

Dory Storms Award (remarks by David Oot)

First of all, I would like to thank Judy and the members of the CORE Group for honoring me with this award. While it is, indeed, an honor – it is an award that really belongs more appropriately to the many colleagues and partners that I have been fortunate enough to work with over many (almost five, in fact) decades. Everything that we do in this arena is a team effort – and that has certainly been true for me, as well.

So, Karen Leban suggested that I share a few (actually, more than a “few”) observations and lessons-learned during my career, so here goes:

First - What we do actually makes a difference

Many of us, I’m sure, could not have imagined the progress that has been made in some of the poorest countries in the developing world – progress since 1990 that has helped to save the lives of 100 million children under-five who would have died if mortality rates had remained unchanged. Under-five mortality has declined by 48 percent and 56 percent in sub-Saharan Africa and South Asia respectively since 1990. No one could have imagined, for example, that Nepal and Bangladesh (two countries where I worked both long- and short-term) would be on track to meet MDGs 4 and 5 – with family planning playing an especially important role in both settings.

While many factors contributed to this success, there is no doubt in my mind that the work that you and our partners have done to improve quality, access and use of reproductive, maternal, newborn, and child health and nutrition services and practices - ***especially by those who might otherwise not have been reached*** - has been key. You have often done this by helping to build a continuum of RMNCH care – and by engaging and linking households and communities to the larger health system in the difficult settings where we typically work.

Second - Importance of “diving deeper” – to learn and listen to those we seek to reach, and to better understand why a program is not working, or failing to achieve expectations. Save the Children’s Partner Defined Quality methodology is a good example, but I’m sure that many of you have successful examples, as well. One that has stuck with me is our experience in Pakistan with the Maternal and Neonatal Tetanus Program,

- In the late 1990's, Pakistan had the third largest number of MNT cases in the world, TT coverage was low and stagnant TT at about 50 percent, but little had been invested in better understanding the reasons. Save the Children invested in formative research that found a strong preference for a female vaccinator, and that it was the husband, mother-in-law, or local religious leaders who determined whether or not a mother would be allowed to receive TT. The findings led to a policy change allowing Lady Health Workers to deliver TT, and reoriented the social and behavior change campaign to reach the REAL gatekeepers, and engage them as partners. The result was a dramatic increase in TT coverage.

Third - Ensuring that the “necessary but not sufficient” conditions have been met

– e.g., are there trained and skilled staff, are they present, are there adequate supplies, etc.). Often these conditions have NOT been met – and surprisingly, we often lack the information needed to know if they have been met. A case in point:

- In the late 1980's and early 1990's there had been a dramatic decline in the number of tubal ligation clients in Nepal. It was assumed that there was little demand – but what we learned was that services that previously had been more readily available – especially during the winter season when women are able to seek care, and worry less about infection – were only sporadically available. A plan to deploy service providers, and ensure adequate supplies were available, together with community outreach using Female Community Health Volunteers, led to a four-fold increase in clients within a three-year period .

Fourth - Coverage and “effective coverage” are often not the same thing – i.e., “coverage that is of sufficient quality to ensure meaningful impact”

For example, a program that has not maintained the cold chain, and delivers vaccines that are not potent; patients that are treated with counterfeit drugs, or fail to complete a course of treatment because they begin to feel better; or a woman and her newborn who receive a postnatal visit, but the health worker fails to encourage/support a mother who is struggling to breastfeed, or fails to identify and assist a newborn that is unwell. ***We are still challenged to find ways of monitoring and measuring “effective coverage” – and especially methods that are sustainable and can be done at scale.***

Fifth - Importance of measurement and credible data (e.g., DHS) – Data – and especially the availability of DHS (or other population-based data) data – has greatly enhanced our ability to track progress, inform policies, plans, and budgets in support of health and nutrition objectives, and to make strategic choices to enhance the impact of the work we do.

Sixth - The experts aren't always right Shortly before our family moved to Kenya in 1987, an article by two world-renown experts published by the Population Council concluded that the possibility of reducing fertility in Kenya (at that time, estimated to be 8.1) in the foreseeable future was essentially zero. We (my colleagues and I at USAID) weren't so sure – and we engaged (ironically) local Population Council colleagues in conducting a situation analysis. Among other things, it revealed that there was a major policy impediment to the use of injectable contraception – at the time, clearly the method women wanted most (but many providers believed that a woman had to be at least 35 years of age, and have a least 4 children, to be considered eligible to receive that method). There were also frequent stock-outs of all methods (except for condoms). Through a systematic effort to address supply (including altering the policy on injectables) and demand-related constraints, Kenya rapidly increased contraceptive use and experienced the most rapid decline in fertility ever recorded.

And lastly - Sometimes you're just lucky – or in the right place at the right time

When Molly Gingerich and I arrived in Nepal with USAID in 1992, we had in our inbox a document transferring \$2.0 million from the global vitamin A earmark to USAID/Nepal. Frankly, we had no idea how we were going to program this money. Over the coming months, we worked hard with colleagues to develop a strategy (coming on the heels of the compelling evidence re. the impact of vitamin A supplementation on deaths among children 6-59 months of age) to deliver twice-yearly doses of vitamin A. Over the course of the next 2-3 years, Nepal achieved – and has sustained - the highest rates of vitamin A coverage of any country in the developing world. And, it had the unintended benefit of helping to salvage the floundering FCHV program by engaging FCHVs in delivering vitamin A. It simply wouldn't have happened – or at least not then - without the earmarked funds.

Our Saving Newborn Lives initiative is certainly another example. It was clear in the late 1990s that neonatal mortality had been seriously neglected – and that it represented a large and growing portion of under-five deaths. We had some ideas as to why that was the case – and felt that we could do something to get it more squarely on the global agenda, and help answer important what and how questions that had received little attention prior to that time. Based in part on Abhay's Bang's successful experience, we built the case for this investment and presented it to the Gates Foundation. And, for fortunately for us, they agreed that the time was right to invest in newborn health and survival.

As we continue on our journey to end preventable maternal, newborn, and child deaths – and advance the new Sustainable Development Goals – we will need to find new and better ways of reaching the unreached – and increasingly in urban poor settings where many of us have much less experience. NGOs have a unique and important role to play in this effort.

In sum, I am enormously grateful for the opportunity I have had to work with colleagues and friends around the world – and to have played a small part in the success that has been achieved to date – and the progress that we will continue to make over the next 15 years. Thank you, again, for this award – and I know that the work you do will continue to make a difference for those who are often left out, or left behind. Thank you.