CALL TO ACTION SUMMIT 2015

Ending preventable child and maternal deaths

(27–28 August 2015, New Delhi, India)

Contents

Introduction

Worldwide, under-five mortality has declined by 48% from 12.6 million deaths in 1990 to 6.6 million in 2012. Maternal mortality too has decreased globally by 45% from 523,000 in 1990 to 289,000 in 2013. Despite this progress, the rates of child and maternal deaths still remain unacceptably high. Hundreds of thousands of mothers, in different parts of the world, continue to die during childbirth, and millions of children die from preventable diseases. On 27–28 August 2015, the Ministry of Health and Family Welfare, Government of India and the Ministry of Health, Government of Ethiopia, in partnership with Bill & Melinda Gates Foundation, the Tata Trusts, UNICEF, USAID and WHO, convened The Third Global Call to Action Summit at the Taj Palace Hotel in New Delhi, mobilizing the world towards one common objective – *ending preventable child and maternal deaths*. The Call to Action Summit 2015 is directed at addressing the unfinished Millennium Development Goals (MDGs), in preparation for ongoing post-2015 goal setting exercise that will lead to a new development agenda – the Sustainable Development Goals (SDGs) – at the United Nations General Assembly session in September 2015. The SDGs will have 17 deliverables, with health and well-being of all, particularly women, children and adolescents, as priority.

The New Delhi Summit was inaugurated by the Hon'ble Prime Minister of India, Shri Narendra Modi. He reiterated the political commitment of the Government of India at the highest level in meeting the SDGs in India as well as in assisting the SAARC countries in their endeavour to do so. The two-day Leadership Summit was a confluence of the Ministers and Heads of Country Delegations from 22 of the 24 priority countries that are committed to the Global Call to Action for Child Survival, 2012; Health Ministers from states of India;

international academic experts; health practitioners; and global leaders from diverse sectors – corporate, civil society and media. It served as a unique platform for taking stock of the progress so far, sharing knowledge through best practices, addressing challenges, and launching a roadmap to secure the fundamental right of physical and mental health and well-being of women, children, and adolescents. The forum also paved the way for networking and forging alliances to accelerate efforts towards realizing the global vision of saving every mother and her child.

The Summit format was carefully designed to engage the delegates through:

A) Inspirational sessions that primarily focused around key interventions, best practices, multisectoral approaches, and partnerships. Several key topics were discussed, including:

1. Global Strategy for Women's, Children's, and Adolescents' Health
2. Moving Towards Scale
3. Game-changing Technologies for Health
4. Survive, Thrive and Transform
5. Money Matters: Health Financing
6. Corporate Partnerships for Impact
7. Accountability for Result

B) An interactive Marketplace that focused on the importance of *Systems, Partnerships, Innovations, Convergence, and Evidence* in ending all preventable maternal and child deaths. The Marketplace was a melting pot of ideas and experiences where countries showcased innovative approaches and shared best practices that have helped address bottlenecks in health service delivery and demand generation.

C) A Ministerial Conclave that resulted in The Delhi Declaration, a commitment made by all participating nations to work together towards ensuring women, newborn,

children and adolescents their right to survive, thrive – have universal access to healthcare services, and transform – have an enabling environment that fosters equal opportunity to reach their full potential.

This report aims to summarize the findings of the Summit in order to help provide information and directions for future work in this field. We hope that you find it useful.

Inaugural session

The Hon'ble Prime Minister of India, Shri Narendra Modi inaugurated the Summit and visited the Marketplace. He delivered the keynote address in the session.

The other speakers present at the inaugural session were Shri Bhanu Pratap Sharma, Secretary, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI); Mr Alfonso E. Lenhardt, Acting Administrator, USAID; Dr Geeta Rao Gupta, Deputy Executive Director, UNICEF; Mr Mark Suzman, President, Global Policy and Advocacy and Country Programs, Bill & Melinda Gates Foundation (BMGF); Mr R.K. Krishna Kumar, Trustee Tata Trusts; Dr Poonam Khetrapal Singh, Regional Director General, WHO SEARO; H.E. Dr Kesetebirhan Admasu, Minister of Health, Ethiopia; H.E. Jagat Prakash Nadda, MoHFW, GoI; and Shri C.K. Mishra, Additional Secretary and Mission Director, NHM, MoHFW, GoI.

Welcome address

The welcome address was given by Shri Bhanu Pratap Sharma, Secretary, MoHFW, GoI. In his address, he highlighted the milestones India has attained in the area of maternal and child health (MCH). He stated that the decline in infant mortality rate (IMR) and maternal mortality rate (MMR) in India is faster than the global pace of decline. He noted that these achievements reflect a strong political will, sound strategies, focused polices, rigorous implementation framework, sturdy structures of monitoring and evaluation, and focus on health systems strengthening for effective health outcomes. He encouraged all delegates to visit the Marketplace that displayed interactive demonstrations, case studies, vibrant posters and cultural anecdotes. He hoped that the interactions during the summit will be an educative experience for all, and strengthen their commitment to address the issues of maternal, child, and adolescent health more effectively.

Leadership matters

Mr Alfonso E. Lenhardt, Acting Administrator, USAID commended the efforts made by all the participating countries in their goal towards securing the health and well-being of women and children. He emphasized the need to further accelerate progress in this direction. “When a child dies and when a mother dies giving birth, it is a tragedy for all of us because we miss out on everything they might have offered and because it continues the vicious cycle of poverty that holds the entire world back,” he said. He asserted that together we can break this cycle of preventable death and poverty. There is a need for making major investments in health not just by donor nations and global institutions but also by domestic sources; employing innovative technologies; and scaling up proven and simple interventions, such as ORS and zinc for treating diarrhoea, he said. He highlighted the need for strong leadership, partnerships, country ownership, concrete commitment, and result-oriented action plans to guarantee the health and well-being of the poorest of the poor.

Focusing on what matters

Dr Geeta Rao Gupta, Deputy Executive Director, UNICEF shared India’s achievements in saving the lives of the most disadvantaged women and children, and giving them a chance to thrive. However, she said that a lot needs to be done to reach every woman and child with life-saving care and provide opportunities to adolescents so that they can thrive and transition safely into adulthood. The way forward is to further strengthen political commitment around this issue, build accountability, and mobilize communities, she noted. She stressed on the need to target those that are the hardest to reach irrespective of where they are located – rural areas, urban slums, indigenous communities, or conflict zones. She urged governments, civil society, and UN agencies to collaborate and work towards specified targets in realizing the SDGs. Dr Gupta also emphasized that the efforts should cut across areas such as nutrition,

hygiene, water, sanitation, education, and women's empowerment to fully achieve the desired results.

Leading change, transforming lives – SDGs

Mr Mark Suzman, President, Global Policy and Advocacy and Country Programs, BMGF applauded the progress made by the countries towards achieving the MDGs. The MDGs gave countries a roadmap for translating actions into results, he stated. He added that "The Every Woman Every Child" programme, 2010 together with Call to Action, 2012 have helped in understanding how we need to work across the spectrum of reproductive, maternal, and child health to achieve results and accelerate progress. He briefed on the SDGs and the updated Global Strategy that will be rolled out in September 2015 with the objective that every mother and every child have access to basic health services, nutrition, and education that they need.

Innovating the future

Mr R.K. Krishna Kumar, Trustee Tata Trusts called upon the need to galvanize highly focused and sustained action to cut down the Triangular Evil of infant and child mortality and maternal health, which despite overall economic development, are still major threats to developing countries. He brought to light how the Trusts are funded – Two-thirds of the ownership of Tata Sons, the parent Company of the Tata Group, is with the Tata Trusts, which only resonates the Company's values and beliefs and its vision with a deep commitment to nation building. He highlighted the advancements Tata Trusts is making in developing a holistic nutrient programme based on latest available scientific inputs. He reiterated the need to forge dynamic partnerships to promote and innovate healthcare technology for early diagnosis in low resource settings, and to generally nurture the culture of

innovation. He said that for any country political freedom is incomplete without banishing poverty, at the heart of which lies the compelling need to eliminate maternal and child deaths due to preventable causes.

Driving an inclusive global agenda

Dr Poonam Khetrapal Singh, Regional Director General, WHO SEARO said that with the transit to the SDGs, there is a need to build upon the gains of the MDGs within the ambit of the broader universal health coverage agenda . She emphasized the need for: 1) employing innovative ways to deliver proven interventions to reduce equity gaps and enhance access to MCH services, using technology such as mobile technology and digital infrastructure to identify clients, monitor implementation, and track progress, and looking at integrated service delivery model that provides continuum of care across the life course; 2) strong health systems that ensure quality of services, adequate health structure placed strategically to match the population, adequate health force to deliver a range of services, a logistic system that ensures regular supply of essentials, and government support to ensure that the basic minimum requirements are in place for a resilient and sustainable health system; 3) integrating women's and children's health with the broader socioeconomic development agenda, collective action and partnerships across all sectors, among development partners, and close engagement with the community; and 4) collaborative action towards providing nutrition and access to food, clean water, and sanitation, which is aligned with the aim of the SDGs to eliminate poverty in all its dimensions.

Delivering solutions at scale

H.E. Dr Kesetebirhan Admasu, Minister of Health, Ethiopia mentioned that Ethiopia has made spectacular improvements in terms of child survival and overall health of its people.

This was possible because of factors such as prevailing peace and stability in the country; healthcare reforms with community empowerment and ownership through the flagship Health Extension Program (HEP); sustained political commitment at all levels; innovative solutions to problems like task-shifting; emphasis on building a resilient health system by leveraging domestic and international support; and ensuring equity of access to primary healthcare, providing key priority services and ensuring the worse off are not left behind.

To consolidate the gains that were made during the MDGs and accelerate the progress towards EPCMD the Ministry of Health has developed a five-year Health Sector Transformation Plan (HSTP) 2015–2020. The plan has set out ambitious goals for equity and goals for transformation of health sector, the Minister stated. There has been remarkable expansion of health facilities and services to address inequalities and inequity, he added. In closing, he reinforced the need for concerted and collaborative efforts to attain the goal of EPCMD by 2030.

Delivering on the commitment and Signature film

Speaking at the occasion, H.E. Jagat Prakash Nadda, MoHFW, GoI, drew attention to India's impressive list of achievements and good practices that other countries can learn from. He also expressed enthusiasm in learning from other countries to achieve the SDGs for India. He renewed India's pledge and commitment to ending preventable mother and child deaths. The Health Minister stated that Prime Minister, Shri Narendra Modi has guided the country towards bolder targets in MCH.

He cited several initiatives undertaken by India – the *e-mamta* scheme in Gujarat, which was scaled up to the Mother and Child Tracking System (MTCS) at the national level; the *Beti Bachao, Beti Padhao* movement; and the *Swachcha Bharat Abhiyan*, which has a direct influence and impact on health outcomes in the country. He said, as India celebrates the

success, it looks forward to effective partnership and collaboration. He noted the substantial progress made in tackling under-five mortality rate, IMR and MMR, and that the pace has been faster than global averages. He mentioned *Mission Indradhanush*, another important initiative of the Health Ministry which intensified immunization drive in the country, but stressed that much needs to be done to address the challenges of diarrhoea, pneumonia, malnutrition, and anaemia. It is time to build on our achievements and strengths, and walk the extra mile to reach the unreached. Equity should be the focus. For that we need sustainable multisectoral efforts to move forward with the help of good practices of other countries, he added.

The Health Minister encouraged the delegates to visit the Marketplace and take advantage of the knowledge shared through best practices across the globe.

Release of the "Acting on the Call" report and Coffee table book by the Prime Minister of India, Shri Narendra Modi

Prime Minister, Shri Narendra Modi released a coffee table book "Born to Be, which depicts key milestones in 25 years of India's progress in MCH. The USAID report "Acting on the Call: Ending Preventable Child and Maternal Deaths" was also released, which outlines the plan to save 15 million children and 600,000 women by 2020.

Keynote Address

In his inaugural address, Prime Minister Shri Narendra Modi said that the Summit will showcase the power of new partnerships, innovations and systems to bring about improvements in life-saving interventions. He pointed out that the world sadly continues to lose about 289 thousand mothers and 6.3 million under-five children every year even as the world transits from the MDGs to SDGs. Pointing out that India's birth cohort of 26 million is a formidable challenge, he stressed that India's commitment to succeed is also strong. He noted that the joint statement issued subsequent to the visit of the US President Barack Obama to India in January this year also agreed to further accelerate the joint leadership towards EPCMD.

The Prime Minister highlighted India's notable achievements in the health sector especially in MCH in the recent years. He stated that India has achieved under-five mortality rate decline at an accelerated pace compared to the global rate of decline, and that India is likely to reach close to achieving the MDG target if the current trend of annual decline is sustained. He described India's victory in eradication of polio as truly historic. From being a country accounting for more than a half of the global polio cases in 2009 to being declared free "reflects India's deep commitment to child health," he added. The Prime Minister announced another major milestone that India achieved recently – eliminating maternal and neonatal tetanus. "The validation for this has happened much before the global target date of December 2015 and it gives us the confidence to achieve other targets well before the target date," he noted.

He underscored that his government was committed to achieving full immunization coverage in the country, and to this end, *Mission Indradhanush* was launched. This mission seeks to

accelerate the annual rate of immunization from existing 1% to more than 5% per year so as to achieve more than 90% coverage by 2020.

The Prime Minister asserted that India has always partnered with global efforts on issues of child and maternal health, launching India newborn action plan (INAP) in September 2014, targeting reduction in neonatal mortality rate (NMR) and stillbirths to single digit by 2030. India also responded by acting on the first "Call to Action" through its commitment and launch of RMNCH+A (reproductive, maternal, newborn child and adolescent health). He commended programmes such as the National Health Mission (NHM), which has resulted in improved health outcomes, and *Janani Suraksha Yojana* (JSY) that has ensured that 75 % of the deliveries take place in healthcare centres. He said that out-of-pocket (OOP) expenses remain a key barrier for women to access timely healthcare services. To overcome this, the programme *Janani Shishu Suraksha Karyakram* (JSSK) was launched, under which every woman delivering in a public health centre and the newborn are entitled to free and cashless health services, with an assured provision of free drugs, diagnostics and diet besides free to and fro transport.

He pointed out that the country needs to institutionalize a system where marginalized communities receive universal healthcare and financial protection as "unfortunate health episodes" are making people financially weak. "One of our major concerns is equity. As a step towards ensuring equitable health services across regions that suffer from intra-state disparities, and to bring about sharper improvements in health outcomes, a total of 184 poorest performing districts all over the country have been identified. Special efforts are being made to put in more resources and focused programmes in these areas," he said.

Extending India's support through technology, system strengthening and programme implementation capsules, Prime Minister Modi said, "We could train personnel and skill them for better management of child sickness in our Special Newborn Care Units (SNCUs) as

well as share our experience at home-based newborn care." He reiterated his government's commitment to support all the 24 priority countries including the SAARC nations by providing Pentavalent vaccines and sharing India's rich experience in universal immunization including *Mission Indradhanush*.

Vote of Thanks

Shri C.K. Mishra, Additional Secretary and Mission Director, NHM, MoHFW, GoI expressed his gratitude to all the delegates for participating in this Summit. He added that the Summit is a global platform for participatory panel discussions among experts, development partners and policy-makers. Its format allows us to share innovations and best practices and to learn from each other in order to meet the common goal of ending preventable child and maternal deaths (EPCMDs).

Session 1 – Global Strategy for Women's, Children's, and Adolescents' Health

The following people deliberated on this theme – H.E. Dr Ferozuddin Feroz, Minister of Public Health, Afghanistan; Mr C.K. Mishra, Additional Secretary & Mission Director NHM, MoHFW, GoI; Ms Robin Gorna, Executive Director, Partnership for Maternal, Newborn & Child Health (PMNCH); Ms Nana Taona Kuo**,** Senior Manager – Every Woman Every Child, United Nations; Dr Shyama Kuruvilla**,** Senior Strategic Advisor – Family, Women's and Children's Health, WHO; Mr Ahmad Alhendawi, UN Secretary General's Envoy on Youth; Dr Geeta Rao Gupta**,** Deputy Executive Director, UNICEF; Mr Joe Thomas, Executive Director, Partners in Population and Development (PPD)

Ms Robin Gorna, Executive Director, PMNCH moderated the session.

Welcome remarks

H.E. Dr Ferozuddin Feroz, Minister of Public Health, Afghanistan co-chaired this session. He reflected on the progress made in Afghanistan towards eliminating preventable maternal and child deaths. He pledged to recommit to the cause and emphasized on the need for evidence-based quality interventions. He mentioned that additional focus needs to be placed on fostering an enabling environment for health. This can be realized with strong political will and commitment and a robust governance framework, he noted.

Objectives of the session

Mr C. K. Mishra, Additional Secretary & Mission Director NHM, MoHFW, GoI co-chaired the session. He applauded the dedicated workforce in India that helped achieve a sharper decline in IMR and MMR. He said that the MDGs have served as a catalyst to accelerate efforts. India has seen a significant rise in spending for MCH. The country is gradually moving towards a healthy population, he noted. He emphasized the need for a coherent and well-planned operational framework to develop strategies so that no one is left behind. He asserted that every country that can contribute should do so to be able to adopt a holistic approach towards securing the health and well-being of women and children.

Transitioning from MDGs to SDGs: "Every woman every child" key to achieving the unfinished agenda of maternal, newborn, child and adolescent health

Ms Nana Taona Kuo, Senior Manager – Every Woman Every Child, United Nations highlighted the achievements made through the "Every woman every child" (EWEC)

initiative of the United Nations. She said that the overarching goal of the Global Strategy (GS) for Women's and Children's Health when it was published in 2010 was to galvanize and bring together the diverse partners to prevent the deaths and improve the lives of women and their children. In this it has been hugely successful. She said that the programme was able to highlight neglected areas of newborn deaths, family planning, life-saving commodities, and adolescents; garner 400+ commitments made by 300+ partners; disburse $45 billion in financing; add 1000+ new innovations in pipeline; generate strong political will and accountability; and build a steady momentum for progress.

She mentioned that now was a historic opportunity to nurture progress into post-2015 era to end completely the preventable deaths of pregnant women, newborns, children and adolescents in all parts of the world within the next generation. Ms Kuo also outlined the need for an Updated Global Strategy (hereafter referred to as GS 2.0) as follows:

- Unfinished health MDGs – Though substantial progress has been made, women's and children's health remains one of the unfinished agendas of the MDGs and needs to be prioritized in the post-2015 development agenda.
- Newborn deaths and stillbirths – Progress has been slow in preventing newborn deaths and stillbirths. Newborn deaths still account for at least 44 % of deaths among children under the age of five globally, resulting in 2.9 million lives lost each year. Another 2.6 million babies die in the last 3 months of pregnancy or during childbirth.
- Humanitarian crisis and fragile settings – A particular focus on supporting countries facing humanitarian crisis and fragile states is required as 60 % of preventable maternal deaths and 53 % of under-five deaths are now taking place in these settings.
- Adolescent health – This area needs to be paid more attention, especially ensuring their access to sexual and reproductive health information, services, and rights.

- Cross-sectoral areas – Cross-sectoral areas such as women's empowerment and education are necessary components of accelerating progress. This includes ensuring that we have an increased number of women in decision-making positions, especially in the health sector.
- Health system resilience – Need to build a strong health system as it decreases a country's vulnerability to health risks and ensures a high level of preparedness to mitigate the impact of any crises.

Ms Kuo said that the GS 2.0 objectives are aligned with SDG goals: survive – end preventable deaths, thrive – ensure health and well-being, and transform – expand enabling environments. To drive progress and achieve targets, GS 2.0 should adhere to the following:

- Strong political leadership and commitment
- Dynamic multi-stakeholder partnerships
- Focus on accountability – Increasing the transparency and reliability of reporting
- Focus on innovations to improve health
- Strengthened coordination and reduced fragmentation
- Expansion of innovative and sustainable financing mechanisms – Global Financing Facility (GFF)
- Country plans and priorities to drive global collective action

She concluded with a quote of the Secretary General – United Nations, Mr Ban Ki-moon, "In 2030, when we look back on our progress on meeting the Sustainable Development Goals, a key measure of our success will be the health and well-being of women, children and adolescents everywhere."

Updated Global Strategy for Women's, Children's, and Adolescents' Health

Dr Shyama Kuruvilla**,** Senior Strategic Advisor – Family, Women's and Children's Health, WHO spoke on GS 2.0 highlighting its new focus areas:

- Equity – Focus on reaching the most vulnerable and leaving no one behind
- Universality – For all countries, with an explicit focus on humanitarian settings
- Adolescents – The "SDG generation" – a 10-year old in 2016 will be 24 in 2030
- Life-course approach – Health and well-being interconnected at every age, and across generations
- Multisectoral approach – recognizing that non-health sectors (including nutrition, education, water, sanitation, hygiene, and infrastructure) are essential to improving health and well-being, reducing inequities, tackling new environmental challenges, achieving the SDGs and implementing GS 2.0.

Dr Kuruvilla reiterated that GS 2.0 was aligned with the themes of SDGs of survive, thrive, and transform. She listed the nine action areas of GS 2.0, emphasizing on the need for building a robust system of accountability at all stages, increased collaboration among governments; innovative ways of financing for women's, children's and adolescents' health; strengthening community action; and evidence-based interventions. She also added that it is important to take into account the context of situations. The specific details of each action in different settings will depend on politics, power dynamics, economics, religion, social norms and the reasons for behaviour related to women's, children's and adolescents' health, she noted. She shared the EWEC architecture and said that countries are the lead drivers to implement their unique national plans. Talking about the EWEC initiative she said it will

continue as a multi-stakeholder platform to support country implementation in four main areas: technical, financing, advocacy and accountability.

Integration of Adolescent Health into the Updated Global Strategy

Mr Ahmad Alhendawi, UN Secretary General's Envoy on Youth was the Special Guest of the session. Speaking at the session, The Envoy reinforced the need for GS 2.0. He said that since the launch of the GS in 2010, the world has changed at an unprecedented pace. Technological advancements, shifting perceptions, and volatile environment require new, enhanced, and effective response mechanisms. He welcomed the new focus on youth in GS 2.0 by pointing out the complex challenges adolescents face, such as lack of universal access to health care, information, goods and services, including sexual and reproductive health. He said these challenges increased manifold for adolescent girls. "Every 10 minutes, somewhere in the world, an adolescent girl dies as a result of violence. Eight out of ten adolescent girls who died as a result of violence were between the ages of 15–19," he noted. He also mentioned the need to address issues such as child marriages and adolescent pregnancy, which turn into risk of dying in childbirth and to drop out of school and many more opportunities lost for thriving and transforming their lives.

"Globally, millions of adolescents die or become sick from preventable causes. According to WHO, 1.2 million adolescents lost their lives in 2012," noted the Envoy on Youth.

He called for increased investments in integrated health and development programmes for adolescents through cross-sectoral partnerships, and the realization of the human rights of adolescents and youth. Mr Alhendawi added that it is a moral responsibility and a strategic action to engage, consult, and partner with adolescents and youth when designing and implementing policies on health.

Operationalizing the Updated Global Strategy

Dr Geeta Rao Gupta**,** Deputy Executive Director, UNICEF outlined the goals of GS 2.0 aligned to the SDGs. She said it was a contributing strategy to achieve the SDGs. She drew attention to the need of an operational framework to translate GS 2.0 into action, emphasizing that national leadership of action in countries holds key to effective implementation of GS 2.0. She stated the purpose of the operational framework – it is a tool that accompanies GS 2.0 to enable countries to translate the GS targets into national and subnational strategies and implementation of the SDGs; focuses on the first five-year period of the SDGs; and builds on consultations with GS 2.0 and further with other countries. It will be presented later this year, she said. Dr Gupta outlined the principles of the operational framework, based on GS 2.0:

- Not prescriptive, highlighting country examples
- Build on what exists and avoid duplication
- Promote equity and human rights by generating and analysing disaggregated data, and prioritizing the most vulnerable
- Promote and strengthen existing partnerships
- Strive for transparent and inclusive results by setting milestones, reporting, and tracking
- Strengthen mutual accountability
- Addresses the full continuum of care across the life course in an integrated manner
- Foster collaboration and linkages with other sectors on determinants of health to maximize impact

In conclusion she urged countries to commit to implementing GS 2.0 based on their national context.

Discussion

In the ensuing discussion, representatives from participating countries highlighted their good practices and shared recommendations that could be followed to complete the unfinished MDGs and carry those forward to meet and even surpass the SDGs. Some key ingredients that emerged from the discussion were – importance of community action, integration between the local and national governments, need for financial partnerships to respond to crises; the role civil societies in expanding the scope for meaningful interaction with adolescents formally and informally, and the need for sound policies.

Commitment mobilization

Mr C.K. Mishra, Additional Secretary & Mission Director NHM, MoHFW, GoI urged nations to recommit to the cause of health and well-being of women, children and adolescents. He said that countries should be more accountable; every dollar committed should be meaningfully spent. He called upon the need to accelerate and refresh efforts, mobilize resources, innovate, forge new partnerships, and leverage good practices.

Statement in support of Updated Global Strategy on behalf of 26 PPD countries

In his statement, Mr Joe Thomas, Executive Director, PPD pledged support to GS 2.0. He emphasized on the need for evidence-based advocacy and policy dialogue, healthy international diplomacy, capacity development, knowledge management, and technical cooperation.

Recommendations and Next Steps

There is a need to operationalize GS 2.0. GS 2.0 should prioritize 1) equity – reaching the most vulnerable and marginalized sections; 2) universality – need to work on a strategy that works for everyone; 3) adolescent health; and 4) multisectoral approach.

Session 2 – Moving Towards Scale

The following people deliberated on this theme – Dr Robert Clay**,** Vice-President, Save the Children, US and Dr Alan Court, Senior Advisor, Office of the UN Secretary-General's Special Envoy; Dr Vinod Paul, Professor and Head of the Department of Paediatrics, All India Institute of Medical Sciences (AIIMS) and Director, WHO Collaborating Centre, Newborn Health, South East Asia Region; Dr Rashad Massoud, Senior Vice President, University Research Co (URC); Dr Lily Kak, Senior Advisor for Global Partnerships and Newborn Health, USAID; Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI; Dr Harshad Sanghvi, Vice President Innovations and Medical Director, JHPIEGO; and Mr Kaushik Sen, CEO and Co-Founder Health Spring.

Dr Robert Clay, Vice-President, Save the Children, US and Dr Alan Court, Senior Advisor, Office of the UN Secretary-General's Special Envoy, chaired the session. In his opening remarks, he emphasized on the need for scaling up operations, using innovations in technology. He said that no single organization can scale up without partnerships. It is imperative to develop real ownership and multisectoral partnership under a national plan, he observed.

Dr Vinod Paul, Professor and Head of the Department of Paediatrics, AIIMS and Director, WHO Collaborating Centre, Newborn Health, South East Asia Region, moderated the

session. He set the tone of the discussions to follow, pointing out that it was important to complete the unfinished MDGs. The focus should be on total achievement – e.g. achieve total health coverage, he noted. He asserted that coverage cannot be achieved without taking quality and equity into account. "The need of the hour is to introduce the right interventions at the right time to those most in need," emphasized Dr Paul. Currently, the simplest, high-impact interventions do not reach patients who require them and the focus needs to be directed at those who are left behind.

Science of health care delivery

Dr Rashad Massoud, Senior Vice President, URC, highlighted the notable achievements made in reducing IMR and MMR in India. In his address, he focused on the science of improvement/delivery and implementation. Despite the availability of interventions, these do not reach the patients. Improvement is about organizing care delivery to reliably implement evidence-based care. He outlined the guiding principles: understanding process and systems; understanding performance, developing solutions by healthcare providers and patients, focusing on patient needs, and testing and measuring effects. He said shared learning should be the key principle among countries. He put forward a model for improvement.

Best practices in rolling out "Helping babies survive" in LMC countries through Public, Private Partnerships

Dr Lily Kak, Senior Advisor for Global Partnerships and Newborn Health, USAID highlighted the role of public–private partnership (PPP) in implementing the "Helping babies survive" initiative. Speaking on the topic, she mentioned the significant reduction in neonatal mortality due to birth asphyxia. She spoke on the notable achievements such as introducing Helping Babies Breathe (HBB) in 77 countries, 52 led by national governments; training and

equipping ~300,000 health providers; raising political commitment for tackling birth asphyxia; sparking the development of simple, effective innovative technologies; influencing global policy on newborn resuscitation; and increasing the global demand, supply, and usage of resuscitation equipment.

Dr Kak shared the five best practices in implementing the HBB programme, namely 1) forging PPPs for financing, advocacy, innovations, and sharing of knowledge; 2) government as steward – need government leadership to scale up operation, for sustained impact, and strengthening health systems; 3) engaging professional organizations – engaging health professional associations as champions, advocates, trainers, certification and accreditation, and coaches and mentors to strengthen clinical skills and improve quality of care; 4) demystification, simplification, simulation, and innovation of healthcare services; and 5) clinical skills + quality improvement.

Scaling up immunization in India

Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI elaborated on the scope and scale of the universal immunization programme in India. He highlighted the key milestones achieved through the programme – that of polio eradication and maternal and neonatal tetanus elimination. He said the government had launched Mission *Indradhanush* in its efforts to address the gaps in routine immunization coverage and to scale up the immunization drive with the objective to reach the unreached with all vaccines, especially pregnant women and children. Sharing the facets of the mission, he said that Mission *Indradhanush* has been successful as a result of strong central leadership, effective collaboration with the states, international technical support, and intense monitoring and course correction. He mentioned that the upcoming plans were to introduce the inactivated polio vaccine (IPV) as part of the polio endgame strategy; rotavirus vaccination based on recommendation of the National

Technical Advisory Group on Immunization (NTAGI); and measles rubella vaccine depending on the resource availability. These are in addition to the Pentavalent vaccine. India is committed to achieving 90% full immunization coverage by 2020, he noted.

Reimagining how we implement large maternal and newborn health programmes

In his address, Dr Harshad Sanghvi, Vice President Innovations and Medical Director, JHPIEGO, highlighted what it would take to achieve the goal of EPCMD: 1) Unprecedented targets; 2) unprecedented commitment; 3) new partnerships; 4) innovation; 5) coverage at scale; 6) quality at scale; and 7) impact at scale. He said that re-imagination should be the key principle to drive this change. Speaking on the need to prioritize women's and children's health in all agendas and to speed up action, he said, "Cultivating a healthy disregard for the impossible is probably the most optimistic way of looking at how India and other countries will end the scourge of maternal and child deaths that stall development." He underscored the importance of managing child birth facilities so that these serve their purpose effectively. He cited JHPIEGO interventions in Indonesia, Nepal, and Afghanistan, assisting in monitoring inputs and outputs, training programmes, and setting up mid-wifery schools. He also asserted that people should have access to only quality health services and medication. Substandard and counterfeit medication can severely damage any initiative in terms of health risks, financial wastage, and loss of credibility. He described a case study of distribution of the *misoprostol* drug among pregnant women. He concluded by emphasizing that re-imagining the health system should be quality-centric. Some guiding principles to achieve this are: investing in local champions and early adopters; obtaining wide local stakeholder support for setting as well as supporting achievement of standards; introducing facility driven QI systems; focusing on clinical governance; rewarding achievement of standards, and recognizing the rights of health workers.

Scaling up affordable primary care services in urban areas

Mr Kaushik Sen, CEO and Co-Founder, Health Spring spoke on the success of Health Spring in bringing quality healthcare services closer to people. He said their clinics are designed for patient convenience, to access all routine needs under one roof. Speaking on the vision to scale-up primary care for the public sector with private participation, he said it was important to define right at the outset the desired outcomes and a strict timeframe to achieve those. The government needs to play an active role by investing in people and trainings and providing oversight and support as and when needed, he added.

Discussion

The discussion revolved around how to identify what is scalable and what is not. Mr Sen noted that “Making choices about what not to have is essential.”

Recommendations and Next steps

Scaling up in the next stage of the development agenda needs to have a scientific methodology at its core. It is mandatory to have a sophisticated and an innovative approach that is built on the foundation of a strong partnership. The other elements include evidence-based scale-up, adherence to quality, a checklist, a robust monitoring system, and logical time sequence. Simple, frugal measures that result in tangible and measurable health outcomes are the basis of successful scale-ups.

Session 3 – Game-changing Technologies for Health

Ms Ellen Wratten Head of Office, DFID India; Dr M.K. Bhan**,** Former Secretary, Department of Biotechnology (DBT); Dr Renu Swarup**,** Advisor, DBT, Ministry of Science and Technology, GoI and Managing Director, Biotechnology Industry Research Assistance Council (BIRAC); Ms Dipika Matthias, Director, Global Health Innovations Hub, PATH; Ms Kirsten Gagnaire, Executive Director, Mobile Alliance for Maternal Action (MAMA); Dr G.V. Ramana Rao, Executive Partner, GVK EMRI; and Ms Stella Luk, India Country Director, Dimagi.

Ms Ellen Wratten Head of Office, DFID India, chaired the session. She emphasized the need to further scale up proven interventions; unlock digital and other technologies to create value for the poorest and the most marginalized; and include opportunities for poor girls and women so that they have access to their own and their families' health. She stressed on the importance of digital technology in enabling wider reach and reducing barriers, and being cost-effective. She also spoke on Indian-born technologies being adopted by other countries to improve their health system.

Dr M.K. Bhan**,** Former Secretary, Department of Biotechnology was the moderator for this session. He talked about developing "an ecosystem on which innovation thrives and the output of that innovation actually gets into use." He highlighted the key challenges that one needs to address while developing innovative and meaningful technology: 1) defining the need; 2) landscaping what is available – creating platforms for sharing available technologies across states and delivering evidence of impact of technologies for health; and 3) issue of demand (resistance to change) – need to foster an attitude that is open to trying out new

technologies. Success lies not in developing a product but in its successful implementation to achieve desired results in resource-constrained areas, he noted.

Ecosystems for fostering game-changing innovations

Dr Renu Swarup, Advisor, Department of Biotechnology, Ministry of Science and Technology, GoI and Managing Director, BIRAC shared that BIRAC's key philosophy is to foster *innovation* and promote the translation of *discovery* and exciting new inventions into viable products and *enterprises*. She said that empowering and enabling the innovation ecosystem is BIRAC's fundamental objective. This is achieved through supporting early and late stage innovation research, enabling services for promoting the innovation ecosystem, and partnering for product innovation and commercialization (supporting start-ups). She cited examples to further stress on the importance of partnerships (public, private, and international) in mitigating current and future problems of health, food, sanitation, and agriculture. She mentioned the role of biotech incubators and clusters in India for facilitating networking, resource-sharing and discussion. She reinforced that BIRAC envisages playing a catalytic and transformational role to build the Indian bio-economy.

Breakthrough health technologies to save mothers and children

Ms Dipika Matthias, Director, Global Health Innovations Hub, PATH, spoke on the changes in innovations that have targeted MCH problems throughout the years. She elaborated that inaccessibility to healthcare services remains a challenge for mothers and their children, which can be addressed by changing the system of delivery. She cited the success story of Sayana Press, which is an injectable contraception that combines the drug and needle in one device making it easy to transport and use with minimal training. She elaborated that this breakthrough not just empowered the community health workers, but also motivated women to use the contraceptive. Incentives to supply and adoption are critical, she added. She

encouraged stakeholders to change the messenger for delivering important health messages - by engaging the community, tailoring messages to the needs of the community, and involving pharmacists. Access innovations require deep cultural empathy to be effective, she concluded.

Accelerating impact of RMNCAH programs through mobile technologies for health

Ms Kirsten Gagnaire, Executive Director, Mobile Alliance for Maternal Action (MAMA) spoke on how mobile technology can help deliver vital information to new and expectant mothers living in poverty. These messages provide health information, warning signs, and encouragement, and are delivered 2–3 times per week directly to their mobile phones via text, voice, and mobile web. The cost per woman is estimated to be less than a dollar in 10 years when 40 million women are covered in 20 countries. MAMA has been able to impact over 3 million families in South Africa, Nigeria, Bangladesh, and India. She said such technologies were needed to raise awareness and instil improved life-saving behaviour among communities. She further added that such technological innovations should be integrated in public healthcare systems.

Reaching the unreachable through public–private partnerships – 108 emergency response services

Dr G.V. Ramana Rao, Executive Partner, GVK EMRI elicited the notable achievements of India's first emergency service provider GVK EMRI (Ganapathy Venkata Krishna Reddy Emergency Management and Research Institute) working under the public–private, not-for-profit partnership model to provide emergency response services and quality pre-hospital care to any sick person, pregnant mothers, and sick neonates under a single universal toll free no. 108. Dr Rao elaborated that since its inception in April 2005, GVK EMRI has expanded to 15

States and two Union Territories, and responded to about 24,000 emergencies per day, saving over a million lives. He said that the building blocks of GVK EMRI's innovation have been its three digit toll-free number, which is accessible through landlines and mobile phones; GPS to locate the victim/ambulance and hospital; cost-effective, state-of-the-art ambulances; and trained staff to provide quality pre-hospital care and handle emergency situations. He pointed out that, in addition to offering other medical emergencies, GV EMRI has managed to increase institutional deliveries and reduce maternal mortalities by 20–25%. He also said that the GV EMRI model can be replicated in any state across India.

Speaking on innovation, Dr Rao mentioned that GV EMRI has five boat ambulances in Assam and one in Uttarakhand to respond to medical emergencies and referral transport serving remote villages accessible through waterways. He also spoke on the several initiatives, beyond 108, that have been launched by GV EMRI in several states; these services work towards IMR reduction, neonatal care, drop back mother and child care, inter-facility transfer, helpline for women, mobile healthcare, mother and child tracking facilitation, and emergency stabilization. He stressed on effective partnerships with the government and other institutions to scale up this program to other states, which would greatly contribute towards reducing maternal, infant, and neonatal mortality.

CommCare: Open and innovative technology to help underserved communities

"Frontline workers are the source of essential health information and services to millions of people," Ms Stella Luk, India Country Director, Dimagi said underscoring the role of frontline workers (FLWs). She drew attention to the multiple challenges faced by FLWs, such as poor logistics, cumbersome paperwork, maintain huge amounts of patient data, and lack of training. To this end, the mHealth (mobile health) compendiums have been launched to support FLWs, even in low-resource settings, she noted. She also mentioned that mHealth

is likely to increase visit timeliness by 85%. Ms Luk also focused on the Mobile Technology (MOTECH) suite that offered a range of innovative technological applications catering to the entire health system. Some of the applications include systems for community health workers to manage maternal and child health, health education programmes, tools for managing childhood diseases, tracing tools for diseases such as HIV, TB and Ebola, and medication reminders, she noted. She concluded by saying that Dimagi was scaling up activities in India by national deployment of its interactive voice response (IVR) services in collaboration with BBC Media.

Discussion

The discussion focused on the need to converge these technologies to get a holistic healthcare solution. It was pointed out that the greatest need of the hour was knowledge integration and optimal usage of the existing technologies.

Recommendations and Next steps

To foster an enabling environment for child and maternal care, there is a need for cost-effective and integrated implementation of technological innovations: using mobile phones, emergency transport, health education, and referral systems, to name a few.

Session 4 – Survive, Thrive, and Transform

The following people deliberated on this theme – H.E. Dr Aminata Keita, The First Lady of the Republic of Mali; Mr Ted Chaiban, Director Programmes, UNICEF; Mr David Oot, Senior Advisor, Health and Nutrition at Save the Children; Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI; and Dr Mathuram Santosham, Director, Centre for American

Indian Health & Professor, Departments of International Health and Paediatrics, Johns Hopkins University.

Mr Ted Chaiban, Director Programmes, UNICEF moderated the session. He opened the discussion by reinforcing the need for strong leadership, meaningful interaction with community and other stakeholders, engaging innovative technologies, adopting integrated, multisectoral approach, and providing all-inclusive public provision schemes.

He drew attention to stunting – a prevalent condition among children caused by the lack of nutrition, hygiene, and sanitation. He said that stunting is caused in the first two years of a child's life, and poses additional risks of cognitive impairment and mortality.

To ensure the health and well-being of mothers and their children, convergent public health programming as well as action and dialogue are required.

H.E. Dr Aminata Keita, The First Lady of the Republic of Mali chaired the session. She mentioned that several African countries have adopted international good practices to reduce child mortality, mostly resulting from malnutrition. However, they have encountered several challenges – inadequate financial resources, weak health system, and incoherent approaches, to name a few, she added. Dr Keita said these should be addressed during the implementation of the SDGs by pooling resources and efforts to strengthen the health system; developing sound policies for health financing to have sustained results; and promoting integration in child illnesses and reproductive health schemes.

Scaling-up convergent interventions in community settings and health systems to optimize the continuum of care

Mr David Oot, Senior Advisor, Health and Nutrition at Save the Children commended the remarkable progress made in reducing maternal and child mortality rates in African and South Asian countries. However, much needs to be done in several areas that contribute to maternal and child mortality, including the lack of access to clean water, hygiene, and

sanitation (WASH), he noted. Mr Oot emphasized the need for a more integrated, equity-focused approach, which will better link households, communities, and the health system – and help ensure accountability; span a continuum of care for mothers, newborns, children, and adolescents; and balance interventions that can save lives in the near term, with longer-term solutions that address the underlying causes of death and poor health (e.g., under-nutrition, unintended pregnancies, and WASH). He said there is an urgent need to factor in the perspectives of ASHAs (accredited social health activists) and other health workers while developing policies. Equally important is to engage women, communities, and the health system to build a continuum of care and reach the last mile, he added.

Newborn survival: India's Journey

Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI India said that India is a story of large numbers, registering the highest number of neonatal deaths in the world. The major contributing factor is prematurity followed by neonatal infections and intra-partum causes/birth asphyxia, he noted. Dr Kumar added that the other underlying causes include poor adolescent and maternal nutrition; early age at marriage and early conception; poor contraceptive use and unplanned pregnancies among adolescents; high rates of unsafe deliveries and infections, including HIV; lack of girls' education and empowerment; and lack of focus on hygiene behaviours throughout the life-cycle which impact survival and growth – 564 million people having open defecation.

Dr Kumar also shared India's achievements in preventing neonatal deaths. He said that concerted efforts are needed to reach high priority areas (four states: UP, Bihar, MP and Rajasthan with more than half of newborn deaths); deliver continuum of care across RMNCH+A; scale up high impact interventions; and address wider social determinants of health – family size, birth spacing, women's education and empowerment, etc.

He outlined the seven focus areas that will be at the core of priority strategic interventions, including 1) Care around birth – improving access and demand for institutional delivery and converging interventions (e.g. breastfeeding and WASH compliance) on day of birth; 2) Facility-based newborn care – care of small and sick newborn, Kangaroo mother care, special newborn care unit – SNCU; 3) Linking community with facility – home visits by ASHAs, follow ups, and counselling on exclusive breastfeeding, hand washing, and other practices around newborn; 4) Care beyond survival – early identification and intervention of defects at birth, diseases, deficiencies, and developmental delays and disabilities through *Rashtriya Bal Swasthya Karyakram* (RBSK); 5) Monitoring systems for newborn – SNCU online monitoring and follow-up system needed for evidence-based policies; 6) Addressing policy gaps around newborn; and 7) Convergent action targeting adolescent health – counselling, education, and enhanced access to healthcare services.

Dr Kumar stated India's vision to decrease NMR to a single digit by the year 2030.

Interventions to reduce diarrhoeal disease morbidity and mortality – The promise and the challenges

Diarrhoea is the leading cause of death in children, said Dr Mathuram Santosham, Director, Centre for American Indian Health and Professor, Departments of International Health and Paediatrics, Johns Hopkins University. The disease leaves children vulnerable, is a major contributor to malnutrition, and can lead to growth delays and cognitive impairment, he added. Dr Santosham focused on the factors that can prevent diarrhoea, which include breastfeeding, vaccination (measles and rotavirus), and compliance to WASH. He also outlined some preventive measures and treatments to curb pneumonia in children. He observed that even though many powerful interventions exist but coverage is lagging and inconsistent. Coordinated and comprehensive approaches are required for optimal results,

which can be achieved through strong political will, accountability, community engagement, and mobilization to implement these powerful strategies, he noted.

Discussion

The discussion that followed brought up some interesting questions:

1. How does one bridge the silos to develop a coherent approach to tackle the issue at hand?
2. How does one reduce adolescent pregnancies?
3. How does one ensure that both men and women equally participate in health programmes?
4. How does one motivate women to deliver in public health facilities?
5. In the context of this discussion, are there any policies in place for the urban poor?
6. How does one obtain intersectoral coordination?

Communication holds the key to these questions, said the panel. It is important to understand the needs of the people by interacting with them, and build in their perspectives while drafting policies.

Adolescent pregnancies can be reduced by effective implementation of the Right to Education (RTE) Act, 2009; incentivizing ASHAs to distribute contraceptives, and introducing monetary schemes to delay pregnancies.

It is important to engage both men and women to ensure the overall well-being of women and children. In many parts of the country, men are the decision-makers, so generating awareness among both the genders will help them in making informed decisions.

Improving quality of services and infrastructure and monetary incentives can encourage women to come to public health facilities for their deliveries.

There are several initiatives that focus on the health of both rural and urban poor.

Recommendations and Next Steps

There is a need for continuum of care in the prevention of malnutrition, diarrhoea, and newborn deaths. An integrated approach is required to address the interconnected issues of maternal, child and adolescent health; safe water, hygiene, and sanitation; gender empowerment; and accessibility.

Session 5 – Money Matters: Health Financing

The following people deliberated on this theme – Dr Nnenna Ihebuzor, Director of Primary Healthcare System, Government of Nigeria; Dr Phyllida Travis, Director, Health Systems, WHO SEARO; Mr Girindre Beeharry, Country Director, BMGF; Dr K. Srinath Reddy, President, Public Health Foundation of India (PHFI); Dr Tessa Tan Torres, Coordinator, HIS/HGF/CEP, WHO; Dr Chris Atim, Health Systems and Equity Advisor, USAID's Maternal and Child Survival Program, and Executive Director of the African Health Economics Association; Mr Joseph Wilson, Market Access Advisor, Centre for Accelerating Innovation and Impact, USAID; and Ms Anuradha Gupta, Deputy CEO, Global Alliance for Vaccine Initiative (GAVI)

Dr Nnenna Ihebuzor, Director of Primary Healthcare System, Government of Nigeria co-chaired the session. Opening the discussion, she emphasized that the goal to provide quality healthcare services to women, newborns, children, and adolescents cannot be achieved without adequate financing. Speaking on strengthening the health system, she raised questions related to 1) financing these health systems; 2) protecting people from financial risks and the consequences of ill health; and 3) encouraging resources to be used optimally.

She suggested that countries need to raise funds ideally from domestic sources, reduce direct payments by pooling of resources; and manage funds efficiently to reduce wastage.

RMNCAH as cornerstone to Universal Health Coverage and leveraging health financing approaches to accelerate outcomes

In his address, Dr K. Srinath Reddy, President, PHFI said that the MDGs had catalysed countries to shift RMNCAH from being a "piecemeal affair" of huge "out-of-pocket" payments to receiving the topmost priority in the Universal Health Coverage scheme. He further said that with the transit from the MDGs to the SDGs, there is an urgent need for significant additional investments in RMNCAH and integrating it with a broader health system. He elaborated that MCH should be given the highest priority even with increasing focus on non-communicable diseases (NCDs) in the SDGs. MCH should have 100% financial coverage and access to all services at all levels, which includes during and post deliveries and emergencies. The underserved should be reached, he noted.

Dr Reddy stressed on the need for greater momentum to achieve the revised mortality targets (as per SDGs); to improve quality of care through a stronger health system, and better financial and human resources; to reduce and treat morbidity (maternal morbidity, overlap of NCDs, and impeded child development); and to develop, evaluate, and scale up innovations in all areas related to improving healthcare services. He suggested higher investment in health services to empower frontline workers using technology; build the capacity of nurses, doctors and specialists; equip health care facilities; guarantee dependable emergency transport services; create an efficient supply chain of essential drugs and vaccines; provide assured access to reproductive health services; and procure valid and timely data from HMIS (health management information systems).

He highlighted the continuing challenges in child and adolescent health that need to be addressed, such as neonatal mortality; protecting and promoting adolescent health; concerted action on social determinants; vaccine preventable childhood infections; treatment of childhood infections; and childhood malnutrition. He urged that countries should look beyond just the survival of mothers and their children, and focus on providing them universal access to health schemes. He reiterated the need to improve the quality of care so that it contributes substantially to reducing maternal and child deaths. Dr Reddy mentioned the role of technology in improving access, timeliness, and quality of healthcare citing the example of the *Swasthya Slate* project launched in Jammu and Kashmir. Commitment towards MCH should be strengthened, and funding should keep coming through national and global schemes and through philanthropy as money has the power to change for the better the health and well-being of those who need it the most, he concluded.

How much does it cost to invest in RMNCAH – The Best Buys

Dr Tessa Tan Torres, Coordinator, HIS/HGF/CEP, WHO said that despite the Universal Health Coverage, statistics reflect that 400 million people have no access to essential services that do not fall under the purview of health directly, such as hygiene and water supply; 69 million people get pushed or further pushed into poverty when they access services; and that the coverage levels also vary within countries. She asserted that countries should aim to have at least 80% coverage for all subnational groups. Dr Torres recommended 50 evidence-based interventions known to directly improve women's and children's health. These are grouped into six broad packages: Family planning; maternal and newborn health; malaria; HIV; immunization; and child health. Improved nutrition is explicitly included in the packages, she added. She emphasized that countries need to establish systems for priority setting; get

geocoded information; regard waste and inefficiency as unethical and include it in monitoring for accountability.

She estimated an additional spending of 30 billion US (2011) dollars per year (average 74 countries) to achieve the SDGs.

Mobilizing Resources for RMNCHA

Dr Chris Atim, Health Systems and Equity Advisor, Maternal and Child Survival Program, and Executive Director of the African Health Economics Association shared the World Health Statistics 2015 that reflect the low spending on health by low income countries (LICs) compared to high income countries (HICs). He said "more predictable and sustainable financing" was needed to shift away from OOP, a key barrier to accessing healthcare services. He cited innovative ways of how domestic financing sources could be strengthened. Speaking on resource mobilization, he emphasized on the need to reinforce the MoH negotiating skills/capacities and to focus on the politics of resource mobilization. He said RMNCHA services should be prioritized with any new taxes. He further added that meeting unmet needs for family planning can lead to a virtuous cycle – better health, more productivity, educated healthier children/mothers, higher per cap income, etc.

Global Health Financing Framework for Ending Preventable Child and Maternal Deaths

Mr Joseph Wilson, Market Access Advisor, Centre for Accelerating Innovation and Impact, USAID presented USAID's financing framework that promotes an understanding of how different financial tools support EPCMD and transition goals. He suggested that through taxation and transparency programmes, budget allocation efforts, and private sector mobilization, domestic public and private sectors could increasingly replace donor funding,

and as a result decrease OOP to less than 20% of total health expenditure. Elaborating on the framework, he identified five common financing issues that LICs need to address:

- Delayed and incomplete health worker salaries, limiting incentives to provide care leads to high levels of absenteeism and low quality service delivery

- Lack of provider incentives to provide affordable, quality care to the poor results in long wait times and poor service delivery in both public and private health systems

- Working capital gaps throughout the supply chain and health ecosystem results in stock-outs and payment delays

- Limited ability to pay for EPCMD products and services, restricting utilization and access among the poor leads to low demand for services and catastrophic household spending when care is sought

- Insufficient domestic resources or political will for EPCMD from both public and private sources leads to funding gaps across the value chain, constraining the ability of the health system to deliver sufficient care

Mr Wilson stressed on PPP, risk pooling mechanisms, guarantees, improved tax collection system, and incentives as some of the financing tools that can enable solutions for the above-mentioned five issues.

GAVI – Mobilizing resources for full immunization

Speaking on GAVI's model of resource mobilization to help developing countries immunize children with all WHO-recommended vaccines, Ms Anuradha Gupta, Deputy CEO, GAVI highlighted the role of their unique and innovative finance mechanisms in achieving this goal

as well as the efforts of developing countries to increase their capacity to immunize children. She stated that the overall objective of GAVI's co-financing policy is to contribute to financial sustainability of national immunization programmes by enhancing country ownership of vaccine financing. She spoke of the support that GAVI lends to countries while helping them graduate towards self-sustenance over a period of time (when these life-saving vaccines can be 100% funded through domestic sources). She cited GAVI's intervention in making the Pentavalent vaccine available to LICs at a much lower price compared to that in HICs by engaging with the manufacturers of the vaccine.

She said it was important for governments to increase their investment in health as immunization alone could help in averting over 100 million illnesses and also saving billions of dollars for the country.

Discussion

The discussion focused on the following questions put forward by the moderator of this session, Mr Girindre Beeharry, Country Director, BMGF:

1. How should the government be convinced to increase investments in health services?
2. Why should the government keep investing in health year after year?
3. What should be the Centre's contribution in improving health services across states?
4. Where should the money come from?
5. How should we ensure that the funding received is meaningfully spent?

The panel agreed that health should be seen as an important lever for sustained economic development as well as social equity. Investing in health assures huge returns in terms of healthy lives gained, deaths averted, disabilities prevented, and cognitive growth protected, all of which result into sustained economic growth.

Governments should invest in health as a continued commitment towards completing a goal it has promised to achieve. Different aspects of the health system need to be strengthened in a complementary manner.

States need to pitch in more as part of their health mandate but should be supported by the Centre in terms of an enabling framework, which produces a sense of equity and reduces disparity in health across the country.

Political commitment is the key to finding innovative ways to invest in health. Public financing is a critical ingredient supplemented by other innovative methods of financing depending upon the country context. General revenue pool should be expanded by different means, and the savings should be invested in health. Intersectoral convergence can help in reducing wastage and increasing savings. The leadership of the health sector needs to be strengthened and the government should be lobbied to increase their spending on health. There is a need for more measurable data to demonstrate optimal utilization of funds, which get reflected as huge returns on investments in health.

Recommendations and Next Steps

Dr Phyllida Travis, Director, Health Systems, WHO SEARO, who co-chaired this session, stated the major takeaways.

Piecemeal approaches to health financing do not work, so greater focus is needed to adopt innovative and sustainable financing tools that help in improving the overall health services with priority on RMNCAH. It is imperative to reduce wastage of resources by ensuring accountability and governance in fund management. Data on costs and results should be made available to the government in a digestible way to help them understand the need to invest in health. One should look at collaborative resource mobilization through domestic and international sources (public sector purchase of health services or from outsourcing to the

private sector). There is an urgent need to revisit the financial models of health service delivery, fund management, and utilization to achieve the RMNCAH goals.

Session 6 – Corporate Partnerships for Impact

This session was a panel discussion that focused on the contributions that could be made by the private sector (in particular, pharmaceutical and biotechnology companies and philanthropists and foundations) in partnership with the government to support the EPCMD agenda. The panel for this session included: H.E. Mohammed Nasim, Health Minister, Bangladesh; Mr Louis George Arsenault, UNICEF India Country Representative; Mr Nehal Sanghavi, Senior Advisor for Innovation and Partnership, USAID; Dr Naveen Rao, Head, Merck for Mothers; Mr Paresh Parasnis, CEO, Piramal Foundation; Dr Michael Heerde, Director HealthCare Programs, OC and Injectable, Bayer HealthCare Pharmaceuticals, Bayer Pharma AG; Mr Sunil Wadhwani, Founder Wadhwani Institute of Sustainable Healthcare, WISH Foundation; Dr Krishna M Ella, Founder Chairman & Managing Director, Bharat Biotech International Ltd; and Mr Tore Laerdal, CEO, Laerdal Global Health.

Ms Shereen Bhan, Head CNBC-TV 18 moderated the session. She opened the discussion citing the need to forge deeper partnerships for any meaningful and substantial impact in MCH. Trust deficit is one of the stumbling blocks to building partnerships, she mentioned. Ms Bhan said that partnerships with corporates have to move beyond just the 2% contribution of their profit towards corporate social responsibility (CSR).

H.E. Mohammed Nasim, Health Minister, Bangladesh, co-chaired this session. He said that without PPPs it would be difficult to achieve the EPCMD goals. He cited examples of PPPs in Bangladesh that have helped in expanding healthcare services in the country.

Mr Louis George Arsenault, UNICEF India Country Representative, co-chair for this session stressed that corporate organizations should be involved in sharing intellectual know-how and technology in addition to providing financial assistance. More capacity and accountability are needed in harnessing the CSR capital towards improving the healthcare system. To this end, the government needs to play a normative role, he added.

Mr Nehal Sanghavi, Senior Advisor for Innovation and Partnership, USAID, who also co-chaired this session, emphasized the need to engage the private sector not just in providing financial assistance but also intellectual resources to be able to navigate the system for a common cause. More interaction with the private sector could help address the problem of trust deficit, he noted. Mr Sanghavi highlighted the areas identified by USAID which the private sector could contribute in, namely Science, Technology, Innovation, and Partnership (STIP).

Responding to the question put forward by Ms Bhan on what needs to be done to nurture a higher degree of participation of the private sector in the healthcare sector, Dr Krishna M. Ella, Founder Chairman & Managing Director, Bharat Biotech International Ltd said there is a need to develop new entrepreneurs who would participate in finding innovative solutions to the healthcare problems in the country. Government intervention is needed to speed up decision-making processes and change archaic policies to sustain and nurture innovation in the healthcare sector, he noted. Dr Ella also pointed out the need for subsidies to be able to

develop and offer health products and solutions (e.g. vaccines) at a significantly lower price compared to the international market.

Addressing the question of what the entrepreneurial world needs to do to bridge the policy gap, Mr Sunil Wadhwani, Founder Wadhwani Institute of Sustainable Healthcare, WISH Foundation cited examples of PPP in Rajasthan where the WISH foundation has collaborated with the State government to strengthen the management of the primary healthcare system to improve quality of care. He referred to new laws being enacted by state governments to enable these PPPs.

Mr Paresh Parasnis, CEO, Piramal Foundation said that the private sector can contribute by helping State governments improve the quality and the efficiency of the delivery at the last mile. The private sector should bring in innovation in business models, processes, and delivery to ensure that the government's objectives of MCH are met.

Dr Naveen Rao, Head, Merck for Mothers emphasized the need to utilize the various capabilities that corporate organizations have to offer to develop solutions for EPCMD. He spoke about the need to break silos and engage in conversations so that the public and the private sector find a common ground and take their partnership forward to make deeper commitments towards MCH.

Dr Michael Heerde, Director HealthCare Programs, OC and Injectable, Bayer HealthCare Pharmaceuticals, Bayer Pharma and Mr Tore Laerdal, CEO, Laerdal Global Health also highlighted the importance of merging competencies (e.g. supply chain) of private partners

with the needs of the health sector to develop innovative solutions that can result in the desired impact.

Overall, the consensus was that the private sector brings its competencies (e.g. know-how, technology, management, and supply chain skills) into the partnership, besides financial assistance. The session also emphasized the need for more private–private partnerships to be able to drive solutions for select health issues particularly MCH. There is a need to revisit the approach of utilizing the CSR contribution; instead of using it as capital expenditure for building infrastructure, the CSR contribution could be looked at as risk capital to back innovative solutions under the PPP model.

Session 7 – Accountability for Results

The following people deliberated on this theme: H.E. Emerine Kabanshi, Minister of Community Development, Mother and Child Health, Zambia; Mr Bhanu Pratap Sharma Secretary, MoHFW, GoI; Mr Daniel Green, Director, Global Program Advocacy and Communication, BMGF; Dr Aparajita Gogoi, Director, Centre for Catalyzing Change, India & National Coordinator, White Ribbon Alliance for Safe Motherhood, India; Mr Itai Rusike, The Executive Director, Community Working Group on Health (CWGH), Zimbabwe; Ms Chirtramali D'Silva, Director of Family Health Bureau, Ministry of Health, Sri Lanka; Professor Ramanan Laxminarayan, Vice-President for Research and Policy, PHFI; and Mr Thomas Chandy, Save the Children, India.

Mr Daniel Green, Director, Global Program Advocacy and Communication, BMGF moderated this session.

H.E. Emerine Kabanshi, Minister of Community Development, Mother and Child Health, Zambia co-chaired the session. She highlighted that accountability encompassed three inter-

related ideas: monitoring, review, and action. “An effective accountability mechanism should be transparent and inclusive, ensuring that meaningful participation of key stakeholders, including the community, is involved,” she said. She further added that communities should be able to influence and participate in development processes. She cited examples of the UN frameworks that have embedded accountability and monitoring as key areas to achieve desired outcomes.

Mr Bhanu Pratap Sharma Secretary, MoHFW, GoI, co-chair for this session, highlighted the existing accountability structures within the National Health Mission (NHM) framework. He said that accountability for results comes from participation of all stakeholders. “Evidence-based decision making and community level accountability are the cornerstones of a functional and impactful public health service delivery system,” he noted.

Accountability at community level – Experiences from countries

Dr Aparajita Gogoi, Director, Centre for Catalyzing Change, India and National Coordinator, White Ribbon Alliance for Safe Motherhood, India spoke of a platform “Citizens’ Hearings” that highlighted the need for citizens’ voices to be strongly incorporated into RMNCHA healthcare accountability structures, and to strengthen the feedback loop between global processes and local and national decision making. These recommendations were submitted to policy-makers at both the local and national levels, and also shared as feedback with the GS 2.0 team, she added. Dr Gogoi said that critical to the success of accountability initiatives is building capacities of citizens, communities, and civil society. Citizens should be made aware of their entitlements, she stressed. She recommended that as we move towards the SDGs and GS 2.0, we need to invest in creating robust, participatory accountability mechanisms at local, national, and global levels which strengthen citizens’ voices to set priorities, monitor,

and review commitments, support the delivery of the RMNCHA agenda, and monitor to the implementation of SDG targets on RMNCHA and GS 2.0.

Mr Itai Rusike, The Executive Director, CWGH, Zimbabwe mentioned that there were no clear guidelines or mechanisms for community participation in the country. To this end, CWGH worked with different ministries and framed a set of guidelines and training manual that are now the standard for community involvement. He emphasized the need for ownership and democratization among communities for them to be able to participate in decision-making processes.

Sharing Sri Lanka's success story, Ms Chirtramali D'Silva, Director of Family Health Bureau, Ministry of Health, Sri Lanka said that there were well-established mechanisms for accountability at the national and community level. She highlighted that at the community level, Sri Lanka invests in designated community health staff with standards and norms of care; HMIS that tracks every individual, the services received, and the quality, and minimizes the gaps in care provision; community/family-level education – making family members accountable for some aspects of care: e.g. birth planning; and community mobilization through mother support groups for disease prevention and health promotion.

Professor Ramanan Laxminarayan, Vice-President for Research and Policy, PHFI shared four elements of accountability that need to be built in public health systems: 1) lateral supervision – build accountability at all levels; 2) protocols – clear checklists; 3) data systems to enable monitoring and feedback – should be available up to the last health worker; and 4) culture of accountability.

Mr Thomas Chandy, CEO, Save the Children, India highlighted the role played by civil society organizations (CSOs) in reducing preventable maternal and child deaths, especially in collaborating for policy outcomes, driving innovation for scale and impact; and building a

framework for accountability through community engagement. Elaborating on accountability, Mr Chandy outlined some recommendations for the government that would help achieve the SDG targets for RMNCAH: 1) Governments to uphold a rights based approach and be open, transparent, inclusive, and accountable; 2) be monitored by a strong harmonized accountability framework including a periodic review cycle across initiatives; 3) encourage partnership building with range of actors at global, national and local levels; and 4) foster documentation and sharing of good practices, research, and lessons learned.

Discussion

The discussion focused on customizing accountability of frontline workers in resource-constrained and resource-surplus settings. The government should be held accountable for inadequate supply of resources to the frontline workers. There should be reward systems for the frontline workers so that they are motivated to improve their service delivery mechanisms.

Recommendation and Next Steps

There is a need to build a robust and participatory cycle of accountability at both local and national levels which leads to transparency of information sharing; collaborating with the private sector and adopting their good practices; embracing and responding to community voices; and forging deeper partnerships with the civil society.

Valedictory Session

This session discussed the key takeaways of the two-day Summit and the way forward in the EPCMD agenda. H.E. J.P. Nadda, MoHFW, GoI and Dr Kesetebirhan Admasu, Minister of Health, Ethiopia chaired this session. The other speakers for this session were: Mr C.K. Mishra, Additional Secretary, MoHFW and Mission Director NHM, GoI; H.E. Richard R. Verma, U.S. Ambassador to India; Dr Geeta Rao Gupta, Deputy Executive Director, UNICEF; Mr Geerindre Beeharry, Country Director, BMGF; Mr Arun Pandhi, Chief Development Officer, Tata Trust; Dr Arun Thapa, WHO Representative to India; Dr A.S. Vasudev, Indian Academy of Pediatrics (IAP); Mr B.P. Sharma, Secretary, MoHFW, GoI; and Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI

Mr C.K. Mishra, Additional Secretary, MoHFW and Mission Director NHM, GoI informed the august gathering about the consensus reached at the Ministerial Conclave among the Ministers and Heads of Country Delegations of the 22 countries attending the Third Global Call to Action Summit 2015 for EPCMD. The document called “Delhi Declaration, 2015” applauded the progress achieved so far in MCH and reiterated their commitment to making measurable improvements in RMNCHA. They also committed to mobilize the increased resources needed to accelerate progress and support the implementation of post-2015 development agenda. The declaration also recommended that adolescent health, particularly of the girl child, should be given centre-stage in order to improve the health of mothers and the children they bear.

H.E. J.P. Nadda, Minister of Health and Family Welfare, GoI, said, “community partnerships and accountability of mechanisms are critical to health systems strengthening and last mile service delivery; mobilizing community support and optimizing resources to consolidate

gains are some of the key takeaways from some of the Summit sessions." He mentioned that there is a need to take advantage of the support offered by the corporate sector and industry to better health systems performance and delivery and to use technological innovations to reach the last mile in RMNCHA. Inclusion is the key to progress, and provision of equitable services and universalizing access are pathways to change, he added.

The Health Minister urged all leaders from participating countries to "commit to a culture of evidence-based decision-making, strengthen accountability of national health systems, and align resources to those with the greatest need." He also assured that India will lead the efforts to demonstrate global progress in MCH by working closely with global partners to make sure that the SDGs will advance the cause of EPCMD.

Speaking on the occasion, H.E. Richard R. Verma, U.S. Ambassador to India stated that the USA and India need to continue their collaborative partnership to help reduce maternal and child deaths due to causes that can be easily avoided. He added that the USA is committed to partnering with the GoI, the private sector, and the civil society to find ground-breaking approaches that can leapfrog conventional efforts to reduce child and maternal deaths due to preventable causes. He announced that USAID- India will launch a 5-million-dollar project called "Global Linkages" that will serve as a sharing, learning, and partnership platform on maternal and child health practices, policies, and innovations.

In support of the Delhi Declaration, Dr Geeta Rao Gupta, Deputy Executive Director, UNICEF said that in collaboration will all stakeholders, UNICEF is committed to building resilient health systems, promoting partnerships, fostering innovation, generating and sharing evidence, and engaging communities to drive accountability. She said that UNICEF was committed to implementing the GS for women's, children's, and adolescents' health in every

setting prioritizing the most disadvantaged through a multisectoral response to achieve the SDGs by 2030.

Addressing health as a management problem that can be solved through focused strategies and partnerships, Mr Geerindre Beeharry, Country Director, BMGF pledged support to the Prime Minister's vision.

Mr Arun Pandhi, Chief Development Officer, Tata Trust, observed the need for sharing of knowledge and leveraging technology for innovation, to be able to address the needs of MCH.

Dr Arun Thapa, WHO Representative to India said that with the transition from the MDGs to the SDGs, equitable access to health services and quality of care, especially around child birth, will continue to define the roadmap for WHO to sustain the gains made in the last two decades. It is through strong partnerships with governments and other stakeholders that the SDGs will be achieved, he added.

Dr A.S. Vasudeva, IAP highlighted the institution's notable achievements in collaboration with the government in addressing the issues of child health. He highlighted the need for the support of the government in improving management systems, quality, and delivery. He said IAP was committed to Delhi Declaration's objective of reducing child deaths due to preventable causes.

Mr B.P. Sharma, Secretary, MoHFW, GoI commended the Delhi Declaration in going beyond preventing maternal and child deaths and addressing the themes of thrive and transform. He emphasized the importance of cross-learnings from the experience of other countries.

In the vote of thanks, Dr Rakesh Kumar, Joint Secretary, MoHFW, GoI thanked everyone who made the event successful.