



## Accelerating Action on the MDGs Delivering for Girls, Women, and Babies

19 September 2010  
9:30am – 11:30am  
Waldorf Astoria

Driving forward the momentum gathered from a successful second global conference, Women Deliver and co-hosts co-organized an official UN side event, “Accelerating Action on the MDGs: Delivering for Girls, Women and Babies”, for delegates to the United Nations General Assembly Special Session (UNGASS). Co-hosts of the event and supporters of Women Deliver 2010 were as follows:

### Co-hosts

- UNAIDS
- UNFPA
- UNICEF
- World Bank
- WHO
- AMREF USA
- CARE
- Family Care International
- GAVI Alliance
- International Planned Parenthood Federation
- Jhpiego
- Population Action International (PAI)
- Pangaea
- PATH
- Partners in Population and Development Africa Regional Office (PPD Africa)
- Save the Children
- The Bill and Melinda Gates Foundation
- The European Parliamentary Forum on Population and Development (IEPPFD)
- The Partnership for Maternal Newborn and Child Health
- The Susan G. Komen Global Health Alliance
- United Nations Foundation
- White Ribbon Alliance
- Women Deliver (organizing partner)

### Supporters of Women Deliver 2010

- Canadian International Development Agency (CIDA)
- Danish International Development Agency (Danida)
- Dutch Ministry of Foreign Affairs
- Ministry of Foreign Affairs of Finland
- Norwegian Agency for Development Cooperation (Norad)
- Spanish Ministry of Foreign Affairs
- Swedish International Development Agency (Sida)
- UK Department for International Development (DFID)
- United States Agency for International Development (USAID)

On Sunday, September 19th from 9:30-11:30am, a day before the Special Session began, UN member country delegates, First Ladies, NGOs, corporations, donors, UN agencies, youth leaders and media gathered in New York City to discuss progress made on the Millennium Development Goals as well as concrete steps to be taken.

Approximately 340 attendees from around the world were present, the majority consisting of Ministers and Ambassadors. Other attendees included the First Ladies of Gabon and Tanzania and the wife of the Kenyan Prime Minister. Moderators and rapporteurs consisted of Executive Directors, CEOs and other high-level representatives from key organizations in the maternal health field, including the co-host organizations listed above as well as the Canada International Development Agency (CIDA); Norwegian Agency for Development Cooperation (Norad); the Swedish International Development Agency (Sida); Ministry of Foreign Affairs, Denmark; Johnson & Johnson; Pfizer; Voxiva; the Global Alliance for Vaccines and Immunization (GAVI) and Maternal and Child Health Integrated Program- MCHIP.

Through featured speakers and round-table discussions, participants focused on commitments to MDGs 5, 4 and 6; provided messages to be incorporated in member country oral statements at the UNGASS; and promoted networking and collaboration between governments, corporations, NGOs, and youth at the country level.

The event began with a welcoming address by Dr. Fred Sai, a Ghanaian family health physician and Honorary Co-Chair of the Women Deliver 2010 conference. He informed attendees that the Waldorf Astoria was once the site of a fistula hospital, effectively setting the scene for the day's event. Following Dr. Sai, speakers Graça Machel, Ngozi Okonjo-Iweala, Mikkel Vestergaard Frandsen, Imane Khachani and Michel Sidibé highlighted the UN Secretary General's Global Strategy along with numerous solutions from various sectors. Moderated table discussions on the questions listed below took place after each featured speaker. Safiye Cagar, Director of Information and External Relations at UNFPA, closed the event by underlining the importance of focusing on women in development. "When women are healthy and survive, families, communities and countries thrive. Please say it and say it again. It pays to invest in women! We are counting on you to bring the message to the world," she told participants.

The impact of this event became evident while monitoring country commitments announced during the UN summit. Out of the 70 countries that spoke at the Monday and Tuesday morning plenaries, over half of the countries explicitly mentioned maternal health and women's empowerment. Three international agencies emphasized the need to bolster commitments and resources for investing in women and girls. The UN Secretary-General's launch of the Global Strategy for Women and Children marked a pivotal repositioning of maternal health to the forefront of the global development agenda.

## 👉 Women and the Global Strategy

Graça Machel, a renowned international advocate for women's and children's rights, spoke on Women and the UN Secretary General's newly released Global Strategy for Women and Children's Health. She highlighted the urgent need for this development given the critical role of women in driving families, communities and nations forward. Mrs. Machel stressed the possibility of achieving the MDGs, if, and only if, the world's leaders make the necessary resources available. "This agenda [the MDGs] will never succeed, if it remains only in the hands of us here in New York," said Mrs. Machel. "It must be owned at

the country level, by every head of state, every woman and every girl. Women deliver. But leaders must also deliver.”

1. *How does your country recognize the social and economic benefits of women?*

Participants discussed their governments’ recognition of the social and economic benefits of women by prioritizing education, health services, stakeholder input, economic development and political representation.

- India is highlighting schemes for **free antenatal care**.
- Japan is increasing the number of **Trained Birth Attendants**.
- In Brazil, the national plan includes the Sistema Unico de Salud which contains departments for women’s health, poverty and human rights, all of which are critical for maternal health improvements.
- Norway has increased funding for women’s health, with two-thirds of this amount earmarked for women and children’s programs.
- In Rwanda, women currently make up 56% of Parliament due to an emphasis on **women’s political participation**.
- Indonesia is focusing on **capacity-building** for women business owners.
- Government workers in the Netherlands are **visiting women in their communities** to hear input on their needs.
- In addition to country level activities, the African Union submitted a **gender policy** to Ministers which ensures girls’ access to education.

2. *How, in resource constrained times, do we make sure we provide adequate funding for investing in girls and women?*

The financial crisis hit girls and women the hardest, as the programs directly benefitting them were often the first to be cut. Participants discussed several strategies to ensure that as we move forward, adequate and sustained funding is provided for these vital programs and services.

- **Engaging members of Parliament** is key to ensuring funds are properly allocated, and involves both ensuring female representation as well as developing messages that resonate with male Parliamentarians.

- **Public Private Partnerships** present innovative opportunities to secure and sustain funding. To draw them in, companies need to be presented with a business opportunity so that they see programs as a profitable investment.
  - Funding can also be brought in by **moving towards integrated programs and health systems**; however, steps must be taken to ensure that programmatic aspects pertaining to girls and women are not overshadowed in the process.
3. *How do we as individuals, organizations and countries hold ourselves and each other accountable for the commitments we have made so far and those contained within the UNSG's Global Strategy for Women's and Children's Health?*

Progress will not be possible without continued accountability. Participants discussed several methods for individuals, organizations and countries to hold ourselves and one another accountable for commitments made thus far and within the UNSG's Global Strategy for Women and Children's Health.

- **Information-sharing** is critical, so that girls and women are aware of what rights and services they are entitled to and therefore can speak up if these are not being met. In addition, information dissemination ensures that services providers are also aware of what they are expected to provide. Key messages should be **integrated into medical education/trainings** throughout the globe.
- Along these lines, more **inclusive participation and input from stakeholders** are needed, on local as well as national levels. **Vulnerable groups and young people** in particular need to be aware of commitments and to be involved in decision-making processes, especially within the context of the Global Strategy.
- The private sector has a role to play as well in **ensuring that products are accessible** worldwide, with a focus on locations where MDG indicators show the greatest need.
- For further collaboration, a **special task force among G20 countries** should be created. The main objective would be to ensure commitments are being held to, through data collection and reporting.

## 📌 Solutions: Political and Financial Commitments

Ngozi Okonjo-Iweala, Managing Director of the World Bank, highlighted political and financial commitments which can enable us to reach MDG 5. In particular, she highlighted the need to adapt the Global Strategy to national and international development goals and to pledge the funds. She also called for solutions to be implemented immediately, such as access to contraception. In these efforts, civil society, the media and the private sector must be engaged as well.

#### 4. Which actions do we need to prioritize to support women?

Participants spoke on both short-term and long-term actions needed to support women. Short-term activities are critical as they can demonstrate impact, thereby leading to funding.

- Short-term solutions include **eliminating financial barriers to accessing health services**, such as user fees, transportation and cost of contraceptives. In order to accomplish this, financing for services can be sought from insurance schemes and donor governments.
- **Scaling up emergency obstetric care** is also key and an immediate priority.

Long-term actions create a lasting ripple effect which can lead to profound societal shifts.

- **Prioritizing girls' education and leadership** is a major concern, as this leads to delayed pregnancy and marriage as well as greater economic development of women individually and communities/nations as a whole. Girls can also serve as **conduits of information** received in school about maternal health to their mothers and other female family members at home.
- The **strengthening of health systems** is another priority area, and can be achieved through **linkages and integration of initiatives**.
- Investing in health workers by **scaling up human resources and training opportunities** is critical, and must also address the **international migration** of much-needed medical personnel.
- Finally, messages need to be widely spread that maternal health is **more than just a "women's issue"**; men and political leaders need to be engaged as well.

#### 5. How do we help communities hold their national and district governments accountable for commitments made to fund and deliver healthcare for women, children, and newborns?

While we welcome government commitments to fund and deliver healthcare for women, children and newborns with enthusiasm, **accountability measures** must also be established to ensure these changes take place.

- Primarily, citizens need to be made aware of what commitments were made, why they are important and how they can be tracked. **Monitoring and evaluation** mechanisms must be implemented, with **transparent sex/age desegregated data** available to track progress.
- **Regional and village-level committees** can be established to review this data and report to the people on how commitments are or are not being addressed. Local, small NGOs, grassroots youth organizations in particular, can play a key role here and therefore need **capacity-building** and to be empowered.

- **Data on the benefits of upstream investment in family planning and reproductive health** needs to be packaged and presented to policy-makers in a way that is compelling and not overly technical.
- Finally, the government can and should be reminded that the **ultimate benefits, and long-term costs averted, are greater than the initial investment costs** of implementing these healthcare programs.

6. *How can countries of all shapes and sizes most effectively deliver for girls and women?*

To ensure that countries of all shapes and sizes effectively deliver for girls and women, flexibility and cultural sensitivity are key. It must be understood that what works in one part of the world will not necessarily work in another.

- We must **work within cultural contexts** and **maximize stakeholder input**.
- Securing **male champions** is extremely important, and must focus on men of all ages, not only boys.

### 👉 Solutions: Engaging the Private Sector

### 👉 Solutions: Youth and Family Planning

Mikkel Vestergaard Frandsen, CEO of Vestergaard Frandsen, spoke about the need to engage the private sector when developing solutions to addressing global public health issues. "We're over and over seeing that doing good is good business, and we're over and over seeing again that there is neither conflict nor controversy between doing good and doing business," he said, highlighting the fact that many companies, including Vestergaard Frandsen, want to be a partner in identifying and implementing solutions to improve the lives of girls and women. Dr. Imane Khachani, a youth advocate and physician from Morocco, stressed the need for young people to have access to life-saving contraceptives, sexual and reproductive health services, and comprehensive education.

7. *What are the greatest barriers to giving young people access to contraception (supplies, culture, policies) and how can they be overcome?*

Young people face significant barriers in accessing contraception.

- The most prevalent obstacles include **religion, family and culture**.
- Youth are often **not informed** of their sexual rights and of issues around reproductive health, including **contraceptive use and access**.
- Unmarried adolescents most often do not have access to contraceptives, and those who are married often must receive permission from their husband in order to obtain services.

These obstacles can be overcome by promoting comprehensive sexuality education, delaying the age of marriage, creating youth-friendly and accessible services and providing support to youth organizations.

- **Comprehensive sexuality education** needs to be made available not only in schools, but also for **young agricultural workers** who can be particularly vulnerable to pregnancy and sexually transmitted infections.
- The unmet needs of youth are twice those of adults, therefore **youth-friendly services** are greatly needed.
- **New technologies** that youth use, such as cell phone technology and web-based social media (Facebook, Twitter), need to be integrated into information sharing and service provision.
- Finally, **funding to youth organizations**, through direct or sub-granting, should be prioritized.

8. *How can we more systematically learn from public/private partnerships and roll out successes more broadly?*

Public Private Partnerships present unique opportunities for innovative strides forward on maternal health. **Incentives** are a key aspect. As we move forward, we must examine what will draw various players (government, private sector, health providers, direct stakeholders) to the issue at hand. When people are healthy, they will be more likely to purchase goods; therefore the private sector has a draw to contributing to the health of the population.

In order to roll out successes more broadly, **multi-level planning** is critical.

- Initial planning must be complemented by **consistent follow through**. Episodic efforts are not sufficient.
- **Major players need to be connected**: private sector to government leaders working in maternal health, health advocates to women's rights advocates, and so on.
- Programs need to contain **civil society participation**, and be **integrated at the community level**.

9. *How do we encourage innovations from all actors, public and private, internationally and at a national and community level?*

We must work to encourage innovations from all actors and at local, national and international levels.

- **Innovative financial mechanisms and incentives** are needed to draw in new players and retain existing ones.
- We also need to take a **holistic approach** to issues affecting women and girls. The broad range of these issues necessitates **diverse coalitions** working together and promoting **continued communication** amongst one another.
- Finally, ego and desires for ownership over projects must be placed aside in favor of **partnerships that work and achieve desired results**.

## 📌 Solutions: Synergy

Mr. Michel Sidibé, Executive Director of UNAIDS, discussed integration and synergy among all the MDGs. According to Mr. Sidibé, it is clear that investing in one MDG will help achieve the others. “Where HIV is prevented, maternal mortality decreases. When a mother’s life is saved; a newborn’s life is usually saved. When girls are educated, poverty decreases.” Mr. Sidibé added that the AIDS response should be a bridge for joining health and development movements, such as maternal and child health, sexual and reproductive health, and women’s rights.

### *10. What is the value of integrating health programs, policies and funding that affect girls and women?*

Integration can be highly beneficial to the success of health programs, policies and funding affecting girls and women.

- **Streamlining** these interventions can be cost-effective as well as user-friendly by creating a “**one-stop shop**” for addressing unmet needs.
- **Integration should be opportunistic, creating systematic links** where barriers (such as stigma) currently exist. However, major underlying concerns are that core principals may be compromised, and there is limited data on successful on-the-ground integration.
- To combat this, **strategic planning and monitoring & evaluation** mechanisms must be in place.

### *11. How can countries promote synergy among all the MDGs?*

Countries can promote synergy among all the MDGs by effectively **demonstrating where linkages exist**. Maternal health is not only a medical issue, but also a social and cultural one. Therefore, cultural elements around health awareness and access need to be examined and addressed.

- We need to look at which and when **economic incentives** are needed, and which are most effective.

- **Impact must be measured** so that governments can be convinced to make synergistic investments, but we must be careful to be patient as impact can sometimes take time to appear.
- When integrating MDGs, we are also promoting collaboration among various actors. In particular, synergy necessitates **dialogue between health workers at different levels**.
- In Africa, **CARRMA** could be a starting point for synergy.

*12. How can the development sectors break down the barriers of silos to create real and lasting synergy?*

The development sector has long been divided into silos which prevent real, lasting synergy. To combat this, several strategies were proposed.

- First of all, a **strategic division of labor** is needed. We need to **forsake the desire for sole funding and ownership** over a project, and instead examine where each group can use their strength to make quality, broader interventions. The key here will be to maintain focus on specific issues while adopting these broader approaches, such as scaling up health facilities while still prioritizing healthy deliveries.
- **Funding platforms** must be addressed as well. A **global fund for MDG5**, similar to the Global Fund for AIDS, Tuberculosis and Malaria, could be incredibly useful for streamlining finances. Commitments need to be made at all levels, not just the country-level.

**Participants at “Accelerating Action on the MDGs”:**

<b>First</b>	<b>Last</b>	<b>Title</b>	<b>Affiliation</b>	<b>Country</b>
Serge	Abessolo	Director de Ceremonial	Office of the First Lady, Gabon	Gabon
Ugoji	Adanma Eze	Esq.	Olof Palme Peace Foundation	
Oboshie	Adjoa Sai	CEO	Clarity Media Consult CMC	Ghana
Rebecca	Affolder	Adviser- Global Health Policy and Coordination	United Nations	USA
Koki	Agarwal	Director	Maternal and Child Health Integrated Program- MCHIP	USA
H.E. Amina S.	Ali	Ambassador, Extraordinary & Plenipotentiary to the USA	African Union Mission	USA
Heather	Anderson	Principal	Global Health Strategies	USA
Gloria	Anyango Iribagiza	Sub-editor	The New Times Publications s.a.r.l.	Rwanda
Christian	Baeza	Director, Health, Nutrition & Population Human Development	World Bank	USA
Kavita	Bali	Senior Manager, Corporate Responsibility	Pfizer	USA
Abhay	Bang	Director	SEARCH/Save the Children	India/USA
Carmen	Barroso	Regional Director	IPPF/WHR	USA
Frederick	Barton	Ambassador, UN Economic and Social Council	US Mission to the UN	USA
Jan	Beagle	Deputy Exec Dir	UNAIDS	Switzerland
Sarah	Beeching	Senior Policy Adviser	DFID	UK
Yuvan	Beejadhur	Counsellor	The World Bank--Office of the Special Rep to the UN	USA
Hattie	Begg	Research and Advocacy Officer	AMREF	UK
Jeanne	Bergman	Director of Global Advocacy	International AIDS Vaccine Initiative	USA
Stan	Bernstein	Senior Policy Adviser	UNFPA	USA

Marianne	Bibalou	Deputy Permanent Representative	Gabon	Gabon
Marianne	Bibalou	Ambassadeur	Mission Permanente de la Republique Gabonaise	Gabon
Margaret	Biggs	President	CIDA	Canada
Rati	Bishnoi	Volunteer	NYU	USA
Sylvia	Bongo	First Lady	Gabon	Gabon
Lucile	Bonkougou	Atache	Permanent Mission of Burkina Faso to the UN	USA
Sarah	Boseley		Guardian Newspaper	UK
Vicky	Boydell	Campaigns Advocacy Officer	IPPF	UK
Yoka	Brandt	Director-General International Cooperation	Ministry of Foreign Affairs	Netherlands
Flavia	Bustreo	Director	PMNCH	Switzerland
Germán	Calderón-Velásquez	Third Secretary	Gov't of Columbia	Columbia
Elda	Cepeda	Counselor	Mission of DR	Dominican Republic
Nejma	Cheikh	Counsellor	The World Bank--Office of the Special Rep to the UN	USA
Paul	Chen	Regional Director	Vestegaard Frandsen	USA
Mickey	Chopra	Chief of Health and Associate Director of Programs	UNICEF	USA
Sadia	Chowdhury		World Bank	USA
Catherine	Clark	Host/Anamatrice	CPAC Television Canada	Canada
Peter	Cleary	PR & Communications Dir.	Vestegaard Frandsen	USA
Gino	Crobo	Member of the Dutch delegation and rep for the political youth org		Netherlands
Lindsay	Crouse	Manager	Global Health Strategies	USA
Sharon	D'Agostino	Vice President- Worldwide Corporate Contributions and Community Relations	Johnson & Johnson	USA
Neil	Datta	Secretary	European Parliamentary Forum on Population and Development (EPF)	Belgium
Paula	DeCola	Senior Director, External Medical Affairs	Pfizer	USA

Deborah	Derrick	Sr Program Officer	Bill & Melinda Gates Foundation	USA
Tomas	Dub	Deputy Minister	Ministry of Foreign Affairs	Czech Republic
Suzanne	Ehlers	President	Population Action International	USA
Zakia	El Midaoui	Dir General of Multilateral Cooperation	Ministry of Foreign Affairs	Morocco
Christopher	Elias	President and CEO	PATH	USA
Christine	Florez	Global Strategies & Programs	Susan G Komen for the Cure	USA
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Adson	Franca	Special Adviser to the Minister of Health	Ministry of Health Brazil	Brazil
Etienne	Franca	Media Specialist, Campaign to End Fistula	Media and Communications Branch IERD, UNFPA	USA
Nilcea	Freire	Secretariat of Policies for Women	Brazil	Brazil
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Pascalie	Grotenhuis	MDG Coordinator	Foreign Ministry, Netherlands	Netherlands
Gloria	Hage		Global Affairs	USA
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Julie	Hall	Executive Officer, Office of the Regional Director	WHO- Western Pacific Regional Office	Phillipines
Juliet	Hay	Counsellor	Permanent Mission to the UN of New Zealand	New Zealand
Veronica	Hernandez		Oxfam International	
Zuzana	Hlavickova	Director of Development, Cooperation Department	Ministry of Foreign Affairs	Czech Republic

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Martha	Holley Newsome	Senior Director, Global Health and HIV/AIDS Hope Initiatives	Child Health Now	South Africa
Sadia	Hussain	Volunteer	NYU	USA
Beatrice	Issoze-Ngondet	Spouse to Ambassador Emmanuel Issoze- Ngondet	Gabon	Gabon
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Diana	Jacovella	Vice President	CIDA	Canada
Carol	Jenkins	Chair	AMREF USA	USA
Deepa	Jha	Program Officer	CEDPA India	India
Debra	Jones	Director of Global Advocacy	Family Care International	USA
Sandra	Jordan		USAID	USA
Jodi	Keyserling	Policy and Advocacy Unit	CARE	USA
Betsy	Kovacs	Director of Communications and External Affairs	AMREF USA	USA
Betsy	Kovacs	Director of Communications and External Affairs	African Medical and Research Foundation (AMREF)	USA
Tamara	Kreinin	Executive Director, Women & Population	United Nations Foundation	USA
Outi	Kuivasaniemi	Ministerial Advisor	Ministry of Social Affairs and Health, International Affairs Unit	Finland
Martha	Kwataine	Executive Director	Malawi Health Equity Network	Malawi
Geraldina	Langa	Minister for Health	Republic of Mozambique	Mozambique
Marialanna	Lee	Director of Mission Advancement	Susan G Komen for the Cure	USA

Nejla	Lias	Founder and Managing Partner	Global Health Visions	USA
Bertil	Lindblad	Director	UNAIDS	USA
Juan	López-Doriga Pérez	Director General for Planning and Evaluation of Development Policies	Ministry of Foreign Affairs	Spain
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Elizabeth	Lule	Manager, Operational Quality and Knowledge Services, Africa Region	World Bank	USA
Elizabeth	Lule	Manager, Operational Quality and Knowledge Services, Africa Region	World Bank	USA
Jessica	Mack	Manager	Global Health Strategies	USA
Joanne	Manrique	Executive Director	Susan G. Komen for the Cure Global Health Alliance	USA
Tamar	Manuelyan Atinc	Vice President- Human Development Network	World Bank	USA
Liliana	Marcos Barba	Tecnica de Incidencia Politica	Accion por la Salud Global	Spain
Lucia	Maria Maiera	Special Assistant	Presidencia da Republica, Secretaria Especial de Politicas para as Mulheres	Brazil
Joy	Marini	Director-Corporate Contributions	Johnson & Johnson	USA
Liz	Mason	Director	Dept of Child and Adolescent Health and Development, WHO	Switzerland
Sue	Mbaya	Director of Advocacy	World Vision	USA
Mike	Mbizvo	Manager	WHO- Dept of Reproductive Health and Research	Switzerland
Maureen	McTeer	Faculty of Law	University of Ottawa	Canada
Lisa	Meadowcroft	Executive Director	AMREF USA	USA
Carolyn	Miles	Exec VP & CEO	Save the Children	USA
Carolyn	Miller	Chief Executive	Merlin	UK
Nila	Moeloek	Professor	Special Envoy on MDGs for the President of Indonesia	Indonesia
David	Morley	President and CEO	Save the Children	Canada

Claudia	Morrissey	Senior Director, Saving Newborn Lives	Save the Children	USA
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Aprille	Muscara	UN Correspondent	Inter Press Service (IPS) News	USA
Jotham	Musinguzi	Regional Director	PPD- Africa Regional Office	Uganda
Catherine	Musinguzi	Retired midwife		Uganda
Bessie	Mutuku	Administrator/Programme Officer	Office of the Prime Minister, Republic of Kenya	Kenya
Renuka	Naj	International Development and Communications Advisor	International Development	USA
Hinke	Nauta	First Secretary	Permanent Mission of the Netherlands	Netherlands
Richard	Nchabi Kamwi	Minister	Ministry of Health and Social Services, Namibia	Namibia
Kristie	Neo	Intern	Stop Child Trafficking Now	USA
Josh	Nesbit	Executive Director, Co-founder	Frontline SMS Medic	USA
Jo	Nicholls	Maternal and child health adviser	DFID	UK
Roger	Nkazengany	Director of Foreign Affairs and Protocol	Office of the First Lady, Gabon	Gabon
Janna	Oberdorf	Director of Communications and Outreach	Women Deliver	USA
Ida	Odinga	wife of PM	Kenya	Kenya
Patti	O'Neill	DAC Network on Gender Equality	Organisation de Cooperation et de Developpement Economiques (OCDE)	France
Nkeiru	Onuekwusi	National Coordinator, Head of Child Health	IMNCH	Switzerland
Peter	Opiyo		Kenya Medical Department	Kenya
Japo	Ouwerkerk	Spokesperson to the minister for Development Cooperation	Ministry of Foreign Affairs	Netherlands
Emma	Parry			USA

Shanela	Parvez	Volunteer	NYU	USA
Debra	Pascali-Bonaro	Chair, Board of Directors	International MotherBaby Childbirth Organization	USA
Charlotte	Petri Gornitzka	Director General	Sida	Sweden
Anne	Pfitzer	Deputy Director, Saving Newborn Lives	Save the Children	USA
Tunu	Pinda	Wife of PM		Tanzania
Hon Tunu	Pinda	wife of President	Tanzania	Tanzania
Ben	Plumley	CEO	Pangaea Global AIDS Foundation	USA
Roberta	Pospissil	Int'l Outreach Coordinator	One Laptop per Child	USA
Julien	Potet	Policy and Advocacy Officer	Oxfam France	France
Anika	Rahman	President	Americans for UNFPA	USA
Mona	Rai	Intern	White Ribbon Alliance	USA
Mariko	Rasmussen	Program Assistant	Women Deliver	USA
Christiaan	Rebergen	Ambassador MDGS in Public Private Partnership	Ministry of Foreign Affairs	Netherlands
Khadija	Rejto	Managing Director	Solutions Int'l Advisors	USA
Meron	Reuben	Israel Ambassador to the UN	Israel/UN	USA
Carolyn	Reynolds Mandell	Communications Adviser, Human Development Network	World Bank	USA
Oying	Rimon	Global Health Policy & Advocacy	Bill & Melinda Gates Foundation	USA
Diana	Rivington	Director	CIDA	Canada
Magdalena	Robert		Barcelona Centre for International Health Research	Spain
Frank	Roijmans	Executive Director, Institutional Family Planning Services Dept	MSD	Netherlands
Xenia	Roman			
Rebecka	Rosenquist	Policy and Advocacy Manager	Interact Worldwide	UK
Neema	Rusimbamayila	Assistant Director	Ministry of Health and Social Welfare	Tanzania
Lisa	Russell	Founder	Governess Films	USA

Vinay	Saldanha	Executive Administrator	UNAIDS	Switzerland
Diah	Saminarsih	Deputy I- Domestic Relations and Community Partnership	Office of Special Envoy on MDGs for the President of Indonesia	Indonesia
Jayshree	Satpute	Advocate	Human Rights Law Network	India
Kristin	Savard		White Ribbon Alliance	USA/UK
Mette Christine	Schmidt	Advocacy Officer	Danish Family Planning Assoc.	Denmark
Olivia	Schoeller		DuMont	Germany
Marta	Seoane	Board Relations and Information Officer	PMNCH	Switzerland
Dilly	Severin	Online Outreach Associate	Population Action International	USA
Saira	Shameem (Sham)	Executive Director	Asian-Pacific Resource and Research Center for Women (ARROW)	Malaysia
Meera	Shekar		World Bank	USA
Traci	Siegel	Senior Vice President	GMMB	USA
John	Skibiak	Director	Reproductive Health Supplies Coalition	Belgium
Vera	Songwe	Advisor	The World Bank	USA
Ann	Starrs	President	Family Care International	USA
Alberta	Steven	Pharmacist, Procurement Specialist	Medical Stores Dept	Tanzania
Diane	Summers		GAVI	Switzerland
Gary	Surmay	Manager, Public Policy and State Government Affairs	Bayer	USA
Joseph	Swan		Women Deliver	USA
Virginia	Taddoni		Women Deliver	USA
Joelle	Tanguy	Managing Director, External Relations	GAVI	Switzerland
David	Thomas	Assistant to the Minister	Ministry of Health and Social Services	Namibia
Liz	Thompson	President	Susan G Komen for the Cure	USA
Lidet	Tilahun	Vice President, Int'l Outreach	One Laptop per Child	USA
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