

HARNESSING UK EXPERTISE IN MATERNAL, NEWBORN AND CHILD HEALTH TO ACHIEVE MDGS 4 AND 5



Workshop Report 6 March 2008

Women and Children First works to improve the health and wellbeing of women and children in poor communities in developing countries with a particular focus on pregnancy and the first 28 days of life.

www.wcf-uk.org

1. BACKGROUND

The eight Millennium Development Goals (MDGs) form a globally agreed consensus on international development priorities. They have galvanized unprecedented efforts to meet the needs of the world's poorest people, but there is still a need to stimulate further commitment and action towards achieving the goals, particularly MDG 4, to reduce mortality rates in children under 5 by two thirds and MDG 5, to reduce maternal deaths by three quarters. MDG 5 has been acknowledged as the hardest Goal to achieve, which is ironic, given that such a large proportion of maternal deaths is preventable, and much work has been done to identify the policies and programmes that must be in place in order to maximize the chances of women going through pregnancy and childbirth safely. Effective and sustained advocacy is needed to ensure that services are available to enable women to prevent "high risk" pregnancies, and give birth in environments where skilled midwives, nurses or doctors and emergency obstetric care are available.

2007 saw a redoubling of global efforts to draw attention to the global scandal of maternal mortality, and the human rights violation it represents. In September the Prime Ministers of the UK and Norway, Gordon Brown and Jens Stoltenberg, together with the Bill and Melinda Gates Foundation, launched the International Health Partnership and the Global Campaign for the Health MDGs with a special emphasis on women and children. Alongside this, the Deliver Now campaign was launched to draw the world's attention to the more than 10 million deaths of women and children each year, mainly in developing countries. In October, the Government of Japan reaffirmed its own commitment to global health, and advised of its decision to lead the process to refocus the G8's attention on global health and make the next G8 Summit in Japan a vehicle to address global health challenges.

Significant new financial commitments were made in 2007: the Norwegian government pledged \$1bn for maternal and child health over the next 10 years; the UK Secretary of State for International Development, Douglas Alexander, announced £100,000 in new money for UNFPA's work on safe motherhood; and new financing for the MDGs was committed at the High-level meeting of the second replenishment conference of the Global Fund to Fight AIDS, TB and Malaria.

The Women Deliver Conference in October 2007 brought together 1,700 people to mark the 20th anniversary of the Safe Motherhood initiative. The Conference mobilised an international coalition of political, technical and financial support and secured a statement on behalf of the health and finance ministers of many key countries, committing to increased focus on MDGs 4 and 5 and calling for creative new solutions.

The challenge for advocates is to ensure these commitments are met and, in the UK, that this work is sustained and co-ordinated.

The first Partnership for Maternal, Newborn and Child Health (PMNCH) Partners' Forum in March 2007 was followed up by the development of an advocacy working group but the UK partners have not co-ordinated themselves to advocate for the PMNCH issues. Thus, there is no coherent mechanism within the UK for ensuring that non-PMNCH members are co-ordinated. The Options Report on Assessment, Mapping and Analysis for the Global Business Plan for MDGs 4 and 5 Advocacy Plan noted that UK stakeholders reported a lack of coordination between NGOs (partly due to competition for funding and branding issues) and that there is an urgent need for strong co-ordination and leadership.

Furthermore, the Options Report noted that while UK political support for MDGs 4 and 5 is high, civil society is less engaged with MDGs 4 and 5 (than poverty more generally) and the successes of HIV & AIDS campaigns overshadow those focusing on child and maternal health. The Report identified the key inter-related advocacy challenges for the UK as:

- How to sustain this level of political attention on MDGs 4 and 5, especially if government priorities change at the next parliamentary elections;
- How to increase awareness among civil society about the issues related to MDGs 4 & 5;
- How to harmonise and coordinate UK-inspired global health initiatives with other global initiatives;
- How to ensure that the UK government monitors its expenditure on MDGs 4 and 5 and delivers against their commitments;
- How to communicate the returns on tax-payers' investment in MDGs 4 and 5.

In this context, Women and Children First decided to host a workshop in London focused on the UK's contribution to meeting MDGs 4 and 5 co-funded by UNFPA and DFID. The purpose of the workshop was to share the latest thinking on advocacy, particularly for maternal, newborn and child health, and begin to explore how UK-based organisations could coordinate their efforts to reach MDGs 4 and 5 with a view to improving effective advocacy for maternal, newborn and child health.

2. THE WORKSHOP

The workshop was held on 6 March 2008 at Church House, a conference centre in London's Westminster area.

Eighty-six participants¹ registered for the workshop, including representatives from the Partnership for Maternal, Newborn and Child Health, UN bodies, the Department for International Development, UK NGOs, academic institutions and professional associations.

The workshop was followed by an evening networking reception giving all participants the opportunity to discuss ideas raised during the course of the day more informally and identify further ways to collaborate. The special guest speaker at the reception, Sarah Brown, noted how few people are aware of the scale of maternal mortality worldwide and the urgent need to advocate for action and investment.

3. SUMMARY OF PRESENTATIONS AND DISCUSSIONS

Ros Davies, Chief Executive of Women and Children First welcomed everyone and thanked participants, particularly those who had travelled from beyond the UK, for attending.

There were 3 speakers in the opening session^{2,3}

- **Dr Kishwar Azad, Director of the Perinatal Care Programme at the Diabetic Association of Bangladesh*** opened the meeting by describing the challenges of meeting MDGs 4 and 5 in Bangladesh, indicating the progress made in reducing mortality since 1990 and identifying the remaining reductions to be achieved. She highlighted that most life saving interventions require considerable skills but it is necessary to secure political commitment, achieve a strategic focus on the mother and child, and secure greater financial resources if these two MDGS are to be met. *(Presentation available on Women and Children First's website)*
- **Dr Francisco Songane, Director of the Partnership for Maternal, Newborn & Child Health*** followed by giving a global perspective on advocacy for maternal,

¹ The participants list is at Appendix 1

² The full Agenda is at Appendix 2

³ * See more detailed notes for starred sessions at Appendix 3

newborn and child health, highlighting the wealth of activity that had taken place during 2007 and identifying key opportunities for advocacy in 2008. These present a window of opportunity to press for the significant increase in funding needed for maternal, newborn and child health which is estimated at \$10bn annually up to 2015. Dr Songane noted that the UK is a major donor for MNCH and that UK government and civil society are a crucial voice for the G8. He concluded by stressing the need to co-ordinate strategy to integrate advocacy for MDGs 4 and 5 and the need to work together to ensure long-term G8 accountability up to 2015. (*Presentation available on Women and Children First's website*)

- **The Under-Secretary of State for International Development, Gillian Merron*** congratulated Women and Children First for bringing together such an impressive group of people. Ms Merron highlighted that Prime Minister Gordon Brown has referred to Maternal Mortality as a “Global Emergency” and the UK government sees the 2008 G8 summit as a real opportunity. She noted the need for contraceptive services and highlighted the problem of unsafe abortion. She underlined the commitment of the UK government and pledged that DFID will continue to: emphasise the importance of maternal health, focus on health systems, provide support for research to fill evidence gaps, continue to support women, and continue to challenge governments to respond to maternal health issues.

Several comments were made by participants and some questions were put to the speakers:

- Does DFID support the creation of a high level, fully funded and supported women’s agency within the UN?
- Over 80% of obstetric care is provided by nurses/midwives, however, their voice is not prominent at WHO.
- Lobbying Japan on maternal health is important in the run-up to the G8 Summit – what is DFID doing about this?
- The importance of girls’ education and access to midwifery schools were raised.
- Where does the additional US \$10 billion figure come from?
- Harmonization of development aid is important.

Gillian Merron responded, saying we need to mainstream the issues and noted that the International Health Partnership is about harmonization.

Dr Songane spoke about communication being a problem at country level. The three pillars (reproductive health, skilled attendance and care during pregnancy and childbirth, and access to emergency obstetric care) have to converge. It is important that midwives have a voice, and this can happen; the International Confederation of Midwives (ICM) is a member of the Partnership and, within WHO, the Assistant Director-General for Family and Community Health - Daisy Mafubelu – is a midwife. There is remarkable consensus regarding calculations of the additional funding needed, and he believes the additional amount can be forthcoming. He noted the continuing increased support for the Global Fund for AIDS TB and Malaria, and said we need to maintain pressure on the G8 for increases in funding for maternal health.

The second session, moderated by **Chris McCafferty, Chair of the All Party Parliamentary Group on Population, Reproductive Health and Development**, focused on what UK advocates can learn from previous successes.

- **Ann Pettifor, Advocacy International** spoke about the complexity of messaging for maternal health and the need to keep language simple. She highlighted that maternal health is an issue to be addressed by the women’s movement, but these groups tend to be national in outlook, not internationally focused. An international perspective is needed and learning can be gained from HIV/AIDS campaigns.

- **Steve Cockburn, Stop AIDS Campaign** commented that, in order to achieve Universal Access (to HIV prevention, treatment, care and support) by 2010, it would be necessary to work in coalition with others to achieve the necessary quadrupling in funds. Working in coalition can focus the advocacy agenda, while allowing space and support for diversity. He noted the challenges presented by working in consortia: needing to create manageable and legitimate decision-making procedures that can achieve consensus; ensuring that the coalition continues to serve and provide added value to members; and maintaining participation and interest when organizations change priorities. *(Presentation available on Women and Children First's website)*
- **Prof. Wendy Graham, IMMPACT*** spoke about “translating” research into policy and practice, within which there are 3 important factors: general acceptance that improving health needs evidence-informed decision-making; value for money, and frustration with slow progress. We need to help speed up and catalyse the process. Stating “Researchers are from Venus; policy-makers are from Mars”, she asked how we can shift from a two community approach to a networking approach and strengthen networks to boost translation? She highlighted that policy-makers need to be called to account and are more likely to respond to arguments that include hard evidence, though it is hard to attribute policy change to research. Advocacy needs to start from the perspective of decision-makers and researcher/advocates need to learn to communicate with them effectively. *(Presentation available on Women and Children First's website)*

During discussion, the following points were raised:

- Marianne Haslegrave queried: Women’s organizations tend not to be onside. How should we try to reach them? Is it right to frame it as a health issue? Would it be better to go for a rights framework?
- Ann Pettifor replied: AIDS was initially seen as a man’s disease, and the men got themselves sorted. We have to frame this as a crisis. Health systems separate a mother from her child. The separation is a big mistake for women. Women are dying preventable deaths. We need to shock the women’s movement into action

In the third session, moderated by **Victoria MacDonald, Social Affairs Correspondent, Channel 4 News**, the panel discussed the role of advocacy in scaling up MNCH. Each panel member made an input from their specialist perspective and this was followed by a discussion between panel members and workshop participants.

- **Dr Monir Islam (MI), Director, Making Pregnancy Safer, WHO** said that at a regional level, people don’t talk about maternal health. We know we need skilled care, family planning, emergency obstetric care. People are crying for deaths to stop, but how can we scale up? We need to be angry; we need to be activists.
- **Nancy Terreri (NT), Senior Advisor, UNICEF** stated that UK agencies can help global advocacy. Maternal health is different to child health – we have to tackle health systems. We could do better at describing what needs to be done and emphasis needs to be put on access to family planning, emergency obstetric care and skilled attendance at birth.
- **Dr Ann Phoya (AP), Director of Health SWAp, Malawi** noted that the bible says women are supposed to *suffer* during childbirth, not die. Women are often gatekeepers at the community level; mothers-in-law can prevent women seeking skilled care.
- **Malcolm McNeil (MM), Head AIDS & Reproductive Health Team, DFID** said we have to get the message to people that maternal mortality figures are a scandal. We’ve been saying things are starting to change for 20 years, but there is still a lack of political will. There is too much focus on health and finance sectors; the

issues are as much about rights and justice. There has also been a disunited UN approach, although maybe that is starting to change. We are collectively embarrassed to talk about abortion and violence, and starting to swerve round difficult issues. There is a human resource crisis in Africa. But, there are some opportunities: there is a change in UK political will, and a focus on maternal health, half way to the MDG deadline. The G8 is another opportunity. Key people are getting angry. People are seeing that we won't achieve MDG 4 if we don't achieve MDG 5. We know what needs to be done (universal access to reproductive health, skilled attendance, emergency obstetric care). We need to be as effective as the AIDS lobby has been.

- **Dr. Prasanta Tripathy (PT), Director & Co-Founder, Ekjut, India** spoke about the need for accurate data, particularly disaggregated data on which to base plans. Scaling up cannot take place unless there is good data and process evaluation.

Additional points made during the discussion were:

- MI - Optimistic for G8 agenda. We have to make significant strides this year.
- MM - We need a broad consensus for action in Africa.
- PT - UK advocacy is important. We need support from international advocacy. Need research to be sound. Advocates need to be willing to be invisible, so that local voices can be heard.
- MM - A co-ordinated voice from the UK constituency would be valuable and effective; the Jubilee debt campaign is a good example of this. The AIDS lobby has succeeded in capturing resources. Don't make the message too complex.
- AP - International level advocacy: don't separate the mother and baby dyad. Advocacy should focus on what is happening at country level.
- NT - A UK voice would also have influence outside the UK, and help to create a social movement for change. The PM and his wife are behind it. UN agencies are trying hard to work better together.
- MI - Learn from HIV – start sending letters.
- Dr Anthony Costello - World Bank MCH spending is going down. G8 – nothing happened after Gleneagles. Remove restrictions on the Global Fund – they should not rule out MCH.
- Dr Prudence Hamade – In many countries there is no effective system of registration of births and deaths; the maternal mortality figure could be far greater than 500,000.
- Fiona Duby - Contraception: there is a scandal of unmet need.
- Ron Finlay - Public support comes when an issue is on people's radar. What would get the subject on TV?
- MM - Derisory amounts are being spent on maternal mortality. Recent trend is going towards a substantial increase in budget support, but this is not resulting in strengthened health systems
- NT - Birth/death registration should be an advocacy priority.

The fourth session, chaired by **Dr Alice Welbourn, Leadership Council, Global Coalition on Women and HIV/AIDS**, focused on ways in which we could approach increasing and coordinating UK advocacy to maximise the UK's contribution to reaching MDGS 4 & 5 as a prelude to participants splitting into working groups to discuss this in more detail.

- **Dr Arletty Pinel (AP), Chair, Advocacy Working Group, PMNCH** talked about how the Partnership for Maternal, Newborn and Child Health brought together three networks: the Partnership for Safe Motherhood and Newborn Health; the Healthy Newborn Partnership and the Child Survival Partnership. Deliver Now for Women and Children is an advocacy drive co-ordinated by the PMNCH, and is a

crucial component in a broader Global Campaign for the Health Millennium Development Goals, which is being spear-headed by the leaders of Norway, Great Britain and Canada. It is responding to a valuable window of opportunity. This meeting is extremely timely, focusing on a UK response to this issue. AIDS had a campaign advantage, in that the issue was new. Prevention of MTCT is one of the failures of the HIV/AIDS movement. Private sector involvement is important, but also has its limitations, while “Deliver Now” is a public good. *(Presentation available on Women and Children First’s website)*

- **Alice Schmidt (AS), Save the Children UK** addressed the potential for increased linkages between maternal and child health advocacy. She noted that 40% of deaths in children under 5 happen in their first month of life. Measuring mortality under-estimates the problem; reducing maternal morbidity is important for child survival. Under-5 mortality in sub-Saharan Africa has gone up. The gap in infant mortality between the rich and the poor is increasing. The continuum of care concept is important because it links maternal, newborn and child health at household level to hospital care and extending services to reach women in greatest need. We need a stronger evidence base, and agreed indicators on inequity and inequality. The UK uses pro-poor language. *(Presentation available on Women and Children First’s website)*
- **Kate Hawkins (KH), Action for Global Health/Interact Worldwide** gave an overview of the history of HIV/AIDS and sexual and reproductive health integration. The UK government supports integration; DFID has merged its reproductive health and AIDS teams. But there is no overarching reproductive health strategy. Where does the issue sit within the new health initiatives such as the International Health Partnership? We need to build the evidence base and lessons learned: networking is key. National and international level work is important. We can harmonize UK and international action with improved communication flow. We must ditch the competition and work together. We also need to work with affected communities in the South. *(Presentation available on Women and Children First’s website)*
- **Dr David McCoy (DM), Global Health Watch and Centre for International Health and Development, UCL** Dr McCoy highlighted health system strengthening as a pre-requisite to MNCH. Health systems are the magic bullet; organising health by geographical area, having a tiered health system with effective referral and transport mechanisms, which enables a managed relationship with NGO, private and traditional health providers. Health systems were decimated 25 years ago, as part of structural adjustment programmes and the debt crisis. Since then, we have had selected disease-based, stand-alone development of health programmes. We need a radical restructuring of the global health architecture. Right now we have in-country competition for scarce health human resources, which are often poorly used. Commercialisation brings its own problems. There is tension between responding to specific health issues vs health systems development, which takes time. We need to simplify advocacy messages, and highlight broken promises. There is no magic bullet for health systems strengthening.

The presentations were followed by discussion and comments from the floor:

- Alice Welbourne noted that women’s rights are important and we need the integration of children’s rights with women’s rights. For example, HIV testing of pregnant women for prevention of MTCT of HIV has significant rights implications.
- Marianne Haslegrave said that we need a common message.
- AP replied that the PMNCH has been tasked with coming up with a common message. We need help to ensure that whatever they come up with is something that people can and will use.

- DM said we need to work out what requires a common message and what doesn't; sometimes a common message can be harmful, for example where local solutions are different.
- AS noted there is value in a simple statement, but it might not be actionable. The concept of injustice resonates with everyone.
- Dr Songane said the Women Deliver conference came to a valuable consensus on what's needed – reproductive health, skilled attendance and care during pregnancy and childbirth, and access to emergency obstetric care. The message needs to be based on this consensus.

1. WORKING GROUP SESSIONS

The participants split into groups to discuss 3 questions:

1. How can UK advocates increase and better co-ordinate advocacy for maternal, newborn and child health?
2. What mechanism(s) could support UK advocacy for MNCH being scaled up?
3. What commitments can we make for increased co-ordination in the UK advocacy for MNCH?

Each group was supported by a facilitator and speakers from the previous session acted as resource persons. Participants were advised that Women & Children First would follow up the workshop by:

- Carrying out a mapping exercise to identify which relevant issues UK advocates were prioritising. The results will be collated into a user-friendly document to be distributed to participants.
- Developing a tailored toolkit for UK advocates working on MDGs 4 and 5.
- Consulting with workshop participants and others on the contents of the mapping and toolkit and also holding more detailed discussions on a mechanism for closer working.

Feedback from the working groups highlighted

- What is needed to co-ordinate well?
 - Good overall co-ordinating mechanism
 - Common message/focus
 - Mapping
 - Mutual perspective
 - Common value system
 - Participatory process
 - Recognising skills and strengths – people and organisations
 - Communication
 - Accessible materials
 - Bringing research and NGOs together
- Barriers to effective co-ordination
 - Too many initiatives
 - Professional and organisational boundaries
 - Defensiveness
 - Competition for funds
 - Time and logistics
 - Lack of consensus/common value system – e.g. abortion
 - Conviction of validity of own approach
 - Different focus

- Existing UK advocacy groups
 - White Ribbon Alliance
 - UK Network for SRHR, maternal health working group
 - Action for Global Health
 - International organisations
 - Professional associations
 - Researchers/Academics
 - Diaspora
 - APPGs

- What an effective co-ordinating mechanism might look like
 - Focus on defined audience/s: UK public, UK government, UK NGOs
 - A common website (e.g. AIDS Portal)
 - Working groups on specific issues
 - Bring disparate groups together
 - Secretariat to facilitate
 - Focus on MNCH together – MDGs 4 & 5

Three possible options for working more closely together were suggested for further discussion and evaluation at a follow-up meeting that Women and Children First will organise⁴:

- 1) Establish a UK(/European) Cluster of PMNCH?
- 2) Locate within Action for Global Health in the UK?
- 3) Could the Sexual and Reproductive Health and Rights Network do it?

There was consensus that the mapping exercise and development of a tailored advocacy pack would be welcomed by UK advocates. In addition, there was agreement that the establishment of a “cluster” focused on advocacy for maternal, newborn and child health would be a positive mechanism through which to focus and channel advocacy for MDGs 4 and 5.

5. CONCLUSIONS

Patricia Hindmarsh, Vice-Chair of Women and Children First briefly summed up the day’s achievements. She noted that people want to go forward to work more closely but that the discussion has only just begun; there may be more confusion before there is clarity on how we can do this. There is a need to get angry about continued high mortality rates and we must accelerate advocacy for MDGs 4 and 5. We know that the targets for our advocacy include the UK government and public, but to maximise impact, we need to simplify messages and improve the evidence base.

She closed the workshop by thanking everyone for taking part in what had been an extremely interesting and valuable day.

⁴ The follow-up meeting was held on 8 April 2008 and a summary of the meeting is available in the advocacy section on Women and Children First’s website www.wcf-uk.org

Appendix 1

Participants				
No.	Surname	First Name	Title	Organisation
1	Abbasi	Samah	Policy & Parliamentary Officer	UNICEF UK
2	Agenbag	Rentia	Senior Policy Advisor	Tearfund
3	Asif, Dr	Kiran		IPPF
4	Azad, Dr	Kishwar	Perinatal Care Programme Director	DAB-Perinatal Care, Bangladesh
5	Barber, Dr	Gillian		Royal College of Nursing (and the Midwifery Society)
6	Barr, Dr	Shelagh	Business Relations Manager	IMMPACT, University of Aberdeen
7	Basak, Dr	Carolyn	Midwifery & Women's Health Adviser	Royal College of Nursing
8	Bradford, Dr	Carol	Freelance Consultant	
9	Brenzel	Logan	Senior Health Specialist, Health, Nutrition, Pop.	Human Development Network, The World Bank
10	Bryant	Leo	Advocacy Manager	Marie Stopes International
11	Chand, Dr	Sudeep		Centre for International Health & Development, UCL
12	Chowdhuri	Sabiha	Short term Consultant	BRAC UK
13	Clewett	Jerry	Deputy Director	Health Unlimited
14	Cockburn	Stephen	Campaign Coordinator	Stop AIDS Campaign
15	Costello	Anthony	Director, Centre for International Health & Development	Institute for Child Health, UCL (& Trustee, WCF)
16	Crane	Susan	Consultant Event Manager	Women & Children First (UK)
17	Daniels	David	Director, Health & Policy	YozuMannion Ltd
18	Davies	Ros	CEO	Women & Children First (UK)
19	Doull	Linda	Director	Merlin
20	Duby	Fiona	Independent Consultant	
21	Duggan	Ruth		terre des hommes

22	Enoch, Dr	Etheline M.L.	Scientific Operations Manager	Impact, University of Aberdeen
23	Erasmus, Dr	Panna	Health Advisor	Merlin
24	Esegbona, Dr	Gloria		nomado
25	Fairburn	Sue	Knowledge and Advocacy Manager/Technical Coordinator	IMMPACT, University of Aberdeen
26	Feather	Jo	Independent Consultant	
27	Filippi	Veronique	Senior Lecturer, Maternal Health & Epidemiology	London School of Hygiene and Tropical Medicine
28	Finlay	Ron	Trustee	Women and Children First (UK)
29	Flatman	Dorothy	Programme Manager	The Health Foundation
30	Fyle	Janet	Professional Policy Adviser	Royal College of Midwives
31	Gabrysch, Dr	Sabine		London School of Hygiene and Tropical Medicine
32	Graham, Prof	Wendy J.	Obstetric Epidemiology (& Principal Investigator)	IMMPACT, University of Aberdeen
33	Grigulis	Astrida	Research Fellow	Centre for International Health and Development
34	Halford	Stuart	Advocacy Officer	IPPF
35	Hamade, Dr	Prudence		MSF
36	Haslegrave	Marianne	Director	Commonwealth Medical Trust (Commat)
37	Hawkins	Kate	Policy & Advocacy Officer	Action for Global Health/Interact Worldwide
38	Haworth	Caroline	Director Policy & Programmes	Interact Worldwide
39	Hindmarsh	Patricia	Vice-Chair	Women and Children First (UK)
40	Hollander	Marlou den	Advocacy Manager, RAISE	Marie Stopes International
41	Houweling, Dr	Tanja A.J.	Epidemiology & Public Health	UCL
42	Huang	Wei		London School of Hygiene and Tropical Medicine
43	Ingleby	Clive	Programme Development Adviser, Health	Voluntary Service Overseas (VSO)
44	Islam, Dr	Monir	Director, Making Pregnancy Safer	WHO
45	Jacob	Sue		Royal College of Midwives

46	Jamison	Joanna	Executive Assistant	Advocacy International
47	Kersley	Helen	Research Fellow	Advocacy International
48	Khan, Dr	Hafiz T.A.	Research Fellow	Oxford University
49	Kjaerby	Ann Mette	Parliamentary & Policy Adviser	All Party Parliamentary Group on Population, Reproductive Health and Development
50	MacDonald	Victoria	Social Affairs Correspondent	Channel 4 News
51	Manandhar	Dharma S.	President and Executive Director	Mother and Infant Research Activities, Nepal
52	Marriott	Sarah-Jane	Freelance Consultant, SRH	
53	Masache	Gibson	Interim Programme Director	The Health Foundation Consortium, Malawi
54	McCafferty, MP	Chris	Chair	All Party Parliamentary Group on Population, Reproductive Health and Development
55	McConville	Fran	Health Adviser	DFID
56	McCoy, Dr	David	Specialist Registrar	Centre for International Health & Development, UCL
57	McDonald	Rosemary	Programme Officer	Women and Children First (UK)
58	McKenna	Nancy Durrell	Executive Director	SafeHands for Mothers
59	McNeil	Malcolm	Head, AIDS & Reproductive Health Team	DFID
60	Mecaskey	Jeff	Head of Health	Save the Children UK
61	Mellor	Kathy		BIRTHLINK
62	Merron, MP	Gillian	UK Under-Secretary of State for International Development	DFID
63	Morley	David	Emeritus Prof. Tropical Child Health	Teaching-Aids at Low Cost (TALC)
64	Mukasa	Grace	Head of Programmes and Advocacy	AMREF UK
65	Namjilsuren	Tunga	Communications Officer	Partnership for Maternal, Newborn & Child Health, WHO
66	Newman	Karen	International Development Consultant	Women & Children First, UK
67	Newport	Sue	CEO	Maternity Worldwide
68	Palmer	Lucy	Development Director	SafeHands for Mothers

69	Palmer	Joy		St Georges Healthcare
70	Pettifor	Ann	Executive Director	Advocacy International
71	Phoya, Dr	Ann	Director, SWAp Secretariat	Ministry of Health, Malawi
72	Pinel, Dr	Arletty	Chief, Reproductive Health	UNFPA (+ Chair, Advocacy Working Group, PMNCH)
73	Shokoya, Dr	Tunde	Specialist Registrar, Obstetrics & Gynaecology	National Health Service, UK
74	Simelela, Dr	Nothemba	Director, Technical Division	IPPF
75	Songane, Dr	Francisco	Director	Partnership for Maternal, Newborn & Child Health, WHO
76	Standing, Dr	Hilary	Director, Realising Rights RPC	Institute of Development Studies
77	Storeng	Katerini	PhD candidate	London School of Hygiene and Tropical Medicine
78	Terreri	Nancy	Senior Advisor, Maternal & Child Health	UNICEF
79	Tima	Belinda	Co-Chair UK Board	International Community of Women Living with HIV/AIDS
80	Tripathy, Dr	Prasanta	Director & Co-Founder	Ekjut, India
81	Valette	Delphine	International Advocacy Coordinator	Malaria Consortium
82	Walder	Rupert	Reporter	RH Reality Check
83	Walsh	Margaret		City University
84	Welbourn, Dr	Alice	Consultant	
85	Williams	Susan	Head of International Affairs	Royal College of Nursing
86	Williams, Dr	Tony	Trustee	Women and Children First (UK)

Appendix 2

HARNESSING UK EXPERTISE IN MATERNAL, NEWBORN AND CHILD HEALTH TO ACHIEVE MDGS 4 AND 5

6 March 2008, 9.30 a.m. – 5.00 p.m.

*Harvey Goodwin Suite, Church House, Dean's Yard
Westminster, London SW1P 3NZ*

FINAL AGENDA

9.30 **REGISTRATION (Tea/coffee)**

10.00 - **WELCOME & INTRODUCTION TO THE DAY**
10.45

Ros Davies, Chief Executive, Women & Children First

- **The challenges of meeting MDGs 4 and 5 in Bangladesh**
Dr Kishwar Azad, Perinatal Care Programme Director, Bangladesh
- **Achieving MDGs 4 & 5 – A global perspective on advocacy for Maternal, Newborn and Child Health**
Dr Francisco Songane, Director, Partnership for Maternal, Newborn & Child Health, World Health Organisation
- **Ensuring Maternal and Child Health is a priority on the political agenda**
Gillian Merron MP, UK Under-Secretary of State for International Development

10.45 – **WHAT CAN UK ADVOCATES LEARN FROM PREVIOUS SUCCESSES?**
11.30

- **Ann Pettifor**, Executive Director, Advocacy International
Engaging the UK public, key learning from Jubilee 2000
- **Steve Cockburn**, Coordinator, Stop AIDS Campaign
How concerted combined advocacy resulted in large increases in UK funding for HIV/AIDS
- **Prof. Wendy Graham**, Principal Investigator, IMMPECT
Translating research into policy and practice

Chair: Chris McCafferty MP, Chair, All Party Parliamentary Group on Population, Reproductive Health and Development

11.30 – **Tea/Coffee and Networking**
12.00

12.00 – **THE ROLE OF ADVOCACY IN SCALING UP MNCH**
1.00pm

Panel discussion on scaling up – successes, bottlenecks and opportunities:

- **Dr Monir Islam**, Director, Making Pregnancy Safer, WHO
- **Nancy Terreri**, Senior Advisor, Maternal & Child Health, UNICEF
- **Dr Ann Phoya**, Director of Health SWAp, Malawi
- **Malcolm McNeil**, Head AIDS & Reproductive Health Team, DFID
- **Dr Prasanta Tripathy**, Director & Co-Founder, Ekjut, India

Moderator: Victoria MacDonald, Social Affairs Correspondent, Channel 4 News

1.00 –
2.00pm **Lunch, Harvey Goodwin Suite, Church House (buffet)**

2.00 –
3.30pm **THE WAY FORWARD 1: Increasing and Coordinating UK Advocacy To Maximise The UK's Contribution To Reaching MDGs 4 & 5**

- **Dr Arletty Pinel**, Chief, Reproductive Health, UNFPA & Chair, Advocacy Working Group, PMNCH
How can UK advocates support the PMNCH?
- **Jeff Mecaskey**, Head of Health, Save the Children UK
Potential for increase in linkages between maternal and child health advocacy
- **Kate Hawkins**, Policy & Advocacy Officer, Action for Global Health/Interact Worldwide
SRHR and HIV/AIDS advocacy linkages
- **Dr David McCoy**, Global Health Watch and Centre for International Health and Development, UCL
Health System Strengthening as a pre-requisite to MNCH

Participants Q&A and discussion from the floor

Moderator: Dr Alice Welbourn, Leadership Council, Global Coalition on Women and HIV/AIDS

3.30 –
3.45pm **Tea/Coffee**

3.45 –
4.30pm **THE WAY FORWARD 2: Working groups**

1. How can UK advocates increase and better co-ordinate advocacy for maternal, newborn and child health?
2. What mechanism(s) could support UK advocacy for MNCH being scaled up?
3. What commitments can we make for increased co-ordination in UK advocacy for MNCH?

4.30 –
5.00pm **SUMMARY AND CLOSE – Patricia Hindmarsh**, Vice-Chair, Women & Children First

- Feedback from working groups
- Commitments for going forward

Many thanks to UNFPA & DFID whose funding has made this workshop possible.



Appendix 3

Dr Kishwar Azad, Perinatal Care Programme Director at the Diabetic Association of Bangladesh *(See presentation Dr Kishwar Azad)*

Dr Azad opened the meeting by describing the challenges of meeting MDGs 4 and 5 in Bangladesh.

Bangladesh is often associated with natural disasters, such as floods and cyclones, but there have been some notable development successes, for example in microfinance and immunization. However, Bangladesh is not on target to achieve MDG 4 and neonatal infection accounts for 50% of the mortality. In relation to MDG 5, the most life-saving interventions require skills – for example to deal with post partum bleeding. Care during delivery is the priority and integration of maternal and child health services is vital.

Dr Francisco Songane, Director of the Partnership for Maternal, Newborn & Child Health *(See presentation Dr Francisco Songane)*

Dr Songane gave a global perspective on advocacy for maternal, newborn and child health. The Partnership consists of over 200 members working for the achievement of MDGs 4 and 5. There is a global funding gap for MDGs 4 and 5; an additional \$10 billion per year is needed.

The global lack of political will is problematic, but there is increasing commitment. 2007 was a tipping point: the Global Campaign for the Health MDGs was launched; the UK government was involved in the launch of the International Health Partnership; France and Germany were involved in the Providing for Health Initiative; Canada, together with UNICEF launched the Catalytic Initiative; Norway committed US \$1 billion for MDGs 4 and 5; and Deliver Now for Women and Children was launched.

There are several events in 2008 which will help keep up the momentum: the 11th Session of the Islamic Summit Conference, 13-14 March in Dakar, Senegal; the Deliver Now for Women + Children advocacy event in April in India; the Countdown to 2015 for Maternal, Newborn & Child Survival--a pioneering conference and report launch in conjunction with the IPU, April 17-19, Cape Town, South Africa; TICAD IY, Tokyo International Conference on African Development, 28-30 May, Yokohama, Japan; and the G8 Summit, Toyako-Hokkaido, July 7-9, Japan. Dr Songane noted that the UK is a major donor for MNCH and that UK government and civil society are a crucial voice for the G8.

He concluded by stressing the need to co-ordinate strategy to integrate advocacy for MDGs 4 and 5 and the need to work together to ensure long-term G8 accountability up to 2015.

Gillian Merron MP, Under-Secretary of State for International Development

Ms Merron congratulated Women and Children First for bringing together such an impressive group of people. Ms Merron underlined the commitment of the government, by saying “We will be sticking with you; we share your objectives, and want to work in partnership with you”. She noted that MDGs 4 and 5 are the most off-track, but there are success stories; for example there has been a 20% reduction in maternal mortality in Nepal, and Mozambique has also been successful. She said that the UK public wants the government to do more. She referred to successful initiatives such as the Jubilee Debt Campaign, and the Stop AIDS Campaign, and commented that there was a sense that momentum is building around maternal mortality. She highlighted that Prime Minister Gordon Brown has referred to Maternal Mortality as a “Global Emergency” and the UK government sees the 2008 G8 summit as a real opportunity. The Minister noted that increasing access to family planning is

key and cited DFID support to Ghana's programme and to UNFPA's commodities procurement. She noted the problems caused by unsafe abortion.

Looking forward, Ms Merron advised that DFID will emphasise the importance of maternal health, focus on health systems, provide support for research to fill evidence gaps, continue to support women, and continue to challenge governments to respond to maternal health issues. She finished by saying we need to recommit ourselves to thinking of new ways of advocating support for maternal health.



Through promoting safe motherhood and newborn care, WCF develops effective and sustainable solutions to maternal and newborn health problems and strengthens accessible and appropriate health services. As well as helping to improve maternal and newborn health services we work with local communities, raising women's knowledge of how best to take care of themselves during pregnancy and improving skills in newborn care. This is done through both strengthening health services and mobilising communities through establishing women's groups where the women are supported to identify the problems they face, then develop and implement strategies to solve them.

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