

WOMEN DELIVER 2013



**Report on the
Third Global Conference
May 28-30, 2013
Kuala Lumpur, Malaysia**



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A Note from Jill Sheffield

Women Deliver 2013 is the sum of so many things—the program, the media coverage, the exhibit halls, the World Bank paper, and the fabulous banners that were displayed in the halls of the Kuala Lumpur Convention Centre. Don't forget the cartoons from across the world, the side events that added such texture to the conference or the Prime Minister of Malaysia announcing in front of thousands that family planning is a human right.

Hundreds of partners worked with us to make the conference meaningful and timely. What we have learned from our evaluation is that for so many attendees, Women Deliver 2013 was a transformative event.

VOICES OF ATTENDEES:

"I am going away with the conviction that this conference will have a much (much, much) larger global impact on national and international policies, funding and ground realities than any of our nitpicking and publicly yawn-inducing academic conferences."

"It was a wonderful experience that will make a difference in my life and will inspire me to contribute to improving the lives of women and girls and of society as a whole."

As we started planning this conference, we made a goal to have one in five of our attendees be young people, and we surpassed that target—24% were under 30 years of age! And, the reach of the conference goes way beyond the three days. More than 50,000 people have watched sessions on our and partners' websites. Journalists returned home more knowledgeable why issues affecting girls and women belong on the business and front pages. PBS aired a documentary on the conference in late July and eventually the documentary will reach 1.5 million viewers. Seed grants for advocacy projects were given to young people, and our social enterprise winners will test their new ideas and report back to us within the year.

The conference reminded us that there is no silver bullet that is going to solve the problems facing girls and women. It will take many efforts, ideas, research, and trial and error to achieve our goals. Women Deliver 2013 provided a platform to showcase ideas and findings, to learn from our successes and failures, to make and strengthen partnerships, and to be re-inspired and re-invigorated in our work.

As we look to 2015 and beyond, we know that there is much left to do. Over the next three years, there will be progress, new goals, new reports, and more people joining us in our efforts. We welcome your thoughts on how to make Women Deliver 2016 even better.

Jill



General Overview

ATTENDANCE

4,524

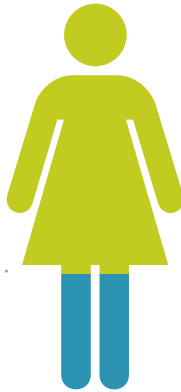


{2200 organizations represented}

GENDER

70%
FEMALE

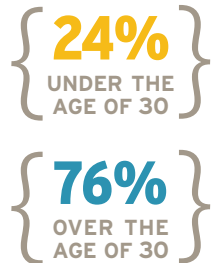
30%
MALE



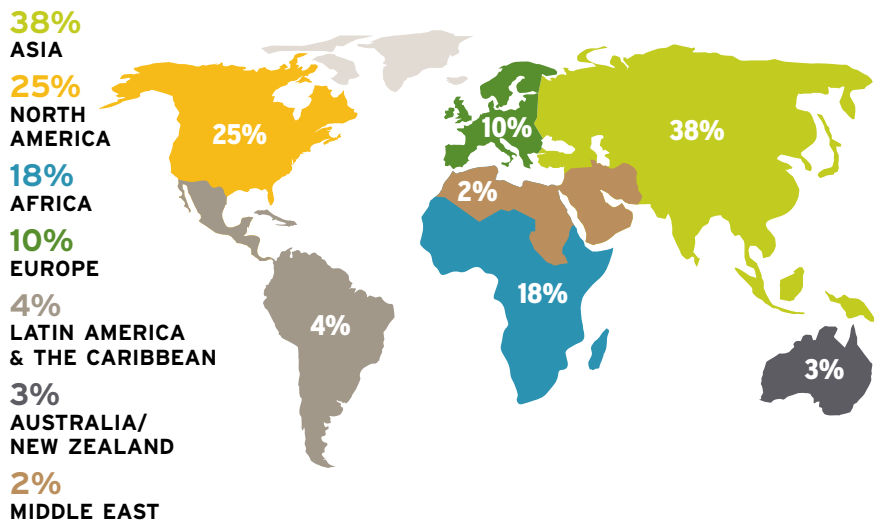
AGE

1/4

of attendees were under the age of 30



ATTENDEES BY REGION



LARGER AND LARGER IMPACT

Three Women Deliver Conferences

CONFERENCE YEAR	ATTENDEES	COUNTRIES REPRESENTED	TRAVEL SUPPORTED	ORIGINAL ARTICLES	WEBCAST UNIQUE VISITORS	EXHIBITORS
2013	4,524	149	1,058	1,100 +	50,503	119
2010	3,400	146	850	295	15,000	57
2007	1,898	117	200	126	N/A	N/A

Conference Highlights

ATTENDEES: Women Deliver brought together 4,524 conference participants from 149 countries. Women Deliver reached an additional 50,503 unique viewers via webcast.

HEALTH AND FINANCE MINISTERS from 13 countries met during the conference with Development Cooperation Ministers, Development Bank representatives, and UN agency heads to map out a strategy to achieve the goals of FP2020.

60 PARLIAMENTARIANS from across the globe convened at the conference to discuss how to advance reproductive and maternal health.

GLOBAL MEDIA: Overall, 443 reporters covered Women Deliver 2013, publishing 1,100+ stories online and in the print and electronic media.

CONFERENCE SUPPORT: 1,058 attendees received partial or full scholarships to attend.; this represented 42% of the conference budget.

YOUTH: A Youth Pre-Conference of 100 youth leaders focused on how to use social marketing tools to advocate for reproductive and maternal health. Youth participated on panels in the concurrent sessions and plenaries. 24% of conference participants were under the age of 30.

THE PROGRAM included 800 presentations/conversations in 6 plenary sessions, 6 Presidential sessions, and 120 concurrent sessions.

RESEARCH: The World Bank produced the background paper, making a case for investing in reproductive health.

PRIVATE SECTOR: Corporations presented on how they are aligning corporate strategies and business innovations geared toward girls and women. 69 corporations participated in Women Deliver.

SUPPORTERS: In total 59 agencies, countries, NGOs, and corporations supported the conference.

PUBLICATIONS *The Lancet* devoted an entire themed issue to Women Deliver; *Dreams* gathered the wishes of young people for a better world; the Women Deliver cartoon book featured cartoons on girls' and women's issues, globally.

SIDE EVENTS: Nearly 100 side events added to the conference's goal of providing the latest and greatest information on what is happening in the girls' and women's sectors.

EXHIBIT HALL: 4 exhibit halls teemed with people, new technologies, and information.

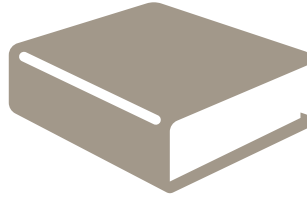
We are grateful to the Kuala Lumpur Conference Center for the beautiful setting with floor to ceiling windows overlooking a park, the ever-efficient and gracious staff, the plenary hall, and the wonderful, wonderful food. 51 chefs prepared hot meals and boxed lunches, as well as an amazing array of Malaysian cuisine. The Centre served up more than 18,400 satay sticks, 14,060 dim sum and kuih-muih (local delicacies), 18,792 cookies, 51,756 bread rolls and pastries, and 11,292 kg of seasonal local fruits. And the final beverage count was an astounding 15,200 bottles of water, 10,560 cups of juice, 9,680 cups of coffee and 7,600 cups of tea!

➤ New to Women Deliver

COUNTRY MEETINGS



FAITH CONSULTATION



MEDIA FORUM



MOBILE PHONE APP



Allowed attendees to consult the conference schedule and room location, read speaker bios, and send messages

TO THE POINT



A series of thought-provoking, passionate talks on the conference themes in the Plenary Hall

TECHNIQUES & TECHNOLOGY



SOCIAL ENTERPRISE COMPETITION



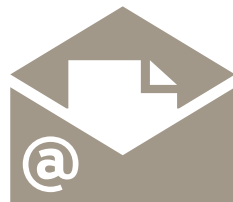
CONGRESSIONAL STUDY TOUR



YOUTH ZONE



WD LIVE



CAREER FAIR



Based on 2013 WD Online Survey: 40.3% Return on Survey

➤ And the Conference Lives on

MINISTERS' FORUM released a call to action.

WOMEN DELIVER C-EXCHANGE launched a youth project to build on-the-ground capacity for advocacy and communications. Seed grants will be awarded for on the ground campaigns.

IT TAKES TWO launched its campaign to promote family planning as saving lives. Country-level project proof of concept begins in fall 2013 in Uganda.

COUNTRY CAUCUSES convened civil society and government officials to commit to action.

SOCIAL ENTERPRISE CONTEST awarded three organizations \$5000 each to implement their enterprises.

PBS SPECIAL ON WOMEN DELIVER, filmed on site, will reach 1.5 million people (www.pbs.org/to-the-country/watch/1170).

WOMEN DELIVER 100 YOUNG LEADERS continued to work with Women Deliver to advocate for SRHR and maternal health.

WORLD BANK gave presentations on its papers for investing in reproductive health in several venues.

MEDIA COVERAGE continued post-conference, including many stories from the media scholarship attendees.

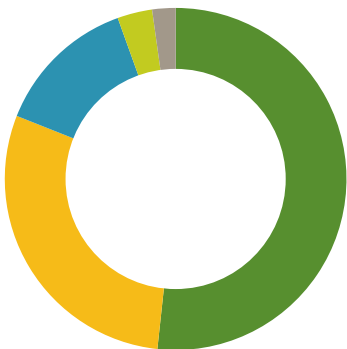
WEBCASTS OF PLENARY SESSIONS AND PRESS CONFERENCES were downloaded by more than 50,000 individuals. In 2016, Women Deliver will increase the number of sessions webcasted.

Attendee Evaluation

TOP RATED ASPECTS OF WD 2013

- #1 **90%** Organization of Conference
- #2 **82%** Exhibition
- #3 **73%** Plenaries
- #4 **72%** Materials

SURVEY RESPONDENTS



- 52%** NOT FOR PROFIT
- 29%** PUBLIC SECTOR
- 14%** ACADEMIC
- 3%** PRIVATE SECTOR
- 2%** MEDIA

WHAT WILL YOU DO AFTER WD 2013?

- 92%** Share information
- 82%** Follow up with a contact
- 71%** Seek more information
- 48%** Join a partnership

79%

Gave a high likelihood of attending another WD conference

63%

Said WD conferences have had a high impact on global awareness of maternal mortality

HOW DID YOUR ORGANIZATION BENEFIT FROM WD CONFERENCES?



Based on 2013 WD Online Survey: 40.3% Return on Survey

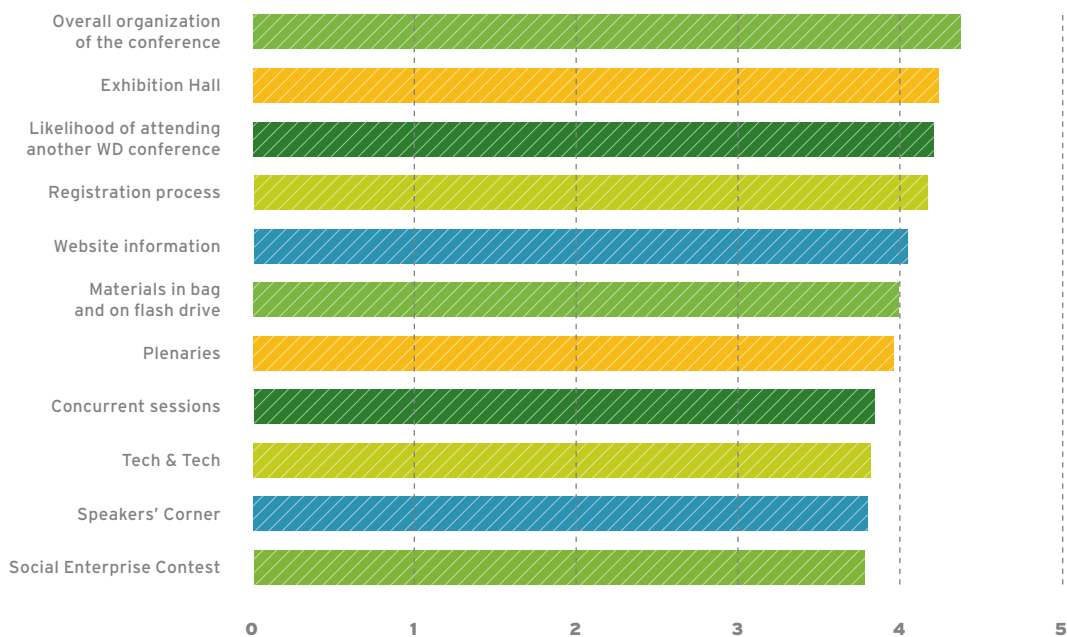
Attendee Evaluation

HIGH MARKS AND HIGH RESPONSE RATE

42% responded to our online survey. There was high praise for the conference. The most common complaints were that there was too much to do, too many choices, and not enough time.

HOW WOULD YOU RATE THE FOLLOWING

Range from 5-1, High to Low



VOICES OF ATTENDEES

"Women Deliver has managed to increase the global awareness of the rights of women and maternal health. It has also managed to instigate many, including myself, to work harder for the decrease of maternal and infant mortality rates."

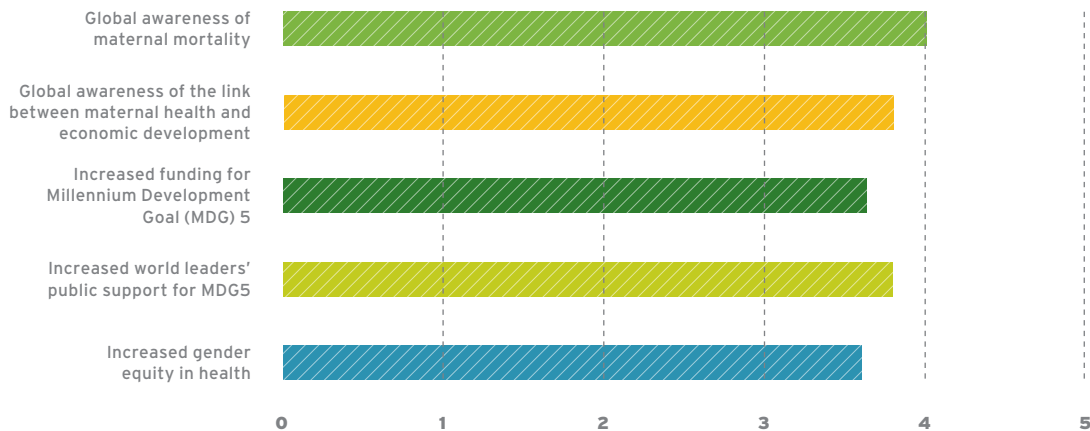
"Honestly, I enjoyed the experience but must confess that I also feel strongly challenged and heavily indebted. I really have to work like crazy and I promise, I will. To borrow Jill's message, we journalists must take the battle out of the conference--to our communities--and come up with compelling pieces that can bring the much-needed change. I will not let you down, I'll be forwarding you links to my pieces. Thanks for everything and I look forward to being your trusted lieutenant in Tanzania and East Africa."

Attendee Evaluation

IMPACT

SINCE THE FIRST WOMEN DELIVER CONFERENCE IN 2007, TO WHAT EXTENT HAS WOMEN DELIVER HAD AN IMPACT ON THE FOLLOWING

Range from 5-1, High to Low



VOICES OF ATTENDEES

"In 2010 there were only 2 of us from Papua New Guinea but this time, there were about 10 of us attending, which means the Women Deliver Conference's message has impacted and extended much further since 2010 to my country in the Pacific where we have the highest MMR in our region."

"I have just noticed more attention paid in public health circles, among conversations between colleagues, etc. regarding maternal mortality and women's health and economic development. Beyond the typical public health circles, I think the conference has raised the profile of these issues among other stakeholders as well."

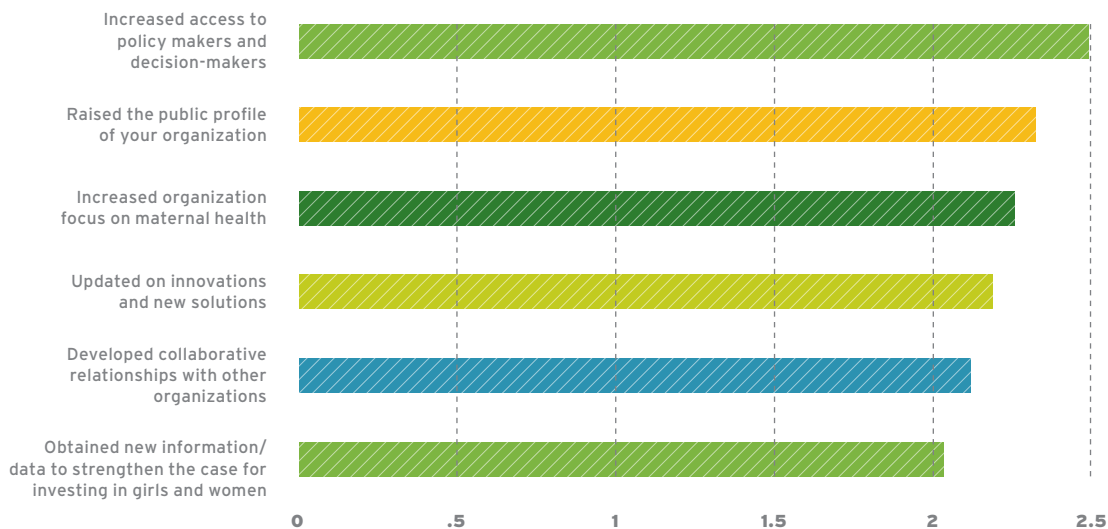
"It wasn't until the first Women Deliver Conference that MDG5 had such high visibility. There was visible increased commitment from the world's leaders, the UN and the WB after these conferences. WDC put the MDG5 on the map!!!"

Attendee Evaluation

VALUE ADDED

TO WHAT EXTENT HAS YOUR ORGANIZATION BENEFITTED FROM PARTICIPATING IN WOMEN DELIVER CONFERENCES AND ASSOCIATED EVENTS?

Range from 2.5-0, High to Low



VOICES OF ATTENDEES

"I was able to introduce a wide range of bilateral and private funding agency representatives to new concepts of monitoring and evaluation of gender equality outcomes."

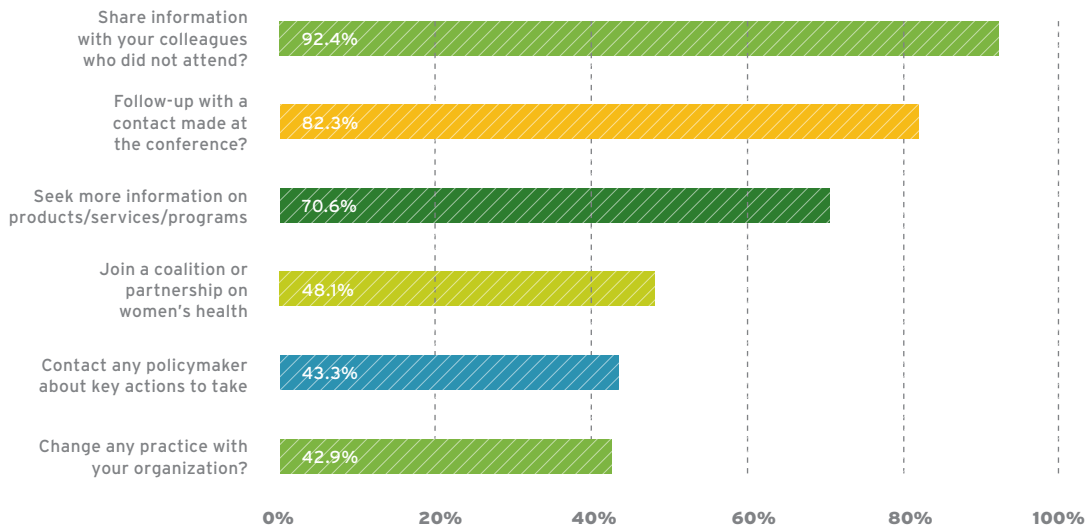
"Our organization learned a new strategy of impacting family planning by moving down to the homes of the women in the communities. We learned this during one of the panel discussions. This was not the case before because we only ended our sensitization at local village groups and public gatherings, and it was not easy to measure the impact and follow up after that. This is just one of the many skills and partnership which we gained from Kuala Lumpur 2013. Thanks again to Women Deliver."

"After discussions with various participants and representatives from organizations remotely the WD13 gave me a chance to meet these people face to face which helped to strengthen my relationship with these partners."

Attendee Evaluation

AS A RESULT OF ATTENDING WOMEN DELIVER 2013 WILL YOU

Please check all that apply



VOICES OF ATTENDEES

"The conference got me passionate about educating young children and teens about gender equality and sexual and reproductive health. I linked up with individuals from organizations that had age appropriate materials that I could use to educate these kids and after the conference, I got in touch. Some of them have sent in materials that will be of immense benefit in my programs. Also, I networked with individuals from organizations who I intend to invite to speak at programs that will educate men and women about contraceptive use, women's rights, men's roles and sexual and reproductive health."

"It was a life time experience for me. Not only did I pick up crucial points required to keep the cause moving and to prepare a strong case for motivating the incoming new government, I also availed a number of opportunities to inform other global participants. I have 24 years work experience in the government sector which deals with family planning and reproductive health. Now it is my turn to make full efforts to keep the ball rolling and ensure that family planning and reproductive health are on the budget, they are a priority and girls are on the agenda."

"It really was a life-changing experience for me personally, and I'm sure countless others. When you said you hoped/expected that everyone would leave with one idea or promise of something they will do as a result of being there, I want you to know I take that very seriously. I am very determined to have some profound successes to share with you by the next WD conference."

A Great Experience

We received hundreds of emails from attendees writing about their experience at the conference, but our favorite summation was by Alaka M. Basu, a professor in the Department of Development Sociology, Cornell University.

PERFECTLY DELIVERED

The might of the NGO world

June 26, 2013

I came to this meeting expecting a chaotic circus. But I am going away with a dropped jaw. Having lived a life of seminars, workshops and conferences at academic gatherings, I was totally unprepared for the scale and efficiency of this conference. Used as I am to a series of delays, failures of technologies, tedious detailed presentations, futilely argumentative discussions and jostling for bad food, Women Deliver has shaken me up. I had no idea that the global non-governmental organizational machinery was so savvy. And I am going away with the conviction that this conference will have a much (much, much) larger global impact on national and international policies, funding and ground realities than any of our nitpicking and publicly yawn-inducing academic conferences.

What is special about Women Deliver? Watching its progress for three days, I think the trick is in the way it has adopted and co-opted the strategies of the private sector world. Many of these strategies are those that I would typically scorn, or feel very uncomfortable and suspicious about, as I acknowledged their contribution to the coffers of this private sector world. But watching them in action here, I now wonder if more of us ought not to adopt them for other, non-monetary, gains to ourselves or to the world.

Before I list these strategies, I should mention one way in which Women Deliver is decidedly different from corporate gatherings, besides not ostensibly sharing the corporate greed for profit. The non-governmental organization sector which is driving Women Deliver is much more trendy. Even sartorially, the business suits and often pretentious mannerisms of the private sector world have been replaced here by the grace, style and striking beauty of the largely ethnic dress sense of participants from Asia, Africa and Latin America. Even the Westerners, exposed as they have been to Third World field sites, are coolly clad in clothes that I instantly recognize as originating in FabIndia or Anokhi or their equivalents in Mexico or Egypt. But I am talking about the women participants of course. The men, except for those from Africa, continue to look either frumpy or pompous.

So what are the private sector strategies that must be contributing to the success of Women Deliver? To me, among the most prominent must be the high-profile endorsements it has managed to get; Aamir Khan may like and help to sell Pepsi. But here we have had a video from Hillary Clinton, the physical presence of Chelsea Clinton, Melinda Gates, Princess Mary of Denmark, Princess Mette-Marit of Norway, the former President of Finland Tarja Halonen, well-known television anchors and journalists, several heads of United Nations agencies, several first ladies, several politicians, several senior government officials, and several writers. The conference itself was inaugurated by the prime minister of Malaysia who described the impressive progress made by his country in reducing maternal mortality and increasing access to contraception; not only that, he was also such a good (a few jokes nicely added) speaker. To soften all this high power, there are a few 'real' voices: invitees from forgotten parts of the world, like the charming Marathi speaking Sarita Wagh from rural Maharashtra, who told us about the difference made to their lives by delayed marriage or better access to family planning or delivery services.

A Great Experience

Women Deliver has also co-opted the private sector, international and bilateral donors, international and (some) national NGOs, national governments, in a big way. All the money being spent on this conference is surely going to be more than handsomely made up for by the financial commitments that all these organizations will promise to cough up to the cause of maternal and adolescent health. Indeed, this continuous networking, another word I thought I had contempt for, seems to be a crucial ingredient in the conference's success.

Then there is the super efficient Kuala Lumpur Convention Centre that is hosting the conference. You would hardly believe that there are thousands of us here: no milling crowds, never a wait of more than a couple of minutes in the lines for the excellent lunches and dinners, free, fast internet access all over the buildings. It all makes my few experiences of meetings at our own Vigyan Bhawan nostalgically laughable.

The use of technology comes next. It rivals anything even academic technology conferences can put on. Live streaming, twitter feeds (I will, some day, have to find out what a hash tag is), Facebook updates, continuous press briefings, film screenings, a speakers' corner, a youth corner. In my more conservative days (that is, until I came to this meeting) I would have thought all this was overkill, but now I am not so sure. In a world of low attention spans, I suppose we need this constant instant messaging and easy explaining. There is also plenty of fun – craft bazars, music, local food.

Easy explaining: that is another notable feature of this kind of public conference. Unlike academics, the organizers here understand the importance of simplification, key take home messages, bullet points, the disinterest in the 'ifs' and 'buts' and 'maybes' that pepper the conversations of both theoretical and empirical researchers. And so they have several catchy phrases, slogans, and 'asks': this last word, 'ask', is now a noun and not a verb in the lexicon of the international NGO world.

There are many more lessons from the private sector that the NGO world has learned. But I will end with its proficient ability to dismiss awkward opposition. Obviously one cannot have many examples of this trait, because that would mean that the opposition had been successful. The only example I have is from India, where several women's groups have been protesting against an apparent invitation sent by Women Deliver to P.J. Kurien, the deputy chairman of our Rajya Sabha and one of the initial accused in the infamous Suryanelli case. This protest never reached our shores here in Kuala Lumpur; Kurien's name never came up and I could not even confirm if he actually arrived and spoke. If he did, it must have been at one of the very few closed door meetings on which there was no information in the printed programme on either room location or participants, just the announcements of such meetings.

I will leave this meeting in awe. But also with some longing for the bumbling, messy, quarrelsome and boring meetings that my usual world consists of. Luckily, there is one of those coming up in the next few months.

In all **1,058** attendees received full (869) or partial (189) travel support to attend Women Deliver 2013. These include speakers, media, Ministers of Health and Finance, Parliamentarians, and our scholarship winners. Partial support covered registration waivers or help with some aspects of travel such as hotel accommodations or air travel. Full support covered all travel expenses, hotels, a modest per diem, registration, and visa fees, if needed. The picture below shows Girls Globe Bloggers who received partial support to attend Women Deliver 2013.

More than **7,000** people applied online to receive full support through our scholarship program. Applications were reviewed by our advisory group. Applicants filled out three questions that help to evaluate their commitment to improve the health and well-being of girls and women, to contribute meaningfully to the conference, and to transfer the skills and knowledge acquired back to their communities.

SCHOLARSHIP RECIPIENTS



Male	33%
Female	67%
Youth under 30	71%
30 and over	29%
Africa	40%
Asia	25%
Latin America	20%
Middle East and North Africa	10%
Europe	5%

VOICES OF SCHOLARSHIP RECIPIENTS

"I've seen a lot of young people from both scholarship programs being inspired to take the knowledge they learned at the plenaries and concurrent sessions to projects they are working on themselves. I got a scholarship to attend the conference, to be one of young leaders. I got more information, networking and friends. I am the most grateful attending this conference, as young leaders and my organization get access to have close discussions with government in country caucus meetings and have been involved in advocacy process to improve quality health care, family planning and universal health coverage, especially in women and young people."

"I was a scholarship awardee, and for me it was an enriching experience to hear all the senior people across the globe. We learned from them a lot. When women deliver trusted me and gave me this opportunity to attend the conference, it became my responsibility to give back this to the community that I work for, in the form of increased and better work for the community. I promise I will work hard to reduce maternal mortality and morbidity."

Reeta Roy
PRESIDENT & CEO,
MASTERCARD
FOUNDATION
CANADA

Kathy Calvin
PRESIDENT AND CEO,
UNF
USA

HRH Crown Princess Mette-Marit
NORWAY

Ghida Fakhry Khane
NEWS ANCHOR,
AL JAZEERA ENGLISH
LEBANON

Chelsea Clinton
BOARD MEMBER,
CLINTON FOUNDATION
USA

Ahmed Awadalla
AFRICA AND MIDDLE
EAST REFUGEE
ASSISTANCE
EGYPT

Dr. Mary Cardosa
FORMER PRESIDENT,
MALAYSIA MEDICAL
ASSOCIATION
MALAYSIA

Maria Consuelo Mejia
EXECUTIVE DIRECTOR,
CATHOLICS FOR THE
RIGHT TO DECIDE
MEXICO

Dame Bille Miller
FORMER DEPUTY
PRIME MINISTER
BARBADOS

Halimatou Hima
FIRST PRESIDENT
OF NIGER YOUTH
PARLIAMENT
NIGER

Gill Greer
BOARD MEMBER,
WOMANCARE GLOBAL
NEW ZEALAND

Dr. Fred Sai
"GODFATHER OF
FAMILY PLANNING"
GHANA

Babatunde Osotimehin
EXECUTIVE
DIRECTOR,
UNFPA
NIGERIA

Marcela Romero
REGIONAL
COORDINATOR,
REDLACTRANS
ARGENTINA

THE NUMBERS

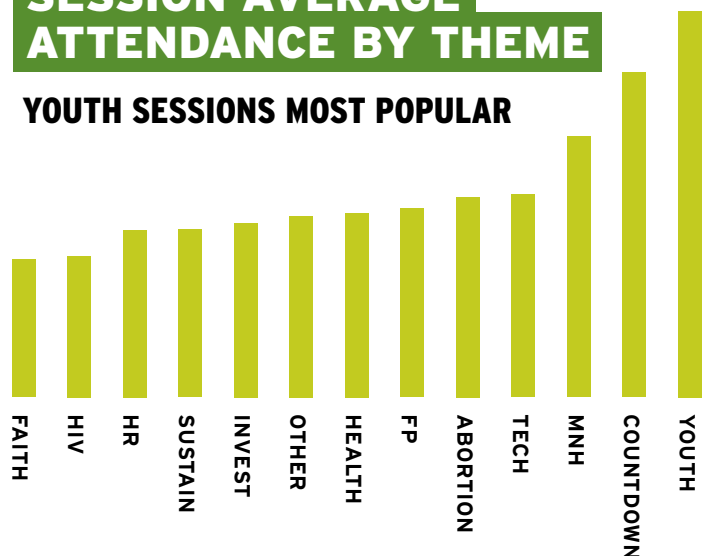
MORE THAN
800
speeches and
presentations

6
high-level
plenaries

120 BREAKOUT
SESSIONS

SESSION AVERAGE ATTENDANCE BY THEME

YOUTH SESSIONS MOST POPULAR



HIGH-LEVEL SESSIONS

The Prime Minister of Malaysia; Melinda Gates; Tarja Halonen, former President of Finland; the Crown Princess of Denmark; the Crown Princess of Norway; and Chelsea Clinton were just a few of the dozens of speakers in the plenary hall and plenary lunches. (See Appendix 1 for a full list.) Plenary sessions were a combination of conversations and presentations designed to impart information and offer insights from top leaders on key challenges, successes, and failures. The plenaries followed the three themes of the conference—invest in women, it pays; meeting the unmet need for family planning; and the post 2015 development framework. In 2013, Women Deliver inaugurated a new format—To the Point—high-level sessions that featured a series of short presentations. All plenary sessions are available on webcast. www.womendeliver.org

CONCURRENT SESSIONS

Women Deliver 2013 offered 120 concurrent sessions across 12 themes. New themes were added this year, included sustainability and social media. (See Appendix 2 for a recap of each session by theme.) Dozens of partner organizations organized the sessions within each theme, drawing on their expertise and knowledge.

In aggregate, the most popular theme was youth, with each session consistently attracting large audiences. Of all sessions, the top ten most attended sessions by attendance were as follows:

TITLE	ATTENDANCE
Mother's Health, Newborn's Health: Investing with a Double Benefit	164
What is the Latest Evidence in Maternal Health and Where is it Leading Us?	150
Youth-Friendly Service Delivery Models	150
What's New for Newborn?	148
Getting What is Needed: Increasing Access to MN Care Services	140
Challenges in FP—How to Meet? Bayer as a Reliable Partner	133
Sexuality Education	130
Let Girls be Girls, Not Brides: Working Together to End Child Marriage	126
Maternal Death Surveillance and Reviews	123

100 YOUNG LEADERS FROM 67 DIFFERENT COUNTRIES

Regional Breakdown

7%	EASTERN EUROPE
25%	LATIN AMERICA & THE CARIBBEAN
15%	MIDDLE EAST NORTH AFRICA
37%	SUB-SAHARAN AFRICA
15%	ASIA

24% 

of **Conference Attendees** were under 30, including **400** who received **travel support**



62 Young Leaders were paired with **62 Mentors** in our Professional and Peer Allies Program



Youth Zone:

Great networking hub for young people!

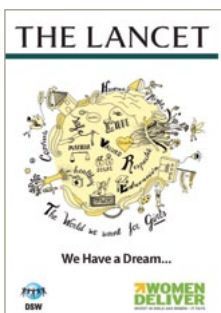
6 CONCURRENT SESSION IN THE YOUTH TRACK

YOUTH SESSIONS WERE THE MOST POPULAR OF ALL THE CONCURRENT SESSIONS!

Young Leaders had over

40 

speaking opportunities throughout the conference, including the Ministers' Forum, High-level Plenaries and Official Press Conferences.



Lancet **Special Youth-Themed edition** "We Have A Dream..." featured **73** dreams from **36** different countries

100 YOUNG LEADERS PROGRAM

Among scholarship recipients, Women Deliver selected 100 outstanding young people to participate in the Young Leaders Program. The Young Leaders were offered speaking opportunities throughout the three days of the conference, which ranged from panel presentations on concurrent sessions to the high-level plenary on youth. Young Leaders participated in such events as the Ministers' Forum, the Parliamentarians' Forum, country caucuses and regional meetings.

The Young Leaders also had the opportunity to:

- Participate in an e-course on advocacy for maternal and sexual and reproductive health prior to the conference.
- Attend a one-day pre-conference workshop focused on advocacy around maternal health and Sexual and Reproductive Health and Rights (SRHR) with a specific highlight on communication and new technologies, sponsored by Johnson & Johnson and Global Fund for Women.
- Connect with a “Professional Ally” who could serve as a mentor before and during the 3-day conference.
- Maintain a network with their fellow 100 Young Leaders and increase advocacy around maternal health and SRHR in their projects, plans, and daily life at home.
- Engage in networking and advocacy online through the Women Deliver website.
- Serve as a source of information to other attendees seeking the youth perspective by staffing a “Youth Desk” at the conference.



E-COURSE

In an online survey, the vast majority of 100 Young Leaders—85.7%—fully completed the E-Course. Of those who weren't able to, 75% cited their professional workload as the reason why. Following participation in the E-Course, participants reported feeling extremely comfortable with the topics of maternal and SRHR, gender equality and comprehensive sexuality education. When asked if the e-course provided resources to scale up advocacy, 79% responded that advocacy was a part of their work prior to the course, and the course helped to scale up their advocacy.

YOUTH PRE-CONFERENCE

The 100 young leaders participated in an all-day pre-conference. A highlight was meeting with leaders in a SRH and maternal health roundtable discussion. Participants cited these discussions as their favorite session of the youth pre-conference, because they allowed for direct, personal engagements.

PROFESSIONAL AND PEER ALLIES PROGRAM

69% of 100 Young Leaders participated in the professional and peer allies program. The majority met with their allies four or more times, mostly over email and/or in person at Women Deliver 2013.

Conference Publications

1. Background paper: *Closing the deadly gap between what we know and what we do: Investing in women's reproductive health* by Karen A. Grepin, Assistant Professor of Global Health Policy, New York University and Jeni Klugman, Director of Gender and Development, The World Bank

The World Bank paper framed the conference discussion. The paper presents country-level data to make the case that reproductive health investments yield not only substantial health benefits, but economic benefits. Data show that improved reproductive health can increase female labor supply, productivity, and household income. But there is much left to be done to improve reproductive health. A current lack of investments in reproductive health is a major missed opportunity for development.

2. *Dreams: We Have a Dream* was joint project between DSW, Women Deliver, and *The Lancet* to offer a platform to young people living in some of the world's poorest countries to express their dreams for their own future and the future of their countries. The Lancet published *Dreams*, which was included in the conference bag.
3. *Women Deliver: The World Receives* was a compilation of cartoons from across the globe, curated by Liza Donnelly, cartoonist for *The New Yorker*.



Traditional Media

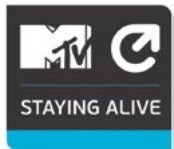
443

JOURNALISTS & BLOGGERS FROM

61

COUNTRIES

GLOBAL MEDIA PARTNERSHIPS



THE LANCET

the guardian
globaldevelopment

HIGH-LEVEL MEDIA FORUM

{ For **editors, journalists** and **communicators** from around the world }

GLOBAL COVERAGE

MORE THAN

1,100

ARTICLES WORLDWIDE

Articles and broadcast pieces in more than **60 countries** as well as global and regional outlets



Forbes

DAILY NATION

DOCUMENTARY



PBS

aired in **91% of US markets** and in **75 countries;** global audience of **1.5 million people**

15



PRESS CONFERENCES

THE LANCET

Special edition of *The Lancet*

"As the global community continues this crucially important work at Women Deliver and beyond, we encourage all parties to assess the state of women's health in their home countries, with a special focus on disadvantaged populations."

Traditional Media

TRADITIONAL MEDIA COVERAGE

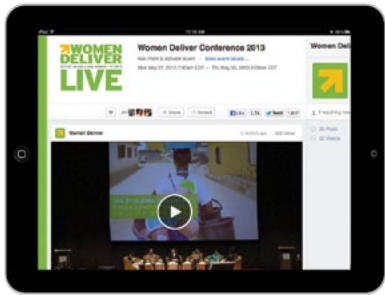
Coverage leading to, during, and after the conference was outstanding, with more than 1,100 stories, a total of 327 articles published worldwide during the week of the conference and 443 journalists on site. Women Deliver 2013 received coverage in top-tier media outlets, including *CNN*, the *Associated Press*, *Daily Beast*, *The Lancet*, *British Medical Journal*, *Times of India*, *Jakarta Post*, *Nation* (Thailand) and *Daily Nation* (Kenya). Partner and allied organizations produced more than 60 original articles about the conference on their websites or blogs.

All accredited print and broadcast journalists received complimentary on-site and virtual registration for Women Deliver 2013. Women Deliver provided approximately 50 media scholarships to ensure global representation. Attending journalists had access to a variety of media activities, conference sessions and the opportunity to meet and interview global health leaders. Coverage increased 50% from in 2010. PBS filmed a video around the conference, which aired in July 2013. The half-hour film will eventually reach an estimated audience of 1.5 million. (See Appendix 3 for a list of media coverage.)



➤ Social Media/ Networking

WEBCAST



50,503

UNIQUE VISITORS
TO THE WEBCAST

125

WEBCAST PARTNERS
TWEETED ABOUT
THE LIVE COVERAGE

40

PARTNERS FEATURED
WEBCAST ON THEIR
WEBSITES

2,969

People
downloaded
the **mobile
app**



19,401

Unique visitors
to **Women Deliver
websites**
(May 26 - June 1)



TWITTER

57,400

**Tweets about the
conference and
issues** reached more
than **57.7 million
people** globally
(May 26 - June 1)

18,900

**people around the
world tweeted**
(May 26 - June 1)



**Melinda
Gates**

@melindagates
30 May

Leaving Malaysia
truly inspired by
the passion and
energy being put
to work for
#womenandgirls
everywhere.
Thank you
@WomenDeliver.
#WD2013

**Women
Deliver
2013**
trended
globally
on Twitter



**DAILY DELIVERY
NEWSLETTERS
WITH CONFERENCE
RECAPS REACHED**
20,000
GLOBAL READERS

Social Media/ Networking

FACEBOOK

Women Deliver's Facebook page drew new subscribers and sparked stories from a diverse group. By the end of the conference, 11,349 individuals were Women Deliver fans. Data showed that fans were mainly between 18 -34 years of age (58%). The countries most represented were the United States, India, United Kingdom, Canada, Australia, and Brazil.

TWITTER

57,400 tweets about the conference and issues reached more than 57.7 million people globally.

LIVE COVERAGE

WDLive, crowd-sourced live coverage of key conversations and presentations was powered by FHI 360 and the Women Deliver community. Essential information was captured and shared through social media into an easy-to-read blog format. Unique visitors totaled 2,225 with most of the visitors from the United States, showing a clear interest from virtual participants.

EMAILS

Daily Delivery E-mails: FHI 360 and Women Deliver released a recap of the previous day's coverage called Daily Deliver consisting of curated social media coverage, top videos, reports, blogs and breaking announcements. The e-mails were sent out to all preconference registrants, Women Deliver's e-newsletter subscribers, and FHI 360 subscribers – totaling 20,000 individuals.

THE WOMEN DELIVER WEBSITE

The website, www.womendeliver.org, shared articles related to the conference and its messages, partner blogs, and livestream videos of the conference plenaries and press conferences. 19,401 unique visitors came to Women Deliver websites during conference week.

MOBILE APP

2,969 individuals used Women Deliver's mobile app to help find out more details about speakers, exhibits and schedules.

Four exhibit halls hosted 119 exhibitors, representing 19 different countries. 61 of the 116 exhibitors submitted complete evaluations, yielding a response rate of 53%. Overall exhibitors were pleased with the exhibition space and made suggestions for improvement in 2016 to include better internet connections and shorter hours. Traffic increased on days two and three as conference attendees discovered the free flowing coffee and tea and hot lunches in the area. (See Appendix 4 for a list of exhibitors.)



Dutch Exhibition Booth at Women Deliver 2013

➤ A Gathering of the Girls' and Women's Sectors

92

PARTNER EVENTS



CERVICAL
CANCER
SYMPOSIUM



SOCIAL
ENTERPRISE
CHALLENGE



COUNTRY
CAUCUSES

FAITH
FORUM



4

REGIONAL
MEETINGS



PARLIAMENTARIANS'
FORUM



MEDIA
FORUM

YOUTH
PRE-CONFERENCE



MINISTERS'
FORUM



CAREER FAIR

Both job seekers and job makers often have a hard time connecting, especially in the field of international development. A new addition of Women Deliver 2013 was an all-day career fair, co-hosted by Management Sciences for Health (MSH), in the Exhibit Halls on May 29. Participating exhibitors and sponsors fielded questions from attendees on job opportunities, internships, and general requirements for holding a position in their organizations. Please see the segment below for recommendations on how to make this a meaningful experience for job seekers and potential interns.

Additional Career Fair Features

- Career Guide: MSH provided attendees with a helpful toolkit of tips on crafting resumes, cover letters, and approaching interviews.
- Job Board was available to job seekers for organizations to post open positions.
- A breakfast workshop, sponsored by MSH, was geared toward mid-level career participants. The workshop was standing room only.

CINEMA CORNER

A popular feature at Women Deliver 2010—the Cinema Corner—was expanded in 2013 and featured excerpts from 80 films. Curator Lisa Russell, is an award-winning filmmaker, who understands the power of film to highlight and document key issues affecting girls and women. In 2013, Lisa put out a call for submissions, which resulted in a diverse representation including films from NGOs, the BBC, and Thomson Reuters. (See Appendix 5 for a list of films.)

SPECIAL EVENTS

There were so many special events that made the conference rich in content and experience. Many were added to the conference because partners presented ideas on how to engage new people and drill down on topics. Women Deliver is deeply grateful for their time and resources devoted to making the event special and meaningful. They included:

CONGRESSIONAL STUDY TOUR NEW

Management Sciences for Health (MSH) organized a US Congressional staff study tour with partners CARE, Center for Health and Gender Equity (CHANGE), Pathfinder, EngenderHealth, PSI, PATH and Women Deliver to from May 25 until May 31, 2013 to coincide with the 3rd Women Deliver Conference. The tour sought to educate staffers on how the Malaysian government's health investments, particularly in maternal health, have led to sustainable, wide-spread impact throughout the country. Congressional staff visited a health facility in Malaysia, had a briefing with the Ministry of Health, and attended the conference.

COUNTRY CAUCUSES NEW (REPORT FURNISHED BY PATH)

A committee of representatives from international health and development organizations coordinated a series of country and state caucuses to provide a platform where national or state advocacy priorities were addressed in a collaborative manner by civil society delegates and government representatives. The organizations—led by PATH—were CARE, Family Care International, Management Sciences for Health, Population Action International, Population Services International, White Ribbon Alliance, Women Deliver, and World Vision International. Each caucus was led by a local facilitator nominated by the committee.

Several caucuses included participation of the national ministers of health and finance/or elected members of Parliament. Overall, the caucus meetings gathered 260 participants in dialogue and collective planning to address key issues for improving RMNCH in their own countries and states.

Each facilitator, in consultation with the committee and country participants, identified a unique topic, format, and goal for their discussions that reflected their country's current priorities and agendas, and the report summaries express that individuality. (See Appendix 6 for Highlights.) However, each shared an enthusiasm and determination to continue the conversation with the participants from their caucus and additional stakeholders upon returning to their countries, as expressed by the facilitator of the Nigeria caucus:

"The caucus meetings were a valuable forum where country participants came together to discuss country-specific issues on RMNCH and synthesize solutions. The caucus created an avenue for the participants to exercise autonomy in airing their ideas and views about issues. Because they are designed to continue after the conference, more support can be galvanized in-country to yield solutions. I hope that by the next Women Deliver conference, we will share the critical outcomes that emerged from the advocacy actions identified during the caucus."
—Bridget Nwagbara

FAITH CONSULTATION

A small group of leaders from major religions and secular leaders in reproductive health met on how to advance women within faith groups and society. The meeting concluded with personal commitments to continue to move forward on this issue.

MEDIA FORUM

Too often, issues related to the health and well being of girls and women are only included in 'lifestyle' pages of major news outlets, rather than covered as front page news. The Women Deliver 2013 conference featured an invite-only 'High Level Media Forum' for senior level global media that specifically focused on integrating girls and women issues into broader development, sustainability and poverty reduction news coverage. The 42 reporters from 23 countries were high-level media from all regions, representing influential outlets such as *The Daily Nation*, *Al Jazeera*, *The Guardian*, *Bloomberg News*, *The Times of India*, *Bernama* and *The Jakarta Post*, among other outlets.

During the Media Forum, participants shared lessons learned in editorial offices and newsrooms in their respective communities. Sessions included panels on the economic case for investing in girls and women; strategies to increase coverage of girls and women in business and political editorial sections; and how to address covering 'taboo' topics such as sexuality and violence

MINISTERS' FORUM

UNFPA, in collaboration with Women Deliver, organized a Ministers' Forum to accelerate progress on family planning. Finance and Health Ministers from countries with high maternal mortality and low contraceptive prevalence were invited. The Ministers issued a Call to Action immediately after the conference. (See Appendix 7 for the Minister's Call to Action.)

PARLIAMENTARIANS FORUM

The European Parliamentary Forum on Population and Development, the Inter-American Parliamentary Group on Population and Development, and the Asian Forum of Parliamentarians on Population and Development organized a Parliamentarians Forum at Women Deliver. The forum brought together about 60 parliamentarians from across the globe. The theme of the forum was to enhance understanding of problems, gaps, difficulties, and obstacles in accelerating progress towards MDG5 world.

REGIONAL MEETINGS

Family Care International, Partners in Population and Development, ARROW, and Women's Learning Partnership all organized regional meetings at the conference to distill regional challenges, successes and lessons learned.

SOCIAL ENTERPRISE CHALLENGE

In order to highlight new, innovative ideas that impact the health and well-being of girls and women, Women Deliver organized a Social Enterprise Challenge. Women Deliver selected 25 social entrepreneurs from the 357 semi-finalists of the Echoing Green fellowship process – all of whom were thoroughly vetted through the Echoing Green application process. Those 25 social entrepreneurs were included in an online voting challenge for the Women Deliver community. More than 13,500 people voted to select the “top 10” social enterprises, who will all receive full funding to attend the Women Deliver 2013 conference.

At the Women Deliver 2013 conference, a forum was held in the exhibition hall for the top 10 competitors to pitch their social enterprise to a panel of experts and an audience. The format included a 10-minute social enterprise pitch, followed by a 5-minute period for questions, answers, and feedback. The panel of judges selected three of the 10 presenters to receive a “Global Solution Award,” a cash prize of \$5,000 to be used to implement or scale-up their social enterprise.

SYMPOSIUM: REDUCING THE GLOBAL BURDEN OF MATERNAL MORTALITY: MAKING SAFE ABORTION CARE A CLINICAL REALITY

The overall goal of this symposium, organized by PSI, was to discuss how to incorporate abortion training into medical education in order to mainstream abortion services and training programs. The symposium was designed for health educators, health managers and administrators, physicians, pharmacists, midwives, nurses, patient advocates, and representatives from ministries of health from developing countries committed to decreasing the global burden of maternal mortality from unsafe abortion. A total of 61 participants attended the workshop.

SPEAKERS' CORNER

A popular feature in the exhibit hall, the Speakers' Corner, featured 15-minute announcements of new research, programs, and publications.

TECH AND TECH

A companion to Speakers' Corner was the Tech and Tech stage. 20 speakers offered short demonstrations of new techniques and technologies.

The conference would not have been a success without the thousands of hours and resources given by our partners from reading to planning sessions to organizing the country caucuses. The following organizations sat on working committees or organized events for Women Deliver.

- Advocates for Youth
- American Cancer Society
- Amnesty International
- ARROW
- Asian Forum of Parliamentarians on Population and Development
- Aspen Institute
- Association for Women's Rights in Development (AWID)
- Bill and Melinda Gates Foundation
- CARE International
- Center for Health and Gender Equity (CHANGE)
- Dance4Life
- Circle of Women African Theologians
- Coalition Advancing Multipurpose Innovations (CAMI)
- Engender Health
- European Parliamentary Forum on Population and Development
- Family Care International
- Federation of Reproductive Health Association, Malaysia
- FHI 360
- GAVI
- Girls Not Brides
- Global Poverty Project
- Guttmacher Institute
- Global Fund for Women
- Global Youth Coalition on AIDS
- IBIS Reproductive Health
- Instituto de Cooperacion Social Integrare
- International Consortium for Emergency Contraception
- International HIV/AIDS Alliance
- International Consortium for Medical Abortion
- International Planned Parenthood Federation of America
- IPAS
- JHPIEGO
- Johns Hopkins School of Public Health
- Kuala Lumpur Maternity Hospital
- Klang Hospital, Malaysia
- Marie Stopes International
- Malaysian AIDS Council
- Management Sciences for Health
- Maternal Health Task Force
- Ministry of Foreign Affairs, Malaysia
- Ministry of Health, Malaysia
- Ministry of Women, Health and Community Development, Malaysia
- National Cancer Institute
- Nam Institute for the Empowerment of Women, Malaysia
- National Population and Development Board, Malaysia
- Obstetrical and Gynaecological Society of Malaysia
- PAI
- PANGAEA Global Aids Foundation
- Partners in Population and Development
- Partners in Population and Development Afro Region
- PATH
- Pathfinder
- Partnership for Maternal, Newborn and Child Health
- Population Council
- Population Services International (PSI)
- Plannd Parenthood Federation of America Global (PPFA Global_
- Reproductive Health Supplies Coalition
- Safe Abortion Action Fund
- Save the Children
- UNFPA
- Unicef
- United National Economic and Social Commission for Asia and the Pacific
- USAID
- World Association of Girl Guides and Girl Scouts (WAGGGS)
- White Ribbon Alliance
- World Health Organization (WHO)
- Women's Learning Partnership (WLP)
- Worldwatch
- World YWCA
- Youth Peer Education Network (Y-Peer)

Side Events

92 partner-sponsored events offered attendees the opportunity for education and skills—building about specific topics. Topics ranged from cervical cancer to clean cookstoves, all issues that affect the lives and progress of girls and women. Several other meetings took place off site.



"SUPPORT FOR WOMEN DELIVER 2013 BROADENS"

"COST PER PERSON DECREASES"

"WOMEN DELIVER 2013 STAYS ON BUDGET"

The three headlines summarize the conference's finances. Below are some additional details, which will be augmented by the conference audit.

SUPPORT

- Ten governments supported the conference: Australia, Canada, Denmark, Finland, Malaysia, The Netherlands, Norway, Spain, Sweden, and The United States. In addition, the European Union provided in-kind full travel support for 180 attendees as part of our scholarship program.
- Four UN institutions supported the conference: UNFPA, World Bank, UNAIDS, and the World Health Organization. In addition to cash support, UNFPA provided in-kind support for travel for the Parliamentarians and Ministers of Health and Finance. The World Bank underwrote the writing of the background paper, which was budgeted at \$125,000.
- Four foundations supported the conference.
- Three partnerships/alliances supported the conference: The Partnership for Maternal, Newborn and Child Health, Countdown to 2015 and the GAVI Alliance.
- Eight corporations and 30 INGOs/small foundations sponsored the conference. This is in comparison to six corporations and 2 NGOs in 2010.

COST PER PERSON DECREASES

CONFERENCE	ATTENDEES	COST	PER PERSON
WD 2007	1,819	\$4,960,657	\$2,727
WD 2010	3,400	\$5,872,946	\$1,727
WD 2013	4,524	\$6,502,516	\$1,437

WOMEN DELIVER COMES IN ON BUDGET

We came in slightly under our 2012 projected budget of conference costs. We had estimated total direct costs at \$6,503,240, including a \$50,000 contingency line. Our actual direct costs were \$6,502,516. This includes costs that UNFPA, the European Union, and the World Bank underwrote directly, but are part of the actual cost of staging such a conference. 42% of our budget went to travel support, including speakers, Parliamentarians, Ministers, and media to Kuala Lumpur. Communication costs increased in 2013 reflecting our commitment to make the conference live on through webcasting and other productions.

Appendix 1: Plenary Speakers

PLENARY SPEAKERS

Kesetebirhan Admasu, Minister of Health, Ethiopia

Mahnaz Afkhami, Founder and President, Women's Learning Partnership

Esther Agbarakwe, Youth advocate for family planning and climate change, Nigeria

Patricia Amira, Media Host, Mandala TV

Billie Antoinette Miller, Prime Minister and Minister of Foreign Affairs and Foreign Trade, Barbados

Gary Barker, International Director, ProMundo; Co-chair, MenEngage Alliance

Peter Baxter, Director General, AusAID

Jan Beagle, Deputy Executive Director, UNAIDS

David Benton, CEO, International Council of Nurses

Seth Berkley, CEO, GAVI Alliance

Klaus Brill, Vice President Corporate and Commercial Relations, Bayer HealthCare Pharmaceuticals

Barbara Bush, Co-Founder and CEO, Global Health Corps

Kathy Calvin, President and CEO, United Nations Foundation

Reverend Canon Gideon Byamugisha, Co-Founder, African Network of Religious Leaders Living with or by HIV and AIDS (ANERELA)

Otaviano Canuto, Vice President and Head of Poverty Reduction and Economic Management (PREM) World Bank Group

Helen Clark, Administrator, UNDP, and Former Prime Minister of New Zealand

Chelsea Clinton, Board Member, Clinton Foundation

Awa Coll-Seck, Minister of Health, Senegal

Sharon K. D'Agostino, Vice President of Corporate Citizenship, Johnson & Johnson

Frances Day-Stirk, President, International Confederation of Midwives (ICM)

Valerie DeFillipo, Director, Family Planning 2020 (FP2020) Reference Group

Suzanne Ehlers, Founder and President, Population Action International

Maria Eitel, President and CEO, Nike Foundation

Mona Eltahawy, Columnist

Hugh Evans, CEO and Co-Founder, Global Poverty Project

Ghida Fakhry, *Al Jazeera*

Shereen El Feki, Author, *Sex and the Citadel*

Gabrielle Fitzgerald, Director of Program Advocacy, Bill & Melinda Gates Foundation

Melinda Gates, Co-Chair, Bill & Melinda Gates Foundation

Michelle Goldberg, Author, *The Means of Reproduction: Sex, Power and the Future of World*

Gill Greer, Board Member, WomanCare Global; CEO, Volunteer Service Abroad, New Zealand

Nyaradzayi Gumbonzvanda, General Secretary, World YWCA

Dato' Sri Haji Mohammad Najib bin Tun Haji Abdul Razak, Prime Minister of Malaysia

Halimatou Hima, Master in Public Policy Candidate, John F. Kennedy School of Government Harvard University

Karl Hofmann, President and CEO, Population Services International, (PSI)

Michael Holscher, Acting CEO, Marie Stopes International (MSI)

Musimbi Kanyoro, President and CEO, Global Fund for Women

Raj Abdul Karim, Asia Regional Director, Women Deliver

Bachi Karkaria, Columnist, *The Times of India*

Appendix 1: Plenary Speakers

Matia Kasaija, Minister of State for Finance, Planning and Economic Development, Uganda
Imane Khachani, Obstetrics, Gynaecology and Reproductive Medicine, Maternity Hospital Les Orangers
Jeni Klugman, Director of Gender and Development, World Bank Group
Ana Langer, Director, Women and Health Initiative, Harvard School of Public Health
Tyler LePard, Catapult
Tewodros Melesse, Director-General, International Planned Parenthood Federation (IPPF)
Her Royal Highness Crown Princess Mette-Marit of Norway
Jotham Musinguzi, Regional Director, Partners in Population and Development Africa Regional Office (PPD)
Beatrice Mutali, Family Planning Programme Director, MSD
Poonam Muttreja, Executive Director, Population Foundation of India (PFI)
Nachilala Nkombo, Deputy Director, ONE Africa
Enrique Ona, Secretary of Health, Philippines
Mabel van Oranje, Advisory Committee Chair, Girls Not Brides
Babatunde Osotimehin, Executive Director, United Nations Population Fund (UNFPA)
Emilia Paulino, Deputy Professional Secretary, International Pharmaceutical Federation (FIP)
Norman Pearlstine, Chief Content Officer, Bloomberg L.P.
Lakshmi Puri, Acting Head, UN Women
Jonathan D. Quick, President and CEO, Management Sciences for Health (MSH)
Kavita Ramdas, South Asia Representative, Ford Foundation
Naveen Rao, Lead, Merck for Mothers
Cecile Richards, President, Planned Parenthood Federation of America
Zeda Rosenberg, Chief Executive Officer, International Partnership for Microbicides (IPM)
Hans Rosling, Professor of International Health, Karolinska Institute; Director, Gapminder Foundation
Reeta Roy, President and CEO, The MasterCard Foundation
Professor Sabaratnam Arulkumaran, President, International Federation of Gynecology and Obstetrics
Nafis Sadik, Special Adviser to the United Nations Secretary-General
Fred Sai, International Advisor on Reproductive Health, Ghana
Harshad Sanghvi, Vice President Innovations and Medical Director, Jhpiego
Jill Sheffield, President, Women Deliver
Nozer Sheriar, International Federation of Gynecology and Obstetrics (FIGO)
Peter Singer, Ira W. Decamp Professor of Bioethics, University Center for Human Values Princeton University
Susheela Singh, Vice President for Research, Guttmacher Institute
Serra Sippel, President and CEO, Center for Health and Gender Equity (CHANGE)
Theo Sowa, CEO, The African Women's Development Fund
Laura Stachel, Co-Founder and Medical Director, WE CARE Solar
Mary Suma Cardoso, Consultant Anaesthesiologist and Pain Management Specialist, Hospital Selayang
President Tarja Halonen, Former President of Finland
Petra ten Hoop-Bender, Director for Reproductive, Maternal, Newborn, and Child Health, Instituto de Cooperación (ICS)
André Ulmann, Founder and Chairman of the Supervisory Board, HRA Pharma
Jack Watters, Vice President for External Medical Affairs, Pfizer Inc.
Kenneth R. Weiss, Journalist, Los Angeles Times

Appendix 2: Concurrent Sessions

COUNTDOWN TO 2015

Mother's Health, Newborn's Health: Investing with a Double Benefit

The health of women and that of their newborns are integrally linked, making investments in maternal and newborn health all the more cost effective. Childbirth is the most risky moment in the lives of mothers and babies, and the best time to invest in maternal and newborn health. There are 3 million newborn deaths and 2.6 million stillbirths occurring worldwide each year.

Building the RMNCH Evidence Base: Improving Tools to Track Coverage

Better measurement of intervention coverage, through improved household surveys, contributes to stronger policies and programs and fosters accountability for delivery of essential reproductive, maternal, newborn and child health (RMNCH) care. This Countdown to 2015 session presented new research on measuring coverage for interventions across the RMNCH continuum of care, and the importance of tracking coverage indicators for global monitoring. Panelists highlighted the need to use data in order to affect policy makers to improve the lives of women.

Country Countdown: Accelerating National RMNCH Progress to 2015 and Beyond,

Presenters shared lessons learned and showcased ongoing country initiatives to improve the use of evidence for decision making. Panelists also discussed the importance of collecting, analyzing, using, and sharing data for evidence-based decision-making on RMNCH.

Financing Progress: Paying for Reproductive, Maternal, Newborn, and Child Health

Countdown to 2015 helps to hold governments and donors accountable by tracking the funding gap between current resources and actual investments needed to achieve RMNCH targets. This session highlighted new research on donor aid for reproductive health, domestic health financing in African and Asian countries, and lessons learned about performance-based financing strategies.

Accountability for Maternal, Newborn and Child Survival: The 2013 Countdown to 2015 Report and Country Profiles

Countdown's 2013 report, launched at Women Deliver, highlighted core indicators selected by the Commission for Information and Accountability, showing country progress in increasing coverage of proven interventions. Countdown included a set of methodological processes that can be used to promote action and accountability, and expanded on why they are moving into more country-level work. Session speakers discussed new Countdown results and their implications for Millennium Development Goals 4 and 5, and for catalyzing progress and ensuring accountability.

Countdown to Equity: Identifying and Reaching the Hard-to-Reach

Targeted efforts to reach the poor and under-served populations can improve progress toward achieving the health Millennium Development Goals. The session presented new evidence that addressed health inequities— by socioeconomic status, gender, age, place of residence, and urban/rural differentials in coverage— drives progress towards universal coverage of key interventions.

Appendix 2: Concurrent Sessions

FAITH

Faith and Family Planning

In all of the world's religions, responsible parenthood is an important value. Religious leaders discussed how their faith promotes responsible family planning. This panel highlighted the idea that a person who has ultimate dignity values women's health and reproduction, and that although religion can be both a positive and a negative, each religion has varying interpretations so it is important to find and evaluate women's voices.

Pastoral Counseling on Reproductive Health

For many of the world's people, decisions about sexuality and having children are intimately connected with religious beliefs. In the midst of seeking informed consent and counseling on risks and benefits, psychological matters, faith, and values are often ignored. The panel discussed how to address faith issues and concerns. Panelists noted the values of religion and what it can bring people in 'spiritual' need and suffering and discussed what can be learned from one another by listening to their stories and point of view.

Faith in Action

People decide to work in reproductive health for many reasons, such as commitment to women's rights, concern for saving lives, and desire to help mothers and children. This panel presented an opportunity for those motivated by faith to work in reproductive health fields to share their perspectives on how to honor their own faith while also respecting the beliefs and values of others they work with and of the people they serve.

HIV/AIDS

Maximising Access to Treatment for Women and Girls: What Will It Take?

Since the first United Nations General Assembly Special Session on AIDS in 2001, there has been a dramatic scale-up in treating people living with HIV with antiretroviral medicines in developing countries. Investments in treatment now will save millions of lives and build the potential for prevalence declines at the population level. In efforts to meet universal access, we must focus on meeting the treatment needs of all girls and women—integrating the topic of HIV into the overall Women Deliver agenda—not having it on a separate track.

More Than Mothers: Upholding the Sexual and Reproductive Health and Rights of Women in the Global Plan

This panel focused on upholding the SRHR of women living with HIV, in line with the Global Plan. The language used in the Global Plan referring to women's health and rights is crucial. Personalizing issues is very important in order to be heard by politicians and to see real change. Particularly, the voices of young women and men are needed, as they are the leaders of today, not tomorrow, and need space to be heard.

Health and Community Systems Strengthening: An Integrated Response to Improve the Sexual and Reproductive Health of Women Living with and Affected by HIV 1

The session highlighted the importance of integrated health and community responses for improving women's health. In particular, panelists discussed who holds responsibility for integration, and what the incentives are for implementing integrated services. Panelists stressed the need to give voice to the people, as whole beings, in order to determine how best to serve them, rather than viewing them as separate issues and diseases.

Appendix 2: Concurrent Sessions

Sexual Health, Rights, and Staying Safe: Are Women at Higher Risk of HIV Getting the Best from Their Health Services?

The session focused on integrating efforts to achieve universal access to SRH for all women and girls. Representatives of women living with or most affected by HIV whose rights have been violated through coercive sterilization and abortion and conditional access to HIV treatment shared practical tips and recommendations on how health providers can uphold their sexual and reproductive rights. Panelists noted that although there are many obstacles to health coverage, there are many good practices out there that need to continue to be implemented.

Claiming Our Rights to Sexual and Reproductive Health: How Political Commitments to End AIDS Can Drive Improvements in Women's Sexual and Reproductive Health

Many global, regional, and national HIV strategies aim to advance the right to sexual and reproductive health for women and girls. The session provided practical examples from South and Southeast Asia of how these commitments and policies can be leveraged to improve health outcomes.

Multi-purpose Prevention Technologies for Girls and Women

There has been a dramatic shift in the field of HIV prevention, elevating biomedical interventions to the forefront of research and practice, and prompting some leaders in the field to describe ending the HIV/AIDS pandemic as a realistic goal. The panel discussed the multiple hurdles that MPTs face, as well as the need to ensure that the needs of HIV positive women are strongly considered in the development of these technologies.

Sexuality and Fertility-Choices and Challenges for Women Living with or at Risk for HIV

For women living with HIV, being able to prevent, delay, or space pregnancies is essential for health management and prevention of transmission of HIV to infants and partners. Equally important for many women is how to safely conceive and deliver babies while living with or being at risk for HIV. This session explored the complexities of these issues and offered recommendations to the sexual and reproductive health and HIV communities. Panelists highlighted the need to truly hear the voices of women with HIV, as well as give them access to the full range of contraceptive methods.

HUMAN RIGHTS

Lessons from the Field: Preventing Unintended Pregnancies in Humanitarian Crises

Access to lifesaving sexual and reproductive health services, including family planning, is essential in even the earliest stages of a humanitarian crisis. Existing gaps in these services leave nearly 60 million people, currently displaced by conflict or natural disasters, extremely vulnerable. The major issues that were discussed are supplies, methods, and logistics. Data on existing gaps and innovative approaches were presented in this session.

Adolescents and Youth Sexual and Reproductive Rights

The panel examined the international human rights framework for the promotion and protection of adolescent and youth sexual and reproductive health and rights. Adolescents and youth are a heterogeneous group that needs information on CSE and youth friendly health services that respond to their needs. This panel brought forward the need to challenge social and cultural barriers that hinder provision of CSE.

Let Girls Be Girls, Not Brides: Working Together to End Child Marriage

Child marriage robs 14 million girls a year of their future. It is a traditional practice often dismissed as too hard to solve, but change is possible. This session explored the innovative work being done on child marriage and argued the practice can end with the right mix of programs, policies, and political will. Child marriage is a crucial global issue, and we can begin to solve it by having young girls sustain scholastic partnerships and by supporting community safe spaces.

Appendix 2: Concurrent Sessions

Implementation of the Office of the High Commissioner of Human Rights (OHCHR) Technical Guidance on a Human Rights-Based Approach to Reduce Maternal Mortality and Morbidity

The session examined the application of the Technical Guidance to health systems planning and development, reviewed how the technical guidance is—or can be—utilized to sustain and accelerate national efforts towards Millennium Development Goal 5 on maternal health, and considered next steps with regard to the implementation of the Guidance. The session highlighted the fact that maternal mortality is a matter of human rights, and that there must be accountability for these rights violations. They also examined the availability of technical support to help governments meet their obligations.

Sexual Health, Human Rights and Law

The panel explored the interactions among sexuality, sexual health, human rights, and the law. It identified and analyzed the international, regional, and national laws and jurisprudence in context of how human rights have been recognized and applied with regards to sexuality and sexual health.

Gender-Based Violence and Sexual and Reproductive Health and Rights

The panel examined the ways in which gender-based violence prevents individuals from exercising their sexual and reproductive rights and ways to enable individuals to exercise these rights free from coercion, discrimination, and violence.

Framing Identity in Context of Sexual and Reproductive Health and Human Rights

SRH information and services around the world continue to focus on the experiences and needs of those conforming to a narrow set of ‘acceptable’ gender roles. What are the causes and implications of the failure to recognize diverse sexual orientations and identities in SRH information and services? Identity is political and there is a danger in simplifying such a complex reality. This panel discussed the need for policies to end stigma and discrimination.

Use of Criminal Laws and Punitive Sanctions in Context of Sexuality and Reproductive Health

Governments around the world impose sanctions regulating individual conduct in the context of sexuality and reproductive health, despite the disproportionate impact on individuals’ autonomy, health, and lives, and the failure to achieve any positive health outcomes. How do states seek to justify use of criminal laws and punitive measures and what are the human rights arguments for decriminalization? The panel discussed the impact of criminalization and punitive sanctions on health care and on individual enjoyment of a broad range of other human rights. Although decriminalization is the goal, they examined multiple other strategies that have the capacity to make progress as well.

Accountability and Remedies in Context of Sexual and Reproductive Rights Violations

Accountability and remedies for violations of sexual and reproductive rights are often lacking. In many countries there are no effective structures to file complaints when sexual and reproductive health information and services are denied. This panel examined the effects of this accountability gap and the ways in which to address it. Panelists discussed the need for institutional mechanisms like appropriate laws, effective policies, maximum available budgets, vigilant judiciary and an active citizenship.

Freedom of Expression and Information and Sexual and Reproductive Health

Some governments censor those seeking to provide SRH information and are not transparent about their SHR budgets. This panel explored the best practices in SRH information provision and the use of access to information laws to surface budget information. Panelists discussed the strength of a community like on-line media: information on many helpful programs can be circulated by means of the internet, as well as examined the power of an individual.

Appendix 2: Concurrent Sessions

Access to Safe Abortion Care Under the International Human Rights Legal Framework

From a human rights standpoint, legal and regulatory barriers that impede women's access to safe, legal abortion care should be eliminated. Public health and human rights rationale for safe abortion truly go hand in hand. This panel looked at some recent developments and highlighted the imperative for access to safe and legal abortion services. Panelists found it important to contextualize global agreements and treaties to national contexts.

Human Rights Defenders and Sexual and Reproductive Health and Rights

This panel brought together activists and professionals who regularly face interference in their work defending sexual and reproductive rights to discuss the impact of criminalization, stigma and other limitations to their activities, and explored how states can strengthen protections for this group of defenders.

INVEST IN WOMEN: IT PAYS

Investing in Maternal Health: Barriers, Economic Benefits and Proven Policy Approaches

The session focused on how women's lack of agency and limited accountability can hinder progress in improving maternal health. The panel reviewed evidence of the economic benefits of investing in reproductive health and explored effective policy approaches such as health sector improvements, expansions in women's agency, and increasing accountability.

Investing in the Women's Movement: The Infrastructure for Social Change for Women and Girls

The women's rights movement, comprised of many thousands of organizations, is at the core of creating and sustaining change for women and girls. Yet, support for these organizations is in danger of eroding. Speakers shared how to maintain this infrastructure in order to realize the rights of women and girls around the globe.

Strategising for a Culture of Gender-Inclusive Democracy in the Middle East and Northern Africa Region

Once a promise of democratization, the 'Arab Spring' has in many nations evolved into chaos, civil war, and resurgent authoritarianism—whether secularist, nationalist or Islamist in character. In this session, experiences from the region were presented along with strategies to build a culture of gender-inclusive democracy in the MENA region.

Investing in Women and Girls: How and Why Foundations and the Corporate Sector Make Investments in Support of Gender Equality

Representatives from philanthropic foundations and corporations discussed what is needed to advance momentum on investments in women and girls. Attendees heard why these investments are important and what these foundations and corporations are prioritizing to help accelerate access to education, health care, livelihoods, safety, and security. Panelists discussed ideas on how to approach the private sector, offering perspective on why the private sector makes investments in girls and women.

Mobilising Philanthropy: Building a Women's Funding Movement for Social Change

The creation and mobilization of women's funds and philanthropy to support the work and leadership of women and girls has been critical to increasing funding for gender work, including sexual and reproductive health and rights. Speakers shared strategies for increasing this funding support and for deepening and extending the reach of women's funds worldwide. Panelists discussed how technology could be used to reach new supporters and allies, including men, as well as discussed how to approach the additional funds needed for women's rights.

Appendix 2: Concurrent Sessions

Investing in Women's Economic Sustainability: What Interventions Will Advance Women's Economic Empowerment, Health and Well-being?

Economic empowerment is often at the heart of securing women's and girls' universal human rights. Speakers discussed the interventions and partnerships that are making a difference in women's and girls' economic security and access to sexual and reproductive health and rights, and what is needed to accelerate and adapt those interventions to other areas.

Economic Empowerment and Health Protection: Can Microcredit Be the Platform to Reach Millions?

Microfinance helps poor women build livelihoods and financial-resiliency. The vast network of women's groups organized for microfinance provides a low-cost and effective way to deliver life-saving health knowledge and increase access to health services. Panelists examined the use of mobile technology for spreading health messages and advocacy, and discussed the benefits of integrating microfinance and health care for poor families, health providers, and microfinance organizations.

Voice and Power: Investing in the 'Forgotten Voices'?

The session focused on strategies to support women's leadership on issues considered to be on the margin, despite the broad reach of the women's movement. These issues and these women are silenced by a stigma that renders them powerless; although change can happen once marginalized women speak out. It is these voices that will ensure that women have full access to sexual and reproductive health and rights.

Investing in Women as Environmental Pioneers and Change Agents

Women are disproportionately impacted by climate change, land rights, and lack of food and water security. They have been early leaders in the movement, and are in the best position to assume leadership as change agents. Speakers in this session explored strategies for engaging women in advancing an environmentally sustainable world. Panelists examined a commitment to actively link climate change and women's rights at the same time building capacities of young people who understand the issue and are ready to take action.

Women at the Table: Investing in Women's Civil and Political Participation

Speakers in this session shared strategies that have been successful in increasing women's participation and discussed how to replicate and scale these investments in women, including how to support sexual and reproductive health and rights in the time ahead. Panelists found that it would be beneficial to invest early in young women's leadership, and to celebrate and promote all forming and current leaderships.

Closing the Gender Gap with Impact Results: How Impact Results Can Lead to Increased Funding for Programmes/Organisations

While some change is more easily measured; securing impact data on social change is more difficult. Speakers shared how to capture social change data, shared stories on how this works in practice, and emphasized the need for more innovation.

Men in Conversation: Engaging Men in the Struggle for Equality for Women and Girls

Involving men in the work to secure and retain women's universal human rights has proven to be crucial in many communities. Men in conversation shared insights on how to engage more men in working for reproductive health and economic rights for women and girls.

Appendix 2: Concurrent Sessions

Integrating Women's Health into the Broader Empowerment Framework (Middle East and Northern Africa Region)

The session presented findings from conversations at the Middle East and North Africa (MENA) regional consultation on 26 May 2013. Discussing successes and challenges in the region, session participants considered a development framework to improve the health of women, including women in the MENA region. Panelists emphasized the need to put midwives at the center of maternal health, to disseminate the right message and learn to work with the clergy, and to begin to work as a collective force to change society.

MATERNAL AND NEWBORN HEALTH

Low-Cost, Low-Tech, Highly Realistic Emergency Obstetric and Neonatal Simulation and Team Training for All Providers, Everywhere

The participatory workshop presented tools, techniques, and evidence for conducting extremely low-tech, low-cost, highly realistic simulation and inter-professional team training for obstetric and neonatal emergencies for all cadres. The simulation, using low-tech and low cost tools, can be done with any provider, in any setting, and can transform the practice. Designed for funders, trainers, and managers, this session allowed participants to experience the difference between standard skill-station training and highly realistic simulation with a video-guided debrief.

Making Maternal and Newborn Health Safer in Humanitarian Crises

Reducing preventable maternal and newborn morbidity and mortality is essential during any humanitarian emergency. Organizations face numerous challenges, as well as notable successes, in these efforts. This panel highlighted the needs of particular vulnerable groups and organizational experiences during recent emergencies, and noted that there is a need to prioritize actions that have the greatest impact on maternal health in the humanitarian setting.

Morbidities

The session examined respectful care from the perspective of human rights, and explored compelling ways to help providers understand and apply the concept. We are only just beginning to discuss maternal morbidity, and more clarity is still needed on how to define, measure, and address the subject. Emerging findings from research and programs were also shared.

Humanisation of Childbirth/Respectful Care

The session examined respectful care from the perspective of human rights, as well as explored compelling ways to help providers understand and apply the concept, systems needed to maintain respectful care, and ideas for how to measure it. Emerging findings from research and programs were also shared in this session.

Getting Down to Business: Exploring the Role of the Private Sector in Delivering Affordable, Quality Maternal Health Care

The panel examined the growing role of private providers and local businesses in increasing access to maternal health products and services. Panelists discussed approaches to improving quality and availability of care, such as social franchising, the role of business in emergency transportation, and progress of innovative financing mechanisms to ensure affordability.

Ending Preventable Maternal Deaths By 2035

The panel presented a bold vision: to end preventable maternal deaths by 2035. To achieve it, a strong mobilisation of partners' forces and resources beyond 2015 is required. The panel shared what the strategies and targets are that will make it possible by 2035. Ending preventable maternal death is feasible but will require political will and a strong vision

Appendix 2: Concurrent Sessions

Postnatal and Postpartum

The panel highlighted the impact of home visits on neonatal mortality, translation of research into policy recommendations, and the influence of country-level implementation. The number of postnatal visits is slowly increasing, but often visits do not include the mother, and many of these visits are being loaded on top of already busy CHWs. The panel demonstrated how multilateral and implementing agencies have worked with Ministries of Health to introduce evidence-based interventions and delivery approaches to improve maternal and newborn survival.

Every Woman Every Child: From Commitments to Action

Panelists discussed the links between Every Woman Every Child and the development of the post-Millennium Goals Development framework. Also discussed was the role of civil society, media, and parliamentarians in accelerating accountability and progress in implementation of commitments to the Global South.

Getting What Is Needed: Increasing Access to Maternal/ Newborn Care Services

Research and program efforts now focus on all three delays in access to maternal health care. In this session, experts from various disciplines presented evidence on the effect of incentives on maternal health outcomes, behaviors, services, and quality in national programs. Panelists discussed what approaches would be the most useful, as well as what has worked in other countries and how those approaches can be expanded.

Young Motherhood: Against all Odds

Sixteen million adolescent girls give birth each year, with more than 50,000 dying due to complications related to pregnancy and birth. The session explored young motherhood from a human rights' perspective and shared program examples in preventing young motherhood. The key topics covered were the need to reduce marriage before age 18, increased use and availability of contraception to adolescents at risk of unintended pregnancy, and the reduction of coerced sex among youth.

Midwives: Empowerment, Respect, and Quality

Competent, skilled, and empowered midwives earn respect from women and deliver quality care, yet many work in difficult, unsafe and insecure environments. The session aimed to hear new views on how to address the empowerment, safety of, and respect for midwives. Panelists discussed the fact that respect for midwives is crucial, and noted the need to empower midwives, so they can provide respectful care to women.

Maternal Death Surveillance and Reviews

Maternal death surveillance and response (MDSR) provides an opportunity to assess the quality of care and work towards effective coverage of evidence-informed, life-saving interventions, and supports taking appropriate remedial action. Ministers of Health presented country experiences from India and Malaysia. Panelists found that maternal death reduction is possible if the problem and solutions are directly address, instead of simply finding 'short-cuts'.

Workforce—Midwives

This panel presented developments in strengthening midwifery and midwifery services against the policy and implementation guidance that has been developed in follow-up to the State of the World's Midwifery 2012, the UNFPA-ICM Midwifery Program, and specific regional and local initiatives.

Appendix 2: Concurrent Sessions

What Is the Latest Evidence in Maternal Health and Where Is It Leading Us?

New data, new interventions, and new guidelines: maternal health continues to evolve, and science guides us on how best to prevent maternal morbidity and mortality. In this session, new data was presented for the main causes of maternal morbidity and mortality as well as appropriate and innovative approaches to address those causes.

Men as Allies in Maternal and Newborn Health

Despite decades of important work engaging men, there is still insufficient evidence about how best to work with men across the lifespan as important allies in maternal and neonatal health. The session explored findings from different corners of the globe, applying what we know and suggesting critical areas for further investment. Panelists found that a crucial time to engage men is when their partners are expecting, which leads to them being a more productive force in the family, but they also examined the critical social contexts and constructs that we must be aware of.

Workforce—Frontline Health Workers

The panel discussed different kinds of frontline health workers and their contributions to delivering on the household-to-hospital continuum of care and presented a practical example of such a program in Indonesia. The session emphasized the importance of teamwork and the need to empower and support health workers.

What's New for Newborn?

Despite significant progress over the past decade in reducing neonatal mortality, approximately three million newborns die annually within the first 28 days of life due to complications of preterm delivery, birth asphyxia, and infections. This session provided updates on recent, emerging technologies to address the three most common newborn killers. These technologies consist of Helping Babies Breathe (HBB) and Antenatal Cortical Steroids for lung maturation to prevent asphyxia, and Chlorhexidine for sepsis prevention.

OTHER

ICPD at 20: Toward a Twenty-First Century Vision

The 1994 Cairo International Conference on Population and Development (ICPD) Programme of Action was a landmark in the effort to achieve sexual and reproductive health and rights. As the global community focuses on a new set of post-2015 goals, this panel discussed what has been achieved and what remains to be done to ensure that the ICPD goals can be met and expanded.

Skill-Building Session: Putting the Fun in Fundraising

The Global Fund for Women (GFW) presented an interactive session on what practices and approaches make fundraising so enjoyable. GFW staff facilitated conversations about new trends and established practices in grassroots, major gifts and institutional fundraising. Panelists discussed their favorite ways to steward and engage donors.

Skill-Building Session: Using Social Media for Sexual and Reproductive Health Advocacy

Award-winning writer, speaker, lawyer and media consultant Jill Filipovic gave a deep-dive workshop on how to find your online voice, shared the tools and skills you need to effectively use social media for social justice work, and provided some key takeaways on how you can create a vibrant online community. In her session, Filipovic emphasized social media and how using it well can build communities and garner the best results.

Appendix 2: Concurrent Sessions

Communicating with the Undecided

A major challenge for SRH advocates has been expanding the base of support from the fully committed to those who are ambivalent. This panel explored several new initiatives that explicitly reach out to that group, either with new messages or by expanding the range of issues they address.

Bridging the ICPD and Post 2015: Sexual and Reproductive Health and Rights for All

The session facilitated the presentation and exchange with participants on the High-Level Task Force for the International Conference on Population Development's policy recommendations for ensuring that the empowerment of women and girls, gender equality, the rights and empowerment of youth, and sexual and reproductive health and rights are core elements of the post-2015 development agenda. The panel also aimed to further a forward-looking agenda for the ICPD Beyond 2014 process.

C-Exchange Launch Event

Women Deliver corporate partners—Bayer HealthCare Pharmaceuticals, General Electric, HRA Pharma, Johnson & Johnson, MSD, and WomanCare Global—and youth delegates participated in a panel discussion and unveiled their new collaborative youth project. The panelists found that there was much to learn from young people, and found the importance of maintaining public and private partnerships, even when challenging.

Front Page News: Repositioning 'Women's Issues' as Universal Issues

Leading journalists from Africa, Asia, the Middle East and the United States discussed opportunities and challenges in reporting on issues related to girls and women, including reproductive health and rights. How can the media and advocates integrate these issues into broader development, sustainability and poverty reduction news coverage? The panel examined this question and discussed possible routes to take: being specific in pitches, make stories relevant, and being 'newsy'.

UNFPA: Ensuring Reproductive Health Commodity Security (RHCS)

Many organizations have invested in innovative and transformational ways to expand access to family planning services, information, commodities and supplies. The session pulled many of these organizations together to share experiences with effective strategies that have been successfully utilized to advance RHCS within different contexts and within different countries. Panelists discussed the need for more coordination among government, private and non-governmental sectors, as well as the need for a 'Total Market Approach' to ensure commodity security in all countries.

Strategies for a Post-2015 Development Agenda Seen Through a Woman's Lens

This session was a facilitated discussion of how to achieve a woman-centered post-2015 development agenda that recognizes the importance of sexual and reproductive health, a sustainable environment, eradicating poverty, and just governance. Some updates were given on progress to date, but this session mostly provided an opportunity to develop strategies and linkages.

Skill-Building Session: Providers as Advocates for Women's Sexual and Reproductive Health

In this interactive, skills-building session, participants explored providers' unique roles as advocates for women's sexual and reproductive health, experienced activities adapted from Ipas's Providers as advocates for safe abortion care: A training manual, engaged in storytelling of providers' successful advocacy, and discussed recommendations for broader implementation and evaluation to advance women's health and rights.

Appendix 2: Concurrent Sessions

SAFE AND LEGAL ABORTION

Outing and Addressing Abortion Stigma

Abortion stigma remains one of the biggest hurdles to accessing safe abortion care, yet addressing this is extremely challenging. What can we learn from other stigmatized issues, like HIV? How can we measure stigma, and how does it affect women, providers, and services? What interventions to address stigma work? This panel emphasized that need for more networking between agencies working on this, as well as the need for more interaction between the three key participants: the client, the service provider, and the community.

MA 2.0: What Does the “New” Medical Abortion Look Like?

Medical abortion is revolutionizing the way women access safe abortion, helping to overcome some of the traditional barriers women have faced. This panel discussed how developments in medical abortions have the potential to simplify and streamline wider use and reach even more women.

Service Delivery Innovations and Scale Up to Increase Access to Safe Abortion

Service delivery innovation and scale up are critical to improving access to high-quality safe abortion care. Service delivery and research organizations are testing novel ways to help women navigate barriers to access. Highlighting experiences from a range of contexts and legal environments, this panel examined what works and how.

The Policies Have Changed, Now What? Translating Policy into Access

Policy change is just the first step towards improving access; policy change on its own is not enough. What needs to happen after the laws change in order to bring safe abortion care to those seeking services? The panel discussed how change can happen quickly at country-level when there is a strategic advocacy plan and commitment.

Building on Current Momentum and Lessons Learned: Case Studies in Successful Advocacy to Expand Access to Safe Abortion

The panel presented recent examples of positive policy changes and increased access to safe abortion and discussed how to harness this momentum, learn important lessons from pioneer countries, and adapt successful strategies to diverse contexts. Panelists examined what challenges can be tackled and what aspects are the most important in making policy changes.

Post-Abortion Care: Strategies for Expanding Access to Life-Saving Care

Post-abortion care (PAC) is an important part of the reproductive health continuum of care, especially where access to safe abortion is limited. Women experiencing unsafe abortion need care to prevent and treat life-threatening complications. The panel discussed what strategies have proved most promising for getting PAC services to those who need them.

SOCIAL MEDIA FOR TECHNOLOGY AND ADVOCACY

Young People Online

Youth today have grown up in the digital age and are often the best link in bridging technological, geographic, gender, and generational divides. The panel highlighted how young people organize and share online, and the impact of these emerging platforms on sexual and reproductive health and rights. Social media has a great potential to expand young peoples’ horizons, and social media awareness campaigns can begin this process.

Appendix 2: Concurrent Sessions

The Human Connection: Web-Based Advocacy, Activism, and Storytelling

Some fear that the pervasiveness of web-based communication may take the human element out of advocacy and activism work. This panel aimed to prove that this is not the case—around the world, digital advocacy, activism and storytelling are drawing upon the convening power of the web to bring about meaningful change and impact in the SRHR community. Online space opens many doors for opportunity and offers a means for people to express themselves, but there are still risks entailed with having an online presence, like prosecution or stigma. The panel discussed the need to be careful with online media, with representation and whose voice is being heard.

Health at Your Fingertips: Increasing Information and Service Delivery Through Mobile Technology

Through mHealth technology, access to maternal and reproductive health services has been greatly expanded. This panel discussed the need for quality and care to remain a primary focus of mHealth interventions, as well as the various benefits of the program.

Power Up: e-Education and Digital Learning

Technology births new, affordable ways for people around the world to earn degrees, develop new skills, and find employment. Thanks to recent innovations, those in low-resource, rural settings are now able to access online classes and receive help in preparing for job interviews and writing CVs. Presenters in this session shared their projects and highlighted how they can be used to change lives for the better.

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SUSTAINABILITY

Why They Need Each Other in a Post MDG World

The session discussed how the post-2015 development agenda presents an important opportunity to address the serious challenges facing the world as we work together to realize a sustainable and equitable future. Firstworld consumption must be a part of the conversation, and women's rights must be emphasized as part of any sustainable solution. Additionally, development projects must be held accountable, yet evaluation practices should not be reduced to economics.

Food, Security, Water, and Sexual and Reproductive Health: A Defining Nexus

Having surpassed seven billion, the planet's population is set to continue to expand, with most growth occurring in countries least equipped to meet rising demands on agriculture and the environment. This session discussed connections among clean water, food security, arable land, and the women often responsible for their acquisition and maintenance. Panelists found that many of these issues need to be linked to reproductive health for progress to be made.

Women, Resilience and Climate Change

Historically, hardships—whether natural or man-made—affect women in inequitable proportions. As climate change increases the likelihood of natural disasters and environmental degradation diminishes arable land, it often falls on women to ensure survival for their families and communities. This panel discussed the historic resilience of women and what that resilience could mean looking forward.

Appendix 2: Concurrent Sessions

Harnessing the Demographic Dividend

The demographic dividend offers developing countries the possibility of achieving major economic growth when reduced fertility rates are accompanied by strategic investments in education and jobs. Currently, much of sub-Saharan Africa is on the cusp of this phenomenon. Using lessons learned from Asian and South-Asian countries, the demographic dividend could become a meaningful opportunity for economic growth and sustainable development for the world's poorest countries. The session concluded that this transition will not happen on its own without a concerted effort to provide contraceptives to these countries.

Women and Energy: New Frontiers

There have been many women pioneers in the emerging field of renewable and clean energy technology and finance. This panel highlighted women's leadership and innovative ideas in energy while discussing the connections between energy and women's lives and health around the world. The session emphasized the fact that energy and women's movements have a lot to learn from each other.

UNMET NEED FOR CONTRACEPTION

Challenges in Family Planning—How to Meet? Bayer as a Reliable Partner

How can industry contribute to ensure that women around the world have safe, healthy, and wanted pregnancies and free choice of contraception? In this joint session, speakers discussed expectations of pharmaceutical companies and how they could address and decrease the 'unmet need'. The panel also discussed the post- Millennium Development Goal agenda and how to ensure continuity in family planning.

Youth and Family Planning

Although inclusion of youth in sexual and reproductive health advocacy and programmes has increased, there are some critical areas that continue to show continued disparities for youth and family planning. A moderated panel discussed each of these topics, both from an overview as well as a youth perspective, and was followed by a Q & A.

Task Sharing and Task Shifting: Investing in Frontline Health Workers Pays in Lives Saved

One of the guiding principles behind task sharing is that no one health provider, or one cadre of providers, can do it all. Allowing a wider range of cadres to offer certain services, when this can be done safely and effectively, is an important means of expanding access and improved health care, particularly for vulnerable populations. Healthworker shortage is an issue that must be addressed, and task sharing has proven to be an effective strategy in responding to HWC in a number of settings.

Community-Based Access to Injectables (CBA2I)

Community-based strategies such as CBA2I can dramatically improve women's access to contraception by incorporating trained community health workers. The World Health Organization technical consultation of 2009 established this as a global standard of practice; however, multilevel challenges remain. Panelists discussed the many different aspects of CBA2I and found that it is safe and effective, would increase contraceptive use, as well as access to a broader mix of FP methods.

Gender and Family Planning

Gender is one of the most important social determinants of health. Usually, family planning is associated with 'women's obligations'; however, a more dynamic and dialogical relationship involving co-responsibility is needed. The panel spoke about the ambivalence of the role of men and examined the fact that sexuality is not talked about when discussing family planning, although it is very important to remember to do so.

Appendix 2: Concurrent Sessions

The London Summit (FP2020): From Pledges to Actions

The London Summit on Family Planning was a seminal event in the revitalization of the global family planning agenda. This panel discussed the progress, follow-through, and major challenges to achieving the goal of having 120 million more women using modern contraceptives by 2020.

Integration of Contraception with Other Health and Non-Health Components

The session examined the integration of contraception programs with other health sectors such as primary care, HIV/AIDS, adolescent health, as well as with non-health sectors such as water, agriculture, work place systems, and environmental programs. Panelists discussed the need to more accurately document experiences to increase the number of evidence-based decisions, and to ensure a dedicated staff to encourage more integration programs.

Emergency Contraception: Progress and Remaining Challenges

Increasing access and use of emergency contraception is critical to decreasing unintended pregnancy, unsafe abortions and maternal mortality. The session featured discussions of recent research about the perceptions and use of emergency contraception. The panel examined the need to engage women and girls in the conversation, and civil society as a whole, and give them as much information as possible.

Market Shaping Practices in Reproductive Health: Producing Greater Access to Supplies and Service

A more efficient and competitive market would result in more people having access to contraceptives and services. To achieve change we need to examine how major northern manufacturers can lower product cost, how southern-based generic manufacturers can compete in international procurement, and how WHO's prequalification program can assist in making this happen. This panel discussed the fact that market shaping is not an end in itself—it is a tool for achieving choice, equity, and sustainable health outcomes.

Life-Cycle Approach to Contraceptive Services

The session addressed the needs of young people, women receiving post-partum and post-abortion services, women living with HIV and women who do not desire to have more children in the future. Panelists discussed the need to provide information and services to women especially in the post-partum/post-abortion period, but also discussed the changing needs of women, and the fact that programs must be sensitive to this.

The 1-2-3 of New Contraceptive Technologies

Panelists discussed how the development of acceptable, affordable, and appropriate technologies could play a pivotal role in reducing unmet family planning needs.

Post-Abortion Family Planning

Immediate post-abortion family planning is critical in reducing further unintended pregnancies, yet often this issue goes unaddressed. The panel discussed the challenges that must be studied more specifically, the effective practices that have been emerging, and the need to clarify that post-abortion care is legal in all countries and that people must have a better sense of their rights.

Appendix 2: Concurrent Sessions

WOMEN'S HEALTH

Participatory Governance to Improve Coverage, Quality, and Equity of Maternal Healthcare

Participatory governance is a key strategy to improve health coverage, quality, and equity. It links citizens, health systems, and governments in systems of mutual responsibility and accountability. The panel shared tools and approaches for empowering women, communities, and health providers to participate effectively in these systems. Panelists spoke about the convergence between the community scorecard approach and participation quality improvement, and the potential of mobile technology to accelerate social accountability for RMNCH.

Health Systems Strengthening: The Role of the Private Sector

Panelists discussed an overview of the often-neglected contributions of the private sector in achieving improved health outcomes for women at various life stages. Topics included demand for private sector provision as well as access to and quality of private-sector services. The panel emphasized the fact that social franchising can be a powerful framework to provide a collective voice and role in human health systems as well as the importance of looking at the demand and supply side of providing health care.

Women Deliver as Those Who Manage, Lead, and Govern for Health

Why are women in positions of frontline health workers, yet are not equally represented in leadership, management, and decision-making roles. Participants and panelists offered clear solutions and the next steps to bringing about gender equity in global health. The panel highlighted the idea that female leaders are needed as a means to unleash the work of girls and female health care providers.

Healthy Girls, Healthy Women—Investing in Vaccines for Girls

The year 2013 is a transformational year in girls and women's health. For the first time, GAVI is supporting developing countries to launch two vaccines that will directly benefit women's health and strengthen the continuum of care. Vaccinating girls with human papillomavirus (HPV) vaccines will help to protect future generations of women from cervical cancer. Rubella vaccines can help to prevent miscarriage and stillbirth, and shield infants against birth defects. This panel highlighted the fact that integration is not an option—we need to build on visits to health service providers.

Ending the Human Rights Atrocity of Obstetric Fistula: Progress and Perspectives from a Decade of the Campaign to End Fistula

The year 2013 marks a decade of the Campaign to End Fistula's work by UNFPA and partners. It is a time to reflect, to assess progress as well as gaps and challenges, and to redouble efforts, renew and reinvigorate commitment, and envision the way forward towards the ultimate goal.

Life-Saving Commodities for Women

Access to essential medicines and supplies is an essential solution to reduce maternal death and disability. The United Nations Commission on Life-Saving Commodities for Women and Children prioritizes several maternal health supplies to accelerate progress towards Millennium Development Goal 5. The panel discussed commodity-related policy, partnerships and approaches to strengthen commodity forecasting and supply.

Best Practices in Improving Reproductive Health Care

This session overviewed country-specific projects that have improved the quality of reproductive health care. Panelists examined the high political commitment that would be required to truly achieve improvement in health care, the public-private partnerships that are almost essential, and the funding that would allow for even more progress to be made, beyond the simple solutions.

Appendix 2: Concurrent Sessions

No Woman Left Behind: Leveraging Sexual, Reproductive, and Maternal Health Services to Address Non-Communicable Diseases (NCDs)

Over half of female deaths in low- and middle-income countries are caused by NCDs. This session explored the growing NCD burden, a life-cycle approach to integrated service delivery, and opportunities for joint advocacy efforts. NCDs need to be at the top of the agenda right now, and this panel discussed the need for more integration with other programs.

Universal Health Coverage Through Health Financing

Financing of health services for consumers and providers can be used effectively to increase timely and appropriate demand and access to healthcare services. Health financing can also encourage desired healthy behaviors. The panel shared examples of financing mechanisms for reproductive and maternal health services. Panelists discussed the different barriers that people face in terms of health coverage, such as the cost of drugs, and examined the different possible ways to achieve universal health coverage.

Quality of Care in the Sexual and Reproductive Health and Rights Context

The session highlighted the importance of a rights-based approach in quality of care in the sexual and reproductive health and rights context, and provided examples from implementing agencies of how this is done.

Breast and Cervical Cancers

Breast and cervical cancers are the leading cancers for women in most countries. Panelists discussed successful pilot programs in breast and cervical cancer screening that are linked to treatment, and learned how these programs could be scaled up.

Delivering Health and Rights for Women and Girls Through Integrated Health Care

The session explored best practices and challenges of integration. Panelists stated that there is no 'One Size Fits All' approach to integrated health care, and that women would need to be included in the design and implementation of integrated care.

Maternal and Paediatric Tuberculosis: A Neglected Disease

In 2011, nearly three million women developed tuberculosis out of which an estimated 500,000, including 200,000 living with HIV, died. Half a million children developed tuberculosis in 2011; however, tuberculosis prevention, diagnosis and treatment services are not a routine part of maternal and child health services and programming. This session discussed what is needed to help treat this disease.

YOUTH

Sexuality Education

The evidence is clear: Comprehensive sexuality education (CSE), when implemented with fidelity to a well-designed curriculum, can improve sexual and reproductive health knowledge, attitudes, and behaviors. This session aimed to 'get real' with CSE and discussed possible strategies to address specific challenges in implementing CSE in the developing world. These challenges may include meaningful incorporation of young people in the curricula design, gaps between advances in policy and CSE implementation, and effective incorporation of gender perspective in these efforts. The panel emphasized the fact that sex educators, whether youth-peers or teachers, need to be comfortable delivering the content and trained to involve different stakeholders.

Appendix 2: Concurrent Sessions

Youth-Friendly Service Delivery Models

All youth deserve the opportunity to be healthy, reach their full potential, and have access to quality health services. Unfortunately, this is not often a reality, particularly in the case of sexual and reproductive health services. The panel examined the challenges and opportunities we face in expanding youth-friendly health delivery, drawing from on-the-ground experiences and from lessons learned from leading health organizations.

Social Barriers to Care: Gender Norms, Stigma and Violence

The panel discussed the key social drivers of negative SRH outcomes and the successful interventions designed to respond to the needs of adolescents and youth, with a particular focus on girls and young women. The panel addressed gender, social, and community norms that pressure young people into childbearing, gender-based violence, and the norms around masculinity, fatherhood, and the role of men and boys in SRH. Panelists also discussed various innovative approaches to quickly advance the agenda, and what the first step to this process would be.

Youth Leadership and Participation

The panel explored the evolving capacity of youth participation as a human right, and barriers for youth in accessing services, resources, and treatment. As international development models increasingly shift to local development partners, youth-led organizations are well-positioned to be strong partners in implementing sexual and reproductive health and rights programs and policies, yet they are often overlooked. The panel discussed the idea of youth-led organizations as partners in development and capacity-building efforts.

Education Matters: Empowering Young People to Make Healthier Choices—Case Studies from Africa and Central Asia

This session discussed the adaptation of the ‘Join-In Circuit on AIDS, Love, and Sexuality’, in Zambia, Kenya, and Kyrgyzstan. The J-IC, developed by the German Federal Centre for Health Education, is a behavior change communication tool for sensitizing young people about HIV and AIDS and sexual and reproductive health.

Marginalised Adolescent Girls

There are more than 600 million young and adolescent girls in the developing world, yet despite playing a vital role in producing, raising, and educating the next generation, girls are too often forgotten by development policies worldwide. This panel explored new models for developing innovative programs and advocacy for the broad range of social, health, and economic needs of girls. Panelists discussed the need to bring in youth-led and youth-friendly services, and especially to bring boys into the situation.

DATA! What We Have, What’s Missing, and Why

We lack qualitative and quantitative programmatic evaluations and age-disaggregated service statistics through national-level health information systems and international donor-funded programs. This panel discussed what we do know about adolescent and youth sexual and reproductive health, examined unique ways of learning and gathering more evidence, and identified remaining gaps. Panelists found that there was enough data to know what they need to act on, and program managers need not be afraid to use this data creatively. Although, the panel also found that investments are still needed to fill in the larger gaps.

Appendix 3: Media Coverage

U.S., AUSTRALIA, EUROPE

U.S. (49)

Associated Press: Chelsea Clinton Eyes Global Projects, Gay Rights (28 May 2013)
Associated Press: UN Targets Family Planning In Post-Conflict Areas (28 May 2013)
CNN: Chelsea Clinton: Every Girl Can Succeed (14 June 2013)
CNN: Melinda Gates & The Birth Control Debate (31 May 2013)
CNN: Fighting For Childbirth Rights In China (30 May 2013)
CNN: Empowered Women Make Nations Strong (29 May 2013)
Daily Beast: With The Help Of Melinda Gates, Birth Control Makes A Comeback (31 May 2013)
Daily Beast: 'Design Your Own Condom Wrapper' & More Family-Planning Initiatives (29 May 2013)
Daily Beast: Melinda Gates On Empowering Women To Plan Their Families (29 May 2013)
Fast Company Co.Exist: The Price Of Global Women's Health: \$12 Billion (30 May 2013)
Fast Company Co.Exist: 7 Questions For Melinda Gates On The Future Of Investing In Girls And Women (29 May 2013)
Forbes: The X Factor: Why Investing In Family Planning Can Yield The Greatest Impact (11 July 2013)
Forbes: No Woman Should Die From Cervical Cancer (30 May 2013)
Forbes: Sarah Brown: Grassroots Mobilization Saves Mothers' Lives (30 May 2013)
Forbes: It Is Time To Stop Discrimination Against Girls And Women (29 May 2013)
Forbes: Women's Rights In Global Cartoons (28 May 2013)
Forbes: The Undeniable Value Of Investing In Girls And Women (27 May 2013)
Glamour: Let's All Steal Mandy Moore's Simple Secret To Happiness (30 May 2013)
Global Post: New Reports Focus On Global Child Health, Call For Improvements In Child Nutrition (29 May 2013)
Huffington Post: Time To Deliver For Women: The Post-2015 Agenda (6 June 2013)
Huffington Post: What I Saw And Learned In Southeast Asia And Why I Left Inspired (3 June 2013)
Huffington Post: 14 Initiatives Helping Women Deliver All Over The World (31 May 2013)
Huffington Post: Providing Real Choice For Women In Developing Countries (31 May 2013)
Huffington Post: Young Leaders Can Change The World – One Girl At A Time (30 May 2013)
Huffington Post: Behind A Healthy Woman, There's Girls And Men (29 May 2013)
Huffington Post: Breaking Down Health Data By Ethnicity: A Lively Debate At Women Deliver (29 May 2013)
Huffington Post: Contraception And Gamified Advocacy (29 May 2013)
Huffington Post: Forging Partnerships To Improve Global Health (29 May 2013)
Huffington Post: The Role Of Faith In Family Planning (29 May 2013)
Huffington Post: What The World Needs Now Is Girl-Centered Advocacy (29 May 2013)
Huffington Post: 'Nothing About Us Without Us!': Bringing The Voices Of Women Living With HIV To Global Conversation On Women's Health (28 May 2013)

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Huffington Post: Generation Z Delivers For Women's Health (28 May 2013)
Huffington Post: Women Deliver Catalyzes Conversations With Young People About Reproductive Health (28 May 2013)
Huffington Post: Women Deliver. How About Men? (24 May 2013)
Huffington Post: Time To Bridge The Gap For Women's Health (23 May 2013)
Huffington Post: Women & Sustainability: Why They Need Each Other In A Post-Mdg World (20 May 2013)
Huffington Post: Now Is The Time To Invest In Girls And Women (16 May 2013)
Huffington Post: Girls Are The Key To Solving Poverty (1 May 2013)
Huffington Post: How One Kenyan Woman Fueled Jill Sheffield's Life's Work (16 April 2013)
Huffington Post: Bringing Films And Their 'Extended Families' To The 2013 Women Deliver Cinema Corner (28 March 2013)
Huffington Post: Celebrating International Women's Day Every Day (20 March 2013)
Huffington Post: How Can I Help? (10 December 2012)
Huffington Post: The Impact: What Social Enterprises Can Do For Girls Everywhere (8 March 2012)
PBS To The Contrary: Erbé On Women Deliver (12 June 2013)
PBS To The Contrary: Sneak Preview: Melinda Gates (7 June 2013)
Voice Of America: Women Bear Brunt Of Population Growth (30 May 2013)
Voice Of America: Leaders Call For Investing In Girls (29 May 2013)
Voice Of America: Indonesia Struggles With High Maternal Death Rate (28 May 2013)
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Guardian: Inadequate Care During Pregnancy And Birth Exacting Deadly Toll (29 May 2013)
Guardian: Improvements In Maternal Health At Risk Because Of Data Black Hole (28 May 2013)
Guardian: Malaysia Meeting On Women's Rights Attracts Policymakers And Princesses (28 May 2013)
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Reuters Foundation: More Family Planning In Countries Hit By Disaster, Conflict (30 May 2013)

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ABC Radio: Kidu To Tell Global Women Deliver Conference Men Must Be Involved (28 May 2013)

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The Hindu: Melinda's Encounter With Empowerment In Bihar (29 May 2013)

The Hindu: Yuvraj Keeps Faith In The Battle (29 May 2013)

The Hindu: Midwives Do More Than Deliver Babies (28 May 2013)

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The Hindu: Leaders On A Roll (14 May 2013)

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Jakarta Post: Melinda Gates: Helping The Voiceless (21 June 2013)

Jakarta Post: Women Deliver 2013: Lessons Learned For Indonesia (12 June 2013)

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Jakarta Post: Melinda Gates Lauds Global Progress On Family Planning (30 May 2013)

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Bernamea: Crown Princess Mary Of Denmark Visits Women's Institute Of Management (29 May 2013)

Bernamea: Let Women Decide On Family Planning – Melinda Gates (29 May 2013)

Bernamea: Rosmah Hosts Dinner For Participants Of 3rd Women Deliver Conference (29 May 2013)

Bernamea: Rosmah Receives Courtesy Call From Acting Executive Director Of UN Women (29 May 2013)

Bernamea: 99 Per Cent Of Children Born To HIV-Positive Mothers In Malaysia Uninfected (28 May 2013)

Bernamea: Commitment, Focus Needed To Reduce Maternal Deaths – Rosmah (28 May 2013)

Bernamea: Female Labour Force Participation To Be Improved: Najib (28 May 2013)

Bernamea: First Lady Of The Republic Of Mozambique Has Audience With Queen (28 May 2013)

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Bernamea: Malaysia's Success In Declining Maternal Mortality Rate Can Be Lesson To Others (28 May 2013)

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Bernamea: Over 3,000 To Attend Women's Forum (28 May 2013)

Bernamea: Repeal All Laws That Criminalise Abortion – Ipas (28 May 2013)

Bernamea: UNFPA Admire Najib's Commitment In Family Planning (28 May 2013)

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Bernamea: Rosmah Terima Kunjungan Puteri Mahkota Norway (27 May 2013)

Bernamea: Decade's Largest Global Conference On Women And Girls Begins Tomorrow (26 May 2013)

Bernamea: Women Deliver 2013 Provides Live Webcast For Those Unable To Attend Conference (26 May 2013)

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New Straits Times: Senanayake Is A Woman Of All Sorts (2 June 2013)

New Straits Times: Rosmah Gets Royal Danish Visitor (1 June 2013)

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New Straits Times: Men's Role In Ending Violence Against Women (29 May 2013)

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New Straits Times: Strong Support System Needed To Help Women – Chelsea Clinton (28 May 2013)

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MEDIA ADVISORIES AND PRESS RELEASES (13)

Women Deliver 2013 Concludes With A United Call To Invest In Girls And Women (30 May 2013)

Global Leaders Call For Accelerated Progress On Family Planning At Women Deliver 2013 (29 May 2013)

Women Deliver And C-Exchange Launch Youth Initiative (29 May 2013)

Girls' & Women's Health And Rights In Focus At Women Deliver 2013 In Kuala Lumpur (28 May 2013)

Decade's Largest Global Conference On Women And Girls Begins Tomorrow In Kuala Lumpur (27 May 2013)

World Leaders Gather In Malaysia For Landmark Meeting On Girls' And Women's Health (22 May 2013)

Champions For Girls And Women To Convene At Women Deliver 2013 Conference [Asia Regional Advisory] (22 April 2013)

Champions For Youth To Gather In Malaysia For Women Deliver 2013 Conference (22 April 2013)

Influential Leaders At Global Women Deliver 2013 (10 March 2013)

For International Women's Day, Women Deliver Highlights Social Enterprises That Improve The Health And Wellbeing Of Girls And Women Around The World (7 March 2013)

Global Leaders To Call For Action On Maternal & Reproductive Health At Women: Deliver 2013 Conference (21 February 2013)

Women Deliver Opens Media Registration For Conference In Malaysia On Girls And Women (6 December 2012)

Appendix 4: Exhibitors in 2013

ABT Associates
African Medical and Research Foundation (AMREF)
Amnesty International
Amony
ARROW
Aspen Institute
ATC Travel Management
AusAid
Bayer
BBC Media Action
Bernama
Bill and Melinda Gates Foundation
Blu, Inc.
Canadian Network for Maternal, Newborn and Child Health
Care International
Catapult
Center for Global Health and Diplomacy
Coalition Advancing Multipurpose Prevention Technologies
Countdown to 2015
Deutsche Gesellschaft für Internationale Zusammenarbeit
Engender Health
Every Woman Every Child
EZA
Family Care International
GAVI Alliance
Girls Not Brides
Global Fund For Women
Global Health Corps
Global Health Workforce Alliance
Global Poverty Project
Grand Challenges
Guttmacher Institute
HelmsBriscoe
HRA Foundation
HRP
IAWG
Independent Expert Review Group
Innolax
Interagency Working Group on Reproductive Health
International Confederation of Midwives
International Consortium for Emergency Contraception
International Partnership for Microbicides
International Planned Parenthood Federation
International Planned Parenthood Federation ESEAOR
Intrahealth International
IPAS
Jhpiego
John Snow Inc.
Joyful Women Organization
Karex
Karyaneka
Laerdal Global Health
The Lancet
LPPKN
Malaysia Ministry of Health
Malaysia Rubber Export Promotion Council
Malaysian AIDS Council
Management Science of Health (MSH)
Marie Stopes International (MSI)
Maternal Health Task Force

Appendix 4: Exhibitors in 2013

MChip
MDG 4 and 5 Improvement in the Kingdom of Cambodia
MedGyn Products
Medical Film Aids
MERCK
MicroNutrient Initiative
Ministry of Women Affairs Afghanistan
MREPC
Ministry of Women, Family, and Community Develop. Malaysia
Netherlands Ministry of Foreign Affairs
National Cancer Society Malaysia
Nike
NORAD
Novo Nordisk
OBGYN
Partners in Population and Development
Partners in Population and Development Afro Region
Parliamentarians
PATH
Pathfinder International
Pathfinder International Bangladesh
Pemako Health Initiative
Plan International
PMNCH
Population Action Institute
Population Council
Population Reference Bureau
Population Services International
PPFA Global
PRONTO International
Relax Birth
RAF – Pakistan
Reproductive Health Matters
Reproductive Health Supplies Coalition
Save the Children
Save the Mothers
Scope Group
Shops Project
Sonke Gender Justice Network
The Female Health Company
The Johns Hopkins University - Ctr for Communication Programs
Thompson Reuters
UNAIDS
UNFPA Cambodia
UNFPA Donor
United Nations Foundation
Venture Strategies Innovations (VSI)
World Association of Girl Guides and Girl Scouts
Wateraid
Water Supply and Sanitation Collaborative Council
Women Education Inc
WomenCare Global
Women's Learning Partnership
Women's Refugee Commission
Women's & Children's Health (Burnet Institute)
World Alliance for Breastfeeding Action (WABA)
World Bank
World Health Organization
World Vision International (WVI)
Youth Zone

Appendix 5: Films

Film Name

A Healthy Investment: Linking Family Planning and Microfinance

Dr. Shamistha Basu, Rick Homan and Eva Canoutas (FHI 360)

A Kiss for Gabriela

Laura Murray

A Thin Line

World Health Organisation

Abortion Worldwide

Guttmacher Institute

AGALI Malawi Digital Stories

Change At All Cost - AGALI Country Coordinator Howard Kasiya

Because Our Cause is Just

Women's Learning Partnership / Rainlake Productions

Belong to the Sun/MDGFive.com Arts & Advocacy

Lisa Russell

The Body Politic: Peer to Peer Sex Ed

Planned Parenthood Federation of America

Born in Silence

Global Alliance to Prevent Prematurity and Stillbirth

Census

United Nations Population Fund

Crescendo

Alonso Alvarez

Delhi Rising

Ayesha Sood / Jamun

Discomfort

BBC Media Action India

Don't Close Your Eyes, We Can End Fistula

United Nations Population Fund

Educational Video on Menstrual Hygiene

Sulochana Pednekar

Ek-teen-do (One-three-two)

BBC Media Action India

Elders Speak: A New Dawn for Women in Kenya

Deborah Espinosa & Rena Singer

Empower Women, Empower the Future

United Nations Population Fund

Every Breath of Life

Adimu Madyun and ShakaJamal

Films on PPH Management

Staffan Bergstrom

Freedom For Birth

Toni Harman and Alex Wakeford

Ganth Bandh Lo (Tie a Knot)

BBC Media Action India

Girls Decide

International Planned Parenthood Federation

Graceland Girls

Jordan Salvatoriello

Half the Sky: Turning Oppression into

Opportunity for Women Worldwide

Half the Sky Movement

Harmonious & Discordant: A Story of Love

Population Services International

Haule Haule

Population Foundation of India and Mr. Feroz

Abbas Khan

Health Systems Create Healthy Futures: Meet

Maya

World Bank and GMMB

HERProject

Primark and Pretzel Films

Humaira: The Dream Catcher

SOC Films/Sharmeen Obaid Chinoy

I Heart Being a Girl

YSAFE volunteers

Appendix 5: Films

Film Name

I'll Take It From Here

Mary Matheson, Shona Hamilton, and Raj Yagnik

Imagine

Global Health Workforce Alliance

It's a Girl

Evan Grae Davis and Andrew Brown

It's a Girl Music Video

Evan Grae Davis and Andrew Brown

Kadi: Saving Mothers and Babies, One Voucher at a Time

Population Council

MAMA Bangladesh

MAMA & Micro-Documentaries LLC

Mama C: Urban Warrior in the African Bush

Joanne Hershfield

Mama Creator Music Video

Lisa Russell

Mama Hawa

Kristin Sellefyan and Jon Bjorgvinsson

Mamas' Voices: Healthy Mama, Healthy Baby

International Museum of Women

Marcio's Story: A MenCare Film from Brazil

Promundo

Our Message

Leela Thapa, Savitri Rana Magar, Bijula Rana Magar, Isha Sharma, Dinesh Devkota, Joanna Morrison

Por Fin Parió Paula

Chris Newman and Patricia Alvarez

Rags to Pads

Chithra Jeyaram

Rafea: Solar Mama

Mona Eldaief and Jehane Noujaim

Positive and Pregnant

Candice Lela-Rolingson, Stacy Lela, and Nyron Rolingson

Revolution of Love

Christina Stevens

Second Chances: Releasing the Power of Girls

CARE International

Sex Education Program for Teenagers in

Uganda

Bayer HealthCare Pharmaceuticals

SHE28 Campaign

Hugebrown and Sustainable Health Enterprises

SISTER

Brenda Davis

South Africa: From Victim to Victor

United Nations

SPEAK OUT: Domestic Violence in Egypt

Jenny Montasir

Stolen Moments

BBC Media Action India

Suspicious Densities

Rich West and Sheri Stroud

Suwi-Faith

Paivi Takala and Musola Cathrine Kaseketi

The Branded Girls

Bijoyeta Das, Khaled Hasan

THE CALL: A Choice No Mother Should Face

Breakthrough, People's Television, and McGraw Wolfman

The Cola Road

Claire Ward

The Home Visit

Global Health Media Project

Appendix 5: Films

Film Name

The Life: Ballerina
Mohammad Maaty

The Motherland Tour
Yvonne Chaka Chak

The Silkies of Madagascar
David Evans

The Time is Now: Invest in the Sexual and
Reproductive Health of Young People
Alexandra Hervish and Jennifer Schwed

The Traditional Home
Remi Vaughan-Richards

The World's Women: Challenges and Solutions
Thomson Reuters Foundation

Too Young to Wed: Destaye: Child Marriage
Stephanie Sinclair, Jessica Dimmock/VII, and
Union HZ (United Nations Population Fund)

Tough Bond
Anneliese Vandenberg and Austin Peck

Tres Generaciones
Erica Nelson and Dylan Howitt

Vaccinating Against Cervical Cancer - HPV
Vaccines in Rwanda
Diane Summers and Ryan Youngblood (GAVI
Alliance)

Urgent: Access to Family Planning for Crisis-
Affected Communities
Women's Refugee Commission

Walking With Life: The Birth of a Human Rights
Movement in Africa
Kenny Mann

Where Are You...
Amy Hill, Allison Meyers, Andrea Spagat, Julia
Zeuli and Roberto Morales

White Knight
Humanity Watchdog

Why Did Mrs. X Die, Retold
Gwyneth Lewis, Amy Gadney and Emily Goldner
(Hands On for Mothers and Babies)

Winners of the Female Condoms Are...Film
Contest
PATH

Appendix 6: Highlights of County Caucuses

Ethiopia

A broader segment of development partners were made aware of the draft UN Commission on Lifesaving Commodities for Women and Children plan for Ethiopia. Upon return to their country, these partners engaged in collaborative discussions with the Ministry of Health (MOH) to help prioritize the commodities to be focused on as part of the plan. They also identified implementing opportunities and mechanisms to address gaps in access and use of the priority commodities.

India/Uttar Pradesh

As a result of the India/Uttar Pradesh State Caucus, a multi-stakeholder, civil society group identified a set of advocacy goals and accountability mechanisms for helping to ensure the effective roll-out and implementation of the National Rural Health Mission's new policy for reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) in Uttar Pradesh.

Indonesia

A call to action will be presented to the Indonesian MOH on delivering on three key reproductive, maternal, and newborn health commitments by the Government of Indonesia. Collective engagement of civil society with the MOH to support efforts to deliver on these commitments will continue.

Nigeria

The Honorable Dr. Muhammad Ali Pate, Minister of State for Health for Nigeria made a verbal commitment to take immediate action to make maternal deaths notifiable in Nigeria through mobile reporting. Further, a multi-stakeholder group, convened by White Ribbon Alliance for Safe Motherhood Nigeria with support from PATH, will continue to collaborate to support the Minister in implementing this commitment and to mobilize civil society organizations and government to generate data on the core maternal and child health indicators recommended by the United Nations Commission on Information and Accountability for Women and Children.

Rwanda

Civil society dialogue on collaborating with the new, incoming minister of health and joint advocacy messages on accountability for reproductive, maternal, and newborn health commitments has been initiated.

South Africa

An action plan has been drafted for collaborative civil society engagement to ensure the finalization and implementation of the draft Adolescent and Youth Friendly Policy for reproductive health services.

Tanzania

The objectives of the White Ribbon Alliance for Safe Motherhood Tanzania-led Wajibika Mama Aishi campaign for comprehensive emergency obstetric and newborn care will be updated with refined advocacy asks for the Ministry of Health and Social Welfare, focused on specific policies to be influenced and development of performance standards.

Uganda

The Honorable Sarah Aceng Opendi, Minister of State for Primary Health Care of the MOH made commitments regarding coordination of efforts among health care implementing partners, improving family planning services, and improving conditions for midwives. The members of parliament agreed to advocate for funding for maternal health and to support recruitment of an additional 10,000 health care workers.

Appendix 7: Minister's Call to Action

"WE COMMIT TO UNDERTAKE THE FOLLOWING KEY ACTIONS BY 2015. We hold ourselves accountable for achieving universal access to family planning.

Ensure that sexual and reproductive health including family planning is placed at the centre of the post-2015 development agenda;

Ensure country ownership of the health development agenda and urge development partners to harmonize and align their activities with national plans and priorities to avoid duplication of effort and resources and increase their effectiveness and efficiency in delivering results;

Establish mechanisms to scale up effective programmes and to enable innovations, and strengthen South-South development cooperation, learning and partnership;

Recognize and protect fundamental human rights, specifically reproductive rights, by reviewing legal policies to ensure alignment with national and regional commitments; eliminate regulatory barriers and punitive provisions to deliver services and commodities without discrimination, coercion or violence on any grounds;

In the framework of universal health coverage, ensure that health financing systems evolve to reduce financial barriers to accessing services and commodities among the most disadvantaged and poorest populations;

Increase allocation of domestic and donor resources at all levels to deliver on global and national commitments for achieving universal access to voluntary family planning by introducing innovative financing mechanisms;

Introduce policies that allow the adoption of, and strengthen the implementation of, task-shifting and task-sharing strategies to address shortages of skilled health providers at different levels;

Ensure that health systems support a continuum of care and integration of rights-based family planning in primary health care, HIV and in other sexual and reproductive health services, and that health reforms are designed to expand delivery of quality voluntary family planning services to poor and vulnerable populations;

Strengthen supply chain management systems for reproductive health commodities including contraceptives by establishing integrated supply management systems for health and increasing human resource capacity to deliver reproductive health commodity security;

Empower communities to own the services and hold service providers accountable for quality and results;

Provide comprehensive and age appropriate sexual and reproductive health education as part of basic 'life literacy' for young people including education to promote values of human rights, tolerance, gender equality and non-violence; provide youth-friendly services to enable adolescents and youth to understand and make informed decisions about their reproductive health and plan their lives so that they can protect themselves from sexually transmitted infections including HIV and, for girls, complete their education and avoid unwanted pregnancy and unsafe abortion and related mortality;

Appendix 7: Minister's Call to Action

Strengthen partnership with civil society and faith-based organizations, media and cultural institutions to educate communities, men and vulnerable populations about family planning to increase demand, and promote health-seeking behaviour particularly among youth, migrants, minorities and the poor.

Ensure gender equality and women's empowerment in family planning programming and service delivery so that the needs and rights of women and girls are promoted and protected in areas including gender-based violence, child marriage and teenage pregnancy.

Strengthen health information system and monitoring and evaluation systems for national family planning programmes including research and data collection on family planning and reproductive behaviour based on thorough analysis of population dynamics and the needs of women and girls and vulnerable populations;

Ensure multi-sectoral linkages and strengthen partnerships with parliamentarians, donors and non-governmental organizations—including public-private partnership—to leverage human and financial resources to achieve universal access to family planning.

Hon. Prof. Dorothée A. Kinde-Gazard, Minister of Health, Republic of Benin; Hon. Dr. Kesetebirhan Admasu, Minister of Health, Federal Democratic Republic of Ethiopia; Hon. Dr. Muhammad Ali Pate, Minister of State for Health, Federal Republic of Nigeria; Hon. Dr. Awa Marie Coll Seck, Minister of Health, Republic of Senegal; Hon. Dr. Yatta Lori Lugor, Deputy Minister of Health, Republic of South Sudan; Hon. Matia Kasaija, Minister of State for Planning, Ministry of Finance, Planning and Economic Development, Republic of Uganda; Hon. Sarah Aceng Opendi, Minister of State for Primary Health Care, Ministry of Health, Republic of Uganda