

Minutes Panel discussion “Maternal / Sexual and Reproductive Health”

Time and date: Thursday 1. September 2011, 17.15- 18.30 hours.

Lead panel discussion: Sabine Bieri (SB)

Members Panel: Vincent Fauveau (VF), Sabrina Schipani (SaS), An Huybrechts (AH), Marianne Haueter (MH)

SH opens panel with the question

1. “What is the main aspect what you learnt today? What is important?”

- VF: - Focus on health system reform and its complexity
- Promoting midwifery as part of such a reform, not as a single measure
 - Left open; what can Switzerland do? What can the SDC do?
- SaS: - Good experience with the multiprofessional views in the workshop
- What we import should reach and benefit the people in the country (salary, costs)
- MH : - The importance of the economic environment as a key factor. However economic improvement does not always contribute to improvement of women’s health
- Switzerland could partner in improving education/ regulation and association in developing countries (e.g. Twinning Project ICM/ Swiss Midwifery Association)
 - Need for more research in basic knowledge about effectiveness of physiological (natural) processes in women’s/ maternal health
- AH: - More attention on family planning of groups with special needs, e.g. young adults
- More knowledge and support for implementation of strategies into practice. Good example is family planning and access to SRH (Sexual and Reproductive Health) in Egypt
 - Commitment of Switzerland to SRH; how are they going to implement good strategies?

2. “ What should Switzerland do with the available money?”

- VF: - **Visibility:** National visibility of the country commitments. Country commitments should be published, but also known to the public.
- **Advocacy.** Does public know about these commitments and how their money is spent?
 - **Support.** 1) Swiss state to UN, 2) Swiss state to national and international NGOs

- **Technical assistants/ advisers** to agencies, UNFPA, WHO (midwives, doctors, but also monitoring, epidemiologists)

AH: - Commitment is good, but does it reach the people?

- **Transparency.** Insufficient data on implementation; initiative- and process-based, not primary result- based
- Focus on **Capacity building**

SB: Following the debates around climate change, a new discussion on maternal health seems to arise. This discussion is human rights based, not population based. How do we want to influence the discussion? SB opens the discussion for all participants. Several subjects are put forward, such as:

1. Need for SDC strategies to focus on both health and gender issues

The strategy of the SDC focuses on health care reforms in several focus countries, this includes improving access and maternal health. Several examples are provided. The right distribution of the budget in regard to gender might be an issue of further discussion.

2. Need to reach out to vulnerable groups, such as young, unmarried women

3. Need for system approaches for achieving MDG3, MDG 4 and MDG

4. Need for national Swiss standards on access to contraception (not only as an emergency solution) and sexual education

5. Need to look at the conditions of access: “how much service is delivered to whom”. This is not only about the services being provided as such, but also the how (the way in which, how much justice is involved) this service is provided.

6. Need for accountability/ comprehensive responsibility from the individual low- and middle-income countries for money invested in international development. Where are resources located? Other sectors might primarily be more important than health for bringing a reform ahead.

3. “What should happen in regard to MDG 5 beyond 2015?”

MH: - Need for a national strategy, in which maternal health is visible

- Clear cantonal strategies on maternal health, including postnatal care and mental health
- Better use of midwifery competencies in health care system

AH: - Continuation of the discussion on SRH and rights using the MDGs and its indicators as a reference points

- More work on SRH rights and young people

- VF:
- Long term strategies on maternal health improvement
 - Further investment in midwives in order to offer emergency obstetric care in low- und middle income countries
 - Seeking collaboration with groups like UN Women
- SaS:
- Continuation of working on the progress of MG 4 and 5 internationally
 - Simultaneously continuing work and raise awareness on improving women's and maternal health on a national level

SH closes the panel discussion and thank the participants for their contribution.

Sunday, 04 September 2011/ Ans Luyben