

# Yes We Can!

## Three leading MDG 4 and 5 advocates say why

**As UK advocates plan their 2009 strategy, three key players were asked to give their views on three questions about MDGs 4 and 5 advocacy. Here are their responses.**

### 5 minutes with Flavia Bustreo

**Partnership for Maternal, Newborn and Child Health Deputy Director Flavia Bustreo was in London in January to participate in a DFID strategy meeting on MDG5. WCF's Newsletter Editor caught up with her, and asked for her views.**

**What was the most important advocacy breakthrough for MDGs 4 and 5 in 2008?**

Definitely the Special Event Commitment to highlight Progress for Mothers, Newborns, and Children, which was held at the same time as UN High-level Event on the Millennium Development Goals in September in New York, when the Presidents of Chile, Finland and Tanzania and Prime Minister of Norway came together to highlight the need for increased global commitment to achieve MDGs 4 and 5. The event also benefitted from the participation of Sarah Brown.

**What do you see as the most important advocacy opportunity for advancing MDGs 4 and 5 in 2009?**

Can I have two opportunities? I'd find it difficult to choose between the new Task Force on Innovative Finances for Health Systems and the 2009 G8 meeting in Italy; it's vital that both find ways of securing global attention and additional resources for the achievement of MDGs 4 and 5.

**What, from your perspective, is the single most important advocacy message you'd like to see UK-based groups focusing on during 2009?**

Women and children are the face of the financial crisis. The global financial crisis is not a reason not to invest in women and children; on the contrary, it increases the need to do so. During the financial crisis in Argentina, I witnessed the reappearance of Kwashiorkor, which had not been seen in Latin America for generations. Advocacy messages should focus on the need to ensure that women and children do not pay for the crisis, and that it is not used as a reason not to invest in the services that could save their lives.

### Jill Sheffield's view from across the Pond:

**The dynamo behind the landmark Women Deliver Conference in London in 2007, Family Care International President Emeritus Jill Sheffield, found the time to respond to similar questions in between meetings in Washington.**

**What was the most important advocacy breakthrough for MDGs 4 and 5 in 2008?**

Follow-up to the Women Deliver Conference; it was great to achieve consensus on the 4 pillars (Family planning and other reproductive health services, Skilled care during and immediately after pregnancy and childbirth, Emergency obstetric care when life threatening complications develop, and Immediate postnatal care for mothers and newborns) – these provided excellent opportunities for advocacy. And we achieved something real at the G8; we were heard, a statement was added to the report, and although we didn't get the funding commitment we wanted, the issue is now on the horizon and agenda for the future.



Mother and child walking to a women's group meeting, Malawi

**What do you see as the most important advocacy opportunity for advancing MDGs 4 and 5 in 2009?**

We've started off well; it's great that UNICEF's 2009 State of the World's Children is focusing on maternal and newborn health. We need to make sure that the Maternal Health Task Force is effective, and that we continue to ensure that research findings are translated into effective advocacy messages. We also shouldn't lose sight of the fact that 2009 marks the fifteenth year since ICPD - we need to use that opportunity all year long, ensuring that, in advocacy terms, people see the link between ICPD+15 and the MDG.

**What, from your perspective, is the single most important advocacy message you'd like to see UK-based groups focusing on during 2009?**

Maybe it's because you've asked me this just before the inauguration of our new President, but I think it would be tremendously valuable for advocates to emphasize, even in this financial climate that we can make progress. We CAN do it. We need political will and resources; possibly the first more than the second because, with political will, resources will flow. We have valuable consensus on what needs to be done. Can we build on this to achieve MDGs 4 and 5? Confident advocacy messages saying, in essence, "Yes, we can", would be great.

## Ros Davies: UK advocates can make a difference

Women and Children First Chief Executive Ros Davies emphasized the value of UK advocates working together to advance MDGs 4 and 5. Here is her perspective:

**What was the most important advocacy breakthrough for MDGs 4 and 5 in 2008?**

Sarah Brown's consistent support for maternal and child health throughout 2008 has been very important to galvanize support for our issue in the UK and further afield. WCF was delighted when she agreed to speak following our March 2008 workshop on Harnessing UK expertise in maternal, newborn and child health to achieve MDGs 4 and 5, and her support has definitely made it easier for us and others to secure media coverage for these issues.

**What do you see as the most important advocacy opportunity for advancing MDGs 4 and 5 in 2009?**

WCF is convening a meeting on May 6th, which will provide space for UK-based MDG 4 and 5 advocates to come together and identify key priorities, messages, resources and what they can do most effectively by working together. The interest shown by various NGOs, academics and professional associations in working more closely together represents a big opportunity for a sustained advocacy drive to advance MDGs 4 and 5.

**What, from your perspective, is the single most important advocacy message you'd like to see UK-based groups focusing on during 2009?**

That the continuum of care concept is important, but that each element of it needs careful consideration and attention. That way, we retain the value of seeing, and serving, not only the mother/child dyad, but also recognise that we need to take account of young women's sexual and reproductive health and information needs long before they become pregnant as well as recognizing that needs vary widely at different stages of the pregnancy, childbirth and postnatal process.