

## **Parallel and Breakout Sessions**

### **17-19 April 2008, Cape Town, South Africa**

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## **DAY 1 – Thursday, 17 April 2008**

### **Parallel Sessions on Building the Evidence Base for MNCH, PLENARY 1**

16:00-18:00

#### **Session 1: Implementation Research: active use of local data to enhance MNCH programs**

##### **Focal Points:**

Anuraj Shankar, Mickey Chopra, Wendy Graham

##### **Objectives**

Review implementation research and the role in understanding the cause and effect between implementation practices and process and health outcomes

- To identify the critical aspects of program implementation at the micro and macro level that determine degree of success, and how to monitor these steps
- Review the links from policy to service delivery and how to improve health system functioning
- Discuss concrete steps to establish ongoing monitoring and evaluation of program implementation as a data-driven intervention to improve quality and access to services
- To make recommendations on priority setting and investment for implementation research and use of data to guide program development and accelerate progress toward MDG5 and MDG4

##### **Proposed co-chairs:**

Wendy Graham, Anuraj Shankar

##### **Proposed agenda:**

- Introduction of the session, **Chairs**
- Improving impact of community health workers through monitoring and evaluation, **Susy Sebayang**
- Role of maternal and newborn death audits in strengthening implementation of maternal and newborn health programs, **Robert Pattinson**
- Tracking use of clinical guidelines to improve hospital-based care in South Africa, **Thandi Pouane**
- Importance of assessing implementation processes of government health programs in Burkina Faso, **Nicolas Meda (tentative)**
- Role of implementation research on policy-making and enactment, **Wendy Graham**

##### **Panel for discussion:**

- Djamila Cabral
- Wendy Graham
- Mickey Chopra

##### **Final consensus:**

consensus recommendations for use of implementation research at country level to strengthen programs. These will be reported back to the plenary and help form a call to action as an outcome of the conference.

## Session 2: Priority setting for MNCH research - Random, agenda driven or systematically investing in knowledge to save more lives?

### Focal Points:

Joy Lawn, Shams el Arifeen, Lale Say

### Objectives:

- To review priority-setting for research and present a systematic approach, based on burden, feasibility, effects on equity, using examples particularly for research to reduce the major causes of child death
- To examine the application of this systematic process for child health research priorities in South Africa
- To give an overview of research priorities for maternal health and MDG 5
- To discuss one major gap in MNCH evidence in more detail – stillbirths and preterm birth, which link strongly to maternal health and together cause over 4 million deaths a year
- To make recommendations on priority setting and investment for MNCH research for consideration by Countdown

### Co-chairs:

Professor Bob Black ,Dr. Pius Okong

### Agenda:

Introduction of the session (Chairs)

- Priority setting for MNCH research – random or systematic?  
Research priority setting process, introduction to the CHNRI/WHO systematic methods and uses so far, **Dr. Shams el Arifeen**
- Use of a systematic priority setting process for child health research investment in South Africa, **Dr. Mark Tomlinson**

Discussion

- Priority setting for maternal health research, **Dr. Lale Say**
- Preterm birth and stillbirths - a major gap in global epidemiology and evidence.
- The size of the problem, gap analysis in process, **Dr. Craig Rubens**

Discussion

- **Panel and plenary discussion**
  - Professor Zulfi Bhutta
  - Dr. Rajiv Bahl
  - Others to be confirmed

Conclusions and closure

- Short list of recommendations to feed back to plenary/end of meeting statement

## Session 3: Strengthening capacity for evidence-based research

### Focal Points:

Helga Fogstad, Rajiv Bahl, Sara Bennett

### Objectives:

The **aim** of all the parallel sessions is to have discussion and recommendations of specific steps for action at country level on what can be done to build the evidence base for MNCH.

### Suggested method:

One facilitator and four panelists/speakers

- Facilitator gives 10-15 minute overview
- Two to three 10-15 minute talks focusing on key aspects
- Approximately one hour to develop the recommendations and next steps
- Drafting of an overview to be reported back to the plenary later in the conference.

## Session 3: Building research capacity for impact evaluation in MNCH

Aim of this session is to develop recommendations related to how to build capacity for impact evaluation in countries where large MNCH programs are implemented. Develop a plan on how to take this forward.

### Co-Facilitator:

Atle Fretheim, Research Director, Preventive and International Health Care Unit, Norwegian Knowledge Centre for Health Services

### Speakers:

- What is impact evaluation and who should do it?, **Atle Fretheim**, Research Director, Preventive and International Health Care Unit, Norwegian Knowledge Centre for Health Services.
- Building research capacity for process assessments and impact evaluation in Pakistan, **Zulfiqar Bhutta**, Professor, Department of Paediatrics and Child Health, The Aga Khan University, Pakistan
- Importance of country research networks, **Hassan Mshinda**, Director, Ifakara Health Research and Development Centre, Tanzania / IN-DEPTH
- Supporting capacity building for health policy and systems research in countries, **Zoe Matthews**, Reader, Department of Social Statistics, University of Southampton
- WHO support for capacity building in research related to MNH in countries, **Mario Merrialdi**, Coordinator, MNH & Research, Reproductive Health and Research (RHR), World Health Organization (WHO)

## **DAY 2 – Friday, 18 April 2008**

### **Breakout Sessions: Policy, Resources and Quality of Care for MNCH, PLENARY 2**

09:50-11:50

#### **Group 1: High impact MNCH Policy: evidence & experience on the political processes and policy decisions that make a difference**

##### **Focal Points:**

Jeffrey W. Mecaskey

##### **Objectives:**

To review and draw learning on country experience in formulation and implementation of high impact MNCH policy for increasing coverage/utilization and impact of key evidence-based interventions

##### **Chair:**

Jeffrey W. Mecaskey

##### **Proposed agenda:**

Introduction of the session

Talk – Financing options & minimizing barriers to access, **Hon. Mr. Rudra Kumar Shrestha**

Talk – Technological innovation: process of adoption, **(to be confirmed)**

Talk – Policy related to the household to hospital continuum, **Hon. Prof. David Mwakyusa**

##### **Panel:**

- **Policy priorities:** Evidence requirements, political considerations & other matters in developing policy

Feed back and closure

Short list of recommendations to feed back to plenary/end of meeting statement

## **Group 2: Show me the money! The financing cycle for maternal, newborn and child health**

### **Focal Points:**

Henrik Axelson & Bernadette Daelmans

### **Description:**

The objective of this session is to illustrate how policy-makers, civil society and other stakeholders can use mechanisms and tools to inform and influence the "financing cycle for MNCH" in a systematic and sustained way. The financing cycle includes estimating costs of prioritized interventions, identifying available resources, determining the financing gap, advocating for resources to MNCH, mobilizing funds, financing programs and interventions and monitoring disbursement and expenditures to ensure accountability. Emphasis is on the continuity of the process and shared vision of all stakeholders, with a focus on successful country case studies.

### **Chair**

**To be identified (senior policy maker from one of the Countdown countries)**

### **Co-chair**

Tessa Tan-Torres, Coordinator, Department of Health Financing, WHO

### **Proposed agenda**

- Partnership for Maternal, Newborn and Child Health, Introduction to the MNCH financing cycle, **Henrik Axelson**
- Health Care Financing Specialist, Abt Associates, Ethiopia, Costing and resource tracking for MNCH in Ethiopia, **Wendwosen Feleke**
- Manager of International Training, International Budget Project, The role of civil society in advocacy and monitoring of MNCH commitments, **Shaamela Cassiem**
- Melanie Galvin, Manager, Health Systems and Nutrition Programming Sectors and Global Partnerships Branch, Canadian International Development Agency, Political will, decision-making and fund allocation in the health sector, **To be identified (domestic level)**
- Financing mechanisms, **World Bank Africa office (to be confirmed)**
- Discussion and identification of key messages from session, **Moderated by co-chairs**

### **Group 3: Results-based financing: evidence & experience on how changing incentives can affect MNCH service uptake & delivery**

**Focal Points:**

Helga Fogstad, Jeff Mecaskey

*(Details will come next week from Jeff Mecaskey)*

### **Group 4: Human Resources for MNCH**

**Focal Points:**

Bernadette Daelmans

**Objectives:**

- To discuss the key dimensions and contributing factors of the human resources crisis for health in different regions and countries
- To discuss human resource bottlenecks and constraints specific to the achievement of MDGs 4 and 5
- To discuss country-specific solutions to solving the crisis
- To develop few recommendations to strengthen human resources for health for future action by countries and the international community

**Proposed moderator:**

David Sanders, University of Western Cape, South Africa

**Proposed agenda:**

- Introduction of the session (moderator)
- The Malawi strategy for strengthening human resources for health, **Dr Chisale Mh'ango**, Director Reproductive Health Unit, Malawi

Discussion

- Enhancing human resources for maternal survival: task shifting from physicians to non-physicians, **Stefan Bergstrom**

Discussion

- Panel discussion: What sort of strategies are necessary to scale-up human resources for MNCH, **Panelists from 3 countries**
- A Southern African School of Maternal and Child Health, **Tom Heikens**

Discussion

- **Conclusions and Recommendations for feedback to plenary meeting**



## Group 5: Quality of Health Services: making the difference

### Focal Points:

Nancy Terreri, Anuraj Shankar, Ann Starrs

### Description:

Scaling up services is key to reaching mortality reduction goals, but lack of quality in service provision can result in continuing failure to reach those goals. A number of innovative approaches have been successfully utilized to identify problems and improve services. Some of those approaches will be explored in this session.

### Speakers:

- Using death audits for saving mothers, babies and children, **Prof. R.C Pattinson**, South Africa
- Using EmOC Assessments and Appreciative Inquiry to improve referral facility care, **Dr. S.M. Asib Nasim** and **Dr. Monira Parveen**, UNICEF Bangladesh
- Peru makes hospitals baby and mother friendly, tbc
- India uses maternal death review for district improvement to the continuum of care, tbc
- USAID QC example
- Using quality assurance techniques to deliver AIDS care for children (tbc)

## **Panel on integration efforts for MNCH scaling-up – Country representatives, PLENARY 3**

14.40-15.30

### **Focal Points:**

Elizabeth Mason, Mikael Ostergren

### **Chair:**

Tigest Ketsela

### **Objectives:**

- To discuss innovative approaches on integration efforts for MNCH scaling up using HIV and malaria as examples
- To discuss what works and what may not work
- Through country examples, to draw lessons on integration efforts for MNCH scaling up

### **Proposed moderator:**

Tigest Ketsela

### **Proposed panellists:**

- 2 representatives from countries with experience in integrated efforts for MNCH scaling up (Zambia? Robert S. to suggest country(ies) and names 1. Integration of PMTCT into MNCH, 2: integration of malaria programming into MNCH)
- Rep from Safe the Children? Or another organization with "hands on" country experience on integrated scaling up

### **Proposed agenda:**

- Introduction of the session (moderator)
- Each panelist will have 5-7 min. to present experience/case
- Moderator will ask the questions: What was the biggest challenge? How did you overcome this challenge? What lessons?
- Open for few questions from the floor
- Conclusions: are there lessons that can be drawn from the presented cases

## **Breakout Sessions: Promoting action within the continuum of care: what are the issues? PLENARY 3**

16:00-18:00

### **Group 1: Maternal Health Issues – Consolidating the consensus, and bridging**

#### **Focal Points:**

Vincent Fauveau, Ann Starrs

#### **Objectives:**

This session is about reinforcing the Consensus of “Women Deliver” on the 4 pillars of maternal mortality reduction, access to contraception, prevention and care of unsafe abortion, skilled attendance at birth, and emergency obstetric care. These four complementary approaches are situated along the continuum of care to reduce maternal and child mortality and morbidity (MDGs 4 and 5), as well as to ensure universal access to reproductive health (the additional targets of MDG5).

The four approaches are i) in the pre-pregnancy and inter-pregnancy periods, ensuring universal access to contraception to avoid unwanted pregnancies, ii) In the early periods of pregnancy, prevention of unsafe abortion, appropriate treatment of its complications, and access to safe abortion where legal, iii) during the critical period of labour and childbirth, universal access to a skilled attendant in a supportive environment, and iv) in case of obstetric complications affecting the mother or the newborn, access to emergency obstetric and newborn care. These four approaches are evidence-based, each of them has been shown to be associated with maternal neonatal or child mortality reduction, at different degrees.

#### **Moderator:**

Dr Vincent Fauveau

#### **Panel:**

Our four panelists will present the latest available evidence to promote these actions, focusing on **linkages** or **bridges** with other actions within the continuum of care, upstream, downstream and side stream.

**First panelist:** **Ms Milka Dinev** (Pathfinder International, and ESD Project USAID) will present: “Universal access to contraception: What is being neglected?”

**Second panelist:** **Dr Kamini Rao**, from Bangalore, India, member of FOGSI and FIGO, will present: “Unsafe abortion: Can it be prevented? mitigated? or just made safer?”

**Third panelist:** **Prof. Wendy Graham** (IMMPACT, University of Aberdeen), “Skilled attendance at birth: can we achieve universal access?”

**Fourth panelist:** **Dr Pius Okong** (FIGO – Uganda) will present : “Emergency obstetric and newborn care: its potential and its challenges”

## Group 2: Newborn Health Issues – Newborn care: programming to save young lives

### Focal Points:

Nancy Terreri, Lily Kak, Joy Lawn and Rajiv Bahl

### Description:

Since the 2005 Lancet series on newborn care, further research studies have shown that lives can be saved by improving home care practices and providing services close to the home. There is also increasing country experience showing that facilities can integrate treatment of newborn illnesses with improved training and access to basic drugs and equipment. Where health systems are not reaching or families are refusing referral, moving treatment to the community has been shown to save lives. This session will present some of the latest studies and lessons learned and show how countries are moving research findings into programme policy and national plans for scale up.

### Moderators:

Anne Tinker, Save the Children  
Country representative, tbc

### Agenda:

- How changing practices saves lives, **Shams El Arifeen**, ICDDR, Bangladesh
- Senegal delivers essential newborn care through Community Based approaches and Strengthened Facility linkages, **Aboubacry Thiam**, BASICS Senegal
- Malawi scales up care of preterm babies **Evelyn Zimba**, Save the Children, Malawi
- Newborn Infection Management in Resource Poor Settings, **Rajiv Bahl**, WHO Geneva,
- Nepal moves evidence into programme policy and implementation strategy, **Dr. Pradhan**, MOH Nepal

Discussion and conclusions including a short list of recommendations to feed back to plenary/end of meeting statement

## Group 3: Child Health Issues - Accelerating the coverage of child health interventions

### Focal Points:

Mikael Ostergren, Elizabeth Mason, Bernadette Daelmans

### Objectives of the session:

- To discuss innovative approaches for accelerating coverage of child health interventions and factors facilitating their adoption
- To discuss linkages within the continuum of care, in particular with HIV programs
- To develop recommendations for future action by countries and the international community

### Moderator:

Elizabeth Mason

### Proposed agenda:

- Introduction of the session
- **Panel 1: Community management of pneumonia - overcoming barriers to action**
  - Introduction of the global survey on community-based management of pneumonia (Mikael Ostergren)
  - Panel discussion (1-2 slides per presenter)
    - Adoption of policy to and experiences to allow community health workers to treat pneumonia
      - Dr Bishnu Prasad Pandit, Officiating Secretary, MoH, Nepal
      - Senegal
    - Considerations in allowing or not allowing community health workers to identify and treat pneumonia
      - Dr Neghist Tesfaye, Head, Family Health, MoH, Ethiopia
      - Dr. El Tayeb Ahmed El Sayed, Director of Mother & Child Health, Federal Ministry of Health, Sudan
  - Plenary discussion
- **Panel 2: Using HIV programs as a platform for increasing coverage of child health interventions - overcoming barriers to action (50 min)**
  - Introduction of the global scenario and opportunities
  - Panel discussion
    - Dr Nkeiru Onuekwusi, Head, Family Health, MoH, Nigeria
    - Dr Geoffrey Okware, Commissioner Health Services, MOH, Uganda
    - Kenya

### **Theme**

- Using HIV prevention and care services to deliver essential child health interventions and vice versa
- Using global resources for HIV to accelerate implementation of child health programs
- Plenary discussion

### **Moderated discussion on other opportunities**

## **Conclusions and recommendations**

## **Group 4: Adolescent Pregnancy - Stopping Child Marriage, Preventing Maternal and Newborn Mortality and Morbidity**

### **Focal Points:**

Vincent Fauveau, Laura Laski

### **Description:**

The objective of the panel is to raise awareness about the need to invest in adolescent girls to reduce maternal and newborn mortality and morbidity. Two key groups will be addressed: adolescent girls who are at risk of getting married, and married adolescents. First-time adolescent mothers bear the highest risks of maternal morbidity and mortality, which is particularly true when considering marginalized and disadvantaged young girls. Interventions aiming at keeping them in school, stopping child marriages and promoting livelihood skills and positive health-seeking behaviors can reduce the rate of correlated maternal, newborn and child mortality.

### **Moderator:**

Ms. Purnima Mane, Deputy Executive Director, UNFPA

### **Speakers:**

- Child Marriage and Maternal Mortality and Mortality, Looking at the Evidence - **Dr. Laura Laski**, Coordinator, Adolescent Youth Cluster, UNFPA
- Addressing Child Marriage in Ethiopia - **Dr. Monique Rakatomalala**, UNFPA Representative, Ethiopia
- Voices of Marginalized and Disadvantaged Adolescent Girls in Guatemala - **Dr. Marta Julia Ruiz**, Population Council, Guatemala
- Investing on Adolescent Girls Pays –Findings from Community based Interventions in India - **Sunayana Walia**, International Center for Research on Women, India

## DAY 3 – Saturday, 19 April 2008

### Breakout Sessions: Leveraging the Global Countdown Launch to Mobilize National Political Will and Catalyze High Impact Programme Action, PLENARY 4

11:00-12:30

#### Focal Points:

Monir Islam, Jeff Mecaskey, Giorgio Cometto

#### Objectives of the session:

- To discuss how the findings of the Countdown in 2008 can be used at country level to initiate debate and facilitate enhanced action
- To assess the role of national and international partners in supporting this process
- To make concrete recommendations for follow-up actions in countries and regions.
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#### Facilitation:

<b>Group 1:</b> Africa (Anglophone)	Tigest Ketsela and Rumishael Shoo
<b>Group 2:</b> Africa (Francophone)	Vincent Fauveau and Genevieve Begkoyan
<b>Group 3:</b> Middle East & Eastern Europe	Mahendra Seth
<b>Group 4:</b> Asia	Monir Islam and Ian Pett
<b>Group 5:</b> Latin America	Andres de Francisco

#### Proposed agenda:

- Introduction of the objectives of the session (facilitator)
- Selection of the chair person and rapporteur
- Brief update on country action taken to accelerate MNCH action

<b>Group 1:</b> Africa (Anglophone):	Tanzania
<b>Group 2:</b> Africa (Francophone):	Senegal
<b>Group 3:</b> Middle East & Eastern Europe:	Tajikistan
<b>Group 4:</b> Asia:	India
<b>Group 5:</b> Latin America	Bolivia

#### Facilitated group discussion

#### ***Commitment and follow up at country and regional levels:***

- Inputs from national delegations
- Inputs from civil society representatives
- Inputs from professional associations
- Inputs from bilateral and UN partners

Conclusions and recommendations (sum-up by chair persons/rapporteur)