



# PLACING HEALTHY WOMEN AND CHILDREN AT THE HEART OF THE POST 2015 SUSTAINABLE DEVELOPMENT FRAMEWORK

## **SUMMARY**

Everyone has a fundamental right to the highest attainable standard of health, defined as physical, mental and social well-being. Investing in healthy populations is the foundation for sustainable social, economic and environmental development, and for peace and security. For instance, the Global Investment Framework for Women's and Children's Health estimates that increasing health expenditure by just US\$ 5 per person per year, between 2013 and 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits. The Commission on Investing in Health points to the possibility of achieving important gains in global health by 2035 through a grand convergence around infectious, child, and maternal mortality, reductions in the incidence of NCDs and injuries and the achievement of universal health coverage.<sup>2</sup>

Yet, thousands die every day from preventable causes and even more are left with injury, infection or disease. Building on the Millennium Development Goals, the Post 2015 framework should:

- Include a stand-alone health goal that maximises health and wellbeing, specifying an end to preventable mortality and morbidity
- Integrate shared targets into all relevant sectors such as nutrition, education, gender, and infrastructure
- Focus on the marginalized and most critical population groups for maximizing progress towards improving health and development outcomes: Newborns and Adolescents
- Consider the inclusion of differentiated targets for countries based on their levels of development

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962231-X/fulltext









This paper has been developed by a working group comprising nearly 40 of PMNCH's partners

## **BACKGROUND**

The past 15 years have seen great progress in health. Reproductive, maternal, newborn and child health (RMNCH) outcomes have improved, malaria mortality rates have fallen and TB and HIV infection rates have slowed down. While progress has been substantial overall, it has been inequitable across and within countries and has been hampered by limited access to quality services. New health concerns around NCDs, mental health and injuries have also arisen.

#### What needs to be done?

1 Include a stand-alone health goal that maximises health and wellbeing, in part by ending preventable mortality and morbidity; leaves no one behind, and achieves this through access to universal health coverage.

Building on countries' achievements towards the Millennium Development Goals, the Post 2015 framework should consolidate progress and raise ambition to end preventable mortality and morbidity of women, newborns, children and adolescents, who are often the most underserved and improve access to sexual and reproductive health services and rights. This framework should also focus on addressing emerging issues such as non-communicable diseases, mental health and injuries which are increasing rapidly across the globe. Ending preventable mortality and morbidity can be achieved through universal health coverage to ensure that all people can access the health services they need (including access to sexual and reproductive health information and services) without incurring financial hardship.

#### Illustrative women's and children's health related goals, targets and indicators b, c

#### Ensure healthy lives and promote well-being for all at all ages

- End preventable deaths by reducing, in all countries, child mortality to 25 or fewer deaths per 1000 live births, newborn mortality to 12 or fewer deaths per 1000 live births and stillbirths to 12 or fewer stillbirths per 1000 births; by achieving a global maternal mortality ratio of 70 per 100,000 live births<sup>d</sup>
- Achieve universal access to sexual and reproductive health and rights for all, including quality, comprehensive, integrated and affordable sexual and reproductive health information, education and services that include modern methods of contraception
- Reduce adolescent pregnancy

#### **Indicators**

- Neonatal, under-five mortality rates and stillbirth rate
- Maternal mortality ratio
- Adolescent births
- Percentage of births attended by a skilled health worker
- Proportion of family planning demand met with modern contraceptives
- Proportion of young people 10-24 who demonstrate desired levels of knowledge and reject major misconceptions about sexual and reproductive health
- Percent of children receiving full immunization as recommended by WHO
- Antenatal care coverage (at least four visits)
- Post natal care coverage for mother and baby either at home or in a facility and within 2 days of delivery (at least one visit)
- Proportion of abortions that are considered unsafe
- Percentage of complications of abortions that are treated in medical facilities
- Percentage of pregnant women screened for Syphilis
- · Percentage of pregnant women with a positive Syphilis test that receive treatment
- Percentage of pregnant women living with HIV who are enrolled in ART lifelong
- Percentage of health facilities at the primary health care level that provide a minimum of MNH; modern
  contraceptives; and at least one of the following: STI and HIV prevention and treatment, safe abortion when
  not against the law, post abortion care
- b While not reflected here, other targets around HIV/AIDS, TB, Malaria, NDCs are also to be included under the health goal.
- All targets are adapted from the Open Working Group final list of Sustainable Development Goals issued on July 19, by the PMNCH Post 2015 Working Group. The lists of indicators only reflect a subset of what could be included under each goal. These are not to be considered comprehensive. The targets are framed around a deadline of 2030.
- <sup>d</sup> The newborn mortality and stillbirth targets are from the Every Newborn Action Plan and reflect country targets. The Global targets for both newborn mortality and stillbirths are 9. The under-five mortality target use here is the A Promise Renewed country target. The Global targets are currently under development. The maternal mortality target is from Ending Preventable Maternal Mortality and reflects a global target.



2 Integrate shared targets into all relevant sectors such as nutrition, education, gender, and infrastructure such as water, sanitation and energy to address the underlying determinants of health.

Emerging lessons from countries achieving high performance in their progress towards the MDGs, strongly suggest that improving health outcomes also benefits from health enhancing investments outside the health sector. Based on the preliminary findings of this study, tracking indicators such as access to clean energy and water among others, will be important for monitoring improvements in women's and children's health.

a Increasing the number of girls that complete quality primary education and secondary education improves health and development outcomes for women, their families, communities and nations. One recent study attributed over 50% of the 8.2 million lives saved of children under 5 between 1970 and 2009 to increased educational attainment in women of reproductive age.<sup>3</sup>

Illustrative goals, targets and indicators on education

#### Achieve universal access to comprehensive sexuality education for all young people, in and out of school

- Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- Ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university
- Increase by x% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

#### **Indicators**

- Proportion of children receiving at least one year of a quality pre-primary education program
- Early childhood development index
- Primary completion rates for boys and girls
- Secondary completion rates for boys and girls
- Percentage of young people not in education, training, or employment
- Tertiary enrolment rates for girls and boys
- Improved nutrition is essential. Undernutrition is an underlying cause of 45% of under-five mortality and creates a cycle of reduced learning capacity in children, chronic disease and low productivity in adulthood. Women who enter pregnancy malnourished or anaemic have much poorer chances of surviving an obstetric emergency. The World Bank estimates that malnutrition is costing poor countries up to 3 percent of their annual GDP.

Illustrative goals, targets and indicators on nutrition

#### End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

• End all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons



#### **Indicator**

- Prevalence of stunting and wasting in children under 5
- Exclusive breastfeeding for a child's first 6 months low birth weight
- Anemia for children under 5 and women of reproductive age
- Percent of children under 5 overweight and obese
- C Improving access to water and sanitation can reduce the burden of disease that women and children face. Around 2 million people die every year due to diarrhoeal diseases, most of them children less than 5 years of age. Improving access to water can also improve school attendance of girls, reduce the physical stress, time cost and risk of violence that women and girls face in water collection.

Illustrative goals, targets and indicators on water, sanitation and hygiene

#### Ensure availability and sustainable management of water, sanitation and hygiene for all

- Achieve universal and equitable access to safe and affordable drinking water for all
- Achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special
  attention to the needs of women and girls and those in vulnerable situations

#### **Indicators**

- Percentage of population using basic drinking water
- Proportion of population using basic sanitation services
- Percentage of population with basic handwashing facilities with soap and water at homes; primary and secondary schools; and in health centres





d Among infrastructure investments electricity and clean household energy can reduce exposure to indoor air pollution a leading cause of pneumonia in children under age five, and NCDs in adults, as well as eliminate the drudgery of fuel collection for women and girls, freeing time for income generation, schooling and reducing the risk of sexual violence.

Illustrative goals, targets and indicators on electricity and clean household energy



#### Ensure access to affordable, reliable, sustainable, and modern energy for all

Ensure universal access to affordable, reliable, and modern energy services

#### **Indicators**

- Share of the population with access to modern cooking solutions (%)
- Share of the population with access to reliable electricity (%)
- **e Gender equality** eliminating gender based violence and harmful practices including early marriage, and improving economic opportunities, access to resources and political and institutional representation for women, young women and girls are key strategies to improving gender equality.

Illustrative goals, targets and indicators on gender equality

#### Achieve gender equality and empower all women and girls

- End all forms of discrimination against all women and girls everywhere
- Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations
- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life
- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences



#### **Indicators**

- Percentage of children under age 5 whose birth is registered with a civil authority
- Proportion of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (revised MDG Indicator)
- Compliance with recommendations from the Universal Periodic Review and UN Treaties
- Ratification and implementation of key ILO labour standards and compliance in law and practice
- Rate of women subjected to violence in the last 12 months by an intimate partner
- Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced
- Percentage of girls married under the age of 18

# **3** Focus on the marginalized and most critical population groups for maximizing progress towards improving health and development outcomes

**Newborns, pre-term births and stillbirths.** While the world has seen substantial progress in reducing child deaths, progress in reducing newborn (the first month of life) mortality has been slower. The Post 2015 framework should track newborn mortality rates and promote universal coverage of key newborn interventions including skilled birth attendance.

Adolescents and young people. In 2010 there were 1.2 billion young people (between 15 and 24 years of age) in the world, amounting to 18% of the world population. Young people are shaping social and economic development and represent an untapped potential. Investing in young populations in low and middle income countries can yield a demographic dividend and spur economic progress, provided they are healthy and trained appropriately to avail of employment opportunities. Young people should also be equipped to make informed decisions about their life choices, in particular those related to their sexual and reproductive health.8

#### 4 Consider the inclusion of differentiated targets for countries based on different levels of development

While global goals can help motivate political and financial commitment at the global, regional and national levels and provide an accountability platform, these must be sufficiently targeted and flexible to take into account the diversity of country situations. The Post 2015 framework might consider the inclusion of differentiated targets for countries based on levels of development.

NB References available at www.pmnch.org

## PMNCH PARTNERS' FORUM COMMUNIQUÉ



# Ensuring the health and well-being of every woman, child, newborn and adolescent

### We, the participants of the Partners' Forum meeting in Johannesburg on June 30 and July 1, 2014:

- Reaffirm that the health of women, newborns, children and adolescents is a human right and at the heart of a people-centered approach to sustainable development.
- Applaud the progress in almost halving global maternal and child mortality since 1990 and note in particular the achievements on women and children's health since the 2010 launch of the UN Secretary-General's Global Strategy for Women's and Children's Health, the related Every Woman Every Child movement, and regional initiatives such as the African Union's CARMMA and the Maputo Plan of Action.
- Regret that progress has been uneven in many countries, with marginalized and underserved groups, including adolescents and newborns making the least progress. No one should be left behind and there is no room for complacency.
- Recognize the right of marginalized and underserved groups, including young people, to actively participate as
  partners in the design of policies and strategies that affect their lives and health and note the recommendations
  in the PMNCH youth pre-forum outcome document.
- Emphasize that preventing unintended pregnancies, violence against women, and early and forced marriage will significantly reduce maternal and newborn mortality and improve women's and children's health worldwide.
- Stress that universal access to sexual and reproductive health and rights, including quality, comprehensive and integrated sexual and reproductive health information, education, services and supplies, is central to ending preventable maternal, newborn, child and adolescent morbidity and mortality and preventing stillbirths. This must be fully incorporated into the priorities and obligations of the post-2015 development framework, alongside the crucial multi-sector actions and investments necessary for healthy lives.
- Reaffirm that country leadership, including both governments and civil society, is vital for the success of these efforts.

In the remaining days of the Millennium Development Goals and beyond 2015, we commit ourselves to accelerate progress for women and children's health through smart investments, in line with a country's unique needs:

- Invest in universal access to integrated sexual and reproductive health information, education, services and supplies, including by upholding this access as a human right by providing the awareness and information that enables women and youth to make informed decision, and by strong partnerships with the public, private, and civil society sectors.
- Invest in poor and marginalized populations and in other groups requiring special attention, such as newborns and adolescents and young people. Support community-led efforts to address these challenges and advance inclusion.
- Invest in high-impact health interventions, such as immunization; skilled attendance at birth and quality care for mothers and newborns; access to contraception; prevention, diagnosis and treatment of HIV, malaria and TB, as set out in the Global Investment Framework for Women's and Children's Health and the Commission on Investing in Health.
- Invest in high-impact, health-enhancing interventions in other sectors to improve education, skills and employment; access to clean water, sanitation and hygiene; nutrition; rural electrification; roads; and women's political and economic participation, including preventing early and forced marriage.
- Couple these investments with long-term strategies that ensure sustainability through innovations and strengthening health systems to facilitate scaled-up access to quality health services.

We call for the health and human rights of women, newborns, children and adolescents to be prioritized in the post-2015 Sustainable Development Goals, targets and indicators:

- Include, at a minimum, a standalone health goal to uphold health as a human right and to maximize access to health and wellbeing, end preventable mortality and morbidity and meet individual demand for sexual and reproductive health and contraception and to be aware that other goals might emerge, for example on RMNCH.
- Endorse global targets for 2030 to reduce child mortality to 25 or fewer deaths per 1,000 live births, newborn mortality to 12 of fewer deaths per 1,000 live births in all countries, maternal mortality in all countries to a global ratio of less than 70 per 100,000 live births, and meet a minimum of 75 percent of demand for contraceptives by modern methods.
- Commit to differentiated targets and indicators to guarantee focus on key populations including adolescents, marginalized and underserved groups, and to take into account different levels of development in countries.
- Establish shared goals with health-enhancing sectors, such as education, nutrition, water and sanitation, rural electrification, roads, skills and employment. Develop capacity for multi-stakeholder and multi-sector partnerships in order to maximize health outcomes and the contribution that better health makes to other sectors.
- Strengthen the capacity of civil society and ensure the meaningful engagement of young people and other key populations in policy-making and implementation, as well as in holding stakeholders to account.
- Develop civil registration and vital statistics systems and strengthen national health information systems to collect and publish key RMNCH data, including for neglected groups such as newborns and adolescents.
- Support good governance and leadership at all levels of government, civil society, the private sector and the global community, strengthened by the use of timely, reliable data and evidence for transparency in decision-making and accountability.

We, the participants of the Partners' Forum leave with a renewed sense of commitment and joint accountability to achieve our goals of eliminating preventable death and morbidity for women, newborns, children and adolescents and ensuring universal access to the full range of services and goods for sexual, reproductive, maternal, newborn, child and adolescent health. We further commit to collaborate together to:

- Learn continuously and adjust: We will share lessons as a global community on what works and what doesn't.
- Review progress regularly and work together to achieve our shared goals.





# LIST OF SIGNATORIES

Institution	Country
Afghan Midwives Association	Afghanistan
Association Shifa des Maladies NeuroMsulaires (ASMNM)	Algeria
The Institute for Clinical Effectiveness and Health Policy from Argentina	Argentina
The Public Health Association of Australia (PHAA)	Australia
Nossal Institute Limited	Australia
BRAC Institute of Global Health (BIGH)	Bangladesh
Prince Leopold Institute of Tropical Medicine Antwerp	Belgium
Botswana Family Welfare Association (BOFWA)	Botswana
The African Leaders Malaria Alliance	Botswana
Family Care International - Burkina Faso	Burkina Fasa
Ministère de la santé publique et de la lutte contre le Sida	Burundi
Ministry of Health Cambodia	Cambodia
Norld Health Organization Cambodia	Cambodia
Action for Humane Hospitals( ACTHU)	Cameroon
Cameroon Christian Welfare Medical Foundation (CAMCWEMEF)	Cameroon
Health Vigilance Programme	Cameroon
Organisation de Développement et des Droits de l'Homme au Cameroun (GICAR-CAM)	Cameroun
nteragency Coalition on AIDS and Development (ICAD)	Canada
ickKids Centre for Global Child Health	Canada
he Coalition for Children Affected by AIDS	Canada
The Honourable Salma Ataullahjan's Office	Canada
ransition nutritionnelle (TRANSNUT) Université de Montréal	Canada
The Queen's University	Canada
The Society of Obstetricians and Gynaecologists of Canada (SOGC)	Canada
Plan International Canada	Canada
The Peking University Center of Medical Genetics	China
The Mother and Child Health and Education Trust	China
The Colombian Academy of Public Health and Social Security (ASPYDESS)	Colombia
The Colombian Federation of Obstetrics and Gynecology (FECOLSOG)	Colombia
he Czech Family Planning Association (IPPF EN member association)	Czech Republic
The Danish Association of Midwives	Denmark
The International Islamic center for Population Studies and research, Al Azhar University	Egypt
VHO, Egypt	Egypt
Media and Communications Center-The Reporter	Ethiopia
thiopian Midwives Association	Ethiopia
nidwives@ethiopia	Ethiopia
nternational Union of Immunological Societies (IUIS)	Finland
The Finnish NGDO Platform to the EU, Kehys	Finland
The Finnish Nobo Flation to the Ed, Kenys The Finnish Society of Obstetrics and Gynaecology	Finland
äestöliitto, the Family Federation of Finland	Finland
Vorld Vision Finland	Finland
nternational Federation of Medical Students' Associations	France
Vomen and Health Alliance (WAHA)	France
	Gabon
VHO Inter-country Support Team, Central Africa German Federal Ministry for Economic Cooperation and Development (BMZ)	
	Germany
FCNI – European Foundation for the Care of Newborn Infants	Germany
Rotarian Action Group for Population & Development (RFPD)	Germany
African Youth and Adolescents Network on Population & Development	Ghana
Curious Minds Ghana	Ghana
Rural-Urban Women And Children Development Agency (RUWACDA)	Ghana
he Alliance for Reproductive Health	Ghana

Institution	Country
UNFPA Youth Advisory Panel Ghana Chapter	Ghana
Youth Against Stigma	Ghana
Alliance for Reproductive Health Rights	Ghana
Community and Family Aid Foundation	Ghana
Community and Family Foundation	Ghana
Planned Parenthood Association of Ghana (PPAG)	Ghana
he Local Development Agency on Reproductive and Maternal Health (LODARMAH)	Ghana
he Vaah Junior Foundation for Better Maternal and Child Health	Ghana
ЛОН Ghana	Ghana
Shana News Agency	Ghana
he International Alliance of Women (IAW)	Greece
EDPA India	India
PakshamA Health and Education	India
ndian Education Foundation	India
he Children's Project International	India
Mahatma gandhi Institute of Medical Sciences, Sewagram, India	India
Mahatma Gandhi Medical College & Research Institute	India
VNI Health Foundation	India
zad India Foundation	India
Gram Bharati Samiti (GBS)	India
S.S. Educational Development Society	India
olidarity and Action Against HIV Infection in India (SAATHII)	India
wasti	India
Iniversal Versatile Society	India
rof. Dr. Nila F. Moeloek, Indonesia President's Special Envoy on the MDGs	Indonesia
Poctors with Africa CUAMM	Italy
SL di Milano	Italy
he Center for Child Health and Development	Italy
he European School for Maternal Newborn and Child Health	Italy
apan Society of Obstetrics & Gynecology (JSOG)	Japan
pace Allies (Japan)	Japan
one World Public Relations	Kenya
he African Women Leaders Network (AWLN)	Kenya
frican Women's Development and Communications Network (FEMNET)	Kenya
he Elizabeth Glaser Pediatric AIDS Foundation	Kenya
emya Klinik Ltd.	Kyrgyzstan
he Ministry of Health of the Kyrgyz Republic	Kyrgyzstan
VHO CO in KGZ	Kyrgyzstan
entre for Girls and Interaction (CEGI)	Malawi
enter for Youth Development and Transformation	Malawi
Organization for Sustainable Socio-Economic Development Initiative (OSSEDI)	Malawi
ssociation pour le développement et de la promotion des droits humains (ADPDH)	Mauritania
on Amor Venceras, Primero lo Primero	Mexico
undacion Mexicana para la Planeacion Familiar, AC (MEXFAM)	Mexico
Year Acting Together for Change (WATCH)	Mozambique
Vomen Acting Together for Change (WATCH)	Nepal
he International Society for the Study of Hypertension in Pregnancy (ISSHP)	Netherlands
frica Coalition on Maternal, Newborn & Child Health	Nigeria
frihealth Optonet Association	Nigeria
	The second secon
entre for Nonviolence and Gender Advocacy in Nigeria (CENGAIN) hristian Fellowship and Care Foundation, Nigeria	Nigeria Nigeria

nstitution	Country
Health Education and Empowerment Initiative	Nigeria
Hope-Aid Organisation	Nigeria
he Action Group on Adolescent Health (AGAH)	Nigeria
he Centre for Research in Reproductive Health, Sagamu Nigeria	Nigeria
The DFID and Government of Norway-funded Partnership for Reviving Routine Immunisation In Northern Nigeria - Maternal newborn and Child Health (PRRINN-MNCH) Programme	Nigeria
Nomen United for Economic Empowerment	Nigeria
Jniversity College Hospital Ibadan	Nigeria
The Society of Gynaecology and Obstetrics of Nigeria (SOGON)	Nigeria
Africa Health Budget Network	Nigeria
Centre for Healthworks, Development and Research (CHEDRES)	Nigeria
Coalition on Vaccines, Vitamins and Immunizations for All Nigerians [COVIAN]/Afrihealth Optonet Association	Nigeria
Health and Research Initiative, Nigeria	Nigeria
Vellbeing Foundation	Nigeria
Vellbeing Foundation Africa	Nigeria
Nomen's Initiative for Self-Actualization (WISA)	Nigeria
Premier Medical Systems (PMS) Nig. Ltd.	Nigeria
The Norwegian Medical Student's Association (NMSA)	Norway
aerdal Global Health	Norway
/illage Shadabad Organization	Pakistan
Centre for Health and Population Studies - CHPS	Pakistan
Peace Foundation Pakistan	Pakistan
VHO Islamabad	Pakistan
El Centro Paraguayo de Estudios de Población CEPEP	Paraguay
uture Generations	Peru
VHO WPRO	Philippines
Associação Portuguesa de Apoio ao Bebé Prematuro	Portugal
Aashadane Research Centre	South Africa
Soapbox Collaborative	South Africa
The South African Medical Research Council	South Africa
NSINQ research Focus area for quality Nursing and Midwifery  Milk Matters	South Africa
	South Africa
Oxfam	South Africa
Perinatal Education Trust	South Africa
The Graça Machel Trust	South Africa
VHO, South Sudan	South Sudan
CS Integrare	Spain
he Barcelona Institute for Global Health (ISGlobal)	Spain
shfad University for Women and its Gender and Reproductive Health and Rights Resource Center (GRACe)	Sudan
wedish International Development Cooperation Agency (Sida)	Sweden
Medicus Mundi International (MMI)	Switzerland
ight and Life	Switzerland
he Mintaka Foundation for Medical Research	Switzerland
Inion for International Cancer Control (UICC)	Switzerland
Vomen's Hope International Switzerland	Switzerland
ESS Development Advisors	Switzerland
he International Society for Telemedicine and eHealth (ISfTeH)	Switzerland
infants du Monde	Switzerland
DXFAM	Switzerland
he International Federation of Red Cross and Red Crescent (IFRC)	Switzerland
he World YWCA	Switzerland
	Switzerland
Novartis Foundation for Sustainable Development	Switzerianu



Institution	Country
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)	Switzerland
Hope foundation for Social entrepreneurship	Tanzania
Partnership for Nutrition in Tanzania (PANITA)	Tanzania
Evidence for Action (E4A) Tanzania	Tanzania
The Centre for Counselling, Nutrition and Health Care (COUNSENUTH)	Tanzania
CORDAID Foundation	The Netherlands
International Confederation of Midwives (ICM)	The Netherlands
Simavi	The Netherlands
MOH Netherlands	the Netherlands
ResultsinHealth	The Netherlands
Joint Efforts for Youth Uganda (JOY Uganda)	Uganda
Shanti Uganda Society	Uganda
Makerere University college of Health Sciences	Uganda
Uganda Private Midwives Association	Uganda
Generosity international lifecare development coalition	Uganda
White Ribbon Alliance for Safe Motherhood Uganda	Uganda
Ammalife	UK
Global Alliance for Improved Nutrition (GAIN)	UK
Soapbox Collaborative	UK
the Journal of Health Research Policy and Systems (HARPS)	UK
The Liverpool Women's NHS Foundation Trust	UK
Immpact at the University of Aberdeen	UK
LSHTM's MARCH Centre	UK
Royal College of Obstetricians and Gynaecologists , Dept Global Health	UK
The Centre for Maternal and Newborn Health, Liverpool School of Tropical Medicine (LSTM)	UK
The Royal College of Obstetricians & Gynaecologists	UK
The Sanyu Research Unit for International Maternal and Child Health, University of Liverpool	UK
International Federation of Gynaecology and Obstetrics - FIGO	UK
The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)	UK
World Federation of Societies of Anaesthesiologists (WFSA)	UK
Concern Worldwide	UK
	UK
Evidence for Action   MamaYe	
International Planned Parenthood Federation (IPPF)	UK
Population Matters	UK
Save the Children International	UK
WaterAid	UK
Women and Children First - UK	UK
The Department for International Development (DFID)	UK
Development Media International	UK
Health Partners International	UK
OMEGA DIAGNOSTICS LTD	UK
Robert Taylor Communications Ltd	UK
Iniciativas Sanitarias Uruguay	Uruguay
The Uruguayan Society of Obstetrics & Gynecology	Uruguay
A Promise Renewed for the Americas	USA
BIOMETRAC	USA
Every Mother Counts	USA
IntraHealth International, Inc.	USA
Society for Development & Community Empowerment (SDCE)	USA
The Center for Health Market Innovations	USA
The International MotherBaby Childbirth Organization (IMBCO)	USA
The Unexpected Project	USA
The Washington Global Health Alliance	USA

Institution	Country
Global Network for Perinatal & Reproductive Health (GNPRH), Oregon Health & Science University	USA
Johns Hopkins Bloomberg School of Public Health	USA
Safe Motherhood Program, Bixby Center, University of California, San Francisco	USA
The Averting Maternal Death & Disability Program (AMDD) at Columbia University Mailman School of Public Health	USA
The Maternal Health Task Force at Harvard School of Public Health	USA
NASH Advocates	USA
Bill & Melinda Gates Institute for Population and Reproductive Health	USA
The World Congress of Muslim Philanthropists and The Academy of Philanthropy	USA
CF International	USA
he International Pediatric Association (IPA)	USA
4 Million Friends of UNFPA	USA
Catholic Medical Mission Board (CMMB)	USA
Center for Health and Gender Equity (CHANGE)	USA
CORE Group	USA
amily Care International	USA
THI 360	USA
Slobal Alliance to Prevent Prematurity and Stillbirth (GAPPS)	USA
Slobal Health Action, Inc.	USA
Slobal Health Council	USA
DI-Norway and HDI-US (Health & Development International)	USA
ois Reproductive Health	USA
pas s	USA
ohn Snow, Inc. (JSI)	USA
Management Sciences for Health (MSH)	USA
March of Dimes	USA
ATH	USA
athfinder International	USA
opulation Media Center	USA
he International Lactation Consultant Association	USA
he Liya Kebede Foundation	USA
IN Foundation (UNF)	USA
Vhite Ribbon Alliance	USA
Vomen Deliver	USA
BCHealth	USA
loffman & Hoffman Worldwide	USA
ohnson & Johnson	USA
Aaternova	USA
abin Martin	USA
age Innovation	USA
he International Federation of Pharmaceutical Wholesalers (IFPW) and IFPW Foundation	USA
Inilever	USA
Vorld Health Partners	USA
he Pan American Organization (PAHO)	USA
INFPA	USA
Vorld Bank	USA
Plan - International	Vietnam
Mumena Royal Establishment	Zambia
JN MDGs Professional Support Group for Africa (UN MDGsPSGA)	Latitola



