

AFRICAN FIRST LADIES HEALTH SUMMIT

Leadership for Health 2009



SUMMIT HIGHLIGHTS & SUMMARY

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Part I: Thematic Summary

KEY SUMMIT THEMES

- Women are at the center of achieving the Millennium Development Goals (MDGs).
- However, maternal mortality is one of the poorest performing MDGs and First Ladies can use their influence to help reduce maternal mortality in their respective countries.
- HIV/AIDS is not only a health issue but a multiplier of poverty.
- Thus, it's important to ensure those living with HIV are advocates for healthy lifestyle and continued economic contribution to society.
- Malaria education is still a very important aspect of reducing the burden of malaria in African countries.
- Important to improve and invest in human resources – educate doctors, nurses, and especially front-line healthcare workers such as clinicians.
- Explore ways to address the issue of 'brain drain' as a barrier to improving health outcomes by increasing retention of trained personnel to handle health issues.
- Changes in working conditions & equipment, pay, better support services, and other similar factors encourage trained staff to remain by increasing their effectiveness and impact.
- 70% of disease is preventable and therefore does not require doctors. This suggests that investing in the most cost effective interventions [fundamentals] such as family planning, preventive, and primary care can produce significant results.
- Focus on social and behavior change to turn policies more towards health support.
- Embrace the Maputo Plan of Action, already endorsed by all members of the Africa Union.
- Improve existing systems by increasing efficiency and effectiveness. Reduce lines, improve processes, quality, and consistency of care.
- Improved monitoring and evaluation capacities are critical to improving performance.
- The power of the First Ladies' office is 'formidable.'
- Use television and radio to encourage participation in preventative care and health screenings. Set an example by doing e.g. publicly take a health test.
- First Ladies can also use their leadership role to keep programs accountable to their intended impact on the ground.
- Reorganize and harmonize community and state action. Comprehensive programs are key and ensure sustainability. Leverage other support systems e.g. churches, social services, etc. during the wait time at the clinic. Make the clinic a 'one-stop shop' for services and support, an opportunity rather than a wait.
- Leadership in funding is important to reduce the burden of maternal and child health in Africa.

HOW TO REALIZE SOLUTIONS

Clearly define the role of the First Lady in these interventions. Three potential approaches discussed include:

- o First Lady takes own leadership about something she is passionate about.
- o First Lady identifies items to lead based on her husband's agenda and actively

pursues Advocacy role – e.g. draws media attention, etc.

o First Lady develops her own and her office’s capacity to identify and develop broader and more sustainable (‘lasting’) interventions.

Partnerships are key – financial support from partners as well as in kind support in the form of knowledge, experience, and equipment will be integral to solving the problem.

Good results require capacity and diligence in monitoring and evaluation, which requires significant financial and human resources investment.

Part II: Panel Summaries

DAY 1 - MONDAY APRIL 20, 2009

Day 1 Takeaways

- To achieve improvements in the target health issues of the summit (e.g. HIV/AIDS and MCH) requires a horizontal approach that aims to improve overall health systems with a focus on primary (preventive) care, as well as treatment.
- Malaria is a priority area of many of the First Ladies, though it is not a key focus of this year’s summit.
- Human Resources for Health is a barrier to achieving substantial improvements in health outcomes in Africa.
- Best practices in community health described by panelists focus on not just working through the formal healthcare system, but also leveraging social infrastructure, such as churches, to support health outreach efforts.
- Improving efficiency in the healthcare system is as important as seeking new/more resources to tackle Africa’s health challenges.
- Sustainability and comprehensive programs are key – stay away from pet projects – identify all components of a program – integrate into health systems, human resources, and infrastructure.
- First Ladies can use their role to help link health policy with on-the-ground health initiatives.
- Partnership is critical to achieve results.
- Good results via monitoring and evaluation is important to draw more funds.

Morning Closed Session at 9:30AM

Introduction highlights:

Ted M. Alemayhu, Founder & Executive Chairman, US Doctors for Africa

Jean Stéphane Biatcha, Executive Secretary, African Synergy Against AIDS and Suffering;
Technical Advisor to the President of The Republic of Cameroon

Ted Alemany and Jean Stéphane Biatcha presented their vision for the summit and partnership. Introduced the range of partners participating in the summit, stressing that effective interventions come from assembling a team of partners that can work well together to help the First Ladies meet their objectives.

Gery Ryan, RAND Corporation

Cora Neumann, Senior VP & Summit Director, USDFA

How can we make this summit and these partnerships effective?

- policy makers sometimes want to give up because they get stymied by details
- don't want to talk at 50,000 ft level – bring it down to pragmatics: what works, what doesn't, where do you want to go and how to we get there

Realize that problems faced are part of a complex piping system – no one can do it alone

- how do we get the right partners to tackle this?
- partners here have resources, expertise → here to figure out how they can help you
- partners aren't here seeking your support → here to support you and your work and improve whatever you are looking to improve
- you have to figure out what is important/passionate about and our job is to help you get there

Must have courage to evaluate and measure what you do

- systematic measurements of what you want to accomplish to determine progress, what's working, how to improve
- build accountability systems – in our government and programs

First Ladies are in an influential position – inside and outside of the government

- spokesperson, bring people to the table, make change on the ground
- fixing big systemic problems through partnership and capacity building

Vital Voices *Building a Lasting Legacy Workshop* (Closed)

Host: Vital Voices Global Partnership, Sponsored by **ExxonMobil**

Honorable Melanne Verveer, Ambassador At-Large for Global Women's Issues; Co-founder and Chair Emeritus of Vital Voices Global Partnership

Honorable Anita McBride, former Chief of Staff for Laura Bush

Sara Ortwein, Vice President, ExxonMobil Development Company

Moderator: **Alyse Nelson**, President and Co-Founder, Vital Voices Global Partnership

Vital Voices programs: identifying, establishing, and supporting women leaders around the world, for example through girls' education and women's leadership programs. ExxonMobil: working collaboratively – global effort launched in 2005 providing women with training, resources, and support networks to realize their economic potential. Women's needs are great – disproportionately affected by poverty, own less than 1% titled land, economic potential is largely untapped → \$ goes to food and education. Give women opportunities, they impact other women and the communities in which they live – multiplier effect.

Ambassador Melanne Verveer and Hon. Anita McBride – highlights from Building and Lasting Legacy discussion:

- Women come together across the most difficult lines – focus on families, children, and the future of the country
- First ladies matter – difficult position but ability to make a difference
- First Ladies have the ability to bring women together in ways no one expects and it's a real opportunity for change
- How do you ensure that priorities continue through new administrations?
- Did the First Lady come in with an agenda or was that developed throughout their tenure?
- Support policies of the President – First Ladies have the ability and flexibility to pool your influence
- What is it that I can make a difference on? What are our countries' priorities? What does the president want to accomplish that I can be a partner to? What's my experience, interest or passion?
- The office of First Lady has power – you were put in this position but you too have to decide what you can do to bring greater progress, and your country-people will look at you as a force for good and positive change
- You want to be an agent in change – not in name only, but through work, commitment and program development
- Who are my partners? How do I leverage what they uniquely have to bring to the table? First Ladies are able to guide this and bring the right people to the table.
- First Ladies have the ability to bring major players from inside and outside the political realm together to develop a plan – map out what's needed, without duplicating efforts, to bring about a real solution

HIV/AIDS and Malaria Panel at 2:00PM

Host: RAND Corporation

Samuel Adeniyi-Jones, Director of the Office of Global Health Affairs and African Affairs, Health and Human Services, US Government

Steven C. Phillips, Medical Director, Global Issues and Projects, Exxon Mobil Corporation

Gery Ryan, Senior Behavioral Scientist, RAND Corporation

Peter Laugharn, Executive Director, Firelight Foundation

Robert Sebbag, Vice President, Sanofi-Aventis

Moderator: Robin Meili, Director of International Programs, RAND

During this panel, the most pressing challenges and the most effective solutions were discussed. The greatest obstacles to improve the situation of HIV/AIDS and malaria are prevention and treatment which have become greater issues in this time of global economic crisis. A prevention solution is through education and an increased, broader distribution of condoms as well as being able to test the masses in order to know a wider population's health status. Another important connection is to link physical well-being to socio-economic health through jobs and education, without blindly financing the situation. As a multiplier of poverty, HIV/AIDS has led to millions of orphans and legitimate development issues as well as allowed for a more open discussion regarding other health concerns such as malaria. All programs must be comprehensive, coordinated with partners, and integrated into the health system while addressing the value of the

community. The First Ladies can contribute by participating in this multi-faceted process which will promote education, treatment, and community action.

More highlights:

HIV/AIDS has helped pave the way for more emphasis on other health issues in Africa/the world.

- However, AIDS is not only a health issue but also a multiplier of poverty
- Regarding HIV/AIDS treatment, clinic efficiency will increasingly become a barrier to quality health services as programs reach scale
- There are examples in Africa of people waiting in line for 6 hours to access anti-retroviral therapy
- It was suggested that this time that people are waiting at the clinic can also be an opportunity to reach out to these individuals with other health interventions
- First Ladies can help link policy and on-the-ground health initiatives
- Malaria education is still a very important aspect of reducing the burden of malaria in African countries
- A recent study done on malaria by a reputable organization found that in certain African communities a majority of community members did not know that the vector for malaria transmission is a mosquito
- JHPIEGO has a model of training community health volunteers that have been effective in many African countries and can be leveraged for malaria education

First Ladies can use their credibility and prominence in their countries to help improve health outcomes

- A panelist described an example of the President of Mali getting on TV/radio to urge women to take their children for polio vaccinations, which resulted in a 97% turnout at health clinic the next day
- Given that maternal mortality is one of the MDGs that is not meeting its targets, a panelist suggested that the First Ladies consider using their role to address this specific health issue

Maternal Health: Development Considerations at 2:40PM

Host: David and Lucile Packard Foundation

Musimbi Kanyoro, Director for the Population and Reproductive Health Program,
The David and Lucile Packard Foundation

Sahlu Haile, Regional Advisor for Sub-Saharan Africa, The David and Lucile Packard
Foundation

Ambassador Eunice Brookman-Amissah, former Minister of Health of Ghana; Vice
President, Ipas Africa Alliance

H.E. Chantal Compaoré, First Lady of Burkina Faso

Moderator: Doyin Oluwole, MD, FRCP, Project Director, Africa's Health in 2010

Family planning can reduce mortality and improve the economic development of a country by allowing women to be educated and empowered particularly in regards to their personal health. Abortions must be integrated as a part of health services or else women will continue to risk

their lives during unsafe, illegal abortions and maternal mortality will remain high. Family planning faces a serious lack of political will and financial resources. This can be improved by the First Ladies who can bring about social and behavioral change as role models and draw attention to the issues of unsafe motherhood such as illegal abortions. A lack of follow-through with partners and a general “brain drain” effect are additional dilemmas that can exacerbate maternal mortality and health in these countries.

More highlights:

- Access to family planning is critical – 35% " 40% reduction in child mortality by family planning intervention (birth spacing)
- Change policies to emphasize health support and change society and behavior [delay marriage and first birth]
- Need programs that could also help generate increases in family income
- Leadership in funding is important to reduce the burden of MCH in Africa
- Integration of services (e.g. HIV, family planning, etc) is important to leverage efficiencies for all programs
- First Ladies can help mobilize government and other commitments
- Training is important to improve MCH in Africa
- Access to quality MCH services is currently a constraint to improving MCH in Africa

Challenges

A lot of money is spent in MCH, but not necessarily with the intended impact

- Up and Downstream factors should be addressed regarding sustainability

Brain drain is continually an issue in terms of not having enough trained personnel

- Working conditions, pay, etc need to be improved to retain staff
- Another option is to hold countries accountable – charge ‘transfer fees’ so that you can train more people

Family planning is cheap and can be delivered at \$2/person/year, but still is not fully financed

Traditional beliefs / culture also impact limitations in the use of family planning services and this is an area where First Ladies can use their influence to mobilize people to use the health system

Embrace Maputo Plan of Action – which emphasizes girls in school and protection from early marriage

African First Ladies Panel I at 4:00PM

Host: African Synergy

H.E. Ana Paula Dos Santos, First Lady of Angola

H.E. Mathato Mosisili, First Lady of Lesotho

H.E. Maria da Luz Guebuza, First Lady of Mozambique

H.E. Mama Salma Kikwete, First Lady of Tanzania

Moderator: Larry Brilliant

H.E. Ana Paula Dos Santos, First Lady of Angola

Since peace was established in 2002, 42 clinics were remodeled and 1500 new facilities as well as governmental institutions were built to combat HIV/AIDS through expanding testing, training midwives, and increasing the number of maternity wards. In addition, school has been deemed mandatory through the 8th grade in order to promote education. Increasing the distribution of ART is the most important HIV/AIDS priority in Angola.

More points:

- Communication regarding increasing condom use is important for prevention
- Best practices that assure sustainability in short and long term are key
- Test political will of our governments

H.E. Mathato Sarah Mosisili, First Lady of Lesotho

Lesotho initiatives have focused on creating community support groups where volunteers assist nursing staff and have concentrated on improving health through nutrition and income-generating programs. Capacity building is important to scale up HIV prevention efforts.

HE Maria da Luz Guebuza, First Lady of Mozambique

In Mozambique, much improvement has been made in regards to maternal and child health mortality. However, there is still resistance to HIV/AIDS treatment since people do not continue treatment when their health improves. Priorities: Training and education of girls is important for HIV preventions. Malaria, HIV/AIDS, and maternal and infant mortality are also key issues.

NGO Actions to prevent the spread of HIV/AIDS

NGOs can bring experts to teach local communities about HIV/AIDS, provide resources to educate girls who receive less adequate education, and increase communication and education to overcome the taboo of condoms.

DAY 2 - TUESDAY APRIL 21

Day 2 Takeaways

Brain drain continued to be a recurrent theme as a barrier to improving health outcomes in Africa.

Advocacy is important but not enough. First Ladies can use their leadership role to help keep programs accountable to their intended impact on-the-ground.

Accountability to results was a recurrent theme throughout panels.

Maternal mortality is one of the poorest performing MDGs and First Ladies can use their influence to help reduce maternal mortality in their respective countries.

Women are at the center of achieving the MDGs.

Welcome & Keynote—Sarah Brown at 9:30AM

Ted Alemayhu, Founder & Executive Chairman, US Doctors for Africa

Laura W. Bush *video speech*

Jean Stéphane Biatcha, Executive Secretary, African Synergy Against AIDS and Suffering;
Technical Advisor to the President of The Republic of Cameroon

Keynote Address: Sarah Brown, Wife of UK Prime Minister Gordon Brown, Global
Patron of the White Ribbon Alliance and Co-Chair of the Maternal Health Leadership Group

Mrs. Brown opened with the most significant objectives of improving maternal health including an increase in the standard of healthcare and education, access to education for women and children, a reduction in infant mortality, and a movement to build more schools and improve nutrition. When a mother can survive, her child can have more opportunities to prosper and live a healthy life. More concretely, Sarah Brown identifies other goals that place women and girls at the center of funding and mobilize action on an international level. The First Ladies, as powerful role models, with dedication to education, nutrition, malaria, and HIV/AIDS through the empowerment of women, can harness the efforts of civil society to reach phenomenal results.

African First Ladies Panel II at 10:10AM

Host: African Synergy

H.E. Adélcia Barreto Pires, First Lady of Cape Verde

H.E. Ida Odinga, Wife of Prime Minister of Kenya

Her Royal Highness, Queen Mbikiza, Queen of Swaziland

H.E. Thandiwe Banda, First Lady of Zambia

Moderator: Lisa MacCallum, Managing Director, Nike Foundation

H.E. Thandiwe Banda, First Lady of Zambia

In Zambia, where maternal mortality is high and the greatest causes of death are hemorrhage and infection, several factors contribute to death and disease such as previous medical conditions, the delay of medical decisions and care, lack of transportation and facilities, and inadequate medical treatment. The high turnover rates of NGOs and skilled healthcare workers account for insufficient infrastructure and 53% of babies delivered at home. To improve Zambia's situation, more local women must be trained as supplements to providing healthcare within the home, sterile and appropriate medical supplies must be made available to reduce HIV transmission, and reproductive healthcare must be expanded.

H.E. Adélcia Barreto Pires, First Lady of Cape Verde

Demographically, it is crucial to note 75% of Cape Verde's population is 25 years or younger where 51% of the population are women. HIV/AIDS has been feminized because men rarely seek healthcare and women are identified with the disease during pregnancy. Efforts must be made to promote the rights of those who carry HIV/AIDS to destigmatize and defeminize the disease such as increasing community awareness and creating programs focused on educating the population about the disease. The WHO will implement a program to disseminate information and distribute AV drugs since present funding is insufficient.

Infancia Feliz Foundation on Behalf of First Lady of Cape Verde

Infancia Feliz Foundation (FIF) was founded in 2002 and works with African Synergy and USDF to improve the lives of children and adolescents. FIF reports 80% of HIV transmission in Cape Verde is sexual while most of the remaining 20% is due to mother to child transmission. Cape Verde society carries certain patriarchal and institutional biases which obstruct efforts to improve the status of women and thus, women's health. However, FIF has successfully built a school and developed partnerships to improve maternal and child health and reduce mortality. Cape Verde also has the highest rate of condom usage in Africa. FIF objectives include better nutrition, more schools, improved distribution of appropriate medication, increased funding, and the protection of the family unity.

H.E. Ida Odinga, Wife of Prime Minister of Kenya

Inaccessibility and high cost have compromised healthcare. Preventive measures, such as mobile medical clinics, are needed to build the community and address major health concerns of malaria, HIV/AIDS, and tuberculosis. A lack of sanitation, unskilled health attendants, safe water and sexual abuse, and poor maternal nutrition contribute to poor health and therefore, poor economic performance. For instance, malaria results in a loss of working hours, causes anemia during pregnancy and a higher infant mortality rate. The situation of girls and women in school, in the workforce, and at home must be improved. Girls often drop out of primary education due to the burden of household responsibilities and a culture endorsing early marriages and pregnancies. Competition for resources in the national budget challenges objectives of developing maternal and child health. However, creating partnerships and striving to empower women will lead to development and economic productivity, which will help Kenya as a whole.

Her Royal Highness, Queen Mbikiza, Queen of Swaziland

In Swaziland, there is a lack of patient tracking, an increased number of orphaned and vulnerable children due to HIV/AIDS, and a high dropout rate of girls at the secondary school level. The goal is to instill life skill curriculum at the primary school level and at a cultural level to delay early pregnancies by providing one more year of "Reed Dance."

Panel: Maternal Health: Keystone of the Millennium Development Goals at 11:00AM

Host: World Health Organization, White Ribbon Alliance

Chair: Sarah Brown, Wife of UK Prime Minister Gordon Brown

Monir Islam, Director, Making Pregnancy Safer, World Health Organization

France Donnay, Gates Foundation

Lynn Freedman, Director Averting Maternal Death and Disability Program, Columbia University

Honorable Mark Dybul, Research Fellow, O'Neill Institute, Georgetown University, and Senior Advisor, United Nations Special Envoy for Malaria

H.E. Dr. Hajiya Turai Umaru Yar'Adua, First Lady of Nigeria

H.E. Mama Salma Kikwete, First Lady of Tanzania

Lynn Freedman, Director of Averting Maternal Death and Disability Program, Columbia University

Maternal mortality is deeply political and the inequality of healthcare has not been addressed. There has been a failure of accountability in the home and in the community as well as a lack of action and national policies addressing the poor quality of treatment and the issues of access. The concern of maternal mortality must be made visible and recognized as a global problem.

France Donnay, the Gates Foundation

During pregnancy, women die of hemorrhage, hypertension, and unsafe abortions. Few interventions have been addressed but key effective prevention methods include accurately measuring blood pressure, diagnosis for symptomatic treatment of post-partum hemorrhage, and hypertension. Safety during pregnancy can be improved by building the skills and confidence of health care workers.

Monir Islam, Director of Making Pregnancy Safe, World Health Organization

Women need qualified, skilled attendants to deliver appropriate care before, during, and after birth to reduce maternal mortality. Politicians must be challenged in order to ensure all women including women from poor, rural areas have the right to receive quality healthcare.

H.E. Dr. Hajiya Turai Umaru Yar'Adua, First Lady of Nigeria

Prevention and community efforts must increase to save, empower, and enable women to make decisions in Nigeria. A strategy has been implemented where a woman who normally needs the consent of her husband to go to the hospital can now take a special ambulance regardless of her husband's approval. Midwives and nurses must be better trained and women must be empowered within the framework of Nigerian culture.

H.E. Mama Salma Kikwete, First Lady of Tanzania

The First Lady of Tanzania articulates her goals to reduce infant mortality, promote better nutrition, and eradicate malaria and tuberculosis which all contribute to maternal mortality. The high rate of maternal mortality due to sepsis, hemorrhage, hypertension, etc. significantly affects childhood mortality. The Maputo Plan of Action for universal access to comprehensive reproductive healthcare has helped nearly half of Tanzanians living with HIV/AIDS start ARV therapy as well as reduce HIV in Tanzania from 7% in 2004 to 5.7% in 2008. The malaria burden has also declined due to an increase in the use of insecticide treated bed nets, Artemisia based Combination Therapy (ACT), and Indoor Residual Spraying. The West African Monetary Agency (WAMA) created by the First Lady in collaboration with other Tanzanian ministries and various partner agencies has encouraged HIV testing and counseling which resulted in 4.3 million people tested. WAMA has also focused on enabling health systems to increase the scale of proven interventions and has established a school to encourage girls' economic opportunities. Challenges for WAMA include the establishment of a sustainable organizational structure and the acquisition of human and financial resources in order to be able to expand aid in additional communities.

Mark Dybul

Powerful statistics and data as well as compassion are necessary tactics to combat the politics and bureaucracy of achieving the MDGs. Where 60 to 80% of African women provide the food for the household and are less likely to receive an education, mothers are central to accomplishing

the MDGs and men, such as husbands and fathers, must be held accountable and integrated into the solution of maternal mortality. The cultural issues involved with maternal mortality must be addressed in order to make real changes in healthcare.

The Impact of US HIV & Malaria Programs on Maternal Health at 12:10PM

Host: Global Health Council, ONE

Alonzo Fulgham, Acting Administrator, USAID

Awa Marie Coll-Seck, Executive Director, Roll Back Malaria Partnership and Former Minister of Health of the Republic of Senegal

Ambassador Amina Salum Ali, African Union (AU) Ambassador to the United States

Admiral Timothy Ziemer, President's Malaria Coordinator

Michele Moloney-Kitts, Assistant U.S. Global AIDS Coordinator

Moderator: Lindsey Kozberg, RAND

Family planning, training of midwives, and communicating with women during pregnancy are essential components in reducing maternal mortality. PEPFAR can increase its impact by encouraging couple's testing, addressing antenatal care, promoting family planning for HIV positive women and women's equality. The President's Malaria Initiative (PMI) can develop further by focusing on prevention based on the fact that 70% of diseases are preventable. Prevention methods exist and many are inexpensive, such as the utilization of bed nets. The First Ladies can be the voice of African women and champions for maternal health.

Panel: Girls' Education: Identifying & Implementing Effective Solutions at 12:10PM

Host: RAND Corporation

David Evans, World Bank, Education

Charles Goldman, Director International Programs, RAND Education

Sarah Moten, Education Division Chief for USAID, Africa Bureau

H.E. Maria da Luz Guebuza, First Lady of Mozambique

Moderator: Susan Bodilly, Director, RAND Education

Educating girls has a direct impact on the health and well-being of society by reducing child/maternal mortality and HIV exposure and improving the economic situation. However, significant social/economic barriers exist in the education of girls in Africa. Family structure and economics enforce the notion that sending boys to school is more cost-effective than sending girls. Early marriage and pregnancy force girls to drop out as there no longer appears to be advantages in receiving an education. The distance to school, classroom dynamics, and teacher relations can be more hostile to girls than boys who are simply trying to acquire an education. Government regulations have had positive results by imposing policies requiring girls to be in primary school. More money has been allocated in some cases to train teachers, provide more for schools, and award merit scholarships for girls such as in Kenya. There must be frequent and transparent evaluations of programs to assess the efficacy of the results. The First Ladies can pursue these issues within the framework of the government and policy initiatives which can address the12

issue of gender inequalities in the family unit and in society as a whole. There must also be greater steps to improve the participation of women in the government and create economic and educational opportunities for women through training and small business incentives. Potentially, the creation of a Ministry of Women could add additional support for women.

Panel: Corporate Citizenship at 2:20PM

Vanda Andrade, General Manager, Corporation and Services, Human Resources, Chevron
Bob Honigberg, Chief Medical Officer, Global Medical Affairs & Medical Strategy, GE
Healthcare

Ali Moshiri, President, Africa and Latin America Exploration and Production Company,
Chevron

Jack T. Watters, Vice President for External Medical Affairs, Pfizer

Keith Zook, Global Sustainability Fellow, Procter and Gamble

Moderator: Honorable Mark Dybul

Representatives from Chevron, GE, Pfizer and Procter & Gamble discussed their efforts to support the health and well-being of the African people. Chevron has a \$40 million, 6-year commitment in multiple countries to make healthcare more accessible by investing in hospitals. When malaria affected productivity, GE worked with suppliers and provided doors, windows and curtains to 500,000 people and trained peer-to-peer volunteers in order to raise awareness. Procter & Gamble attacked the problem of unsafe water by creating ingredients, packaged in a small sachet, that when mixed with water removes all bacteria and makes the water 100% safe. They have already distributed 1 billion liters. Pfizer believes that medicine must be accessible to everyone, not just the rich and believes there are three things pharmaceutical companies can provide: medicine, human resources, and funding.

Panel: Moving Beyond Rhetoric to improve Women's Lives at 3:10PM

Host: Women Deliver

Jill Sheffield, Executive Coordinator, Women Deliver Initiative

Purnima Mane, Deputy Executive Director, UNFPA

Gill Greer, Director General, International Planned Parenthood Federation

H.E. Sia Nyama Koroma, First Lady of Sierra Leone

H.E. Penehupifo Pohamba, First Lady of Namibia

Moderator: Sharon Stone

This closing panel discussed ways to move beyond rhetoric to find effective, accessible solutions to address the health and socio-economic issues facing women and children in Africa. Several suggestions were made to the First Ladies such as speaking out against the stigma of HIV and abortions, emphasizing the importance of maternal health, urging various governmental bodies, particularly those related to health, to invest in women and girls, advocating for increased funding and periodic, transparent evaluations to ensure the effectiveness of programs, developing partnerships, and promoting education.

Part III: Closing Thoughts

4 KEY THEMES

Four recurring messages emerged during the summit (*addressed to the First Ladies*):

1. You are connectors.
 - o You can direct global efforts to local needs.
 - o You know your country better than others.
 - o You can make sure that we focus on the highest priority needs.

For example, we heard during the summit areas that are not being properly addressed including, family planning, preventive care, human resource needs, and primary care.
2. You are role models.
 - o You act as a role model to change behavior in your countries.

For example, we have heard of First Ladies setting the example by publicly taking a test for HIV.
3. You are conveners.
 - o You have the power to rise above partisanship and bureaucracy.
 - o You therefore can bring together different sectors and different actors.

For example, we've heard of opportunities with faith-based organizations and offering social services at clinics while mothers and children wait.
4. You can hold others accountable.
 - o You can ensure that budgets match public commitments.
 - o You can shine light on health outcomes.

For example, visiting clinics and checking in on them to make sure that they improve their services over time.

MOVING FROM TALK TO ACTION

We all witnessed the incredible potential during this gathering of First Ladies, partners and global health leaders. The key now is *follow-up*. We ask you to join us in our **coordinated efforts** to move the First Ladies projects – existing and new – forward. We have identified a number of individual and group programs to be developed and we are speaking with most of you directly about these projects.

Over the course of this year, in addition to specific projects, we aim to maximize the **communication** and harmonization among our partners and the First Ladies. A number of commitments have already been made between USDFA & African Synergy, our partners and select First Ladies – individually and as a group. We will allow you to introduce these programs yourselves via an online portal to be completed during July 2009. We are working with the First Ladies offices directly to create individual webpages for each First Lady where she may communicate her priorities directly with partners and supporters. Please visit www.leadershipforhealth.org/2009 for updates. (If you would like to share more on your work right away, please submit it to cora@usdfa.org.)

Immediate follow-up:

- Partner meetings will be taking place throughout May, June and July in Washington DC and Los Angeles.
- The RAND-USDFA fellowship and mentoring program is geared to begin in August 2009. For more on this program (a four-year program), please email cora@usdfa.org or gery@rand.org.
- We will be hosting an African First Ladies meeting and roundtable prior to the UN General Assembly in New York in September. Please contact cora@usdfa.org for more information on this gathering.

We look forward to working together to build select projects this year, and to monitoring these so that the First Ladies and partners may report back on them at the **African First Ladies Health Summit 2010**.

Thank you again for your commitments and hard work to help fulfill the First Ladies goals towards improving the lives of their peoples.