Input Dr. Marlies Reulecke for the workshop

Religious Motivations and Potentials of Interreligious Cooperation for the Human Right to Health

It is obvious that it is a huge challenge to achieve the Sustainable Development Goals including the SDG 3 on health and well-being. Therefore, all international, national, public, civil society and also faith based stakeholders have to work together.

Over the last decades, various conventions on human rights have been devised and been signed by most countries of the world. These agreements include women's rights and the right to health, also containing the right to reproductive health. This is certainly a big achievement, but what share is actually respected in reality?

In many countries, and particular in sub-Saharan Africa, the main area that I am working in, these rights are still denied to many girls and women. Since 2000, over 67 million girls have been forced into marriage, sometimes before the age of 15. An estimated 30 million girls are at risk of female genital mutilation within the next decade and only 28 % of women in sub-Saharan Africa use modern methods of family planning, in West Africa even only 14 %.

In working toward these goals, appropriate and sufficient health care services have to be put in place and have to be made accessible to the population. But at the same time, certain attitudes and behavior patterns have to change as well.

Also behavior patterns and attitudes towards health and, particularly with regards to reproductive health and gender roles, are very much influenced by culture and religious believes.

Religious leaders have a great potential to influence people's behavior which can help in achieving the SDGs but it could also hinder their attainment.

At the same time, faith-based organizations provide health care services all over the world.

The magnitude of their contribution is not very well known and varies from country to country. According to the Lancet series on Faith Based Health Care, faith-based health providers play an important part in many countries in Africa, particularly in fragile or weakened health systems. In countries like the Democratic Republic of Congo, the Catholic Church alone provides more than half of the health care services, particularly in rural areas where no other providers can be found.

Now talking about the church, it provides a wide variety of health care services from hospital care to community based approaches. This includes the treatment of diseases like malaria and tuberculosis, mother and child care, including vaccinations, ante and post-natal care and assuring safe deliveries, providing care for people living with HIV and other chronic diseases and so on.

Thus the Church contributes to the attainment of the universal health care coverage in many ways.

Talking about religious motivation and potentials of Interreligious Cooperation for the human right of health, **I** see a clear difference between the motivation of the Church and the human-rights- based approach of secular organizations.

The self-concept of the Church includes taking care of the neediest, the most vulnerable people, such as the poor, the sick, the disabled etc. The healing ministry of the Church dates back to its beginning, to Jesus himself.

Thus, the motivation of the Church to provide health care isn't based on the human rights' approach, yet it is rather rooted in the core values of Christian believes like compassion and mercy.

Christian health care, which is usually comprehensive and includes the poor and marginalized, expresses the theological concept of human dignity and justice, the irreducible value of human life.

This isn't at all controversial to the human rights' approach and, therefore, offers a unique opportunity to improve health outcomes to use the extensive experience, strength and capacities of faith-based organizations to achieve this goal. Fortunately over the last years, there are more and more examples for partnerships between churches and other actors like governments or international donors.

These partnerships are not always easy, but, nevertheless, should more actively be looked for by both sides.

It is particularly challenging when it comes to some very controversial aspects concerning health care and development, like reproductive health rights and gender equality.

There are some more aspects which sometimes create differences, like violence against women and child protection concerning child marriage or female genital mutilation. These are practices which, in theory, are condemned by the Church and I came across priests, who are actively fighting against these violations of human rights of women and children. On the other hand, still many Church members and leaders believe that these practices are part of culture and religion and can be accepted.

The most difficult terms are reproductive health and gender equality as many Church members are linking negative associations with these terms.

Reproductive health is quickly associated with the attempt to force the Church to provide family planning and abortion services to women and even adolescent girls. The term gender equality is associated with choices of sexual orientation and the questioning of cultural and biblical norms which are frequently based on different roles of men and women in society. This often entails submission of women to men which stands in contrast to gender equality.

On the other hand, representatives of secular organizations can be found looking only at the Church's objection to provide abortion services and, therefore, they refuse their cooperation.

Looking at the goals ahead, it is certainly more helpful to study each other's approaches in searching the good that the other side is doing for the population. International donors don't just promote family planning and abortion services and Churches provide many aspects of reproductive health services, like ante and post-natal care, assisted deliveries and to a certain extent , they also provide access to or at least information on family planning.

There is certainly much more common ground!

Mutual respect seems essential, and a certain degree of openness for the others believes and their fears.

The focus on yet another aspect might help to learn from one another. Taking the example of access to family planning services, it is a fact that the Church could take much more responsibility. Yet in order to convince their leaders, who are usually men, it is necessary to use a language they understand and that they will accept. In my experience, it isn't very helpful to start a conversation with an African bishop on family planning by talking about reproductive health and the right of every woman to decide when and how often to get pregnant. It might be more sensitive to point out the health risks of early or too many pregnancies. Instead of talking about gender equality, it might be possible to point out the suffering of women and girls, who are abused in various ways and the Church's role of protecting them. As long as the dialogue is open, Church leaders will listen, and thus they have the chance to learn from the secular approach. Instead of insisting on abortion services, one could start talking about family planning also as a mean to avoid abortion. Even though many Church health centers won't provide modern methods of contraception they could be convinced to provide information about all methods available. On the other hand, the government could benefit from the expertise of Catholic health care centers on how to provide attractive health care to pregnant women.

A good example for this type of cooperation between Catholic health care and public health care can be found in one diocese in the East of the Democratic Republic of Congo, where the Ministry of Health has asked the Catholic Church to manage several of their health districts. As a result of this collaboration, the quality of care has increased not just in the Catholic but also in public health facilities. This collaboration also concerns family planning, as the catholic health care providers are training the staff of the public health facilities on family planning including natural methods. At the same time the catholic facilities agreed on passing on information on all methods of family planning and referring those women who decide for modern methods.

As long as the dialogue is open, there is a chance for mutual enrichment.

As I am representing the Catholic side on this panel, in ending my input, I would like to point out opportunities I see for the Catholic Church.

Particularly in Sub Saharan Africa, I see a great chance that this dialogue with human right activists could open the eyes of some Church leaders for the lived reality of women and girls. Sometimes religious teaching on sexual behavior and marriage is so idealized that contact to a different point of view might help to shift the focus from particular issues like the right to choose abortion or ones sexual orientation, to the reality of many people's life.

They could start to realize that many women and girls don't even have a choice as to when, where and with whom they have sexual relations or get married and they have no chance to protect themselves from HIV or other sexually transmitted diseases let alone to decide on when and how often to get pregnant.