

Choice for women: wanted pregnancies, safe births

Consultation report



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Consultation report 2010

Summary of responses

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List of Abbreviations

DAC	Development Assistance Committee
EC	European Commission
FfR	Framework for Results
FGM/C	Female Genital Mutilation/Cutting
Global Fund	Global Fund to Fight AIDS, TB, and Malaria
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
PDPs	Product Development Partnerships
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RMNH	Reproductive, Maternal and Newborn Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, hygiene and sanitation
WHO	World Health Organization

1. Summary of consultation report

This section presents an overview of the Choice for Women consultation process as well as a summary of the feedback received.

The Choice for Women Consultation

The Choice for Women consultation was DFID's most successful public consultation to date if we judge our success by the number of respondents to the consultation. We are extremely thankful to everyone who contributed, including health and development practitioners and members of the general public in the UK and across the world.

Consultation Process

From 27 July until 20 October 2010 DFID ran a public consultation to inform the development of a business plan for Reproductive, Maternal and Newborn Health (RMNH). The response was overwhelming: more than 110 participants in consultation meetings across the world; over 150 comments posted to the online discussion forum and about 90 email submissions (we regard these two elements, that is, the discussion forum and email submissions as the Technical Consultation); and over 2000 responses to the Online Survey. We received about 700 campaign emails urging the UK Government to make health care free at the point of use.

Consultation Meetings

DFID held 5 consultation meetings in the UK, India, South Africa and Kenya with key stakeholders, including development practitioners, health professionals and academics, which focused on the UK's comparative advantage in reproductive, maternal and newborn health as well as national, regional and global priorities.

Participants felt that the UK had a comparative advantage in some of the following areas: improving access to family planning; improving access to safe abortion; supporting equitable health financing; providing integrated quality health services along the Continuum of Care; improving adolescents' Sexual and Reproductive Health and Rights (SRHR); supporting government accreditation and regulation of the private and non-state sector; and providing a global leadership role.

We present a fuller summary of the key messages in section 2 of the report. The full meeting reports are available on our website (www.dfid.gov.uk).

Technical Consultation

The Technical Consultation asked 12 questions (see box 1) and feedback was submitted through our discussion forum or via email submissions. 154 comments were posted in our discussion forum, representing a range of views of individuals, civil society representatives and people working with multilateral institutions. The comments are available to view on our website (www.dfid.gov.uk/choiceforwomen).

We received 89 email submissions from individuals, non-governmental, community-based, and faith-based organisations, networks of organisations, academic institutions, private sector, health professionals, UK Parliament and multilateral institutions. The majority of respondents were from the UK - with large representation of UK non-governmental organisations (NGOs) working to improve reproductive, maternal and newborn health in the developing world. However, we also received submissions from other parts of Europe, Africa and North America.

Box 1: Technical Consultation Questions

There were 12 questions in the Technical Consultation:

1. What should DFID aim to achieve?
2. Which interventions should DFID prioritise?
3. Where should DFID focus its efforts?
4. How should DFID tackle inequality?
5. How should DFID improve the realisation of women's rights and women and girls' empowerment?
6. Which neglected and sensitive issues should DFID focus on?
7. How can DFID deliver better results through multilateral aid?
8. How should DFID work with private and other non-state actors?
9. What are the optimal models of service delivery for RMNH outcomes?
10. How should DFID work in fragile and conflict affected states and humanitarian situations?
11. What should DFID support in terms of knowledge, research and innovation?
12. What one thing should DFID aim to do?

Summary of Responses to the Technical Consultation

The section below presents a summary of responses to the Technical Consultation. For further details, please see section 3 of this report.

Question 1: What should DFID aim to achieve?

Respondents said:

- increase access to voluntary family planning within a rights-based framework, including a range of affordable, quality contraceptive methods
- improve maternal and newborn health, including by increasing the number of births attended by skilled birth attendants
- promote women's rights, equality and empowerment, including championing the International Conference on Population and Development (ICPD) Plan of Action and the Beijing Platform for Action commitments
- strengthen health systems to deliver quality services along the Continuum of Care
- achieve targets and indicators under the Millennium Development Goals (MDGs), including MDG 5 to reduce maternal deaths and achieve universal access to reproductive health, and continue to demonstrate international leadership in RMNH
- improve access to safe abortion services
- scale up Prevention of Mother to Child Transmission of HIV (PMTCT)
- support the poorest, most vulnerable and marginalised people
- increase access to education

Question 2: Which interventions should DFID prioritise?

Respondents said:

- focus on strengthening health systems along the Continuum of Care
- improve access to comprehensive and voluntary family planning
- improve access to safe abortion services and post-abortion care
- improve access to education, including comprehensive sexuality education
- provide integrated SRHR and HIV prevention services and scale up PMTCT
- increase the number of attended births and access to post-natal care
- improve women's rights, empowerment and choice
- tackle the health worker shortage, including community health workers, midwives and skilled birth attendants

Question 3: Where should DFID focus its efforts?

Respondents said:

- countries affected by conflict
- greatest inequalities in access to services
- highest unmet need for family planning
- greatest lifetime risk of maternal deaths
- 68 Countdown counties
- a combination of issues outlined in the consultation
- lowest contraceptive prevalence rate
- highest absolute numbers of maternal deaths

Question 4: How should DFID tackle inequality?

Respondents said:

- remove financial barriers to access and ensure that quality health services are free at the point of use
- support countries to develop sustainable long-term approaches to health financing
- support innovative and community based solutions, including community health workers
- ensure that health services are user friendly, especially for women and girls
- tackle stigma, discrimination and exclusion within the health system
- ensure equitable access to RMNH and other health services
- support better and more transparent data, including for tackling inequities in access to services
- improve public, private and community transport systems

Question 5: How should DFID improve the realisation of women's rights and women and girls' empowerment?

Respondents said:

- put women's rights, empowerment and choice at the heart of all of our efforts
- promote universal human rights and continue to champion the ICPD Programme of Action and the Beijing Declaration and Platform for Action commitments
- strengthen women's socio-economic and political position in society, and enabling women to make informed choices
- realise women's and girls' rights, including by building the capacity of women's organisations
- tackle violence and discrimination against women and girls
- promote social change to improve gender equality
- invest in access to education, including post primary, for both girls and boys
- ensure political commitment to girls' and women's health at all levels

Question 6: Which neglected and sensitive issues should DFID focus on?

Respondents said:

We should prioritise tackling two major neglected and sensitive issues, i.e. improving adolescents' SRHR, and improving access to safe abortion services. We should also work to reduce violence against women and girls

Question 7: How can DFID deliver better results through multilateral aid?

Respondents said:

- ensure greater transparency and accountability of multilateral aid
- ensure multilaterals undertake rigorous and effective evaluations and respond to the results of the evaluations
- measure the performance of multilateral institutions against their ability to reach the poorest, most vulnerable and marginalised people
- ensure increased donor coordination and harmonisation
- ensure greater cooperation and collaboration between different United Nations (UN) agencies
- support the Global Fund to fight AIDS, TB and Malaria (Global Fund), World Health Organization (WHO), United Nations Population Fund (UNFPA), UNITAID, UN Women, and the European Commission (EC)
- ensure the World Bank demonstrates results and value for money in health, including equitable health outcomes for the poorest

Question 8: How should DFID work with private and other non-state actors?

Respondents said:

- support civil society, non-governmental and faith-based organisation to provide health services as appropriate and improve women's rights', empowerment and choice
- strengthen the capacity of national governments to regulate, oversee and improve the quality of health services provided by the private and non-state sector
- work with the private and non-state sector in a number of ways, including social franchising and Product Development Partnerships (PDPs), while some respondents expressed concerns about working with the private, commercial sector in health

Question 9: What are the optimal models of service delivery for RMNH outcomes?

Respondents said:

- strengthening national health systems
- investing in more and better trained health workers
- ensuring integration of health services, including HIV and AIDS

Question 10: How should DFID work in fragile and conflict affected states and humanitarian situations?

Respondents said:

- RMNH as part of the response to rapid onset emergencies
- strengthening the national health system long-term
- working through non-state actors to deliver RMNH

Question 11: What should DFID support in terms of knowledge, research and innovation?

Respondents said:

- support countries to improve data collection, research and analysis and to strengthen health information and registration systems
- invest in research communication and dissemination, including ensuring research and evidence inform policy and practice
- support research, innovation and development
- strengthen research capacity in developing countries

Question 12: What one thing should DFID aim to do?

Respondents said:

Respondents gave us a range of responses to this question, but with no clear majority about what this one thing should be.

Online Survey

The Survey had 5 multiple choice questions (see box 2) with the opportunity to add additional comments. 2,004 people contributed to the Survey. About 75 per cent of the respondents live in the UK but people from all over the world contributed. Nearly half of the respondents were members of the general public, but academics, civil society representatives and health care professionals also took part.

Box 2: Survey Questions

There were 5 questions in the Survey:

1. What should DFID try to tackle first?

- Increase availability of and access to contraception
- Reduce the number of unintended teenage pregnancies
- Increase the number of women who know what choices they have, and ask for support
- Reduce the number of unsafe abortions
- Increase prevention and treatment of malaria for pregnant women
- Increase the number of skilled birth attendants
- Reduce the number of women passing on HIV to their children
- Keep mothers healthy through better nutrition
- Encourage mothers to breastfeed
- Other (please specify)

2. Which countries do you think DFID should work in?

- Countries with the lowest availability of and access to contraception
- Countries with the highest numbers of maternal deaths
- Countries with the greatest lifetime risk of maternal death
- Countries with the greatest inequities in access to services e.g. between rich and poor
- Countries with problems caused by conflict and instability

- A combination of all of the above
- Don't know/can't decide
- Other (please specify)

3. Which aspects of promoting women's rights, empowerment, and choice should we prioritise

- Girls' and women's education, especially secondary
- More income and employment opportunities for women
- Political commitment to support girls' and women's health
- Participation in their own and their babies' health
- Reducing violence against girls and women
- Access to affordable healthcare for girls and women
- More legal advice and support for girls and women to defend their rights (i.e. in the case of rape, abduction or violence)
- Help women to be valued as an important part of society and give them more control over the decisions that affect their lives
- Don't know/can't decide
- Other (please specify)

4. Which neglected or sensitive issues should DFID prioritise

- Improving adolescents' sexual and reproductive health and rights
- Delaying age of first pregnancy
- Improving access to safe abortion services
- Reducing violence against girls and women
- Addressing female genital mutilation/cutting
- Addressing obstetric fistula
- Don't know/can't decide
- Other (please specify)

5. If we could do just one thing to help, what would it be and why?

- Increase availability of and access to contraception
- Reduce the number of unwanted teenage pregnancies
- Improve equality and education for girls and women
- Reduce sexually transmitted infections, including HIV
- Improve access to safe abortion services and post-abortion care
- Increase prevention and treatment of malaria for pregnant women
- Reduce the number of women passing HIV to their children
- Keep mothers healthy through better nutrition before and during pregnancy
- Increase the number of births attended by skilled birth attendants
- Encourage mothers to breastfeed
- Don't know/can't decide
- Why?

Summary of Responses to the Survey

The section below shows the top 4 responses to each of the Survey questions. For further details, please see section 4 of this report.

1. What should DFID try to tackle first?

Respondents said:

- availability of and access to contraception (57 per cent)
- the number of skilled birth attendants (53 per cent)
- the number of women who know what choices they have and ask for support (41 per cent)
- keep mothers healthy through better nutrition (34 per cent)

2. Which countries do you think DFID should work in?

Respondents said:

- countries with a combination of low access to contraception, highest number of maternal deaths, greatest lifetime risk of maternal death, greatest inequalities in access to services, and in countries caused by conflict and instability (42 per cent)
- countries with the greatest lifetime risk of maternal death (16 per cent)
- countries with the highest numbers of maternal deaths (14 per cent)
- countries with the lowest availability of and access to contraception (10 per cent)

3. Which aspects of promoting women's rights, empowerment, and choice should we prioritise?

Respondents said:

- girls' and women's education, especially secondary (70 per cent)
- help women to be valued as an important part of society and give them more control over the decisions that affect their lives (47 per cent)
- reduce violence against women and girls (40 per cent)
- access to affordable health care for girls and women (38 per cent)

4. Which neglected or sensitive issues should DFID prioritise?

Respondents said:

- reducing violence against women and girls (67 per cent)
- addressing female genital mutilation/cutting (60 per cent)
- improving adolescents' SRHR (45 per cent)
- improving access to safe abortion services (37 per cent)

5. If we could do just one thing to help, what would it be and why?

Respondents said:

- improve equality and education for girls and women (40 per cent)
- increase availability of and access to contraception (20 per cent)
- increase the number of births attended by skilled birth attendants (14 per cent)
- keep mothers healthy through better nutrition before and during pregnancy (8 per cent)

Campaign Emails

We received about 700 emails urging the UK Government to make health care free at the point of use. Please find a copy of the campaign email as well as our response in Annex 1.

Our Comparative Advantage

DFID has assessed all the feedback to the public consultation, including Consultation Meetings, Technical Consultation, Survey and Campaign Emails, and we have identified 8 key areas, in which respondents to our consultation told us that the UK has a comparative advantage. These comparative advantages are presented below in no order of priority.

- **providing global leadership in reproductive, maternal and newborn health**, including improving accountability
- **promoting women's empowerment and championing women's rights, and girls' education**
- **strengthening health systems**, including health workers, medicines and commodities that deliver equitable, quality services
- **addressing financial and other barriers to access**, including free health care at the point of use and stigma and discrimination
- **improving access to voluntary family planning**, including a range of affordable, quality contraceptive methods
- **improving adolescents sexual and reproductive health and rights**
- **supporting access to safe abortion and post-abortion care**, including in conflict and humanitarian settings
- **strengthening the capacity of national governments to regulate, oversee, and improve the quality of health services provided by the private and non-state sector**

We did...The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world.

The policy process to develop "*Choices for women: Planned pregnancies, safe births and healthy newborns – The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world*" has been influenced and informed by the evidence, by the Choice for Women consultation, and by DFID country level planning. The Framework for Results is now available on DFID's website (www.dfid.gov.uk).

The Choice for Women consultation helped us to decide to focus on **two strategic priorities**:

- **preventing unintended pregnancies** by enabling women and girls to choose whether, when and how many children they have;
- **ensuring pregnancy and child birth are safe** for mothers and babies

Feedback from the Choice for Women consultation also helped us to identify **four pillars for action** in the Framework for Results.

- **Empower** women and girls to make healthy reproductive choices and act on them.
- **Remove barriers** that prevent access to quality services, particularly for the poorest and most at risk.
- **Expand the supply of quality services**, delivering cost effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care; postnatal and newborn care - delivered through stronger health systems with both public and private providers.
- **Enhance accountability** for results at all levels with increased transparency.

Further information is available in "*Choices for women: Planned pregnancies, safe births and healthy newborns – The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world*" (www.dfid.gov.uk)

2. Consultation meetings

This section presents a summary of the key messages from the Consultation Meetings in India, UK, South Africa and Kenya. The full meeting reports are available on our website (www.dfid.gov.uk).

Global Health Conference, New Delhi, India – 1 September 2010

DFID held a consultation meeting on the UK's strategic priorities and role in improving reproductive, maternal and newborn health globally with global experts attending the Global Health Conference in New Delhi, India. The meeting covered; 1) the ability of the global health aid architecture to deliver for reproductive, maternal and newborn health and 2); the UK's evolving comparative advantage in reproductive, maternal and newborn health globally as well as at the country level.

The UK has a comparative advantage vis a vis other donors and agencies in; human resources for health; supplies and supply chains for RMNH; tackling sensitive issues, particularly safe abortion; linking RMNH to women's rights; strengthening the wider health system (skilled health workers, supplies, information systems, management and supervision, financing options); strengthening monitoring systems for health, including better learning and use of data.

Experts felt the UK should ensure progress continues to be made implementing the Paris Declaration on Aid Effectiveness to better harmonise and align donor support to national plans and systems, and to better coordinate donor support around key global agendas, such as the UN Secretary General's Global Strategy for Women's and Children's Health. The UK should continue to bring "intellectual leadership" to reproductive, maternal and newborn health agendas, including on how to scale up different approaches in different contexts.

India Consultation Meeting – 2 September 2010

Our DFID office in New Delhi held a consultation meeting with key stakeholders in India. Meeting participants, representing civil society, bilateral donors and academic organisations, discussed the UK's comparative advantage in supporting improved RMNH outcomes in India as well as globally. This included discussions of particular relevance to the Indian context; a) quality of RMNH services and accountability to service users; b) age of marriage/pregnancy and gender roles; c) the involvement of non-state actors in RMNH.

Participants felt the UK has a comparative advantage in: providing technical support and funding for RMNH; improving access to family planning; improving access to safe abortion services and post-abortion care; ensuring an integrated approach to health, linking with education and nutrition services; improving the skills, including management skills, of health professionals; strengthening the

capacity to carry out operational research and institutionalise evaluation of performance and quality of care within the health system; supporting government accreditation of public and private health facilities; and promoting women's empowerment and gender equity.

Areas that the UK should prioritise include; providing quality health services along the Continuum of Care; empowering girls economically to delay age of marriage and childbirth; and enhancing the capacity of governments to regulate, oversee and improve the quality of health service provision by the private sector.

UK Consultation Meeting – 29 September 2010

DFID, the Royal College of Obstetricians and Gynaecologists and the UK Sexual and Reproductive Health and Rights Network co-hosted a consultation meeting in London. Senior specialists representing mainly UK-based NGOs, academia, and health professionals working on RMNH in the developing world discussed the UK's comparative advantage in RMNH globally and how the UK could maximise its impact on the MDG 5 targets by 2015. Key issues included:

Choice and empowerment: holistic approach to the MDGs; access to rights-based and equitable services, access to education and information; champion access and right to safe abortion services; comprehensive approach to SRHR; access to family planning; tackling financial, social and other barriers to access; UK global leadership role in RMNH.

Equitable access to services – measure social inequalities and their impact on access to services; free health services at the point of use; community mobilisation and participation; improve national governance and national leadership on RMNH; ensure/continue good work on commodity security; explore role of private sector in providing health services for the poor; provide comprehensive RMNH services, including safe abortion in humanitarian situations; support national debates and legal reform on safe abortion.

Quality RMNH services - health systems strengthening, integration of services; human resources for health, training, regulation, accreditation and retention; health system governance structures; community engagement; health spending impact, transparency and accountability; availability and development of medicines and technology.

Aid instruments and funding approaches – compliment budget support with other funding mechanisms to ensure neglected areas receive support; increase transparency and accountability of funding; measure impact, including whether aid reaches the poorest and marginalised; ensure donor harmonisation; support UNFPA, WHO, the Global Fund to deliver improved RMNH outcomes; support national governments to regulate private sector health providers; explore how

non-state providers be integrated into public health systems; and prioritise resources on NGO service providers where state capacity is weak.

Accountability and results – DFID to define and clarify how accountability will be operationalised at different levels; ensure strong governance, including transparency and accountability to donors and beneficiaries, results, clinical and financial value.

Southern Africa Consultation Meeting – 30 September 2010

Our DFID Southern Africa office held a consultation meeting in Pretoria, South Africa. Meeting participants, representing multilateral and academic institutions and NGOs discussed the UK's comparative advantage and what the UK should do to improve RMNH outcomes globally, and especially in the Southern Africa region.

The UK has a comparative advantage in: the following areas; improving access to family planning; improving access to safe abortion services; improving access to health services along the Continuum of Care; tackling structural barriers; providing leadership in partnership building; and working at multiple levels (national, regional, international).

Areas that the UK should prioritise include; improving access to family planning; integration of health services, including RMNH and HIV and AIDS; and equitable health financing.

Eastern Africa Consultation Meeting – 11 October 2010

Our DFID office in Kenya organised a consultation meeting in Nairobi. Meeting participants, representing health professionals, NGOs, multilateral and academic institutions and Kenyan government departments discussed the UK's comparative advantage and what the UK should do to improve RMNH outcomes in the Eastern Africa region as well as globally.

The UK has a comparative advantage in: global influencing; flexible funding channels; responds to changing national priorities; strengthens national leadership and governance, including health systems strengthening.

Areas that the UK should prioritise include; investing in skilled delivery and health systems, including medicines and supplies; improving adolescent's reproductive health; improving access to family planning; integration of services along the Continuum of Care, and of the public and private health system.

3. Detailed analysis of the technical consultation

This section presents a summary of the responses to the Technical Consultation. Given the volume and richness of the responses, we have not been able to include all views and issues covered. However, we have aimed to be as objective and transparent as possible in our summary of the responses.

We asked... Question 1: What should we aim to achieve in reproductive, maternal and newborn health?

You said...

...**increase access to voluntary family planning within a rights-based framework**, including reducing the unmet need for family planning. You highlighted the importance of enabling women and men, especially young people and those in rural areas, to access family planning information and services, including a range of affordable contraceptives.

...**improve maternal and newborn health** in the developing world. You especially highlighted the need to **increase the number of births attended by skilled birth attendants**.

...**promote women's rights, equality and empowerment** and work to end violence against women and girls, including female genital mutilation/cutting (FGM/C).

...**strengthen health systems to deliver quality services along the Continuum of Care** from before pregnancy to the age of five years and increase the number of skilled health workers.

"The UK, along with the international community, has signed up to achieve the MDGs by 2015. These should form the basis for the strategy on RMNH." (UK Consortium for AIDS and Development)

...**achieve the targets and indicators under the MDGs**, including MDG 5 target A to reduce maternal deaths and target B to achieve universal access to reproductive health. However, the consultation also told us to work towards achieving targets and indicators under MDG 3 to promote gender equality and empower women, MDG 4 to reduce child mortality, MDG 6 to tackle HIV and AIDS, malaria and other diseases, and MDG 10 to develop a global partnership for development.

...continue to demonstrate international leadership in RMNH.

“DFID should aim to achieve a significant increase in the contraceptive prevalence rate and a decrease in unsafe abortions and in the number or proportion of complications from unsafe abortion that go untreated.” (Marie Stopes International)

... improve access to safe abortion services: reduce the number of unsafe abortions; and the number of women who do not receive appropriate care for complications after an unsafe abortion. This includes safe abortion and post-abortion care in conflict settings where rape is used as a weapon of war. A minority of respondents said that the UK should not promote or support safe abortion services internationally.

...scale up action to **PMTCT**.

...support the poorest, most vulnerable and marginalised people.

...increase access to education, including sex education, which will help delay the age of first pregnancy and prevent sexually transmitted infections (STIs).

Other issues mentioned included: water, sanitation and hygiene (WASH); importance of functioning transport system; nutrition; TB as a major cause of non-obstetric maternal deaths; the interaction between reproductive health and rights and other development priorities, including climate change, poverty alleviation and fragile states; and new HIV prevention tools such as microbicides and vaccines.

We asked... Question 2: Which interventions should we prioritise (pre-pregnancy, during pregnancy and birth and after delivery) and why?

You said...

... focus on strengthening health systems.

- provide services along the Continuum of Care from before birth to age five.
- take an integrated approach to health service provision and increase the number of skilled health workers.
- ensure supplies of medicines, contraceptives and other health commodities. make sure the poorest people, those living in rural areas, and other vulnerable and marginalised groups have access to quality health services.
- health services must be women-, girls- and youth-friendly.

*“(emphasise) **the continuum of care** within the health system: from pre-pregnancy, through pregnancy, childbirth, the early days and the first five years of and access the various levels of the health system: from the household to the hospital.”* (Manifesto for Motherhood Coalition)

...improve access to comprehensive and voluntary family planning as it is a cost-effective way of improving sexual and reproductive health outcomes.

...improve access to safe abortion services and post-abortion care, including in conflict and humanitarian situations. A minority of respondents do not believe that the UK should support safe abortion.

“we believe that DFID should give particular focus to increasing skilled birth attendants” (Health Workforce Advocacy Initiative and Global Health Workforce Alliance)

...focus on access to education, including comprehensive sexuality education.

... provide integrated SRHR and HIV prevention services and scale up **PMTCT**.

... work to improve the number of attended births and improve access to postnatal care.

...improve women’s rights, empowerment and choice. This includes challenging norms that undermine the full realisation of women’s rights, including child marriage and FGM/C. Behaviour change communication, edutainment and the media can contribute to changing attitudes and social norms.

...**tackle the health worker shortage**, including community health workers, midwives and skilled birth attendants. Health workers need skills to be able to provide quality and equitable RMNH services as well as adequate salaries and acceptable working conditions.

Other issues included: wider child health issues; exclusive breastfeeding; access to transport; malaria in pregnancy; maternal nutrition; antenatal- and emergency obstetric care; and WASH.

We asked...Question 3: Where should we focus our efforts to advance progress on reproductive, maternal and newborn health?

You said... focus your efforts in:

- countries affected by conflict
- greatest inequalities in access to services
- highest unmet need for family planning
- greatest lifetime risk of maternal deaths
- 68 Countdown counties
- a combination of issues outlined in the consultation
- lowest contraceptive prevalence rate
- highest absolute numbers of maternal deaths

“Only by focusing on the harder-to-reach populations in countries with wide inequalities, will more sustainable, equitable and accelerated progress be realised.” (Save the Children UK)

“DFID has a role to play in supporting the provision of RMNH services in fragile states, conflict situations and in situations of migration. Maternal mortality in conflict and emergency settings is consistently higher than in non-conflict areas.” (interact worldwide)

Other issues included: highest maternal mortality rate, highest newborn and child mortality rates; countries committed to making change a reality; countries with high HIV prevalence rates and/or have made least progress in meeting MDG 6; countries where DFID will have the greatest impact and where others are not working.

We asked...Question 4: What are the most important approaches that DFID/UK should consider to tackle inequalities in RMNH outcomes?

You said...

...remove financial barriers to access and ensure that quality health services are free at the point of use, by removing user fees and supporting vouchers and other mechanisms that ensure access to free services.

...support countries to develop sustainable health financing approaches.

DFID received 704 campaign emails urging the UK Government to make health care free at the point of use to help improve the health of the poorest mothers and children in the developing world.

“Removing fees is a fundamental first and significant step to improving the equity performance of health systems.” (Oxfam)

...support innovative and community based solutions, including community health workers, involving communities in the development and implementation of health interventions, and using mHealth and mLearning.

...ensure health services are user friendly, especially for women and girls, and **tackle stigma, discrimination and exclusion within the health system.**

“Making health services women and girl friendly must be a priority if the urgently needed progress on MDG 4 and 5 is to be realised. Health services must reflect local communities and the specific needs of women in local contexts. Enabling the participation of women and girls in the design and monitoring of health services is vital to ensuring that health services provide non-discriminatory services to women and girls.” (The White Ribbon Alliance)

...improve equitable access to RMNH and other health services, by ensuring that services reach the poorest, and other marginalised and vulnerable groups.

...better and more transparent data is needed to track if results benefit the poorest and other vulnerable and marginalised groups and to improve accountability and quality of services. National capacities for data collection and monitoring need to be strengthened, including operational or implementation research. Budget analysis can be an important tool in promoting transparency and accountability.

...support improvement of public, private and community transport systems, including innovative and community based solutions for transporting women in need of referral.

Other issues included: tackling the unequal distribution of health workers; providing RMNH services in conflict and humanitarian settings; and removing geographical barriers to access, including tackling unequal access to health between urban and rural areas.

We asked...Question 5: Which aspects of promoting women’s rights, empowerment, and choice should we prioritise to help increase access to reproductive, maternal and newborn health?

You said...

... **put women’s rights, empowerment and choice at the heart of all of our efforts.** You highlighted various issues in relation to women’s rights, empowerment and choice, including; supporting legal reform to ensure national legislations promote and protect women’s human rights; championing the ICPD Programme of Action and the Beijing Platform for Action commitments; strengthen women’s socio-economic and political position in society.

... **tackle violence and discrimination** against women and girls, including harmful practices such as FGM/C and child marriage.

...**promote social change** to improve gender equality, including by engaging men in debates on women’s rights and empowerment.

“DFID (should) ensure that international and national efforts to improve reproductive, maternal and newborn health are grounded in a vision of the girl and the woman as a whole person, with a comprehensive range of human rights and different needs at different stages of her life span.” (Amnesty International)

...**invest in access to education**, including post primary education and comprehensive sexuality education for girls and boys.

“Girls’ education underpins progress on their ability to becoming empowered and exerting their rights and choices.” (Foundation for Women’s Health Research and Development).

...**ensure political commitment to girls and women women’s health at all levels** from the international to the community level.

Other issues included: the disproportionate impact of lack of access to WASH on women; improving monitoring and evaluation of interventions, including the impact on women’s rights, empowerment and gender equality; and addressing the importance of sexual rights.

“The UK Government has a long history of support for human rights and a focus on the most marginalised (...). There is added value in (...) building upon and strengthening this heritage by ensuring a focus on sexuality and sexual rights.” (UK SRHR Network)

We asked... Question 6: We believe DFID has comparative advantage in tackling neglected and sensitive issues. Which neglected and sensitive issues should we prioritise in our work?

You said...

...tackle two major neglected and sensitive issues, that is, improving adolescents' SRHR and improving access to safe abortion services and post-abortion care, including in conflict settings.

Views on safe abortion

25 per cent of respondents to our Survey want the UK to reduce the number of unsafe abortions as one of three priority actions to tackle first.

37 per cent of respondents to our Survey want the UK to improve access to safe abortion services as a key neglected or sensitive issue.

72 per cent of those that expressed a view on safe abortion in our Technical Consultation support the UK's work on safe abortion.

Respondant experts in 4 of the 5 consultation meetings stated that supporting safe abortion was the UK's comparative advantage; in all 5, participants said that it was one of the sensitive issues that the UK should support.

"Adolescent reproductive health and rights (...) has been neglected, (and leaves) many young people at risk. Without education and services adolescents are not just unable to make their own choices but are also left exposed to the risks of unwanted pregnancy or STIs" (UK Gender and Development Network)

"DFID's continued focus on safe abortion is especially important because very few donors do or will exert leadership in this area. (...) Greater understanding of the public health and human rights imperative to improve access to safe abortion services is badly needed, and DFID is in an excellent position to help create it." (comment posted on our discussion forum – name supplied)

"We are also concerned that a consequence of legalising abortion is a significant increase in abortion rates, which would inevitably contribute to higher maternal mortality and morbidity in less developed countries that have poorer provision for pre- and post-natal healthcare, particularly lack of antibiotics, drugs to prevent haemorrhage and lack of clean facilities. It is misleading to suggest that abortion can ever be "safe", there are always risks, both physical and psycho-social." (Christian Action Research and Education)

...reduce violence against women and girls, including domestic and sexual violence and harmful practices such as child marriage, FGM/C and sex selective abortion.

Other issues included: increasing access to modern family planning methods; tackling obstetric fistula; and improving access to education, including sex education for girls and boys; linking SRHR with population dynamics, poverty and environmental sustainability.

“the most neglected and sensitive issue is the hard fact that population growth makes all environmental, and many economic and social problems harder – and ultimately impossible – to solve.” (Roger Martin, Optimum Population Trust)

We asked... Question 7: How can we deliver better results through multilateral aid?

You said...

... ensure greater transparency and accountability of multilateral aid.

... ensure multilaterals undertake rigorous and effective evaluations and respond to the results of the evaluations.

... measure the performance of multilateral institutions against their ability to reach the poorest, most vulnerable and marginalised people.

“DFID (should) enforce transparent reporting from multilaterals, and (...) expect the same level of transparency and delivery of measurable outcomes from the resources it invests in multilaterals as those that it requires from low-income countries’ governments. This (...) would enable DFID to assess whether its resources are targeting RMNCH with a focus on equity.” (AMREF UK).

... ensure increased donor coordination and harmonisation in line with the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and the International Health Partnership and related initiatives.

... ensure greater cooperation and collaboration between different UN agencies, including the H4 (WHO, World Bank, United Nations’ Children’s Fund (UNICEF) and UNFPA).

...support the Global Fund, including to: develop a broader strategic vision or change its mandate to deliver on broader health systems strengthening and health outcomes, including RMNH.

...support the WHO, including in its work to play an effective and strategic leadership role in ensuring progress on MDG 4 and 5, and to harmonise efforts amongst UN agencies with a health mandate.

...support UNFPA, including to strengthen its humanitarian work and focus more strongly on family planning and safe abortion.

...support UNITAID, including to ensure funding of reproductive health supplies is maximised and paediatric ARV formulations available for newborns and children.

... seize the historic opportunity to ensure UN Women deliver real impacts for women and girls.

...support the EC to deliver improved RMNH outcomes, including through the MDG contracts.

“It is our hope that the UK Government will prioritise the allocation of its aid to health to those multilaterals that have the clearest mandate for strengthening interventions in the health sector and are able to translate that mandate most effectively into better health outcomes, especially for the poorest and most marginalised.” (Action for Global Health)

...do not give additional funding to the World Bank until it is able to demonstrate results and value for money in health, including its capacity to deliver health outcomes for the poorest and other vulnerable and marginalised groups.

Other issues include: ensuring greater predictability of aid provided by multilateral institutions; ensuring multilateral aid is consistent with human rights standards, such as the right to health, SRHR, women’s rights and gender equality.

We asked... Question 8: How should we work with private and other non-state actors more to deliver successful reproductive, maternal and newborn health outcomes?

You said...

...support civil society, non-governmental and faith-based organisations, to: provide RMNH services as appropriate; strengthening demand side influences on health systems development and service delivery; realising women's rights, including SRHR; and holding health care providers and governments to account.

“To mobilise faith-based organisations effectively, and to release their largely untapped potential, greater collaboration is needed between these organisations and governments and donors to maximise (their) impact. DFID can play a key role in this by recognising, and taking steps to release, the potential of faith-based organisations as a partner in delivering improved maternal and newborn health - both directly and indirectly through WASH and prevention of HIV.” (Tearfund)

...strengthen the capacity of national governments to regulate, oversee, and improve the quality of health services provided by the private and non-state sector. This includes enabling private and other non-state actors to provide quality health services free at the point of use; ensuring that the private and non-state sectors complements rather than substitutes the provision of public health services; promoting appropriate integration of services by providing a mix of government and non-state health providers; making the private health market work better for the poor through a total market approach; and support private and non-state actors that offer women raped and impregnated in conflict the full range of medical services, including abortion.

...expressed concerns about working with the private, commercial sector in health and that the UK should focus on strengthening the public health system.

“Effective engagement with the private sector relies on effective regulation to ensure quality and accountability of health care providers. DFID will also have an important role in supporting government in the implementation of effective regulatory procedures, particularly in fragile states where reliance on the private sector is often greatest, but government capacity to co-ordinate the inputs from different actors and enforce guidelines and directives is weakest.” (Merlin)

....work with the private and non-state sector in a number of ways. Public-private partnerships such as contracting in/out, voucher schemes and social franchising may be appropriate in resource-poor settings. PDPs is a model, where partnerships between public and private actors offer potential in

researching, developing and delivering life-saving products, such as microbicides and HIV vaccines.

Other issues included: improving government and donor outreach to civil society; measuring private and non-state actors against fulfilments of rights; and fund development of innovative approaches to delivering essential services through the community.

We asked... Question 9: What are optimal models of service delivery for delivering RMNH outcomes?

What can we learn from experience in delivering RMNH outcomes around the world?

You said...

...prioritise three key issues: strengthen national health systems; more and better trained health workers; and ensure integration of health services.

“The optimal model of service delivery is one in which women and children have access to an essential package of health care services, appropriate to context, that extends across the continuum of care from pre-pregnancy to age five and is free at the point of use. Supporting national governments to provide a strong public health system in line with these principles must be a central function of the UK government’s support for health.” (World Vision)

...support health systems strengthening, including national and district health systems to deliver clinical, outreach and community services; strengthening health management and health information systems; enabling the health system to provide quality and equitable health services; voices of communities and those accessing services should be represented within the health system; and the need for implementation research and cost-effectiveness analysis in the evaluation of health service delivery.

...tackle the health worker shortage in the developing world to ensure they are effectively trained (including in non-judgmental service provision), equitably deployed, efficiently managed and supervised; countries develop and implement costed, national human resource plans; WHO to develop task-sharing guidelines; and the UK and other donors follow the WHO code of practice on the international recruitment of health workers.

“Community health workers, whether state or non-state supported, are growing in importance and expectation. Within a functioning health system, they can be crucial in providing newborn care, treating sick children, and facilitating referral of newborns, children, and women. Two essential elements of CHW support (and of health system support in general) that are frequently less than well-performing are supervision and supply. DFID should ensure investment in these.” (Family and Community Health, WHO)

...take an integrated approach to service delivery to deliver high-impact, cost effective interventions along the Continuum of Care and not implement vertical programmes.

...improve access to commodities, including strengthening national systems for reproductive health commodities procurement and a global, open-source system to improve commodity tracking.

...work with private and non-state providers to improve RMNH outcomes and hold governments and others actors to account. Community participation, women's organisations and faith plays an important role in processes of social change, including raising awareness of women's rights and improving health outcomes for women.

...support and advise countries to remove user fees and expand access to free health care.

Other issues included: access to education, improved transport services; access to a range of contraceptive choice.

We asked... Question 10: How should we work in fragile and conflict affected states? Are there particular interventions and issues we should be focusing on?

Should RMNH be better included as part of the response to rapid onset emergencies?

You said...

...focus on the following three priorities/issues in conflict and humanitarian situations: 1) RMNH as part of the response to rapid onset emergencies; 2) strengthen the national health system long-term; and 3) work through non-state actors to deliver RMNH.

...RMNH should be part of the response to rapid onset emergencies. This includes protection against gender-based violence, including sexual violence, comprehensive family planning, emergency obstetric care and HIV prevention. Access to emergency contraception and safe abortion is critical. The SPHERE standards should be enforced and the Minimal Initial Service Package should be implemented until RMNH services can be established.

“We urge DFID to prioritise provision of quality reproductive and newborn health services in crisis settings and ensure that the Minimum Initial Service Package (MISP) of Reproductive Health Services is implemented in all emergency settings. The Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis should be liaised with when focusing on much needed reproductive health service funding for women and girls in crises.” (International Rescue Committee UK)

...humanitarian responses have to focus on meeting short-term needs, but also need to support the long-term sustainability of the health system. The UK should work to strengthen national health systems long-term in conflict settings, including the health workforce.

“Working in fragile states often means working without the help of stable government, therefore strengthening national health systems becomes a vital long-term goal. When the short-term is so critical in humanitarian crises DFID must also strengthen partnerships with other non-state actors and the humanitarian cluster system who each deliver health care services, information and supplies to those affected by violence and disaster.” (Abortion Rights)

“In fragile and conflict affected states the abuse of SRH rights is widespread, DFID should focus on these services and protecting women’s rights.” (PATH)

... work through non-state actors to deliver RMNH in conflict and humanitarian situations. Harmonise and co-ordinate these services within the broader health system while ensuring quality, regulation and accountability.

...**ensure greater coordination of efforts** in conflict and humanitarian situations and **strengthen the humanitarian cluster system**. Humanitarian efforts should be coordinated by one central body, usually the UN, until national government institutions are able take on this role. Actors such as WHO, UNFPA and UNICEF need to do more to ensure appropriate focus on fragile states. Apply the Principles agreed by Organisation for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC) for Good International Engagement in Fragile States and Situations.

...ensure that medical response protocols explicitly recognise **women's right to abortions in situations of armed conflict**. Uphold the rights of rape victims in armed conflicts to access safe and legal abortion as well as the obligation to provide rape victims with access to abortion services under international humanitarian law, including the Geneva Conventions.

...ensure that our policies are consistent with the UK commitments to women's participation in conflict resolution and peace-building through **implementation of UN Security Council Resolution 1325**.

Other issues included: importance of upholding women's SRHR during conflict; access to justice and redress; and post-conflict transformation of discriminatory laws, policies and systems.

We asked... Question 11: What are the key gaps in the global knowledge about how to improve RMNH, and which should we seek to fill?

How can we ensure that high quality research, already conducted, is then effectively translated into policies and practices?

You said...

...improve data collection and analysis by strengthening health information and registration systems, including birth and death registration systems; disaggregated data (including by sex, age, ethnic origin, socio-economic group, urban or rural residence and disability status), and more robust indicators for each element of PMTCT.

“DFID should provide support to research and development of improved coverage and quality of information and disaggregated data (qualitative as well as quantitative) on difficult and sensitive reproductive health issues such as violence against women and girls, including the links between violence and sexual and reproductive health outcomes, and access to abortion in countries where abortion is prohibited.” (One World Action)

...invest in research communication and dissemination, and work to ensure that evidence influences policy and practice. This includes supporting networks that link researchers with policy-makers and service providers in developing countries.

...invest in research, including strengthen knowledge of determinants of behaviours of target populations and health providers; causes of newborn morbidity and mortality in the developing world; effective approaches for SRHR and HIV integration in different contexts and countries; role of faith in social development; and the impact of rape and the need for emergency contraception and psychological treatment in conflict affected states.

...support innovation and development of new contraceptive technologies and service delivery models as well as new HIV prevention technologies such as microbicides and vaccines. This includes supporting PDPs to advance research and the development and delivery of future products.

“In the context of responding to global health issues and addressing the Millennium Development Goals (MDGs), the UK government has an important role to play in defining the R&D agenda. IAVI urges DFID to acknowledge the importance of fostering more innovation, especially at the early stages of AIDS vaccine R&D, in forging a comprehensive approach to global health challenges and specifically in achieving their goal to improve maternal and newborn health.” (International AIDS Vaccine Initiative)

...strengthen research capacity in developing countries as well as the capacity of decision- and policy makers to use research and evidence in their work. All RMNH interventions should be based on evidence.

Other issues included; providing girls and women with skills needed to take forward research e.g. PEER (participatory ethnographic evaluation research); and learning from countries with large health worker shortages that have still managed to increase the number of skilled births.

We asked... Question 12: If we could do only one thing to improve RMNH outcomes, what should it be and why?

You said...

We received a range of responses to this question, with no clear consensus. Selected and illustrative issues include:

- Ensure skilled health workers are in the right place at the right time
- Improve access to voluntary family planning
- Support the development of new HIV prevention technologies, such as microbicides and vaccines
- Ensure equitable financing of health care and provide free health care
- UK play international leadership role in RMNH
- Support health systems strengthening
- Put human rights and the empowerment of women and girls at the heart of the UK Government's efforts to improve RMNH
- Access to education, including comprehensive sexuality education
- Expand access to emergency obstetric care
- Tackle and eliminate violence against women and girls
- Access to ante and postnatal care
- End FGM/C within one generation
- Champion the elimination of congenital syphilis
- End mother to child transmission of HIV by 2015
- Provide access to WASH
- Provide better transport services
- Maintain international momentum for reproductive health
- Commit behind the UN Global Strategy for Women's and Children's Health

- Comprehensive access to SRHR, including safe abortion services
- Give girls and women raped and impregnated in armed conflict access to safe abortion services

“leadership is needed to (...) ensure (...) we can meet the UN stated aim of ending FGC within the next generation. There are great projects at community level, but they need championing.” (Julia Lalla-Maharajh)

the UK government (should) champion (the elimination of) congenital syphilis (...) create a generation of children free of syphilis by ensuring that every pregnant woman is screened for syphilis, and that every pregnant woman with syphilis is treated.” (Professor George Rutherford, Institute for Global Health, University of California)

4. Detailed analysis of the survey

This section presents the results of the Survey. We used Survey Monkey to analyse the responses and we have read the individual views submitted through this Survey. We present an illustrative range of comments under each Survey Question.

We asked... Question 1: What should DFID try to tackle first?

You said that our top 4 priorities should be to:

- Increase availability of and access to contraception
- Increase the number of skilled birth attendants
- Increase the number of women who know what choices they have and ask for support
- Keep mothers healthy through better nutrition

What should DFID try to tackle first? Please pick three options.		
Answer Options	Response Percent	Response Count
Increase availability of and access to contraception	56.5%	1046
Increase the number of skilled birth attendants	52.5%	972
Increase the number of women who know what choices they have, and ask for support	41.3%	764
Keep mothers healthy through better nutrition	34.1%	632
Reduce the number of unsafe abortions	25.0%	463
Reduce the number of women passing on HIV to their children	24.5%	454
Increase prevention and treatment of malaria for pregnant women	22.8%	422
Encourage mothers to breastfeed	20.7%	384
Reduce the number of unintended teenage pregnancies	18.6%	344
Other	15.1%	280
answered question		1852

Illustrative range of comments:

- “Most of these problems have a direct link with the fact that women lack understanding of their rights and lack choices”
- “Educate men and boys about contraception methods also. Persuade men that contraception is in their interest; that wanted children are happier children”

We asked... Question 2: Which countries do you think DFID should work in?

You said that our top 4 priorities should be to:

- A combination of main issues
- Countries with the greatest lifetime risk of maternal death
- Countries with the highest numbers of maternal deaths
- Countries with the lowest availability of and access to contraception

Which countries do you think DFID should work in?		
Answer Options	Response Percent	Response Count
A combination of all of the following main issues	41.5%	762
Countries with the greatest lifetime risk of maternal death	16.0%	294
Countries with the highest numbers of maternal deaths	14.1%	258
Countries with the lowest availability of and access to contraception	9.6%	176
Countries with the greatest inequities in access to services e.g. between rich and poor	7.8%	143
Other	4.9%	90
Countries with problems caused by conflict and instability	4.1%	75
Don't know/can't decide	2.0%	36
	<i>answered question</i>	1834
	<i>skipped question</i>	171

Illustrative range of comments:

- “Poorest countries, where less can be expected of their own governments.”
- “The problem is enormous from whichever angle you look at it. DFID needs to work in all affected countries in respect of their specific need.”
- “Countries where safe abortion and contraception are most restricted and least available and risk of pregnancy-related death is highest.”
- “Countries where maternal health risks are increased due to HIV prevalence.”
- “Countries with the highest number of maternal deaths AND infant mortality.”
- “Countries without a free health care system like our own.”

We asked... Question 3: Which aspects of promoting women’s rights, empowerment, and choice should we prioritise?

You said... prioritise the following 4 aspects of promoting women’s rights, empowerment and choice:

- Girls’ and women’s education, especially secondary
- Help women to be valued as an important part of society and give them more control over the decisions that affect their lives
- Reducing violence against women and girls
- Access to affordable healthcare for girls and women

Which aspects of promoting women’s rights, empowerment, and choice should we prioritise?		
Answer Options	Response Percent	Response Count
Girls’ and women's education, especially secondary	70.2%	1273
Help women to be valued as an important part of society and give them more control over the decisions that affect their lives	47.2%	856
Reducing violence against girls and women	39.8%	721
Access to affordable healthcare for girls and women	38.2%	693
Political commitment to support girls’ and women’s health	30.2%	548
More income and employment opportunities for women	27.5%	499
More legal advice and support for girls and women to defend their rights (i.e. in the case of rape, abduction or violence)	20.0%	363
Participation in their own and their babies’ health	18.6%	338
Other	7.8%	142
Don’t know/can’t decide	0.7%	12
	answered question	1813
	skipped question	192

Illustrative range of comments:

- “Educate men to accept and support women using contraceptives”
- “Work with communities to get women more local-level leadership positions and decisionmaking power.”
- “Young people’s SRHR and access to comprehensive sexuality education and youth friendly services.”
- “Help to tackle harmful traditional practices, especially female genital mutilation”

We asked... Question 4: Which neglected or sensitive issues should DFID prioritise?

You said... prioritise the following 4 issues.

- Reducing violence against women and girls
- Addressing female genital mutilation/cutting
- Improving adolescents' sexual and reproductive health and rights
- Improving access to safe abortion services

Which neglected or sensitive issues should DFID prioritise (please choose up to three)?		
Answer Options	Response Percent	Response Count
Reducing violence against girls and women	66.8%	1205
Addressing female genital mutilation/cutting	59.8%	1079
Improving adolescents' sexual and reproductive health and rights	45.3%	817
Improving access to safe abortion services	37.1%	669
Addressing obstetric fistula	33.7%	608
Delaying age of first pregnancy	30.3%	546
Other	7.9%	143
Don't know/can't decide	1.6%	29
	<i>answered question</i>	1804
	<i>skipped question</i>	201

Illustrative range of comments:

- “How can one decide which of these is most important... they are ALL vital for the dignity and wellbeing of women”
- “Audit maternal deaths and use it to enhance accountability”
- “Foreign aid and donor support are very useful and helpful but can and should not replace the responsibilities governments have to ensure reproductive health services and rights for their citizens.”
- “Stopping child marriage of girls which is a major contributing factor to many of the problems referred to in this survey - I am surprised there is no mention.”
- “Provide more skilled birth attendants.”
- “Improving access to & quality of all alternatives to abortion, giving those major priority over abortion.”

We asked... Question 5: If we could do just one thing to help, what should it be and why?

You said...

- Should improve equality and education for girls and women
- Increase availability of and access to contraception
- Increase the number of births attended by skilled birth attendants
- Keep mothers healthy through better nutrition before and during pregnancy

If we could do just one thing to help, what would it be and why?		
Answer Options	Response Percent	Response Count
Improve equality and education for girls and women	39.8%	703
Increase availability of and access to contraception	20.1%	355
Increase the number of births attended by skilled birth attendants	13.7%	242
Keep mothers healthy through better nutrition before and during pregnancy	7.6%	135
Don't know/can't decide	4.4%	77
Reduce sexually transmitted infections, including HIV	3.4%	60
Improve access to safe abortion services and post-abortion care	2.8%	50
Reduce the number of unwanted teenage pregnancies	2.5%	44
Encourage mothers to breastfeed	2.1%	37
Reduce the number of women passing HIV to their children	1.9%	34
Increase prevention and treatment of malaria for pregnant women	1.7%	30
Why?		1157
	<i>answered question</i>	1767
	<i>skipped question</i>	238

Illustrative range of comments:

- “All are important, but my sense is that if we start with increased equality and education then others will be easier to achieve.”
- “By making contraception available to all it would lead to a decrease in all the other options given here.”
- “Better nutrition in pregnancy has a trans-generational effect.”

5. We did...

The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world

The policy process to develop “Choices for women: Planned pregnancies, safe births and healthy newborns – the UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world” has been influenced and informed by evidence, by the Choice for Women consultation, and by DFID country level planning. The Framework for Results is now available on DFID's website (www.dfid.gov.uk).

The Choice for Women Consultation helped us to decide to focus on **two strategic priorities**:

- **preventing unintended pregnancies** by enabling women and girls to choose whether, when and how many children they have;
- **ensuring pregnancy and child birth are safe** for mothers and babies

Information from the Choice for Women consultation also helped us to identify **four pillars for action** in the Framework for Results

- **Empower** women and girls to make healthy reproductive choices and act on them – including education.
- **Remove barriers** that prevent access to quality services, particularly for the poorest and most at risk.
- **Expand the supply of quality services**, delivering cost effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care; postnatal and newborn care - delivered through stronger health systems with both public and private providers.
- **Enhance accountability** for results at all levels with increased transparency.

Further information is available in “Choices for women: Planned pregnancies, safe births and healthy newborns – the UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world” (www.dfid.gov.uk)

Annex 1 – Campaign email about free access to services

Dear Secretary of State

Thank you for giving the UK public the opportunity to help shape government policy aimed at improving the health of poorest children and mothers in the developing world. As a supporter of Save the Children, this is an issue of serious concern to me.

I believe that making healthcare free at the point of use will make the biggest contribution to improving the health and wellbeing of children and mothers in the world's poorest countries. Therefore, this should be a priority within the health strategy of the Department for International Development if your ultimate aim is to save the lives of mothers and children.

Since April this year, mothers and children in Sierra Leone – where one in four children don't live to celebrate their fifth birthday – have enjoyed free healthcare. This resulted in a 179% increase in people seeking and receiving essential care from April to June. Providing continued technical and financial support to countries like Sierra Leone is critical to stopping mothers dying in childbirth and enabling newborns and young children to survive and eventually thrive in their later years. This will also involve investing in health systems and training health workers, and will help ensure that UK aid benefits the poorest mothers and children – which is where our aid matters most.

I look forward to hearing the results of this consultation process.

Yours sincerely

**Response to campaign email
about free services**



**Rt Hon Andrew Mitchell MP
Secretary of State**

31 December 2010

Dear Sir/Madam,

Thank you for your email about making health care free at the point of use.

It is a scandal that in today's world millions of people are deterred from seeking basic healthcare because of poverty, and that many of those that do become poorer as a result. Promoting health and human well-being is at the heart of the Coalition Government's approach to international development. In our Business Plan, which was published in November, we set out actions to increase access to healthcare; clean water and sanitation; to reduce maternal and infant mortality; and to restrict the spread of diseases like malaria.

No one should die or suffer ill-health because they are too poor to afford treatment. The Coalition Government supports international efforts to achieve universal coverage of basic health services. Poor people will avoid seeking proper care if there are barriers to accessing these services, including financial barriers such as user fees charged at public facilities. Where appropriate, we will support countries that wish to remove fees at the point of use and replace them with more equitable health financing systems.

We are already helping many developing countries replace health user fees, especially for women and children, with fairer methods of health financing. You may be interested to know that the UK has led the way in Sierra Leone in supporting the launch of free health

care for children under the age of five, and for pregnant and breastfeeding women.

I was pleased that at the UN MDG Summit in September this year sixteen low and middle income countries announced that they were extending the provision of services free at the point of delivery to women and children living in poverty.

I hope this is helpful.

ANDREW MITCHELL

Front cover image © Nick Cunard / Department for International Development

www.dfid.gov.uk/choiceforwomen



What is international development?

International development is about helping people fight poverty. Thanks to the efforts of governments and people around the world, there are 500 million fewer people living in poverty today than there were 25 years ago. But there is still much more to do.

1.4 billion people still live on less than \$1.25 a day. More needs to happen to increase incomes, settle conflicts, increase opportunities for trade, tackle climate change, improve people's health and their chances to get an education.

Why is the UK government involved?

Each year the UK government helps three million people to lift themselves out of poverty. Ridding the world of poverty is not just morally right, it will make the world a better place for everyone. Problems faced by poor countries affect all of us, including the UK. Britain's fastest growing export markets are in poor countries. Weak government and social exclusion can cause conflict, threatening peace and security around the world. All countries of the world face dangerous climate change together.

What is the Department for International Development?

The Department for International Development (DFID) leads the UK government's fight against world poverty. DFID has helped more than 250 million people lift themselves from poverty and helped 40 million more children to go to primary school. But there is still much to do to help make a fair, safe and sustainable world for all. Through its network of offices throughout the world, DFID works with governments of developing countries, charities, nongovernment organisations, businesses and international organisations, like the United Nations, European Commission and the World Bank, to eliminate global poverty and its causes. DFID also responds to overseas emergencies. DFID's work forms part of a global promise, the eight UN Millennium Development Goals, for tackling elements of global poverty by 2015.

What is UKaid?

UKaid is the logo DFID uses to demonstrate how the UK government's development work is improving the lives of the world's poorest people.

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