Sitting with the women under the trees

Nyaradzayi Gumbonzvanda is passionate about leading change for women from the ground up. She spoke with Sarah Cumberland about how her current role at the World YWCA allows her to speak to presidents in the voices of the villagers.

Q: After more than ten years working with the United Nations in Africa, what motivated you to take the position of General Secretary of the World YWCA?

A: My work with the United Nations involved both the heavy political space of peace negotiations and the development space. I had great positional power but I felt that I was missing the power of the people, of being able to speak without always worrying about what this or that government thinks. I was looking for space where I could talk about what women want, with my only accountability being to the women. I wanted to sit with the women under the trees and still do global policy work. I've always been passionate about social justice issues. I feel that in my position at YWCA that I can talk to the president of a country and say: "Mr President, I do not like what is happening in this village for these women so can we think about this again together?"

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Q: What was your reaction to the announcement of the Global Strategy for Women's and Children's Health and the pledge of US$ 40 billion at the United Nations Leaders' Summit for the Millennium Development Goals (MDGs) in 2010?

A: There is a bundle of indicators and targets that are so pertinent to development but which haven't received the necessary level of political or financial investment. The launch of the Global Strategy was a very important outcome from the MDG Summit. At last, maternal health is starting to attract some attention. Working in a global organization that talks about women and health every day, the question that civil society asked was: "Now that the governments have met, is there going to be action?" There was a lot of excitement about the US$ 40 billion but a pledge is a not a pledge until the words have been translated into implementable action.

World YWCA

Nyaradzayi Gumbonzvanda

Nyaradzayi Gumbonzvanda was appointed General Secretary of the World YWCA in 2007. Born in Zimbabwe, she is a human rights lawyer with a Masters in Private Law from the University of South Africa and a postgraduate degree on conflict resolution from Uppsala University, Sweden. She has more than 10 years' experience with the United Nations, having served as Regional Director for the United Nations Development Fund for Women (UNIFEM) covering 13 countries in Eastern Africa and the Horn of Africa. Prior to that she was a human rights officer with the United Nations Children's Fund (UNICEF) in Liberia and Zimbabwe. She is active in many international and African organizations dealing with development, health and women's rights. Recent achievements include work integrating gender equality issues in the peace processes for Somalia, the Sudan and northern Uganda and a lead role in the adoption of the Protocol on Sexual and Gender-Based Violence as well as property rights for returnees.

Q: Do you think that the Commission on Information and Accountability for Women's and Children's Health can translate those words into action?

A: Yes, I do. The Commission has identified critical indicators and outlined practical outcomes and development tools to help countries to prioritize actions. The composition of the Commission was good as it allowed input from governments at the highest level, experts from different sectors, a good representation from civil society, women's organizations and youth networks. As a commissioner, I felt that I could talk about what policies and interventions would mean for communities, at the same time as having a clear understanding of the global space and an appreciation of the complexities of international development. My philosophy of working is to always ask: how does it affect the woman in the village? My little contribution is to represent the voices of women from the communities.

Q: What changes would you like to see in the approach to women's health as a result of the Global Strategy?

A: The Strategy talks about women's health as beneficiaries of services, not as decision-makers and leaders in health. We need more focus on allowing women to contribute their knowledge, perspectives and ideas. They already contribute so much both in the health workforce and as citizens. And women's health is not just maternal health and their reproductive role. There is a range of issues beyond maternal health that remain on the periphery yet which are important. For example, mental health and violence against women. In many countries, there is the notion that the head of the household is generally male so he does the apportionment of the household income, no matter who earns it. From the household level right up to the finance minister, women don't have sufficient space or opportunity to be involved in decision-making of resource allocation. There has to be gender-responsible budgeting across the entire budget. We should be asking what percentage of the national budget is going to health and, of that, what percentage is going to essential health priorities for women? For example, cervical cancer screening. We urgently need more

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women's leadership in decision-making structures for global health.

Q: You say that women carry a lot of the hidden costs of health care. What do you mean by this?

A: When a government adopts community-based care, we know that really means "women-based" care. The system shifts the responsibility to the household and it's usually the women who provide the care, the feeding, the washing and the psychosocial support. The care work that women do is at times invisible but it requires more significant conversation, review and analysis. Community-based care is so important for disabled, mentally ill, terminally ill people, people with HIV, but it's so under resourced as part of the health infrastructure, especially in poor communities. Women are the social protection network when people can't afford the hospital bills.

Q: Where do you see the Global Strategy can make a difference to women's health?

A: The strategy needs to step out of the orthodox health arena and look at how other sectors can be entry points for interventions with health outcomes. For example, child marriage might not be seen from a health perspective but, by ending this practice, girls are able to have babies when their bodies and minds are ready, when they've finished their education, and when they have the means to take care of themselves and their baby.

Q: You mention technology as another sector that could play an important role in tackling maternal mortality in developing countries. In what way?

A: In Africa, mobile phone coverage is high so it should be possible to give all community birth attendants a mobile phone in their basic kit. They can use this phone to call for assistance if there are complications, send an SMS to make appointments for the woman for follow-up at a health clinic or simply use the phone to record the birth. This kind of technology could also help to collect vital registration information. It's a question of choice: policy-makers may decide to buy one military tanker or a helicopter or, for the same amount of money, train thousands of midwives and provide them with mobile phones for a year. A nation that prioritizes its people in terms of their health and education is much more secure than one that prioritizes a stronger military.

Q: How can the people in communities influence policy-makers?

A: The more communities have access to health information, the more they can demand quality services. A country may have all the laws, big referral hospitals and sophisticated laboratories but, if the people in the villages don't have basic information, they may not be able to access or demand these services. Once awareness is raised, this creates demand for the services and citizens can start to shape priorities for national budgeting and policies.

Q: And how can governments influence people in the communities to improve health?

A: Public health and prevention campaigns are best held in the community. A good example is sanitation. I remember in my own lifetime how we changed practices in Zimbabwe. People used to wash their hands all in the same bowl without throwing out the water until a huge anti-cholera campaign totally shifted practices on hand washing in the family setting and big gatherings. A new norm was established, changing behaviour that is so important. With better investment in the community, we can shift the notion that health is only about services in the clinics, pharmacies and doctors. Health is about every-day behaviours, decisions, relationships, how I relate to others and what information I can pass on to them.

Q: YWCA was founded in the 19th century to support young, single women who were living away from home. What is most needed these days to support young women?

A: We must invest in young people. It's when we receive most of the information and when we need to make good decisions for health later in our lives. That's where we have the greatest opportunity demographically if we look at the world's population. During the Commission I had many discussions with Dr Chan about how we need an MDG 5b target [universal access to reproductive health] for adolescents. It's usually the time of first sexual experience and the first baby for many. It's so important that it's a good experience for these young women, that they receive good quality antenatal care and that they are respected.

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Q: Do you find it challenging trying to address sensitive reproductive health issues in the constraints of a faith-based organization?

A: YWCA is a feminist, progressive women's rights organization that at the same time has to work within faith communities. In fact this situation allows us to lift some of the positive aspects of culture and faith to advance women's rights while at the same time addressing the things that need to change within our traditions. As an organization, we are very comfortable working with women on sexual reproductive health and rights issues. I know that the United Nations sometimes struggles with putting these issues together. Some issues are very sensitive, such as pregnancy termination and same-sex relationships, but we cannot run away from them. We have to recognize that people experience these things every day. We need policies that protect their rights. At times public policy forgets that people are just looking for basic dignity and respect, it's not that complicated. ■

Corrigendum

In volume 89, Number 9, September 2011, p. 554, the last sentence of the biography should have read: "He holds a Doctor's and a Master's degree in biochemistry and physiological chemistry from the University of Tübingen and a Bachelor's degree in toxicology and biochemical pharmacology from the Medical University of Lübeck in Germany.

In volume 89, Number 9, September 2011, p. 607, the author line should have read: "Pamela J Surkan,[a] Caitlin E Kennedy,[a] Kristen M Hurley[b] & Maureen M Black[b]".