

## ↘ INTRODUCTION

In October 2007, a gathering of nearly 2,000 advocates, researchers, policy makers, and global leaders from 115 countries put the world on notice the deaths of more than 500,000 women each year in pregnancy and childbirth will no longer be tolerated. The Women Deliver conference, held in London to mark the 20th anniversary of the Safe Motherhood Initiative, brought new ammunition to the case for investing in maternal and newborn health. It successfully demonstrated that maternal and newborn health is key to the economic growth and the social fabric of developing nations.

Participants shared two decades of lessons learned in five critical areas:

- **Improving Women's and Newborn Health** – maternal health, newborn health, family planning, comprehensive reproductive health, unsafe abortion, HIV and AIDS, sexuality education
- **Promoting Women in the World** – girls' education, women and work, leadership development
- **Expanding Financial Resources** – donor aid, health system reform, corporate commitment, private money
- **Advancing Human Rights** – women's rights, gender equality, poverty reduction, freedom from violence
- **Building Political Will** – advocacy, communications, high-level political leadership, youth leadership

Substantial new investment in these five areas is necessary to achieve the Millennium Development Goals (MDGs), especially MDG 5 on maternal health. For MDG 5, the global community must invest in the three pillars of maternal health: comprehensive reproductive health services, skilled care, and emergency obstetric care.

The conference programme included more than 300 speakers who illuminated the grave realities and the hope for the future behind the conference theme: Invest in Women – It Pays! This incredible brain-trust inspired and informed dialogue and debate in 118 separate sessions over three days, including

- six special plenary sessions during which no other sessions ran.
- four plenary sessions that ran in the plenary hall concurrently with breakout sessions and workshops.
- twelve skills-building, strategy, and networking sessions on the last day that enabled participants to develop plans for future action.
- seventeen launches of new campaigns, data, and publications in the Speakers' Corner.
- seventy-five simultaneous sessions focused on the five conference themes (see above).

What follows are summaries of the 75 simultaneous sessions, organized by thematic areas:

- 1) Maternal / Newborn Health (pages 2-6)
- 2) Sexual Health (pages 7-8)
- 3) HIV and AIDS (pages 9-10)
- 4) Youth (page 11)
- 5) Empowerment (pages 12)
- 6) Health Systems (pages 13-14)
- 7) Funding (pages 15-16)
- 8) Human Rights (pages 17-18)
- 9) Advocacy (pages 19-20)

## ➤ MATERNAL AND NEWBORN HEALTH

### OVERVIEW

Panelists highlighted emerging issues in the maternal health field and examined solutions for reducing maternal and newborn mortality and providing women with the essential health services and care they need to have safe pregnancies and childbirths. The sessions included strategies and recommendations for increasing skilled care at childbirth, improving emergency obstetric care, reducing unnecessary caesarean sections, partnering with faith-based organizations, training mid-level providers, and ensuring that women have access to high-quality health services.

### SESSION SUMMARIES

#### **102 Postnatal Care: A Missing Link to Save the Lives of Women and Newborns**

Four million newborns die every year in their first month of life—that's 40% of the under-five deaths, and these newborns are most vulnerable to complications leading to death in the first few hours of life. Most (75%) occur in the first week. This is also when many women die—some 60% of the world's half a million maternal deaths occur in the postnatal period, mostly during the first week after delivery.

Despite this high risk immediately after birth, postnatal care (PNC) has historically focused on a six-week “survival visit” for mother and baby. Now there is much more knowledge of the evidence based interventions, which will save lives of mothers and newborns through immediate and early postnatal care. However, while there is increasing consensus on what to do, there remain questions about optimal timing and delivery of care.

Panelists outlined the global context and evidence for the postnatal care package and provided new evidence about content, timing, and delivery mechanisms of postnatal care from Bangladesh, Nepal, Malawi, and Kenya. Integrated service delivery was piloted in Bangladesh and Nepal with the following strategies: counselling, training of care providers, postnatal home visits, community mobilization, and advocacy. In a two-year period, the number of infants delivering at home receiving care within three days jumped from 2% to 32% in Bangladesh and 3% to 17% in Nepal. As a result of the intervention, Nepal developed the National Newborn Health Strategy and the Minister of Health scaled up a community-based newborn care package. In Bangladesh, interventions were scaled up through the Minister of Health and national programmes and a National Core Committee was formed to develop a National Neonatal Health Strategy.

#### **103 Achieving Equity in Maternal Health**

Panelists discussed: 1) the relationship between women's education, wealth, and decision-making power and their use of maternal health services, 2) the impact of the level of use of maternal health services, and 3) the impact on maternal mortality rate (MMR) of achieving MDGs 1 and 2, the elimination of poverty and realisation of universal primary education, respectively. To examine these three topics, an analysis was conducted between 1998 and 2005 of 31 countries that had recent Demographic and Health Surveys (DHS), which collected data on education, wealth, and the decision-making power of women. The study found that women who received primary education, who were less poor, and who had decision-making power were more likely to use maternal health services. Education was the most consistent and powerful in its impact, followed by “wealth”. The influence of decision-making power was modest. The use of maternal health interventions was associated with a reduction in MMR. In all cases, achieving the MDGs for poverty reduction and universal primary education would increase the use of the five maternal health services examined.

The panelists concluded by highlighting the following key points about inequities and maternal health:

1) measuring and monitoring inequity in access to maternal health is possible even in low resource settings, using current data; 2) statistically significant health gaps exist not just between rich and poor, but also across other population groups, and multiple forms of disadvantage confer greater risk; and 3) policies must be aligned with reducing health gaps in access to key maternal health services.

#### **105 Increasing Use of Skilled Care at Childbirth in Low-Resource Settings: Evidence from the Skilled Care Initiative**

In 2000, Family Care International, with support from the Bill and Melinda Gates Foundation, launched the Skilled Care Initiative (SCI) a five-year project in four rural, underserved districts in Burkina Faso, Kenya, and Tanzania. The SCI aims to ensure that all women have access to high-quality skilled care. Project activities focused

on improving the availability and quality of maternity care, and promoting increased utilization of maternity services. To contribute to strengthening the evidence base for skilled care, the SCI included a rigorous evaluation with a pre-test, post-test, and quasi-experimental design that included health facility assessments and household surveys covering random samples of nearly 150 health facilities and 17,000 households. The evaluation results show significant and impressive changes in skilled attendance rates in some districts, as well as reduced inequities in access among poorer and richer women. In Burkina Faso, elements of the project are already being replicated in districts throughout the country. Effective behaviour change interventions for seeking skilled care were husband involvement, household discussion and planning, focused antenatal care, and distance from a health facility.

### **106 Enhancing Skilled Attendance Strategies Using IMPACT Evidence**

IMPACT conducted evaluations of programmes to improve skilled attendance in three countries: Burkina Faso, Ghana, and Indonesia. In Burkina Faso, the existing national safe motherhood programme was enhanced through collaboration with a non-governmental organization, providing a broad range of inputs. In Ghana, the researchers evaluated a policy of free delivery care and found that the implementation of free delivery care was challenged by inadequate and erratic flows of funding. Despite this and other barriers (poor quality of care), there was a 5-12% increase in use of skilled attendants. In Indonesia, IMPACT examined the effects and costs of Indonesia's effort of posting a midwife in each village. They found that midwife density is not a predictor of maternal mortality and that maternal mortality is very high, especially among the poor. The midwives' clinical skills in complication management are lacking and are not based on standards. Their role is thus largely confined to referral and obtaining entry to a facility. The researchers concluded that there was a need for long-term sustainable plans for financing health systems.

### **107 Emergency Obstetric Care**

Emergency Obstetric Care (EmOC) should be an essential component of programmes aimed at reducing maternal mortality. UNFPA conducted needs assessments on EmOC using process indicators in Nicaragua, Honduras, El Salvador, Paraguay, and the Dominican Republic. Process indicators are easier to track and can be used to show changes in those activities or circumstances that are known to contribute to or to prevent maternal death. These indicators are an invaluable tool to monitor progress in programme implementation and effectiveness. Taken together these indicators offer a picture of the availability, quality, and use of services. The information obtained is used by decision makers and programmers to improve quality of services.

### **109 Prevention and Treatment of Postpartum Hemorrhage**

Postpartum hemorrhage (PPH) is responsible for one-third of maternal deaths in Africa and Asia and is the largest single cause of maternal mortality worldwide. Investment in evidence-based approaches and simple technologies can reduce the incidence of PPH and effectively treat excessive bleeding when PPH occurs. This panel described recent advances in the application of active management of the third stage of labor (AMTSL) and the use of misoprostol for the prevention and treatment of PPH. Presenters reviewed evidence on PPH prevention and treatment strategies in settings where skilled birth attendants are present, as well as in home-birth settings where no skilled birth attendants are available. The panel offered evidence on the use of misoprostol as a viable option for treating PPH in five countries. Research and programmatic evidence suggests that misoprostol can be safely and effectively used in the community setting when women deliver at home with no skilled provider. Furthermore, women desire to use it and would be willing to pay for this product if they chose to deliver at home. Country-specific experiences on introducing PPH prevention programmes, including the scale-up of AMTSL in Niger, and the pilot introduction of misoprostol administration for PPH prevention in Afghanistan, were also shared.

### **110 Birth in a Dangerous Time and Place: The Role of Humanitarian Assistance**

Panelists highlighted the needs of women in humanitarian crises and presented interventions that work—that reduce vulnerability and save lives. It focused on maternal health, including family planning, post-abortion care, and emergency obstetric care. Panelists explored a wide range of related issues, drawing upon their experiences in various countries across regions, such as Darfur, Uganda, Pakistan, and Afghanistan. The challenges of obtaining baseline data in war torn Darfur included physical risk as well as tensions created by diverting staff time from humanitarian causes. With preparation and ongoing communication, the authors concluded that population-level research is possible in conflict settings like Darfur. Marie Stopes International and Columbia University are implementing a RAISE project in four facilities in Northern Uganda, which has been beset by war over the last 20 years. As part of the start-up, a facilities assessment was conducted.

### **112 Long Term Consequences of Obstetric Complications for Women's Health and Lives**

Safe motherhood programmes focus on the important goal of reducing maternal deaths but rarely consider the broader implications of severe obstetric complications and inadequate care for women who survive such complications. These women can experience long-term health, social, and economic consequences. Cohort studies in Benin and Burkina Faso indicate that the women's survival remains at risk during the year following a severe obstetric complication, that their babies are more likely to die up to one year postpartum, that their mental health is affected, that they often have long term debts related to the emergency care they received, and that there is often not enough money to cover their health care needs. They also report increased social vulnerabilities and symptoms of ill health. Women with a pregnancy loss or a perinatal death associated with a complication are particularly at risk. The studies note that increased resources are needed to ensure that women with severe complications receive adequate care before and after discharge from a health facility.

### **113 Delivering Dead or Alive - Investing in Maternal and Health Systems to Reduce Stillbirths**

This panel covered global estimates for stillbirths and intrapartum stillbirths, interventions to prevent stillbirths, research gaps, and implications for policies. Improving health systems during childbirth has a three-fold effect — reducing neonatal mortality, intrapartum stillbirths, and preventing maternal deaths each year. The MDGs have focused global attention on maternal and child health. However, one large group of deaths that is closely linked to both mothers and newborns are stillbirths, used here to mean babies born dead during the last trimester of pregnancy (after 28 weeks of gestation). A baby who dies five minutes after birth, or indeed who has a detectable heart rate at birth, counts (at least in principle) in the global estimates of child deaths. A baby who dies even in the process of birth does not count. Stillbirths are not reported in World Health Organization (WHO) routine mortality data or in most population-based surveys. They are not included in the MDGs or in the Global Burden of Disease, although novel attempts are underway to develop methodology to calculate Disability Adjusted Life Years (DALYs) for stillbirths.

### **116 Caesarean Section Delivery: A Life Saving Intervention**

Panelists discussed the problem of unnecessary caesarean section deliveries in Latin America and addressed the negative effects needless caesarean sections have on women and on their children. Results from studies revealed that while the majority of women have a preference for a vaginal delivery, there are few effective interventions available or used to reduce c-sections. The panelists urged women's organizations to play a relevant part in empowering women to play more participatory roles in their health care so that women are knowledgeable about the rational indications of c-sections and the consequences of its unnecessary use.

### **117 Case Studies for Safe Motherhood: Learning from South Asian Programmes**

With the achievement of MDG 5 as the ultimate goal, policy makers, programme managers, and researchers in six South Asian sites (Pakistan, Bangladesh, and the Indian states of Tamil Nadu, Andhra Pradesh, Rajasthan, and Gujarat) joined together to review maternal health policy and programmes in areas that are high and low-performing in terms of reducing the MMR and increasing use of skilled care. Foci include: programme implementation barriers, health management capacity, quality of institutional care, and informational gaps, including verbal autopsies and motivating providers and users to increase provision and the use of safe birth. Case studies and operations research of high and low-performing areas, stakeholder analyses and meetings, and assessments of replicability in resource-poor settings have guided the development of recommendations. The purpose is to learn across sites and borders and for programme officials to develop recommendations for policies and benchmarks for safe motherhood programme performance.

### **118 Initiatives to Improve Maternal Health in Andean Multicultural Settings**

Maternal mortality in the Andean countries remains high, especially among indigenous women. This panel presented five different initiatives underway in Bolivia and Ecuador aimed at addressing this problem, specifically the cultural barriers (such as health care practices that are not responsive to cultural needs of user populations) that prevent women from accessing quality sexual and reproductive health services, including skilled care during childbirth. Also, a representative from the Vice Ministry of Intercultural Health of Bolivia presented the national policies and guidelines for offering "culturally friendly" SRH services in all public health facilities and QAP/ Ecuador shared experience and methodology for bringing together traditional healers and health professionals in order to adapt public maternal health services and to make them more culturally acceptable to indigenous populations. UNFPA/Ecuador presented strategies to improve the quality and scope of SRH services provided to Quechua-speaking communities by providing services and education that combine both western and traditional medical care.

### **120 Investing in Comprehensive Effective Perinatal Care in Eastern Europe**

In Georgia, Russia, and Ukraine, John Snow Inc. (in partnership with the World Health Organization (WHO), and in close collaboration with local Ministries of Health ) has developed a new training curriculum on effective perinatal care, created and disseminated evidence-based clinical protocols, and increased public awareness about improved maternal and infant health. As a result, significant changes were achieved in delivery practices, including a reduced use of analgesics and anesthetic drugs; antibiotics; intravenous solutions; laboratory tests; and “medical interventions” such as labour induction, episiotomies, and cesarean-sections.

### **121 Gaps in Childbirth Care in the Middle East: The Hidden Risks**

The panel presented recent research to improve the safety and quality of women’s delivery experience in four countries in the Middle East. The research found that the majority of women deliver in health institutions, and identified problems in the quality of care provided, such as lack of women’s decision-making over the provision of care. The research study identified specific elements of care which are amenable for improvement and which interventions can be rigorously measured.

### **122 Reducing Maternal Mortality: The Power and Potential of Mid-Level Providers; Evidence from Malawi, Mozambique, and Tanzania**

Although human resource deficits and imbalances in distribution are not new in Africa, MDG 5 has brought new urgency to the search for effective, affordable solutions. The panel presented exciting findings from Malawi, Mozambique, and Tanzania regarding the critical role of mid-level providers in delivering quality emergency obstetric and newborn care, including life-saving obstetric surgery and the enabling environment that maximizes their performance. The panel introduced Health System Strengthening for Equity: The Power and Potential of Mid-Level Providers (HSSE), a multi-country project that aims to support health system strengthening for equity in Africa by building an evidence base on the role of mid-level providers in maternal and newborn health and promoting greater political leadership and critical policy action on this issue.

### **134 Obstetric Fistula: A Visible Reminder of Inequity in Maternal Health**

Sponsored by the International Obstetric Fistula Working Group, this panel raised visibility of obstetric fistula. The panelists, along with providing a call for action, discussed what fistula is, why raising visibility about fistula is important, what work still needs to be done to support women suffering from fistula, and to raise awareness, and what gaps still exist in providing proper healthcare to women who suffer from fistula. The panel focused on country-level experiences – an affected woman’s perspectives as well as advocacy and programming at different levels within the countries. It overviewed Bangladesh’s national fistula programme launched in 2003, which has performed to date 1,208 surgeries. In fact, a training and rehabilitation center was established in 2006. Moreover, by supporting a fistula facility in the state Zamfara (one of five Acquire facilities in Nigeria), the Acquire programme aims to improve the quality of fistula repair services and attract more women who need the surgery.

### **152 Faith-Based Organizations and Maternal Mortality**

Panelists in this session noted that faith-based organizations (FBOs) are crucial to increasing access to maternal and child health services throughout the household-to-hospital continuum of care. FBOs represent not only different religious affiliations, but also diverse models of health care delivery. Few research studies have assessed the type and extent of health care delivery by FBOs. However, in the developing world, faith-based health care facilities provide a significant percentage of health care services to the population. In Sub-Saharan Africa, for example, faith-based facilities provide up to 50% of the region’s health care services. In other parts of the world, FBOs manage 10-30% of programmes that address the health needs of women and newborns. More than 90% of the FBO facility- and community-based programmes offer maternal and child health (MCH) services.

### **301 What Works for Reducing Maternal Mortality**

The maternal and newborn health community has moved toward greater consensus over the past several years on the core health sector interventions for reducing maternal and newborn mortality. These include comprehensive reproductive health services, including family planning and prevention/management of unintended pregnancy; skilled care during pregnancy and childbirth; and emergency obstetric care. This panel outlined the key elements of each of these core strategies in the context of overall efforts to strengthen health systems; summarised the evidence available on the potential impact of these strategies; and highlighted the success of Malaysia in reducing its maternal mortality through a comprehensive approach to maternal and newborn care.

## SEXUAL HEALTH

### OVERVIEW

Sexual health is defined as “a state of physical, emotional, mental, and social well-being in relation to sexuality”; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled”. This definition of sexual health is both broad and vague, but it is also an essential tool for aiding conversations about the topic and for conducting advocacy. Sexuality and sexual health specifically are difficult to define, in part because it encompasses a broad range of social, political, and economic factors.

The panels focused on sexual health examined the problems and solutions in accessing sexuality education and information, family planning services and supplies, and safe abortion care.

### SESSION SUMMARIES

#### **114 Perceptions of Care: Women’s Experience**

Panelists explored the meaning of providing comprehensive reproductive health care. Emphasis was placed on understanding the perceptions and experiences of women seeking care and of designing programmes to address their cultural and psychological needs. Women’s need for emotional support in childbirth and for individualized care based on their circumstances and preferences was also examined. Continuous emotional support is a proven strategy to reduce complications of birth, such as a reduction in the duration of labour, resulting in a decrease of morbidity and mortality. As such, there is a need for intensified provisions of emotional support at various health facilities through staff training, involvement of lay person in labour, and involvement of a broad spectrum of stakeholders in addition to the obstetrical team.

#### **115 Cervical Cancer Prevention: Achieving the Promise of New Tools and Technologies**

Panelists discussed several key tools and technologies that can potentially make cervical cancer prevention programmes a reality in developing countries where the burden of the disease is highest. These include new approaches to screening that can reach women in remote settings; simple and safe approaches to treatment of precancerous lesions that can be administered in settings without electricity; and new HPV vaccines that, when administered to girls aged 10-14, have the potential to bring cervical rates down sharply in the coming decades. Broad-scale introduction of these technologies requires a systematic approach to ensuring project success. For maximum impact, introduction of new cervical cancer prevention technologies will require: 1) clear recognition of health need, 2) safe, effective, acceptable, and affordable products, 3) demonstrated pilot project success, 4) health system strengthening, 5) engagement of and support among stakeholders at various levels, and 6) global and regional advocacy. Partners must work together to raise awareness about cervical cancer and proven prevention approaches; feasible, efficient delivery approaches must be demonstrated; and policy and financial support must be assured. The goal is to ensure that every woman receive cervical cancer screening at least once in her lifetime and that during this visit, access to treatment is provided to ensure effective cervical cancer screening programmes. Likewise, secondary prevention of cervical cancer in low-resource settings, screening using either HPV DNA testing or visual inspection, and treating with cryotherapy, should be achieved during this single visit.

#### **130 Making Strides Against Female Genital Cutting: New Knowledge and Partnerships**

Panelists explored the immediate and long-term health consequences of FGC, such as higher risk of requiring a caesarean section, needing an extended stay in the hospital, and suffering postpartum hemorrhage. In addition, infants of the mothers who had undergone more extensive forms of FGC have been shown to have increased risk of complications and death. FGC is not just a reproductive health issue, it affects the physical and mental health of women and girls; it is also a human rights issue (more specifically, a girls’ rights issue) and a development and gender issue. Accordingly, ending all forms of FGC is crucial to the success of the MDGs and especially of gender equality, maternal health, and reduced child mortality.

#### **149 New Worldwide Abortion Estimates and What They Mean For Policy**

Panelists presented worldwide research conducted by both the Guttmacher Institute on safe abortion and the World Health Organization on unsafe abortion. These presentations emphasized the need for preventative

measures which ensure that contraception and safe legal abortion are universally available, particularly for young and poor people. In countries where abortion is legally restricted, women continue to seek this service at a higher rate. While legalizing abortion has had a positive impact on the medical management of abortion reducing maternal deaths, it is not sufficient alone. There is a need to raise awareness among women about their legal right and to move physicians from being “part of the problem to being part of the solution”.

### **153 Expanding Access to Emergency Contraception Around the World: Strategies, Challenges, and Successes**

Emergency contraception (EC) has become increasingly well-known and used over the past decade, but over the same time period, it has emerged as a “lightning rod” for opposition to reproductive rights. The International Consortium for Emergency Contraception (ICEC) brings together a range of global organizations working to expand access to EC globally. Panelists presented information about EC as a human right to dignity, information, equality, autonomy, and the obligation of state governments to respect, protect, and fulfill these rights. Challenges to EC access, including affordability and quality, awareness of this method, and misconceptions about this mechanism of action, were explored as they exist in developed and developing countries. A special emphasis was placed on barriers and facilitators to EC access in Latin America and the Caribbean as well as the Arab world.

### **163 Advances in Ensuring Medically Safe Abortions**

This panel detailed and analyzed efforts to legalize abortion, to develop regulatory norms, and to ensure continued access to safe abortion services where abortion is legal, presenting case studies from South Africa and Uruguay. Emphasis was placed on building relationships between health care providers and patients and empowering women to make decisions based on an understanding of their contraceptive options, risks, and benefits while simultaneously training physicians and other midlevel providers to develop professional values and remain committed to sexual and reproductive rights.

### **166 Perspectives on Family Planning and Maternal Health**

The call for contraceptive method choice, enshrined in the 1994 Cairo document remains elusive more than a decade later. Instead of a blanket advocacy statement, there is a need to ensure access to contraceptive supplies, investment in strengthening health systems, and client education; this requires consideration of the persistent social, structural, and systemic barriers to achieving full contraceptive choice. Panelists proposed a new framework which encourages the integration of postpartum family planning with maternal and newborn health services from the antenatal period through the first year postpartum.

### **303 Wanted: A New Perspective on Family Planning**

Despite considerable benefits, family planning has not been given the prominence that it deserves in development dialogues. The recent acceptance of universal access to reproductive health as a target with unmet need for family planning as one of its indicators, signals hope for a new emphasis on family planning. In a session moderated by Thoraya Obaid, PhD, Executive Director of UNFPA, world leaders including Charity Kalukki Ngilu, Minister of Health, Kenya, and The Honorable Adenike Grange, Minister of Health, Nigeria, addressed key issues in support of family planning.

## ➤ HIV and AIDS

### OVERVIEW

The intersection of HIV and AIDS with sexual and reproductive health, maternal health, female economic empowerment, female leadership, gender violence, and prevention and education programmes framed the substance of the panels described below. The panel sessions also addressed emerging issues related to HIV-positive women (and mothers), the feminization of HIV and AIDS, and the private sector response to HIV and AIDS in “emerging economies”.

### SESSION SUMMARIES

#### **131 HIV and Safe Motherhood**

This panel covered a broad range of issues related to HIV testing; counselling in antenatal and delivery care; the provision of ARVs for pregnant and breastfeeding women; the scale-up of PMTCT and pediatric HIV treatment and care; and the integration of PMTCT treatment in maternal, newborn, and child health services. Panelists also discussed the success of social activities, prevention efforts, peer groups, psychologists, and sexual and reproductive health and rights awareness campaigns in providing support for young men and women with the various challenges they face.

#### **136 In Good Company: Business Responses to the Feminization of HIV and AIDS**

This panel addressed the role of the private sector in responding to HIV and AIDS and as a broader development partner, one which can effectively address the special needs of women and girls. The panelists discussed the importance of considering the involvement of the private sector at all stages of programme and policy development to ensure effective business engagement and long term sustainability. For example, the Standard Chartered Bank has set up a female empowerment initiative in New Delhi, India, getting young women involved in netball and partnering with local NGOs; Boehringer Ingelheim is committed to combating HIV and AIDS in “emerging economies” by expanding ARV access, researching and producing higher quality ARVs, supplying a reliable amount of ARVs, and helping to prevent MTCT; and Nike runs a female mentoring programme in the large slum of Kibera in Nairobi, Kenya.

#### **137 Investing in HIV Prevention Choices for Women and Girls**

The panelists discussed the need to create economic opportunities, develop financial independence, foster early childhood development and address behavioural and structural inequality in order to help prevent HIV in women and girls. They noted the importance of ensuring universal access to female-initiated and female-controlled prevention methods in order to curb the spread of HIV infection among women and girls and for achieving the reproductive and sexual health priorities of the ICPD and MDGs. In order to do so, there must be greater investment in a full spectrum of innovative prevention methods. These methods entail creating economic opportunities for women and ensuring that they are empowered to have a voice in and to make household decisions. Additionally, men play an essential role in empowering women and must be involved as well as have the opportunity to explore their own sexual and reproductive health. One promising prevention option that has emerged in the past few years is the female condom, which will require that they are available and acceptable to women and men.

Microbicides provide another important potential prevention option. Developing a safe, effective, and user-friendly microbicide will require working with scientists to enhance our technical knowledge and to inform their work. Successfully promoting the need for a range of prevention options requires those working in the HIV and AIDS and international women’s health advocacy fields to work together from a common advocacy platform, especially given possible conflicts of interest in a climate of limited resources, media attention, and political will.

#### **138 Meeting the Needs of Young Women and Girls: HIV Prevention and its Links to Wider Action**

HIV prevention for young women and girls is now widely recognized as a key element of the response to the epidemic. The panelists have been leading efforts to advocate for and identify effective action to support HIV prevention for young women and girls. “Traditional” prevention has not been working, especially for people living with HIV (PLHIV) who have their own SRH needs and rights. The panelists call for greater attention paid to the sexual health of PLHIV. Panelists also called for greater research to be done to motivate ministries of health to take

action for greater leadership participation among young women (especially those living with HIV), for greater involvement of men and boys as allies, and for an increase in skill building workshops to reduce the economic vulnerability of young women.

### **139 Universal Access: Key to Eliminating HIV in Women, Infants, and Young Children**

This panel addressed the UNGASS target of reducing HIV infections by 50% by 2010, which requires that 80% of all pregnant women accessing antenatal care receive PMTCT services. Countries are beginning to expand their PMTCT services integrated in maternal child services and many are working to improve access to pediatric HIV treatment and care. Yet, there are still barriers to primary prevention and prevention of unintended pregnancies for women living with HIV, such as a lack of indicators for monitoring and evaluation, gaps in the evidence base, poor linkages between family planning and HIV and AIDS, and inadequate health provider training. Despite these efforts, in 2005 only seven of the 71 countries analyzed were on track to meeting the UNGASS target. Some countries have not yet set population-based targets.

### **140 Women and Leadership: Harm Reduction and Empowerment to Address HIV and AIDS**

This panel discussed people's increased vulnerability to HIV and AIDS because of unequal power relations and social inequalities. The panelists called for the recognition of the relationship between HIV infection, cultural values, and the rights and needs of women in order for fundamental changes to be made. The panel also addressed the strategy of empowering female leaders from communities of women living with and affected by HIV in situations of high vulnerability. The panel explored harm reduction programmes as a resource for women as well as other examples of successful empowerment and leadership by women.

### **141 Women, Violence and HIV and AIDS**

This panel discussed gender inequity as a central issue underlying women's vulnerability to HIV infection (as well as domestic and sexual violence). It was noted that it is possible to reduce gender-based violence within a defined timeframe, if the entire community is engaged. The success of a programme demands that good partners share their expertise and build community-based movements that are informed and led by the individuals at risk of HIV and affected by GBV. Additionally, larger development strategies such as providing microfinance loans and changing macro-social norms were discussed. Microfinance programmes were discussed as a way to empower women economically and socially in order to alleviate gender inequality, domestic violence, and female economic dependence on males.

### OVERVIEW

Discussing issues and creating policy in the field of sexual and reproductive health would be remiss without including perspectives and voices of our youth, who play a vital role in advocating and fighting for sexual and reproductive rights. Too often, young people are disregarded, their voices left unheard. There is a need for nations to empower youth by educating them, offering them medically accurate and youth-friendly service and comprehensive sex education, and including their voices in the discourse of nation-building. Panelists discussed the importance of women and girls having access to a variety of prevention methods that meet their varied needs and preferences as well as a need to educate women and young people about their sexual and reproductive health options.

### SESSION SUMMARIES

#### **137 Investing in HIV Prevention Choices for Women and Girls**

To successfully promote the need for a range of prevention options, those working in the HIV and AIDS and international women's health advocacy fields must work together from a common advocacy platform. Examples of such work included the African HIV Policy Network, which is working to educate the public and the media about microbicides and to manage expectations for their use. The network also is working with the scientists exchanging information. This session highlighted strategies for developing leadership, partnerships, and collaboration among women's health advocacy groups and for mobilizing political and financial support to ensure that women and girls have access to a variety of prevention methods that meet their varied needs and preferences.

#### **162 Perspectives on Young Women's Maternal Health**

This panel presented an overview of four programmes addressing young women's sexual and reproductive health. In Uganda, unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STI) are some of the leading causes of ill-health among university students. A study conducted by Makerere University provided baseline data for implementation of MUMSA (Makerere University Medical Students' Association's Health Outreach Project). In Cambodia, sexual and reproductive health is considered taboo and is not talked about openly. CARE Cambodia has been implementing the Adolescent Reproductive Health Project in the highland area to increase access to information and services by establishing a youth-friendly centre, and to increase the SRH awareness of gatekeepers including religious leaders, village chiefs, and parents. In Pakistan, panelists noted how the lack of sexual health education and awareness has increased unwanted pregnancies, and unsafe abortions. In India, a consortium of organizations implemented a supply/demand intervention aimed at young, married women's sexual and reproductive health. The programme showed increased awareness among young people and the community and increased use of services.

## 📌 EMPOWERMENT

### OVERVIEW

Gender equality and women's empowerment are critical for development efforts to reduce poverty, improve health, and achieve economic stability and growth. Panel sessions addressed the importance of engaging men in gender equality initiatives, the role of female education programmes, and examples of successful female empowerment approaches.

### SESSION SUMMARIES

#### **133 Engaging Men to Promote Gender Equality**

To assess current practice and patterns, the Population Council conducted a programme scan of “HIV and gender” programmes, interviewing representatives of over 60 projects. The study explored what a programme's “gender” approach entailed, how the programme reached out to males, females, or both sexes, and whether/how it considered the perspective of females and males in evaluating its effects. Gender-aligned programmes consider or transform power dynamics between males and females in programme design, implementation, and evaluation. In reviewing 63 “HIV and Gender” programmes, most (62%) work with males and females with 21% working with females only and 10% working with males only. Programmes for males tend to have a focus on youth whereas female-focused programmes are more likely to include economic activities. Over 90% of female-focused programmes aim to build social and/or economic skills/capital versus 55% of male-focused programmes. Only a third of the programmes report that men's behaviour has changed with the women in their lives. Additionally, there is a slightly greater tendency in female-focused programmes than male-focused programmes to include changing gender norms and behaviours as goals. Finally, among “gender and HIV” programmes, only a third has gender as “a strong, central focus”.

#### **150 Improving Women's Lives in Bangladesh: Experiences of BWHC and BRAC**

The goal of BWHC's Women Health Rights and Advocacy Partnerships (WHRAP) project is to empower marginalized women in project areas to exercise their rights obtain access and exert control over decision making affecting SRHR programmes, policies, and services by 2010. The goal of BRAC's maternal, neonatal, and child health project is to reduce deaths and diseases. The package of activities include linkages with public/private health facilities; timely referral of emergency cases, community empowerment, and services rendered at community and household level; and capacity development. Inter-sectoral collaborations with BRAC's development programmes underscore the significance of holistic approach and contribute to improvement of maternal and child health in Bangladesh.

#### **151 Partnering for Safe Maternity: The World of Work**

This session highlighted initiatives that support and contribute to broader efforts aimed at improving maternal health and reducing maternal deaths. This panel highlighted the need of global and national coordination across sectors to address the severe shortages and geographic imbalances of the health care workforce that impede progress in improving maternal health. Governments, employers, trade unions, and other stakeholders are responding to these needs in diverse and innovative ways.

## ➤ HEALTH SYSTEMS

### OVERVIEW

These presentations demonstrated the need for establishing and strengthening health systems in order to provide high-quality maternal health care, including skilled care at delivery and emergency obstetric care, in developing countries. These sessions highlighted the importance of collaboration between health care providers, governments, and NGOs, and the importance of investing in health systems as a means to strengthen the provision of a continuum of care for mothers and newborns.

### SESSION SUMMARIES

#### **104 Healthy Health Systems: Key to Maternal Health**

This panel highlighted the critical importance of the health systems to maternal mortality. The presentations demonstrated the need to provide affordable maternal health care, including skilled attendance at delivery and emergency obstetric care, in developing countries where there are multiple conflicting concerns and problems and different approaches and forces that drive allocation of financial resources and determination of policy priorities. One major concern of health care systems in developing countries is that health care providers often leave their country for better pay and training opportunities in the developed world. Reversing this brain drain and its deleterious effects on maternal mortality is critical.

#### **108 Community Interventions for Safe Motherhood**

This panel provided the audience with an overview of successful projects focusing on the improvement of maternal health. In Nigeria, the State Governments of Jigawa and Kano in the north have undertaken a programme of work to increase women's access to emergency obstetric care (EmOC). Using community discussion groups and facilitated by community volunteers, the programme has increased communities' knowledge of the danger signs of an obstetric emergency and what to do in this situation. In Ethiopia, a comprehensive safe motherhood project called FEMME (Foundation to Enhance Management of Maternal Emergencies) was implemented by CARE International between 2000 and 2004. The project had an objective of improving the accessibility and quality of EmOC services in three district hospitals. This was strongly linked with a community-based component building the capacity of traditional birth attendants (TBAs) to improve utilization of EmOC services by those who need them, to practice basic life-saving skills, to detect early danger signs related to pregnancy, and to make referrals promoting facility-based pregnancy care and skilled delivery. In Bangladesh, to respond to the huge (80%) unmet need for EmOC services, CARE Bangladesh has tested a community-led approach along with the Government of Bangladesh and UNICEF for establishing Community Support System (CmSS) in 30 villages of Bangladesh. The target community identifies proactive leaders and relevant resources for tragic and avoidable incidences related to maternal health. In rural Andhra Pradesh, India, an action-research project was conducted. Intervention activities were conducted by community organizers and were focused on the community, the family, and the pregnant women. Using awareness campaigns, posters, marches, rallies, and street/theatre programmes, the project sought to orient the community to view pregnancy and safe motherhood as an issue of public concern.

#### **126 Midwives and Obstetricians Joining Forces to Improve Maternal and Newborn Health**

This panel highlighted some of the collaborative initiatives that have taken place between the two groups of professionals who are the most involved with care to mothers and newborns—midwives and obstetricians. Health professionals and associations are vital to ensuring that health professionals are well-prepared for their roles in achieving MDGs 4 and 5. Over a period of years, FIGO (Federation of Gynecology and Obstetrics) has initiated a number of projects to help reduce maternal and newborn mortality within selected low-resource countries. These projects promoted collaboration with other health professional organizations and strengthened the capacity of national professional societies committed to maternal and newborn health and to work in collaboration with local stakeholders to ensure long-term sustainability of interventions. This panel stressed the importance of collaboration, which includes the representation and participation of both midwives and obstetricians, development of joint statements in areas of shared vision and competencies, joint work in the international arena, and workshop development aimed to enhance interdisciplinary work.

**172 Reaching Newborns through a Continuum of Care**

This panel highlighted a specific approach for strengthening newborn health intervention planning as part of a continuum of care. It addresses the need for primary care for the mother and child back-up referral care services for women and newborns with special needs. It not only increases the opportunities for adequate delivery of key health interventions to the newborn, but it also underscores the mechanisms which exist to support countries in its planning.

## ↘ FUNDING

### OVERVIEW

Over the past several years, the development aid environment has changed dramatically with the advent of new funding modalities, such as Sector-Wide Approaches (SWAs), sector-wide support, and general budget support, with mixed results for maternal health. In these sessions, panelists called for changes in the funding of maternal and sexual and reproductive health programmes in developing countries. Specifically, they argued for monitoring governments' allocation of funds for reproductive and sexual and maternal health, the need for greater involvement of local organizations in maternal health budgeting, and the continued use of maternal and reproductive health as a marker of overall health and development.

### SESSION SUMMARIES

#### **119 Investing in Women's Health: Research Needs for Maternal Health in Developing Countries**

This panel highlighted the need for changing how research in maternal health is conducted in developing countries. Researchers need to be trained in their native countries to improve the likelihood that they will remain and to build the national and local research infrastructure. These research structures should be independent from national governments and from developed countries' organizations and donors. Collaborative research among developing countries, when feasible, is also beneficial in order to measure maternal mortality as an outcome. Finally, in order for the research to be more effective, it should focus on priority problems, on cost-effective and high-impact interventions, and scaling-up beneficial health practices.

#### **154 Delivering the Goods: Reproductive Health and the New Funding Environment**

This panel addressed the consequences of the new and changing development aid environment and the financial consequences for financing MDG 5 at the country level. The new aid environment is characterized by an emphasis on national ownership through national capacity, increased use of budget support in countries, the use of national systems to manage and monitor aid, mutual accountability, performance-based/results oriented, and greater predictability of aid flows. Current financial investment in reproductive health in general is insufficient to meet MDG 5, and much greater resources are needed to scale up coverage of reproductive health services and create demand. The panel discussed the limiting factors towards the progress of the MDGs, which include: continued critical shortages of trained health workers, geographic isolation of some under-served areas, poor and expensive communications and transport links to health services, poor infrastructure including lack of running water, relative under investment in some areas of care such as EmOC, and intermittent shortages of drugs. Until the MDG target for "universal access to reproductive health", SRH was increasingly sidelined from the development agenda. Now, reproductive health is a marker condition for the "health" of the health sector. In order to achieve these goals, civil society groups should develop systems to plan coordinated strategies, to combine efforts and resources, and to share lessons learned. If reproductive health services are operational at a high level of competency, the entire health care system is likely to be functioning well. Bold and decisive action must take place and become sustainable at the national level if we are going to affect real change that will benefit the SRHR of billions of people.

#### **155 Monitoring Budget Allocations for Maternal Health: Turning Discourse into Reality**

This panel focused on the critical need of government budgets to allocate sufficient funds for the improvement of maternal health; yet, on too many occasions, governments have committed to improving maternal health and fail to allocate resources accordingly. In this panel, civil society discussed their efforts to monitor, analyze, and track maternal health expenditures. In Mexico, a coalition of organizations brought the inadequacy of funding for the reduction of maternal mortality into the spotlight, demonstrating that the provision of EmOC was financially feasible in order to help incorporate it into the health insurance schemes for the poorest communities. However, in order to advance the agenda of maternal health from civil organizations, three basic elements are required: a) solid evidence-based technical arguments, b) a strong and dynamic coalition of organizations with skills in advocacy and negotiation, and c) the labeling of allocations by governments in order to be able to monitor expenditures. In Tanzania, Women's Dignity Project reported on failed government policy to provide free delivery kits. Women's Dignity went through a detailed process of trying to trace what was in the supplies and how the funds were allocated to pay for the supplies. They concluded that it is nearly impossible to trace maternal health spending. In India, there is currently an initiative that is examining the budgets to improve maternal health at

national and state levels. Different approaches to making sense of budgets for maternal health, prioritizing the allocation of resources, and tracking expenditures at different levels of government were discussed. They also shared the lessons learned and strategic considerations about how to hold governments accountable for their maternal health commitments by using the budget as a tool for citizen action.

### **159 Integrating Sexual and Reproductive Health in the Work of the Global Fund to Fight AIDS, TB, and Malaria: Increasing Funding for SRH and Strengthening Health Systems**

This panel focused on the growing body of knowledge that emphasizes the integration of SRH, as key to the success of action on HIV and AIDS, particularly for women. Women's rights and sexual and reproductive health and rights advocates share concerns that there has not been enough attention to gender inequality, women's rights, and women's needs in the context of access to services to respond to the three diseases within the Global Fund to Fight AIDS, TB, and Malaria proposals. Recommendations for change include: the appointment of high-level full time staff members with demonstrated expertise working on gender equality issues to operationalize and monitor implementation of gender equality and SRHR-HIV integration policies throughout GF structures; the clarification that the Health System Strengthening aspects of all proposals can include human resources, commodities, supplies, and infrastructure for SRHR and build capacity to prevent and address violence against women; the inclusion of SRHR and gender equality indicators in all three diseases components of the Monitoring and Evaluation Toolkit for Round 8; mandatory baseline data collection by grantees on the extent, nature, and drivers of violence against women in specific settings; the development and dissemination guidance by the Global Fund to facilitate the collection and analysis of this information.

### **160 Financing Civil Society through Aligned Aid Architectures: toward Universal Access for Poor Women and Girls**

This panel discussed the role of civil society in national/sector-wide plans for scaling up and accelerating progress on MDGs 5 and 6 and for bringing perspectives from southern governments and southern civil society and development partners. In most of the countries which are signatories to the Paris Declaration and which receive development assistance, the health sector is pluralistic, involving the state, non-governmental, and private sectors. Yet, the Paris Declaration is essentially silent about the role of civil society. The contributions of civil society are many, including: 1) addressing the needs of the especially vulnerable and those in remote or hard to reach geographic areas, 2) implementing innovative approaches in service delivery to facilitate universal access for women and girls, 3) developing models for scaling up nationally, and 4) carrying out operations research. The recently signed International Health Partnership 2007 is a very welcome development, as it is a "Global compact for achieving the health MDGs" and as it specifically acknowledges the role of CSOs. The future of the sexual and reproductive health and rights movement is at the country level because of increasingly hostile or indifferent political environments, reduced and restructured funding, and the changing development paradigm. A clear, financed role for civil society actors is critical if young women are to access the life-saving information and services they need, and therefore, if the attainment of the MDGs for maternal health and combating disease is to be accelerated.

### **169 The Effective Use of Output-Based Aid (OBA) to Scale-up National Service Delivery for Maternal and Newborn Health**

This panel addressed the question: "To what extent can output-based aid (OBA) be used to scale-up delivery to reduce maternal mortality?" OBA contracts appear to have delivered impressive results in increasing coverage and improving quality. OBA programmes have also been used to expand health care choice for pregnant women. In voucher schemes, pregnant women are given vouchers and a choice of public, NGO, or private providers from which to seek health services. Providers are reimbursed by an independent management agency using funds and subsidies provided by government or a donor. The panel explored the potential of vouchers to expand choice, increase service delivery quality, and draw more women into health care facilities for safe delivery. Using practical case studies, the speakers discussed voucher schemes and pay-per-client strategies from the perspectives of designer, implementer, provider, financier, and government monitor.

### **302 Financing Maternal Health: Global and Country-Level Challenges and Opportunities**

This panel focused on new developments and old realities in financing for maternal health from both global and country-level perspectives. Speakers reviewed new global initiatives in generating and in allocating resources, MDGs 5 and 4 and their implications for countries, lessons learned from existing global funding mechanisms, and the role of the private sector, especially faith-based organizations, in providing health services.

## ➤ HUMAN RIGHTS

### OVERVIEW

The realm of human rights can address the crisis in women's health with three critical tools: a principled, empowering conceptual framework; humanistic standards for policy and programming development and implementation; and formal government accountability mechanisms at the national, regional, and international levels. Human rights advocates have gathered a body of evidence that documents the lives and deaths of women in communities all over the world and have developed legal strategies that compel state action to address failing health systems, discriminatory policies, gross inequities, and the death and disability that follow. At Women Deliver, human rights experts together with leaders in public health and development shared information and strategies for using human rights to create social justice and sustainable development.

Drawing on examples from their work in Africa, Asia, and Latin America, panelists discussed both government accountability strategies and approaches to the development of rights-based policies and programmes. Successful tactics include: 1) influence the drafting of treaties and other influential documents, 2) articulate how human rights should be interpreted at national and local levels, 3) submit reports to treaty bodies and use other key institutions/procedures to address MM as a human rights issue, 4) support policy development consistent with human rights principles, 5) fact-find to document and denounce violations, 6) develop and use monitoring mechanisms, 7) litigate in national and international fora; litigation, such as that brought by the Center for Reproductive Rights, plays a key role in both setting precedents and ensuring government accountability

### SESSION SUMMARIES

#### **127 Reducing Maternal Mortality: A Human Rights Imperative**

Panelists explored strategies aimed at a) ensuring government accountability for high rates of avoidable maternal mortality and b) guiding health systems to provide maternal health services in a manner that respects women's human rights. Promoting recognition of women's human rights in these ways can prompt government action to reduce maternal deaths.

#### **128 Investing in Women's Access to Safe Abortion: What Are We Waiting For?**

The panelists argued that countries must invest in safe and accessible abortion care in order to achieve MDG 5. In addition to the public health reasons for governments to remove abortion restrictions and penalties, this panel addressed the individual health considerations that may lead a woman to terminate a pregnancy and explored the principle that a woman's ability to make her own reproductive decisions – and therefore to terminate a pregnancy – is her basic human right. Panelists led a discussion of strategies to improve service access and quality, including not only actions within health systems, but also empowering women themselves to demand safe services.

#### **145 Using International Human Rights Law to Reduce Maternal Mortality**

This panel explored how human rights violations (in particular violations of women's sexual and reproductive rights) contribute to the failure to reach MDG 5. The panel presented evidence from field research from several countries to show the connection between sexual and reproductive rights and maternal mortality and laid out existing jurisprudence from UN bodies supporting the need to protect women's rights as essential to reducing maternal mortality.

#### **146 Disability, Pregnancy, and Reproductive Health**

Participants discussed the ways in which services and information need to be made accessible to women with disabilities and how human rights principles require that service delivery and programme design be informed by the intended beneficiaries. Women with disabilities often face social attitudes that disregard their sexuality entirely. Their needs are not included in programmes and policies that deal with motherhood because they are not expected to deliver. When they do seek pregnancy-related care, they often encounter negative attitudes: nurses who scold them "for adding more problems to their already bad situation" and doctors who "are quick to present abortion as a quick way of relieving them of their predicament". These systematic oversights and prejudices mean special accommodations are not made for women with disabilities who are pregnant then delivering. According to rule 9 of the UN Standard rules on equalization of opportunity for persons with disabilities, it

states that governments should promote the full participation of persons with disabilities in family life. They should promote their rights to personal integrity and ensure that laws do not discriminate with respect to sexual relationships, marriage, and parenthood. This means making accommodations for accessibility, training and capacity building of health workers, training/capacity building of development agencies, and increased participation of people with disabilities in programme and advocacy work.

### **148 Because We Are Mothers Too**

Advocates offered an analysis of the violations of the human rights of some of the most vulnerable women in the country, mothers who have struggled with substance abuse, sexual violence and trauma, and interacted with the criminal justice and child welfare systems during the course of their addiction. Panelists argued for the right of women to raise their own children with dignity, in a context of health and access to family-based treatment, the comprehensive and holistic programmes in which mothers with their children are able to heal from substance abuse, considered a humane and healing alternative to maternal incarceration. As a matter of human rights, women in prison systems have a particular entitlement to healthcare, being wards of the state. As a matter of the movement, the speakers in this panel pointed out that the mainstream reproductive rights movement in the US has traditionally addressed women's right to choose what happened to their bodies and their right to choose when to be a mother and must be reframed to recognize the particular ways in which the right to have and raise children is routinely denied to low-income women of color.

### **201 Human Rights and Maternal Health in Indonesia**

Advocates learned how to use the Maternal and Newborn Health and Human Rights Tool that has been developed by WHO/Harvard School of Public Health to help countries use a human rights framework to identify and address legal, policy, and regulatory barriers to women's access to, and use of, high quality maternal and newborn health care services. Field-tested in Indonesia, the tool provides a structure to review and document government efforts to put in place a supportive legal and policy framework, identify vulnerable groups and barriers to maternal and newborn health, make recommendations to overcome those barriers, and engage health sector as well as non-health sector actors to help eliminate barriers to maternal and newborn health.

### OVERVIEW

Investing in women is essential for broader social and economic development, as a matter of human rights, and as a means of achieving internationally agreed development goals. Achieving these goals requires effective advocacy strategies for increasing political will and financial investment.

Panelists argued for: 1) effective, efficient, and engaging advocacy strategies based on relevant, provocative, and credible data; 2) relevant political advocacy and professional education; 3) the need to mobilize research, analysis, and public debate to identify tangible and sustained action. Panelists also shared communication strategies for advancing the goals of MDG 5 as well as best practices and lessons learned in developing and implementing successful advocacy programmes and campaigns.

### SESSION SUMMARIES

#### **123 Capacity for Change: The White Ribbon Alliance for Safe Motherhood**

The White Ribbon Alliance's flexible model of alliance-building and partnerships along with the strength of its diverse membership-led movements have resulted in change at the national, facility, and community levels. Through the involvement of multi-sectoral stakeholders, a variety of issues have been tackled in maternal and newborn health and broader investment in women's lives. The panel highlighted critical successes and lessons learned from building alliances, advocacy for change, and implementation through partnerships at various levels.

#### **125 Enhancing the Capacity of Professionals to Advocate for Improved Maternal Health**

Within the context of maternal health, the panel illustrated that political advocacy and developments in professional education are key elements for improvement of maternal health. Political advocacy can influence and bring about change. Examples from Latin America and Africa highlighted the successes and challenges faced by health professionals to engage in political advocacy.

#### **135 Campaigning for Obstetric Fistula, a Neglected Issue**

The panel shared lessons learned from the range of approaches used at the global, national, and local levels in campaigning around obstetric fistula. These lessons can have broader implications for improving awareness and support for maternal health. The session included several presentations covering the engagement of the private sector and working at the community level. The panelists shared a global overview of best practices and stories about ways to bring communities and health providers together. The presentations were interspersed with examples of advocacy materials (music, videos, slideshow).

#### **143 Women's Global Health Imperative: Tools and Empowerment Strategies for Enhancing Women's Health**

Panelists discussed female-initiated barrier methods for disease prevention in Southern Africa and argued that female-initiated barrier methods should be an urgent priority, as women are at disproportionate risk for HIV and STIs. The three key issues (dual protection, discreet use, and partner involvement) related to female initiated methods were discussed. The panelists concluded by stressing the potential of diaphragms and other cervical barriers because they are methods of dual protections, can be used discreetly, and are most favorably viewed by partners. No method will fulfill every woman's need, which is why women need options and choice.

#### **144 Challenging Power: Feminism, Activism, and the Struggles for Reproductive and Sexual Health Equity in Tanzania**

Change in reproductive, sexual, and child health is not simply a question of having the public health answers and making gradual improvements to health services. It requires a process of sustained action that challenges power relations and structures, action that advocates for engendered change in all arenas from legal frameworks to processes of national planning, and budgeting how women and men behave in decision-making processes in society. Civil society – particularly feminist and youth organizations – play a key role in catalyzing popular analysis, movements for action, and targeted lobbying of political leaders and decision makers. This panel highlighted the story of 20 years of such action in Tanzania, presenting the emergence and work of the Feminist Activist Coalition (FemAct) and the Health Equity Group (HEqG) in mobilizing research, analysis, and public

debate to identify the entry points for tangible action that can assist the realization of the national target of a 50% reduction in maternal mortality by 2010. The panelists explored the achievements and challenges of civil society strategies to encourage key decision makers to listen to and work with alternative voices for positive change.

### **147 The Gender Equality Architecture at the UN: Reform and Remain?**

For seven decades, women around the world have worked within the UN system to mobilize governments to support gender equality, women's human rights, and women's empowerment. For the past few years, the UN has been undergoing an intensive internal reform process, and once again, women advocates from all over the globe have sought to strengthen UN systems so they can better deliver for women. Women and allies have been mobilizing in support of a new women's "entity" at the UN, to keep pressure on our governments to support the new proposal, and ultimately to deliver on the promises they have made to and for the world's women.

### **164 Advocacy for Safe Abortions: An Integral Component to Reducing Maternal Mortality**

This panel detailed and analyzed efforts to legalize abortion, to develop regulatory norms, and to ensure continued access to safe abortion services where abortion is legal, presenting case studies from several regions.

### **170 Parliamentary Perspectives**

Parliamentarians from three regions discussed how political will and legislative initiative contribute to national policy to achieve MDG 5.

### **202 Making the Case: Effective Use of Research for Advocacy**

Any successful advocacy effort depends on multiple factors coming together at the right time. Chief among these factors is credible and provocative research data upon which to build the rationale for policy change or legal reform. A Measure of Survival: Calculating Women's Sexual and Reproductive Risk is an example of a research tool that advocates can use in their work with policy makers, the media, donor agencies, and NGO partners. Participants discussed how country rankings can help galvanize advocacy at the country level. With the aid of workshop leaders, participants left with specific messaging and advocacy ideas—backed up by solid research—to improve women's health and lives in their own countries.

### **203 Communicating for Change: Media Workshop**

Panelists and participants engaged in a group discussion to develop the top ten communications strategies for advancing the goals of Women Deliver. From the discussion, participants developed immediate, effective outreach efforts that could be used no matter where they lived to send the message: Invest in women, it pays.

### **213 How to Change the World for Women and Children**

This session equipped participants with advanced advocacy skills to help them convince others, especially political leaders, of the importance of reducing maternal and child mortality. Participants learned the effective ways to: 1) pitch their causes to the media, 2) raise money to support programmes, 3) support constituents at the grassroots level, 4) demand policy change, and 5) liaise with coalitions at the national and international levels to advance change. Participants were also able to simulate hands-on advocacy that they can use at home to advocate for their own causes; sharpen their skills on how to put together an effective advocacy plan for maternal and child health; and share experiences about their own advocacy strategies with, as well as receive feedback from, globally known advocates.