ASPEN GLOBAL HEALTH *and* DEVELOPMENT

BRINGING BREAKTHROUGH IDEAS TO LIGHT

AT THE ASPEN INSTITUTE

CONSULTATION ON THE POST-2015 DEVELOPMENT AGENDA

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MEETING REPORT

Introduction

More than a decade ago, the world's nations launched a far-reaching plan to improve human well-being. The Millennium Development Goals (MDGs) set ambitious targets for poverty reduction, universal education, gender equality and more—to be achieved by 2015.

As that deadline nears, there is much to celebrate. Some of the MDG targets—on poverty reduction and safe drinking water, for example—have been reached ahead of schedule. Yet progress lags on other goals, notably gender equality, maternal mortality and hunger.[1] Meanwhile, other challenges, such as widening inequality and climate change, threaten to erode the gains made so far.

The approaching deadline has sparked a global conversation about the future of development. Around the world, policymakers and citizens are working to envision a new set of objectives that build on the MDGs while addressing new and intractable challenges.

As part of that effort, in December, 2012, Aspen Global Health and Development convened a distinguished group of public- and private-sector experts for a consultation on the post-2015 development agenda.* Participants focused on the interrelated issues of health, food security and population dynamics, but the wide-ranging conversation encompassed many of this century's most pressing challenges.

The consultation produced a remarkable degree of consensus. Participants agreed on the need to break free of issue "silos," and devise goals and strategies that reflect the interrelated nature of social, economic and environmental problems. They called for moving beyond a narrow approach to poverty reduction, toward development that is both sustainable and equitable. Finally, they agreed that a renewed focus on women's empowerment and health—including reproductive health—is central to achieving those objectives.

**The consultation took place at the Aspen Institute's office in Washington, DC on December 12, 2012. A list of participants is attached in the Appendix.*

The MDGs and Beyond

A RECORD OF ACCOMPLISHMENT

Over the last decade, the Millennium Development Goals spurred a massive global effort to improve the human condition. In that time, the number of people living in extreme poverty was reduced by half; safe drinking water reached an additional two billion people; and—for the first time in history—girls and boys attended primary school in equal numbers.[2]

It is, of course, difficult to know how much of that progress can be attributed to the MDGs; there is no evidence for a counterfactual narrative. In some cases, improvements in human well-being may simply represent a fortunate confluence of events. For example, the MDGs coincided with—but did not cause—explosive economic development in China and India, which helped lift millions from poverty.

Nonetheless, it is clear that the MDGs have made a substantial contribution to positive outcomes. For example, the MDGs:

- **Serve as an organizing and branding mechanism**. The MDGs have made goals comprehensible and actionable—"politically intelligible"—to policymakers and citizens alike.
- **Create norms**. By establishing global development standards, the MDGs effectively shame countries and governments that do not meet those standards.
- **Hold leaders accountable**. The MDGs provide mechanisms and instruments to measure progress and hold policymakers to account.
- **Broaden constituencies.** The MDG process engages stakeholders beyond the development community, mobilizing new financial and intellectual resources.
- **Align global and national-level commitments**. By linking global goals with Poverty Reduction Strategy Papers and other national development strategies, the MDGs have created an operational framework to translate aspirations into action.

UNFINISHED BUSINESS

Despite these accomplishments, much remains to be done. Today, 1.4 billion people—a fifth of the world's population—live in extreme poverty, and 850 million go to bed hungry each night.[3] Every three seconds a child dies from preventable causes.[4] World population is on track to reach 9.5 billion by 2050, and the food system is at a breaking point. Some 222 million women lack meaningful access to family planning and reproductive health services.[5] And climate change poses unprecedented threats to human well-being.[6]

Much remains to be done: 1.4 billion people—a fifth of the world's population—live in extreme poverty, and 850 million go to bed hungry each night.

And limitations of the MDG approach are increasingly apparent. In some cases, the MDGs have served to mask—or even deepen—inequities. Reporting mechanisms that focus on improving national averages can hide massive regional and socioeconomic disparities. At the same time, governments eager to meet MDG targets sometimes engage in "cherry-picking"—going after easy-to-reach populations and indicators. This can exacerbate inequities, as neglected populations fall further behind and underlying problems remain unaddressed. And, by focusing on developing countries, the MDGs have failed to reach marginalized groups in more affluent nations.

The MDGs call for a laserlike focus on a discrete set of targets. While that approach has brought new attention and resources to some issues, it has also reinforced the siloed nature of development programs. Vertical programs sometimes forego the positive synergies that can arise from a more integrated approach, and may fail to address the root causes of poverty and inequality.

The MDGs have helped create a common vision for development—but here, too, there is a downside: broad, universal goals and targets may not be suited to every context. Moreover, some have charged that MDG goals and targets were developed without adequate consultation, and fail to address the experiences of the poorest and most marginalized.

And while the MDGs are explicit about goals and targets, there is some lack of clarity on the policies and strategies to achieve them. As one participant observed, there is "lots of 'what,' and not enough 'how.'" Principles on aid effectiveness, as elaborated in Rome, Paris, Accra and Busan over the last decade—have not always been applied in the implementation of the MDGs.

The MDGs have not fully embraced the rights-based perspectives that emerged from the pathbreaking global conferences of the 1990s—notably the 1994 International Conference on Population and Development, held in Cairo, and the 1995 Fourth World Conference on Women, held in Beijing. In the MDGs, those agreements were reduced to relatively narrow goals and targets. While the Cairo Program of Action called for a bold new commitment to reproductive health and rights, the MDGs included only a goal on reducing maternal mortality (though a target for access to reproductive health services was added several years later). Similarly, the Beijing Platform for Action, a clarion call for gender equity, was reduced to targets on girls' education, women's political participation and employment-related issues.

Finally, while the MDGs include a goal on environmental protection, the failure to integrate sustainability throughout the goals and targets may undermine—and even reverse—recent gains. For example, access to safe water has improved, but unsustainable water use is depleting aquifers in many regions. Partly as a result, nearly half the world's population will face water scarcity by 2030.[7]

MOVING FORWARD

Participants also agreed on a rough set of guiding principles for the next generation of objectives. The post-2015 development agenda must be:

Equitable—Development goals must seek not only to improve aggregate well-being, but to eliminate regional, gender-based, ethnic, and socio-economic disparities in access to food, education, health care and opportunity. Moreover, we must redouble our efforts to "go the last mile"— reaching people and places as yet untouched by development.

Integrated—Life is not lived in silos; complex issues cannot be effectively addressed without engaging multiple sectors. For example, reproductive health outcomes are closely entwined with girls' education, women's economic empowerment and food security. The next generation of development goals must advance integrated, multi-sectoral efforts to address complex challenges, without sacrificing clarity of purpose and achievable goals.

Inclusive—As challenges grow and funding contracts, the development community must forge creative partnerships among a wide range of actors, including: UN agencies, governments, NGOs, donors, universities, youth organizations, faith groups and the private sector. The process must seek

input and buy-in from those most affected by development policies, as well as from ministers of finance and planning. Skillful branding can help ensure that the goals are politically intelligible to new and existing partners.

Accountable— Development goals must support the capacity of citizens—especially the poorest and most marginalized—to hold their governments to account. Accountability rests on vigorous public participation, in both the development and implementation of goals and targets. Public participation also builds community buy-in, which enhances the sustainability of programs.

Rights-based— The next generation of development goals must fully reflect the evolving global consensus on human rights. They should embrace principles on women's rights and sexual and reproductive health and rights from the landmark agreements forged in Cairo and Beijing, as well as rights to food, water and health as enshrined in the Universal Declaration of Human Rights.

Proactive— Instead of responding to humanitarian crises after the fact, development efforts must seek to address root causes and anticipate challenges. Especially in the context of climate change, it is crucial to build adaptive capacity, reduce chronic vulnerability and promote more inclusive growth in areas of recurrent crisis.

Universal— Development goals must focus on marginalized citizens in developing and affluent countries alike. All countries—North and South—must contribute to improving human well-being, with common but differentiated responsibilities.

Sustainable— Development and environmental protection are sometimes seen as competing priorities. But, in fact, a healthy environment is the bedrock of human well-being and prosperity. Accordingly, post-2015 development goals must be informed by and integrated with the Sustainable Development Goals that emerge from the 2012 Rio + 20 Earth Summit.

Long-term—Sustainable development is a matter of intergenerational justice: in the words of the Brundtland Commission, we must "meet the needs of the present without compromising the ability of future generations to meet their own needs." This requires us to think long-term, rather than in 15-year increments. It calls for immediate protection of water, soil, air and other resources that form the basis of development; and for rethinking industrialization as the de facto engine of economic growth.

Making it Work

In addition to general principles, participants identified key issues, indicators and strategies that deserve priority in the post-2015 development agenda.

ISSUES

An integrated approach to development requires attention to cross-cutting issues that can affect multiple sectors at once, including:

Women's empowerment—Women play crucial roles in their families and communities: in many parts of the world, women serve as the primary providers and caregivers for their families, and as stewards of the natural resource base. Accordingly, investments in women have outsized benefits for human development. Where women have access to income, they spend more on family well-being than do men; as policymakers, women are more likely to direct funds to social development.

Investments in women have outsized benefits for human development.

Yet, in part because of persistent discrimination, women comprise the majority of the world's poor, and are often at greatest risk from natural and manmade disasters.

If we are to eradicate poverty and hunger, and protect the world's people from the ravages of a changing climate, we must fully engage and empower girls and women. The post-2015 development agenda must support women's and girls' leadership; employment; education; and capacity to make decisions about sexuality and childbearing. At the same time, we must address women's vulnerability to violence and climate-related disasters—and cultivate women's resilience. Development efforts should focus on adolescent girls, and tackle social, cultural and policy barriers to gender equity.

Reproductive health—The ability to choose whether and when to have a child is a fundamental human right. And reproductive health is central to women's well being and — in many cases —survival. Moreover, family planning and reproductive health are linked with virtually every other issue on the development agenda. For example, women who are empowered to make choices about childbearing are more likely to seize economic opportu-

nity and invest in their children's education; they and their children are less likely to be poor.

Addressing unmet need for family planning and reproductive health care would have far-reaching benefits for families and societies. It would prevent two-thirds of unintended pregnancies, more than a quarter of maternal deaths and more than a third of newborn deaths.[8] And it is a cost-effective investment: every dollar spent on family planning and reproductive health reaps savings of up to $9 in other development sectors.[9]

Despite its well-documented contributions to other development goals, reproductive health is often sidelined by controversies over sexuality, reproduction and population growth. Moving forward, we must attend to the unfinished business of the MDGs, and close the remaining gaps in maternal and reproductive health. This will require increased funding; for example, the cost to address unmet need for contraception is estimated at an additional $4 billion per year.[10] More broadly, it will require a shift in perspective that enables policymakers and citizens to see reproductive health as a human right, as a form of basic healthcare, and as a key component of sustainable, equitable development.

Population dynamics— Population dynamics are an important—but neglected –variable in development. In some countries, rapid population growth makes development goals more difficult to achieve. For example, human numbers are growing most rapidly in poor countries where water is scarce—compounding the challenge of providing safe drinking water to all of the world's people.[11]

While fertility rates have come down in many parts of the world, they remain high in the poorest countries, which also lag on other development indicators. Those high-fertility countries could see their populations triple during this century.[12]

The next generation of development programs must factor demographic projections into their planning processes. At the same time, they must recognize that projections are not destiny; addressing unmet need for family planning and reproductive health services could bend the curve of population growth in high-fertility countries. And development programs must consider and integrate the full range of population dynamics, including: migration, aging, urbanization and gender imbalances.

Food security—Like reproductive health and population dynamics, food security is intimately connected to most issues on the development agenda. Food security is affected by poverty, gender discrimination and environmental degradation; in turn, access to food is fundamental to health, education, and economic capacity.

Development programs must be mindful of these connections, and capture the synergistic benefits of addressing them in an integrated way. In Niger, for example, the International Center for Research in the Semi-Arid Tropics helps village women create market gardens that boost incomes, increase food security, and enable them to send their children to school.[13]

Climate and energy—Climate change threatens increasingly severe consequences: searing droughts and heat waves, wildfires, intense storms, rising sea levels and devastating crop losses. The failure to effectively address this issue in other fora means that climate change mitigation and adaptation must be woven throughout the post-2015 development agenda. At the same time, one-fifth of the world's people lack access to electricity; addressing that need is crucial to human and economic development.[14]

Climate and energy pose urgent questions of global equity. Scientists agree that the atmosphere is nearly full; humans can add only 565 additional gigatons of CO_2 without surpassing a catastrophic threshold.[15] A serious plan for sustainable, equitable development must grapple with hard questions about how to divide remaining atmospheric capacity—and promote the rapid diffusion of low-carbon energy sources.

INDICATORS

"What we value, we measure," the saying goes. Measurements reflect social priorities, the goals to which people and institutions will be held accountable. Accordingly, the next generation of development goals must apply indicators that are:

- **Disaggregated**. Indicators must break down outcome data by gender, region, and income quintile, so that disparities are not hidden in national averages.

- **People-centered**. Rather than (or in addition to) issue-centered metrics, such as measures of disease prevalence, it is important to also measure the well-being of vulnerable populations by a broad range of criteria.
- **Context-specific**. Development efforts must match global goals with local indicators, because mechanisms to achieve goals will vary by context.
- **Quality-focused:** We must find ways to collect data on quality, as well as quantity. For example, governments can measure not only school enrollment, but achievement. Health surveys can report not only on contraceptive prevalence and total fertility, but on more subjective measures of women's ability to define and achieve their childbearing intentions.
- **Cross-sectoral**. It is important to find issues that that impact many sectors, and cross-reference indicators across sectors. For example, girls' school enrollment might be used as an indicator for public health, poverty eradication and environmental protection goals. Other potential cross-sectoral indicators appear in Box A.

Box A: **Cross-Sectoral Indicators**

- Child nutrition
- Stunting
- Birth spacing
- Girls' education
- Health coverage availability, access and use/ individual share of health expenditures
- Life expectancy
- Under-five mortality rate
- Access to contraceptives
- Percent of births and deaths registered

STRATEGIES

Participants also shared ideas for—and accounts of—successful implementation strategies for post-2015 development efforts:

Integrate for maximum impact— In marginalized communities, problems like food insecurity, maternal and child mortality, and resource scarcity are

Box B:

More than the Sum of its Parts: The "Population-Health-Environment" Approach

In the province of Palawan—and throughout the Philippine archipelago—fishing is a way of life. But 10 years ago, coastal development was steadily destroying the mangrove swamps whose tangled roots serve as a natural fish hatchery. As a result, fishermen returned from sea with smaller catches. And those catches had to stretch ever farther: the province's population was growing exponentially—from less than 100,000 after the Second World War to more than 600,000 in 2004.[16] For the first time in memory, the children of fishermen were going hungry. "If current trends in population growth and coastal resource exploitation continue," a government report warned, "the availability and affordability of fish to provide a crucial protein source will be lost."[17]

Children living in the coastal community of Lanuza Bay, Surigao, Philippines. Photo by Heather D'Agnes.

For those who work on development or environmental protection, there is an understandable tendency to focus on a single challenge: food security, for example, or public health. But for the people of Palawan—and other poor communities around the world—those challenges are myriad and interconnected. To meet those interconnected challenges, "population-health-environment" (PHE) programs work with communities to identify priorities, then build partnerships among NGOs and agencies to provide a broad range of services.

In Palawan, for example, the Integrated Population and Coastal Resource Management (IPOPCORM) project offers microcredit lending, education in alternative livelihoods, restoration of mangroves and coral reefs, and community-based distribution of family planning services. Launched by PATH Foundation Philippines, Inc. IPOPCORM has received support from USAID and the David and Lucile Packard Foundation.

By integrating the delivery of family planning and conservation services, IPOPCORM has produced better outcomes in both reproductive health and coastal resource management than single-sector efforts—and at a lower total cost.[18] Moreover, the program has nurtured a new awareness of population-environment linkages. As one community volunteer said, "IPOPCORM not only promotes balance in the family, but also ecological balance."[19]

The Philippine experience is not unique. Since the late 1990s, a number of communities in developing countries have initiated PHE programs in a variety of settings, including environmentally fragile biodiversity "hot spots," cities, and coastal areas. The challenge now is to raise awareness of the PHE model among policymakers, and to take these programs to scale.

inextricably linked. Where these linkages are strongest, community-based, integrated approaches can create positive synergies by addressing multiple needs at once. An inspiring model for this work can be found in the population-health-environment programs that USAID supports in biodiversity "hotspots" around the world. These cost-effective, integrated programs often outperform single-sector approaches; see Box B, page 10.

Harness technology—Since the MDGs were launched more than a decade ago, a technological revolution has swept the globe. The number of mobile phone subscriptions has grown from fewer than one billion in 2000 to over six billion today, of which nearly five billion are in developing countries.[20] Internet access is spreading also, but more slowly; one-third of the world's people are now online.[22] These technologies are potential game changers--and the next generation of development goals must leverage them to advance radical improvements in human well-being. As one example, USAID's Mobile Alliance for Maternal Action (MAMA) program is using mobile phones to achieve gains in infant mortality and maternal health. See Box C, page 12.

Conclusion

The Millennium Development Goals represent an extraordinary achievement. They have focused attention and resources on humanity's most intractable challenges—and they have contributed to substantial improvements in human well-being.

And yet, as we approach the MDG deadline and draft the next set of development goals, this is no time for complacency. The gains of the last decade left too many behind; one in five of the world's people still live in extreme poverty.[27] And, too often, those gains were made at great cost to the natural systems that underpin human health and prosperity. The next round of development challenges are daunting: as world population soars from 7 billion to 9 billion or more, we must close the widening gap between rich and poor. And we must do so against a backdrop of food and water shortages, depleted resources, and a changing climate.

The post-2015 process offers an extraordinary opportunity to meet those challenges. To do so, we must build on the success of the MDGs, and chart a course for the future that is both sustainable and equitable.

Box C:
Maternal and Child Health—There's an App for That

Despite recent progress, the world is far from achieving MDG targets on maternal and child health. One tragic indicator of the problem is the prevalence of "stunting"— the diminished physical and cognitive development that results from inadequate nutrition in a child's early years. Stunting takes a lifelong toll on health and productive capacity. And it is alarmingly common, affecting three in ten of the world's children.[22] In some countries, rates are even higher: nearly half of Bangladeshi children under five years old suffer from stunting.[23]

Most stunting results from poverty and lack of access to food. But it is not always that simple; in Bangladesh, even in the wealthiest households, one-fourth of children are stunted.[24] So, development programs must work to raise awareness about nutrition and health, in addition to making food more available and affordable.

That is where the new technology comes in. Realizing that cellphones offer an extraordinary medium for public health education, USAID and other donors launched the Mobile Alliance for Maternal Action (MAMA) in 2011.[25] MAMA aims to inform and empower low-income, expectant mothers who are at risk of complications and death during pregnancy and childbirth, as well as new mothers caring for their infants.

For a nominal fee, MAMA subscribers receive regular text and voice messages offering encouragement, reminders and health information. For example, messages delineate the warning signs of iron deficiency, stress the importance of breastfeeding and suggest adding animal protein to a child's diet after six months.

MAMA was pioneered in Bangladesh, and will soon expand to India and South Africa. A unique feature of the Bangladeshi program is a parallel service for "gatekeepers" – the spouses, mothers, mothers-in-law, and sisters who often make decisions about family care and finances.

An impact evaluation for MAMA's first phase is now underway, and initial findings show that there is great demand for the program. In fact, MAMA subscribers are asking for additional services, such as a special program for teenage girls, messages about family planning, and services that extend until the child is five years old. According to Asha Rani, a 24-year old subscriber, "[T]he service helped me to get accurate health messages on how to raise a child as well as how to take care of my own health."[26]

A community health worker helps register a mother for the MAMA program in Bangladesh, called "Aponjon." Photo: Aponjon.

Notes

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Appendix

Aspen Consultation:
Health, Food Security and Population in the Post-2015 Development Agenda

PARTICIPANTS

Deborah Atwood, AGree
Sneha Barot, Guttmacher Institute
Caroline Barrett, United Nations Foundation
Peggy Clark, Aspen Global Health and Development
Roger-Mark de Souza, Population Action International
Danielle Doughman, ACTION
Katie Drasser, Aspen Global Health and Development
Bob Engelman, Worldwatch Institute
Francois Farah, UNFPA
Luiz Augusto Galvao, PAHO
Dan Glickman, Aspen Institute Congressional Program
Jennifer Gottesfeld, Global Health Corps
Karen Hardee, Futures Group
Jessica Herzstein, Air Products
Joanna Hoffman, Women Deliver
Bob Kapp, Hogan and Hartsen LLP
Jen Kates, Kaiser Family Foundation
Kamiar Khajavi, USAID
Shannon Kowalksi, International Women's Health Coalition
Peter Mamacos, US Department of Health and Human Services
Laurie Mazur, Aspen Global Health and Development
Maeve McKean, US Department of Health and Human Services
John Monahan, US Department of State
Danielle Nierenberg, Worldwatch Institute
Maura O'Neill, USAID
Suzanne Petroni, International Center for Research on Women
Joy Phumaphi, African Leaders Malaria Alliance
Tony Pipa, USAID
Margaret Pollack, US Department of State
David Ray, CARE
Julian Schweitzer, Results for Development Institute
Elizabeth Stuart, Oxfam

Aspen Global Health and Development

The Aspen Institute
One Dupont Circle, NW
Suite 700
Washington, DC 20036-1133
202.736.5800

GHD.info@aspeninst.org

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