5. What lessons can we learn from the Millennium Development Goals and the Global Strategy for Women’s and Children’s Health (2010-2015)? What worked well, and what could have worked better?

One of the most frequently cited barriers to achieving the health related MDGs is the inadequate numbers of trained health workers available to provide care. This is especially true in rural areas and for underserved populations. Those countries that have prioritized strengthening the health workforce have seen immense payoff—Ethiopia, for example, invested in thousands of health extension workers at the community level, and was able to meet MDG 4 three years ahead of schedule. The lesson learned is that we can’t ignore the process and systems needed to improve health outcomes— and that health workers are a cornerstone of improved health outcomes in RMNCAH and other health areas.

6. What are the top three priorities you would like to see in a Global Strategy for Women’s, Children’s and Adolescents’ Health for the post-2015 era?

The Frontline Health Workers Coalition strongly supports including universal access to a skilled health worker as one of the priority areas to be included in the Global Strategy for Women’s, Children’s and Adolescents’ Health. Improving health outcomes for women, children, and adolescents frequently hinges on access to a skilled health worker, whether that worker is a midwife delivering a baby, a health worker treating pneumonia in a child, or providing an adolescent with family planning methods and education.

7. What are the best ways to consult with stakeholders on developing an updated Global Strategy?

The Coalition supports a broad consultation process that would consider feedback, particularly from CSOs, at several points in the development of the Global Strategy.

9. Are there potential objectives currently missing from the concept note that should be addressed? If so, please specify.

The Frontline Health Workers Coalition supports the inclusion of an additional objective: Objective 6. Finance at the national level health workforce strengthening programs focused on RMNCAH.
15. Considering that many of the countries with the highest burden of maternal and child deaths are fragile or conflict-affected states, how do you think the GFF should be supportive in these contexts?

One of the well-known outcomes of conflict is the severe disruption of health systems, frequently accompanied by direct attacks on health workers. This tragically and inevitably creates a higher burden of maternal and child deaths. The GFF can be supportive in these contexts through creating flexible funding that countries can use to rebuild their health systems, including taking strong measures to protect health workers.

17. In considering how the GFF will operate once it is launched, what elements can the business plan help to explain and clarify? What operational components of the GFF need to be clearer?

18. What are potential strengths/advantages for implementation?

The Global Financing Facility will create strong impacts through coordinating RMNCAH financing. The Facility should be able to fund the implementation plans most needed at the country level, including health systems strengthening.