



Consultation on the Global Strategy for Women's, Children's and Adolescent's Health

with

Nigeria's Accountability for Maternal, Newborn and Child Health (AMHiN) members

March 16th, 2015



Facilitated and report collated by: Dr. Sara Bandali



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INTRODUCTION

A consultation with AMHiN members to input into the Global Strategy for Women's, Children's and Adolescents' Health was held on March 16th, 2015. The half-day session was attended by 21 civil society and media participants (see Annex 1). The consultation was facilitated by Dr. Sara Bandali of Evidence for Action-MamaYe, who was also responsible for collating the findings into this report. Introductions were provided by Dr. Tunde Segun, country director of E4A-MamaYe. The meeting was funded by the Community Health Research Initiative.

Background on AMHiN

In line with the UN Secretary General's Strategy on Women's and Children's Health (2010), two commissions emerged: 1) Commission on Information and Accountability (COIA) and 2) Commission on Life-Saving Commodities for Women and Children. Both of these commissions emphasise the importance of accountability for results through three connected processes - monitor, review and act - aimed at learning and continuous improvement. Part of the Commissions' recommendations for improving accountability is to set up independent and transparent national accountability mechanisms, in order to track performance on commitments. AMHiN was founded out of the Commission's recommendation and is a partnership between civil society organisations, media and professional associations in Nigeria. AMHiN reviews and reports on progress against national MNCH commitments and performance to help prioritise action and inform future direction.

Structure of Report

The report provides a summary of the discussions under the following key thematic areas:

- National Leadership and operationalization
- Health systems strengthening and universal health coverage
- Monitoring and accountability
- Financing
- Social and economic determinants of health
- Innovation
- Adolescents
- Human rights
- Humanitarian setting

Discussions focused on Nigeria's experiences of improving RMNCAH to help inform global lessons and the updated strategy. A blog was produced by E4A-MamaYe (Annex 2 – www.mamaye.org.ng) and tweets have been storified (Annex 3) as a result of the consultation.

SUMMARY OF THEMATIC DISCUSSIONS

National Leadership and operationalization

Discussion centred on the recent passing of the National Health Act in Nigeria as an example of a successful approach to catalyse political will on health, although the big push now is for implementation. Enacting a policy or commitment and translating that to action are not always linear and indeed many countries face this hurdle. With this in mind, approaches to garner political will using the National Health Act were articulated for reflection in the global strategy.

A CSO representative noted that strong structures need to be in place driven by civil society coalitions to ensure ***“sustained pressure and advocacy to translate policies into implementation”***, it is also important as noted by another CSO member, a way in which to ensure policy makers fulfil their responsibilities and to sustain political will and leadership on RMNCAH.

A media representative noted the value of bringing CSOs together to push the National Health Act. To inform global lessons, the representative ***‘Want local CSO coalitions, including media, to become stronger so they can become more vocal and have a bigger role to play in holding the government to account’***. Other CSO representatives backed this statement and identified the need for targeted financial support to CSO groups, so they can mount pressure and push advocacy with strong technical knowledge and resources. Financial funds from global partners was viewed as important to facilitate CSO strengthening on advocacy and accountability as well as ensuring community involvement more generally to promote sustainability. However, the ‘conditionality of donor funding’ was recognised sparking the need to identify local funding sources through private sector-CSO driven partnerships and other innovative financing mechanism.

CSO involvement was viewed as essential to complement more formal governance structures (i.e. Technical Working Groups - TWG) to ensure effectiveness of implementation. Opening up the space for CSO involvement in TWGs has helped create a think tank for how best to implement policy into practice and secure ownership.

Health systems strengthening and universal health coverage

It was acknowledged that a large portion of health care coverage comes from the private sector (as in many other countries). A CSO representative stated that a basic minimum package of services that everyone has access to could be facilitated through a strong health insurance scheme. In Nigeria for example, the National Health Insurance Scheme is available to those in formal employment and in civil service, however it was deemed important to extend this basic package to all citizens by examining community health insurance packages. More information and awareness raising is required amongst

populations on the value of purchasing insurance (if they can afford it) and the benefits it brings for health protection.

There was a general consensus that priorities for funding wider health sector strengthening should centre on whether health facilities are functioning and how resources could be more effectively mobilised to fill identified gaps. Participants also agreed that health systems should be able to deliver a basic package of services and ensure integration of services, or a 'one stop shop' for all health related issues to avoid fragmentation of services. Reinforcing this statement, one CSO representative stated that universal health coverage could not be achieved without addressing shortages in human resources for health. In Nigeria, task shifting is one solution to address the challenge and should be looked towards in influencing better coverage, ensuring functional health facilities and offering a basic package of integrated health services.

A CSO and media representative stated that Global Funds in their current structure or funding pattern, do not have the requisite funds needed to effect real change in health systems strengthening as opposed to their funding of vertical programmes such as HIV, TB and Malaria. The question was raised on how such vertical programmes are implemented without dedicated funds targeted towards health systems strengthening. A suggestion from one CSO member is to ensure that ***“even if funds are directed at specific health issues such as malaria, TB, HIV, that a portion of this funding be dedicated to health system strengthening to build resilience of the health system over the longer term.”*** Another CSO member stated the need for ***“more applied pressure on the budgeting system in-country in relation to how health is funded and where more support is needed.”*** There was an acknowledged need to prioritise funds coming through from different areas on health systems strengthening.

Participants agreed on the need to empower community health workers, to train them to handle health issues in country and refer people to health facilities as a stepping stone towards ensuring universal coverage for all,. Without community participation, there is a concern that health facilities will not be used.

Monitoring and Accountability

The discussion focused on two issues: how accountability is operationalised in Nigeria (through AMHiN) which could be scaled up to other settings; and how media could be more empowered to strengthen health accountability.

AMHiN was recognised as a useful model which puts 'accountability into practice'. It is made of civil society and media at the national level who meet regularly to interact on health issues and review/track progress on key indicators and commitments (i.e. Country Accountability Framework Scorecard for RMNCH). Participants viewed AMHiN as a good structure which could be adapted globally, though it was recognised that dedicated funds from individual partners were needed to sustain efforts. More dedicated investment from

the global community towards establishing and strengthening nascent accountability mechanisms was recommended to enable focused concentration on accountability efforts rather than seeking funds on a regular basis. It was deemed important by participants to build the institutional capacity of groups like AMHiN and ensure such structures are both formalised and recognised at national and global levels. Linkages between national, sub-national and global accountability mechanism was also viewed as vital to facilitate information flows and help reinforce efforts at each level. Dedicated investment to better connect accountability initiatives at multiple levels was recommended.

Media representatives identified the need to empower media to strengthen accountability and 'make things more transparent'. The role of the media and its impact was widely recognised by participants in influencing the health agenda. There were gaps in media's understanding of global mechanisms in place on health, and there was an agreed need to empower the media who 'are closer to the people' with adequate knowledge and information to better report on RMNCAH issues for accountability and transparency.

Financing

Participants expressed the need for better national coordination of domestic, donor and private funds flowing into the health sector '*to prevent duplication and target support to neglected areas*' and ensure funds are prioritised for universal health coverage. An example from Nigeria is under the National Health Act which aims to pool together domestic and external resources. Sector wide approaches and basket funding for health were viewed as effective approaches for coordination of funds within the health sector and prioritising expenditure. Another example was provided from Jigawa state which has collapsed oversight and management (including funds) of primary and secondary health care facilities under the Gunduma Health System enabling more efficient and effective decisions across the two levels of the health system. At global levels, one CSO participant thought that the Paris Declaration to harmonise funds and strengthen donor coordination could be better operationalised so that resources could be more effectively prioritised.

Media representatives were keen to ensure health budget tracking and advocacy, focused on allocation, release and expenditure. A key point made was the need to better track and follow the money to ensure it is reaching where it should and to harness national policies (i.e. Freedom of Information Act) in Nigeria to gain access to such (sometimes sensitive) data.

CSO representatives expressed the need to better tie budget allocations/release to the performance of health facilities. Currently, resources are based on projections rather than evidence of health facility performance. Examples of performance based models and effective models for scale up within and beyond Nigeria were recommended.

Social and economic determinants of health

There was a general sense that sector coordination is not being fully optimised to enhance health, this may be due in part to the lack of awareness of how different sector initiatives can contribute to improved health. Media representatives felt the need for multi-sectoral coordination but noted the challenge in implementing this in practice. Good examples of multi-sectoral coordination were provided including during emergencies (i.e. Ebola) which brought together technical expertise/groups working on health, agriculture, security, information, etc. However there is a need to translate this into a sustainable process and make it a regular part of institutional structures which can be replicated at all levels.

While government involvement to formally coordinate multi-sector approaches was perceived as necessary, participants also stated that civil society should be integrated into these coordination mechanisms to input into and facilitate interlinkages between sectors. It was also suggested that a complementary CSO forum could be organised and formalised (mirroring the Government inter-ministerial forum) to interact with CSOs in the non-health sector to feed into each other's work to improve health overall.

Innovation

Examples of innovative practices and approaches to strengthening the health sector were communicated. A major focus was on how to better integrate traditional birth attendants (TBAs) into the formal health system. In Lagos, one 'controversial' and evolving project involves registering and training (3 months) TBAs as community birth attendants – however it was brought to the group's attention that such an intervention has not been tested for effectiveness. It was suggested however that TBAs need to be brought into the purview of regulatory bodies and also be recognised as a resource (i.e. information, awareness raising) given their relationship with pregnant women in their communities. A more recognised and agreed approach for involving TBAs was highlighted in Ondo State which the government is leading. Through financial incentives (via vouchers) TBAs are encouraged to bring women to the hospital for deliveries. A separate but complementary initiative is to provide TBAs with skills (e.g. bead making), after which they are provided with a loan to get started with a view to replace income that they would have earned performing deliveries.

The use of mobile phones (i.e. text messages) to push information out to pregnant women at different stages of pregnancy, including post-natal care was noted. Electronic health was a much discussed topic, including moving some key health services online and loading health service protocols onto tablets to support midwives and other health staff to improve diagnosis, treatment and ultimately patient care. It was recommended that electronic health medical records using tablets be institutionalised.

Adolescents

Participants collectively agreed on the enormous challenges faced by adolescents in accessing youth friendly services and being stigmatised for requesting SRH services when unmarried. Efforts have been implemented to train health care providers, renovate health facilities and use youth volunteers to better serve adolescents, all of which has made some headway but needs to be expanded alongside improved access to ‘family planning’ commodities. Guaranteed confidentiality to speak openly about SRH in health facilities was noted by a few media participants.

CSO representatives also noted restrictive policies on abortion which can lead to clandestine and unsafe services. Views were also expressed to provide adolescents with more and accurate information which could delay initiation of or enable protection if engaging in sexual activities. Adolescents who cannot abstain from sex have a right to and should access information, services and commodities to protect against STIs and pregnancy.

A few participants indicated the role of the formal sector in reaching both males and females adolescents to discuss not just SRH but broader issues (i.e. life education) with a suggestion made to institutionalise this process. It was however pointed out that both informal and formal ways of reaching youth need to be considered, particularly for ensuring **‘hidden populations are brought to the fore’** such as those living in rural areas or out-of-school youth. Some media representatives suggested using opinion formers and change agents already in the community to promote SRH information which would help expand reach to marginalised groups. A media representative reiterated the need for adolescents to access the right information and for society to better understand youth so their needs can be adequately addressed.

Finally there was a need to ensure social support services for families when faced with an adolescent pregnancy. One CSO representative highlighted a parent-child communication manual used to stimulate dialogue on SRH within families which could be scaled up.

Human rights

Participants acknowledged that most people do not know that health is their fundamental human right. By extension therefore, citizens are not in a position to hold governments accountable for realising health rights. Recommendations were made to implement or scale up the Patient Charter of Rights or Bill of Rights and to widely transmit this information to the public. Operationalising both respectful maternity care and universal rights was deemed important. It was acknowledged that global commitments made need to be connected to efforts at the country level to effect real change. The use of existing policies (i.e. in Nigeria the National Health Act) for harmonising and operationalising rights can be a useful entry point. Human rights can also be reinforced through professional bodies. There was also a suggestion to establish alliances between health care professional bodies and human rights commissions’ in-country.

There was a clear need to ensure strong mechanisms are in place to channel patient complaints. An example from Nigeria was provided which has created a platform for women to talk about their experiences or complain when rights are being violated through a working group bringing women and health workers together to exchange ideas. The working group also addresses issues of respect for maternal care with a direct aim of quality of care improvement. Another example was work with Facility Health Committees, comprising community members who have regular interaction with health care providers as an entry point for which rights can be enforced. Tapping into existing accountability mechanisms (i.e. AMHiN and MNCH State Led Accountability Mechanisms) are other avenues through which human rights instruments can be implemented.

Humanitarian setting

Discussions centred on internally displaced persons (IDPs) in terms of integrating people into families and how they can re-establish their livelihoods. It was recognised that health is often a gap in addressing the needs of IDPs. A comment was made to leverage on national IDP policies to guide efforts and build on this as a model for a coordinated global response.

Emergencies such as Ebola which resulted in a coordinated and multi-sectoral response are models to build on for other emergencies. A CSO representative used the example of the coordinated response built on government and civil society leadership to the Chibok kidnapping of school girls as a launch pad for setting up more permanent structures housed within government agencies.

CONCLUSION

On behalf of AMHiN, we are privileged to submit our collective feedback to inform the update to the Global Strategy. We commit and hope to attain the vision set out in the global strategy to end all preventable maternal, newborn, child and adolescent deaths by 2030.

ANNEX 1: List of Participants

Name	Organisation	Designation	email
Dr. Tunde Segun	E4A Mamaye	Country Director	b.segun@evidence4action.net
Judd-leonardOkarfor	Daily Trust	Reporter	juddloenard@yahoo.com
Cece Fadope	Mamaye	Campaign Lead	cecefadope@yahoo.com
Sara Bandali	E4A Mamaye	Technical lead	s.bandali@options.uk
Morooph Babaranti	E4A Mamaye	Communication Specialist	M.babaranti@evidence4action
Remi	PSN	Director	radiseun@gmail.com
Mobola Osinowo	E4-mamaye	Intern	oomobolade@yahoo.com
Ndidi Chukwu	Health reporter	Reporter	Nd4joy6@yahoo.com
Okputu Joseph	CISLAC	Asst Health	okputujoseph@gmail.com
Victor Okeke	leadership	Reporter	Victorokeke99@gmail.com
Edwin Akpotor	PSN-PACTAH	Program officer	edwinakpotor@gmail.com
Prudence Eboagwuijah	Love 104.5 FM	Reporter	pirexify@yahoo.com
Chiuezieomeje	Aso Radio	Reporter	Greatechikezie@yahoo.com
Oziohu Sanni	HERFON	Program Officer	Ozisando502@yahoo.com
Ladipatric	Telegrahy	Reporter	prelapatrionin@yahoo.com
Muhammad Khalilu	PATHS2	Service Delivery	muhammadjnr@gmail.com
Felix obi	HERFON	DPM, policy &Res	Halal3k@yahoo.com
Modupe Aduloju	Radio Nigeria	Correspondent	modupe@yahoo.com
Regina otolapa	Vat mirro	reporter	Macszion10@yahoo.com
Doris Ibrahim	CHR	Reporter	dorininsenceibrahim@gmail.com
Tonte Ibraye	WRA	National coordinator	tonteibraye@msn.com

ANNEX 2: Blog from E4A-MamaYe Nigeria

Speaking out on the health-related Post 2015 agenda

(www.mamaye.org.ng) by Morooph Babaranti



Post 2015 development agenda is the ongoing global discussion around the health and wellbeing of women and children. As the wrapping up of the Millennium Development Goals is giving way to the Sustainable Development Goals agenda, stronger focus is beaming on strategies to improve health outcomes targeting Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).

This is the basis for a consultation for the Global Strategy for Women's, Children's and Adolescent's Health, to ensure that the Sustainable Development Goals are a reflection of the views and voices of global stakeholders.

Nigeria has lent a voice to this process through contributions of ideas and opinions by civil society and non-governmental organisations, and the media, at a forum conducted by the Accountability Mechanism for Maternal, Newborn and Child Health in Nigeria (AMHiN), an umbrella body of organisations working to ensure accountability in maternal and newborn health. The discussion was facilitated by Dr. Sara Bandali, MamaYe Nigeria's technical support lead.

The forum built discussions and suggestions around 9 critical areas that are expected to shape the sustainable development agenda strategy for RMNCAH. The 9 areas are:

- National Leadership
- Health systems strengthening and universal health coverage
- Adolescents

- Social and economic determinants of health
- Innovation
- Human rights
- Humanitarian setting
- Financing
- Monitoring and accountability

Overall, the forum agreed that the recent attainment of a National Health Act in Nigeria has strongly shaped the advocacy landscape, which is an indication of major achievements that Nigeria can accomplish in the RMNCAH sustainable development goals agenda. As such, Nigeria stands on a very important platform to make input to the global strategy on the health of women and children.

When the report of the outcome of the forum is presented to the World Health Organisation, Nigeria would have contributed to the global strategy that will cater to the needs of the health and wellbeing of women, children and adolescents.

ANNEX 3: Sample of Storified Tweets

Storify by MamaYe Nigeria a day ago

Adding Our Voice to the Global Strategy for Women's, Children's and Adolescents' Health

Nigeria's accountability mechanism's consultative forum to support the achievement of outcomes under the health-related Sustainable Development Goals

MamaYe Nigeria
@MamaYeNigeria

Group on accountability for #MNCH in Nigeria, AMHiN, today, contributes ideas to Post 2015 sustainable development goals #EWECProgress

10:33 AM - 16 Mar 2015

1 RETWEET 1 FAVORITE

MamaYe Nigeria
@MamaYeNigeria

National coalition on health in Nigeria has become a strong tool to actualise health act to develop RMNCH #EWECProgress

10:37 AM - 16 Mar 2015

2 RETWEETS 1 FAVORITE

MamaYe Nigeria
@MamaYeNigeria