
Solutions

The focus of Women Deliver's second global conference was *Delivering Solutions for Girls and Women*. In the over 120 breakout sessions which took place, numerous critical and life-saving solutions were identified. This is not an exhaustive list. Solutions have been grouped thematically, however many are cross-cutting and were discussed at numerous sessions. Session organizers are listed at the end of the document.

Advocacy/Activism

- **Follow up commitments** on maternal health with actions to hold policymakers accountable for results (using budget analysis, etc)
- **Support CARRMA** as a tool for achieving the Maputo Plan
- **Support CEDAW's ratification** in the US

Corporate Involvement

- **Create and foster public private partnerships**, such as the Global Alliance for Clean Cookstoves, which incorporate health, education and entrepreneurialism while striving for innovative, cross-cutting solutions
- **Promote mobile technology** as a key resource for health workers, particularly in rural areas
- **Employ monitoring and evaluation** for women's empowerment programs and for new technology (such as cell phones and wind-up powered Doppler fetal heart rate monitors)

Culture

- **Help girls to grow and thrive** by advocating for an end to child marriage, promoting leadership training for girls, and publicizing the multisectoral benefits of girls' education (lower maternal mortality, higher labor force participation, more yields per hectare etc.). Advocate for schools to eliminate GBV and to focus on education quality, not just enrollments
- **Ensure access to comprehensive, inclusive sexuality education**, and involve multiple stakeholders in developing sexuality education programs to ensure ownership and sustainability
- **Have an inclusive approach**- Address both men and women within policies and programs to achieve gender equity, and engage with faith-based organizations

Development & Empowerment

- **Support female leaders** by creating networks, advocating for increased numbers of women at all levels of government and sharpening the leadership skills of women in parliament and women policy makers
- **Promote the development of a global funding mechanism** addressing MDG 5

Family Planning

- **Expand the scope of contraceptive availability-** Ensure access for men as well as young women by removing age restrictions; provide vouchers for contraceptives, including long acting reversible contraception (LARC), and support collaborations among contraceptive suppliers
- **Make family planning a national priority-** Engage heads of state as family planning champions, adopt family planning as an official development program and promote in-country government purchase of contraceptives to increase contraceptive security
- **Bring family planning to the community-** Advocate on the local level to prioritize family planning resources; promote health extension worker programs; and ensure village-level outreach (counseling, family planning methods) to postpartum mothers

Health of Girls and Women

- **Promote prevention of STIs** through targeted interventions such as early prenatal care cervical cancer screening/management, universal access to the HPV vaccine and testing for HPV.
- **Spread knowledge** by ensuring the dissemination of accurate information on menopause (particularly hormone replacement therapy), endometrial cancer, and preventable issues such as fistula.

Abortion

- **Employ the hard reduction model** in promoting safe abortion, especially for vulnerable populations such as youth and low-income women. Conduct research on safe abortion services and disseminate this information
- **Address barriers to access** by transmitting information on abortion laws and providers to marginalized and fringe populations
- **Look to the Safe Abortion Action Fund** as a model which enables the implementation of programmes and initiatives in advocacy, operations research and service delivery to increase access to safe abortion services.
- **Adopt strategies to introduce misoprostol** for treatment of incomplete abortions

Health Systems Strengthening

- **Curb out-of pocket health expenditures** through prepayment, risk-pooling and abolishment of user fees
- **Promote equity and quality care-** Ensure health systems are rights-based, support inclusion and incorporate high quality governance mechanisms and practices
- **Ensure quality service-** Examine ways to motivate and support health workers through a functioning system for supplies, supervision, continuing education and a living wage. Combat shortages of skilled staff with outreach, partnering or immediate postpartum IUD insertion. Ensure that the government maintains a registry of all health workers, builds Human Resource Information Systems (HRIS) and facilitates evidence-based decision-making.

HIV/AIDS

- **Support new prevention technologies**, such as microbicides, politically and with funding, and use them in combination with existing prevention methods
- **Ensure greater access** to anti-retroviral treatment for HIV positive women and for the hyper-vulnerable: female sex workers, drug users, transgender women, etc
- **Promote PMTCT+** as not only an effective HIV intervention, but also a strong component of reaching broader maternal mortality/child survival goals
- **Address structural barriers**, such as laws that impact on women's economic autonomy and livelihoods, in order to reduce women's vulnerability to HIV, poor sexual, reproductive and maternal health.

Human Rights & the Law

- **Ensure data collection and dissemination** by documenting causes of maternal mortality through community-level strategies and human rights fact finding reports, and by simplifying UN process indicators and their measurement of maternal mortality progress for youth & advocates
- **Join forces** by forming alliances, such as alliances of lawyers and service providers, and by collecting and sharing human rights methodologies
- **Spread awareness of the use of strategic litigation** to provide reparations to redress human rights violations, send a message to the government that they have legal obligations to respect and ensure women's reproductive rights, shape public dialogue and perceptions of reproductive health issues, and push for structural changes.

Maternal & Newborn Health

- **Implement and promote effective interventions** such as Kangaroo Mother Care, neonatal resuscitation, use of magnesium sulfate, early pre-natal care visits, delivery kits and chlorhexidine umbilical cord cleansing
- **Promote local service delivery**, including newborn care and interventions for preeclampsia and eclampsia such as calcium supplementation, high blood pressure detection, protein testing, and magnesium sulfate
- **Scale up skilled care** of the mother in labor and delivery, and resuscitation of the newly born infant, to prevent asphyxia related neonatal-perinatal mortality
- **Advocate for effective transport systems** to improve the timely provision of comprehensive emergency obstetric care
- **Address maternal anemia** through a credible, convinced community health worker cadre, attention to supplies of IFA and deworming medications, and effective roll-out through phased, monitored scale-ups.
- **Incorporate a three-pronged approach to combat maternal malaria**: intermittent prevention therapy (IPT), use of long-lasting insecticide-treated bed nets (LLINs) and effective case management with diagnosis and treatment.
- **Utilize a rapid, significant increase in uterotonic coverage** to prevent post-partum hemorrhage
- **Advocate for cross-cutting solutions** which lead to improved maternal health while also combating climate change, increasing access to HIV medicine, empowering women leaders, and so on

Youth

- **Involve young people** as key stakeholders and decision-makers in the design, implementation and evaluation of the policies which affect them
- **Promote youth-friendly training and capacity-building** of service providers, policy makers and other stakeholders
- **Hold governments accountable** for youth SRHR development, and for SRHR programs and policies which speak to and include youth

Women Deliver is extremely thankful to the session organizers listed below.

<p>Advocacy and Activism Betsy McCallon, White Ribbon Alliance Teresa Shaver, White Ribbon Alliance Suzanne Ehlers, Population Action International</p>	<p>Health of Girls and Women Dorothy Shaw, University of British Columbia (Formerly of FIGO/International Federation of Gynecology and Obstetrics)</p> <p><i>Fistula</i> Kathy Gifford, United Nations Population Fund</p> <p><i>Menopause</i> Judy Norsigian, Our Body Ourselves</p>
<p>Climate and People Robert Engelman, WorldWatch Institute Laurie Mazur, Population Justice Project</p>	<p>Abortion Giselle Carino, International Planned Parenthood, Western Hemisphere Region Kelly Blanchard, Ibis Reproductive Health</p>
<p>Corporate Involvement <i>Mobile Technology</i> Adele Waugaman, United Nations Foundation & Vodafone Foundation Technology Partnership</p>	<p>Health Systems Strengthening Shyama Kuruvilla, The Partnership for Maternal, Newborn and Child Health (PMNCH)</p>
<p>Countdown to 2015 Countdown working group</p>	<p>HIV and AIDS Ioanna Trilivas and Alvaro Bermejo, The International HIV/AIDS Alliance</p>
<p>Culture <i>Education</i> Doyin Oluwole, Academy for Educational Development</p> <p><i>Ethics</i> Stephen Isaacs, The Center for Health and Social Policy Rebecca Cook, University of Toronto Ruth Macklin, Albert Einstein College of Medicine</p>	<p>Human Rights and the Law Luisa Cabal, The Center for Reproductive Rights Rajat Khosla, Amnesty International</p>
<p>Development and Empowerment <i>Women and Labor</i> Naomi Cassirer, International Labour Organization</p> <p><i>Millennium Development Goals</i> Laura Laski and Dennia Gayle, United Nations Population Fund</p> <p><i>Poverty and Economics</i> Ellen Weiss, Rekha Mehra, and Silvia Paruzzolo, International Council for Research on Women</p>	<p>Maternal and Newborn Health Ann Starrs, Family Care International (Chair) Massee Bateman, Saving Newborn Lives Harshad Sanghvi, JHPIEGO Ann Blanc and Ana Langer, EngenderHealth/Maternal Health Task Force Petra ten Hoop-Bender, The Partnership for Maternal, Newborn and Child Health (PMNCH)</p>
<p>Family Planning Amy Tsui, The Bill & Melinda Gates Institute of Population & Reproductive Health Jennifer Woodside, International Planned Parenthood Federation</p>	<p>Youth Katie Chau, International Planned Parenthood Federation Nickie Imanguli, Advocates for Youth Tanya Momtazian, Youth Coalition</p>