



FACULTY
OF SOCIAL
SCIENCES

**THE POSSIBILITY FOR NGOs TO INCREASE HUMAN
RIGHTS WITH COOPERATION FROM THE GOVERNMENTS**

- A COMPARATIVE CASE STUDY WITHIN MYANMAR AND AFGHANISTAN

MEASURING MATERNAL MORTALITY

HEDVIG BERGQVIST

BACHELOR'S THESIS

POLITICAL SCIENCE: STVK02

LUND UNIVERSITY- DEPARTMENT OF POLITICAL SCIENCE

ABSTRACT

One of the target goals for sustainable development is the reduction of maternal mortality, which is a big health issue in some countries. Even if the research on maternal health care has come far and with the right expertise and supplies, almost all maternal deaths can be preventable. A working force to reduce the issues within maternal mortality in many countries are non-governmental organizations (NGOs), but it has shown that the prevention of such issues can be prevented or extended if the government of the country is not willing to receive or collaborate with NGOs. Former studies have shown that NGOs have the capability to hold great impact within external health-issues, but to reach that goal of their full potential NGOs must be included in certain governmental matters like healthcare plans and information.

By using Bell and Carens ethical dilemmas on international human rights, this text will use a comparative case study with the most similar system design on Afghanistan and Myanmar, where as Afghanistan receives a significant bigger amount of NGO-help and Myanmar contradicts external forces. The data presented in this text showed that the maternal mortality in Afghanistan has reduced to a much larger extent than in Myanmar by the help of contacts and collaboration with NGOs, but still both countries have not received qualified information to the civilians on recommendations for a healthy childbirth because of the different views on the normative pregnancy between the western world (the value that NGOs hold) and the countries. Therefore, NGOs should work with the changing the norms of the country to meet a more humanitarian standard point of view. This text still lacks information from any kind of first-hand source, and has only been tested on Afghanistan and Myanmar, therefore this text will in the end purpose some recommendations for future research.

Keywords: Non-governmental organizations, Maternal mortality, Human rights

Wordcount: 9009

TABLE OF CONTENTS

Introduction	3
<i>Research question</i>	4
<i>Definitions</i>	5
Non- governmental organization.....	5
Maternal Mortality	5
Literature Review	6
Theory	8
Hypothesis	11
Methods & Material	11
<i>Methods</i>	11
<i>Material</i>	14
<i>Problems</i>	15
<i>Operationalization</i>	16
Analysis	17
<i>Maternal mortality</i>	17
<i>NGOs and health care</i>	19
<i>The impact of NGOs</i>	21
Conclusion	23
Discussion	25
Recommendations to future researchers	27
References	28

INTRODUCTION

Reducing maternal mortality is in the global goals for sustainable development is target 3.1, included in goal 3 consisting of good health and well-being (The Global Goals for Sustainable Development). The Sustainable Development goal number three is described by the website of the global goals that: *“we are spending an astonishing amount of money and resources on treating illnesses that are surprisingly easy to prevent. The new goal for worldwide Good Health promotes healthy lifestyles, preventive measures and modern, efficient healthcare for everyone.”* (Ibid.) The research and science have come very far in the area of maternal healthcare with solutions that almost make every maternal death preventable with the right supplies and expertise. Still, approximately 295 000 women worldwide die every year by pregnancy-related causes, and for young girls 15-19 years old, pregnancy and childbirth are the leading cause of death in the world (Shepherd, 2020). Why is maternal mortality still such a big problem worldwide even if most of the maternal deaths are preventable?

Studies have shown that circa 45 percent of the executed abortion can be counted as dangerously unsafe, whereas 13 percent of these leads to maternal death, 94 percent of these maternal deaths due to unsafe abortion happens in low to middle income countries (Shepherd, 2020). Since most maternal deaths happen in the lower to the middle income- countries, a way to reduce maternal mortality is for actors outside of the country with beneficial expertise to help the country gain knowledge and safe equipment to prevent maternal mortality. This paper is going to examine the way that non-governmental organizations have an opportunity for a change within this area of healthcare. This assignment will examine the different strategies that non- governmental organizations (NGO's) have and their role in the aim of promoting and/ or protecting human rights, the challenges in the strategies will also be presented. To reach a valid answer, the information presented in this study will evaluate within the framework in the case of maternal mortality in Afghanistan and Myanmar.

RESEARCH QUESTION

The research question that this study will aim to answer is:

Can NGOs decrease maternal mortality if governmental cooperation is present, and to what extent?

This study will evaluate if non- governmental organizations have an ability to decrease maternal mortality within their work in Afghanistan and Myanmar. This will be measured by a comparative study between the states, looking at the differences in the outcomes of the two countries in which one receives NGO-help (Afghanistan) and one who does not receive NGO- help to the same extent (Myanmar). By evaluating the two countries' outcomes in maternal mortality, either a significant difference can be found, meaning that NGOs have a possibility of decreasing maternal mortality, or not a difference meaning that NGOs are lacking the possibility to decrease maternal mortality. This will be studied in the time period before the Taliban's made the offensive towards the Afghanistan government in May 2021, this is because the Taliban's are neglecting human rights and are not willing to cooperate with non-governmental organizations to protect human rights (Amnesty International, 2021). Therefore, this study will study the time before Taliban's offensive to reach a valid answer to the research question, to answer the research question it is essential that Afghanistan were willing to cooperate with NGOs, which they did before May 2021 (Ibid.)

To answer this studies research-question four parts will be presented in the analysis as a ground for the conclusion. Firstly, this paper will evaluate maternal mortality in general practice, and then by looking into maternal mortality within the two countries individually, data statistics will also be presented in this part of the analysis. Secondly, an evaluation of NGOs within health care will be presented with the same concept as described above, by first explaining how NGOs usually work in general to improve a countries health care and then what opportunities they must improve the health care in the individual countries of Myanmar and Afghanistan. Lastly, an evaluation on how the NGOs work in both Myanmar and Afghanistan will be made and a recognition on what type of impact they can do in the countries. This will be

done by first presenting NGO-power in general as what they can do and how they usually work, then the power of the NGOs for both countries separately will be presented.

DEFINITIONS

NON- GOVERNMENTAL ORGANIZATION- this text will be using the definition that Peter Willetts uses in his book “Conventions, treaties and other responses to global issues” (Willetts, 2009). He defines non- governmental organizations or NGOs as organizations that are not controlled by the government and not reaching to defy the existing government. Something that characterizes NGOs is their narrowed focus on human rights, pro peace, against criminality and does not run-on profits (Willetts, 2009, p. 229). The structures of NGOs can fluctuate, some NGOs have a powerful hierarchy worldwide while others have a resolved federal layout, but to create a common identity there are international Umbrella NGOs creating a structure or guidelines for NGOs and a common identity (Willetts, 2009, p. 247).

MATERNAL MORTALITY- Maternal mortality is women dying from pregnancy or childbirth- related causes as a result of complications arising without receiving care and help from skilled staff, most maternal mortalities are preventable (Maternal Mortality, 2019). Maternal mortality can be defined as pregnancy and childbirth as cause of deaths, including deaths of severe bleeding, infections, high blood pressure, delivery complications, unsafe abortion and more pregnancy related issues that can lead to a maternal death (Shepherd, 2020)

LITERATURE REVIEW

Previous research trying to explain the puzzle of non-governmental organizations and the ability for such to make a difference by cooperation. Hans Peter Schmitz is the author of an article named “A Human Rights-Based Approach (HRBA) in Practice: Evaluating NGO Development Efforts” where he explains and evaluate the development efforts presented by the non-governmental organizations that has a human rights approach to it, trying to measure the actual consequences in practice (Schmitz, 2012). The article explains that non-governmental organizations hold a great power in effecting the state's values within certain matters within human rights, especially pointing out the acknowledging and shortage of certain matters of rights that need a change or setting up certain value-grounds for how it should be in comparison to how it is (Schmitz, 2012, p. 535-536). This means an opportunity to change the view on certain matters by raising educational awareness of the topic in question, leading to behavioral change in both social context but also public agencies and governmental institutions (Ibid.).

Another finding is that NGOs have been proven effective in the access of health-care tools and the quality of services and knowledge in the way of rising consciousness and monitoring public agencies (Schmitz, 2012, p. 536-537). Although, other practices claim there is hard to find concrete proof of matters such as the NGOs promotion of inclusion and equity since it is a difficult subject to measure (Schmitz, 2012, p. 538). The NGO's work can be regarded as an isolated operation that does not hold the ability to view a health care plan in a broader national view, this can lead to a not equal distribution like focus on the wrong things and not on what the people within that country needs (Gilson, Priti, Shirin, & Phare, 1994, s. p. 23). Of course, this can be difficult to manage since there is no participation in the national planning and, adapting to other countries national political guidelines often result in a clash of cultural differences for how the healthcare should be (Gilson, Priti, Shirin, & Phare, 1994, s. p. 23). For NGOs to have a meaningful part in provision of healthcare depends on the government to enable the NGOs to do so by letting them be a part of the healthcare plan, providing essential

information and data on what is needed and where it is needed, otherwise NGOs does not reach their full potential (Gilson, Priti, Shirin, & Phare, 1994, s. p. 22). This means that if a government contradict or work against NGOs, their work becomes significantly harder in the promotion of human rights.

In the case of NGOs in Afghanistan, there is a big difficulty to provide access to the world's different ways of thinking when some basic human rights are absent, some things that the western world takes for granted.

The article "Afghanistan: NGOs and women in the front line" by Chris Johnson explains that when basic human rights like being able to leave the country as pleased are threatened, it is hard to reach Afghanistan when they are excluded from the rest of the world (Johnson, 1998, p. 119-120). The author means that most non-governmental organizations work for the persuasion of a certain standard when it comes to solving a conflict, this standard has its ground in the western understanding of how it should be, but when the rule of law is absent these standards are not able to fulfill what is needed to reach a solution. For example, when it comes to women's right of education and/or labor, some procedures from NGOs have been successful in moving towards the right direction, but many have failed according to Johnson, he means that, for NGOs to be able to work within this matter, there needs to be an understanding of the society in Afghanistan and find methods that are of familiarity to the Afghans (Johnson, 1998, p. 121).

In Myanmar the structure of NGOs goes in line along with the community-based organizations and religion-based societies, contributing to public, public for-profit and public non-profit facilities in both financial and supplemental services (Latt et al., 2016, p. 125). Although, in recent time NGOs have had a difficult time providing aid to Myanmar since fear of Myanmar's military has risen since the government has made restrictions withing working in-field (Holmes, 2017). The military has been accused of arresting NGO- workers and destroying food, medicine and other kinds of aid- supply, leading to NGOs withdrawal and replacement in lack of security (Myanmar military accused of blocking aid to displaced civilians, 2021). In addition,

Rebecca Root with the journalistic report “‘It has fallen out of the spotlight’: Aid workers demand focus on Myanmar” explains that the economy has been highly limited in Myanmar since banks has introduced strict limitations on bank-withdrawals, creating a dysfunction for NGOs while providing financial help to entitled parties who cannot use the full capacity of the financial aid. Moreover, the military in Myanmar makes it a big difficulty and a lack of security to bring NGO-workers in and out of the country (Root, 2021).

The reason for focusing on NGOs in this part is for this thesis to gain reliability in the way that in a perfect world NGOs have the capability to promote human rights in external countries, but some obstacle along the way makes it harder. The explanation for why this part does not bring up a literature review within maternal mortality is because this thesis is supposed to investigate how NGOs can make a difference when it comes to sub-areas of human rights based on the cooperation or non- cooperation from the external governments and not only when it comes to the subject of maternal mortality.

THEORY

Bell and Caren (2004) discuss the ethical dilemmas within international human rights in their case study “The Ethical Dilemmas of International Human Rights and Humanitarian NGOs: Reflections on a Dialogue between Practitioners and Theorists”. They focus on the external, ethical dilemmas that arises from humanitarian NGOs as the conflict between human rights norms according to the western world and local cultural norms. Bell and Caren (2004) discuss four dilemmas; however, this analysis will only use three of these because of the relevance to the issue analyzing.

1) The conflict between human rights and local cultural norms:

According to Bell and Caren one of the possible responses that NGO’s can act with these ethical dilemmas is to simply tolerate the clashing beliefs meaning that without the need to respect, but to tolerate the clashing beliefs in a certain matter, making it possible to receive a change in other areas that the NGOs are focusing on. The risk is that the people in need within some matters feel that

other matters are more important and that they are worth being sacrificed for a solution to another problem. Another way for NGOs to handle clashing beliefs according to Bell and Caren (2004) is to challenge the local cultural norms so they meet the standard practice within the NGO, the risk is that this practice pushes out the culture of the country and rebuilds it with the cultural norms of the western world and by challenging these it may send out a message that these former norms are not “right” even if it is highly values in some countries. Another example Caren and Bell (2004) brings up is to revise the norms within the NGOs and meet on a level where both the NGOs norms and the local norms are respected, the problem with this suggestion is that the ground for NGOs with the founding principles is challenged.

2) The tension between expanding and limiting the organizations mandate

This section discusses how NGOs should balance working for improvement with the ground for the problems and working directly with the problem, how much should the big picture be focused on and the risk of forgetting the actual problem by not focusing on the narrowed issue. This issue is addressed by Bell and Caren (2015) to be highly sensitive, as this could lead to some people being “sacrificed” in order to the greater political good. Per example if there are people starving, by working with the economic process in that certain country, a long-term solution can be presented, but this will also take a long time and by focusing too much on that issue means that the people starving will not get the help they need until it is too late.

3) Whether or not to collaborate with less- democratic governments.

This issue brings up the issues with working with governments that are less democratic in order to remedy human rights. Bell and Caren bring up two strategies within this issue containing collaboration and criticism. Collaboration argues that collaboration within NGOs and less- democratic governments are a necessity in order to pursue any kind of implementation of human rights even if the government are unwilling to take critical perspectives from the outside to account. The critics strategy presented explains the negative aspects on collaborating with less- democratic

governments, mostly since NGOs have a tendency to avoid politically sensitive issues, also the risk of NGOs to not be receiving moral legitimacy from the government which makes it hard to impose human rights principles.

Within these ethical dilemmas the conclusion that is reached presents that by NGO's learning from other's experiences and considering mistakes that have been made in the past, all the dilemmas will have an easier solution to it. By evaluating the past of other NGOs and of their own experiences, they will be distinctly clearer of what strategies will work and what challenges to prepare for (Bell & Caren, 2004, p.328-329).

This thesis- paper will take this theory to account in the discussion. The discussion will have its base within the analysis, and from the analysis the discussion will bring up what connections were found between this theory and the ethical dilemmas from NGOs that was presented in the analysis. By using this theory, this paper will gain a depth in the phenomena of ethical dilemmas within humanitarian NGOs and what different risks comes with it when trying to counteract with a problem abroad and dealing with issues built on certain standards that are not common for the NGOs. By applying this theory this thesis will gain information on how NGOs have decided to work within this problem of maternal mortality, in this case in Myanmar and Afghanistan, but it also gives this thesis an opportunity to find similarities that can be concluded on all similar cases to the ones investigated.

The theory takes to account that the norms of the NGOs often rely on a modern western mindset and that the countries of Myanmar and Afghanistan might have other norms that they value. Although this does not have to mean that certain norms are the objective right norms since no such thing is existing- but if the number of maternal mortalities shows in the analysis to be higher than in the western world, this thesis is still worth investigating.

The theory can also explain on how the NGOs are or should be working within this external problem since it needs both present help and help with an even bigger underlying factor of phenomena that must be rebuild. Maternal mortality is present today and both resources and knowledge are needed. But

what are the underlying factors of this problem? How can a systematic change occur so that someday this country will not need NGOs to step in with the solutions that are short of duration?

Lastly, this theory is beneficial for this work within the problem if NGOs should collaborate with less democratic governments whereas if they choose not to, the risk of leaving many lives that could be saved can emerge. The risk is that, by collaborating with less- democratic governments can be viewed as a way of legitimizing that certain behavior that does not go hand in hand with the beliefs of the NGOs ground values.

HYPOTHESIS

The hypothesis this text will investigate is that cooperation or/ and involvement of government and non-governmental organizations will lead to a better outcome in the promotion of decreasing maternal mortality than if there shows a lack of cooperation. This will be measured by seeing if there can be shown any difference in maternal mortality within countries receiving help from NGOs and those who do not receive aid to the same extent.

METHODS & MATERIAL

METHODS

The type of study this text will use is comparative case study with the most similar system design and the hypothetical deductive method. These concept will be defined in this part.

Comparative case study is characterized by selection of cases on the dependent variable in a phenomenon of political interest, by gathering data on events around the phenomenon being studied a comparative case-study can conclude what attributes the phenomenon's have in common (Dion, 2003, p. 95). Defining a case study can be investigating a phenomenon in a relation of real-life practice in the aim to find a relation that is not yet proven evidential but relies on data that is evidential (Kaarbo & Beasley, 1999, p. 372). A case study has the aim of developing a theory that can be generalized to other

similar cases to draw conclusions within certain phenomena with a similarity. If a study has shown a certain generalized outcome for a certain case, then if a similar situation is being studied and not receiving the same outcome as the former study generalizes, the original theory can be proven to be wrong since the outcome of the case could not be generalized to that case (Kaarbo & Beasley, 1999, p. 375).

By using a case study this text can conclude a possible explanation to a certain outcome or conclude that the phenomenon studied is not a mandatory factor for the case selected, in this case using a case study can conclude if NGOs have a possibility to work against maternal mortality in Myanmar and Afghanistan or if NGO-work isn't evidential to decrease maternal mortality. This study will compare two countries, where one is receiving limited help from NGOs (Myanmar) and the other one is receiving NGO-help (Afghanistan). By looking at the data and information on maternal mortality in the two countries, a possibility for a conclusion if NGO-work and the cooperation within the country is a mandatory for a decrease of maternal mortality or if these factors are not essential to the outcome. This will be reached by using the Most similar system design. In a relationship of cause and effect this study will see if the independent variable of support and cooperation from the governments in question has an outcome of the dependent variable of improvement in the possibility for NGOs to increase human rights.

The most similar system design (MSSD) is based on comparing very similar cases in the non-dependent variable but differ in the dependent variable. This makes it possible to find the variable that explains the difference in the presence or absence of the dependent variable (Teorell & Svensson, 2007, p. 154). Why MSSD is relevant in this study is because Myanmar and Afghanistan are two relatively similar countries in many different aspects except that Myanmar does not receive as much help from NGOs as Myanmar. Therefore, they differ on the dependent variable, which is what impact we are trying to find, but similar on other aspects. Both Myanmar and Afghanistan are low-income countries meaning that they both have economies that in 2020 had a

gross national income (GNI) of \$1,045 per capita or less which is the barrier GNI for low-income countries (The World Bank, u.d.).

They both are in Asia and both a history of- and currently have a military regime (Maizland, 2021). In Myanmar a long history of military dictatorship has occurred and finally, in 2011 the military junta was officially resolved, but still not practically since they still have much control politically as they have by the constitution a fourth of the seats in the Myanmar parliament (Sveriges Biståndsmyndighet, 2021). For Afghanistan, the Taliban's took control over the power regime in 1996 which in 2001 was overthrown by the USA with an invention as a result of the attacks on September 11th, 2001, in New York. This has not made the Taliban's backing down, the pressure has continued to increase towards the central government with attacks on both military and civilians (Svenska Afganistankommittén).

Furthermore, the percentual governments health expenditure is similar within the countries where Afghanistan is circa 2.32 percent and Myanmar with circa 3.48 percent (Country comparison Afghanistan vs Burma - Myanmar, u.d.). Also, their Human development index (HDI) rate are similar with both countries slightly above 0.5, HDI is measured within three dimensions including, long and healthy life with measurements in life expectancy, knowledge measured with an education index and a decent standard of living being measured with a gross national income index (United Nations, u.d.). A HDI is measured from a scale of 0-1, where one is the highest human development and where less than 0.55 is low human development, Afghanistan has an index of 0.511 and Myanmar 0.583 meaning that Afghanistan has a low human development and Myanmar is slightly above the index (Ibid.). Since the marginal for Myanmar to be considered having a low human development is so small, I still consider it a similarity between the two. Both countries also have a surface area similar of circa 652 000 km² in Afghanistan and circa 676 000 km² in Myanmar (Country comparison Afghanistan vs Burma - Myanmar, u.d.)

MATERIAL

V-dem is a measurement tool of democracy that allows multiple and niched varieties of features of democracy to be tested by the users (Lindeberg et al., 2014, p. 159). V-dem conceptualizes democracy as multidimensional with different types of measurements in smaller niched phenomenon's, the tool collects information on the smaller resolutions of indicators that are of relevance to democracy to present reliably measurements coded by experts (Lindeberg et al., 2014, p. 159-160). The V-dem tool is made to measure democracy in all its features, where the user itself can choose what variables to use, per example, this study will be using the measures of Maternal Mortality rate.

The World Bank Data is a source of knowledge in development processes with both human and material data to collect and generalize data in less developed countries p (St. Clair, 2006, p. 78) It consists of five different institutions providing knowledge, financial assistance and projects in its 189 member countries. Two of the members- institutions provide financing, policy advice and technical assistance to the countries in need of help (*Who We Are*, n.d.). These two institutions are The International Bank for Reconstruction and Development (IBRD) and The International Development Association (IDA). The other three institutions; The International Finance Corporation (IFC), The Multilateral Investment Guarantee Agency (MIGA) and The International Centre for Settlement of Investment Disputes (ICSID) focuses on strengthening the private sectors in the developing countries (*Who We Are*, n.d.).

V- dem will be used to provide data on maternal mortality, even if it is a dataset with focus on democracy it still measures the rate of maternal mortality in countries. This information is essential for this thesis to be able to analyze Afghanistan and Myanmar. The world Bank data will be used to find data within the phenomenon investigated, to gain reliability so the measures in both V-dem and the world bank data will be taken to account. By using V-dem and The World Bank data, the study will gain a depth in concrete information with specified data within the frames of the research.

To be able to measure this, the study will rely from scientific studies found on the internet, primarily google scholar where the study can gain the depth of former studies within the are supposed to be investigated. This text will also include journalistic reports, interviews and reportages to get different angles of the case and receive information from people working in the field as a first-hand source. Finding information on the internet such as news and reports should not be underestimated in political science studies as these include a large part of the collection on flexible material (Teorell & Svensson, 2007, p. 91). This study will also include guidelines and advocacy of organizations like World Health Organization which provides information on the current situations occurring.

PROBLEMS

A complication worth having in mind while making this study is that equal outcomes can be due to different causes, if this study finds a connection between the variables, it is easy to generalize the factor, however, it may have been underlying factors within a phenomenon that played a role in the outcome presented, some variables that is not taken into account in their study which may reflect an erroneous picture of the phenomenon (Teorell & Svensson, 2007, p.69). In this study there is a possibility that the outcome of the results is not because of the extension of NGO- work, but other variables that played a big part in the findings but did not play a part in the study. Therefore, this study must define the causality, above all the internal validity which includes whether it is the right cause that causes the outcome, whether it is the cooperation with NGOs that promotes women's rights or whether it can have other causes in precisely the cases investigated.

Another finding of a potential problem within comparative case study is that the observations chosen are based on the independent variable meaning that estimates will always be, even if the tiniest, biased, something that cannot be corrected with the implementation of control variables or finding more data to rely on: the bias will still exist even if the number of observations goes to infinity (Dion, 2003, p. 95). These difficulties within a comparative case study are hard to avoid, but for the researcher to simply be aware of this potential

problem's existence and present the difficulties that the reliability of the study could meet is essential. Case studies with few cases, like this study, also gain validity since the cases often and in this case is strategically chosen in order to get something out of the investigation, this evidentially means that the cases get picked based on the independent variables.

OPERATIONALIZATION

In the beginning of the work of this text I wanted to examine the human rights within these two countries, Afghanistan and Myanmar. The concept of human rights is very broad and hard to specify, how can human rights in total be measured when there are so many under categories that take place within the concept? The text would encounter some big difficulties to find concrete information about the human rights of the two countries. Therefore, I decided to narrow human rights down to one piece of the puzzle, women's rights, within that concept by an operationalization, to be able to have something concrete to measure (Teorell & Svensson, 2007, p. 39.) Women's rights are still a broad concept; therefore, this study will examine NGO's possibility to promote women's rights by decreasing maternal mortality. This field of women's rights could be measured in a better way as there are specified statistics and data in that area. In article 25 point 2 in the UN's declaration of human rights it is explained that human rights include that "Motherhood and childhood are entitled to special care and assistance" which proves that women's rights of healthcare within childbearing is a part within human rights (United Nations, u.d.) This study will also include both national and international non-governmental organization since it comes to an importance and interesting to see the restrictions of the countries when it comes to receiving international aid and the willingness for cooperation within the international NGOs and nationally.

ANALYSIS

MATERNAL MORTALITY

Challenges to prevent maternal mortality is firstly basic health care, this includes workers supplies, knowledge and other important factors for a safe childbirth or abortion, aside from this obvious need, studies have shown that a more overweighing part of a bigger picture including gender bias, power structures, legal restrictions to women's authority and discrimination against marginalized groups is what causes ,maternal mortality, and above all, is what causes the slow success to solution of it (Tin, o.a., 2010). The tactic that has proven to be efficient in other health-issues is by first building the evidence and statistics, by acknowledging an issue with concrete statistics and data an awakening of the need to strengthen the health system may occur (Ibid.). But to rearrange the whole structure of discrimination and gender bias, strengthening the health care system will not be enough, therefore rights-based education must be provided for those who work within health care by bringing strategic litigation and reframing the issue, communities must be engaged and rightsholders should be empowered (Ibid.).

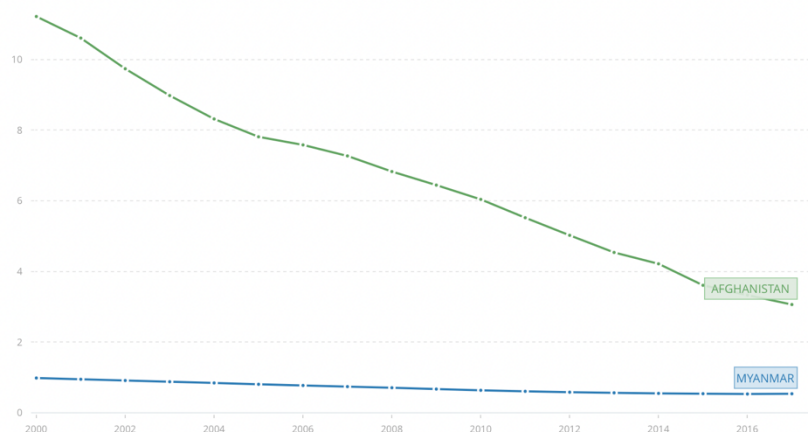
In Afghanistan, the governments contact with exerted NGOs in order to provide help with succeeding and up following different programs within healthcare, although the government sets out programs and guidelines for goals within the area, the poverty in the country makes the NGOs as the primary delivery of health services, both national and international (Ahmadi, o.a., 2016, s. p. 248). A difficulty with this is that since different types of NGOs are the main providers, there is a lack of coordination in health outcomes since different NGOs has different quality of standards in the delivery (Ahmadi, o.a., 2016, p. 255). In the early 2000s Afghanistan was ranked as the country with most maternal deaths in the world, this has significantly improved since 64 percent of the maternal mortalities has fallen, but still there is a big difference between the countryside and the urban area of Afghanistan (Bjelica, 2021). In the urban area of Afghanistan almost every child delivery has some sort of professional delivery-staff like a doctor of midwife present, where in the

countryside less than half of the birth-deliveries has skilled staff monitoring (Ibid.). In the urban area 82.7 percent of the deliveries was institutional while in the countryside it was 43.4 percent (Ibid.), institutional delivery means a childbirth that occur in a medical facility that is staffed with experienced and skilled assistance by doctors or midwives, this can reduce the maternal deaths by 16 to 33 percent (Metsehet, Solomon, Fantahun, Sisay, & Gonete, 2020). It has shown that almost half of the pregnant women in Afghanistan do not visit any sort of health facility and over a half has not been informed or acknowledged the international recommendations of birth-spacing which has been put up as a recommendation since there's a better chance for a safe delivery (Bjelica, 2021).

In 2017, Myanmar had the highest maternal mortality ratio in the whole Southeast Asia with 250 maternal deaths per 100 000 births, the average in Southeast Asia was 137 maternal deaths per 100 000 births, the most valuable part that researchers about Maternal mortality in Myanmar try to understand and explore is the significant difference of the maternal mortality rates within the different regions of Myanmar (Milkowska-Shibata, o.a., 2020, s. p. 2). The maternal mortality rate in Afghanistan has big variations within the country's regions, per example, in the Mandalay region these was, in 2017, 280 maternal deaths per 100 000 births, in Tanintharyi there was 157 per 100 000 births and in the Chin state there was 357 maternal deaths per 100 000 births, this shows a big difference within the country (Ibid.). It also showed that the mortality rate was higher in the countryside than in the urban area of Myanmar, the Countryside showed 310 maternal deaths per 100 000 births and the urban area showed 193 per 100 000, this means that there is a lack of knowledge, exploration and contribution in the local levels (Ibid.). It was also shown that women coming from households with less than high school education were seven times more likely to choose traditional birth attendance than women from households with high school education or higher education (Milkowska-Shibata, o.a., 2020, ss. p. 5-6). Women from the countryside was also three times more likely than the women from the urban area to not fulfill the recommendations with five visits during the third semester of the

pregnancy (Ibid.). Mostly, this was because of the women and families feeling it was unnecessary, this was also linked to education within the women, higher educated women were more likely to follow the recommendations than the lower educated women (Milkowska-Shibata, o.a., 2020, s. p. 6). In Myanmar, data has also shown a significant variation on level of expertise and quality on service of maternal health, for the women visiting the Myanmar Maternal & Child Welfares associations health centers of hospitals got the most recommended maternity-care service, including 90.7 percent of the women having a physical examination, 82.5 percent a gynecological examination and 85.6 percent ultrasounds (Milkowska-Shibata, o.a., 2020, s. p. 6). Only 35.7 percent who went to a traditional birth attendance got these services (Ibid.).

The maternal mortality for Afghanistan has from year 2000 steady decreased from 1100 maternal deaths per 100 000 child births to 400 by year 2013, while Myanmar has stayed steady for a great while whereby year 2000 there were 360 maternal deaths per 100 000 childbirth and by 2013 there were 200 (V-Dem, Varieties of Democracy). This graph shows the lifetime risk of maternal death measured in percent (The World Bank).



NGOS AND HEALTH CARE

NGOs can be part in all levels of implementation of a better health care system, but the most recognizable is the health delivery and health advocacy (Pitrowicz & Cianciara, 2013, s. p. 71). The delivery consists of the medical part by contribution with money and supplies as well as care and nursing from qualified NGO-workers, but also by spreading information and re-educate the health-care workers within the country in need (Ibid.). The health advocacy is a way of reforming social and political acceptance and support for certain

programs and health- initiatives, this being done by public meeting, consultation and by forming coalitions with other important organizations, institutions or the media (Ibid.). The work of non- governmental organizations of course depends on what the area needs and how their constitutions is built, it has shown that in countries with low to middle income the work of NGOs is above all specified in providing equipment and competent health-care service, while for countries with middle to high income, NGOs mostly specializes in phycological support and after-care treatment (Ibid.). In the health policy there are three important actors including organizations, healthcare providers and other commercial organizations that hold an interest in healthcare, these can all be a part in the process of health-care policy giving the subject a broader perspective and a deeper knowledge in a certain issue and it gives a better chance of prediction in how a certain decision will influence different social groups (Ibid). Although, with having many actors work for the same goal there is a risk of slowing the process down by the difficulty of solving common but concurring interests, also making the process in policies more complex (Ibid). Since the Taliban got controlled after the invasion of the US army the health-care has mostly been provided by non-governmental organizations, to such large extent that in 2009, 82 percent of the population lived in districts that had a health care totally or mostly provided by NGOs by contacts with The Ministry of Public Health in Afghanistan (Acerra, Iskyan, Qureshi, & Sharma, 2009, s. p. 78). Since then, the cooperation between NGOs and The Ministry of Public Health improved a lot and a contract was constructed for most of the health-care provision in whole Afghanistan (Acerra, Iskyan, Qureshi, & Sharma, 2009, s. p. 80). Although, it still showed to be lacking coordination on a provincial and district-level, a study by the World Health Organization concluded that 70 percent of all the nurses, midwives and technicians showed a lack of competence so bad it was under the bar for minimum requirements by the World health organization (Ibid.). Even a bad competence within the health-care workers, the ministry of Public Health refuses to hire those who have been in training of NGOs since they do not meet the governments strict requirements, this leads to a shortage in health care workers in Afghanistan (Ibid.). The big problem in Afghanistan

remains to be the shortage in workers and the problem with health education, it has also shown that the salaries for health-care workers are very low, some even lower than what a reasonable standard life can afford (Acerra, Iskyan, Qureshi, & Sharma, 2009, ss. p. 80-81). In 2007 and 2008, Myanmar developed a system planning on how to rebuild the healthcare by a strengthen strategy and proposals, this was done by help from The Department of health from the Ministry of Health but also to a large extent of help from the GAVI alliance partners consisting of World Health Organization, UNICEF and NGOs (Tin, o.a., 2010, s. p. 96). It has shown that International NGOs are present in 41 percent of the townships in Myanmar which covers only 10-20 percent of the population, while national NGOs are present over the whole nation, mostly focusing on maternal and child health (Tin, o.a., 2010, s. p. 98). Since there is a difficulty in accessing the areas that are in most need of help as an International non-governmental organization NGOs have had agreements with District Health Offices regarding partnership to be able to access the less accessible areas (Tin, o.a., 2010, s. p. 99).

THE IMPACT OF NGOS

This strategy is a way for NGOs to acknowledge what has worked and what has been unhelpful in the past, especially in these certain situations with a question of security for the aid-workers and the population. By recognizing the conflict between human rights norms and the cultural norms within Afghanistan and Myanmar NGOs have an opportunity, to a larger extent, understand how to be able to provide aid by working alongside with the government. There are circa 250 private organizations that are working across the borders for the advocacy of some international law of human rights, but only a few of these have the necessities to receive attention from media or from larger governments (Forsythe, 2012, p. 257). Although, some of these is on such expertise in certain areas within human rights that a so called "power shift" take place in the international relations, meaning that these groups generate so much influence on certain questions that the governments are becoming less important within that area and private groups are becoming decidedly more important. This is explained to show that within certain

questions, NGO's have a great power, per example under the Convention of the Elimination of Discrimination Against Women (CEDAW). When the governments submitted the reports on the evaluation of the implementation for the convention, the International Women's Rights Action Watch submitted a report as a supplement or an alternative, called "shadow report", which often provide for a more realistic view of the reality. The report was considered in the deliberations on the review process (Forsythe, 2012, p. 259). In some of these matters when it comes to military governments and non-developed countries, it is a lot more difficult to make a power-shift since the cultural norms differ to such large extent within the normative human rights norms, not making it easy to give up that type of power. This can also become a question of how far a government can go from the human rights norms and still receive cooperation, which sends out a signal from the NGOs to the government of legitimacy. Also, by the fact that the NGO- leaders are mostly self- appointed some argue that it would be undemocratic to take them to a bigger account in governments since their leaders did not get appointed in a democratic voting- process (Ibid). Although, some NGOs have been recognized as legitimate approved by states, for example the International Committee of the Red Cross who was recognized in the international humanitarian law even though it is a Swiss civic organization. This shows the state's trust to consider the expertise in certain areas from NGOs which means that they are most certainly in need of it (Ibid). By using the information from Forsythe (2012) a common strategy available to NGOs is to affect decisions by handing in reports or documenting. For example, by turning in so-called "shadow reports" which supplement or present alternative or extra information that the government is required to consider and submit. Also, a big role for some NGOs could in some areas be to work as specialized within that area with certain expertise that governments will need to be fully omniscient in the subject. This can escalate to the extent that a "power shift" takes place where the NGO generates so much influence over certain areas that the governments are becoming less important. Although, it can be challenging for NGOs to gain attention from media or larger governments since some believe them to be undemocratic and legitimizing norms, not being

legitimate enough to be taken to account by governments. It can also be challenging to determine how to act for the biggest impact in the account of earlier experiences. In Afghanistan there are many different NGOs working for human aid, both with international humanitarian purposes but also organizations working with the development of the state, helping the government to one day stand on its own without special help forces (Olson, 2009, s. p. 6). The NGOs have the aim to rehabilitation of the state by rebuilding the structure for the development to start moving forward in order to keep peace within the state's populations. Most of the NGOs are originated from Afghanistan, although some of the biggest humanitarian programs are established by international non-governmental organizations with mostly Afghan workers which has given a surprisingly big amount of Afghans labor as a meaningful source (Ibid, s. p. 7). Some of these NGOs are active in the policymaking of the state including the sector of safety reforms, and to a large extent there is no denial from the state that NGOs are essential for the implementations of human aid since Afghanistan itself does not have the capacity for implementations (Ibid). There are NGOs present in Myanmar, yet they do not hold much power to make a valuable change since the government has weakened and obstructed the framework within the NGO (Monshipouri, 2003, s. p. 143). Many believe that, for the reach of change, the work must be done by cooperating with the present politics from the inside and building up the civil society's capacity, rather than confronting the government. Because of the NGOs limited ability to create change within the framework of politics, a broader spectrum of non- governmental organizations instead engages in weaker social welfare-activities, but also having a limited capacity by the obstruction of the military government (Ibid). Although, it can be a start to something bigger by engaging to the extent where cultural norms are still upheld and can be recognized by NGOs to acknowledge a reasonable framework.

CONCLUSION

As the information above provides it can be concluded that non-governmental organizations have a significant bigger capacity to achieve their aims in

Afghanistan because of the willingness and cooperation from the government to receive aid for the development in both short and long terms, while in Myanmar they do not have the same opportunity to help directly since the government restricts external help. Afghanistan is to a good extent willing to cooperate with NGOs without strict limitations since some of the NGOs active in the country is a part of the policymaking in the country. NGOs active in Myanmar on the other hand does not have the opportunity to provide change and development because of the restrictions and limitations from the military government, therefore, many challenges limit the NGO-work so that they only are available to execute some smaller and milder aid- provisions. It has been shown that NGOs have a way more limited access to provide aid to the population in Myanmar than in Afghanistan, mostly because of the government's unwillingness to cooperation and inclusion as earlier mentioned, but also because of the military government that is frightening for NGOs for the safety of the staff which makes some draw backs from certain areas of the country. That means that they are being able to focus on only some areas of the country that are safe for NGOs to enter. The health care in Afghanistan has shown to be mostly provided by the NGOs through contract within the ministry of public health and communication with the government, but still it showed that on a district level there was a lack of coordination and distribution of the NGO-help where it was needed. The analysis also provided information of a big lacking in competence within the country's health-care workers, and NGOs not being able to give education. The health care in Myanmar proved to be inefficient since NGOs are unable to cover the bigger part of the population since they cannot reach certain areas because of the military government, although NGOs have been a part of the system-planning cooperating with the government. To reach a full effect non-governmental organizations must negotiate more with the government to reach the areas that are in most need of help. To conclude, Afghanistan's Maternal mortality has significantly improved while Myanmar has decreased to a much smaller extent, almost staying at the same data, this seems to be because of the differences of healthcare within the country and educational. Afghanistan have had contracts between the government and NGOs which has proven to

be of essential help for their healthcare to increase, which also decreases maternal mortality.

DISCUSSION

According to Bell and Carens discussion on ethical dilemmas within human rights (2004) one is the conflict between human rights norms and local cultural norms. As located in this analysis one of the NGO's ways of trying to receive impact in a country is to spread awareness on how a western view on human rights can look like, leaving more options to the people than just the one view that's the existing norm. Of course, this brings obstacles and is a very slow process in order to change a whole countries populations view on certain matters. The norms of human rights that most NGO strive for can have a completely different meaning in some countries than others, per example, many women as brought up in the analysis, does not know that a norm of women rights within the western world is to receive safe maternal health care, and some not even knowing what safe health care is or not having the ability to receive it. This shows in the analysis in the way that in both Myanmar and Afghanistan there is a lack of information on to what extent medical care is needed for a safe childbirth or abortion since many of the women found it unnecessary to visit a health clinic under their pregnancy. The norm for women in Afghanistan and Myanmar is therefore to not receive maternal health care to the same extent as in the western world. This makes it important for NGOs to provide and share medical guidelines providing information on how many visits to a health clinic should occur, how to know if something with the pregnancy needs to be medical examined and other important factors for a safe childbirth. With grounds in the analysis, it showed that mostly in Afghanistan NGOs had the opportunity to provide such information because of Myanmar's unwillingness for cooperation with external instances. Bell and Caren (2004) also discuss on what ground they should handle a certain problem, either by a quick solution to the problem which might lead to other problems coming up or the same problem coming back, or if the NGOs should work on finding the root of the problem, per example in trying to change the cultural norms of the countries. The analysis

showed that in both Myanmar and Afghanistan, but mostly Myanmar, there was a difficulty to provide direct health care since NGOs cannot, or out of reasons of staff-safety, will not enter certain areas of the country. Therefore, NGOs in Myanmar have no choice than working for systematical change from a distance. But the conflict of what they should be working on comes up here. In the analysis it showed that in Myanmar, women with high education were more likely to visit a health care center during their pregnancy while less educated women were less likely. Should NGOs work for women's education? Also, in both Myanmar and Afghanistan, the analysis showed that women from the countryside area was less likely to visit a healthcare center during their pregnancy than in the urban area, should NGOs work for a more collective equal opportunity to visit a healthcare center by integrating all areas? As mentioned above in this section of discussion, providing concrete information to the inhabitants can help this issue to a big amount since the local norms on medical care within childbirth differs from the NGOs western view of the phenomena. Lastly, Bell and Caren discuss how NGOs should view their work with governments that are less democratic and if its right to help the countries who still has not reached a certain level on democracy or human rights or if that just justifies it by not setting any boundaries on the receiving of the help. The analysis shows that there is a difficulty collaborating with especially Myanmar since they are not allowed to access all areas and the government are shutting external forces out, like international NGOs. These boundaries make it almost impossible for NGOs to collaborate with the government in Myanmar, so this ethical problem is not occurring in Myanmar. Afghanistan has a closer collaboration with NGOs, but the government also complicates the entrances for NGOs in some ways, like the government not accepting the health-care staff that have received training from NGOs because of their strict requirements. But overall, Afghanistan is more collaborative with NGOs than Myanmar, the ethical problems arising here is the fear that the collaboration with NGOs will be seen as a way of legitimizing norms in Afghanistan that differs from the norms and ground values of NGOs. Although, as shown in the analysis, NGOs working in Afghanistan are trying to change these values, or at least trying to make them meet the humanitarian standards. Without

collaboration with the government of Afghanistan the NGOs might not be able to change these norms, and as proven in the analysis, maternal mortality has been decreasing a lot in Afghanistan, from 1100 maternal deaths out of 100 000 births in year 2000 to 400 by year 2013. This is a significant improvement for such short time, while Myanmar has decreased from 360 per 100 000 childbirth year 2000 to 200 by year 2013 which is a much smaller improvement compared to Afghanistan. By these numbers, a conclusion could be drawn that if NGOs provide information and establish humanitarian view on the issue, maternal deaths can decrease, even if this must be introduced slow and systematically.

RECOMMENDATIONS TO FUTURE RESEARCHERS

For future research I would like to address some recommendations for the researchers. First off, to have in mind the limitations of this paper and use it to make the investigation better. Per example by bringing in any kind of first-hand source in the analysis since it is for now lacking, this will also increase the reliability and get the researchers to get an understanding of the whole objective of the phenomenon, which will increase the quality of analysis. The limitations can also be challenged by bringing in another theory than the one used in this paper to gain a new perspective of the phenomenon, also a better operationalization on the time-period of investigation should be applied to narrow down the information. Another recommendation I would like to propose is to construct the same research but by using other similar cases, and not the ones this paper has analyzed. By using other cases with countries where one is receiving NGO- help and the other one is not to the same extent a test of this thesis would be made to see if this conclusion is applicable in generally all similar cases or if it can be proven wrong. Lastly, it could be beneficial to make research with the same cases but to use another research phenomenon within human rights that are not maternal mortality, perhaps another health-care issue that is present.

REFERENCES

- Acerra, J., Iskyan, K., Qureshi, Z., & Sharma, R. (2009). Rebuilding the health care system in Afghanistan: an overview of primary care and emergency services. *State of International MED*, p. 77-82.
- Ahmadi, Q., Danesh, H., Makharashvili, V., Mishkin, K., Mupfukura, L., Teed, H., & Huff-Rousselle, M. (2016). SWOT analysis of program design and implementation: a case study on the reduction of maternal mortality in Afghanistan. *THE INTERNATIONAL JOURNAL OF HEALTH PLANNING AND MANAGEMENT*, p. 247-259.
- Amnesty International. (Sept 20 2021). Afghanistan: Taliban wasting no time in stamping out human rights says new briefing.
- Bell, D., & Carens, J. (2004). The ethical dilemmas of international human rights and humanitarian NGOs: Reflections on a dialogue between practitioners and theorists. *Human Rights Quarterly*, 26(2), p. 300-329.
- Bjelica, J. (2021). *Rural Women's Access to Health: Poverty, insecurity and traditions are the main obstacles*. Afghanistan Analysts Network.
- Carvalho, N., Salehi, A. S., & Goldie, S. J. (January 1 2013). National and sub-national analysis of the health benefits and cost-effectiveness of strategies to reduce maternal mortality in Afghanistan. *Health Policy and Planning*, 28(1), 62-74.
- Country comparison Afghanistan vs Burma - Myanmar*. (u.d.). Hämtat från countryeconomy: <https://countryeconomy.com>
- Dion, D. (2003). *Necessary Conditions: Theory, Methodology, and Applications*. Rowman and Littlefield publishers, p. 95-115.
- Forsythe, D. (2012). Human Rights in International Relations. *Themes in International Relations*(3), p. 240-276.
- Gilson, L., Priti, D. S., Shirin, M., & Phare, M. (Mar 9 1994). The potential of health sector non-governmental organizations: policy options. *Health Policy and Planning*, p. 14-24.
- Holmes, O. (sept 4 2017). *Myanmar blocks all UN aid to civilians at heart of Rohingya crisis*. Accessed from The Guardian: <https://www.theguardian.com/world/2017/sep/04/myanmar-blocks-all-un-aid-to-civilians-at-heart-of-rohingya-crisis>
- Johnson, C. (April 1998). Afghanistan: NGOs and women in the front line. *Community Development Journal*, 33(2), p. 117-123.
- Kaarbo, J., & Beasley, R. K. (1999). A Practical Guide to the Comparative Case Study Method in Political Psychology. *Political Psychology*, 20(2), p. 369-391.
- Latt, N., Cho, S. M., Htun, N. M., Myint, M., Aoki, F., Reyer, J., . . . Hamajima, N. (2016). Healthcare in Myanmar. *Nagoya Journal of Medical Science*, p. 123-134.
- Lindeberg, S. I., Coppedge, M., Gerring, J., & Teorell, J. (July 3 2014). V-Dem: A New Way to Measure Democracy. *Journal of Democracy*, 25(3), p. 159-169.
- Maizland, L. (2021). Accessed from Council on Foreign Relations.
- Maternal Mortality*. (Sept 19 2019). Accessed from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- Metsehet, Y., Solomon, A., Fantahun, M., Sisay, M., & Gonete, K. (2020). INSTITUTIONAL DELIVERY SERVICES UTILIZATION AND ITS DETERMINANT FACTORS AMONG WOMEN WHO GAVE BIRTH IN THE PAST 24 MONTHS IN SOUTHWEST ETHIOPIA. *BMC Health Services Research*.
- Milkowska-Shibata, M., Aye, T., Yi, S., Thein Oo, K., Khaing, K., Than Marlar, . . . Shibata, T. (2020). Understanding Barriers and Facilitators of Maternal Health Care Utilization in Central Myanmar. *International Journal of Environmental Research and Public Health*.

- Monshipouri, M. (2003). NGOs and Peacebuilding in Afghanistan. *International Peacekeeping*, p. 138-155.
- Myanmar military accused of blocking aid to displaced civilians.* (Nov 10 2021). Accessed from ALJAZEERA: <https://www.aljazeera.com/news/2021/11/10/myanmar-military-accused-of-blocking-aid-to-displaced-civilians>
- Olson, L. (2009). Fighting for Humanitarian Space: NGOs in Afghanistan. *Journal of Military and Strategic Studies*, p. 1-25.
- Pitrowicz, M., & Cianciara, D. (2013). The role of non-governmental organizations in the social and the health system. *Przegl Epidemiol*, p. 69-74, 151-155.
- Root, R. (Oct 5 2021). *'It has fallen out of the spotlight': Aid workers demand focus on Myanmar.* Accessed from Devex: <https://www.devex.com/news/it-has-fallen-out-of-the-spotlight-aid-workers-demand-focus-on-myanmar-101704>
- Schmitz, H. P. (October 2012). A Human Rights-Based Approach (HRBA) in Practice: Evaluating NGO Development Efforts. *The Journal of the Northeastern Political Science Association*, 44(4), p. 523-541.
- Shepherd, S. (Producer). (2020). *Human Rights: Maternal Mortality and Morbidity* [Short film].
- St. Clair, A. L. (2006). The World Bank as a Transnational Expertised Institution. *Global governance*, p. 77-95.
- Svenska Afganistankommittén. (u.d.). *Afghanistans historia*. <https://sak.se/lar-kanna-afghanistan/historia/>.
- Sveriges Biståndsmyndighet. (Feb 19 2021). *Bistånd i Myanmar omprövas efter militärkuppen*. Hämtat från sida.se:<https://www.sida.se/om-sida/presskontakter/pressmeddelande-och-pressinbjudningar/bistand-i-myanmar-omprovas-efter-militarkuppen>
- The Global Goals for Sustainable Development.* (u.d.). Accessed from <https://www.globalgoals.org/3-good-health-and-well-being>
- The World Bank. (u.d.). *Data for low income*. Accessed from The World Bank.
- The World Bank. (u.d.). Lifetime risk of maternal death (%) - Myanmar, Afghanistan.
- Tin, N., Lwin, S., Kyaing, N., Htay, T., Grundy, J., Skold, M., . . . Nirupam, S. (2010). An approach to health system strengthening in the Union of Myanmar. *Health Policy*, p. 95-102.
- United Nations. (u.d.). *Human Development reports*. Accessed from Human Development Index (HDI).
- United Nations. (u.d.). *Universal Declaration of Human Rights*. Accessed from un.org.
- V-Dem, Varieties of Democracy. (u.d.).
- Who We Are.* (u.d.). Accessed from World Bank Group: <https://www.worldbank.org/en/who-we-are> den 17 November 2021
- Willets, P. (August 25 2009). Nongovernmental organizations. *Conventions, treaties and other responses to global issues*, 2(11), p. 229-248.