

Agenda Item 2: Maternal, Newborn and Child Health (MNCH)





Women's,
Children's and
Adolescents'
Health

Hosted by the World Health Organization

Maternal, Newborn and Child Health, (MNCH)



Mike Mbiyvo,
Board Member, ART;
EAWG, Vice Chair; GEC
Secretary; ART
Constituency, Chair



Jennifer Requejo,
Co-chair, EAWG
Co-Lead, MNCH
Expert Workstream
Senior Advisor, GFF



Guled Abdijalil Ali
Director General,
Ministry of Health and
Human Services
Federal Government of
the Somali Republic



**Anne-Beatrice
Kihara**
President, International
Federation of
Gynecology and
Obstetrics (FIGO)

#PartnersForChange

Maternal, Newborn and Child Health, (MNCH)

Discussion note for PMNCH Board



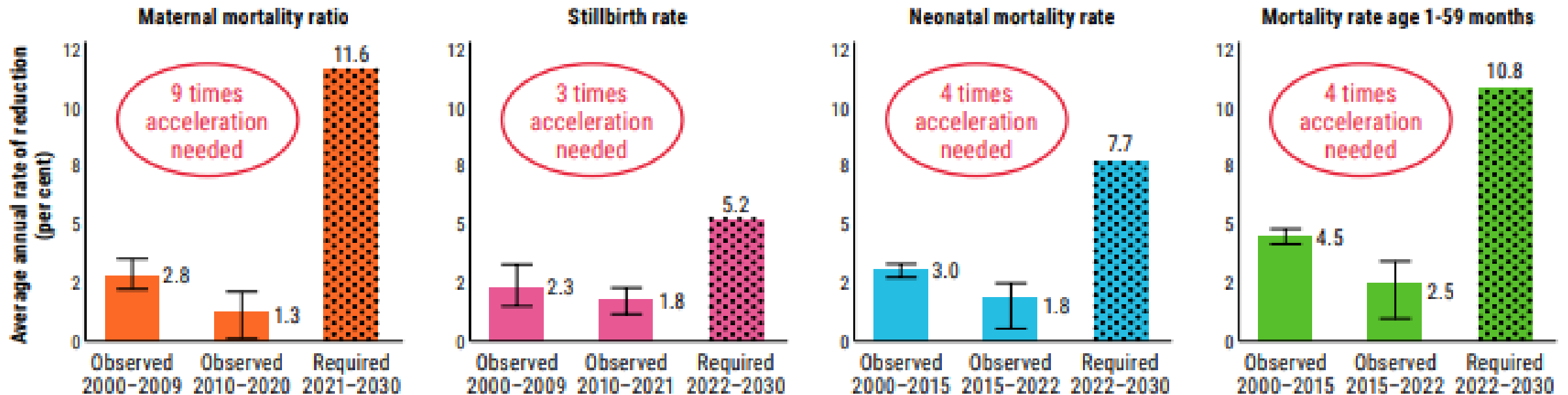
Jennifer Requejo,
Co-chair, PMNCH EAWG
Co-Lead MNCH Expert Workstream
Senior Advisor, GFF; Senior Scientist, Johns Hopkins
Bloomberg School of Public Health



Background and Context - MNCH

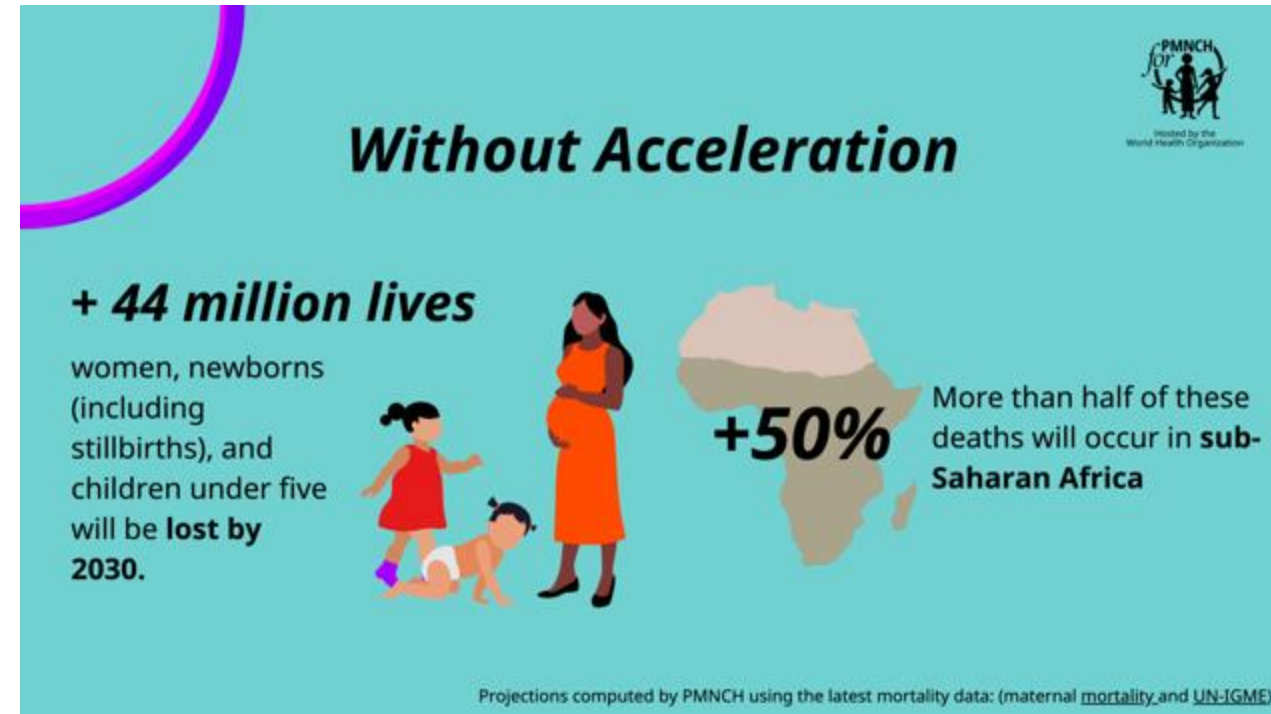
- Collective efforts are needed to implement the WHA77 [resolution](#) to *Accelerate progress towards reducing maternal, newborn, and child mortality to achieve SDG targets 3.1 and 3.2*
- Globally, urgent action is needed to accelerate the average rates of reduction (ARR) for MNCH. To achieve the global targets, the ARR would need to be accelerate by nine-fold for maternal mortality, three-fold for stillbirths, four-fold for newborn mortality and four-fold for children aged 1-59 months.

The Average rates of reduction (ARR) since 2000 and the ARR required 2021/2022 - 2030 to meet global targets



Background and Context - MNCH

- New projections computed by PMNCH using the latest mortality data ([maternal mortality](#) and [UN-IGME](#)) show that **without immediate action, over 44 million more women, newborns (including stillbirths) and children under five will lose their lives by 2030**, with more than half of those taking place in sub-Saharan Africa
- **Inequities** remain between and within countries with **fragile states and poorer communities** continuing to bear the biggest burden of preventable deaths—Inequities are exacerbated by the **intersection of malnutrition, inadequate access to clean water, sanitation and hygiene (WASH)** and the compounding impacts of the **polycrisis of conflict, climate change, the higher costs of living and pandemic threats**



Emerging opportunities and risks - MNCH

Improving MNCH financing

- To reverse the current stagnation, financing for MNCH should be scaled up by increasing domestic funding, donor aid, and private sector investments as well as by leveraging opportunities for intersectoral financing, such as climate finance.
- PMNCH can use its partnership power to mobilize constituencies for budget advocacy and financial accountability, supporting countries to adequately finance essential MNCH services that address leading causes of mortality and morbidity

Advancing MNCH in humanitarian and fragile settings

- Strengthening and investing in human resources for health (HRH), including nursing, midwifery and community health workers, in these settings is crucial for ensuring the continued delivery of MNCH health services
- PMNCH can advance MNCH advocacy and accountability in humanitarian and fragile settings by supporting the inclusion of MNCH in emergency response plans and promoting the coordination of financing for essential MNCH services, including for the health workforce.



Emerging opportunities and risks - MNCH

Addressing the impacts of climate change on MNCH

- Pregnant women, newborns and children are disproportionately at risk of climate change impacts given their unique developmental and biological stages in the life course.
- PMNCH, through fostering cross-constituency collaboration, can play a key role in advocating for essential MNCH services to be embedded within climate adaptation and mitigation policies and financing.

Strengthening PHC and Human Resources for MNCH

- To deliver on the PHC promise and ensure continuity and quality of MNCH health services, there is a strong need to strengthen human resources for health (HRH), including nursing, midwifery and community health workers.
- Delivering on PHC requires intersectoral action, recognizing that factors outside the health sector including education, the environment, nutrition, and women's social status are major drivers of health.
- PMNCH has a key role to play in the facilitation and convening of multi-stakeholder platforms, with a focus on implementing MNCH commitments at national and sub-national level, within PHC and UHC plans.



Way forward

Partner engagement and capacity strengthening

- Promote MNCH advocacy and accountability at national and sub-national levels through the Country Acceleration Action Plans (CAAPs).

Knowledge synthesis

- Raise awareness of key MNCH issues by leveraging data, community voices and lived experiences through advocacy platforms.
- Promote MNCH-related evidence through targeted knowledge translation activities and by leveraging digital tools and artificial intelligence innovations, such as the Digital Advocacy Hubs (MNCH global hub and country hubs).
- Continue PMNCH's advocacy brief series, which offer unique synthesis of evidence and tailored action points for each constituency, while focusing on priority MNCH issues and calling for action to accelerate progress and implementation across the continuum of care.

Campaigns and outreach

- Support both high-level and community leadership in taking MNCH action through initiatives such as the Global Leaders Network, media outreach, and multi-stakeholder global and regional events on the side of key policy for a.
- Leverage evidence on emerging and contemporary challenges through webinars series on MNCH Acceleration that address cross-cutting priorities, including climate change, human resources for health, and financing, to advocate for intersectoral approaches to MNCH challenges.

Opportunities for cross-thematic and cross-functional action

- PMNCH is uniquely positioned to build upon existing efforts and foster cross-thematic actions (SRHR, AWB), such as that on human rights, nutrition and non-communicable diseases, and cross-functional action.
- PMNCH aims to enhance integrated services and investments across the life course, thus building human capital and improving outcomes for women, children, and adolescents. This includes initiatives that highlight the risk factors for maternal and child mortality and morbidity, such as hypertension, poor mental health, malnutrition and human papillomavirus infection, and taking a holistic, equity-based approach to the health and well-being of women, children and adolescents.
- By advocating for integrated and multi-sectoral approaches that span the life course and encompass social determinants, PMNCH seeks to drive meaningful progress towards achieving sustainable and equitable health outcomes for all women, children, and adolescents.



Key questions to the Board

- How can PMNCH effectively leverage multi-constituency efforts to advocate for policy and programmatic changes that will accelerate MNCH progress prior to the 2030 deadline?
- What partnerships and policies (within the health sector and intersectoral) should be prioritized to ensure sustainable MNCH investments, using a PHC and UHC lens at the country level?
- How can PMNCH leverage its advocacy efforts to reignite global and regional attention on MNCH and the life-course, ensuring it remains a priority within the post-2030 agenda?





Women's,
Children's and
Adolescents'
Health

Hosted by the World Health Organization

Maternal, Newborn and Child Health, (MNCH)



Mike Mbiyvo,
Board Member, ART;
EAWG, Vice Chair; GEC
Secretary; ART
Constituency, Chair



Jennifer Requejo,
Co-chair, EAWG
Co-Lead, MNCH
Expert Workstream
Senior Advisor, GFF



Guled Abdijalil Ali
Director General,
Ministry of Health and
Human Services
Federal Government of
the Somali Republic



**Anne-Beatrice
Kihara**
President, International
Federation of
Gynecology and
Obstetrics (FIGO)

#PartnersForChange

Agenda Item 2: Maternal, Newborn and Child Health (MNCH)



MNCH Breakout Rooms

Group	Group 1	Group 2	Group 3
Chair	Anshu Banerjee	Naveen Thacker	Anne Kihara
Rapporteur	Sandra Oyarzo Torres	Gamal Serour	Aminu Magashi Garba
Group	Gareth Jones Maria Antonieta Alcade Castro Aradhana Patnaik Aditi Sivakumar Julia Bunting Luc Laviolette	Kathleen Sherwin Pierre Yves Berclaz Chris Carter Mike Mbizvo	Marleen Temmerman Bruce Aylward, Flavia Bustreo Hafsah Muheed Githinji Gitahi Benjamin Schreiber
Secretariat Support	Maria El Bizri (elbizrim@who.int) Via Teams Enico Iaia (iaiad@who.int) Anshu Mohan	Amy Reid (areid@who.int) Ilze Kalnina	Giulia Gasparri (gasparrig@who.int) Etienne Langlois
Room	Plenary	Lac Room 114	Jura Room 213

Maternal, Newborn and Child Health (MNCH)

Key Questions

PMNCH Board Meeting – Breakout Room 1: MNCH
4th July
Geneva
Switzerland



MNCH Group 1

Location : Plenary

Chair: Anshu Banerjee, UNA

Rapporteur: Sandra Oyarzo Torres, HCPA

Secretariat: Maria El Bizri, Enico Iaia



- *Key Question 1:*

How can PMNCH effectively leverage multi-constituency efforts to advocate for policy and programmatic changes that will accelerate MNCH progress prior to the 2030 deadline?



Rapporteur Notes for Question 1:

Accelerate intersectoral financing, especially for climate change:

- Explore the relationship between climate and gender, as well as climate change and sexual and reproductive health and rights
- Engage in COP and other conferences, focusing on investing, financing, and monitoring climate gender funds.

Cross-constituency collaboration:

- Focus on identifying specific outcomes, such as WHA resolutions, to unite all constituencies
- Utilize WHA resolutions as opportunities to bring stakeholders together locally for implementation discussions. Emphasize leveraging these global moments for local impact and coordination across different settings. Leverage GLN and ensure constituency advice reaches global leaders

Upstream and downstream advocacy (at global and national level):

- Establish virtual platforms for each country under PMNCH to enhance coordination among partners. This can help facilitate registration of activities and promote synchronization among partners. Potential to establish working groups within hubs to enhance cross-constituency collaborations.
- Develop a directory of key journalists in the field across countries to improve communication and advocacy. This can ensure consistent engagement and effective reporting on maternal, newborn, and child health issues. India's focus on MNCH includes efforts to improve quality, accessibility, and affordability of services.
- Emphasize learning from best practices and challenges across countries through PMNCH platforms. For example, highlight India's district and village-level approach as a model for other countries facing similar challenges.



- *Key Question 2:* What partnerships and policies (within the health sector and intersectoral) should be prioritized to ensure sustainable MNCH investments, using a PHC and UHC lens at the country level?



Rapporteur Notes for Question 2:

- Advocacy towards mainstreaming MNCH policies in national UHC and PHC schemes
- Multi-sectorality: focus on innovations and private sector involvement in many countries (> 50% of care or more is provided through PS and how we can ensure alignment and accountability)
- Focus areas include high-level political engagement via Global Leaders Network (GLN), financing, and upstream policy influence.
 - Ensure PMNCH develops effective strategies to support all countries
- Advocate for ethical recruitment strategies to mitigate shortages and brain drain in the health workforce.
- As diversity and meaningful participation are pivotal to PMNCH's mission, enhancing health system delivery through cross-country learning and innovation adoption, leveraging local opportunities.
 - Prioritize direct engagement with decision-makers, donors, and governments
 - Ensure sustained involvement of global leaders in every supported intervention.



- *Key Question 3:* How can PMNCH leverage its advocacy efforts to reignite global and regional attention on MNCH and the life-course, ensuring it remains a priority within the post-2030 agenda?

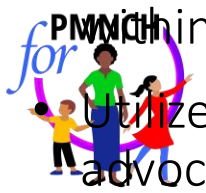


Rapporteur Notes for Question 3:

- Mainstream MNCH agenda in existing prominent frameworks, such as healthcare sovereignty, health system reforms
- Economic arguments outlined in PMNCH advocacy briefs can provide powerful advocacy messages on returns on investments and costs of inaction and help sustain in-country advocates
- Global media agenda: use key moments and impactful success stories to earn media on MNCH
- Maximise existing efforts at the global level, i.e. leverage existing adolescent and youth network
- Regional level: target heads of state and key decision makers

Engagement:

- Engage communities, particularly women, in healthcare decision-making processes.
- Integrate healthcare workers into school settings to involve students and adolescents in decision-making in educational environments.

 Utilize GLN and other constituencies to create an "echo-chamber" effect for consistent messaging and advocacy. We all need to rally behind this network to bring attention of UN, G7 and G20.

- Ensure parliamentary platforms are effectively leveraged for accountability and oversight mechanisms

MNCH Group 2

Lac Room 114, B Building

Chair: Naveen Thacker, HCPA

Rapporteur: Gamal Semour, ART

Secretariat: Amy Reid



- *Key Question 1:*

How can PMNCH effectively leverage multi-constituency efforts to advocate for policy and programmatic changes that will accelerate MNCH progress prior to the 2030 deadline?



Rapporteur Notes for Question 1:

- Advocacy priorities should be multisectoral - supported by credible, accountable data
- Be more country focused
 - CAAPs process - not expanded but focused
 - Constituency engagement at country level
 - Prioritising youth and young people in advocacy – how research is tailored and how we are doing/practising advocacy so that it is youth-centred



- *Key Question 2:* What partnerships and policies (within the health sector and intersectoral) should be prioritized to ensure sustainable MNCH investments, using a PHC and UHC lens at the country level?



Rapporteur Notes for Question 2:

- Strong engagement of parliamentarians and policy-makers at global, regional and country levels. Involvement of religious leaders and legislators to dispell misinfomration about MCH and SRHR
 - PMNCH has a role in countering misinformation
- PMNCH has a role in linking and sythensing data, rather than producing new data and encouraging countries to develop their own data on MNCH
 - Should not wait for data - data exists in similar contexts



- *Key Question 3:* How can PMNCH leverage its advocacy efforts to reignite global and regional attention on MNCH and the life-course, ensuring it remains a priority within the post-2030 agenda?



Rapporteur Notes for Question 3:

- Highlight current situation and the lack of progress in achieving SDG 3.1 and 3.2 to improve maternal, newborn and child mortality.
- Training of health care providers in primary health care and involvement of midwives and paramedics in provision of MNCH services along the life cycle
- Address shortage of health care workers due to migration from the most affected countries.
- Ensure that youth and young people are central to the approach to MNCH and services across the continuum.



MNCH Group 3

Plenary

Chair: Anne Kihara, HCPA

Rapporteur Aminu Magashi Garba, NGO

Secretariat: Giulia Gasparri



- *Key Question 1:*

How can PMNCH effectively leverage multi-constituency efforts to advocate for policy and programmatic changes that will accelerate MNCH progress prior to the 2030 deadline?



Rapporteur Notes for Question 1:

- Ensure PMNCH is visible in national, regional and global platforms through coordination, engagement and investments, to ensure MNCH is kept at the forefront of agendas.
 - Leveraging the professional bodies and local NGOs at the national level to map who is missing at the table and how to leverage the different constituencies;
 - Pushing the political leadership, from HoS/HoG, ministers and parliamentarians, and pressure them to make a change. Examples of platforms that can be leveraged include G7 (through Canadian leadership next year), G20 (through the South African leadership next year), ASEAN and AU.
- Enhance the financing at the national, regional and global level, including by ensuring that the GFF can increase its budget and impact (for instance through transitioning the GFF to be a fiduciary investment fund), and also leveraging climate financing.
- Strengthen evidence that is needed to support the country level with the tools needed to trigger change. Bringing the existing evidence and translating in clear messages that can be put in the hands of sub-national and national stakeholders, for instance through evidence-based practice by community health workforce, advocacy asks for MNCH in UHC benefit packages.
- Redefining and improving commitments to ensure they are quality and actionable commitments that have targets and indicators. Use constituency champions at the national level who can advocate for the commitments at the country level.
- Need for focus and ensure PMNCH has clear and a set number of priorities (e.g maternal mortality, PPH) and focus on the implementation of the MNCH resolution through multisectoral action to ensure impact in the next 18 months.



- *Key Question 2:* What partnerships and policies (within the health sector and intersectoral) should be prioritized to ensure sustainable MNCH investments, using a PHC and UHC lens at the country level?



Rapporteur Notes for Question 2:

- Bringing existing partnerships and local coalitions at the country level together and creating opportunities for partners to come together during sub-national and national events/opportunities (not only at the global level), building on the mapping of the in-country partners that is being done by the CAAP work.
 - This can also ensure in-country partners come together on key financing asks, including in relation to the GFF and other global partners.
 - Important to build synergies between the CSO groups also from GFF, Gavi, Global Fund etc at the country level with the CAAP as a covening platform in line with the Lusaka agenda and try to limit the fragmentation.
- Focus on the accountability of the existing MNCH commitments that countries have made using the mapping that the CAAP work is doing, and ensure follow up on existing commitments.



- *Key Question 3:* How can PMNCH leverage its advocacy efforts to reignite global and regional attention on MNCH and the life-course, ensuring it remains a priority within the post-2030 agenda?



Rapporteur Notes for Question 3:

- Strengthen the CAAP work to move beyond scoping and assessment, to implementation. Ensure that the CAAP work has more funding in order to be sustainable and the work can be scaled up moving further.
- Ensure capacity strengthening on advocacy and accountability at the national and sub-national level for the CAAP members.
- Look at the systems investments and the opportunities to see how those investments can be leveraged for MNCH.

