



Strategic Plan 2009–2013

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Introduction

In creating the White Ribbon Alliance for Safe Motherhood (WRA) in 1999, our founders sought to reinvigorate the safe motherhood movement on a global level in order to eliminate preventable maternal and neonatal deaths. Specifically, they endeavored to generate political priority for maternal health at the global and national level to multiply financial resources for safe motherhood and improve policies to reduce maternal mortality.

The founders foresaw an innovative global alliance led by local leaders, organizations, and communities, among whom strategies and programs would be coordinated for maximal impact. They envisioned a diverse, multisectoral effort encompassing local concerns and approaches in proactive advocacy for effective safe motherhood policies and programs.

The WRA established a coordinating hub in Washington, DC, secured initial funding, began initiating activities, and soon after, undertook the first strategic planning process. The primary purpose of the first strategic plan developed by and for the WRA for 2000-2005, was to establish an organizational structure to guide the future configuration and function of the organization. Among the major accomplishments realized toward this end were:

- The WRA established an interim governing structure (Steering Committee), which evolved into a formal Decision-Making Committee.
- The WRA became an independent not-for-profit 501(c)(3) organization.
- WRA National Alliances were initiated in 12 countries.
- Individual and organizational membership grew from 35 to over 1,968 members representing 85 countries, by 2005.

By the end of 2008, the WRA had become a well-established organization in terms of funding, membership and structure. Our organizational structure included a Global Secretariat, 12 WRA National Alliances that had successfully completed an affiliation process, a Board of Directors, organizational members, and individual members. A set of institutional by-laws clearly defined the roles and responsibilities at all organizational levels, including a legal identity under United States tax law. Our global membership had successfully elected two successive Boards of Directors. Our funding base was diversified from one initial funder to five institutional funders and over 200 individual donors. Global membership now reached across a broad spectrum and numbered close to 5,000 in 111 countries worldwide.

The purpose of this WRA Strategic Plan 2009-2013 is to establish the overall strategic direction to guide the WRA, at all of our organizational levels, during these next 5 years. This plan is the uppermost framework within which the

WRA Global Secretariat and each WRA National Alliance can develop their respective action or implementation plans, including specific activities and indicators. While action or implementation plans will necessarily differ according to national and local context and resources, they ultimately seek to achieve this strategic plan's overall goal: to reduce maternal and newborn mortality and morbidity globally.

From Then to Now

When it was formed, the WRA used a participatory process to engage our members in the creation of a vision, mission, and a set of overall principles, which still guide the WRA today. Throughout this mission, vision and principles, we acknowledge the intrinsic link between maternal and newborn health. Our guiding statements, as well as our actions, have always approached safe motherhood from this holistic perspective.

Mission

The White Ribbon Alliance for Safe Motherhood is a grassroots movement that builds alliances, strengthens capacity, influences policies, harnesses resources and inspires action to save the lives of women and newborns around the world.

Vision

- The White Ribbon Alliance is working to create a world where:
- It is a woman's* basic human right to achieve optimal health care throughout pregnancy and childbirth for herself and her newborns.
- Women are empowered to demand quality, safe and respectful motherhood services and to help other women to do the same.
- Women and newborns have access to essential and life-saving motherhood services and information.
- Women and men come together as active members in the safe motherhood movement, with the knowledgeable to make decisions that promote safe motherhood within their own families and communities.
- Communities work together to address the effects of poverty, HIV/AIDS, armed conflict, violence against women and children, and gender inequities on safe motherhood.
- Governments set policies in collaboration with women, their communities and other stakeholders to implement programs in support of safe motherhood.

*This includes all women of childbearing age.

Principles

1. The following principles are our shared beliefs, which provide guidance about structure, processes and overall conduct to all who join the White Ribbon Alliance for Safe Motherhood.
2. Members have a voice and responsibility to participate in decision-making, and to develop and maintain an accountable, transparent, responsive and sustainable alliance.
3. Members may organize activities consistent with the mission, vision and principles of the White Ribbon Alliance for Safe Motherhood.
4. Members are committed to enhancing local understanding of safe motherhood and building local capacity to advance the goals of safe motherhood at all levels.
5. Members are committed to sharing best and promising practices to advance the goal of safe motherhood.
6. The White Ribbon Alliance promotes collaboration and open exchange of information, ideas and learning in ways that are appropriate in the local, national and international context.
7. The White Ribbon Alliance actively seeks the participation and/or partnership with women, men, their families and communities, professionals and practitioners from diverse fields, members of civil society, the private sector, UN agencies, bilaterals, donors, and all sectors of government.
8. The White Ribbon Alliance values, aspires and works to recognize each member's voluntary contribution to the goals of safe motherhood and connects local action with the larger vision.
9. The White Ribbon Alliance respects, protects and encourages individual, gender, cultural and social diversity.
10. The White Ribbon Alliance is open for membership irrespective of caste, color and creed by any individual or group agreeing to its mission, vision and principles and the unifying symbol of the white ribbon.
11. The White Ribbon Alliance advocates for safe motherhood as a basic human right.

Background

Our Methods: How we created the WRA Strategic Plan 2009-2013

The principles that guide the WRA include transparency and participation. The process of creating the WRA Strategic Plan 2009-2013 adhered to these principles. Our methodology is summarized below:

Initiation

- Drafted the process and timeline for strategic planning 2009–2013
- Announced 2009–2013 strategic planning to WRA members
- Obtained approval of process from WRA Board of Directors and established a WRA Board of Directors Strategic Planning Advisory Committee

Phase I: Information Gathering

- Developed an information-gathering tool (web-based questionnaire) to collect member input. Received comment from the WRA Board of Directors Strategic Planning Advisory Committee
- Published the questionnaire on the web and invited WRA members to complete it, of which, 283 members responded, representing various levels of WRA affiliation
- Consulted and reviewed documentation including:
 - WRA By-laws
 - WRA Global Secretariat Terms of Reference
 - Options, Choices, and Next Steps: WRA Strategic Plan 2000-2005
 - Evaluation of the White Ribbon Alliance for Safe Motherhood 1999-2007, September 2007, produced for WRA's initial and primary funder, the United States Agency for International Development (USAID)
 - White Ribbon Alliance Capacity Building Workshop report, "Building, Maintaining and Sustaining WRA Secretariats," December 2005, Agra, India
 - Annual Members' Meeting Pre-Meeting Questionnaire (June 2007)

Phase II: Synthesis and Analysis

- Received, collated, and analyzed member input
- Drafted a Working Paper

- Convened a meeting of a Strategic Planning Task Force, formed specifically for the purpose of reviewing the Working Paper, brainstorming the environment and providing preliminary input into strategies and objectives
- Formed a WRA Board of Directors Strategic Planning Advisory Committee to review and provide input on strategic planning process and outputs
- Drafted goals and strategies
- Received comment from WRA Board of Directors Strategic Planning Advisory Committee

Phase III: Share with WRA Membership

- Shared draft goals and strategies with WRA members both online and in-person plenary presentation at the Annual Members' Meeting in South Africa
- Held small group discussions of country representatives (11 country representatives from Africa, Asia, Europe, and North America) about draft goals and strategies
- Received feedback from plenary group
- Reviewed and discussed draft goals and strategies and member input with WRA Board of Directors while in South Africa

The World in which We Work: Emerging Issues and Trends in Maternal Mortality

Of all health indicators, maternal mortality most accurately depicts the disparities among rich and poor countries. In sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 26, compared to 1 in 7,300 in developed regions¹. The risk of a woman dying from pregnancy-related causes during her lifetime is about 1 in 7 in Niger compared to 1 in 48,000 in Ireland.²

Every year, more than 1 million children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die before age five than those who have not.³

Maternal mortality is a critical indicator of the state of a health system and continued high mortality and morbidity rates underscore enormous inequities in access to care. Recent consensus in the field has emerged on the evidence for three pillars to reduce maternal mortality: emergency obstetric care;

¹ World Health Organization, Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA, and the World Bank. (Geneva, Switzerland: WHO Press, 2007).

² Ibid.

³ Ibid.

skilled birth attendance; and family planning and prevention of unsafe abortion.

Reduction of maternal mortality emerged on the global political scene in 1985. Reframed for political reasons, "Safe Motherhood" debuted on the global stage in 1987, on the occasion of the World Health Organization/World Bank/United Nations Population Fund conference in Nairobi. This conference launched the Global Safe Motherhood Initiative, which spawned the Inter-Agency Group for Safe Motherhood (IAG). The IAG, in turn, was reformulated and reconstituted into the Partnership for Maternal, Newborn and Child Health, formally inaugurated in 2005.

Throughout these 20 years, differences of opinion among these many players regarding strategies, tactics, and framing of the issue, distracted from the effectiveness of efforts targeted to achieve safe motherhood. No single recognized leader or champion emerged to guide or to speak authoritatively for the safe motherhood movement. Messaging was inconsistent and the evidence to make the case for safe motherhood was weak. The tragic local realities failed to make global headlines or grab policymakers' attention.⁴

In 2000, the Millennium Development Goals (MDGs) were created by United Nations member states. The fifth of these goals, MDG5, is a reduction of the global maternal mortality ratio (MMR) by 75% from the 1990 MMR by the year 2015.⁵ In 2006, universal access to reproductive health was added to MDG5. Despite the identification of safe motherhood as one of these global development goals, and a push for increased funding for maternal health, maternal mortality rates remained high. In fact, of all eight MDGs, MDG5 was the one farthest from being achieved.

In 2008, the UN Call to Action was issued to accelerate the response to the MDGs, in particular asking for a re-energized response to the continuing toll of maternal deaths and disabilities. The same year, the United Nations Populations Fund (UNFPA) signaled its intent to create a "Thematic Fund for Maternal Health" to gather the necessary resources to support countries to increase access and utilization of quality health services to reduce maternal mortality and morbidity.

Despite 20 years of advocacy and renewed pledges by world leaders, the numbers of mothers dying in childbirth in 2008 had not changed from the mid-1980s and investments in maternal health continue to decline. The global environmental movement and global action to combat HIV/AIDS both demonstrated that when a cause is "adopted" by world leaders, pledges are transformed into specific policy recommendations and funding targets are backed by timetables and tracking mechanisms. Were this political will engendered for the global safe motherhood movement, a similar effect would

⁴ Shiffman, Jeremy, "Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality," *The Lancet*, Vol 370 (October 13, 2007).

⁵ For more information on MDG5, see: www.un.org/millenniumgoals/maternal.shtml

be had. Donors would turn to governments, demanding results for their investments. Most importantly, the people in the communities where the problems of failing health systems are most dire would be most likely to get the resources and support to make changes that ensure women get quality life saving care where and when they need it. Action would be taken and results would be achieved.

Jeremy Shiffman, PhD, has coined a framework for generating political priority for health goals based on five case-study countries. Three categories encompass nine factors that shape the degree to which maternal mortality reduction emerges on national policy agendas:

- Transnational influences
- Domestic advocacy
- National political environment

Dr. Shiffman proposes that “We know [political] priority is present when:

- National political leaders publicly and privately express sustained concern for the issue;
- The government, through an authoritative decision making process, enacts policies that offer widely embraced strategies to address the problem; and
- The government allocates and releases public budgets commensurate with the problem’s gravity.”⁶

Maternal and newborn advocacy has been the WRA’s mainstay for the past 9 years. Our approach has always been collaborative, facilitative, and transparent. We have never waived from our original identity as a global grassroots movement for safe motherhood that builds alliances, strengthens capacity, influences policies, harnesses resources, and inspires action to save the lives of women and newborns everywhere. The WRA has consistently implemented and defended our model despite shifting political priorities, donor trends, and programmatic direction within our competitive environment. As evidenced in this Strategic Plan 2009-2013, the WRA is uniquely suited and poised to effect the change that will reduce maternal and newborn morbidity and mortality globally.

Organizational Challenges for the WRA

Several surveys of WRA members and supporters indicate that a major challenge facing the organization is that it is “under-resourced”, both in terms of funding and staff.

⁶ Shiffman, Jeremy, “Generating Political Priority for Maternal Mortality Reduction in 5 Developing Countries,” *American Journal of Public Health*, “Vol 97, No. 5 (May 2007).

The Global Secretariat staff notes that the growing demand to create new National Alliances in various countries is outpacing current staff capacity to respond to these requests under current staffing patterns. This challenge to scale-up is also relevant to supporting existing in-country groups at the level being demanded. This situation is a reflection of the WRA's success. The staff has also expressed the need to complement current staff skills with additional skill sets to more efficiently and effectively respond to growing demand.

A 2007 evaluation of the WRA noted leadership challenges. While leadership styles vary within the global alliance, consistency of leadership approach and identity should be further developed and shared across the global alliance.

As the WRA looks toward the future, we must face a number of external and internal funding challenges. Over the past 9 years, the WRA has increased and diversified its funding base from one major institutional funder to five major institutional funders and has more than quadrupled its operating budget. While making ourselves known to funders has become easier, recent attempts at fundraising have highlighted a challenge in securing unrestricted funds, as opposed to project funds, from donors. An internal challenge is establishing a systematic policy regarding the responsibility of the Global Secretariat for raising funds for the National Alliances and the specifics of financial support provided by the Global Secretariat to National Alliances.

With sufficient and appropriate staffing and funding, the Global Secretariat will be able to scale-up and successfully advance the WRA further along our path towards long-term organizational sustainability. For this period, securing multi-year grants from multiple donors and building a pool of unrestricted funds are our critical challenges.

Welcoming the Future

These past 9 years have served to focus the WRA on our strengths in global advocacy and in creating, growing, and sustaining advocacy networks—global, national, and local. These years have made clear the WRA's effectiveness at solidifying the intrinsic link between a global maternal health advocacy agenda and the national and sub-national concerns and solutions for saving maternal and newborn lives that drive and inform that agenda.

The experiences we have had and the lessons we have learned over the past 9 years are the foundation of the WRA's strategy for the next five. The goal, objectives, and strategies that follow demonstrate the consistency of the WRA's position and approach, applied throughout the levels of our organization.

Goal

Reduce maternal and newborn mortality and morbidity globally

Strategic Objectives

- **COMMITMENT:** Increase government, donor, and other stakeholder commitment to and investment in the reduction of maternal and newborn mortality and morbidity.
- **ACCOUNTABILITY:** Hold governments, donors, and all stakeholders accountable to the fulfillment of their commitments to the reduction of maternal and newborn mortality and morbidity.
- **MOBILIZATION:** Mobilize action and support for community initiatives, health system strengthening, and provision of quality services for improved safe motherhood.

2009–2013 Strategic Plan Outcomes

Our 2009-2013 Objectives are expressed as their intended outcomes. When realized through the development and implementation of action plans and measured by indicators tracking both progress and results, these will contribute to the achievement of the Strategic Objectives noted previously.

- By 2013, we intend an increase in awareness—among the public-at-large and policy- and decision-makers at the community, national, and global levels—of both the magnitude of the problem and the urgency for attainable solutions to maternal and newborn mortality and morbidity.
- By 2013, we intend an increase in the number of countries and global organizations with commitments, supportive policies, and financial investments dedicated to safe motherhood.
- By 2013, we intend an increase in the number and diversity of WRA champions for safe motherhood with a visible and sustained global and national presence.
- By 2013, we intend to see national governments and global organizations living up to their word and fulfilling their promises in support of safe motherhood.
- By 2013, we intend that the information disseminated by the WRA will be received and/or sought after by increasing numbers of members and other individuals who can use it in their efforts to promote and advocate safe motherhood.
- By 2013, we intend that the WRA model for community-, national-, and global-level advocacy will result in a larger, stronger, and sustainable global alliance for safe motherhood that successfully fulfills its vision and mission.
- By 2013, we intend to see increased replication of successful solutions and responses that have been disseminated through community stakeholders.

Strategies

The WRA has devised seven broad strategies targeted at achieving our goal to reduce maternal and newborn mortality and morbidity globally.

Raise Awareness

WRA members will use our individual and collective voices to raise awareness about maternal and newborn mortality and morbidity and about WRA's role in safe motherhood. Raising awareness takes many forms, including:

- Developing media toolkits to guide journalists to report accurate and up-to-date safe motherhood information;
- Convening press conferences;
- Holding rallies;
- Designating safe motherhood and/or White Ribbon Days;

- Creating, sharing, and screening films and documentary footage; and
- Being visibly present and providing input informed by community-level realities at strategic national and global events such as parliamentary and budgetary hearings, and UN sessions.

As the WRA's diverse, cross-sectoral membership continues to grow, our many voices will echo a unified message across the globe, further fueling the groundswell for change.

Advocate for Policy Change

The WRA will target our advocacy efforts at those with decision-making authority in the access, utilization, and quality of maternal and neonatal health care services: national governments of developed and developing countries, as well as the district, health care facility, community, and household levels. WRA members will seek to influence political decisions and policy by engaging in policy dialogue with decision- and policy-makers. We will focus on specific 'asks' and mobilize actions designed to achieve these 'asks'. The WRA will work with the media to promote programs and policies favorable to safe motherhood.

Working in mutually-supportive ways, the Global Secretariat and National Alliances will make it easy for supporters to engage with us by providing 'easy-access' and timely opportunities to act, such as on-line endorsement letters, which, brandishing supporters' signatures, are delivered at opportune moments to key decision-makers. National Alliances will mobilize sign-on letters to national and sub-national representatives in support of the same issue, yet emphasizing the local perspective. Community voices will be amplified at the global level; global players will use their clout to support community-level solutions.

The WRA will act both as a leader in setting advocacy agendas and as a coordinating body, drawing on our members' specific and varied expertise to effect policy change.

Build "Champions" for Safe Motherhood

WRA will identify, mentor, and encourage champions for safe motherhood. Champions will speak in the WRA's name in support of safe motherhood and for those whose voices have been silenced by maternal death. Because of their public and celebrity status, they will reach audiences and open doors not usually accessible to the WRA. Instead of the WRA pursuing the media to cover safe motherhood, the media will pursue the champions to speak about safe motherhood.

Champions will contribute to WRA's sustainability by expanding the cadre of voices speaking out against maternal mortality. The WRA will recruit First Ladies, Presidents, Prime Ministers, Members of Parliament, and Speakers of the House, movie stars, models, socialites, pop stars, and actors to serve as WRA champions for safe motherhood. The WRA will formalize relationships with champions, providing information and direction. The WRA will honor and profile champions in recognition of their contributions. WRA champions for safe motherhood will in turn recruit other prominent influentials to the WRA cause.

The WRA will also build champions internal to our organization: National Alliance leaders who hold the respect and admiration of their fellow citizens who want to join the WRA's efforts to follow these leaders. The legitimacy of these National Alliance leaders and the realities they represent to the world are a critical component of the WRA's work.

Facilitate Local Solutions and Responses to Save Women's Lives

The WRA will convene stakeholders in local communities and share examples of change in health programs and policies that can save the lives of women and newborns. We will create a safe space within which people can set change in motion. As a collective, the WRA will carry the risk for each individual working to bring innovative responses to women dying in pregnancy and childbirth, and to enable a sharing of the work load. As an international organization working in the global arena, the WRA will bring validity to the concerns of local communities; the knowledge that they stand united with others across the globe who also value the lives of women and newborn and who are willing to demand solutions.

We will bring the tools needed to effect change. WRA National Alliances, supported by the Global Secretariat, will work with community members, government and local and religious leaders to:

- promote facility-based deliveries and community support for pregnant women,
- promote policy changes at the district and/or facility level,
- initiate public hearings or dialogues to support local solutions and actions,
- develop "alert villages" through promotion of birth preparedness and complication readiness,
- support the development of community savings and transport plans for referral, and
- mobilize civil society groups to monitor policy implementation and the quality of services at the facility level.

Community investment and involvement in identifying and addressing problems in their own communities is a keystone to the WRA's grassroots approach in advocating for safe motherhood. Sustainability is more likely

when communities possess ownership in creating local solutions to local problems.

Disseminate Lessons Learned and Best Practices

The WRA will get the word out about the myriad of programmatic interventions and approaches known to be effective to reduce maternal mortality, especially those related to community and participatory approaches. We will also develop and disseminate our own materials to guide interested stakeholders in alliance and network building, among other advocacy topics. The WRA's dissemination practices will adhere to the principle of information equity—that information and knowledge are both powerful and empowering components of social equity. Through very active email listservs, interactive web-based resources, conferences and workshops (both virtual and in-person), a quarterly newsletter, and international mailings of WRA printed materials, the WRA will ensure that lessons learned in the field of safe motherhood and recognized best practices are shared to the maximum extent possible with those who can put them to use in saving the lives of women and newborns. Impact will be maximized through increased replication of successful solutions and responses throughout the WRA's vast membership, and then again when WRA members circulate the information throughout their own networks and stakeholders.

Compel Public Sector Accountability to the Fulfillment of Commitments and Investments

The WRA will monitor and report on the implementation of specific public sector policies and programs, and levels of financial investment to reduce maternal and newborn mortality and morbidity. The WRA will modify its monitoring and evaluation system and build membership capacity around activity tracking, reporting, and evaluation. Through its National Alliances, the WRA will collect data on nation-specific progress in maternal health investments, policies, and programs. The WRA will consult with those living in and serving impacted communities and work with key stakeholders to present information about the status of safe motherhood. At the global level, the WRA will refine techniques for monitoring the progress of 'global asks' associated with its global *Promise to Mothers Lost* campaign. The WRA will use this data to further raise awareness and advocate for policy change.

Strengthen the Organizational Capacity of the WRA

The WRA will use our successful methodology to create and grow alliances: first, we will identify safe motherhood stakeholders from diverse backgrounds—local, national, and international NGOs, the media, medical practitioners, community- and faith-based organizations, U.N. organizations,

government representatives, academics, and other individuals. Then, the WRA will encourage and assist these diverse and “unlikely” partners to establish trusted collaborations and to create group ownership of collective efforts. By this process, we will further foster our WRA identity. We will sustain our network by continuously investing in creating and growing it, and by building capacity in areas critical to its successful operation and sustainability: financial and grants management, project and program support, leadership, communication/advocacy, and monitoring and reporting. The WRA will encourage stakeholders to work in coalition with other safe motherhood supporters and to expand the network through outreach to other networks; this increases the cadre of capable activists globally, contributing to our long-term sustainability.

The Global Secretariat will also strengthen the WRA by serving as the central connection point for all our members—the hub of this global movement. The Global Secretariat will build one global WRA, with a unified identity and sense of belonging, from among our diverse National Alliances and numerous individual and organizational members around the world. The Global Secretariat will take the lead in linking the work of WRA members, engaging members in unified campaigns, and encouraging WRA members to act as one because we are stronger as one. We will ensure that the WRA’s mission, vision, and principles are sustained. We will speak with a unified voice in the international arena and will serve as the liaison between members and relevant stakeholders at the national and regional levels.

To ensure the WRA’s long-term sustainability, the Global Secretariat will invest resources in building and diversifying our funding base and in expanding and evolving our staffing to address our current and future needs.

Closing

The first 9 years of the WRA were not without challenges, but they were also filled with joy and success. Now, as we enter our tenth year in 2009, our footing is firm and our direction is clear. The world in which we work—both the external environment and our own internal organizational environment—is incredibly favorable to the WRA at this juncture in time. We look to this favorable environment, and to this fabulous collective we call the White Ribbon Alliance for Safe Motherhood, to carry us to successfully achieve our goals and objectives in 2009-2013.

"There's no cure for maternal death; we have to prevent it. We know how. "