**Saving Mothers, Giving Life: Workshop outcomes**

**Introduction**

The Saving Mothers, Giving Life workshop in Oslo, Norway 1 June 2012 focused on challenges related to national scale-up and financial sustainability in the context of the Saving Mothers effort. The around 30 participants were drawn from Saving Mothers partners and from governments, academia and civil society, of both donor and implementing countries.

**Purpose**

The purpose of the workshop was to provide recommendations for the Saving Mother’s second phase, where the intention is to scale up the current pilot approaches in Uganda and Zambia to national levels and additional countries. It was expected that the workshop would provide up to ten concrete recommendations to facilitate programme sustainability.

**Discussions**

The discussions were structured along three axes of sustainability: (i) financial sustainability, (ii) political leadership and participation, and (iii) institutional capacity. Brief introductions to each sub-theme were followed by an interactive discussion.

Participants discussed how to garner broad political support for health issues in general and maternal health in particular. Perceiving health as an investment rather than a cost was seen to be key to achieving the political obligation required to sustain and increase availability of quality health care.

There was broad agreement that a knowledge and data-driven approach to advocacy would help identify priorities and galvanise the required political commitment. Availability of knowledge and data requires quality information systems that provide robust and reliable results information, and it was suggested that the Saving Mother’s second phase should have real-time tracking of 4-5 indicators, allowing comparison between participating countries. These could include maternal mortality, case fatality of certain common conditions, unsafe abortion, and HIV-associated maternal mortality. It was suggested to situate this in the broader context of social determinants of maternal health, also tracking indicators such as child marriage, age at first pregnancy, family income and school attendance.

Engaging non-health decision makers is also critical, and forging partnerships with the business community, as well as civil society and faith-based organisations, lays the foundation for sustainable programmes. Country ownership and integration into a country’s own systems, plans and budgets is critical for coordination, efficiency and sustainability.

Creating demand for services as well as fostering mutual accountability is critical, and is facilitated by strong links with communities and meaningful participation of civil society in policy dialogues

Several participants also raised how achieving long-term gains in maternal health requires situating maternal health in the broader context of reproductive health, where access to family planning would help reduce maternal mortality by preventing unwanted pregnancies.

**Key recommendations**

**Political Sustainability**

*Political sustainability is about inclusive national and local ownership, setting priorities and being mutually accountable. Information is power and transparency is key. To achieve political sustainability Saving Mothers Giving Life should:*

1. Create demand, empowerment and local ownership by engaging local authorities and community (including traditional chiefs and leaders) at the beginning of the design of the program.
2. Count and analyze each maternal death at community level and focus on equity such as rural/urban discrepancies, income groups, etc. Key to this is transparency of real-time data and active monitoring.
3. Clearly articulate social and economic short and long term consequences of maternal mortality to increase the understanding that maternal health is an investment, including the articulation of what countries and companies can gain from investing in maternal and newborn health.
4. Work with media, the legal system, parliamentarians and communities to hold policy makers and service providers and other partners accountable for delivering on their commitments.

**Financial sustainability**

*Financial sustainability is key to sustaining impact after external resource to the program is completed. Increased domestic financing is key. To achieve financial sustainability Saving Mothers Giving Life should:*

1. Ensure evidence-based prioritisation and planning for efficient and equitable use of resources. Define cost-effective strategies for Saving Mothers within a Business Plan, establish information on “Value for Money” and build investment cases with local and national governments (both with ministries of health and finance).
2. Address financial barriers to access, and work with governments to create equitably financed health systems that remove catastrophic out-of-pocket payments.
3. Work with governments and communities to take use of innovative mechanisms to diversify and increase multi-sectoral financing mechanisms for maternal and child health, including result-based financing. Increasingly engage private sector to leverage local and private funds and sustainable use of appropriate technology.
4. Build costing capacity at local level when developing investment cases and business plans for Saving Mothers.
5. Support efforts to track external and government health expenditures, such as the recommendations from the Commission on Information and Accountability.

**Institutional capacity**

*Institutional capacity is about having an effective workforce, organizations and systems at all levels able to perform activities and carry out responsibilities that achieve priority health outcomes. This includes having the capacity capacity/competencies to make the needed partnerships function. A clear approach to investing in people and institutions are key. Saving Mothers should contribute to sustainability through:*

1. Ensuring that the target country constitute the primary vehicles through which Saving Mothers Giving Life is delivered.
2. Ensuring that country institutions lead and implement programs, and manage funds.
3. Supporting initiatives to scale up the health workforce, particularly the education/training and employment of midwives and people with complementary maternal health skills. Sustainability of a trained workforce is also about employment packages, promotion, salaries and supervision.
4. Invest in education and pre-service training programs and supervision mechanisms for in-service training. Train institutions, not individuals.
5. Advocate for regulatory changes to facilitate task-shifting of provision of certain essential health services to other types of health personnel with less formal competencies.