

## PMNCH Special Session at the International Conference on Urban Health

### Consultation on the updated Global Strategy for Women's, Children's and Adolescents' Health and the Post-2015 Agenda

Wednesday, May 27<sup>th</sup>, 2015 3:30-5:00pm  
Bangabandhu International Conference Center (BICC), Venue Media Bazar  
Dhaka, Bangladesh

The 12<sup>th</sup> International Conference on Urban Health was held from 24<sup>th</sup> to 27<sup>th</sup> May 2015 in Dhaka, Bangladesh. This was the first time the conference was held in South Asia. The conference highlights urban health as a critical dimension of the Post-2015 development Agenda.

A consultation on the Global Strategy was held as one of the special sessions on the last day of the conference. It attracted more than 50 health professionals, experts and academics, from Bangladesh to Nigeria, Senegal, India, Sweden and USA.



In her keynote speech, Dr. Kaosar Afsana, Director, Health, Nutrition and Population Programme, BRAC provided an overview of the updated Global Strategy and its linkage with the Sustainable Development Goals (SDGs). She emphasized that global to local connectivity is very important. “Without country leadership, without country commitment, I don't think we will achieve this. In this country, we need to have a multi-stakeholder platform. Regional and economic alliances should participate in Every Women Every Child movement led by UN Secretary General Ban Ki-Moon.”

The next speaker, Dr. Bushra Alam, Senior Health Specialist, Health Nutrition Population Global Practice, The World Bank Group talked about the Global Financing Facility (GFF) and its links to financing women's, children's and adolescents' health. She explained that the GFF will support countries to harness the strength of the financing resources of partners including countries, UN, private sectors, etc. The GFF will make sure that the focus on RMNCAH does not go down when financing of ODA decreases, as countries go from low-income to low-middle or middle-income countries.

Prof. Lynn Freedman, Director, Averting Maternal Death and Disability Program (AMDD), Professor of Population and Family Health, Columbia University Mailman School of Public Health, appreciated that the Global Strategy consultation process has been open to all kinds of people. In her talk, she explained that while the Strategy should be commended for its inclusion of such themes as human rights and equity and its overarching 3 Goals – Survive, Thrive and Transform, she pointed out that there are 3 major points that are still missing in the Zero Draft:

1. The Strategy misses the increasing implications of urbanization. Urbanization is not just demographic shift, but a major social change process for people. The Strategy misses the opportunity to address the urban poor who are a potential power engine for development.
2. The Strategy fails to address actual problem of implementation of maternal, newborn, child health at the frontline of health system. We have to focus on the frontline challenge of the health system and ask ourselves why it is not working.
3. The Strategy has to call for a people-centered movement. "It should be more strongly calling for a strengthening of civil society as part of what needs to be transformed, and what real people-centered movement means." "The Strategy needs to work hard to create channels through civil society to truly lead the way to transformation. Nowhere will this be more true than in urban health"

Dr. Sayed Rubayet, Director, Saving Newborn Lives Program, Save the Children Bangladesh focused on accountability mechanisms of the Global Strategy. He talked about the power of data to ensure accountability, and the importance of country-led accountability initiatives and strategies. He also insisted that a focus on the most underserved populations and that accountability mechanisms should ensure their rights and survival.

In the Q & A session, questions and comments were addressed about CSO involvement in the GFF framework, the necessity of good governance and democracy to implement the Global Strategy, the necessity of differential goal settings, and difficulty of the allocation of the money to community level due to the lack of political will.

Due to time limitations, unfortunately the participants did not have enough time to discuss urban health issues that should be addressed within the Global Strategy. Instead, over 20 people filled out the comment sheet to feed their voices into the Strategy. These comments were collected and are assembled below

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#### General Comments

- Urban Health should be the part of SDGs
- 'Urban Health' should be included in the up-coming Strategy.
- 'Urban Health' should be viewed as a part of total development.

- In a few years time, majority of the population in developing countries will be living in urban health. Strategies will not work in rapidly growing urban settings. It is crucial to explicitly mention and incorporate strategies for urban areas (settlements) in the Global Strategy. Otherwise, it will be a missed opportunity.
- Include recommendations of the citizens hearings in Bangladesh, organized by the White Ribbon Alliance, Commission on Information and Accountability for Maternal and Newborn Health and World Vision.
- The comprehensive RMNCAH program is the need of the hour.
- Strategies should be focused on difficult issues like urban health and reproductive health.
- Population dynamics should be a cross-cutting issue in all development goals.
- Strategy has to take differential planning, goal settings, targeting and financing even in the same country

#### Country Leadership

- Urban autonomy can take the responsibility of their health
- How about considering 'Urban Health Authority' to take care of urban health?
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#### Strengthening Health Systems

- Capacity Building
  - Community participation in decision making from local to central area in all urban sites (people's health to be put on people's hands) has to be ensured.
- Target Groups
  - Interventions should be based on number of targeted population and also different sub-groups at-risk among them such as urban slum dwellers.
  - Adolescents should be targeted in the program so that they can feel empowered.
  - Government of Bangladesh and NGOs, Family member have to create friendly environment with adolescent for their health.
  - Need to address the urban poor and poorest of the poor.
- Inequities
  - Though equity is an underlying principle, 'differential planning/financing/target setting' is an important strategy and can be a guiding action.
  - We also have to focus on African countries in order to prevent problems occurring in many big cities.

#### Partner Across Sectors

- Urban Health should focus on multiple partnerships (public-private partnership) with good coordination, involving all related Government Ministries/development for successful health care services in urban area.
- The intervention should be the long term with scope for inter-sectorial interventions like WASH, Nutrition, Skills, etc.
- Strengthening the work safety and regulation is essential to improve women's health in garment factories. Most of workers are uneducated about their bodies and it causes many health concerns including reproductive health. Day care center is not available, so that mothers have to be living apart with babies and little children. Their living conditions also need to be improved. Strategy needs to address the strong linkage between working conditions and maternal and adolescents health.
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## Accelerate Progress

- Research
  - Mapping of urban slum is a priority issue in the SDGs
  - Health related data: What data could we depend on? How can we make qualitative data stronger?
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- Innovation
  - Financial inclusivity for slum population is very important. Schemes like vouchers work efficiently in such settings. HLPPT has successfully implemented voucher systems.

## Accountability

- An international brainstorming group could work on capturing the vision on the phenomenon of urbanization with the leaders of various sectors (finance, health, education, philanthropy, etc.).
- Strategy should integrate country context because the problem is not the same
- More participation in country level is recommended.

## Role to Play

- Human Resources
  - To increase the number field workers, to increase their capacity development and increase the pay for their increased performance.
- Financing
  - Sustainability of existing health financing is very important ... as per the NGO's part is concerned who mainly depends on external resources only.
  - It's needed to control properly by the Government of Bangladesh and every sector. Accountability and transparency should be maintained.
  - \$10 million for a country from GFF may not attract the governments to use IDA channel.
  - Need to enhance fund for LDCs.
- Implementation
  - Implementation plan of the Strategy is crucial

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The International Conference on Urban Health adopted "Dhaka Statement on Urban Health in Sustainable Development." In the Statement, the Global Strategy was mentioned as follows.

**"The Conference Welcomes:** The updated Global Strategy for Women's, Children's and Adolescents' Health (WHO Partnership for Maternal, Newborn and Child Health) which will support achievement of the women's, children's and adolescents' health related Sustainable Development Goals (SDGs) and which prioritizes gender equality the needs of marginalized and disadvantaged communities, including those living in urban and peri-urban settings, as key to achieving equitable progress in improving health outcomes."