

## Supporting NGOs Globally to Promote Women's and Children's Health

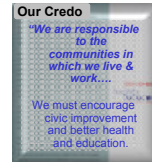
Global Health Council Annual Meeting  
June 2nd, 2006, Washington DC

Katsura Tsuno  
Johnson & Johnson



## J&J Credo responsibility

- **Five key platforms**
  - ◆ Women & Children's Health
  - ◆ Community Responsibility
  - ◆ Access to Care
  - ◆ Advancing Health Care Knowledge
  - ◆ Global Public Health (HIV)
- **Decentralized approach**
  - ◆ Regional team consist of country managers
- **Partnership**
  - ◆ community based organizations
- **2005 contributions**
  - ◆ cash \$127M, non-cash \$464M



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## J&J response to a disaster

- Since 1906
- Health and welfare
- Medical supplies
- J&J Disaster Relief Module
- Cash donation
- Matching to employee donation



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## J&J commitment to Tsunami relief

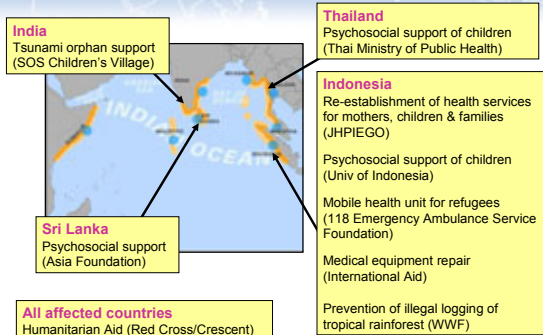
- Addressing acute health needs
- Stabilizing communities
- Long term rehabilitation
- Key focus
  - ◆ Women and children
    - ◇ Maternal/Newborn care
    - ◇ Mental health
    - ◇ Tsunami orphans
  - ◆ Health and well-being of the community
    - ◇ Rebuilding infrastructure
    - ◇ Refugee health
    - ◇ Environmental protection



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## Key programs & partners



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## J&J in Indonesia

- **Established in 1973**
  - ◆ Consumer, Pharma, Medical Device & Diagnostics
- **Strong tie with government, healthcare providers**
- **No focus on business interests in contributions**
- **J&J-JHPIEGO partnership since 2003**
  - ◆ Distribution of the national guidelines
    - ◇ Managing Complications of Pregnancy in Childbirth
  - ◆ Midwives training



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## Disaster impact on women & children

- 166,000 deaths, 1/3 are children
- 30% health providers dead/lost
- 800 pregnant women with possibly substandard medical care



### Aceh

- Conservative, strict Muslim culture
- Limited community participation of women
- Many speak Acehese only
- Not easily accessible even for Indonesians

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## J&J-JHPIEGO partnership in Aceh

- **Midwives**
  - ◆ Key healthcare providers to mothers & babies
  - ◆ Midwives are also affected: lost facilities, livelihood and families
- **Re-establishment of healthcare delivery through midwives**
  - ◆ Immediate needs and long term rehabilitation
  - ◆ Provide healthcare service to those in need
  - ◆ Establish sustainable healthcare delivery system through empowerment and training of healthcare providers
- **Mobilizing existing partnership**
  - ◆ JHPIEGO, MOH, and Indonesia Midwives Association

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## J&J-JHPIEGO partnership in Aceh

### Immediate needs

- Equip the primary referral hospital to resume operations for obstetric & newborn emergencies
- Equip private midwives practice for them to get back to work
- Provide vouchers for free medical care to mothers in need, midwives get reimbursement with the vouchers



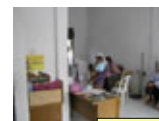
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## J&J-JHPIEGO partnership in Aceh

### Long-term rehabilitation

- **Revitalization of community health services**
  - ◆ Provide basic equipment and supplies to newly built/repared community health service delivery point
  - ◆ Train community health providers (doctors & midwives) to reflect national standards of practice and to deliver high-quality services



Puskesmas



Training

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## Other programs for women & children in Aceh identified through existing local partnership

### Bio-psychosocial support for children (University of Indonesia)



### Mobile health unit for refugees (118 Emergency Ambulance Service Foundation, Indonesia)



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## Lessons learned

### Keys for quick response

- **Local involvement**
  - ◆ Needs assessment, program evaluation from both socio-cultural context were done quickly and precisely
- **Preparedness and decentralization**
  - ◆ Mobilization of regional network enabled quick shipment of J&J products in acute need

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## What to expect from the NGO?

- Bridge resources and commitment from Corporation
- Technical expertise
- History in the place
- Cultural sensitivity
- Relationship with local stakeholders
- Flexibility
- Accountability
- Reportability

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