooperating members involved in varying ways in the international solidarity activity and that each year contributes a new section to the Trento Charter.

The promoters of the Trento Charter



JOINING INTO A SYSTEM FOR BETTER INTERNATIONAL COOPERATION



1. **READING THE PRESENT: COOPERATION THAT THINKS AND ACTS**

In an ever faster-moving world, featuring continuously changing dynamics, the approaches to and the procedures for intervention (cultures and tools) of non-governmental and governmental organizations in development cooperation often prove outdated. There is often no time to think one's action out or to update/synchronize the thought (and consequently the action) with the world. This calls for the strengthening of the research and training approaches in order to produce theory and enhance experiences, by creating places within and between the organizations involved in cooperation in which to prepare the intervention philosophy and the orientation of the action, starting from critical interpretation and from the communication of practices applied. These are places in which to merge thought and action as the hinges of a single, identical process. For this to come about, laws and regulations as well as financing circuits supporting them are required: a law on cooperation in association with regulations and programmes in tune with the times.



2. **REGAINING THE WORLD: DIALOGIC AND NOT SELF-REFERENTIAL COOPERATION**

The action of part of the world of international cooperation is featured by the inversion between means and ends. Indeed, although quite comprehensibly, organizations tend to focus on the safeguarding of their own survival rather than on social promotion within the communities. The question is: is it possible to regain a non self-referential approach aimed outwards, towards the Other, towards the world? An initial shift towards escaping from self-referencing implies the re-viewing of not only one's coherence with the principles underlying one's vision of the world and inspiring one's actions, but also with the results and actual impact of one's action on reality. Thereby, evaluation, intended as verification and assignment of meaning/value, takes centre stage. The need to address the world requires a viewpoint that outlines a form of cooperation that is dialogic (in which subjects, places and languages dialogue one with the other) and dialectic (that sees difference and conflict as potential constitutive elements of interaction), where relations are constitutive.



3. **INVESTMENTS: IN HUMAN AND SOCIAL CAPITAL**

Putting relations centre stage also means recognizing and enhancing the strong human and social resources in international cooperation organizations and in the



territories, in which to invest with a view to exercising conscious citizenship. It is necessary to overcome the dichotomy between 'community of donors' and 'target community', within a partnership approach: cooperation means living the present, aware that contemporary challenges are effectively fought only by activating internal processes of social animation. To this end, one must engage in a 'mutual mirroring' work, so as to stamp out the borders between 'inside' and 'outside', in order to achieve social transformation both within our own communities and in those of the countries with which one is cooperating. The central position of the relationship reflects the central position of the individual, seen as the core of the concept of human development, as an individual capable of relating and that, within the mutual autonomy of the parties involved, generates change.



4. **FOCUS ON THE COMMUNITY:**

QUALITY COOPERATION RELEASED FROM ECONOMISM

International cooperation mainly depends on public financing of development. It is without question that action without financial resources is impossible. Another obvious fact is that its dependence from public financing, to be augmented and at the same time reviewed in terms of institutional management based on a more effective, topical and balanced attitude, is proof of the political character of international cooperation. The financial bond, however, although there, runs the risk of becoming a misleading simplification that prevents us from seeing a more radical aspect of the problem. It seems sometimes that cooperation, before being bonded, 'binds' to the need for financial resources. Convinced that good cooperation does not depend exclusively on a larger allocation of the GDP, it is necessary to gauge the importance of activating local resources and of involving partner communities. Without this stage, the boat inevitably drifts in a one-way direction and towards ineffectiveness of the intervention. The ensuing risk is the social impoverishment of the communities involved. It is necessary to work in the direction of a kind of cooperation capable of abandoning the economic growth paradigm and of acquiring the idea and practice of development co-promoted by the partner communities that include quality of life parameters chosen by the individuals and communities concerned, based on their peculiar values and priorities.



5. **RIGHTS IN RESPONSIBILITY: BEYOND THE LOGIC OF NEED**

The world of international cooperation describes itself through the media and in the official language as a set of 'donors' of material assets (structures) and of immaterial assets (democracy and development). It runs especially the risk of perceiving itself as such in the cooperative and solidarity action, thus generating an unbalanced relationship with the Other, reduced to and in some cases offended by its identification as essentially 'needy', non self-sufficient and not autonomous, which causes the onset of a syndrome that prevents the Other from imagining the future and of socially self-promoting itself. It is necessary to work to adjust this unbalance, to work on the implica-

tions of a relationship of mutual dependence, on the ambivalence and on the shadows of the 'humanitarian' concept. In order to work successfully, a kind of cultural innovation must be applied: the logic of need implies the logic of aid (in its more or less refined variations), to the detriment of the logic of rights. The basing of the foundations of cooperation on the logic of rights, instead, means to place the cooperative action within a political dimension, a place dedicated to addressing the challenges posed by global disequilibria and injustices. It also means to consider each territory, no matter how impoverished, as a supplier of richness in terms of knowledge, tradition and culture before being a supplier of material goods, thus reproposing the issue of the democratic re-appropriation of resources and therefore of self-government.



6. ESTABLISHING LONG-LASTING RELATIONS: COOPERATION BEYOND EMERGENCIES AND NEXT TO CONFLICTS

International cooperation has a hard time in expressing relationships between places and faces. It seems to be in tune with our present times that in turn have a hard time in assigning appropriate value, in activating and in boosting process, continuity, construction and duration logics and prefers occasional interventions of apparently very high effectiveness. The result is a kind of 'fixed term' cooperation, marked by project deadlines, by the quantitative dimension of the many occasional relations, activated each time in the wake of an emergency. In order to redirect the cooperative action towards its final objectives, it is absolutely necessary to reacquire process (relationship) time over the project (action) time. The assumption and at the same time the fundamental outcome of this reacquisition process is the kindling of trust between the parties involved. The interpretation of international cooperation as a process of mediation and of social transformation, prior to being an intervention in aid of development, also implies the placing of the issue of the non-violent management of conflicts at the heart of the cooperative activity. There is no development without peace. And there is no peace without justice, i.e. without the delicate contact with the direct, structural and conflictual violence that marks life, truth and the memory of individuals and places.





7. COOPERATION IN THE PLURAL:

RECOGNIZING THE PLURIVERSE OF THE PLAYERS AND OF THE FORMS

Italian development cooperation is no longer the exclusive sector of the government, at institutional level, nor of the formally recognized NGO's, at non-governmental level. Perhaps it is no longer the exclusive sector of the non-profit scenario either. Other institutional subjects (local and regional bodies, universities), other non-governmental subjects (associations, non-profit-making organizations for community work, foundations, fair trade, micro credit, responsible tourism and even the world of labour, enterprises, fair economy, associations of migrants) in the last twenty years have entered the cooperation scenario and taken their legitimate places. It is now necessary to formally and substantially recognize the pluriverse of the players in the international cooperation and solidarity sectors that act in different ways and specific forms (international development cooperation, decentralized cooperation, community cooperation, solidarity actions), thus accepting the challenge of interconnection and of the search for common meanings.



8. BEYOND THE NETWORK:

BUILDING OVERALL SCHEMES IN CREATING COOPERATION

A glance at the international cooperation scenario, in its diverse forms, gives the impression of a world consisting of networks of vertical and horizontal organizations that are fragmented and non-communicating, both intra- and inter-organizationally. In these networks it is unlikely to trace the specifics of the players (such as: the task of an institution engaged in cooperation, the percentage contributed by the non-governmental portion, the role played by the governments), all mixed into a blurred 'intervention' politically and operationally featuring redundancy, ineffectiveness and unproductiveness as well as structural distortions: cooperation, as aid, acts as an ointment on injuries induced, in places and in people, by that very same world that also produces injustice. It is difficult to build and reinforce coherence among national public policies as regards development, international cooperation and foreign politics. The fragile networks drawn up on paper appear as a set of dots that cannot operate together because of the lack of lines connecting them in an overall blueprint, given the plurality of languages. In order to reverse this trend, one must step back from direct action so as to open up work space and integration tables on which to trace connections, construct overall views and harmonize intervention both in terms of approach and of operations, thus moving on from the local and national dimension towards progressive Europeanization.



9. LOOKING AHEAD: SUSTAINABLE AND RESPONSIBLE COOPERATION

Human life depends on the goods and services supplied by natural eco-systems. An overall view and an effective and synergic approach are key to the safeguarding of

the functions and processes exerted by the environment, with a view to providing future generations with the right to achieve longevity, health and creativity within the context of sustainable human development. It is important to pay greater attention to environmental issues when practicing development cooperation, so as to restore, where possible, compromised environmental functions and to conserve integral ones. To this end, it is necessary to base cooperation programmes on a wider awareness of the impacts on the environment (such as deforestation, reduction of natural habitats, pollution, erosion and soil salinization, overexploitation of resources, for example) and of the options available for addressing them at the various space-time scales (renewable sources, efficient use of resources, territorial use planning, for example). This calls for careful integration of local cultures and traditional practices with recent knowledge and technologies the application of which should promote equal access to basic services while guaranteeing production and the chance for social participation. At the same time, it is essential to obtain positive integration and communication between the local level, where the effects of the interventions on the environment are felt, and the various institutional levels where the decisions are made and the intervention and environmental management policies are prepared.



10. **KNOWING ONE'S LIMITS:**

EXPERIMENTAL, FALLIBLE, PARTICIPATED COOPERATION

A number of scenarios featuring greater social and cultural fragility should be approached and treated via experimental and reversible processes strongly oriented towards participation of local societies. When one is dealing with the effects of international migratory policies, with the impact of the rules of international trade, with the outcome of the action of international agencies, the capacity to mobilize civil society and public opinion in order to have a say in the final decisions of the state in which one is operating and the capacity to stop on the threshold of interference in the name of aid may prove more effective in obtaining change and sustainable human development than receiving larger funds for interventions.



ENVIRONMENTAL SUSTAINABILITY FOR BETTER INTERNATIONAL COOPERATION



GREEN IDEAS

FOREWORD The international cooperation we wish to achieve promotes a strong idea of environmental sustainability, aimed at preserving natural stocks, guaranteeing equality between and among generations, beyond the anthropocentric paradigm. The paths of international cooperation require a wide-angled view capable of identifying, quantifying and qualifying the surrounding environment in order to stop affecting the equilibrium of a given territory.

RISK Nature, in its various components, is man's condition of life on earth. In the near future, if we do not implement a real and urgent form of political activation as regards environmental issues, our natural heritage may be irreparably damaged. This is why it is necessary to culturally transform the "predation paradigm" into that of conservation and of regeneration of natural resources, starting from the awareness of man's fragility on earth, living in a limited space where resources are unfairly distributed. The human presence in nature features the ability to make collective choices capable of redirecting destructive tendencies.

THOUGHT Cooperation requires "planetary thought" that needs to replace "single thought", therefore capable of re-imagining the man-environment relationship in this era of inter-dependence. A sort of "mental ecology" is required, capable of freeing itself of the categories of the past and evolving the conceptual maps. To work on the cooperation/environment relationship not only means to promote better and greater cultural awareness of environmental issues, but especially to feed the underlying social imaginary, so as to generate varied representations and visions of the relationship between human beings, the natural environment and inhabited spaces (so that, for example, the world's natural habitats are recognized as being also the cultural habitats of others). In addition to thought, ethics and practice, it is necessary to re-activate the collective imaginary to see future non-predator horizons for the natural environment.

CARE The re-thinking of international cooperation in terms of environmental sustainability implies a theoretical transition from the ethics of aid to the ethics of



care. By taking on the “care” approach one recognises the mutual relationship between living beings in space (attention to and responsibility for the world) and time (attention to and responsibility for future generations), shifting from a logic of exploitation to one of conservation and regeneration of resources. The aim of the latter is to create a capital for the benefit of the community via the maintenance-renewal of ecosystem-related services and the utmost promotion of self-development of the territories. To “take care of the world” requires a presupposition: the environmental issue, when practicing international cooperation, is not an issue for specialists but rather a transversal topic that regards everyone and all “international relationships”.

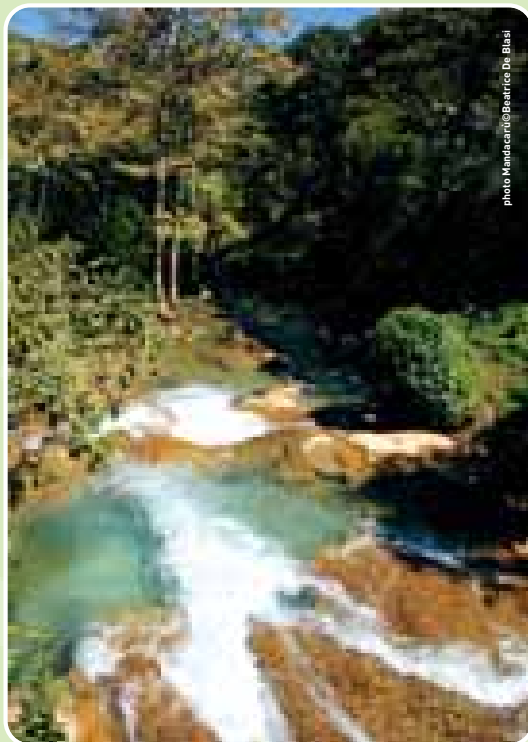


photo Mandacaru/Bearrice De Biasi

INTER-DEPENDENCE Environmental protection touches upon economic and power interests between the North and the South of the world. The solution here is not to extend or transfer an environmental conservation model but rather to revise and practice everywhere the complex relations between environment, production and development, with a view to safeguarding the local systems focused on specificity and on local natural resources. The world of international cooperation, engaging in a dialogue and not in antagonism with the world of production, can play an important role as mediator between economic businesses and the territories.

CONFLICT Environmental conflicts are topical subjects on the political agenda. They are both controversial points of discussion and occasions for creating relationships between different worlds. The cooperation we strive towards inhabits conflicts and opens doors to dialogue with the international community, the states and the territories, not in collusion with the projects for unlimited exploitation of the environment. Such cooperation instead rejects the attempts to criminalize indigenous populations or any individuals or groups that oppose the predatory logics against natural and cultural diversities. Indeed, it lives the conflict and works towards guaranteeing for the various subjects inhabiting the territory the power to govern it.



GREEN THEMES

In order to guarantee environmental sustainability, one must consider and address, in the international cooperation programmes, several ambits of action that are as controversial as they are unavoidable:

- ✓ the use of natural resources: soil, subsoil, hydrosphere, forests, biodiversity;
- ✓ the protection of ecosystem-related services (products and functions of nature that are to the advantage of humanity, such as for example a natural filtering system capable of purifying water or a forest reserve capable of quickly recycling large quantities of carbon dioxide), at global and at local levels;
- ✓ energy and environmental impact: renewable resources, emissions and consumptions, the impact of production;
- ✓ the communities' vulnerability and exposure to environmental risks (e.g.: natural disasters);
- ✓ adaptation and climate changes: desertification and agricultural soils, the dissemination of conditions that are pathological for humans;
- ✓ environmental factors and urban and rural poverty: slums, access to water and to essential sanitary services, food safety, the spreading of diseases;
- ✓ the deterioration of natural systems: the production of waste, air, land and water pollution;
- ✓ eco-refugees: the existence of flows of people forced to migrate due to the changes in climate and the progress of desertification.





GREEN TRENDS

The practice of international cooperation by contributing to guarantee environmental sustainability requires the following stages.

To adopt as guidelines for action:

- ✓ the dissemination of knowledge and of awareness, throughout the non-governmental world, of environmental issues as reported in the international Charters;
- ✓ the strengthening at cultural level of a systemic and multi-disciplinary approach in the international cooperation programmes capable of highlighting the connections between the natural environment and the socio-economic sphere, and of protecting cultures and local civilizations as the heritage of humanity;
- ✓ the territories' re-appropriation of the theme of development and of environmental management via participatory processes in compliance with international policies, so as to prevent the risk of exploitation and the risk of resurrection of an environmental type of colonialism.

To adopt as action strategies:

- ✓ the integration between local, national and international environmental policy plans (contents of the conferences and of the international charters: Rio de Janeiro 1992, Johannesburg 2002, Kyoto Protocol 2007, Decade of education for sustainable development 2005-2014, etc);
- ✓ the opening of arenas for discourse and social participation in the territories regarding management of the environment and territorial planning (e.g.: Agenda 21 and the principles of the Aalborg Charter);
- ✓ the development of public communication concerning the environment as a topic, offering linguistically accessible and comprehensible explanations of the actions implemented;
- ✓ the introduction of environmental sustainability criteria among the requirements for the selection of international cooperation projects, also through the integrated use of tools such as EIA (environmental impact assessment) and SEA (strategic environmental assessment) on a territorial scale;
- ✓ assessment of environmental governance vis-à-vis management transparency processes (corruption, eco-mafia, etc.) and the support towards the balancing of power in the participation in the decision-making on environment and territory management;
- ✓ the creation of experimental projects in support of renewable energy sources (sun, wind, hydroelectric, etc.) and the efficient use of natural resources (water, wood, etc.);
- ✓ reinforcement of the network and of the partnership, so as to exchange good practices in environmental management, both between multiple local contexts (North

and South of the world) and between the various types of organization (local and central government institutions, universities, enterprises, organized civil society);

- ✓ focus on integrating traditional knowledge with technological development towards a productive junction between science, local cultures and technology;
- ✓ quantification of the natural capital, so as to economically enhance the conservation interventions and to integrate the management of protected areas with local development;
- ✓ the promotion of environmental education and of good practices that enhance the chances of a positive relationship between human beings and the natural environment, even as regards its aesthetic aspects (such as responsible tourism, for example).





BETTER INTERNATIONAL COOPERATION FOR BETTER HEALTH

The sixth Millennium development goal focuses on the combat against diseases, most particularly against HIV/AIDS, malaria and tuberculosis, the ones that require more urgent attention. This requires, however, for international cooperation to stress how, in general, health means quality of life, accessibility and rights. The reinforcement of local health systems, essential for guaranteeing adequate healthcare for everyone, is the element to be pursued also in the event of vertical action on specific diseases, thus overturning the setup of the millennium goal. The result is the construction of a network of daily assistance to the ill and of general prevention strategies according to the different age groups and to the various infective or non-infective pathological conditions. What is needed, therefore, is a global intervention approach so as to ensure long-term sustainability of disease control, namely a wider-reaching and integrated approach that acts through important assumptions and priorities.



VISION

HEALTH SEEN AS GLOBAL WELL-BEING The meaning of health must be reviewed. It is necessary to start from the definition of health given by WHO that states that *health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*; to consider the various international statements, starting with the Universal Declaration of Human Rights and the Alma Ata Declaration; to remember the role played by social determinants and their weight in the overall vision of health. The right to health and the guarantee of access to it become a collective responsibility as well as an individual one, to which we are all called to commit ourselves. This however does not preclude the selection of the priorities and the rational organization of the services. The vision must be a global one, placing as number one priority the strategies capable of ensuring equity and equality of access to health services. The dignity of human life and the relief of human suffering are the leading principles, to be implemented via ethics and empathy and a relational approach.



A GLOBAL VISION FOCUSED ON THE LOCAL PICTURE Without forgoing the global vision, one must consider the conditions of health and illness of each individual country. Quite often the global success indexes hide national situations that are actually dramatically behind with respect to the 2015 goal. It is only by starting from the needs of the various communities and from the resources available that one can define the timing and feasibility of interventions. Health priorities, albeit in compliance with national and international provisions, must be determined at local level. Different areas can be affected by different diseases or have different requirements or can involve especially needy groups within the population and services till then considered not pertinent to the health sector, such as environmental reclamation. The interventions too must be considered locally, by bringing together needs and resources, in a transparent manner and through participation. Finally, intervention times and thus the cooperation projects can be diverse.

COOPERATION FOR HEALTHCARE TO BE DEVELOPED TOGETHER The first aim is not to cause any damage; together we must guarantee better international cooperation for better healthcare.

The supply of medical care in cooperation for healthcare must be constructed in close alliance with global scientific knowledge while also considering local and traditional know-how, with which we need to establish a relationship built on respect and teamwork. It is necessary to act not by imposing one's own model but with reference to the community's culture and structure, considering local values and priorities, through mutual exchange approaches. This is the only way to achieve shared healthcare cooperation actions that involve local communities and that build up capability from within via health education and training in disease prevention and management. Basic healthcare and its quality are made up of not only purely technical and scientific aspects but also of relations and of communication with patients and their families.

To build together also means to create or reinforce the network consisting of the various players of international cooperation for healthcare: government agencies, non-government organizations, private enterprises and local communities. Overall pictures must be created in order to build sustainable and effective health systems, to share research, knowledge and resources, to coordinate help and the various subjects in the field, leaving behind the purely vertical or sporadic approach. The aim is to guarantee the training of healthcare personnel, the quality of the instrumentation and treatments and the access to medicines, being careful not to upset the fragile healthcare systems of some of the countries.

WORK ON THE PRESENT THINKING ABOUT THE FUTURE Cooperation for healthcare and the right to health come together in a global discourse on life and society, an exhaustive vision that goes beyond the emergency no matter whether in times of

peace, of war or of natural catastrophe. The vision must embrace the here and now together with the future by means of an approach that is not limited to responding to the present situation but that can protect future generations from the ensuing psycho-social and economic effects. The interventions must be sustainable and long-lasting, without forgetting their close relationship with the environment, the economy, education and the numerous health determinants.

Basic healthcare is required to allow greater space for prevention (of diseases) and for promotion (of health) by conceiving concrete measures and by funnelling greater resources into these activities. Access to health must be addressed also through its social aspect, with attention paid to the burden of disease in terms of mortality, morbidity, quantity and quality of life. Chronic diseases currently occupy a larger space even in the southern parts of the world where life styles are changing. The focus of the health programmes must also encompass any possible changes in the disease, such as the onset of resistance to treatment, for example. And finally, research must be augmented, seeing that for certain diseases research is set aside due to market trends.





ACTION

Based on the foregoing assumptions, we have identified several priority actions:

- ✓ **Promotion of health** Ensure constant promotion of health and better disease prevention and control by means of research, monitoring and, most importantly, the use of the prevention measures available for specific diseases. Prevention first avoids the need of treatment afterward.
- ✓ **Integrated approach** Action not only limited to the medical/healthcare aspect but application of an integrated and transversal approach capable of carefully assessing the effects of the operations implemented on the various health determinants (life style, social, cultural, environmental and economic conditions). It is most important that the medical treatments also encompass human relations and communication as well as the growth in competence of the patient and of his/her family.
- ✓ **Focus on community** Consider the local resources and the population as the privileged and permanent multipliers of health changes in the community and nation-wide. Pay attention to individual local realities, with health strategies that can vary depending on the context, with special focus on the countries





defined as “fragile” and having weak institutions and various difficulties in setting up health pathways. Favour the interventions in support of government and local authority activities aimed at improving already existing health systems. Pay attention to the various viewpoints of the community, such as those regarding health education and training or local initiatives.

- ✓ **Long-term planning** Launch long-term health actions so as to make sure that the interventions are based on adequate constant resources rather than on large-sized funding typical of the response to emergencies and that is difficult to manage. Action in cooperation must be transparent regardless of whether it is successful or a failure, with a view to a correct qualitative and quantitative assessment of actions and to an effective re-planning.
- ✓ **Reinforcement of healthcare systems** Without forgetting the context in which the cooperation for healthcare is performed, it is auspicious that the health systems in the individual countries be reinforced as much as possible, through the analysis of prevention and intervention strategies not concentrated (or not only) on single diseases but also on the overall health status.
- ✓ **Access to services** Guarantee access to the services for everyone, even from a financial viewpoint (considering also the social and cultural determinants). It is therefore of fundamental importance to en-



courage and sustain the governments and the private sector in the development of effective and efficient health insurance programmes that can be sustained by the poor, so as to ensure fair and equal access to health treatments. Maintain health and cooperation for healthcare within the public as much as possible, both in terms of prevention and of treatment. The most ample access to health must not mean services that are not of quality and provided by inadequate staff, instruments and drugs. In order to make sure that this doesn't happen, cooperation for healthcare must also envisage administration and management actions.

- ✓ **Good health for everyone** Reason on the needs of all the population groups and of all those who often are unable to access the services. Consider the obstacles to access for women (of which people are more aware), those linked to poverty (about which people are starting to talk), and remember the other excluded groups, such as the disabled or those with diseases linked to social stigmas, or ethnic, religious, linguistic, sexual minorities and refugees.
- ✓ **Research and drugs not dependent on the market** Sustain research and drug availability based on need and on the spread of the diseases. This calls for the subvention at political level of alternative profit mechanisms for producers that do not impinge upon consumers.
- ✓ **Human resources** Keep clearly in mind the importance of the human resources in which to invest and favour the qualification and registration of health operators so as to reinforce the country's health system. At the same time, act as a group, recognizing the skills of non-formally qualified personnel or of people without a degree and therefore of the various professional healthcare figures capable of providing adequate prevention, care and rehabilitation. Foresee incentive-based mechanisms that contrast the migration of trained healthcare personnel towards the capitals or the northern parts of the world. Interact with the local traditional healthcare figures to define effective actions sustainable over longer periods of time.
- ✓ **Health education and training** Put the patient (and his/her family or community) in the position of running the care process (seen not only as treatment but also as promotion, prevention, physical and social rehabilitation); progressively transfer the capacity to make decisions and to act from the operator to the patient and to his/her family, so as to at least decrease, if not eliminate, current asymmetries. Promote health education in order to fight ignorance and risky cultural practices. Apply training schemes for women and children based on basic hygiene and nutrition rules.
- ✓ **Cooperation networks** Avoid redundancies and enhance synergies. Cooperation for healthcare must create the grounds for local as well as international cooperation networks, bring together the interventions and integrate the various human, financial and technological forces.





INTERNATIONAL COOPERATION FOR BETTER HEALTH FOR PREGNANT WOMEN, NEW-BORNS AND CHILDREN



PRELIMINARY REMARKS

Two of the eight Millennium Development Goals address the topic of the health of pregnant women, new-born babies and children aged under five years old, i.e. maternal and child health. Why so much emphasis on this topic?

First of all because it is difficult to accept that maternity, the symbol of life renewing itself, entails very high mortality and disability rates. Maternal and child mortality rates are still too high despite the existing consensus on the actions that would reduce them effectively, at a moderate cost (with the exception of obstetric emergencies) and with an excellent cost-benefit ratio. This entails heavy consequences, also in terms of disability both for women (including vesicovaginal fistulae and sterility) and for children (growth and learning retardations and complications).

This is because these people are in a delicate and fragile situation and need special care and protection.

Also because this raises an issue of justice: there are huge inequalities in the risks related to pregnancy and early childhood, depending on where you are born and on the socio-economic group you belong to.

Finally, investing in maternal health not only improves the health conditions of a woman and her family, especially her daughters, but also has significant positive consequences in terms of poverty reduction, economic growth and increased wellbeing.



A COMPLEX CHALLENGE

Maternal and child health, and access to assisted delivery especially, is considered a good indicator of the way the healthcare system of a country works, because it requires that the entire system work in an effective and integrated way, from community actions to surgery in case of childbirth complications. These characteristics of maternal and child health testify to the importance of guaranteeing continuum of care over time



(from the moment a pregnancy is planned to the first years of life of the child), in space (from the house and the community to all the different types of care and health facilities) and with regard to resources (constant availability of human resources, medication and equipment).

This is a complex challenge and one of the most ambitious goals of international cooperation initiatives. It requires actions at several levels, regarding individual behaviours, the role of the community and the work of healthcare systems. Even within the health system, action is needed at various levels: from midwives to peripheral community networks, and district and regional hospitals. Besides, action is required in additional sectors that directly and significantly impact on maternal and child health, as is the case with education, water, hygiene and infrastructures.



POSSIBLE ACTIONS

Pregnancy, delivery and the first months following childbirth are the riskiest moments for the health of pregnant women and their children, and therefore must be given priority with a view to promoting and protecting their health in these phases. Attention must be focused on individual behaviours, the social role of women (denied sexual and reproductive rights, gender inequality, limited participation in decision-making processes), and accessibility to and quality of health care.

PROMPTING CHANGE Improving maternal and child health starts with individual behaviours that promote a good state of health. These mainly consist in practices regarding hygiene, nutrition (in particular breast feeding), prevention (vaccinations, use of mosquito nets) and birth planning and contraception, that are rooted in traditions, cultures and social relations which not always tend to protect the health of pregnant women and their children. This framework of action for international cooperation requires the sensitivity and capability to identify those areas where change can be prompted, while respecting traditions and heading for the unrenounceable target of improving maternal and child health. This also implies questioning the role of women in the context of family and society. The borderline case is female genital mutilation. Working on traditions and firmly established social roles means opening up to dialogue with different cultures and finding solutions that are as little invasive as possible, based on scientific evidence and that are also accepted by the community they are proposed to. Increasing awareness and the recognition of women rights when it comes to making decisions in a family and, in particular, about the time of the first pregnancy for teenage girls, the number of children and the interval between pregnancies should be a priority of action. This

has a twofold objective: firstly, finding a way so that each and every pregnancy is desired by the mother and, secondly, promoting healthier life styles. All these actions improve maternal and child health and reduce the need for healthcare treatments.

In the field of health care, international cooperation actions should promote the demand for care, increasing access to services while enhancing the supply of services and improving their local availability and their quality.

INVESTING IN INDIVIDUALS, COMMUNITIES AND HEALTHCARE Stimulating the demand for healthcare services requires an investment at three levels: the choices of individuals and couples, the community, and the healthcare sector. At individual level, education, especially of very young and adolescent girls, is the key to having mothers who are aware of what behaviours protect their own and their children's health. Boys and young men too must be involved in this educational and awareness-raising process, so that they do not behave with indifference or shirk their re-



sponsibilities. At community level, especially in rural areas, the albeit controversial topic of awareness-raising and training of traditional midwives must be addressed. Even though their role is debated, it undoubtedly has a remarkable potential in identifying cases with complications that have to be referred to the proper healthcare facilities without treating them.

Within the healthcare system, there is the need to invest in the education and local widespread presence of community health workers, who play a central role in giving information before delivery (prenatal examinations) and after delivery as well as in referring women to healthcare facilities to give birth to their children. Men too have to be involved in activities related to sexual and reproductive health, because the main decisions in birth planning and the use of contraceptives depend especially on them. And finally, as regards healthcare facilities, any type of barrier limiting access to prenatal, obstetric, neonatal and child care must be eliminated. First of all, economic barriers shall be reduced, with a view to guaranteeing access to delivery and pre- and postnatal care for mothers and children, providing care free of charge wherever appropriate. Furthermore, accessibility to facilities from a geographical, linguistic and cultural viewpoint has to improve.



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TRAINING QUALIFIED HEALTHCARE STAFF AND ENHANCING HOME CARE

When addressing the issue of providing healthcare services, attention must be focused first of all on the most delicate moment for the health of women and their children, i.e. the birth of a baby. The time of delivery and the two following days are the phases in which mother and baby are more vulnerable, their life is more at risk and more complex care might be needed, including a Caesarian section or other emergency obstetric procedures. In this phase the goal is as well-known as ambitious and difficult to accomplish, namely: acting so that each delivery occurs with the assistance of qualified staff, in a facility capable of providing first emergency care. If this is not feasible, the second option is improving home care.

In addition to services for childbirth, services to be made accessible and available to all should include integrated routine and emergency care, provided during and after pregnancy and by qualified staff, giving preference to women operators, who must have proper medication and equipment at their disposal. The "minimum package of services" should include prenatal examinations (including family planning activities) and those services that are necessary for a safe delivery (including maternal-



foetal HIV transmission prevention), to treat the main diseases of new mothers and babies (diarrhoea, infections...) and to guarantee a proper nutritional intake. As for the enhancement of human resources, attention shall be devoted to the profession of community and professional midwives, in terms of technical training and communication skills. However, despite the efforts that will be made for the enhancement of this role, many women will be assisted by other types of practitioners, such as nurses or medical assistants. It is therefore necessary that these categories of professionals also have access to proper training in obstetrics and reproductive health and rights.

GUARANTEERING PERSISTENCE OVER TIME Finally, actions in favour of maternal and child health face the dilemma of their own sustainability. This is an issue that emerges from the majority of the assessments made, because these actions, as is generally the case with healthcare services, cannot be economically sustainable at all latitudes. Political will and state intervention are therefore needed to ensure that these actions are guaranteed and made universally accessible. For this reason, the persistence over time of accomplished actions should be pursued more than their economic aspects, while considering, instead, the long term social cost of non-action.

Healthcare systems in recent years have been characterised by the presence of a high and growing number of public and private actors as well as public-private partnerships. Available resources have also considerably increased. Everybody's efforts and available resources shall now be focussed on actions for which there is a consensus and the scientific evidence of an excellent cost-benefit ratio. To this end, one of the most insidious and complex challenges must be met: the political one.



THE WORLD SOCIAL AGENDA (WSA) Promoted by Fondazione Fontana Onlus (a non-profit making organization for community work), WSA is a programme of events, appointments, workshops and initiatives for the civil society, schools and local authorities of the Veneto and Trentino-South Tyrol regions in Italy. From 2008 to 2015, its intention is to promote thought and indicate actions capable of contributing to the achievement of the UN Millennium Development Goals, in a special trip backwards from the Eighth Goal to the First. The 2011-2012 period has been dedicated to the topic of maternal and child health (goals number 5 and 4).



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THE PROMOTERS OF THE TRENTO CHARTER The Trento Charter for Better International Cooperation stems from a route travelled by institutional and non-governmental players in international cooperation in the first months of 2008 in Trento in parallel with the initiatives for the World Social Agenda.

Promoters of the Charter are:



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Download the Trento Charter from the website www.unimondo.org