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**11th PMNCH Board Meeting
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*A policy and implementation analysis of countries'
progress towards MDGs 4 and 5:
'X-factors' that promote women's and children's health*

Emerging findings for discussion

Presenters: Sadia Chowdhury, World Bank

Daniele Caramani, Chair of Political Science, U. St Gallen

World Bank, World Health Organization, University of St Gallen, International Case Method Institute, Partnership for Maternal, Newborn and Child Health, with inputs from many other partners individually and at technical consultations

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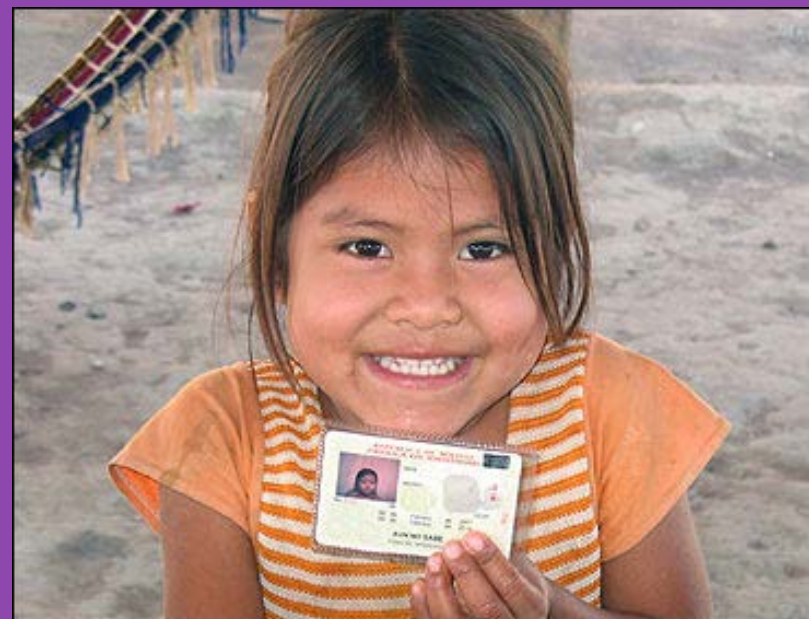
Background

- 2000: MDGs to build “a more peaceful, prosperous and just world.” Millennium Declarations
 - 2010: Significant progress, e.g. MDG 1, but not towards MDGs 4 & 5 despite evidence on what needs to be done.
 - Evidence gap: “why they (MDGs) work in some places and not in others.” *New York Times*
- *How have some countries achieved progress towards MDGs 4 and 5, and are there lessons that can be transferred across countries?*



Synthesis of evidence from multiple sources

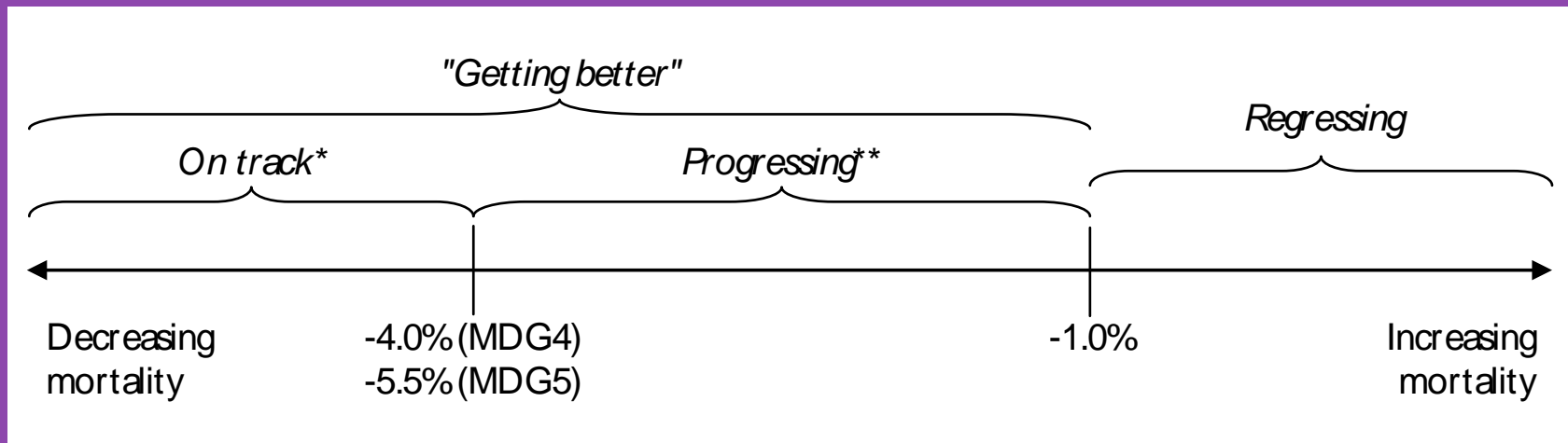
- Lit. review and analytical framework
 - Health, governance, development, business, environmental factors; data in public domain, global use – 100 variables
- Qualitative Comparative Analysis
 - QCA to address small 'Ns', multi-causal
- Case studies of 'on track' countries and cross-case analysis
 - Bolivia, China, Egypt, Malawi, Nepal
- Consultations with partners
 - PMNCH Forum & Board, World Bank



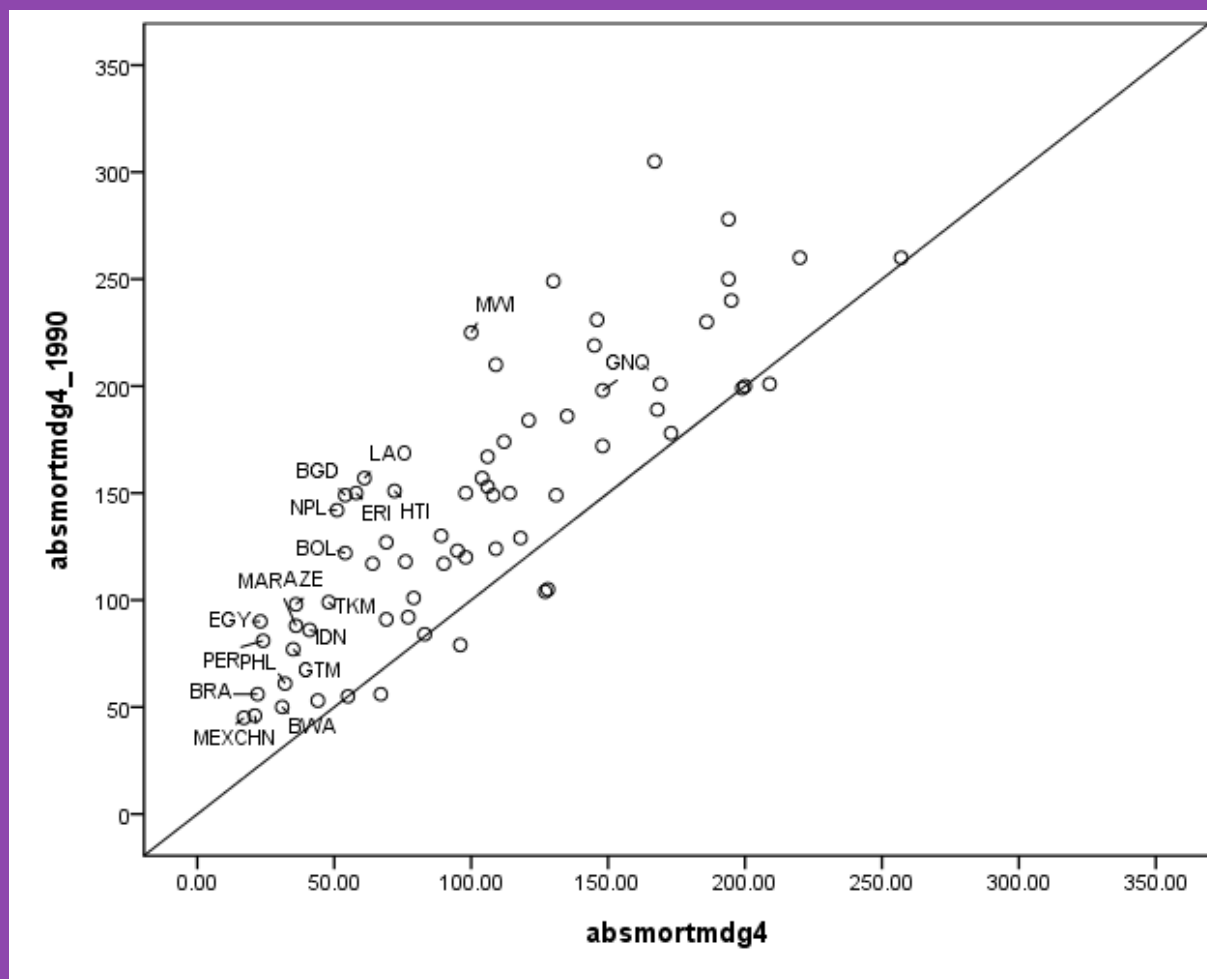
68 Countdown countries' progress towards MDG 4, 5a

68 Countdown to 2015 countries		MDG 5a (reducing maternal mortality)	
		Not on track	On track
MDG4 (reducing child mortality)	Not on track	<u>48 (70.6%)</u>	<u>1 (1.5%)</u> Equatorial Guinea
	On track	<u>15 (22.1%)</u> Azerbaijan, Bangladesh, Botswana, Brazil, Guatemala, Haiti, Indonesia, Lao, Malawi, Mexico, Morocco, Nepal, Peru, Philippines, Turkmenistan	<u>4 (5.9%)</u> Bolivia, China, Egypt, Eritrea

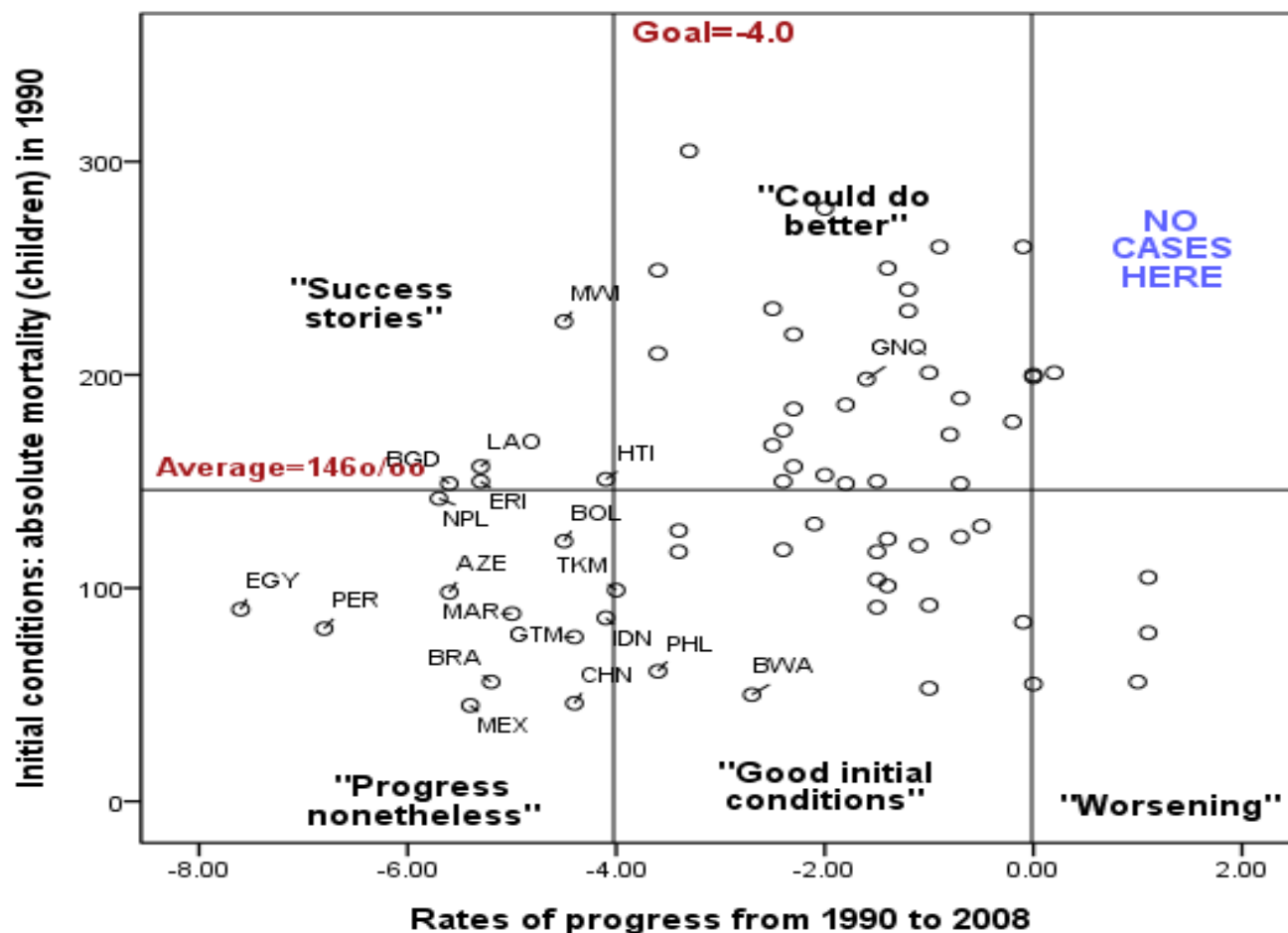
Countries are categorized as being 'on track' based on rates of maternal and child mortality reduction



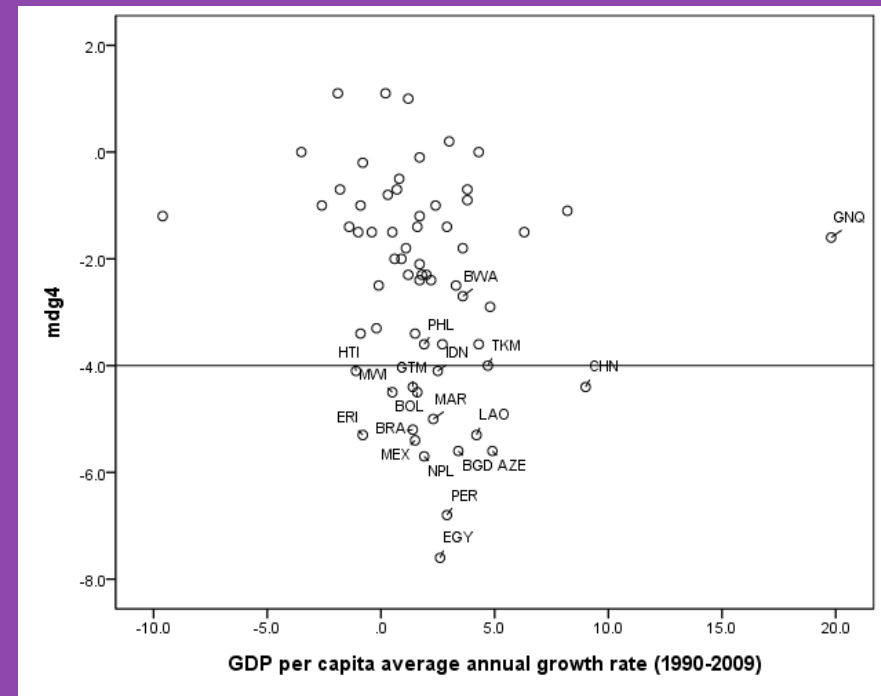
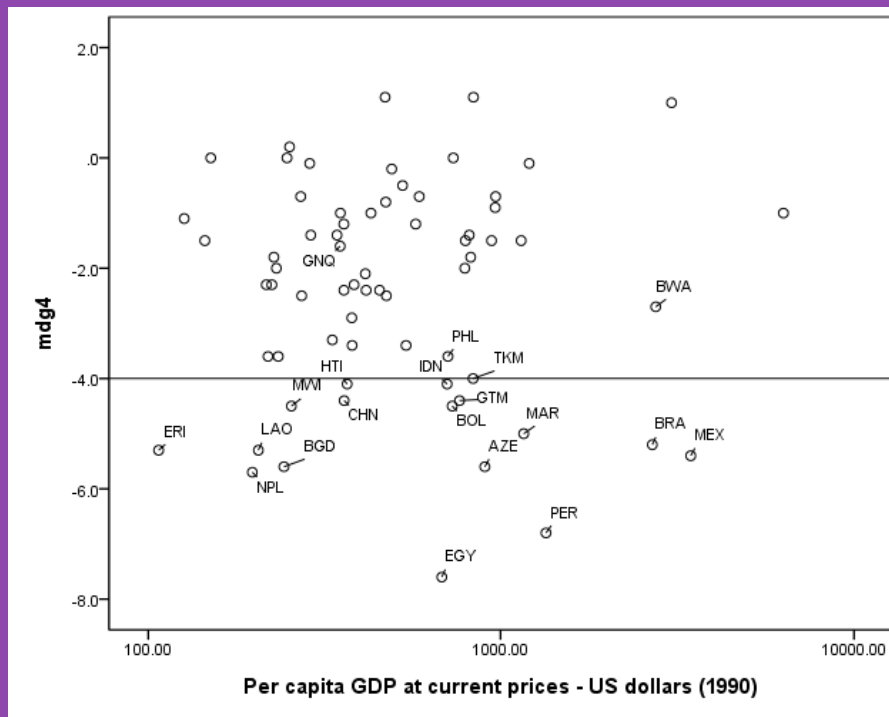
Charting countries' progress between 1990 and 2008



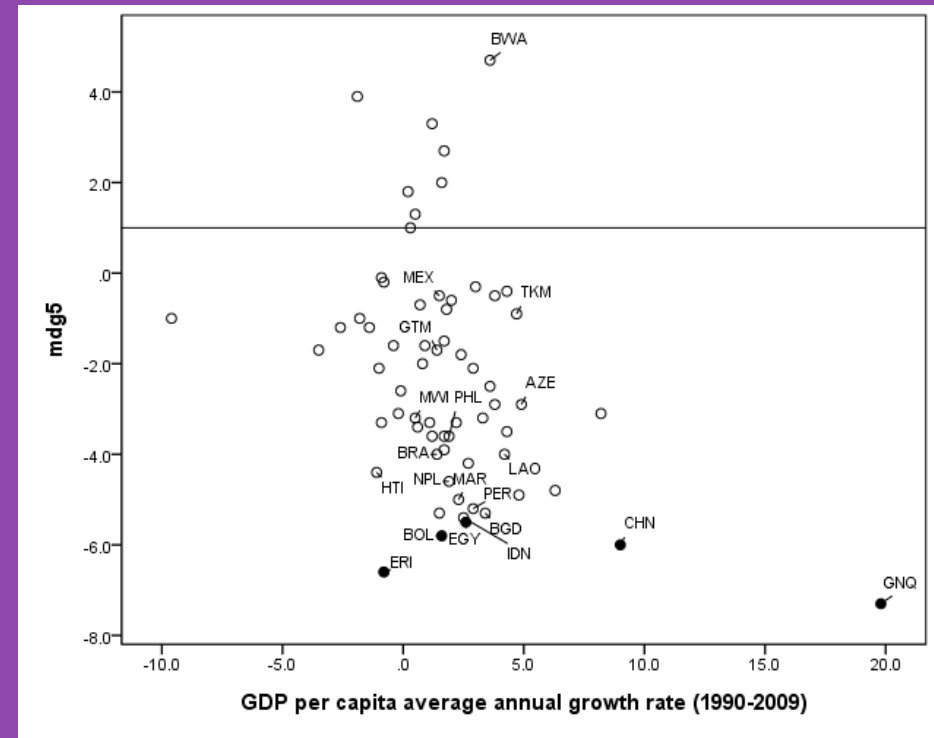
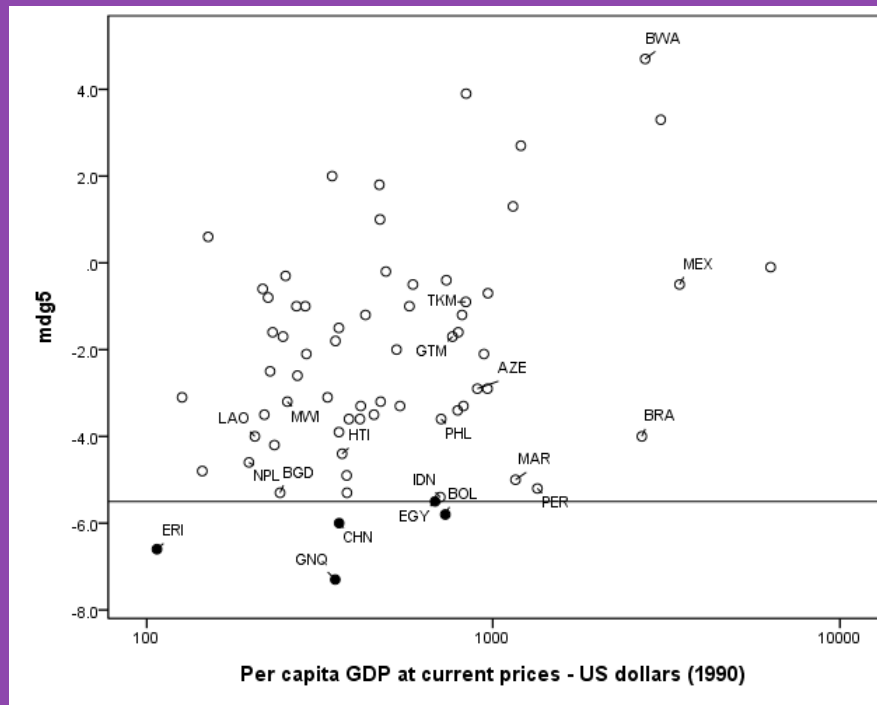
An alternative typology of 'successful' countries: Progress from 'initial conditions' for MDG4



The relationship (or lack thereof) between GDP and countries being 'on track' for MDG 4



The relationship (or lack thereof) between GDP and countries being 'on track' for MDG 5a



Qualitative Comparative Analysis (QCA)

- Used in political science, also health and development
 - J.S. Mills et. al. in 19th century, and since the 1980s developed by C. Ragin and others
- In-depth analyses of small to intermediate number of cases
 - e.g. states in conflict, welfare states, organizations
- When studying macro socio-political phenomena, difficult to use experimental methods (e.g. RCTs) to identify causality
- In QCA outcomes can be causally explained by sets or combinations of 'necessary' and 'sufficient' conditions
- Uses logical approaches (not only statistical) is required to delimit causal factors and explanations.

Individual ‘factors that matter’ in on-track countries

confirmatory

	Necessary Factors		Sufficient factors
	Factors in 75% (3/4) of on track countries	Factors in 66.7% (2/3) of on track countries	
MDGs 4 and 5a	<ul style="list-style-type: none"> •Policy - contraceptive methods •Immunization - Measles •Immunization - DPT3 •Immunization - neonatal tetanus 		
MDG 4	<ul style="list-style-type: none"> •Access to clean water •Female literacy •Antenatal care (ANCI) 	<ul style="list-style-type: none"> •Convention on the Rights of the Child (signed & ratified) •Improved sanitation facilities •Absence of disasters •Skilled personnel attending births 	<ul style="list-style-type: none"> •Gender-related Development Index (0.9) •Human Development Index (0.79) •World Governance indicators, (0.75) e.g. rule of law
MDG 5a		Antenatal care	

Multi-causal explanations for 'on track' countries

QCA 'formula'

MDG 4

Gender-related Development Index • [Policies + Financing] •
~Disasters (absence)

MDG 5a

Gender-related Development Index • [Antenatal care + Skilled birth
attendance] • [Sanitation + Hygiene]

Formula for success (across methods): 'x-factor' for countries' progress towards MDGs 4 and 5a

Successful countries did ALL of the following in a **HIGHLY CONTEXT-SPECIFIC WAY**:

1. **ENSURE ENTITLEMENTS**: Strong leadership for required policies and resources towards realizing rights.
 - China: central government authority
 - Egypt: president's wife's ObGyn
2. **DEVELOP RELEVANT HEALTH SYSTEMS**: Health systems that are fit for context/ resources.
 - Nepal: community/NGO participation
 - China: facilities, roles, responsibilities
 - Malawi – SWAp for Essential Health Package (II) immunization, RH, HIV ...



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3. **SEQUENCE INTERVENTIONS:** Prioritize high-benefit 'essential packages' of interventions within sustainable development.
 - Egypt: child health and family planning
 - China: family planning then MCH
4. **PROMOTE WOMEN'S EMPOWERMENT:** Women's social, political, and economic capabilities necessary for progress.
 - Malawi: conditional cash transfers, 50/50 campaign for women parliamentarians, business leaders
5. **STRENGTHEN LOCAL ACCOUNTABILITY:** Use data to monitor, review, learn, and improve policy and programs.
 - China reporting requirements; Nepal polio surveillance for neonatal tetanus
 - Bolivia - global estimates questioned/ usefulness

This is Maya



Video available at: <http://blogs.worldbank.org/health/making-maya-cry-why-health-systems-matter>
<http://www.youtube.com/watch?v=PFVCNUOM5Us>

Discussion with PMNCH Board

- We are starting to develop/ confirm our understanding on ‘how’ some countries have made progress on MDGs 4 and 5
- Potential synergies with PMNCH and Partner strategies
 - **Context-specific implementation:** Regional multi-stakeholder workshops to identify implementation needs, context-specific evidence and advocacy
 - **Ensure entitlements:** Investment cases and processes, human rights processes for operational guidelines (CRC, HRC) ...what else?
 - **Sequencing interventions and implementation:** in context - essential RMNCH interventions prioritized (LiST?) and ‘delivery platforms’
 - **Women’s empowerment:** evidence on ‘demand side’ strategies, learning from the field on socioeconomic and political initiatives and health
 - **Accountability:** National Countdown profiles, links with iERG process

THANK YOU!



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