Every Woman Every Child: Business Approaches to Advancing Women’s, Children’s and Adolescents’ Health
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INTRODUCTION

“The Global Strategy can only be implemented through collective action and collaborative effort: everyone has a critical role to play in improving the physical and mental health of women, children and adolescents, everywhere.” Global Strategy for Women’s, Children’s and Adolescents’ Health

Since 2010, Every Woman Every Child, an unprecedented global multi-stakeholder movement, has provided a unique advocacy and action platform to ensure that women’s and children’s health remain high on the global development agenda. The business sector has played an essential and increasingly important role in the movement, accounting for over 25% of commitments made to the platform, with significant actions implemented globally by companies across diverse industry sectors.

Marking the transition to the new Sustainable Development Goals, a Learning Session entitled Business Approaches to Women’s, Children’s and Adolescents’ Health was convened in New York on 12 January 2016. The Learning Session, attended by some 100 participants from business, the UN system and civil society, was organized with the triple objectives of highlighting some of the unique approaches applied by the private sector in advancing women’s and children’s health, demonstrating the considerable impact made, and sharing lessons learned.

Speakers included representatives from the Executive Office of the United Nations Secretary-General; Adara Group; Bayer; Becton, Dickinson & Company; Clinton Health Access Initiative; FHI 360; GE; Johnson & Johnson; McCann Global Health; Mercado Global; MDG Health Alliance; Merck; Nestlé; PwC; Unilever; UNFPA and the World Bank.

In this report we give voice to Every Woman Every Child commitment makers to directly articulate how their assets and expertise are being channeled to saving and improving the lives of women, children and adolescents. Their inputs reflect the dynamism and innovation that lies within the business sector, and clearly illustrate how essential partnerships are for each and every one of them when it comes to driving development outcomes. We applaud these actions and encourage our business partners to redouble their efforts towards the ambitious Sustainable Development Goals. We have tremendous work ahead of us to end preventable maternal mortality for women and children by 2030 and to create a world in which women, children and adolescents not only survive, but thrive and create wellbeing for themselves and others. If we work collectively, this can be done.

Our appreciation goes to PwC and to Johnson & Johnson who provided support to enable this exciting and valuable learning opportunity. I would also like to acknowledge Alexandra Downey and Tatiana Babakina for their fantastic work in compiling this report.

Natalie Africa
Senior Director, Private Sector Engagement, Every Woman Every Child
Private Sector Learning Session on Business Approaches to Advancing Women’s, Children’s and Adolescents’ Health

Tuesday, January 12, 2016 8:30 AM – 1:00 PM

8:30 – 9:00 AM Arrivals/Breakfast

9:00 – 9:15 AM Welcome Remarks
  > Natalia Africa, Senior Director, Private Sector Engagement, Every Woman Every Child
  > Chan Harjian, Partner, Global Public Health, PwC
  > Nina Kuo, Senior Manager, Every Woman Every Child, Executive Office of the UN Secretary-General

9:15 – 10:15 AM Communicating for Behavior Change: Lessons Learned From Demand-Generation Campaigns
  > Andrew Schimer, President, McCann Global Health
  > Eric Coten, Director, Global Partnerships, Unilever
  > Klaus Dietl, Vice President, Corporate Commercial Relations, Bayer
  > Jason Houdet, Associate Director, Essential Medicines, Clinton Health Access Initiative
  > Facilitator: Leah Greenslade, Vice Chair, Child Pillar, MG3 Health Alliance

10:15 – 11:15 AM How to Achieve a Shared Value Approach in Delivering Health to Under-Served Markets
  > Gary Cohen, Executive Vice President, Becton, Dickinson and Company
  > Ruth DeGolia, Executive Director, Mencaco Global
  > Wendy Johnson-Assaw, Vice President, Corporate Affairs, Nestlé Nutrition
  > Janae Uzzell, Global Director, External Affairs & Technology Programs, QN
  > Facilitator: Chan Harjian, Partner, Global Public Health, PwC

11:15 – 11:30 AM Coffee Break

11:30 – 12:30 PM Attaining Program Leadership through Investment in Measurement and Evaluation
  > Joy Marin, Executive Director, Corporate Contributions, Johnson & Johnson
  > Scott Higgins, Director for Operations, March for Mothers
  > Kimberly Huddix-McKay, Research Director, Adara Group
  > Facilitator: Manisha Bhart, Chief Strategy Officer, FH 360

12:30 – 12:50 PM The EFEC Global Financing Facility – What is the Role for the Private Sector?
  > Prama Lakshmikanthan, Senior Public Health Specialist, World Bank

12:55 – 1:00 PM Closing Remarks
  > Louise Carr, Private Sector Partnerships Manager, UNFPA

1:00 PM Adjourn/Networking Lunch

Johnson & Johnson  PwC
PHOTO GALLERY OF PRIVATE SECTOR LEARNING SESSION

I-r: Leith Greenslade (Facilitator), Andrew Schirmer, Eric Ostern, Klaus Brill, Jason Houdek

I-r: Chan Harjivan (Facilitator), Gary Cohen, Ruth DeGolia, Wendy Johnson-Askew, Janeen Uzell

I-r: Manisha Bharti (Facilitator), Joy Marini, Scott Higgins, Kimber Haddix McKay

Nana Kuo, Executive Office of the UN Secretary-General

Rama Lakshminaryanan, World Bank
“Commercial marketing, advertising and communications firms, such as McCann have been in the Demand Creation business for over a century. This is the business of engaging and enticing, of guiding, educating and motivating.

For the last five years, McCann Health has been providing commercial sector process, talent and creativity to governments, civil society and even private industry to drive positive behavior change in the public health space. We have applied many of the same principles and approaches to drive demand in areas like childhood diarrhea and pneumonia, HIV, nutrition and vaccination, including the work we are doing with UNICEF in polio.

Our work is insight-driven. **A clear understanding of what the barriers are within a given target audience is the starting point.** We seek to define the Truth or Truths within any public health challenge around cultural, social and category dynamics. It is critical to build a strategy based on these truths before you begin to define messaging and we have seen that this is often a missed step in the public health communications process.

And importantly, **you need to engage before you can educate.** This is where creativity comes in – how you tell a story and where. Nobody will listen to what you have to say if they ignore you.

We believe that the key to real behavior change in public health is to understand and even create the Empowered Health Consumer. To provide not only information but *inspiration*. Consumers have choice. Consumers have power. We need to celebrate and support that empowerment by giving them the tools, the ability and the control to have a positive effect on their and their family’s lives.
Our most recent example of this approach is the work we are doing with UNICEF in polio. We were able to tap into some robust attitudinal research that Harvard had conducted to determine where the real barriers to change existed within the vaccination effort. And much of the problem had to do with social norms around the acceptance of the vaccinators. It was not an issue of understanding the disease or vaccination; it had to do with Trust. We took a brand marketing approach to recast the global strategy around the polio effort with a focus on the remaining endemic countries of Pakistan and Afghanistan that put the vaccinator at the center of the brand offering rather than just making it about the drops. We are just now learning that 2015 showed some very positive trend lines for the vaccination program and we would like to think that our work in changing both social norms and individual behavior have been a part of this success.

People are people regardless of what you are selling – a product, a service, or a change in behavior. Our industry has been successfully motivating consumers to make decisions for themselves for decades and we are bringing this expertise to create positive change in global health. Understanding the Empowered Health Consumer is key to getting from the Truth that Matters, to the Communications that Work.”

“‘The Lifebuoy brand aims to make a difference in people’s day-to-day lives. As part of the Unilever Sustainable Living Plan launched in 2010, Lifebuoy’s ambitious aim is helping 1 billion people improve their health and well-being, through mass behavior change programs across Asia, Africa and Latin America. Working with public and private sector partners around the world, our challenge is to transform hand washing with soap from an abstract good idea into an automatic behavioral pattern at critical times of the day.”
Diarrhea and pneumonia are the top two killers of children – together they cause 1.7 million annual child deaths, 26% of total child mortality. Hand washing with soap is known to be one of the most cost-effective ways to prevent these deaths. By integrating the Sustainable Living Plan into Lifebuoy, it is also good for business. **Driving strong behavioral change in hygiene will result in strong business performance, which in turn enables us to deliver better hygiene to more and more people.** We have reached a tremendous 260 million people to date in 24 countries, which is by far the world’s largest hand washing program.

Habits taught in childhood, and to new mothers, create habits to last through a lifetime. Therefore, our key behavior change programs have been focusing on children and mothers – the key agents of change.

- **School of 5 Program:** Our School of 5 behavior change program was developed by a child specialist agency and is deeply rooted in behavior change theory. It is delivered over an intensive one month period, and subsequently reinforced in the school. It is designed to make hand washing with soap fun and engaging, with combinations of comics, puzzles, stories, songs and pledges used to guide children through the behavior change process. The program involves teachers and mothers who provide reinforcement to support behavior change in everyday environments in the home and in the schools.

- **New Mothers Program:** Unilever and USAID have partnered to create a dedicated newborn program to raise awareness of the link between newborn survival and hand washing with soap. The program will promote improved hand washing with soap practices during delivery of the newborn and in the first month of life. The program has communication material for antenatal clinics, as well as behavior change communication material for 3-4 postnatal home visits to the mother after delivery by the health workers.

Results indicate to us that we are impacting disease reduction. The Lifebuoy clinical trial demonstrated a 25% reduction in diarrhea. Lifebuoy reinforced the health impact through adopting Thesgora, a village with one of the highest rates of diarrhea in India. The program showed strong results with 26%
more children washing hands with soap before meals, and 33% more mothers started washing hands with soap before meals, a critical occasion for disease reduction. School of 5 in the Millennium Villages Project resulted in children increasing handwashing by 22%.

Lifebuoy is engaged in advocacy through its Help a Child Reach 5 Campaign. The brand believes it has a valuable part to play in raising the profile and promoting the importance of handwashing with soap, and has attended and participated in high impact platforms such as UN General Assembly, World Economic Forum and Global Handwashing Day. More recently the Campaign launched "Chamki" – the story of an unborn child thanking her mother from the future for washing hands with soap – to raise awareness about the importance of handwashing during the first 28 days of a child’s life.”

To learn more about how Lifebuoy is making a difference in people’s lives through handwashing with soap, please visit http://www.lifebuoy.com/

“World Contraception Day

Despite the international progress made in recent years, contraceptives remain out of reach for many young people worldwide, resulting in millions of STIs, unplanned pregnancies and abortions every year. We believe that women, men and adolescents are more likely to thrive and live full and healthy lives if they have access to accurate, unbiased education about sexual and reproductive health.

As a leading company in family planning that has been active in this field for over 50 years, Bayer supports family-planning programs by offering a broad range of hormonal contraception methods. In addition to oral contraceptives, these products include monthly and three-monthly injections, as well as a contraceptive implant; this is a reversible, long-term contraceptive method that can be used for up to five years. However, self-determined family planning requires not only access to modern contraceptives, but also knowledge. Especially teenagers and young adults need a comprehensive sexual-health education.
Together with its partners, Bayer has initiated the World Contraception Day (WCD). Celebrated on September 26 every year, all its activities aim to raise awareness of contraception and the choices that are available, in order to avoid unintended pregnancies.

All WCD campaign activities are developed in partnership with the WCD Coalition, which is made up of 13 international and national non-governmental and governmental organizations with a specific focus on empowering young people between the ages of 13 and 25. Today, with more than 70 countries participating each year, the WCD is the largest call-to-action to stop unintended pregnancies amongst teens worldwide.

The WCD Coalition believes in the importance of understanding young people’s experiences and preferences, in order to know who they trust for information and advice, and what communication channels they access in their daily lives.

By taking these factors into account and involving young people in all stages of the design, implementation and evaluation of sexual-health services and campaigns, WCD helps to ensure that the services meet young people’s needs, that the educational messages resonate with young people, and that the most effective channels are used to deliver educational messages and information.

The most important lesson that has been learned is that storytelling by youth ambassadors in peer-to-peer learning sessions, or via communication in social media channels, can be a powerful catalyst for behavioral change amongst teens. It has undoubtedly increased the amount of attention being paid to the risks and reality of teen pregnancy and parenthood. As research has proven, it has played a role in the noticeable progress that has been made in raising awareness about contraceptives amongst teens.”

**CLINTON HEALTH ACCESS INITIATIVE**

*Jason Houdek, Associate Director, Essential Medicines*

Nearly 80,000 children die from diarrhea each year in Nigeria, but, in 2012, less than 1% of children received Zinc and ORS. In response to this gap, the government launched a national strategy that year to increase access to essential childhood medicines — including zinc and ORS for
diarrhea. The strategy was developed by a broad partner coalition, which was institutionalized as the National Essential Medicines Coordinating Mechanism to oversee implementation of the national strategy. This group played an instrumental role in bringing together public and private actors to implement the strategy.

**Improving demand was a key component of that national scale-up plan as the lack of demand was seen to drive limited availability and affordability of supply.** Key NEMCM partners from the non-profit and private sectors supported the government to develop a comprehensive demand generation strategy founded on a rigorous analysis of key drivers of poor care-seeking behavior and preferences for alternative treatments. This analysis also mapped the pyramid of influence and identified high-potential communication channels using market research inputs from multiple partners.

Key findings indicated that 70% of caregivers sought some form of treatment — at home (17%), in public facilities (20%) or in the private sector (34%) — and that PPMVs were a particularly important source of first-line treatment. Moreover, the analysis identified professional associations and religious leaders as the key influencers of choice for caregivers at community level. The government also oversaw a range of existing communication platforms that were already reaching large networks of providers and caregivers but were traditionally inaccessible to private-sector partners — making them a key opportunity for expanding reach of zinc/ORS promotional messaging.

Using this analysis, the demand generation strategy identified key interventions at national and community levels to deliver messages to target audiences. These included provider trainings, follow-up detailing and mentoring, and a community activation campaign. Activities were implemented under an M&E framework that specifically provided continuous impact monitoring under a detailed PMF to guide an agile program management approach under the NEMCM.

Under the demand generation strategy, public- and private-sector partners worked together to improve provider prescribing behavior through trainings and detailing and mentoring activities. While National and State government bodies led the planning and organization of large-scale trainings, NGOs and donor partners provided technical support and seed funding to initiate the training programs. Private-sector manufacturers and distributors were actively recruited to participate in the training and detailing programs and incorporated them into the marketing strategies to expand their sales forces’ access to prescribers. At the same time, NGO partners worked with private-sector marketing firms in the coalition to conduct market research and design commercial-quality, open-source creative and messaging materials — which were in turn used by State and National government bodies in training programs and incorporated by supplier partners into the marketing and promotional campaigns.
During this process, CHAI was able to play a convening role, supporting government in the early stages to develop the national scale-up plan, build the public-private partner coalition, and identify the right players to contribute to implementation. Along the way, CHAI directly engaged with each partner to highlight the specific market opportunity and advise on design of high-impact interventions and liaised with key donors to raise initial seed funding to kick start implementation.

Together, the NEMCM partners have reached >90% of registered PPMVs and 85% of public providers in focal states with training on diarrhea management — and most of those reached are now prescribing the correct treatment. Over 10.6 million zinc units were sold in 2015 — representing a 138% increase compared to 2014 and a 716% increase compared to 2013. **Improved demand has encouraged investments from suppliers, leading to the introduction of four new Lo-ORS and five new zinc products — and resulting in a 77% reduction in wholesale prices.** As a result, coverage has increased by an average of eighteen percentage points for ORS (34% to 52%) and twenty percentage points for zinc (4% to 24%) since in focal states since 2012.

These gains were made possible by strong government buy-in and public sector commitment, a partner coalition spanning public and private sectors, and strategy informed by robust local evidence and designed to maximize the impact of private sector contributions. Nigeria’s government-led partner coalition provided the platform for aligning individual investments and ensuring a feedback loop between public and private sectors while a trusted, neutral partner with strong government and local partner relationships acted as convener to engage with individual partners in the planning phase to accelerate inception.”
AUDIENCE DISCUSSION

Q: When you engage people in their native language, it hits an emotional component. How many of you are trying to use existing technology to communicate with people in local languages?

A:
- Andrew Schirmer: All materials created are housed on a platform that has regional language translatability and open architecture. Anyone can use these materials and has the ability to tailor the way it needs to be.
- Eric Ostern: All materials are localized and visualized, such as creating characters with local relevance.

Q: What can we be doing to take behavior change campaigns to a global level (taking things to scale)?

A:
- Andrew Schirmer: You test in small controlled environments and you can do things that replicate scale with minimal finances. You can spend incremental amounts of funding initially, but then use this as proof to success and impact.
- Klaus Brill: I am not worried about scaling up, because the sky is the limit. It is more important to focus on actual change, than just counting numbers. We think much more about strategies.
- Jason Houdek: Scaling is an important focus. We reach scale a lot with these types of initiatives, but the question is, why isn’t this happening more and how can this spread? There is a need for a paradigm shift of what we are trying to skill.

Q: The facilitator asked each speaker to pose a question to the audience about communicating for behavior change?

A:
- Andrew Schirmer: Do you truly understand the impact of communications on global health versus how the rest of our lives are so impacted by communications and advertising?
- Eric Ostern: Do you understand the difference between driving real positive and sustainable change from more short term actions?
- Jason Houdek: Do you see the disconnect between information available to you as a well-educated, elite person and how you make health decisions versus people who do not have access to similar information?
- Klaus Brill: Do you believe the private sector has real value?
SESSIO"2: HOW TO ACHIEVE A SHARED VALUE APPROACH IN DELIVERING HEALTH TO UNDER-SERVED MARKETS
Facilitator: Chan Harjivan, Partner, Global Health, PwC

“Four methods the private sector can utilize to achieve positive societal impact:

1. Corporate Philanthropy – Providing charitable donations of cash or in-kind products. Philanthropy must not be linked to any commercial benefit, such as sales commitment or gain.
2. Corporate Social Responsibility – Deploying business resources and competencies to achieve positive societal impact not directly linked to commercial outcomes.
3. Shared Value Creation – Utilizing commercial business models to address unmet societal needs in a manner that also results in positive business impacts. This method engages the operational and commercial capabilities of companies and is specifically intended to provide positive commercial outcomes.
4. Advocacy & Policy Alignment – Supporting changes in laws, regulations or guidelines that facilitate achievement of societal goals.

Companies advanced in the practice of supporting positive societal impact are utilizing all four of these methods. While Corporate Philanthropy and CSR have inherent limitations to the scale that can be achieved, Shared Value Creation has no such scale limitation, as investments can be taken as far as the business model and opportunity allow.

Three specific examples from BD:

The first example is elimination of disease spread due to reuse of single use injection devices utilized in mass immunization programs. In response to requests from UN agencies that administered these programs, BD collaborated with PATH (Programme for Appropriate Technology in Health) to develop the first auto-disable immunization device, which locks and becomes nonfunctional after a single use. This device was introduced in WHO field trials in 1988 and commercially launched in 1991. It took eight years for this new technology to achieve scale. During that period, the key barriers to widespread adoption were addressed:
1) A joint policy statement was issued by WHO, UNICEF, IFRC and other agencies
2) GAVI substantially increased funding for global immunization programs
3) BD substantially reduced manufacturing costs for these devices, enabling access at a cost level comparable to standard injection devices
4) Disease elimination programs for maternal and neonatal tetanus and measles facilitated early adoption

BD utilized all four methods of private sector social impact in this initiative, and has supplied 6.5 billion auto-disable immunization devices over the MDG period, helping to eliminate an entire category of disease spread among the world’s children.

The second example is the scale up of laboratory testing in support of anti-retroviral therapy (ART) for patients living with HIV & AIDS. In the early 2000s, BD partnered with the Clinton HIV/AIDS Initiative (now the Clinton Health Access Initiative) to substantially scale up access to CD4 immune system monitoring tests. This agreement included significantly reduced access pricing which was extended to 55 developing and emerging countries. BD also engaged in expanding laboratory testing capacity in Africa and other developing regions by training over 8000 laboratory technicians in 60 developing and emerging countries on proper methods to perform these tests. As a result of these efforts, CD4 testing became widely accessible throughout the developing world.

The third example is development of the BD Odon Device™ for assisted childbirth in circumstances of prolonged, troublesome second stage labor. This innovation was invented by Jorge Odon, an automotive mechanic from Argentina, and championed by WHO in the Saving Lives at Birth – Grand Challenge for Development competition, where it was awarded a seed grant in 2011. In early 2012, WHO met with BD to determine if the company would be interested in developing this new innovation. In September 2013, at the UN General Assembly meeting, BD announced two agreements (one with the inventor and one with WHO) for full scale development and commercialization of the BD Odon Device. The company is utilizing an innovative, highly collaborative business model, with responsibilities for design and development, funding, clinical testing, practice guidelines, advocacy, procurement support and access among high burden populations being led by numerous public and private sector organizations. This new device, designed to address maternal and neonatal mortality (and stillbirths) that occur during the intrapartum phase of childbirth, is presently in development, including clinical trials to determine safety and efficacy for its intended use.
BD utilizes a strict definition for determining which development efforts qualify as shared value creation. The criteria include:

1) The initiative must be started and pursued based on the specific intent to address an unmet societal need
2) The need must be widely acknowledged as a high priority by experts outside of BD, such as UN agencies
3) The company engages in cross-sector collaboration to help address the unmet need, recognizing that substantial, highly prioritized societal needs are unlikely to be addressed by any single sector.”

“The UN Global Strategy for Women’s and Children’s Health united a diverse group of stakeholders around a common agenda to improve women’s and children’s health in the world’s 49 poorest countries. Since then, more than 400 concrete commitments have been made by over 300 governments, civil society organizations, UN agencies and the private sector. Every Woman Every Child (EWEC) is an initiative that has created synergies among different parties involved in reproductive, maternal, newborn and child health.

In 2011 Nestlé became the first food and beverage company to pledge its commitment to EWEC. Since then, and as part of our Creating Shared Value activities, we have been supporting the initiative by:

- Creating more income generating opportunities for women in Brazil through product distribution and female dairy farmers in Pakistan
- Providing access to education for children and women in Morocco
- Creating awareness about hygiene and sanitation in schools in Sri Lanka and Bangladesh
- Expanding the global Healthy Kids Program and teaching children about the value of nutrition and physical activity in Bangladesh and Nigeria

Nestlé’s commitment to Every Woman Every Child is anchored in continuing and scaling up these programs with an emphasis on the expansion of Nestlé Healthy Kids Global Program (HKP). HKP has been designed to address today’s complex health challenges, such as poor nutrition and obesity, by teaching school-age children the value of good nutrition and physical activity. Each program has been developed in collaboration with national health and education authorities, and child nutrition experts, to address the specific needs of children in target areas.
In September 2015, Nestlé received the first draft of the updated Global Strategy for Women’s, Children’s and Adolescents’ Health, scheduled to be adopted in September 2015. Nestlé renewed its commitment to the Global Strategy. Two new items were added to our commitment in support of Every Woman Every Child: New Maternal Health Policy and Water and Sanitation Program (IFRC).

Summary of Nestlé’s last two commitments:

Global Maternity Protection Policy
Nestlé launched its Global Maternity Protection Policy for its employees worldwide in June 2015. The policy, based on the ILO Maternity Protection Convention, gives employees a minimum of 14 weeks paid maternity leave and the right to extend their maternity leave up to six months; employment protection and non-discrimination; health protection in the workplace for all pregnant or nursing women; flexible working arrangements; and a conducive work environment to breastfeed, including guaranteed access to breastfeeding rooms, and daily breaks or reduction of work hours to breastfeed. By 2018, Nestlé will implement these five (5) minimum standards in all its markets.

Water and Sanitation Programme (IFRC)
Nestlé is committed to providing access to clean water and sanitation through its partnership with the International Federation of Red Cross and Red Crescent Societies. Nestlé has partnered with the IFRC Societies since 2002 in an evolving relationship that today provides access to clean water and sanitation almost 200,000 people in Ivorian cocoa farming communities. The Partnership has been renewed in 2014 for 5 million Swiss Francs over five years, which will enable further programming in Cote d’Ivoire and an extension to Ghana.”
“When thinking about shared value, GE defines this as determining how we can most effectively work together to address health problems that align with our business and philanthropic efforts. At GE, we know that by leveraging our expertise in digital, technology and infrastructure, we can successfully drive economic value in a way that also addresses many of today’s most pressing unmet needs facing health care.

The starting point for GE to embark on a shared value approach was with the launch with **Healthymagination** in 2009 when our global chairman, Jeff Immelt, having seen the world’s challenges in healthcare, created a $6B endowment to change the way GE does business in healthcare. That ignited a match that spread through both corporate and our philanthropic arm, the GE Foundation, and has resulted in what we have today – the **Sustainable Health Solutions (SHS)** business, which is truly the commercial embodiment of the shared value approach in health. Our company priorities and investments directly align with our philanthropic ones, which ensures we are having maximum impact without co-mingling our efforts for both trust and compliance reasons.

When thinking about shared value, GE takes all of its stakeholders into consideration, including suppliers, distributors, customers, communities, and others. Shared value in GE demands that we evaluate the entire value chain of health (and even non-health) stakeholders to ensure that we build a strong health system that is ‘owned’ by all relevant decision-makers both internal and external. **The key to ensure that the shared value approach results in improved health outcomes is largely dependent on the ability to ensure inclusiveness and local ownership.** Otherwise, we risk sacrificing sustainability.

GE created a tracking matrix to confirm that a shared value approach works on a financial and social level, and that it is line with the mission of the organization. GE is big on evidence generation to prove impact. Therefore, we take iterative steps to ensure that we are able to measure the impact of our programs, partnerships and all investments. All GE investments – commercial or philanthropic – have
defined milestone measures, as well as impact indicators. These indicators are iterative, evolving over time, with the aim to capture both the non-financial and financial impact of our investments.

A shared value approach works for all types of partnerships, including with non-business actors such as governments and NGOs. To truly adopt the shared value approach, all partners involved must be aligned on goals, approach and timeframe – the private sector, academics, funders, advocacy partners and the public sector, both local and state governments. The GE Foundation’s medical oxygen delivery program is a perfect example of how this works. By employing multi-sector partner expertise, the GE Foundation and its partners were able to collaboratively co-design and implement scalable business solution to the oxygen problem with a Public Private Partnership (PPP) Model in Rwanda and Kenya. Today, more than 6 million people in Kenya & Rwanda have access to safe oxygen.

Internal buy-in has become easier over time. The key for GE has been inclusiveness starting at the outset and evidence generation early on. Without the right evidence in place, GE leaders may not be keen to take risks in support of shared value approach in healthcare. However, with the right evidence generation and modelling, GE leaders have evidenced their willingness to take bigger risks in order to achieve bigger rewards. In GE, we believe the rewards of investing in healthcare in regions such as Southeast Asia, Africa and India continue to outweigh the risks.”

“Mercado Global works with Mayan indigenous women from isolated regions in Guatemala, within the departments of Sololá, Sacatepéquez, Totonicapán, and Chimaltenango, to improve health outcomes and access to economic opportunity. Mercado Global provides these artisans with education and direct services on WASH, nutrition, women’s rights, and reproductive health, in conjunction with income-generation opportunities, with international retailers such as Anthropologie, J.Crew, and Levi Strauss & Co.
Community health programs are developed in partnership with Case Western Reserve University School of Medicine and University Hospitals Case Medical Center. The goal of the partnership with Case Western is not to simply provide direct health services to artisans, but to administer an educational foundation that artisans can retain and re-teach and further leverage to address other issues in their communities.

Mercado Global also recently began partnering with local NGOs, Waku Kawaq and Redmusovi, whose missions complement the organization’s and provide additional resources to women, such as medical screenings and women’s rights education. Direct support and funding from the Levi Strauss Foundation has also contributed greatly to the advancement of the community health program.

Mercado Global results:

- 99 percent of school age children in partner artisan families are attending school
- 95 percent of children in partner artisan families are vaccinated
- Artisans have an improved understanding of HIV/AIDS and how to protect themselves
- Women and their families report contracting fewer illnesses, in turn, missing fewer days of work and school
- Food security has tripled
- The number of artisans with family savings increased four-fold, allowing them to prepare for emergencies”

For further information see: 2014-2015 Annual Report; Day in the Life of an Artisan Video
DISCUSSION

Q: Innovation is the path, impact is the destination. What are your predictions of lives improved by 2030?

A:

- Gary Cohen: It is not about being able to regress to what the cause and outcome is. We want to measure, so we can make investment decisions not just based on financial impact, but social impact as well. We look at our work through forward-looking projects, using modeling methodologies similar to the UN, to get a sense of the scope of disease, identify surrogate measures, and record and report past accomplishments through digitally-enabled devices and systems.

- Peter Singer, Co-Chair of the EWEC Innovation Marketplace: Innovation is an important channel through which we can achieve impact. Over the coming 5 years the Innovation Marketplace aims to identify 5 of the most promising innovations and through appropriate investment, scale them up so that they can have a transformative impact on the lives of women, children and adolescents.

- Ruth DeGolia: At Mercado we have the opportunity to impact not only the artisans we work with in Guatemala, but also influence the larger retail companies with which we work. If they recognize the need to improve commercial and social practices on their supply chains, their ability to improve lives can be immense.
“Adara was founded in 1998 and is focused on improving health and education for women, children, and communities living in poverty. We work in maternal, infant and child health; remote and rural community development; and the care, support and reintegration of children at risk. Adara’s geographical focus for many years has been in Uganda and in Nepal.

The Adara Group has an unusual structure with two main parts:

- The first part is an international development organisation, made up of non-profit companies and trusts spanning many countries, called Adara Development.
- The second part is two Australia-based corporate advisory businesses, Adara Advisors and Adara Partners.
- The Adara businesses are “for purpose” rather than for profit. Their sole objective is to fund Adara Development’s administration and emergency project costs. This allows 100% of all other donations received by Adara Development to go directly to project-related costs. This relieves donors of any concern that funds donated will not be spent directly on helping people in need.

Although donors are generous when it comes to granting direct project-related funds, they don’t always understand the connection between excellent and thorough research, monitoring and evaluation of development projects and service excellence. For this reason, although Adara considers research, monitoring and evaluation (RM&E) as a project-related cost, the Adara businesses are often required to pick up the costs of the RM&E.

Key lessons learned from long-term, longitudinal work in M&E:

- The length of time required to establish trust on-site is considerably longer than most people expect. **Trust on-site is needed to collaboratively develop and execute high quality, impactful projects, and is critical for both project execution as well as for the RM&E tasks.**
• Training of RM&E staff on-site is critical and is best conducted collaboratively with the teams designing and executing projects. All team members need to understand the foundational importance of excellent RM&E in bringing quality projects to fruition and to the satisfaction of as many stakeholders and end-users as possible.

• Long-term tenure of key staff and the longevity of projects with deep roots in a community should be recognized for the incredible value they can bring, rather than used as indicators of failure or lack of growth.

• Choice of metrics can seem obvious and/or intuitive, but can shape projects in unexpected ways and drive unexpected outcomes. In particular, the M&E metrics and timeframes that are familiar and comfortable in the business world can drive perverse outcomes in the development world, and should be regarded in the development sector with caution.

• Staff confidence and morale can be bolstered as data collected can demonstrate the benefits of their accomplishments. For example, the data in this table show the enormous gains made by staff in the NICU we support in saving the lives of increasingly acutely sick patients, and this was very valuable in terms of the morale and team building.

• An issue to consider is the contrast between having monitoring and evaluation done in-house versus by an outside organization. Staff on-site can feel that incoming teams to do monitoring and evaluation are functioning as auditors, and this can seem threatening. Laying the groundwork for all staff to understand the foundational role of excellent RM&E is crucial to project success and the RM&E process should be collaboratively developed with project staff. Staff can assist as needed with data collection and interpretation and are more likely to use results constructively.”

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<tbody>
<tr>
<td></td>
<td>Survival (%)</td>
<td>Count</td>
</tr>
<tr>
<td>&lt;1 kg</td>
<td>11%</td>
<td>2/18</td>
</tr>
<tr>
<td>1-1.4 kg</td>
<td>31%</td>
<td>19/61</td>
</tr>
<tr>
<td>1.5-2.4 kg</td>
<td>73% 159/217</td>
<td>94%</td>
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<tr>
<td>2.5-4 kg</td>
<td>90% 327/363</td>
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<td>&gt;4 kg</td>
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“At Johnson & Johnson, we envision a world in which every woman and every child can live a healthy, productive life. So in 2010, when the UN Secretary General issued a call to redouble efforts to save the lives of women and children, Johnson & Johnson embarked on an historic commitment, pledging to support Millennium Development Goals (MDGs) 4, 5 and 6 with a
comprehensive, five-year commitment to reach as many as 120 million women and children a year by 2015.

Now that the era of the MDGs has come to a close, and a new era of Global Goals for Sustainable Development begins, the conversation on lessons learned and the importance of monitoring, evaluation and reporting is more relevant than ever. While it sometimes may seem an additional burden, there are benefits to a cadence and framework for reporting. Here are five insights Johnson & Johnson can offer about how private sector entities can work together with Every Woman, Every Child (EWEC) to achieve and share measurable outcomes toward a collective vision of a healthier world.

1. **Ensure your commitment aligns with your organization’s broader mission.** A commitment that fits with your company’s mission and strategic plan will make sense to the C-suite, employees and other stakeholders (e.g. a board) and receive stronger internal support. This helps with catalyzing resources including financial support, engaging employees, or gaining visibility within the organization. Externally, it allows linkages with other partners doing similar work.

2. **Define and limit your promises. Specify the time frame.** Johnson & Johnson set out to make progress in five key areas:

   - Making childbirth safer for mothers and babies
   - Treating and preventing intestinal worms in children
   - Piloting research and development innovations to treat HIV, TB and NTDs
   - Using mobile phones to reach mothers with vital health information
   - Eliminating mother-to-child transmission of HIV

Specificity provided a roadmap, especially when it came to monitoring and evaluation. It allowed us to track progress and make course-corrections when challenges occurred. A broad scope can lead to mission creep, or a set of M&E indicators that are so diverse that it is difficult to analyze progress.
3. **Develop a system for reporting, and be transparent.** Transparency with partners and stakeholders cannot be stressed enough. Implementing organizations benefit from clear reporting guidelines, including objectives, indicators and timelines. Johnson & Johnson provides webinars, definitions and tools to ensure that partners understand our reporting systems. When needed, we provide M&E technical support. Aligning our reporting requirements with partners enables us to provide more consistent “rolled-up” reporting to EWEC.

4. **Invest in monitoring and evaluation to measure long-term outcomes.** Johnson & Johnson supports programs that lead to sustainable impact, but long-term outcomes can be difficult and expensive to measure. We learned that we needed to invest in monitoring and evaluation (M&E) over the long-term. Together with partners, we develop logic models to chart the theory of change for major programs. We require documentation of short-term indicators (such as number and type of health workers trained with specific skills) and mid-term indicators (the percentage of health workers trained in a facility), and, when appropriate, longer term indicators such a change in survival rates.

5. **Be prepared to report.** It is incredibly motivating to show stakeholders what their support has achieved. All of your audiences — your company and its employees, those driving or doing the work (e.g. government leaders, health workers), and the entity to which the commitment was made, appreciate hearing the progress toward the promise made. Understanding the challenges and successes in achieving the goal helps partners to improve programs. And reporting helps EWEC or similar initiatives to track broader objectives or link like-minded companies for synergies.

Together with our partners, Johnson & Johnson exceeded the goal set forth with EWEC in 2010 to reach 120 million women and children a year. Our partnerships reached an estimated 134 million women and children in 2015 alone with health services and education.

Many entities — country government, private sector, foundation and non-governmental — stand ready to support the Global Goals. Most of us are committed to evaluation. We must also acknowledge the additional benefits of reporting the results of our M&E efforts. Reporting enables us to align our M&E across organizations, identify cross-cutting solutions, and track progress being made across the collective commitments. A clear framework and
timeline for reporting requirements is urgently needed. EWEC is in a unique position to proffer those guidelines so supporters can put monitoring mechanisms in place from the beginning...and stay focused on the end goal — a healthy future for women and children everywhere."

“Merck for Mothers is Merck’s 10-year, $500 million initiative to reduce maternal mortality worldwide. We are working with more than 75 partners to improve maternal health in 30 countries around the world – all in an effort to create a world where no woman dies giving life. To date, we’ve improved access to quality maternal healthcare and family planning services for more than 5 million women globally.

Our current programs are striving to make transformative contributions in three distinct ways:

- **Enabling health providers** by equipping them with the skills, tools, technology and training they need to deliver high-quality maternity and family planning services.
• **Developing and delivering lifesaving products**, including a supply chain intervention to make contraceptives more consistently available at service delivery points in Senegal and clinical research into a heat-stable uterotonic for preventing postpartum hemorrhage.

• **Empowering women** to make informed choices about family planning and seeking quality maternal health care through digital innovations and community-based interventions.

**Theory of Change**

Merck for Mother’s theory of change is to **design** innovative models of care; **test** these models and then **advocate for the scale up** of successful models. The final step in this theory of change requires compelling evidence that a program is working, as well as a strong understanding of why it works; how much it costs; whether the model can be sustainable and how; and what is the potential impact of the model at scale. A strong commitment to monitoring and evaluation is critical for acquiring this evidence.

**Approach to Monitoring and Evaluation**

As a research-based company, Merck has long been committed to measuring our work – whether it’s collecting data on our impact or finding evidence that leads us in a new direction.

Merck for Mothers’ approach to monitoring and evaluation includes robust, focused internal monitoring, complemented by rigorous, in-depth external evaluation.

• **Internal monitoring** Merck for Mothers measures and tracks several high-level indicators in every one of our programs. The five key indicators we track include regional scale; health workers trained; health facilities strengthened; women with improved access to modern contraception; and women with improved access to quality maternal care. Merck for Mothers and our partners work together to define, measure and report these metrics in a way that is most appropriate for each context, without creating a data collection burden.

• **External evaluation** Led by the London School of Hygiene & Tropical Medicine, Merck for Mothers’ external evaluation aims to provide an in-depth understanding of the models we have supported, as well as make a substantial contribution to the maternal health field. The external evaluation focuses on impact, market dynamics, cost-effectiveness, and sustainability – not just health outcomes. Through support from Merck for Mothers, the London School is also conducting analyses to help the global health community better understand the maternal health landscape so we can save more women’s lives.”
DISCUSSION

Q: How do you measure your investments, both financial and non-financial?
A:
- **Scott Higgins**: It is important to define M&E indicators at the earliest stage possible, realizing that definitions of what you measure may adapt over time.
- **Joy Marini**: An important area for us is investing in young leadership through strategic philanthropy. We have found ways to tangibly measure the impact of such interventions and their social impact for individuals and communities.
- **Kimber Haddix McKay**: Effective measurement comes from a number of elements, including having staff that understand the local context and have linguistic competency and nuanced training on data collection. It is also important to have a clear theory of change, and to understand the costs and benefits of any intervention.

Q: How do you measure the ‘softer’ qualitative things such as youth engagement?
A:
- **Kimber Haddix McKay**: A mixed methods approach (using qualitative & quantitative data) is best. Longer time frames should also be expected in the development industry, because any quality development project is based off of establishing a long term relationship, not one that ends in 3 or 4 years.
- **Joy Marini**: If you are really want to effect change, you have to bite the bullet and be ready to pay for M&E over the long term, so that you can generate and support the observational evaluations you need over a longer period.

Q: What are your thoughts on the development of an EWEC Index, which ranks each company on their commitment efforts?
A:
- **Joy Marini**: A report card could perhaps be more effective than a ranking. Or some other sort of evaluation or feedback system.
- **Scott Higgins**: An index would need to be aligned with what companies are doing and want to do. It would also require considerable infrastructure and alignment, and could be delicate given the diversity of initiatives in EWEC. Caution is needed in this regard.
- **Nana Kuo, Senior Manager, Every Woman Every Child, Executive Office of the UN Secretary-General**: EWEC commitment makers are required to report annually and there have been efforts to create a systematic process. There is definitely a need for new tools and innovation to track harder issues and we would be glad to work with the private sector to introduce new tools, skills, and expertise to help us improve commitment tracking and try to align these results at country level.
COMMITMENT PROFILES

In addition to the speaker submissions featured in the report, we are pleased to profile in this report the actions of other committed EWEC private sector commitment makers. Each of them are transforming the landscape for health delivery and improving the lives of women, children and adolescents in unique and innovative ways, working in partnership with stakeholders from a diversity of other sectors.
Commitment Made: 2014

Intervention: SHISHU: an essential newborn care kit under development aimed at 0-7 days of a newborn to prevent infection, hypothermia, asphyxia and promote breastfeeding to reduce newborn morbidity and mortality in resource poor setups.

Geographic Focus: Running pilot tests in various rural and semi urban districts in the state of Karnataka, namely Raichur, Chamrajnagar, Bangalore and Tumkur.

Results:
• 500 units of the SHISHU healthy newborn kit prototypes deployed for pilot testing
• 4 institutions in different types of settings engaged in our research (government district hospital, primary health center, first referral unit, and private hospital catering to low-income population)
• Data collected: stakeholder feedback, usage behavior, current status of essential newborn care and barriers to access in aforementioned settings

Partners: Open IDEO, CAMTech, Grand Challenges Canada, Palladium Group

Further Information: IDEO winner announcement; Photos from SHISHU pilot testing SHISHU prototype renderings;
Commitment Made: 2011

Intervention: Medtronic Philanthropy has partnered with global and country-level organizations to launch a movement to prevent premature mortality from Rheumatic Heart Disease (RHD). The movement, launched in September 2015, is called RHD Action and it aims to reduce premature mortality from RHD by 25% by the year 2025.

Geographic Focus: This is a global commitment with touch points at the country level – in all continents of the world

Results: RHD Action accomplishes the following:

- Elevates the voice of people living with RHD (mostly women and children)
- Provides data about the global disease burden to the global health community
- Raises awareness among the maternal and child health community about the connection between RHD and maternal and infant mortality
- Reaches clinicians and the scientific community through an RHD website that hosts an atlas of disease burden data, clinical protocols, case studies and other relevant information
- Provides relevant policy briefs to WHO and UN bodies to elevate the looming global penicillin crisis

Partners: World Heart Federation; RhEACH; Touch Foundation; Case Western Reserve University; UN Foundation; MDG Health Alliance; WHO

Further Information: [www.rhdaction.org](http://www.rhdaction.org)
Commitment Made: 2015

Intervention: RB and Save the Children are working collaboratively to test the efficacy and efficiency of WHO and UNICEF’s 7 point plan for diarrhea treatment and prevention in its entirety for the first time in programs in India, Nigeria and Pakistan aimed at eliminating diarrhea as a leading cause of death amongst children under 5.

Geographic Focus:
Shomolu, Lagos State- Nigeria
Uttarakhand, Uttar Pradesh, Delhi, Kolkata- India
Khanewal, Hafizabad, Punjab Province- Pakistan

Results:
India:
• Over the first six months of implementation in 2015 RB supported 46,886 beneficiaries through training 20 Water, Sanitation and Hygiene (WASH) professionals, 46 Accredited Social Health Activists and nine auxiliary nurses.
• The diarrhea-preparedness of communities has been built in all four states by demonstrating the use of and increasing awareness of, oral rehydration solution (ORS) and Zinc.

Nigeria:
• 16 Water and Sanitation committees have been set up in target districts and 144 members trained on how to monitor and maintain community facilities
• 8 communities have been certified and 16 verge on being certified as open-defecation free
• 170 community members have been trained on community mobilization and provision of essential services within the community; 188 health workers have been successfully trained on how to deliver the 7 point plan

Partners: Save the Children
Commitment Made: 2011

**Intervention:** Reduces maternal & infant mortality/morbidity by promoting regular antenatal examinations during pregnancy, intra-natal care at affordable prices, and post-natal care to both mother & newborns. Through aggressive rationalization and control of costs, LifeSpring offers quality maternity service at about 65% of market prices.

**Geographic Focus:** Hyderabad, Telangan, India; Visakhapatnam, Andhra Pradesh, India

**Results:**
- Urban working poor families, where the main bread winner has informal employment, belonging to the second quintile from the bottom.
- Access to basic services like sanitation is poor
- Non-obstetricians provide many services related to maternity
- Pregnancy is riskier in the target population due to high iron-deficiency anaemia, stress due to gender related differences in work which in turn causes problems related to pregnancy, low awareness of complications in later phases of pregnancy, some traditional practices, negligence on the part of woman’s health, prevalence of urinary tract infections, etc.

**Partners:** Acumen Fund US; IHI, Boston US; Global Health Lab, MIT

**Further information:** [www.lifespring.in](http://www.lifespring.in)
Commitment Made: 2012

Intervention: Teck committed to the UN Secretary General’s Every Woman Every Child movement by working to implement long-term, sustainable solutions to zinc deficiency, a condition that contributes to the death of 450,000 children every year. Through its Zinc & Health program, Teck has partnered with international organizations to scale up cost-effective interventions to zinc deficiency, including therapeutic zinc for the treatment of childhood diarrhea and food fortification to improve nutrition.

Geographic Focus: Teck’s Zinc & Health programs currently operate in Burkina Faso, China, Ethiopia, India, Kenya and Senegal.

Results: Teck has partnered with the Micronutrient Initiative and the Government of Canada to create the Zinc Alliance for Child Health. This public-private-civil society partnership aims to scale up the use of zinc and oral rehydration salts for the treatment of diarrhea, the second leading cause of death in children under the age of five. To date, 22 million children with life-threatening diarrhea have received zinc and oral rehydration salts, and 50,000 health care workers have been trained to strengthen health care systems in rural areas.

Teck and UNICEF are partnering under the Zinc Alliance for Child Health to scale up the use of zinc and oral rehydration salts for the treatment of childhood diarrhea in India. To date, two million people in Madhya Pradesh and 52,000 households in Uttar Pradesh have been educated about the importance of zinc and oral rehydration salts. In addition, 96% of districts in Madhya Pradesh, Uttar Pradesh and Odisha are now stocked with zinc and oral rehydration salts to increase accessibility for mothers and caregivers. Teck has also partnered with the chemical company, BASF on a food fortification project. As a result, 100 million people have had access to zinc-fortified staple food products to improve nutrition.

Partners: Zinc Alliance for Child Health Partners: UNICEF and the Micronutrient Initiative have provided excellent value for Teck’s investments, delivering high quality services and amplifying the impact of the programs through a variety of activities. Both organizations maintain strong relationships with national and regional governments, and understand the importance of government engagement for projects to achieve long-term impact for children. And finally, both organizations deliver program results on time and on budget. The Government of Canada has provided significant funding to the Zinc Alliance for Child Health and its support has allowed the partnership to reach the key milestones outlined above.

Food Fortification Partner: BASF is a leading global producer of micronutrients for human nutrition, and has brought expertise to the partnership as a founding member of the Strategic Alliance for the Fortification of Oils and other Staple Foods (SAFO). BASF contributed cost-effective product development, quality control knowledge and critical distribution partnerships that resulted in the project reaching 100 million people at risk of zinc deficiency by 2015.

Further Information: www.zincsaveslives.com
Commitment Made: 2013

Intervention: Since 2012, MMG and UNICEF have partnered to improve the health of babies and children in Laos through the scalable 1000 Days Project. Over 2013-2015, together with the Lao Ministry of Health, the project’s first phase delivered lifesaving micronutrient and other health intervention to over 180,000 malnourished infants in Savannakhet, Saravan and Attapeu Provinces, while also teaching a new generation of mothers proper nutritional practices and health care.

Geographic Focus: Lao PDR – Savannakhet, Saravan and Attapeu Provinces

Results:

- 120,000 children reached with micronutrients and nutrition interventions, as well as over 57,000 children benefitting from Vitamin A supplementation and 31,000 children under five receiving deworming tablets.
- 2.5 million sachets of SuperKid distributed to children 6-23 month old in the remote and disadvantaged Savannakhet, Saravan and Attapeu provinces.
- Training and capacity development for 1,600 health workers and Lao Women’s Union volunteers at the national, provincial and district levels.
- Overall the ‘1,000 Days Project’ has been instrumental in assisting the Ministry of Health of Lao PDR to develop a scalable operational model for micronutrient powders in Lao PDR.
- The strategic and operational findings will not only be used for scale-up efforts in Lao PDR, but have also contributed to enriching existing evidence with regards to global nutrition work, raising the country profile within networks of development agencies, academia and businesses in the area of micronutrients.

Partners: UNICEF (UNICEF Australia and Laos); Government of Laos (Lao Ministry of Health); Lao Women’s Union; Population Services International; University of British Columbia.

Commitment Made: 2015

Intervention: GBCHealth is mobilizing business action on reproductive, maternal, newborn, child and adolescent health (RMNCAH) through its communications, advocacy and partnership platforms, building on the foundational work of the organization on HIV, TB and malaria.

Geographic Focus: Global

Results:
- Announcement of partnership with the Global Financing Facility in support of Every Woman Every Child at the Financing for Development Conference in Addis Ababa.
- Corporate Alliance on Malaria (CAMA) Technical Forum in Lagos, Nigeria in July 2015, with focus on the importance of integrating malaria and malaria child health interventions.
- Development of a content suit, namely reports on The Ultimate Investment in the Future: Profiles of Corporate Engagement in the Health and Development of Newborns, Business & the Health MDGs in India - Closing the Gaps and other reports, webinars, targeted workshops on the role of business in RMNCAH.
- Support to PMNCH Private Sector Dialogue in Johannesburg.
- Partnership creation support for the Every Newborn Action Plan.
- Creation of Women and Girls Award as part of GBCHealth Awards Program.

Partners:
- Members of the GBCHealth corporate network (Johnson & Johnson, Access Bank, BD, Merck).
- CAMA corporate network (Chevron, Bayer, ExxonMobil, Nigerian Breweries, NLNG, Sumitomo, Syngenta).
- MDG Health Alliance, PMNCH, UN Foundation.
- GFF/World Bank.

Further Information: www.gbchealth.org
Commitment Made: 2013

Intervention: Provision of essential world class quality medicines for child and maternal healthcare intervention, as well as supporting Behavioural Change Campaigns (BCC) that advocate for behavioural changes in the management of disease conditions

Geographic Focus: Nigeria

Results:
- Over 10 million full doses of Dispersible Zinc Sulphate tabs provided to combat child diarrhea
- 29 million doses of low osmolarity Oral Rehydration Salts provided to combat diarrhea
- In collaboration with Strengthening Facilities for Health (SFH) & Strengthening Health Outcomes through the Private Sector (SHOPS), more than 18,000 Primary Care Givers have been trained on proper approach to diarrhoea management

Partners: SHOPS/USAID; SFH/USAID; Part of the Coalition for Childhood Essential Medicines in Nigeria, launched in October 2012

Further Information: http://www.clickti.net/chipharma/Services
Commitment Made: 2015

Intervention: PSPH Kenya is a private sector collective action initiative in support of the Global Strategy for Women’s, Children’s and Adolescents’ health and Kenya’s First Lady Beyond Zero Campaign. Since its announcement on September 26th 2015 the following results have been achieved:

1) Strong national ownership and momentum for the initiative has been built in Kenya. A supplement in Kenya’s largest newspaper was published in which Kenya First Lady, Margaret Kenyatta, expressed her appreciation and support for the initiative. The launch of the initiative in New York was commemorated in Kenya in the presence of several senior government officials, ambassadors from the diplomatic community, UN H4+ partners and private sector leadership. Guest of Honor was Ambassador Amina Mohammed, Cabinet Secretary for Foreign Affairs and International Trade. Partners have also used social Media (twitter) to raise awareness on the initiative.

2) Kenya Healthcare Federation (KHF) and UNFPA have established a secretariat to facilitate the implementation of the commitment.

3) A website is under design and scheduled for launch in March 2017

4) With the support of World Economic Forum and Global Financing Facility, UNFPA facilitated the kick-off of the Public Private Dialogue to build PPP for advancing RMNCAH in the 6 target counties.

5) First RMNCAH PPP demonstration projects such as the Mandera Community Life Center are on their way.

6) Several other PPPs for leapfrogging access and availability to quality RMNCAH care in the 6 Counties are under design.

Geographic Focus: PSHP Kenya is implementing the commitment in 6 Kenyan counties that together account for close to 50% of Kenya’s maternal deaths. These counties are: Mandera, Migori, Marsabit, Isiolo, Lamu and Wajir.

Results: The health and well-being of over 3.5 million women, new-borns, children, adolescents and family members in Mandera, Migori, Marsabit, Wajir, Isiolo and Lamu are planned to be improved through this initiative by 2020. These 6 counties have a combined population of approximately 10% of the national population but contribute close to 50% of the country’s maternal deaths. This is where support is needed most to leave no-one-behind.

Partners:
- Every Woman, Every Child Secretariat in New York has provided essential support in building this partnership
- PSPH-Kenya consists of 7 founding partners: UNFPA, KHF, GlaxoSmithKline, Philips, MSD, Huawei and Safaricom.
- Kenya’s national government, the 6 county governments and Kenya’s First Lady’s Beyond Zero Campaign

The World Economic Forum and Global Financing Facility are also providing key-support in realization of the commitment
Commitment Made: 2014

Intervention: The Sanofi Espoir Foundation supports new programs that fight maternal and neonatal mortality based on a holistic approach through improving midwives’ training conditions; retaining them in their jobs; reinforcing networks between midwives and local authorities, non-governmental institutions, and key health players; and integrating ICT, such as e-learning, e-health, and mobile phones into programs.

Geographic Focus: Mexico, Uganda, Senegal, Côte d’Ivoire, Benin, Tanzania, Niger, Guinea, Cambodia, Algeria, Mauritania, Mongolia, Burma, and Ethiopia.

Partners: Local Ministries of Health and Education; International Confederation of Midwives.

Mexico: CASA/ State Government of Guerrero and San Luis de Potosi
Uganda: AMREF
Senegal and Côte d’Ivoire
Benin: Care France
Tanzania: Canadian Association of Midwives,
Niger and Guinea: Enfants de l’Aïr
Cambodia: Enfants et Développement
Algeria: Santé Sud
Mauritania: Santé Sud
Mongolia: Santé sud
Burma: Première Urgence Internationale
Ethiopia: WAHA

Further Information:
Commitment Made: 2013

Intervention: HERhealth is a workplace-based program that trains low-income workers in global supply chains on general and reproductive health with the objective to improve the health and knowledge of women and men, as well as to improve their access to critical health products and services.

The program has three main elements:

- **Peer education trainings:** At each site we use a train-the-trainer approach to increase knowledge and improve behavior of the entire workforce based on peer health educators. Once trained on each topic, the PEs provide trainings to their peers through formal and informal channels.

- **Making workplaces better for women:** We work with management—including Human Resources and nurses and doctors—to respond to women’s unique needs in the workplace. In some countries, we complement the health trainings with nurse specialized trainings and clinic upgrading programs.

- **Linking women to products and services:** Each program also seeks to leverage the workplace as an access and demand generation point to increase availability and uptake of critical products and services for women.

Geographic Focus: East Africa (Kenya, Ethiopia); South and Southeast Asia (India, Bangladesh, Pakistan, Vietnam, Indonesia, Myanmar, Cambodia); China; Haiti

Results: HERhealth programs have reached +350,000 low-income women workers, 80% of whom report influencing others, leading to approximately one million beneficiaries.

- The primary outcomes from HERhealth are improved health behavior and enhanced access and uptake of health services.
- Attitudes toward health show marked improvements. For example, participants’ beliefs that a baby should be born in a hospital increased from 41% to 80%. We also see an increase in the uptake of critical reproductive health products: HERhealth participants increased their use of family planning products from 40% to 60%. Finally, there is an increased willingness to seek formal health services. Participant’s reported use of health clinics increased from 46% to 72% from the start to the end of the program.
- In addition, women report feeling more self-confident, including having less fear of their body and greater ability to take care of their own and their families’ health. Participant interviews also demonstrate that peer educators in particular increase their negotiating powers at home and at work, report greater respect from their spouse, and feel better able to contribute more to household decision-making.
- NGOs and service providers who support HERhealth grow their capacity to collaborate with business and implement workplace-based programs serving women.

HERhealth also achieves several positive benefits for business, such as increased productivity and profitability.

Partners: We work with local NGO partners in each country: http://herproject.org/ngo-partners. We engage international companies with supply chains in these countries, over 50 are now participating in the garment, electronics and food sectors. We have partnered with technical and expertise partners such as RAISE Health and GAIN.

Further Information:
- Videos: [http://herproject.org/in-action](http://herproject.org/in-action)
- Reports and publications: [http://herproject.org/resources/reports](http://herproject.org/resources/reports)
- Testimonials: [http://herproject.org/herhealth/our-voices](http://herproject.org/herhealth/our-voices)
- Infographics: [http://herproject.org/herhealth/impact](http://herproject.org/herhealth/impact)
RESOURCES

Business Impact Stories

Johnson & Johnson
Merck for Mothers
Unilever
Teck
Pfizer
Nestlé
GE
BD
Safaricom
McCann Health
GSK

Recent Publications Exploring the Role of Business in Achieving Women’s, Children’s and Adolescents’ Health

*Business and the Health MDGs in India: Closing the Gaps*: A publication authored by GBCHealth exploring the role of the private sector in India in delivering on the Health MDGs

*The Ultimate Investment in the Future: Profiles of Corporate Engagement in the Health and Development of Newborns*: A first of its kind inventory of 48 corporations that are investing in the health and development of newborn babies. Co-authored by the MDG Health Alliance and GBCHealth.

*Improving Maternal Health and Access to Contraceptives: Pharmaceutical companies’ Contribution to MDGs*: By the Access to Medicines Index Foundation, this report analyses and ranks the contribution of major pharmaceutical companies in reducing maternal mortality and expanding access to contraceptives

*Breastfeeding in Urban Africa*: A unique report authored by Philips, in support of its EWEC commitment, which explores breastfeeding practices amongst women in urban Kenya and Ghana

*Business and the United Nations Report*: A report by The Sustainable Development Goals Fund, with Business Fights Poverty and Harvard University, that rethinks UN engagement with business in the 2030 agenda

*10 Immediate Ways Private Industry Can Tackle the New Global Goals*: An article by Leith Greenslade, Founder of JustActions and former Vice-Chair at MDG Health Alliance, on ways companies can advance the Global Goals for Sustainable Development
**PRIVATE SECTOR COMMITMENTS TO EVERY WOMAN EVERY CHILD**

(ENAP = June 2014 commitments to the Every Newborn Action Plan)

<table>
<thead>
<tr>
<th></th>
<th><strong>Company</strong></th>
<th><strong>Year</strong></th>
<th><strong>Commitment</strong></th>
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<tbody>
<tr>
<td>1.</td>
<td>Abdul Monem Limited (2011)</td>
<td></td>
<td>Improve nutrition for mothers in Bangladesh</td>
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<tr>
<td>3.</td>
<td>Amway (2015)</td>
<td></td>
<td>Reduce under-five malnutrition through distribution of nutrition products</td>
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<td>4.</td>
<td>(ENAP) ayzh, Inc. (2014)</td>
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<td>Distribute affordable newborn kits</td>
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<td>10.</td>
<td>BSR HerProject (2013)</td>
<td></td>
<td>Implement workplace training programs on sexual and reproductive health</td>
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<td>14.</td>
<td>Discovery (2015)</td>
<td></td>
<td>Improve maternal and child health and reduce road fatalities and crashes</td>
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<td>15.</td>
<td>DSM (2014)</td>
<td></td>
<td>Promote micronutrient supplements for maternal nutrition in Nigeria</td>
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<td>17.</td>
<td>Female Health Company (2012)</td>
<td></td>
<td>Increase access to FC2 Female Condom in developing countries</td>
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<td>24.</td>
<td>(ENAP) GSMA (2014) – Provide mHealth services including nutrition, registrations, diagnostics and financing</td>
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<td>25.</td>
<td>Healthphone (2015) – Roll out of video and mobile education health and nutritional program in India</td>
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<td>29.</td>
<td>IKEA Foundation (2012) – Fight child diarrhea in Kenya and India</td>
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<td>30.</td>
<td>India Private Public Partnership to End Child Diarrheal Deaths (2012) – End child diarrheal deaths in India</td>
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<td>31.</td>
<td>Infosys (2012) – Combat child diarrheal deaths in India</td>
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<td>32.</td>
<td>Intel (2011) – Empower front-line healthcare workers through training, tools and technology</td>
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<td>33.</td>
<td>International Zinc Association (2013) – Scale up zinc and ORS interventions in India and Peru</td>
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<td>35.</td>
<td>Johnson &amp; Johnson (2010 &amp; 2011) – Provide mHealth, targeted treatments and upgrade health care capacity (ENAP) Train skilled birth attendants</td>
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<td>36.</td>
<td>John Snow (2010 &amp; 2011) – Train health workers and provide public health supply chain management expertise</td>
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<td>38.</td>
<td>(ENAP) Laerdal (2014) – Train skilled birth attendants</td>
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<td>40.</td>
<td>LifeSpring Hospitals (2011) – Expand affordable maternal health hospitals in India</td>
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<td>Company/Media (Year)</td>
<td>Activities</td>
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<td>41.</td>
<td>Lundin Foundation (2013)</td>
<td>Treat diarrheal diseases using zinc and ORS in the DRC</td>
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<td>42.</td>
<td>(ENAP) Masimo and Newborn Foundation (2014)</td>
<td>Roll out of mobile pulse oximetry technology in China</td>
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<td>43.</td>
<td>McCann Health (2013)</td>
<td>Deliver marketing campaigns focused on zinc and ORS in Nigeria (ENAP) Communication platforms for ENAP in 10 countries</td>
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<td>44.</td>
<td>Medela (2014)</td>
<td>Promote breastfeeding and human milk for newborns and pre-term babies</td>
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<td>45.</td>
<td>mediaReach OMD (2013)</td>
<td>Deliver marketing campaigns focused on zinc and ORS in Nigeria</td>
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<td>47.</td>
<td>Mercado Global (2012)</td>
<td>“Educate to Empower” campaign for disadvantaged women in Guatemala (2015) Expand community based education program with focus on women’s health services</td>
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<td>48.</td>
<td>Merck (2010 &amp; 2011)</td>
<td>Expand vaccination programs and reduce maternal mortality through “Merck for Mothers” (ENAP) Deliver health training and medical services</td>
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<td>49.</td>
<td>MMG Mining (2013)</td>
<td>Provide micronutrients and combat iron deficiency for children in Laos</td>
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<td>52.</td>
<td>Nike (2014)</td>
<td>Support adolescent girls through the Girl Declaration</td>
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<td>57. Pfizer (2010)</td>
<td>Increase immunizations and treatments; combat pneumococcal disease (ENAP) Provide newborn care and contraception</td>
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<td>60. Reckit Benckiser (2015)</td>
<td>Reduce diarrhea in partnership with Save the Children</td>
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<td>64. (ENAP) Sanofi Espoir (2014)</td>
<td>Training of midwives, midwife web platform and annual midwife award</td>
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<td>66. Strengthening Health Outcomes through the Private Sector (SHOPS)/Abt Associates (2013)</td>
<td>Increase awareness and use of diarrhea treatment in Nigeria</td>
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<td>67. Sumitomo Chemical &amp; Nothing but Nets (2015)</td>
<td>Provide bed nets to refugees to combat incidence of malaria</td>
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<td>69. TeleConsult Group (2011)</td>
<td>Improve women and children's health through ITC and mHealth</td>
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<td>70. Thrive Networks &amp; MTTS (2015)</td>
<td>Roll out low-cost neonatal medical devices</td>
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<td>71. TMA (2010)</td>
<td>Eradicate literacy and run empowerment programs among Egyptian women</td>
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<td>73. UBS Optimus (2015)</td>
<td>Support local solutions to reduce maternal and child mortality; support to EWEC Innovation Marketplace</td>
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<td>74. Unilever (2012)</td>
<td>Improve hand washing behavior and sanitation, provide safe, clean drinking water (2015) Reduce diarrhea, pneumonia and ensure safe water and sanitation</td>
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<td>75.</td>
<td><strong>Vestergaard Frandsen (2011)</strong> – Provide safe water to Kenya through LifeStraw Carbon for Water</td>
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<td>76.</td>
<td><strong>ViiV Healthcare (2010)</strong> – Reduce mother to child transmission of HIV</td>
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<td>77.</td>
<td><strong>Viyellatex Group (2011)</strong> – Provision of free medical services and a special needs school in Bangladesh</td>
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<td>78.</td>
<td><strong>Walgreens (2013)</strong> – Shot@Life campaign for provision of vaccines for children globally</td>
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</tbody>
</table>
   **(2015)** – Scale up provision of safe water in Ghana, Nigeria, Liberia and India |
| 81.  | **ZMQ (2015)** – Expand MIRA Channel program in Africa and Asia |