

United States Agency for
International Development

Public ACVFA Meeting on
Ending Preventable Child and Maternal Deaths

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*Transcript By
National Capitol Contracting
200 N. Glebe Road, Arlington, VA 22203*

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JACK LESLIE: Good afternoon everyone. Good afternoon, good afternoon. Wow, we've got a big crowd of people. We have some seats up here. I hate to see all of you standing for the next hour. Would any of you like to come on up? I know it says "reserved" on here, but I'll give my seat away. But please, come on up. No, no one wants to?

Well, I'm Jack Leslie, chairman of ACVFA. Thank you all for coming this afternoon. It is a great crowd. We've had two -- when Jane was saying we were going to have two ACVFA public meetings in the summer I was a bit skeptical we would get this kind of turnout, but this is terrific,

and it's a testament to the importance of the issues we're going to talk about today. For those of you who are here, and I see a number of familiar faces, back, it was only a month and a half ago or so, you remember we talked about democracy, human rights and governance, and had an interesting format where we had breakouts and really were able to dig into that topic. As you know, what we try to do in these sessions is to really get much more deeply into a particular topic, and today's is a very, very important one, and that is child and maternal health.

Many of you, if you have not by the way received this, you should get a copy of this report. It was issued only a few weeks ago, Acting on the Call, and it really documents the incredible progress that we've made in child and maternal health certainly over the last 25 years. Since 1990, the world has cut in half child and maternal mortality. And some of the more recent progress that you see in this report, particularly around those things that are the greatest cause of mortality, such as sanitation and malaria, we're making just remarkable progress.

And in support of these goals, ACVFA created a subcommittee on child and maternal -- preventable child and maternal death. It's been led by Ariel Pablos-Méndez. Is Ariel here? I don't know if he's here. Oh, I think he said he had to get on a plane, but he has done just, he was in our previous meeting, he has done just an amazing job leading that. Ray Chambers chaired that group. Our thanks to him and Helene Gayle, who served as vice chair. Joanne Carter, who may be here, but gave us the report earlier today. We thank her. Mark Shriver, who you'll meet as a panelist, but many others who served on this committee who've really done great work over the last few months, focusing, really, on three primary areas. First is how can we sharpen the agency's efficiency around ending preventable child and maternal death. The second is intensifying the external outreach and engagement, which is so important. And the third is the ever always important topic of how do we increase financing for this effort.

Today the format will run as follow. USAID Chief of Staff Michele Sumilas is going to moderate a panel, and that panel is going to walk through some of the recommendations that were made by the subcommittee and have a good, we hope, a real robust discussion about those, both what everyone agrees with and perhaps some things we might have missed.

Joining Michele on the panel is first Mark Shriver, who is president of Save the Children Action Network, and a member, as I said, of the subcommittee. Elizabeth Fox, who is the Deputy Child and Maternal Survival Coordinator here at USAID. Eshete Yilma, who is the Health Systems Strengthening Team Leader at USAID Ethiopia. And Dr. Priya Agarwal, who is the Executive Director of Merck for Mothers.

Following the panel we'll have as we always do, we'll open it up to all of you, take your questions and your comments. And then we're going to do something that's a little different. During the course of the presentation today you're going to see a series of videos, and we're going to ask you comment on which one you liked and give us a little bit of feedback as to which messages work the best.

Gayle Smith unfortunately got called away by the White House. As those of you who know, there's some, as always it seems, tough things going on around the world and she's over there dealing with one of them right now, but we're fortunate to have Eric Postel, who most of you know is the Associate Administrator here, who will speak on her behalf. But before Eric comes up, I'm told to introduce the first of the videos, and then we'll start with the panel. So if we can run the video please, thanks.

[video playing]

[applause]

ERIC POSTEL: Good afternoon, everyone. That's the first one. There'll be more. So thanks for coming, and to Jack and the whole -- every member of ACVFA, thank you very much for your continued guidance and support and efforts to USAID and to the global development endeavor. And I'm pleased to be here on behalf of Gayle, who sends her regards and really wanted to be here.

Given that we're in the last year of President Obama's administration, it's the right time to take stock of our progress, but even more importantly, because it's not about us, it's about everybody in all these countries, about charting a path so we can build on the progress. And next week, as many of you know, the president will host a summit on global development that will provide an excellent opportunity to do just that. So we'll be taking a look at what we've achieved together across a whole range of sectors, in food security, in energy, opportunities for children and young people, and of course in health. And we'll also be asking the question what's next, what's worked, what hasn't worked, and how do we keep going. And that's the big question, and we're asking it today as well, looking at the work that USAID and this community have done to keep women and children from dying from preventable causes.

Fortunately for us, we have some of the best minds in the business on this case. I want to take a moment to thank, as Jack did, the members of the advisory panel on ending preventable child and maternal deaths for working so hard to develop smart recommendations for our work going forward, and special thanks to Ray Chambers and Helene Gayle for their excellent leadership of that group.

Now this isn't one of those cases where once the report is complete we all shake hands, throw it in the drawer, and move on to the next thing. This is about committing together to follow through. We need to further refine the indicators we're looking at and push ourselves to maximize impact. And we need to get a message out to more people and to the right people. There's constant crowding of this airwaves and the tweet waves and everything else, and surely, though, this is an important message that has to go out that we can do something about this. I mean, people always get so frustrated, you know, can we solve big problems? Well, this is a problem that people are in the middle of solving. And we need to ensure that the work is financed in a comprehensive and sustainable way. And it's not going to be easy, and it's going to take a lot of work, just as it's taken a lot of work to get us where we are today, but surely we can all agree it's worth it.

For those of you who have been in this field a long time, it's not hard to remember when global health wasn't a great development success story that it is today. Just 10 years ago we were lagging behind in the world on some of the MDGs, including for cutting child and maternal mortality. And although there were lots of great organizations in countries doing seriously good work, we didn't have the global coalition that we do today.

But, as you know better than me, that's changed a lot today. And that's a credit to this community, to the generosity of the American people, the political leadership in all branches of American government, as well as fellow donors, and most important, in the countries around the globe. Together we've taken this insurmountable challenge and turned it into a solvable problem. Today we have saved the lives of 4.6 million children and 200,000 women since 2008, in eight years. Those numbers sometimes, they just glide right by. Think of it this way: that's the entire population of the state of Kentucky. Or, if you would like an overseas example, that's the entire population of Liberia and Cape Verde combined. That's really something.

And together we've positioned ourselves for continued progress and to save the lives of 15 million children by 2020, and eventually achieve the sustainable developmental goals. But don't get me wrong, and you know better than me, there are a lot of steps here and there, and we can't afford to be complacent. As Carol Meyers was saying just a little while ago, these are the hardest -- this is the hardest part of the problem still to go.

And we can't afford to move slowly, and we can't let the realities of today's world get in the way of the world that we're trying to build together for tomorrow, because the hard truth is that while we're generally on track to meet our goals, there are countries where we're lagging behind. And when you think about the many dangerous trends that the world's facing from sharp edged and long lasting conflicts to the expansion of predatory terrorist networks across vast regions, that list is not hard to guess, places like Yemen, Nigeria, South Sudan, the Democratic Republic of Congo. These are countries in turmoil, many of them facing tough and complex crises that threaten not only to slow our progress but to reverse it. We can't let that happen, can we?

And I'm calling on all of us to double down and try to make sure that it doesn't. Obviously we're going to need to be creative, to be bold, and to be stubborn. This is a community; all of you and many others that have engineered immunization cease fires in the midst of some of the most brutal wars in recent memory and figured out how to reach people in literally the most remote places on earth. This is a community that is used to tough odds. So during the discussion today, I hope you can think about where this work is hardest to do and the people who are the hardest to reach. And remember that no plan for the future can be complete without accounting for them.

I know you're all eager to get to the discussion, and we got this great group of panelists as you heard, and I want to thank them for taking the time to share their perspectives and expertise today as well as Michele for moderating. And again I want to thank you all for your support, participation and dedication. I know I speak for everyone at USAID in Washington and overseas when I say that we are looking forward to continuing to partner with all of you, to make our efforts more impactful and more inclusive. And I know that because we all know that lives depend on that.

So now we're going to share another one of those videos about our work in this arena. And the team is really serious. They talked to me. They wanted me to emphasize this, they're really serious about wanting to get feedback about which of these videos and messages resonated with folks. So please at the end share your thoughts because there's no sense of us trying to move into the airwaves and all the other routes with messages that don't resonate. So we really want you help on that. Let's roll the video. Thank you, Jayne.

[video playing]

MICHELE SUMILAS: I just want to say welcome to everyone. I'd like to invite the rest of the panel up to the stage, if you would.

I see a lot of friends out there. I have worked on child and maternal health issues for nearly 20 years. So many of us have been at this for a very long time. Progress is definitely being made, and as we all know, USAID is and has been a leader in this. It started in the '70s with the child survival revolution and has continued.

I want to say that we really appreciate the help of the panel. I've worked with the panel now for almost four years when we started to look at how we could make our programs more effective and more efficient. And the panel really pushed us to look at data, look at evidence, and find the right way forward.

So, today we are celebrating the fact that we started what we think is our own child survival revolution in 2012 when we did the first call to action. We then had one in 2014. We had one in 2015 in India, which was a great success. And we're looking forward to doing the next Call to Action in 2017 in Ethiopia, which I think will be an even greater success.

I want to thank our panelists for being with us. We will start with a series of questions up here and then we'll take questions from the audience. So hold your questions for now.

We're going to start with Mark. And I want to remind everyone that everybody's bios are in the packets that you received, so I'm not going to go over them now. I'll just say that Mark has been an amazing public servant. He's done great advocacy externally, and we've been really excited to have him be part of this panel and really push us to think.

Mark, I think your biggest contribution to the panel is your understanding of how the power of communication can change the way an issue is looked at. One of the recommendations in the report is around communications and how we can tell the story better, which has been something that's been a challenge for this community because there's so many different ways of telling it. So can you share your thoughts about how to communicate more clearly.

MARK SHRIVER: Well, it's a huge challenge, Michele. Thank you very much for inviting me and the other panelists here. This is incredible. I just came off of a couple days off, and I thought

there was going to be like 10 people here. So this is an exciting moment, and I wanted to thank Jack and Helene and all the members for inviting me to this discussion.

You know, Jack mentioned that we were charged with essentially three subcommittees around sharpening our work, intensifying the outreach efforts, and then the financing piece. And I was honored and privileged to have really focused in on the outreach piece, which, Michele, you just mentioned. I mean, you see it in a couple of the videos we just saw. You want to set forth the challenge as Carolyn Miles was quoted earlier, the head of Save the Children, that we're really getting into -- the work that's been done is fantastic, but now we're really dealing with some of the really hardcore issues.

So you want to stress the severity of the issue and the urgency of the issue while at the same time communicating a message of hope and optimism, which is a real big challenge. And you saw it, I think, in a couple of those videos where it can almost seem depressing, but then you get the statistics that there's huge progress being made and how you convey that sense of hope and optimism. And you've got different audiences.

So in the report that we put forward, we set forth five recommendations. I'll just read them quickly to you. The first one is develop a set of core messages on EPCMD to identify the messengers who will champion the issue among key stakeholder groups, to produce key materials for distribution with Congress and the American public. And obviously those are two different, distinct constituencies. And then we need to deepen and broaden public and congressional understanding of the issue by creating specific webpages on EPCMD within USAID's website or on USAID's global health webpages. And then the fifth recommendation is to intensify outreach efforts to the American public and to Congress. I think we heard about

being dogged and being consistent, and I think that's some of the big things we need to keep in mind and to get out of this particular meeting.

You know, you hear examples of reducing child deaths from to 20 per 1000, and that means almost -- I'd say almost nothing to folks that are not experts in this field. I'm definitely not an expert in the field, but when someone tells me, you know, we want to reduce the number of mothers and children dying from causes that are preventable to zero, I get it. You know, the statistic makes sense to a certain demographics of folks, but when you pop people in the consciousness with that then you want to get it down to zero so that kids are dying don't die and moms that are dying don't die then it really kind of comes out.

And you see it in the Save the Children Action Network, the organization I run, which is the advocacy arm for Save the Children. We see the positive messages work really well. One example that really resonates with our grassroots supporter is the fact that Jack mentioned earlier that we've reduced the number of child deaths over one-half over the last two decades. That makes a big difference, and we also find that if you talk about personalized individual stories, which we just saw in those two videos that that makes a big difference, and Save the Children's Action Network's emails and our action alerts we always talk about a beneficiary to humanize the pieces. Those two women we saw you can really, for me anyway, feel the emotion there, and it makes what the US government is investing through USAID seem real, and it is real, and that's really a big component of it.

Last thing I'll touch on and then I'll be quiet is we need messengers. We need not just the global health community, but we need new and different messengers out there. We need celebrities, child beneficiaries, public officials, such as the First Lady of Sierra Leone. But we also need to get our congressional champions, whether it's Senator Coons and Collins, Representative

Reicher and Betty McCollum, a bipartisan group of folks to actually push it as well. And I think, you know, we've had champions in Congress in the past, but we need to be more diligent and put more pressure on them to step up, and then we need to reach out and try to bring in the unusual characters. You know, for many of us in this room if you're on Capitol Hill or working with USAID, they know who you are. And I'm sure a lot of folks in here know each other. We need to broaden the tent, if you will. We need to bring in people that aren't -- that an elected official isn't used to seeing: business folks, businessmen, businesswomen, someone who is unusual actor in that stage.

So the conclusion really is we need clear messaging about the issue. We need more easily accessible resources that can be digested by the public, by members of Congress, by a congressional staff, media and other stakeholders. We need increased visibility of the issue, and an increased visibility of the great work that USAID is doing, and we need to be consistent. We need to be frequently out talking about this, and we need, as the recommendation set forth, to be creative and to get that messaging as sharp as possible.

So, Michele, that's kind of a very quick overview. I know we were told five minutes. I don't know if I went over, but I'd love to hear some questions or, you know, continue that conversation. I think the messaging, you know, I have close friends and family members that are in TV and in media, and they say constantly, you know, the message, the substance makes a difference, but how you present it is almost if not more important. I think we need to be more creative and to bring in people, you know, like Jack and his team, who are used to selling things and get their brainpower in here so that we can get new messengers and additional messengers and be creative in how we pitch it.

MICHELE SUMILAS: So we completely agree with you, and I think that the videos that you all will see today are part of that storytelling. Actually, the head of our public affairs unit came from Jack's shop. So we stole from him, and we're trying to not just tell the story through numbers and statistics, but through the beneficiaries. And not just pictures of them, but letting them use their own voice to tell their story.

The other thing that came out of our earlier discussion was the need for USAID to stop using acronyms. So our EPMCD whatever, we have to stop with that.

MARK SHRIVER: I think we all have to stop. I just said it about five times, right? So we all have to -- and USAID, you know, if you don't live within the bubble of Washington, you know, people don't know what USAID is. I mean, we've done polling where people think that the federal government spends between 30 to 50 percent budget on foreign aid, okay? I mean, literally that's what people think. So we got a lot of work to do to get that message out, and then when you tell people that the statistic when the number's been knocked in half it's amazing. And even when you use the number that 800 moms or 16,000 kids are going to die today from preventable diseases that number's almost, you know, when you say that Egyptian air flight went down and 100 people died, it's a tragedy. That's 16,000 kids every day frigging day. So you have to contextualize it and make it real. I probably shouldn't use the word "frigging." That's not great.

MICHELE SUMILAS: You're just back from vacation.

MARK SHRIVER: But it's amazing, right? But when you see that number's been cut in half, get a little passion into it, you know, people will resonate, and it will resonate with republicans and

democrats and independents. And that's what our polling shows, and that's what our work with, you know, grassroots. It resonates.

MICHELE SUMILAS: Well, we'll look forward to hearing questions from the crowd about communications and how we can tell our story better. I wanted to just pick up on one of the things you talked about, which is new messengers, new people to share our message and to join us in this fight.

I wanted to turn to Priya, who's got extensive experience working in lots of different sectors, but most recently is at Merck, and is working with USAID on a project around mothers. And so it would be great to hear from you, Priya, how you see the private sector engaging, where you see the synergies and how we can all move forward to get to be SDG.

PRIYA AGARWAL: Yeah, so first of all, thank you for inviting an unusual player. We don't always get invited. I think we've learnt that it's absolutely critical to have the golden triangle. So, yes, you need civil society, yes, you need government, and you really need private sector at the table if we're going to accelerate progress. So we've had great success, but we really need all of us working together.

I love the report. I think all three areas are priority areas: data, messaging, financing. Interesting perspective on the fact that you said we're new to Capitol Hill. The reason you should leverage the private sector is we're not new to Capitol Hill. We just don't use our channel for these messages because we're always focused on our messages, and we want to. So actually we have plenty of face time, but let's start using it for global health challenges and not just whatever industry's talking about for their own good.

I do think something's missing in the three item agenda, and that's private sector expertise. So historically when you talk about private sector engagement, and I was the same when I was on the public sector side, it was "will you fund my program?" We are leaving so much on the table if you're only asking private sector for money. So I'm hoping as the SDG's become more sort of holistic in terms of development, we also have a broader perception of what private sector can really offer. So, like, at our company at Merck we have experience and expertise that is really relevant to global health challenges, specifically around scale and sustainability.

And I'll never forget what John Quick [spelled phonetically] told me when I was starting in this job from MSH, and he said, and I've read the papers, in public health it takes from idea to implementation of scale, depending on what paper you read, it takes approximately 13 to 25 years. Industry, three to 10 years depending on which industry you're talking about. They know what's going on. It's not magic. It's in their black books. We need to use that.

So I just want to give you some examples because everyone talks about private sector expertise and engagement, but what does it mean? So Merck for Mothers is Merck's 500 million dollar 10 year commitment. So tiny, tiny pots of money when we're talking about USAID, but we really believe we need to bring our expertise to the table, and so we've been trying to find areas where our expertise can contribute. So I just want to give you two examples. One is access to life saving products. I think we all agree we need products. For example, the gel for the umbilical cord. Now, we're focused on maternal mortality. So for us contraceptives are the smartest intervention that we can invest in.

But when we talk about products I'm not talking providing products. When you go into some of these countries the products are there, but the supply chain is broken. So we saw an

opportunity where private sector could play a critical role by adapting commercial practices for public health need.

So it's a long story. I'm just going to give you what happened. Two years, that's one year short of what we gave IntraHealth, we worked with the government of Senegal, Gates, and IntraHealth. They did a nationwide coverage of this program, and in less than two years they dropped the stocks out from over 80 percent to less than two percent. Our cost effectiveness people, we have thousands of epidemiologists within Merck, did a modeling to show it's 41 percent more cost effective than a public health run supply chain, and 3.2 million women now have consistent, reliable contraceptives in Senegal and continue to do so. That's huge.

The second thing is a more obvious example when you think of industry: product development. GE, Facebook, lots of companies are beginning to innovate for resource constraint settings. We want to encourage that in the right way, right? So we ended up in a usual private collaboration with WHO. We found a pharmaceutical company that had a heat stable product replacement for Oxytocin. No need for cold chain and all those quality issues. They didn't really care about the countries we care about, right? So we decided to fund WHO to do a 10 country trial, and we are taking responsibility for all the regulation, registration for the countries.

But what expertise are we really leveraging? Merck knows how to make HIV drugs affordable, right, because of all us, we made sure they did that. So now we are focusing on affordability of this drug because that company obviously doesn't care. That's not their mandate. So we're going to make sure that heat stable carbetocin is the same price as the UNFPA price for Oxytocin.

So I just want to show that there's expertise in these companies, and we're desperate to help. So in summary, because I know my time's running out, I'm hoping that private sector engagement really means we focus on getting the most and the best out of companies like ours, right? Leveraging everything they know that helps them make a billion dollars a week or more for tough global healthcare challenges.

But I ask you when you sit at that table with them don't just ask them what they can do for you, ask what you can do for them. It's probably very minor, right, but it's critical because that's a true partnership, and that leads to real impact. So I'm delighted that I'm here to react on this report, but we weren't there at the table at the committees where we could have had input around messaging and data and how we approach some of these things.

So I'm just excited that there's more interest in private sector engagement because I want to play Robin Hood and take everything that works in private sector and bring it to global health. So I'm looking forward to new models of cross sector collaboration, and I'm really hopeful that that's what will happen as we move forward.

MICHELE SUMILAS: Thank you, Priya, for that. We value our collaboration with the private sector. And actually there were a few people on the panel from the private sector, mostly from the communication side honestly, and not so much from the pharmaceutical industry. I just want to pick up on something you said and pull some threads together--where you talked about the need for better supply chains and health systems in countries, and this idea and the fact that it's the the last mile of children we're going to have to reach will mean that we have to really focus on strengthening health systems and really get to the bottom of things.

One of the things that USAID really values is our Foreign Service National staff. These are the staff who are in countries and are in missions who are the backbone of what happens here at the agency because they don't leave, they don't move, they don't rotate, they are always there in the mission. So I want to thank Esthete for coming all the way from Ethiopia today to be with us. His expertise is enormous. He leads our health system strengthening efforts both at the USAID mission and has done similar work at the Ministry of Finance and Economic Development in Ethiopia. I want to ask you where you think we can have the biggest impact on health systems and how we can integrate health systems work into our child survival programs. And finally just so, you know, there's a big push for results and impact: how many kids are we saving; how many drugs are we distributing; how many bed nets. But at the end of the day, how do we show the value of health system strengthening as well, which is really what we need to get to the end?

ESTHETE YILMA: Yeah. Thank you so much for this opportunity. I just came from Ethiopia, and I'm very much happy to be part of this event. The light is disturbing me. I don't know how my head is reflecting the light on you.

[laughter]

[inaudible] I don't want to repeat what have already been mentioned in terms of the achievements in reducing child and maternal deaths during the last two decades. Particularly in my own country, Ethiopia, we have observed significant changes in the health sector, particularly on child health, we have achieved significant improvement. I'm very much proud to be part of the generation who has brought the changes.

What are the factors, which have contributed to the successes in the child and maternal health?

There was a global movement, to achieve millennium development goals (MDGs). . All health sector actors joined hands more than ever to achieve those goals. It was very exciting to see the commitment generated both in terms of financial and technical support to achieve MDGs.

Special kind of commitment was also generated in host countries. In addition to that there was economic growth in many of these developing countries.

Another major factor observed in many countries was the engagement of the community. Here it is important to mention the Ethiopian Health Extension Program. How many of you know about the Ethiopian health extension program? Thank you very much. You are familiar with this amazing community based health program. They played a critical role in expanding community based health services in the country. These are some of the factors that contributed to significantly reduce maternal and child deaths.

All right, now, what are the current challenges? The current major challenge is that we are dealing with an unfinished agenda. Deaths are still there; the infant death, child death, maternal death. Obviously, the agenda is unfinished. The political administration can change, but the need to address this huge challenge is prevailing. There is a huge financial gap to achieve Sustainable Development Goals (SDG). The other challenge is focusing on my own country, there was huge expansion in facilities, capital investment, training of professionals.

But the system is yet not fully functional. Therefore, quality is an issue in many developing countries. If we are serious about ending preventable child and maternal deaths, then, quality and equity are extremely important. This requires putting in place properly functioning health systems. My background is health systems and don't be surprised if I'm pushing the agenda into health systems.

There is another issue which we are observing already -- donor fatigue. Donors may reduce their financial support to the health sector in developing countries. Therefore, there is a need to consider expanding and scaling health financing options. That is what the global financing facility (GFF) is all about. To focus on domestic resource mobilization and engaging host government in financing health sector. Unless we engage host governments in mobilizing domestic resources, I think we may not be able to achieve SDGs.

How can we further focus and be accountable to our investment (USAID's investment). I think dealing with preventable child and maternal deaths is not similar with dealing with malaria or HIV investments. In malaria or HIV/AIDS programs, one you can associate USAID's with a result. Maternal and child services are broad national health services to which USAID is party. We may resort to USAID's contribution and not attribution. We may look into the issue from a different perspective; from the financing perspective. Again this is about GFF approach, it is about smart financing. Smart financing is about allocating efficiency, and it is about technical and operational. Therefore, priority setting requires exploring proven efficiency driven evidences. Which in turn may require evidence generation. It is expected that GFF is moving in that direction.

Another very important consideration is looking into USAID's comparative advantage. For example, Priya mentioned the importance of commodities. It is true, that if there is no product, there will be no health service. In terms of USAID's comparative advantage, should we put our money into the procurement of commodities or should we provide technical assistance or technology transfer. Should we focus on health commodity security by engaging host governments to buy those commodities or should we buy for them? This is the kind of issue -- we have to consider when we make investment decisions.

Another important approach is to promote country ownership and work through country platforms. We have to support the government to have appropriate strategies, platforms policies that will help to achieve common objectives. We have to work hand in hand with the missions host governments.

And finally, an issue which is always dear to my heart is gender. Gender should be the core of our interventions and our programs. We have to learn from the health extension programs in Ethiopia: more than 38,000 female frontline health workers have done incredible and amazing work in institutionalizing community solutions. Thank you very much.

[applause]

MICHELE SUMILAS: Thank you. I just love having the perspective from the mission. I think it's fantastic, and really brings it all back together. It's one thing to see it on a screen, but to have you here with us is really wonderful. I'm going to turn my last question to Elizabeth Fox, who is kind of a hidden hero here at USAID. I don't know if many of you know Elizabeth, but she has been in the Health, Infectious Disease and Nutrition Office for as long as I can remember. And she was really the champion here with Kelly Saldana and a few others, in pulling together the vision that we have today. Which is, how do we really drill down at a country level using our health implementation plan which is developed in coordination with our missions to make sure the right interventions are being done in the right places at the right time?

So I just want to say thank you for really driving it. This is the report that everyone has, the Acting on the Call Report, which is displayed here and I'm sure is in the back, it is her brainchild and many staff here at USAID, so I want to say thank you.

I turn to you on the last question and say that evidence and data are a core piece of what we do. One of the recommendations in the report focuses on how we measure success and how we communicate that in a way that is consistent across years. It needs to tell the true story and measure what we need to measure to know if we're going in the right direction or not. So the question would be, how are we thinking with the global community about measuring success and what's working, what's not, what should we be thinking about as new alternatives?

ELIZABETH FOX: Good. Well, thank you, Michele. And I also want to thank the panel because the panel has absolutely pounded us on that question. On the question of data and measurement, and we thank you. We needed to be pounded, but we got there.

So numbers are kind of the opposite of these stories. I mean, numbers can be really dry. Numbers aren't people. Numbers are numbers. So, what I'm going to talk about in terms of numbers can be a little dry, but I'm going to try to make it come alive to answer your questions because I think these are real questions and I think I get these questions about how do we do this more efficiently and how do we make sure we're doing the right thing. You can't do that without data, and you need to have that data. And GFF's not going to work with that data. So data's important.

So we at USAID, like all of us here, start with the big picture. And what we have in terms of the global picture, is lives saved. And that's a very important picture. It's a very important number. And I think everyone today has been talking about how that number has-- the number of lives saved has increased and the number of preventable deaths has decreased. So that's a really important number, but that's a big number and it's a number that we all contribute to.

So at USAID, we tried to get that down a couple of levels and make sure one, that we're saying things that are real and that can really be communicated to people, but also to get that number to a place where we can focus on data that will be useful for us. Because if we just know the lives saved number, it doesn't tell us what to do. And it doesn't tell us what interventions are effective and how we can measure if our interventions working with countries are effective in achieving what we want.

So what we've done in our unpronounceable acronym, ending preventable child and maternal deaths, is focus on these key interventions and focus on interventions that really work, and these are interventions that are proven interventions where there's sound scientific data saying if these are used by X percent of the population, here's the number of kids you will save. And you all know these interventions. We're looking at things that can improve water sources, washing your hands, breastfeeding, contraceptive prevalence rate, women delivering in facilities, use of ORT, I can go on and on.

These are things that are proven. We've known them for a long time. These are things we don't need to reinvent. So we benchmark progress in all of our priority countries for these interventions. But then we go a step further because we don't only look at where they are, we want to look at where they could be. And where they could be has to be realistic. It can't be if everyone were Switzerland this is where we all would be. It's, where have your neighbors achieved success in this? Where have countries that are very similar actually been able to get their immunization rates twice as high, or their exclusive breastfeeding rates twice as high? And what would you get if you could do that? It's a communication tool. It gets in a little comparison. It gets in a little competition. But that's what this report does. It looks at best performer and it looks at how you can get to that best performer.

So, historically, we've tracked these data with survey data, but increasingly what we're seeing, and it comes very much to the question of country ownership. Is this kind of data has to be built in to routine information systems and routine health information systems in country. It's not USAID going, or other partners going in and measuring things from the outside. It has to be owned by the country. It has to be part of routine collection. So we're going beyond surveys to work with countries-- part of health systems-- to get that routine information in there.

We also can't wait around for every five years, or every three years [inaudible] wait until the end of a report coming out, we really need to get more real-time tracking. Because that's the only way we're going to get course correction on things. That's the only way we're going to know if a nice video like that works, or if a nice video like that just absolutely falls on deaf ears. So we're working with countries and with our partners across the area to get real-time tracking. And that's what we hope to do and that's the big challenge, I think, is to get routine information systems to get real-time tracking and to get process indicators that are specific to where our money's going. Because that's what Congress is asking us. They don't want to know the big picture. They want to know, is your money-- and is American taxpayer money-- being spent efficiently? And that was the whole question of the ASIS panel and the panel we've been working with.

We need to track effectiveness and we need to track efficiency. And we need to measure things differently. The interventions are tried and true and we know what works. We need innovations in measurement and innovations in real-time tracking so that we can do this without spending all our money measuring things and spend a lot more of our money actually doing things.

So those are our challenges, Michele. It's trying to get that whole package together and get it together in a way that doesn't put people to sleep when you talk about data, but let's them understand kind of the vibrancy of this field as it goes forward. So thank you.

MICHELE SUMILAS: So thank you, Elizabeth. That was really great. So, what we're going to do now is we're going to turn to the crowd because one of the things we find valuable about ACFVA meetings is taking input from the floor and then having a dialogue around the recommendations. So, let me take the first question. I think there are mics that are running. And if you want to direct your question to someone on the panel, you can do that. Or I can pick one of the panelists after hearing your question. Please identify yourself when you ask your question.

JOHN COONROD: Great, thank you. I'm John Coonrod with the Hunger Project. My question's for Mr. Yilma, and I'm really interested in health systems strengthening at the local community level. And I know that Ethiopia has a very strong woreda zonal governments, strong decentralization. And I'm curious as to how the strength of that local governance system as a whole relates to strengthening the health system in particular.

ESHETE YILMA: Should I answer now?

MICHELE SUMILAS: Yes, sir.

ESHETE YILMA: This is a very interesting question. What I'm learning from your question is that you have got a deep knowledge about Ethiopia because as you rightly observed the Ethiopian federal system have given significant authority to the regional states and to the woredas. Woredas are districts. As many of you know Ethiopia has a sector wide health program, but the decision on the amount of budget that goes to the health sector is not made at one. Therefore, there is a huge disconnect between one health sector program and the decentralization, which is very deep in its nature. The MOH, creates consensus and agreement with the regions to work

on the shared health sector vision, priorities and targets to address this issue, and it is working very well. As it appears now the federal system may not affect the implementation of health insurance schemes upon which the country has embarked.

MICHELE SUMILAS: Thank you very much. Another question from the floor? This woman here.

AMRITA GILL-BAILEY: Hi, my name is Amrita Gill-Bailey. I'm from Johns Hopkins Center for Communication Programs. So I work in the field of behavior change, social and behavior change communication, and my question is for Elizabeth Fox. I was delighted to hear about this real evidence in collecting standard and uniform data. You know, we are also reliant on the DHS demographic health survey to collect information from various countries and our struggle is always finding a way of uniformly collecting data on social and behavior change. So, thank you very much for that and I know HMIS, you're with the health management information systems. These are very robust and in almost every country that we're involved in, but to see this kind of movement is exciting and I'm wondering if you could comment on how you see this going forward and as well, how we in the community might be able to track this. Thank you.

ELIZABETH FOX: Thank you. And thank you for asking that question because this is obviously a real passion of mine. I've heard too many people say we've done a social and behavior change program and five years later we figured out it doesn't work, which is kind of sad. So the real-time tracking is key. And the real-time tracking on behaviors comes to three things I think. The first is knowing-- you're tracking a behavior. You're not tracking a process. You're not tracking how many people listen to a radio or how many people attended a meeting. You're looking at actual behaviors.

And then you're looking, I think is the way to-- the second part is to integrate it into routine data collection. And a lot of that can be done through projects that are ongoing or through country systems looking at, for example, attendance in clinics or adherence to drugs regimes on different disease areas. Thinking smarter about what kind of data's already been collected and how you can relate that to some of the behaviors you've identified. And the third part, which is I think an incredibly exciting area and you probably know the executive order last year from the President on social and behavioral sciences, and so we're working with the White House team and with a lot of teams across the government on looking at some of the quicker ways to do rapid RCTs to actually test some of these.

And this is standard practice, I know, in industry. You guys have been doing it for years, but we're just beginning to think how and see how this will work in some of the really key behavioral and social and community programs. Because we know the behaviors and that's where the medical science comes in, but now we need to bring the behavioral science and behavioral economic science in. So those are our three steps.

MICHELE SUMILAS: I was wondering if there was any question on the side because I realize I keep focusing here. No? This gentleman here with his hand...

NECTON MHURA: Thank you very much, and I would like to congratulate the panel for the wonderful presentation. I'm Necton Mhura, the ambassador for Malawi. You will note that Malawi has made some strides in reducing maternal deaths and child deaths largely due to the support we get from USAID and the cooperating partners. Talking about partnerships, this question goes to Elizabeth and Priya. The SDGs, I talk about partnerships as part of the implementing strategy for the SDGs. How do you see how do research institutions like Johns

Hopkins, academic institutions, as partners? I would like to relate a little story that I picked up. A perhaps little known university in Houston, Texas has done quite some wonderful work in Malawi developing a CPAP machine. A normal CPAP machine costs about \$7000, \$6000, difficult to maintain. But this laboratory in Houston, Rice University, working with local partners in Malawi has developed a tiny CPAP machine costing about \$500 to \$600, and it saves lives.

I thought I should tell this story to see how partnerships can work with regard to innovations industry. And for your state it would also be value for money, that you get more for the dollar, and how you see that kind of partnership for innovations, especially in developing countries where we need solutions that we can manage because the \$6000 CPAP machine, if it breaks down, it's very difficult to maintain. But this \$500 one, we probably can replace it several times over if it does break down. And it can actually run on solar energy, I believe. So the question is, do you see research institutions, academic institutions, how do you see yourselves, the two of you, working with research institutions, especially in view of what the SDGs are saying in terms of implementation. Thank you.

PRIYA AGRAWAL: Thank you very much for your question. I think your story was critical so I'm going to first if that's okay, because we are actually working with Rice. We very focus on maternal mortality, so we look to the CPAP, and I'm not sure if I can actually share the innovations because it's their IP, but they've got two or three maternal health innovations which are as critical. And what we've been doing, because we need an innovation pipeline, like how do we support innovators, what we like about Rice, and there are others that are working in country, in partnership with the local-- however, and we get a lot of people coming to us saying, "We've got a great idea. How are you going to help us scale?" What they actually needed was threefold and a little bit more supportive if you ask my innovation lead, they didn't really understand their market.

So they have a great idea. I call them an innovator, not an entrepreneur. They didn't really know their market. It was really expensive in terms of the affordability conundrum. And actually, their communications and how they were measuring impact, it was going to be really hard for them to go and get VC funding and things like that. So what we're doing with them is saying-- I mean, company like ours have a whole laboratory of people who know how to make devices, et cetera, more affordable. So we're helping them on the materials side. We're definitely funding their next phase of work that they need to do which is really early, early trials to get them to proof of concept.

We're also supporting them to be able to get funding from not just us but actually the V.Cs that can give lots and lots of funding but are interested in emerging markets. Now that's key. When they came to us, it wasn't actually going to be affordable for anyone in Malawi, but they do have a great business case for dual market approach. So we said let's help you, right. These VCs are normally interested in America, it's a great solution for America, but how do we insure that Malawi stays in the picture. So there's lots of things we can do. We need those academic institutions working with in-country partners. That's what brings the credibility and the innovation to us. And there's lots of expertise that we can provide to insure that they get into a really good place for scale.

However, we haven't got to this stage, but I know USAID is doing this on other products and other innovations, there are multiple ways where an organization like USAID can help us, if I'm Malawi, Rice, and ourselves. And that's actually-- So in the form of backstopping risk. So suppose we decide that we as a company are going to invest in that particular innovation, right. What USAID can do is say, "I'll tell you what, we'll backstop your risk but all the work that goes into the R&D process, et cetera, if nothing comes of it, we will then fund a certain amount." I'm

doing this in very simplistic terms here. But if they scale, Rice scales, we scale, whoever's responsible for scale and you're making money with this dual market approach, then you know, God bless you. Wonderful. We're going to take our money elsewhere.

So I actually don't think you need real dollars from USAID for this. I think you need the expertise of companies that are always scaling and we need people like yourself to come to us to say we have this. Now, there is one risk in that. We have also said this is going to go nowhere because there's lots of good ideas that are just never going to have a market or scale. And it's really hard to say that but from our perspective it's good that they stop wasting their money at a really early stage, then go on five years with more and more funding from donors and it just never gets anywhere. So I think we're pretty harsh on being honest, but if there's an idea, then we're absolutely invested in it and Rice is a great example in terms of the work they're doing.

MICHELE SUMILAS: Elizabeth, do you have a comment?

ELIZABETH FOX: Yeah, I just want to add to that, how many of you here know our grand challenges and our saving lives at birth grand challenges? Okay. That's a program that does exactly that. And the saving lives at birth grand challenge is open. And I wish my colleague Wendy Taylor was here because she'd explain it much better than I can. But it's open to these kind of innovation and the types of grants that are given are both C grants and then scale grants.

And in addition to that-- and it's an open competition. And it's a partnership with Gates, with government of Canada, with-- I'm going to not even be able to roll off all the names of all the partners. But they also provide us, as Priya says, support around it. So it brings in people who

can say you've got a great idea but you really are clueless about how to market it. And then it brings in people who can also help with the entrepreneurship.

So we have other programs in the agency that do larger partnerships with U.S. universities, partnering with universities in countries as well as through NIH partnering with universities in countries. So they're essential, the universities and the research institutions in countries around the world, they're essential partners.

I mean, the bottom line is, and I think someone said it earlier, it used to take 30 years to get an innovation in health to scale, it took us how long to vitamin A? How long did it take to get vitamin A out there? Thirty years. We're trying to cut that to three with some of these really great innovations like the chlorhexidine, to get that curve to just go right up just like industry's curve goes and we need all the help we can get. So thank you.

MICHELE SUMILAS: So I'm going to take one more question and then we're going to have to close the open comments, but you can send your comments and questions to acvfa@usaid.gov and we will try to respond and take your comments into consideration. So I'm going to call on you because you've been waiting for a long time, the woman in the white dress.

ELVIRA BERACOCHEA: Thank you. My name is Dr. Elvira Beracochea and I want to thank you. I want to follow up on something that you said about the importance of focusing on how to do it, not just what to do. And we know that the global health arena is very fragmented. There's civil society, there's the private sector, there's donors. How do you strengthen a health system when there's so many partners and there isn't a different way of working and coordinating and accounting for the contribution of everybody? And I think to achieve the SDGs we need to change how we work and I wanted to know some of your experiences of how we can really make it more effective. Thank you.

ESHETE YILMA: This is a huge question, but when we talk about strengthening health system, it includes expanding the actors in the sector. The engagement of the private sectors, NGOs, social marketing, the community, all these actors have got a role to play. Development is about expansion of options. And then this has to be seen in a context and country specific situation. Coordination is very important but may not be a concern in some countries. Therefore, it has to be seen in a context, an issue which is a challenge in one place, might not be an issue elsewhere. That's my short answer. Thank you.

MICHELE SUMILAS: Well thank you. I want to thank the panel for both the time and the effort they put into coming here. I want to especially thank Mark for being on the EPCMD panel and all of the inputs he put into the report.

MARK SHRIVER: Can I say one last thing?

MICHELE SUMILAS: Of course.

MARK SHRIVER: Nobody asked me a question.

[laughter]

The only thing I want to say very quickly, Michele, is that-- and this may not be the right audience, but I think when you just said all the actors have a role to play, I just want to reemphasize that funding for USAID could potentially be very much at risk so the idea of getting support is a really big deal. And I think if you think everything's going to continue to go along

fine and the funding's going to go up two or three per cent per year and USAID is not going to be in trouble if certain things happen, and even if they do happen.

And you've got to really fight and you've got to have a message that makes a big difference. You've got to have the statistics. You've got to have the in-country ownership. You've got to have private sector involvement. But I just want to throw out one last time if you don't think that politicians respond to people in their districts who are asking them about issues, we're missing the boat. And I've got to tell you, I could ask how many people give money to politicians based on their votes on USAID funding. Two. Three. So there's not a big constituency here folks. So I'm just telling you, you've got to get-- I'm hoping you'll get engaged because I'm hoping you'll get that message out that you've got to-- we've got to have a message that encourages leadership, republicans, democrats, and independents, or else we're not going to have the -- we're not going to be around.

MICHELE SUMILAS: So thanks Mark. I think I want to skirt very carefully. I'm not sure exactly how to avoid the Hatch Act problems, but we are glad that there are people out there--

MARK SHRIVER: I'm not part of that, right?

MICHELE SUMILAS: You're good. You're good. I'm not. So I just want to say thank you again. This has been incredible; a very important conversation. You all are welcome to go to your seats or you're welcome to stay. We're going to see the third video and then take a vote so, you want to turn the video?

[video playing]

[applause]

MICHELE SUMILAS: So I just wanted to pick up on the message Mark had which is that if we don't tell our story the right way, we're not going to have any success. And so, as I said, one of the things we've done is we have a storytelling hub and you've seen three examples. And what I'm supposed to do now is take a vote, a very unscientific vote, but the voting will be done by clapping. The first video that we saw was from Nepal, the Navel Glazers. Was that your favorite video? Please clap.

[applause]

So please clap if you found Habsatu for Senegal's health video the most compelling.

[applause]

And finally, can you clap if you found Rula the Miracle Worker to be the most compelling?

[applause]

So I think that the overwhelming winner was the Nepal video so that's good data for us. Does anyone have any comments they want to share about the videos, any thoughts, anything we should think about? Let's take two comments, one here and one there. Do we have microphones that we can share? So we have one here and one in the back row. We'll come to you and here and then that'll be our three comments. Ma'am?

FEMALE SPEAKER: I really like the third video as well, however I found the music a little bit too much. It's too much of riding on the emotional layers.

MICHELE SUMILAS: Very helpful. Very helpful. Sir, do you just want to speak loudly?

MALE SPEAKER: Yes, the first video, the program was very clear and understandable. Simple, clear, understandable, and the start of the show was really happy.

MICHELE SUMILAS: Very good. And Ma'am, do you want to close us out?

FEMALE SPEAKER: Sure. The first video I thought was a little disjointed because it should have ended at the point you decreased the baby's death. To get too much into the person's personality takes away from what I thought was the message. The second one stayed on point, and the third one did the same thing.

It became too convoluted between what the issues are and a person, a personality, so I think that you have to figure out what the message is. Is it talking about these individual people who are very good people, or is it the message that you're trying to relate in terms of what is being done?

MICHELE SUMILAS: So thank you. Thank you. And I heard there's one more comment over here on the far right. The man in the corner. Do you want to speak loudly?

PAUL FOLDI: Hi Michele, it's Paul Foldi with [inaudible] as a former hill rat, each of these failed because none of them tied the message with the program objective at the beginning. To me, you want to start with it's the objective of the United States government to reduce maternal

health, child-- state your goal. State your numbers. State how much you're spending, and then tell your story. Congress is a metric based organization. They love numbers. They love to know how many lives they've saved, et cetera, et cetera. Great videos. Great images. I liked the music. But that aspect-- you don't even know at the beginning unless Michele Sumilas is presenting it, you don't even realize it's an AID video until the very end and I think you miss an opportunity, to again, use your brand for that aspect.

MICHELE SUMILAS: Thank you. Thank you. So I want to say thank you to everybody for coming today. I want to thank the panel for their recommendations which they developed so thoughtfully, and then I just want to thank all of you for your inputs and for your coming today. Our final ACVFA meeting of the year will be in October. You'll see that coming in the next couple weeks. It will be a wrap-up of what's happened over the past couple years. Thank you so much for all your help today and for being with us. Have a good afternoon.

[applause]

[end of transcript]