Maternal, Newborn and Child Health (MNCH) Strategy 2021-2025

1. BACKGROUND

Reducing preventable maternal, newborn and child mortality and morbidity, including stillbirths, is one of the three primary goals of the PMNCH 2021-2025 Strategy, alongside improving sexual and reproductive health and rights (SRHR) and adolescent health and well-being (AHWB). These goals are inextricably linked and address critical priorities to improve the health and well-being of women, children, and adolescents everywhere, supporting the achievement of the 2030 Sustainable Development Goals (SDGs).

While dramatic reductions have been achieved in MNCH in recent decades, a woman dies every 2 minutes from pregnancy-related causes. In 2020, an estimated 287,000 maternal deaths occurred – with the maternal mortality ratio increasing between 2016 and 2020 in two regions – Europe and North America (17%) and Latin America and the Caribbean (15%). Deep inequities also remain between and within countries. For instance, 94% of all maternal deaths occur in low- and lower-middle-income countries (LMICs) and complications from pregnancy and childbirth continue to remain the leading cause of death among girls aged 15-19. Maternal mortality increases, on average, by 11% in conflict zones and by 28% in the worst hit areas. Similarly, about 43% of global under five deaths occurred in fragile and conflict-affected countries in 2020. Progress on newborn mortality and stillbirths has also fallen behind. 2.3 million babies died in the first 28 days of life in 2021 – approximately 6,400 neonatal deaths every day, with preterm birth being a leading cause of death.

The COVID-19 pandemic has exacerbated these existing inequities. Evidence suggests that global maternal outcomes have worsened during the COVID-19 pandemic with an increase in maternal deaths, stillbirths and maternal depression and considerable disparity between high-resource and low-resource settings. Disruption to essential services in low- and middle-income countries (LMICs) due to COVID-19 led to increased odds of maternal death by 3. Similarly, in 2021, because of the secondary effects of the pandemic 25 million children missed out on life-saving vaccines and 18 million never received a single dose of vaccines—the highest number since 2008. The COVID-19 pandemic caused significant disruption in MNCH services, exacerbating lagging progress towards the SDG target—with current rates of reduction of maternal mortality only half of that required.

PMNCH partners are very committed to accelerating greater implementation of commitments to MNCH through its three primary functions: knowledge synthesis, partner engagement, and campaigns and outreach. In line with the PMNCH revised approach to commitments, this requires coordinating and supporting partners in countries to ensure that equity-enhancing financial, service delivery and policy pledges are implemented in full, including in humanitarian and fragile settings. This work will benefit government-led efforts to ensure pandemic prevention, preparedness and response plans will mitigate disruptions to MNCH services.

Through its partners, PMNCH will undertake the following functions to ensure commitments to MNCH are upheld:

- **Knowledge Synthesis:** Synthesizing evidence and making tools and resources easily accessible to partners for them to uphold essential MNCH interventions, ensuring continuous progress in financing and equitable access to essential services, and supporting greater accountability for agreed commitments and targets for MNCH.

- **Partner Engagement:** Capacity building, equipping, and supporting partners and government-led Multi-Stakeholder Platforms (MSPs) to rally together for greater commitments, action and accountability on Women’s, Children’s and Adolescents’ health, including commitments on MNCH and prevention of stillbirths, through the development of 30 national Joint Advocacy Action Plans, strengthening of youth coalitions, and engaging parliamentarians in these 30 countries.
• **Campaigns and Outreach**: Organizing events, campaigns, and media products to bring visibility to PMNCH demands for increased policy, financing, and delivery of the full spectrum of MNCH interventions, integrated within PHC/UHC plans and pandemic preparedness, response, and recovery plans.

2. **PMNCH CONTRIBUTIONS TO MATERNAL, NEWBORN AND CHILD HEALTH OUTCOMES, INCLUDING REDUCING STILLBIRTHS**

2.1 **Global targets and high-level outcomes**

Through this work, PMNCH seeks to contribute to reduced preventable maternal, newborn, and child mortality and morbidity, including stillbirths, as expressed through global targets and high-level outcomes included in the 2030 SDGs and the UN Secretary-General’s **Global Strategy for Women’s, Children’s and Adolescents’ Health** (2016-2030).

Reflecting the PMNCH 2021-2025 Strategy and Results Framework, these targets include: measurable changes to the maternal mortality rate (**SDG 3.1.1**); under-five mortality rate (**SDG 3.2.1**); neonatal mortality rate (**SDG 3.2.2**); stillbirth rate (**GS 3.2**).

Progress toward these targets will require measurable policy, financing, and service delivery improvements by countries, including improved national policies on MNCH; improved country health expenditure per capita, including financed from domestic source; and improved coverage of essential MNCH services.

The PMNCH Accountability Working Group working with the MNCH workstream of the PMNCH Knowledge & Evidence Working Group have identified a list of MNCH-related commitments for which indicators exist in agreed WCAH monitoring frameworks. These can guide PMNCH advocacy efforts.

Below is an illustrative list of indicators for discussion at the PMNCH Cross-Committee and Working Group Retreat on 21-22 February 2023, which and will be updated following the Retreat.

**Maternal, Newborn and Child Health, including stillbirths commitments:**

**Sub-domain:** **Universal access to health services for WCAH, including stillbirths** (**SDG 3.8.1**, **Global Strategy and ENAP-EPMM targets/milestones)**

- Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care
- Births attended by skilled health personnel
- Free access to health services for pregnant women and newborns
- Universal access to health services for children
- Essential MNCH services included in UHC packages
- Children fully immunized
- Proportion of target populations covered by all vaccines included in national programme
- Stillbirth prevention (Global Strategy stillbirth rate)

**Sub-domain:** **Financial protection as part of achieving UHC for WCAH** (**SDG 3.8.2**)

- Current country health expenditure per capita (including specifically on MNCH), financed from domestic sources (**SDG 3.8.2**)
- Health spending (including specifically on MNCH) per GDP (%)
- Government health spending (including specifically on MNCH) per total health spending (%)
- Out-of-pocket spending (including specifically on MNCH) per total health spending (%)
- Addressing large household expenditures on health as a share of total household expenditure or income sources

**Sub-domain:** **Health system strengthening to promote MNCH including for stillbirths**

- National policies/laws to review maternal deaths, stillbirths and neonatal deaths
- Health worker density and distribution including midwifery and nursing
- Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
• Children under 5 years of age whose births have been registered

Sub-domain: **Cross-cutting**
• Childhood Nutrition, including stunting among children under 5 years (SDG 2.2.1)
• Women’s empowerment through ensuring full participation in leadership and decision-making (SDG 5.5.1, 5.5.2)
• Climate Change and integrating measures into national policies, strategies and planning (SDG 13.2)

PMNCH will amplify and support existing commitments to the above issues, pledged through global, regional and national health campaigns/initiatives/platforms, including:

- **Funds and declarations where governments have committed to action**: SDG, UHC/UNGA, GFF, GFATM, Global Alliance to end HIV in Children, Generation Equality Forum (GEF), Nutrition for Growth, Addis Ababa Action Agenda of the Third International Conference on Financing for Development
- **Global Strategies/Action plans**: Global Strategy for WCAH (2016-2030), ENAP-EPMM, Born Too Soon
- Other partnerships that can be supported for joint advocacy action: ENAP-EPMM, Child Health Taskforce

### 3. PMNCH 2023 WORKPLANNING: FOCUS ON GREATER ACCOUNTABILITY FOR MNCH COMMITMENTS

The content of the proposed PMNCH 2023 workplan reflects the direction provided by PMNCH’s Board, both in terms of the strategic advocacy priorities and how these may be implemented. The following sub-deliverables (Table 1) have been identified by the MNCH workstream of the PMNCH Knowledge & Evidence Working Group, as well as other relevant PMNCH committees and working groups.

These sub-deliverables are grouped according to the three functions performed by PMNCH, and are intended to work together in a strategic and synchronized manner to realize PMNCH’s Theory of Change (*Presentation, slide 9*). Each sub-deliverable will contribute explicitly to MNCH, including prevention of stillbirths.
## Overview of MNCH 2023 Workplan – priority deliverables

<table>
<thead>
<tr>
<th>DELIVERABLES</th>
<th>2023 Budget</th>
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<tbody>
<tr>
<td><strong>KNOWLEDGE SYNTHESIS</strong></td>
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<tr>
<td>1.1 MNCH in the WCAH economic and financing scoping review, digital compendium and investment case.</td>
<td>KEWG</td>
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<td>1.2 Born Too Soon update report, commentary on maternal mortality, dissemination of KMC guidance</td>
<td>KEWG</td>
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<tr>
<td>1.3 Accountability Portal (including follow up of MNCH commitments), contribute to Lancet Global Health and UHC, T20 Policy Brief on WCAH</td>
<td>AccWG</td>
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<td><strong>PARTNER ENGAGEMENT</strong></td>
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<tr>
<td>2.1 Launch Global Leaders Network, establish workplan for each member, and produce MNCH messaging roadmap for GLN use</td>
<td>SAC</td>
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<td>2.2 Joint Advocacy Action Plans highlighting MNCH commitment follow up in 30 countries; engagement of PMNCH leaders with national governments and parliamentarians for MNCH commitment follow up; and National Digital Advocacy Hubs created in up to 15 countries to support effective partner engagement on MNCH</td>
<td>PECC</td>
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<tr>
<td>2.3 Global-level webinar to support partner uptake of global knowledge/evidence and advocacy and accountability tools as it relates to MNCH, establishment of MNCH Global Digital Advocacy Hub</td>
<td>KEWG</td>
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<td>2.4 MNCH addressed on Board, EC and in committees, working groups and workstreams.</td>
<td>GEC</td>
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<tr>
<td><strong>CAMPAIGNS AND OUTREACH</strong></td>
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<td>3.1 1.8 campaigns, including GFA and at least xx national /regional events also highlighting on AWB -MNCH issues</td>
<td>SAC</td>
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<tr>
<td>3.2 Global and regional events delivered, including launch of Born too Soon report (Cape Town, May)</td>
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<tr>
<td>3.3 MNCH digital earned media products (esp. related to Born Too Soon)</td>
<td>SAC</td>
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Total budget (US$) – Net of PSC

WHO Program Support Costs at 13%

Total budget (US$)
4. OPERATIONALIZING THE PMNCH MATERNAL, NEWBORN AND CHILD HEALTH STRATEGY

4.1 Annual workplans

Planned deliverables and sub-deliverables will be captured within the annual PMNCH workplan. These workplans will be developed with the input of all committees, working Groups and constituencies, in a coordinated fashion.

The PMNCH Secretariat will facilitate the development and implementation of annual workplans, including by mobilizing financial resources, informing, and connecting members through PMNCH structures, building external partnerships, and providing necessary technical assistance to partners.

The annual plan will be agreed by the PMNCH Executive Committee on behalf of the PMNCH Board.

4.2 Monitoring and evaluation

Progress on PMNCH workplans, including outputs related to MNCH, will be tracked and measured against agreed indicators and milestones. This progress report will be presented to the PMNCH Executive Committee and published publicly, in the form of an annual PMNCH report, as well as presentations available on the PMNCH website.

The annual PMNCH progress report will include a dedicated section on each of the three priority themes of reducing preventable maternal, newborn, and child mortality and morbidity, including stillbirths; improving SRHR; and improving adolescent health and well-being.