THE PARTNERSHIP

For Maternal, Newborn & Child Health

Meeting Report

The Partners' Forum
Dar Es Salaam, Tanzania

April 17~ 20, 2007

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For Maternal, Newborn & Child Health

PARTNERS' FORUM MEETING

17-20 April 2007, Dar es Salaam, Tanzania

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Executive Summary

Hosted by the Government of Tanzania, the first-ever assembly of The Partnership for Maternal, Newborn & Child Health took place on April 17-20, 2007 in Dar es Salaam. More than 230 delegate members representing governments from around the world and a diverse range of institutions attended the Partners' Forum with the main objective of moving the work of The Partnership forward.

The meeting report is organized according to agenda and presents a summarized accounting of each day's activities. Background documents, presentations, speeches, press information, comprehensive notes from the parallel Constituency and Working Group sessions, and other relevant Partnership materials are available on the special Partners' Forum section of The Partnership website: http://www.who.int/pmnch/events/2007/partnerforum2007/en/index.html.

Key outcomes of the Forum include:

- Governance discussions that enabled members of the six Constituency and four Working Groups to collectively decide upon specific work plans, roles and responsibilities in regard to Partnership activities, and communication strategies;
- Presentations from country representatives and productive discussions concerning how The Partnership can best facilitate country-led efforts to achieve MDGs 4 & 5;
- The presentation and discussion of the Global Business Plan, designed to increase global awareness of, and political commitment to, the attainment of MDGs 4 & 5;
- Constructive discussions about re-framing maternal, newborn, and child health as a human rights/human development issue, as well as a political issue;
- Feedback about how The Partnership can best operationalize country support,
- Discussion about the need for greater regional balance in Partnership work, reaching beyond Africa and encompassing both Asia and Latin America through regional initiatives.

Daily Reports

April 17

Opening Ceremony

The speeches:
Dr. Francisco Songane, Director, The Partnership; Mr. Kul Gautum, Interim Chair of the Steering Committee, The Partnership; Rt. Hon. Edward N Lowassa, Prime Minister of Tanzania; Dr. David H. Mwakyusa, Minister of Health, Tanzania; Hon. Ambassador Dr. Gertrude Mongella, President Pan African Parliament. (For full documentation of each speech see the following website:
http://www.who.int/pmnch/events/2007/partnerforumspeeches/en/index.html)

The speeches provided an overview of historical factors leading to the development of The Partnership, as well as a synopsis of the current crisis in maternal, newborn, and child health (MNCH).

Dr. Songane and Mr. Gautum each stressed that the Partners' Forum – marking the first time such a coalition of MNCH partners has come together – represents an opportunity to make significant strides towards the development of new strategies for addressing poor MNCH based on a "continuum of care" approach. Specifically, they declared that the Forum will ideally result in the production of clearly stated priorities that will guide the work of The Partnership in the coming decade, and advocacy related messages that will encourage others to participate in efforts to reduce the approximately 11 million unnecessary maternal, newborn, and child deaths that occur on an annual basis.

Emphasizing her role as giving voice to those African women who have died in childbirth in silence, Ambassador Gertrude Mongella contended that maternal health must become a top national and international priority, and be viewed more broadly as a cross-cutting issue with social and political roots. Quoting an African proverb to describe many Tanzanian women's experiences of pregnancy, "I'm traveling on a long distance journey. I might come back, or I will die there," Amb. Mongella questioned why this proverb is still applicable today and spoken in resignation by Tanzanian women.

Building further on the situation in Africa, Prime Minister Edward N Lowassa affirmed that, "The first step for Africa towards achieving MDGs 4 & 5 is to translate our political commitment into financial delivery by increasing our budgets for health care to at least 15 percent of the overall national budget." He went on to say that this budget increase must result in the greater allocation of resources to the development and scaling-up of key MNCH interventions. He also highlighted The Partnership's role in fostering global dialogue on maternal, newborn, and child health – crediting The Partnership with the creation of a forum for the sharing of best practices, and other information helpful to developing countries as they struggle to produce and implement successful MNCH plans.

Referring to Tanzania as an exemplary case study, Minister of Health David Homeli Mwakusya described the remarkable gains in child health the country has made in the past five years (under-five and infant mortality rates showing a 24% and 29% decline respectively), attributing these gains to increased coverage of low cost, highly effective interventions (e.g. immunization, vitamin A supplementation). However, he also noted that maternal and neonatal mortality rates did not markedly decline during the same time period and that further reductions in child mortality are still needed. To address this situation, Tanzania initiated its own Partnership in January 2005 with the goals of

fostering evidence-based priority setting, designing innovative models to ensure equitable coverage, and the scaling-up of effective interventions.

The Video and the Song: *Play Your Part:*
http://www.who.int/pmnch/events/2007/partnerforumvideio/en/index.html

Rose Mlay of the White Ribbon Alliance Tanzania introduced a short documentary film, *Play Your Part*. The film was created in Tanzania by five midwives and one doctor, and is part of a larger project coordinated by the White Ribbon Alliance and funded by DFID, the World Bank, and others aimed at building the capacity of health care workers to record their experiences in the field to support evidence-based priority setting, advocacy efforts, and teaching. The main focus of this documentary is to illustrate via the filming of women's encounters with the health care system that women and children's lives can be improved if everyone from the household to the ministry level plays their role in making sure needed health care services are available and accessible. Following the video, Ms. Stara Thomas, a popular Tanzanian vocalist, sang the title song, "Play Your Part", demonstrating how music can be used as a powerful advocacy tool for MNCH.

Participants in the opening ceremonies were also able to view select paintings from the WHO's Art for Health project (http.www.who.int/reproductive-health) another innovative advocacy strategy involving the use of contemporary art to raise awareness of women's reproductive and sexual health conditions around the world.

APRIL 18

Morning Sessions: 9:00–12:05

Background Documents:
The following documents were referred to and summarized during the morning presentations: *The Ten-Year Strategy, The Conceptual and Institutional Framework, and Opportunities for Africa's Newborns.*

Francisco Songane
In his first of two presentations, Dr. Songane asserted that a main purpose of the Partners' Forum is to enable members to collectively develop a unified voice about how The Partnership should actively support countries in their efforts to accelerate progress towards achieving MDGs 4 & 5. Specifically, he asked participants to view the Partners' Forum as an opportunity to construct consistent messages about how to operationalize country support, advise countries on how to scale-up effective interventions, and adopt an advocacy plan tailored to raising high-level political commitment to MNCH. He also stressed that it is The Partnership that can, through coordinated action, spark a global movement to end the tragedy of high rates of maternal, newborn, and child mortality.

During his second presentation, Dr. Songane reviewed evidence of the distribution of maternal, newborn and child deaths, noting their concentration in Africa, South Asia, and parts of Latin America. Dr. Songane charged participants to consider how The Partnership can assist countries (particularly high-burden countries) to:

- Incorporate MNCH as a core component of national development plans, and expand the coverage and equitable distribution of low-cost, highly effective interventions (breastfeeding, vaccination, mosquito nets, antibiotics, nutritional supplementation);
- Increase the demand for essential services by working with communities to change persisting ideas about the "normalcy" and acceptability of maternal and newborn mortality;
- Mobilize and align resources for the implementation of comprehensive MNCH plans (without coverage gaps and fragmentation);
- Monitor progress towards achieving MDGs 4 & 5, and enforce the concept of accountability at all levels.

Kul Gautum
Mr. Gautum identified four key issues that both sparked interest in creating this innovative global health alliance and have served as the underpinning of its conceptual framework. Firstly, he noted that The

Partnership was born out of growing global concern that the world is not on track to meet MDGs 4 & 5. As a second point, Mr. Gautum referred to the *Lancet* series, which presented compelling evidence that significant progress could be made towards achieving MDGs 4 & 5 using already known low-cost, highly effective interventions. Thirdly, Mr. Gautum noted that mortality data from the past few decades shows an unchanging concentration of child mortality occurring during the neonatal period. Maternal mortality rates from the same time period parallel the neonatal mortality rates, indicating that progress in child survival is dependent upon improvements in maternal health. Lastly, Mr. Gautum stressed that The Partnership is part of a larger movement recognizing that MNCH is a human rights and human development issue.

Flavia Bustreo

Dr. Bustreo's presentation reviewed The Partnerships achievements to date, as well as the advocacy opportunities it has captured. Highlights included: 1) The creation of a website to launch the image of the Partnership to the world; 2) The production of the 10-year strategy; 3) The endorsement of The Partnership work plan; 4) The establishment of working groups; 5) Expansion of the membership from 80 to 12; 6) First Partners' Forum being held; 7) The development of strategies for engaging with countries and the African Framework/Gates Grant; 8) *Opportunities for Africa's Newborns* launched; 9) Briefing to the US congress and World Health Assembly side event; 10) Draft of the Global Business Plan; and 11) Women Deliver Conference scheduled for October 2007.

Joy Lawn

Joy Lawn described the process of creating the recent publication *Opportunities for Africa's Newborns* – an example of what can be accomplished through the joining together of partners. Citing the recent Lancet series, Dr. Lawn reminded participants of the evidence indicating the need for improved post-natal care in many developing countries, and the false dichotomy of separating the health of the mother from the health of her newborn. She also referred to the aim of The Partnership to embed its work in existing programs within countries, ensuring that all Partnership activities are value-added. Given these two Partnership objectives, the writing of *Opportunities for Africa's Newborns* began with the two goals of raising awareness about newborn health in African nations, and creating a common platform for improving it.

Turning to a review of the contents of the publication, Dr. Lawn summarized its major messages: 1) Too many newborns are dying on the first day of life, yet two thirds of these lives could be saved with well-known feasible interventions that view maternal and newborn care as interconnected; 2) Health care systems need to be strengthened so that interventions are integrated and effectively delivered; 3) Saving newborn lives is affordable and a good investment; 4) The gap between national policy and service delivery needs to be bridged, and this will require more accountable leadership and greater community participation in health care planning and program implementation.

Roundtable Discussion: How The Partnership Can Best Support Countries

The first speaker, Dr. Gertrude Mongella, insisted that the goal of Partnership work should be on helping countries move from awareness of MNCH to practical action. According to Dr. Mongella, one concrete way The Partnership can accomplish this goal is to assist countries to develop a unified plan for addressing MNCH, including coming up with streamlined ways of directing funding and reducing glitches in the flow of resources so that women and their young children are actually reached.

Dr. Ivo Garrido of Mozambique grounded his speech in a historical review of approaches to MNCH, noting the shift from a unified concept in the 1940s and 1950s, to the development of separate child survival and safe motherhood initiatives in the 1980s and 1990s, and back to "the continuum of care' approach today. Organizing the rest of his speech into five main points, Garrido indicated that the Partnership can most contribute to countries in their efforts to accelerate progress towards MDGs 4 & 5 by: 1) Fostering a change in the mind-set within countries from accepting high rates of MNC mortality to grasping that it is a scandal to let women and their young children die; 2) Creating

an inclusive constituency base within countries because no single agency can address the problem of MNC mortality alone; 3) Integrating MNCH into the broader framework of primary health care programs to ensure sustainability; 4) Helping mobilize and channel resources into health care systems leading to infrastructure and health care labor force improvement; 5) Facilitating the harmonization of partner actions inside countries.

Echoing many of Dr. Mongella's and Dr. Garrido's sentiments, Dr. Bertha Pooley stressed the need for The Partnership to help countries develop a common language for addressing MNCH. She added that The Partnership must not only deliver technical support to countries across regions, but also help countries understand that MNCH is a transectoral issue and that long-term improvements in MNCH require investments in women's education and income-generating opportunities. She ended her thoughts by explaining that The Partnership will not accomplish anything significant within countries without substantial input from communities and from women themselves.

Concentrating her comments on the lessons learned from Pakistan's recent efforts to implement a comprehensive MNCH plan, Shaheen Masud indicated that The Partnership can best augment country-based work by mobilizing additional resources so countries can better address existing service gaps, and carry-out capacity building projects such as infrastructure development and training for health care providers.

Alex Palacios

Alex Palacios described the key factors leading to the success of the GAVI Alliance in increasing immunization coverage rates. He noted that the GAVI Alliance was formed following the recognition in the 1980s and 1990s that significant numbers of children (27-30 million per year) were still not receiving vaccinations. To address this shortfall, the GAVI alliance was created to integrate all constituencies (public and private) involved in vaccine delivery into a unique partnership. Through the IFFIm, the alliance has been able to secure long-term financing to scale up immunization programs and for health systems strengthening.

Since 2001, significant numbers of additional children have been reached with GAVI support (Hepatitis 126 million, Hib 20 million, DTP3 28 million, Yellow fever 17 million). He closed his speech by listing the following suggestions: 1) Remain flexible and adaptable; 2) Listen to countries first and foremost, and recognize that support should be country-driven and aligned with existing plans and programs; 3) Be prepared to change plans; 4) Provide technical assistance for the development of proposals, and minimize transaction costs at the country level; 5) Establish an in-country review process; 6) Strengthen existing systems within countries rather than creating parallel processes; 7) Collaborate with other health care sectors and stakeholders, and ensure all partners are included; 8) Create a broad base of support for health systems strengthening, including fostering links with other global partnerships; and 9) Be results-oriented and conscious of making programs sustainable.

Ann Starrs

Underscoring the concept of unity that featured prominently in the morning's presentations, Ann Starrs commented that a goal of the Partners' Forum is to promote harmonization within The Partnership. Specifically, partners will have one of their first opportunities since The Partnership was formed to make collective decisions about the roles and responsibilities of each Constituency, and to re-affirm a common commitment to support countries in their efforts. She also gave a brief introduction to the Conceptual and Institutional Framework and Governance documents, and asserted that the action of partnership requires compromise and the willingness to accommodate and learn from the diverse perspectives of the different constituency groups.

Ms. Starrs concluded her speech by listing the governance tasks to be accomplished during the Forum: 1) Endorse constituency representatives on the Steering Committee; 2) Endorse Working Group chairs, co-chairs, and members; 3) The NGO constituency needs to elect an organization to fill the fourth vacant seat on the Steering Committee. (This is the only constituency with a vacancy at the time of the Forum).

Afternoon Sessions: 13:15–17:00

The afternoon parallel and plenary sessions were dedicated to intensive participatory discussions among members of each of The Partnership's six constituency groups: Government, Donors/Foundations, UN agencies, NGOs, Academic/Research Institutions, and Health Care Professionals. These sessions were focused on establishing a common understanding of the objectives of each constituency group and involved:

1. Defining the roles, responsibilities, and communication norms within each constituency;
2. Endorsing representatives from each constituency for the Steering Committee.

The minutes from the parallel sessions are available on the Partnership website: (http://www.who.int/pmnch/events/2007/pfconstituencies/en/index.html).

Moderator Julia Hussein of IMMPACT wrapped up the afternoon by listing seven issues repeatedly mentioned during the plenary session: 1) The role of regional bodies in The Partnership needs clarification; 2) The perceived role of the Secretariat as a funding mechanism must be addressed, and the distinctions between the roles and responsibilities of The Partnership and the Secretariat need to be made more evident; 3) Greater advocacy opportunities for NGOs and particularly those in the south need to be made available; 4) The Partnership should focus on building more alliances with countries and with other global health partnerships; 5) A better balance of funding priorities needs to be achieved with greater attention directed to health systems strengthening; 6) A database through the secretariat needs to be established to facilitate the sharing of information within and between constituency groups; 7) The issue of volunteerism needs to be taken up by the Steering Committee because of the time requirements and costs involved in participating in Partnership activities.

All in attendance were invited by the government of Tanzania to participate in the evening launch of the EMPOWER project at Karimjee Hall, Dar es Salaam.

April 19

Morning Sessions: 9:00-12:30

The morning opened with a lively roundtable session moderated by Lynn Freedman, Columbia University/AMDD that focused on the re-framing of MNCH as a human development issue and the role of The Partnership in meeting MDGs 4 & 5. The diverse panel of discussants included: Doyin Aluwole, Africa's Health in 2010, AED; Afsana Kaosar, BRAC, Bangladesh; Francis Omaswa, Global Health Workforce Alliance; Aparajita Gogoi, White Ribbon Alliance India; and Bertha Pooley, Save the Children, Bolivia.

This roundtable session was followed by a brief introduction to the Women Deliver conference scheduled for Oct. 2007 by Ann Starrs (Family Care International, New York). The morning meetings closed with an introduction to and presentation of the Global Business Plan (GBP) by Flavia Bustreo of The Partnership secretariat, and Tore Godal, Prime Minister's Office, Norway. David Mwakyusa, Minister of Health & Social Welfare, Tanzania, and Arletty Pinel, UNFPA, served as co-moderators of the GBP discussion.

Achieving MDGs 4 & 5 (Roundtable Discussion)

Moderated by Lynn Freedman

Millennium Development Goals (MDGs) 4 & 5, two of the eight MDGs, are an intrinsic part of the global anti-poverty and development agenda. As such, they represent an important opportunity for increasing the visibility of health goals, and serve as an entry point for re-framing health as a pre-requisite and integral part of social and economic development. Specifically, the health-care system is a place where poor people experience what it means to be poor by being neglected, marginalized, and abused. Given this, MDGs 4 & 5 provide a platform for promoting the view of the health care system as a basic building block of democratic society and democratic development. A review of African history shows that many countries during the 1960s and 1970s understood the need to make access to health a right (the Alma Ata Declaration as pinnacle). However, the 1980s and 1990s ushered in

an era when health was viewed as a commodity and subject to market forces. Now the question is how to learn from the errors of the 1980s and 1990s and retrieve government commitment to universal health. The voices of the people also need to be re-incorporated into the process of defining health care goals and priorities.

Responses by discussants and audience participants

The need for partnership

To accelerate progress towards MDGs 4 & 5, we need to develop a unified voice and present a single message so that MNCH gets prioritized. Developing a unified voice requires intersectoral collaboration, and the integration of MNCH into the broader primary health care framework. Another important step in building effective partnerships involves developing the capacity of people within other fields to understand MNCH issues and how these issues relate to their own fields. Information-sharing about successful interventions from around the world needs to be promoted.

Capacity building

Re-framing MNCH as a human development issue does not happen overnight, and dramatic results do not automatically appear on the ground following political commitment. Many countries are facing an immediate capacity crisis. However, capacity building efforts must be balanced between investments in short-term fixes and long-term goals.

One cost-effective capacity building measure that could be immediately implemented involves the provision of life-saving skills to non-medically trained health care workers so that they can provide critical care in under-served regions. Others noted that before countries invest in new training programs, they need to identify existing resources first and make sure already trained people are efficiently utilized (including traditional birth attendants, other non-biomedically trained healers, and faith-based organizations).

Increasing the retention rate of skilled workers may require the introduction of financial and other incentive mechanisms to improve morale. A longer-term capacity-building priority repeatedly mentioned includes improving the leadership capability of the health care labor force so that MNCH plans can be effectively implemented and managed.

Advocacy efforts defined by more effective messages

The process of re-defining MNCH as a human development issue includes understanding its intertwined political, social, and economic dimensions. Governments must be shocked into awareness of the magnitude of the problem, and the social and economic costs of high MNC mortality rates. Making MNCH a political priority will require re-thinking how statistics are presented to more effectively galvanize governments to act (examples of ways to do this from the HIV/AIDS campaign could be examined). Information about feasible interventions must accompany better-crafted presentations of data about MNCH (i.e., every minute a woman dies due to complications from pregnancy), so that governments are made aware of how to invest in MNCH and convinced that these investments will produce results.

Social mobilization

Changing the low-value placed on women and children in many societies, and pervasive views about the normalcy of high MNC mortality rates will require significant community-based work. Mobilizing people to take control of their health and demand better MNCH services must start with raising their awareness levels of MNCH conditions, and convincing them that poor maternal, newborn and child health outcomes are not acceptable.

Fiscal space

Fiscal space is not a problem unique to MNCH. The Partnership can learn from how other primary health-care initiatives have addressed this problem so it can better position itself to raise funds. One fiscal space issue relates to donor funding mechanisms. Countries frequently develop plans and begin preparations for implementation only to discover that their donor funds have disappeared. Donor funding has also often led to the creation of parallel and/or vertical programs that are not well-integrated into the broader health care system and, consequently, lack sustainability. Some countries have significant absorption problems due

to basic infrastructure and technological deficiencies. Improving absorption problems involves establishing accountability mechanisms so that budgets can be tracked and governments held accountable.

Women Deliver Conference

Ann Starrs presented a briefing of the Women Deliver conference scheduled for this coming fall (http://www.womendeliver.org).

The Global Business Plan (GBP)

I*ntroductory remarks and presentation*
http://www.who.int/pmnch/events/2007/bustreopres2.pdf
http://www.who.int/pmnch/events/2007/godalpres.pdf

In her introductory remarks, Flavia Bustreo listed the following reasons for why a GBP for achieving MDGs 4 & 5 is needed:

- Evidence indicates that progress is insufficient:
- Interventions are not reaching communities equitably;
- Human and financial resources are insufficient or are poorly utilized;
- The existing aid architecture fails to adequately deliver funds to MNCH despite global increases in resources for health.

During her review of the historical events leading up to the development of the GBP, Dr. Bustreo highlighted the news released in December 2005 indicating that only seven countries were on track to achieve MDG 4 as a major impetus behind the creation of a global strategy to correct this poor record. The initial call for a plan was heard in 2006, and gained the support of Bill Gates and the UK government. This initiative was later endorsed by The Partnership's Steering Committee, and in January 2007, a technical meeting was held in London. The main points emerging from this meeting included: 1) Generating political commitment is key to the mobilization of resources; 2) The predictability and sustainability of resources must be addressed to enable countries to do long-term planning; 3) Countries must be involved in the development of the GBP; and 4) Accountability must be addressed at all levels.

With the participation of country representatives from diverse regions, the initial delineation of the plan's content and next steps was completed in March, 2007 at a meeting in Norway. The Partners' Forum presents a critical opportunity for partners to provide important input and feedback on the draft GBP.

Tore Godal explained that the Global Business Plan has three main components:

1.) Underscoring why more work is needed to accelerate progress towards achieving MDGs 4 & 5. This component rests upon the view of MDGs 4 & 5 as key elements of basic health care services, and an understanding that progress towards achieving these goals requires a health systems approach;
2.) Explaining how we can better organize ourselves. This component is tied to lessons learned from the experiences of the best performing countries, and the Fast Track Initiative and other global health alliances (e.g., GAVI). These lessons include making financing mechanisms more flexible and able to deliver resources to the district level in a timely fashion, with results-based funding to be based on a rigorous process including the establishment of an independent review board for proposals, and performance/results-based payment schemes (leading to better health management at the country level);
3.) Outlining what more needs to be done. A strong advocacy and communication effort needs to be built up. We must strive towards mobilizing additional financial resources for continued advocacy work, scaling up, for innovation, and to establish technical support networks.

Discussion points:

- Through increasing the visibility of MNCH, the GBP represents an important step in the process of assisting countries attain MDGs 4 & 5. It also sets the stage for discussions concerning how to coordinate global and local level efforts; how to translate political will into political commitment/action; and how to take "best practices" and put them into national context;
- Related to the introduction of a performance-based funding scheme, concerns were raised

about ensuring countries have adequate technical support to track progress and are not penalized because of technical deficiencies. Similarly, countries may need technical assistance to develop good programs and proposals.

- Tying funding to results measured against MDGs 4 & 5 and not against specific activities was viewed as a means of fostering greater accountability and placing responsibility in the hands of governments;
- The GBP's emphasis on health systems management instead of on vertical programs/specific proposals was perceived as a positive step towards giving countries greater flexibility in how they opt to direct funding while keeping them accountable by requiring validated results. It was stressed that both donors and governments need to make long-term commitments to supporting MNCH;
- The GBP is set up to be considered a separate entity from The Partnership. The Partnership will retain its advocacy function and will not be transformed into a financing mechanism for the GBP.

Afternoon Session: 14:00-18:15

The afternoon of April 19 focused on scaling up MNCH at the country level, and the role of The Partnership in facilitating this process.

Scaling up MNCH at the Country Level (country case studies)

Pakistan:

Shaheen Masud presented a comprehensive overview of Pakistan's Maternal and Child Health Policy and Strategic Framework (2005-2015). A key factor facilitating the ability of Pakistan to scale up MNCH essential services packages at all levels of the health care system is a high degree of political commitment, and the existence of other supportive government policies (national health policy, 2001; population policy 2002). Challenges for Pakistan include lack of community involvement in health-care planning and implementation; human resource gaps contributing to poor quality of care; and weak monitoring and evaluation systems. Pakistan looks to The Partnership to provide technical assistance, help align donor activities, and to mobilize additional resources to fund service-delivery gaps and to improve monitoring and evaluation.

Ethiopia:

Tesfanesh Belay presented an overview of demographic data and outlined Ethiopia's MNCH plan. In doing so, she highlighted Ethiopia's recent revision of its criminal abortion law as a major achievement in reducing maternal mortality (32% of maternal deaths are linked to unsafe abortion), and the importance of the Health Services Extension Program in accelerating Ethiopia's progress towards MDGs 4 & 5. Ethiopia faces resource constraints and technical deficiencies, and invites The Partnership to support advocacy and resource mobilization activities, provide technical support and advise on integrating and coordinating activities.

Cambodia:

Bun Sreng focused on the human resource constraints Cambodia faces, which represent Cambodia's biggest challenge to achieving MDGs 4 & 5. Specifically, he noted that low utilization rates of cost-effective interventions are tied to problems with the quality of available care. The lack of available quality care is linked to insufficient resources directed to the training of health care personnel, poor management practices, poor attitudes of health care workers because of low salaries and incentives, and the limited deployment of health care workers to underserved areas. To help Cambodia realize its ambitious plan of developing optimal policies and meeting maximum coverage targets, The Partnership can assist Cambodia address its capacity building needs, and strengthen its existing monitoring and evaluation processes.

Bolivia:

Ruth Calderon discussed existing inequities in service delivery in Bolivia, and how the government is attempting to correct them. As part of its national development plan, Bolivia aims to eliminate social exclusion in health by increasing the participation of communities in the design and implementation of MNCH strategies (e.g., Malnutrition "0" program),

and by developing a national-level insurance model for universal coverage. The Partnership can assist Bolivia and other countries reach MDGs 4 & 5 by: 1) mobilizing economic and human resources; 2) creating synergy between countries and regions; 3) harmonizing maternal, neonatal, and child health interventions; 4) supporting sustainability through the provision of technical assistance; and 5) helping them foster more alliances (with in-country partners, with other countries, with donors, and with other global partnerships).

Discussion points:

- Achieving equity: The country presentations made it evident that the challenge to scaling up MNCH at the country level is not just in achieving high coverage rates, but also in ensuring equitable coverage and the delivery of quality services.
- Health-care system reform: To improve the ability to scale-up MNCH at the country level, fiscal decentralization and the adoption of flexible, transparent funding schemes were discussed as crucial steps (provided accountability mechanisms are also put into place).
- Role of Civil Society: The establishment of strong linkages between governments and civil society (NGOs, health care professionals, and academic/research institutions) is critical to ensuring that health care policies and programs are responsive to communities' expressed service needs, and effective monitoring and evaluation processes are put into place.

The Role of The Partnership at Country Level in Scaling up MNCH

The afternoon concluded with parallel sessions facilitated by the following country representatives: Catherine Sanga, Ministry of Health, Tanzania; Chisale Mhango, Ministry of Health, Malawi; Nim Nirada, Ministry of Health, Cambodia; and Youssoupha Gaye, Ministry of Health, Senegal.

Summaries from these sessions were presented on April 20 and are included in that day's meeting report.

April 20

Morning session 9:00-12:45

Key Points and Recommendations from Country Sessions

The facilitators of the parallel country sessions held on April 19 each presented three brief points related to the role of The Partnership in scaling up MNCH in their respective countries. (See PowerPoint presentations: http://www.who.int/pmnch/events/2007/partnerforumpresentations/en/index.html)

Country-specific priority actions:

1. Malawi (Chisale Mhango) – Malawi's greatest obstacle to achieving MDGs 4 & 5 is its weak health care system, and the lack of a coordinating mechanism at the country level. The Partnership can concentrate on helping Malawi shore up and reform its health care system.
2. Tanzania (Catherine Sanga) – Tanzania's own partnership needs to be better aligned with The Partnership. Tanzania also needs assistance increasing the participation of NGOs and legal entities (to address abortion laws and other MNCH related policy issues) in its partnership, and achieving harmonization across ministries.
3. Cambodia (Bun Sreng) – Because of competing priorities, the government is not fully committed to MNCH, and MNCH activities are still not completely integrated into the primary health care sector. Health-care labor force issues also present a major problem that The Partnership can help Cambodia address.
4. Senegal (Youssoupha Gaye) – Senegal currently faces many coordination challenges, including the need to establish a coordination mechanism at a high-level (e.g., Prime Minister's office) to promote greater political commitment to MNCH. Staffing problems (training and recruitment) are also prevalent at all levels of the health care system.

Cross-cutting issues:

Although the particular range of issues influencing the successful scaling up of MNCH differed between

countries, several cross-cutting issues affecting all four countries were pinpointed. These issues were summarized by the co-moderators Anne Tinker, Save the Children, USA, and Aaron Sangala, Deputy Minister of Health, Malawi:

1. The Partnership needs to focus on its advocacy role to help mobilize greater political commitment to, and resources for, a continuum of care approach to MNCH;
2. The Partnership needs to facilitate country efforts to coordinate monitoring and evaluation plans with data collection processes;
3. The Partnership needs to promote the strengthening of health care systems by mobilizing resources for capacity building efforts (especially those directed at alleviating human resource constraints), and by making sure that improved training and recruitment of health care workers is coupled with increases in incentives to ensure high retention rates of skilled care providers.

Introduction to Working Group Meetings

The rest of the morning and early afternoon sessions consisted of discussions related to the four Partnership Working Groups. Minutes from each meeting are available on The Partnership website: http://www.who.int/pmnch/events/2007/pfworkingroups/en/index.html.

Afternoon Session: 16:00-17:50

Outcomes of Working Groups (plenary) (moderator: Kul Gautam)

1. The efforts of the Working Groups must be catalytic and value-added. They should not under-cut existing programs and national plans;
2. The Working Groups are divided according to topical area. Although separate entities, the four groups must communicate with one another to develop a coordinated and common approach when assisting countries;
3. The Working Groups, and particularly the Country Support Working Group, must foster a two-way structure of interaction with countries, and their activities must be rooted in Ministries of Health (all groups are working at the country-level);
4. Striking a regional balance. Members stressed that while the 60 highest burden countries should be prioritized for assistance, the work of The Partnership must be aimed at improving the lives of all mothers, newborns and children regardless of geographical location;
5. Concerns about the Gates grant. Although the Gates grant to The Partnership presents an opportunity to prove the value-added quality of The Partnership, members voiced reservations about its management. In particular, members noted the lack of transparency of the country selection process, and contended that the implementation of the grant to date has not been reflective of Partnership principles. Members expressed concern that the administration of the grant creates the impression that The Partnership is another funding mechanism (with the Secretariat to be used to channel funds to countries).

Closing Ceremony: Reflections on the Partners' Forum

Key points were delivered by Ivo Garrido, Ministry of Health, Mozambique; Tesfanesh Belay, Ministry of Health, Ethiopia; Shaheen Masud, Ministry of Health, Pakistan. They included:

- We must strive to develop better coordination through the establishment of national-level coordination mechanisms;
- Health systems strengthening should be a key intervention to ensure coverage of MNCH;
- Scaling-up of best practices should be given highest priority;
- We must work in the spirit of the continuum of care approach, and ensure a balanced representation of work (maternal, newborn, and child health areas need to be equally represented).

Closing Comments

Francisco Songane, Director, The Partnership (http:/www.who.int/pmnch/events/2007/songaneconclusions.pdf)

In his closing remarks, Dr. Songane re-iterated pivotal messages heard from partners during the Forum:

- The focus of Partnership work must be at the country level, and aimed at assisting countries develop and implement one well-coordinated and integrated MNCH plan;
- To help countries accelerate progress towards MDGs 4 & 5, The Partnership must assist in the mobilization of resources and in resource utilization. Helping countries with long-term planning is also paramount;
- Facilitating country-led efforts to strengthen health-care systems must be part of the value-added work of The Partnership.

Closing Address

Comments from David Mwakyusa, Minister of Health and Social Welfare, Tanzania:

"The Partners' Forum has been an opportunity for Tanzania and the world at large to raise awareness about MNCH. We have been told that people die from disease. Pregnancy should not be considered a reason to die. We hope that this Forum will be a catalyst for further action in improving MNCH."

Vote of Thanks

Comments from Biram Ndiaye, Prime Minister's Office, Senegal:

Biram Ndiaye emphasized the following issues raised during the Forum as critical to remember as The Partnership moves forward:

- Harmonization across international and national levels;
- Advocacy to mobilize resources and political commitment;
- Focus on the strengthening of health-care systems;
- Developing an integrated approach.

He ended his speech by thanking all in attendance for participating in the Forum and reminded us that, "Collectively, we have a moral and ethical responsibility to ensure the survival of mothers, newborns, and children."

Agenda

Tues. 17 April

15:00 - 17:00	**Registration: Kivukoni Ballroom, Movenpick Royal Palm Hotel**
18:00 - 18:05	**Introductory Comments**
	Master of Ceremonies *Ms. Edda Sanga*
18:05 - 18:10	**Welcome from Gov't of Tanzania**
	Prof. David H. Mwakyusa *Minister of Health & Social Welfare, United Republic of Tanzania*
18:10 - 18:15	**Welcome to the Partners' Forum**
	Dr Francisco Songane *Director, The Partnership for Maternal, Newborn & Child Health*
18:15 - 18:20	
	Mr. Kul Gautam *Chair, Interim Steering Committee* *The Partnership for Maternal, Newborn & Child Health*
8:20 - 18:35	**Overview of MNCH Priorities**
	Ambassador Gertrude Mongella, MP *President, Pan-African Parliament*
18:35 - 18:45	**Prime Minister's Address**
	Rt Hon. Edward N Lowassa *Prime Minister, United Republic of Tanzania*
18:45 - 18:50	**Introduction to the «Play Your Part» film**
	Ms. Rose Mlay *Coordinator, White Ribbon Alliance Tanzania*
18:50 - 19:00	**Screening of «Play Your Part»**
19:00 - 19:05	**Live Performance of the Play Your Part title song**
	Ms. Stara Thomas
19:05 - 19:10	**Vote of Thanks**
	Oscar Fernandez-Taranco *UN Resident Coordinator*
19:10 - 19:20	**Photo Call of Speakers**
19:20 - 20:30	**Cocktail Reception**

Wed. 18 April
Conference Registration: 7:45-9:15AM
Kivukoni Ballroom, Movenpick Royal Palm Hotel

	Overview of The Partnership (Plenary)
	Aim: To share The Partnership's vision and structure, roles and responsibilities of members, progress achieved so far
Chair:	Daisy Mafubelu, Assistant Director-General, WHO
9:00 - 9:05	**Introduction to the Partners' Forum**
	Francisco Songane, Director, The Partnership
9:05 - 9:15	**The Partnership: History & Vision**
	Kul Gautam, Chair, Interim Steering Committee, The Partnership
9:15 - 9:30	**The Partnership's 10-Year Strategy**
	Aims & Indicators Francisco Songane, The Partnership
9:30 - 9:40	**The Partnership's Achievements to Date**
	Initiatives & Activities Flavia Bustreo, Deputy Director, The Partnership
9:40 - 9:50	**The Partnership in Action**
	The Creation of Opportunities for Africa's Newborns Joy Lawn, Saving Newborn Lives
9:50 - 10:20	
	Tea/coffee
10:20 - 11:30	**Comments from Partner Countries**
	How The Partnership Can Best Support Countries Moderator: Daisy Mafubelu, WHO <u>Participants:</u> David Mwakyusa, Minister of Health & Social Welfare, Tanzania Ivo Garrido, Minister of Health, Mozambique Comments from participants from Asia & Latin America
11:30 - 11:45	**Lessons Learned by Other Global Health Partnerships**
	Alex Palacios, GAVI
11:45 - 12:05	**Introduction to Governance Discussions**
	Introduction to the Conceptual and Institutional Framework of The Partnership, including the governance objectives of the constituency meetings. A 10-minute presentation, followed by 10 minutes of discussion.
Presenter & facilitator:	Ann Starrs, Co-Chair, The Partnership

	Constituency Meetings (Parallel & Plenary)
	Aim: To establish a common understanding of objectives of each constituency group; to establish roles, responsibilities and communication norms within each group; and to endorse representatives on the Steering Committee. *Lunch provided for each constituency group from 12:15-13:15. Working sessions to begin from 13:15.*
13:15 - 15:00	**Constituency Meetings** (Parallel)
	• Government (chair: Ivo Garrido, Minister of Health, Mozambique) • Donors/Foundations (facilitator: Stewart Tyson) • UN Agencies (facilitator: Pascal Villeneuve) • NGOs (facilitator: Anne Tinker) • Academic/Research Institutions (facilitator: Jennifer Bryce) • Health Care Professionals (facilitator: Joyce Thompson)
15:00 - 15:30	**Tea/coffee**
15:30 - 17:00	**Presentation of Discussions and Decisions (Plenary)**
Moderator:	Julia Hussein, IMMPACT
	Break
18:15	
	Buses depart from Movenpick Royal Palm Hotel, Kempinski Kilimanjaro and Holiday Inn for Karimjee Hall, Dar es Salaam
18:30 - 19:00	**Launch of the EMPOWER Project**
	The introduction of a new project by the Ifakara Health Research & Development Centre to strengthen national health systems in Tanzania.
19:00 - 22:30	**Dinner & Cultural Evening**
	Hosted by the Ministry of Health and Social Welfare, Tanzania. Karimjee Hall, Dar es Salaam

Thurs. 19 April

	Plenary Sessions
Chair:	Joyce Thompson, International Confederation of Midwives
9:00 - 10:15	**Achieving MDGs 4 & 5 (Roundtable Discussion) ***
Themes:	Reframing MNCH as a human development issue The role of partnership in meeting MDGs 4 & 5 Issues in resource mobilization
Moderator:	Lynn Freedman, Columbia University/AMDD
Participants:	Doyin Oluwole, Africa's Health in 2010, AED Kaosar Afsana, BRAC, Bangladesh Francis Omaswa, Global Health Workforce Alliance Aparajita Gogoi, White Ribbon Alliance India Bertha Pooley, Save the Children USA, Bolivia

10:15 - 10:50	**Discussion of Roundtable Themes**
Moderator:	Lynn Freedman
10:50 - 11:00	**"Women Deliver" Briefing**
Presenter:	Ann Starrs, Family Care International, New York
11:00 - 11:30	
	Tea/Coffee
11:30 - 12:00	**The Global Business Plan**
Introduction:	Flavia Bustreo, The Partnership
Presentation:	Tore Godal, Prime Minister's Office, Norway
12:00 - 12:30	**Discussion of the Global Business Plan**
Co-moderators:	David Mwakyusa, Minister of Health & Social Welfare, Tanzania Arletty Pinel, UNFPA

Lunch

14:00 - 16:00	**Scaling up MNCH at Country Level** (Plenary)
Aim:	*To provide country case studies of effective work being done at country level in the scaling up of MNCH, with focus on the package being scaled up, the time period, population reached and the factors facilitating scale-up. Presentations: 15 minutes each, followed by a roundtable discussion.*
Co-moderator:	Elizabeth Mason, WHO
Co-moderator:	Cesar Victora, Brazil
Presenters:	Shaheen Masud, Ministry of Health, Pakistan Tesfanesh Belay, Ministry of Health, Ethiopia Bun Sreng, Ministry of Health, Cambodia Ruth Calderon, Ministry of Health, Bolivia
16:00 - 16:45	
	Tea/coffee
16:45-18:15	**The Role of The Partnership at Country Level in Scaling Up MNCH** (Parallel Sessions)
Aim:	*Four parallel discussion groups to be facilitated by Tanzania, Malawi, Cambodia, and Senegal, beginning with a 10-minute introduction by the facilitators of each group about how The Partnership works in their country and the current coordination mechanisms. Objective is to discuss processes in a wide range of countries, not only The Partnership's «jumpstart» countries.*
Facilitators:	Catherine Sanga, Ministry of Health, Tanzania Chisale Mhango, Ministry of Health, Malawi Bun Sreng, Ministry of Health, Cambodia Youssoupha Gaye, Ministry of Health, Senegal

Topics to be discussed:

- What are the current partner coordination mechanisms at country level?;
- Current policy and operational plans for MNCH?;
- What is the political commitment among government officials and key stakeholders in terms of human and financial resources?;
- Are there specific mechanisms for MNCH and do those mechanisms include all of The Partnership's constituents?;
- What is the priority action for The Partnership in your country, both in terms of partner action and secretariat action?;
- How can those actions be harmonized with other global health initiatives (eg, RBM and GAVI) at country level?

Fri. April 20

Chair:	Jane Schaller, International Pediatric Association
9:00 - 10:00	**Key Points & Recommendations from Country Sessions** (Plenary)
	Maximum of three points per presentation.
Moderators:	Anne Tinker, Save the Children USA
	Aaron M Sangala, Deputy Minister of Health, Malawi
Presenters:	Catherine Sanga (Ministry of Health, Tanzania)
	Chisale Mhango (Ministry of Health, Malawi)
	Bun Sreng, Cambodia (Ministry of Health, Cambodia)
	Youssoupha Gaye (Ministry of Health, Senegal)
10:00 - 10:10	**Introduction to Working Group Meetings** (Plenary)
Aim:	*Identification of priority activities based on The Partnership's work plan; identification of how working group members will contribute to the priority activities; discussion and agreement on how the working groups will function within themselves and with each other.*
	Al Bartlett, USAID
10:10 - 10:45	
	Tea/coffee
10:45 - 13:00	**Working Group Meetings** (Parallel Sessions)
	Sessions to consist of presentations of new approaches and best practices; an overview of aims & objectives for each working group; and proposed activities for 2007-2008 for each working group. All Forum participants invited to contribute. Sessions to be facilitated by acting Working Group chairs.
Country Support	(Al Bartlett, Chair)
	Kivukoni Ballroom Part 1
Advocacy	(Arletty Pinel, Chair)
	Kivokoni Ballroom Part 3
Monitoring &	(Julia Hussein, Chair):
Evaluation	Kivukoni Ballroom Part 2
Effective Interventions	(Elizabeth Mason & Monir Islam, Co-Chairs)
	Ruvu Room (Opposite Registration Desk)

Lunch

14:30 - 15:15	**Working Group Meetings: Governance Issues** (Parallel Sessions)
	Governance discussions among the core committee members of each working group. Observers welcome. Agenda to include selection of chair and co-chair, agreement on division of labor among the formal members of each group, communication norms among members of each working group and between working groups, and linkages with other working groups.
15:15 - 16:00	
	Tea/coffee
Chair:	Andre Lalonde, FIGO
16:00 - 17:00	**Outcomes of Working Groups (Plenary)**
Aim:	To recap the major agreements and achievements of the event via brief reports (5 min. each) from the chair of each working group. Discussion to follow.
Moderator:	Kul Gautam
17:00 - 17:30	**Reflections on the Partners' Forum**
	Aaron Sangala, Deputy Minister of Health, Malawi Tesfanesh Belay, Ministry of Health, Ethiopia Shaheen Masud, Ministry of Health, Pakistan
17:30 - 17:40	**Concluding Comments: Looking Forward from Here**
	Building on this meeting. Francisco Songane
17:40 - 17:45	**Closing Address**
	David Mwakyusa, Minister of Health, Tanzania
17:45 - 17:50	**Vote of Thanks**
	Biram Ndiaye, Prime Minister's Office, Senegal

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