Highlights of the 2010 New Delhi Partners' Forum – From Pledges to Action

In 2010, ten years after the adoption of the United Nations Millennium Declaration, the United Nations Secretary General issued a Global Strategy for Women's and Children's Health which recognizes that many countries are far short of achieving our goal to improve the health of women and children around the world and calls for renewed commitment and action. World leaders, meeting at the UN in September 2010, committed an additional US$ 40 billion in support of the UN Global Strategy. The September 2010 MDG summit followed a number of high-level meetings which have emphasized the critical need for progress on maternal, newborn and child health and reaffirmed the global commitments to this cause.

The November 2010 Partners' Forum on Women's and Children's Health "From Pledges to Action" was therefore an important opportunity to recap commitments pledged during this year and provide a platform to promote real action and accountability for those pledges. The Forum took place in New Delhi on 13-14 November 2010 and was co-hosted by The Partnership for Maternal, Newborn & Child Health (PMNCH) and the Ministry of Health and Family Welfare, Government of India. Attended by over 1,200 delegates from more than 30 countries, including 11 national Ministers of Health, the Forum was inaugurated by Her Excellency the President of India. The Minister of Health and Family Welfare of India, Health Ministers from Africa and Asia and the Director General, WHO were among the distinguished speakers at the Forum. The meeting in Delhi was also significant as it is five years after the 2005 Lives in the Balance conference, at which the Delhi Declaration 2005 was launched and PMNCH was born. Today, PMNCH has more than 300 partner organizations including governments, multilateral organizations, donors and foundations, civil society organizations, health care professionals' associations, and academic, research and training communities.

The Forum had three interrelated themes: (i) Voice and accountability: Supporting communities to speak out about MNCH issues and ensure accountability of all stakeholders; (ii) Innovation for change: Highlighting innovation in MNCH - political, financial, delivery of interventions, technology; and (iii) Engaging all actors: Expanding partnerships beyond the MNCH community to include other health communities as well as other sectors that determine MNCH outcomes (water and sanitation, nutrition, education, gender, etc.).

Guided by these three themes, plenary and breakout sessions featured success stories in financing, delivery and accountability; identified innovative strategies, policies and programs that can be scaled up for change; and promoted consensus on actions and next steps in mutual accountability across diverse stakeholder groups represented by PMNCH. The Forum also featured an Innovation Showcase - a physical space that presented global

and Indian innovations which have been successful (or have the potential) in contributing to improvements in maternal, newborn and child health.

This brief Highlights document notes the key messages and outcomes from the Forum. The discussions focused on the need for and the means to best achieve global, national and local Advocacy, Action and Accountability for safeguarding and improving the health of mothers, newborns and children. All Partners present at the Forum agreed that they shall work with governments and other key stakeholders to transform into action the pledges made in the Global Strategy.

The Forum ended with the Delhi Declaration 2010 "From Pledges to Action and Accountability". Please link here to the presentations made at the Forum on the PMNCH website.. For on-demand video streaming of conference sessions, see www.pmnch-forum.org/webcast.

Advocacy

"Health, surely, is the political story of our times." – Plenary 3 (Accelerating Action for Women's and Children's Health)

"This agenda [women's and children's health] should be a political issue in every country; if it is not, make it a political issue in every country." – Plenary 1 (Setting the Stage: a Historic Opportunity to Save Millions of Lives)

For advocacy to be successful, we need to empower the woman and the community where she lives. As noted in the President of India's inaugural address, an aware and educated woman is the best safeguard for positive pregnancy outcomes, and for greater collaboration between all actors to safeguard life and the well being of the mother and the child.

Empowered and supportive communities, trained personnel, clear and well funded national plans, good oversight and robust monitoring of implementation need to be the focus of advocacy that tracks upward into the country legislative processes. Progress is possible even in the poorest settings through the implementation of cost-effective and better targeted strategies that address supply and demand side barriers to accessing care.

This call for greater engagement from all levels of society to ensure safe outcomes for mothers, newborns and children echoed through the Forum's formal sessions and side meetings. While political engagement would result in the commitment of financial resources to the task (more money for health), panelists in Plenary 2 (More Money for Health, More Health for the Money) agreed that more money is a necessary but not a sufficient condition to achieve desired outcomes for women's and children's health. An active and innovative partnership between all

providers of care, coupled with appropriate actions to improve the delivery of maternal and child health services (more health for the money) will also be needed.

Particular emphasis was laid on the increased role that private providers of health services and the media needed to play in encouraging greater outreach to the community. Also recognized, particularly in Theme 3 (Innovation for Change and Scale-Up: Technologies for MNCH) but in many other sessions, was the need for solutions from non-traditional sectors like information technology to change dramatically the availability of services to hard-to-reach populations.

Further, traditional providers of maternal and child services like governments and the civil society need to work out partnerships based on an assessment of mutual strengths and comparative advantages, and work off a fully costed, national plan that holds every actor accountable to outcomes in terms of lives saved.

To raise and maintain the profile of maternal, newborn and child health at the level it deserves – both nationally and internationally – we need to be better at understanding and working with the media, as noted by the panelists in the Plenary 4 (Holding Ourselves Accountable). It is important to develop messages that will be understood, engaged with, and of interest in the fast paced and changing media environment. In addition to dry numbers and statistics, the panelists in Theme 1 (Community Voices and Accountability) highlighted that we need to talk more about the lives of the women and children who are the focus of these efforts. There is abundant knowledge on how to do this, and the MNCH community must tap into it. In the Media Roundtable session, the media partners stated that they are ready to cooperate and help.

Meeting women wherever they are, and affording them the best start in life and standards of care to bear a child safely that survives early childhood needs the support of families, communities and the representatives of the communities at the highest political levels.

The uneven distribution of survival gains across and within countries suggests the imperative need to focus on addressing inequities if the world is to succeed in improving women's and children's health. More attention needs to be paid to hard-to-reach populations and those on the margins of society. Communities often cannot generate the evidence they need for their own advocacy; they need assistance. This requires partnership and bold thinking from the academic world, and the ability, as suggested in Theme 1 (Community Voices and Accountability), to look to the community not merely for the problem statements, but also for localised, cost effective, culturally sensitive solutions.

Action

"It is the community that makes health happen." – Plenary 2 (More Money for Health, More Health for the Money)

In many countries and communities around the world today, the most dangerous point in the life of a woman and her child is at birth. This can and should be changed. We know what needs to be done and where our energies should be focused to safeguard and improve the health of mothers and children who are facing the greatest risks. However, we also need to find better ways of working together to deliver the most appropriate health services in an equitable, effective and efficient manner.

There is a consensus across the maternal, newborn and child health community about the interventions along the continuum of care – from pre-pregnancy and childbirth through to childhood – which will have the greatest impact. In this context, the participants of the Forum agreed that we will act on the emerging consensus, ensure that this is articulated in the form of national plans and implemented equitably at scale through the continuum of care.

Our work needs to be undertaken at the family and community level, supported by outreach and outpatient services, and finally, in cases where this is required, by adequate clinical services. But it is the community, which plays the key role in our ability to reach and help the most vulnerable mothers and children.

Finding ways of delivering the services

In most cases, it is clear what needs to be done, but, as was recognized by participants in the Theme 2 (Innovation for Change and Scale-Up: Programmatic Implementation), we are faced with challenges of how best to do it. Strong leadership at all levels will result in innovative ways to provide healthcare and strong management skills will deliver these on the ground.

Adapting care, making it useful and context specific

Discussions in Theme 3 (Innovation for Change and Scale-Up: Technologies for MNCH) highlighted the fact that provision of healthcare is not confined to visiting a clinic. Better health can be provided in a variety of settings and contexts, along the continuum of care. Our global knowledge needs to be applied to local circumstances. Respectful care, that is targeted and fair, will be used. India's experience with Janani Suraksha Yojana ("Safe motherhood scheme"), the largest conditional cash transfer scheme in the world, is one of many examples. The Mexican experience of baby and mother friendly hospital facilities, together with community health education, is another.

Improving training and working practices of health care professionals

Well trained health workers deliver good healthcare. Continuous training, mentoring and supervision should be emphasized to maintain and update knowledge. Panelists in the Health Care Professional roundtable discussions agreed that we need to share, not shift tasks, and bridge the widening gap between academia and community interventions. As a speaker in Plenary 2 (More Money for Health, More Health for the Money noted, as well as

"More Money for Health and More Health for the Money" we must also strive towards achieving 'More Knowledge for Health and More Health for Knowledge'.

Interacting in a coherent way with non-health sectors which impact the well being of mothers and children
Better health will be ensured when we work across sectors and tackle all determinants of poor health. Participants in Theme 5 (Tracking Commitments and Outcomes) as well as in Plenary 2 (More Money for Health, More Health for the Money) discussed and agreed that collaborative solutions are required across stakeholders working in water and sanitation, housing, nutrition, education and empowerment. These non-health determinant continue to be major barriers to progress in improving maternal and child health. Gender balances need to be redressed – it is unacceptable that girls die commonly four to five times more than boys.

Technology
We live in a technological world, which provides boundless opportunities to improve the way in which we deliver knowledge, manage information, prevent, diagnose and treat illnesses. We should track and report vital events, pregnancies, causes of death and morbidity. Different countries are leading the way through tracking all pregnancies by name, and finding new ways to use IT to save lives. We need innovations, but, as was pointed out during discussions in Theme 2 (Innovation for Change and Scale-Up: Programmatic Implementation) session, we also need "frugal innovations", which are appropriate for low resource settings. In this context, panelists in Theme 3 (Innovation for Change and Scale-Up: Technologies for MNCH) suggested that South-South cooperation offers great opportunities for relevant innovation – India was particularly noted as a 'land of global affordable solutions in healthcare'.

<u>Accountability</u>

"To whom are we ultimately accountable? Is it to women and children whose lives we must protect, or is it to those who provide the resources?" – Plenary 1 (Setting the Stage: a Historic Opportunity to Save Millions of Lives)

Ultimately, our accountability is to the mothers and children themselves. A mother is entitled to care which will safeguard the life and well being of her and her child as a human right. We must hold ourselves accountable when we commit to allocate the required financial resources and when we commit to use these resources in the most equitable, effective, efficient and transparent manner.

Well thought out results indicators (integrated into country monitoring and evaluation mechanisms) and high quality and reliable data are the essential underpinnings of any accountability system. It is also vital that there is independence and impartiality in the reporting on accountability. These then inform policy development, provide critical inputs for national planning processes, and support national and international development partnerships. However, as one African health minister was quoted in Plenary 3 (Accelerating Action for Women's and

Children's Health), having to produce hundreds of different indicators demanded by various donors is not a path that will lead to more health for the available money. There is a need to harmonise and simplify reporting requirements – from both national and international perspectives.

We need to build on and improve existing mechanisms for accountability. The national governments are the largest investors in their respective health systems. Their commitment to the health sector is steadfast and growing, as shown by the pursuance of the Accra Agenda for Action, the recent Africa Union MDG summit, the UN Secretary General's Global Strategy etc. Only with national political will, shall we move towards achieving our aims for better in-country health systems as a whole – "*The best vaccine for maternal health is a fully functioning health system and the best barometer of gender equity is a pregnancy that does not end in a life threatening event*" one of the panelists in Plenary 2 (More Money for Health, More Health for the Money) noted.

Accountability starts with transparent national plans for maternal, newborn and child. Much of the focus therefore ought to be on developing the capacity of the national stakeholders to engage in and strengthen existing national accountability mechanisms. At the same time, as discussed in Theme 1 (Community Voices and Partner Accountability), accountability should be about dealing with shortcomings through "fact finding not fault finding", including no "fault focused" maternal mortality audits.

The grass root demand for services must be accompanied by holding the decision makers accountable to their commitment to meet these demands. The international development partners are accountable for their commitments to provide additional and predictable resources in a simplified manner, aligned with national plans and with lower transaction costs that will support national stakeholders in their delivery of healthcare services. This includes constructive collaboration on efforts in 2011 and beyond to improve and streamline funding channels for development assistance.

Mutually supportive and accountable partnerships between governments, private sector, media, international and national NGOs / CSOs are required to ensure commitments are delivered on. The World Health Organization has been tasked by the UN SG to "chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health". Conference participants agreed to work closely with the WHO and the UN in developing and operationalising the arrangements for oversight and accountability.

Globally there is consensus that much more needs to be done to improve the conditions for safeguarding and improving women's and children's health. Pledges have been made at the highest international fora to commit resources and redouble efforts to achieving them. The Delhi Declaration 2010 "From Pledges to Action and Accountability" sets out the strong commitment of all the partners represented at the forum to implement the Global Strategy for Women's and Children's Health and achieve the health MDGs by 2015. Participants agreed to meet again in five years to evaluate the progress made.

From
PLEDGES to
ACTION
A Partners' Forum on
Women's & Children's Health

Delhi Declaration 2010

"From Pledges to Action and Accountability"

Outcome Document from the PMNCH Partners' Forum

We the partners of The Partnership for Maternal, Newborn & Child Health:

- Welcome the commitments and outcomes that world leaders agreed to in the Global Strategy for Women's and Children's Health launched at the MDG Summit in September 2010; and encourage further commitments to funding fully costed national plans for achieving MDGs 4 and 5.
- Shall work with governments and other key stakeholders to transform into action the pledges made in the Global Strategy.
- Will act on the emerging consensus on priority, evidence-based interventions, and ensure that these are articulated in the form of national plans and implemented equitably at scale through the continuum of care, in order to achieve the agreed results for women's, newborn and children's health.
- Agree to shared principles for advocacy, action and accountability:
    - A core set of indicators, integrated into country monitoring and evaluation mechanisms, so all partners are accountable for the commitments and results agreed to in the Global Strategy.
    - A multi-stakeholder process to ensure inclusiveness and participation, including the most vulnerable and marginalized.
    - Harmonization of existing efforts to ensure complementarity between partners' work.
    - Regular progress reports to the World Health Assembly and UN General Assembly.
- Shall collaborate with WHO to speedily implement the role it was tasked with in the Global Strategy, to "chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health".
- Affirm The Partnership for Maternal, Newborn & Child Health as an active participant to track commitments and results and thus ensure mutual and individual accountability.
- Agree to regularly monitor and report on progress, and meet again in 2015 in Delhi, to evaluate the achievement of our shared global and national commitments to women's, newborn and children's health, development and human rights.