

## *Maternal, Newborn and Child Health (MNCH) Discussion Note for the PMNCH Board (4-5 July 2024)*

### Background and context

Global progress to reduce maternal, newborn and child mortality has stalled drastically since 2015, bringing the massive gains of the Millennium Development Goal (MDG) era to a shameful halt. In some places, mortality rates have even worsened. For example, the Americas and Europe saw impressive reductions during the MDG era, but between 2016 to 2020, the [number](#) of maternal deaths increased in these two regions.

The world is not on track to achieve the Sustainable Development Goals (SDGs) pertaining to maternal, newborn and child mortality (SDGs 3.1 and 3.2). Based on current trends, at least [46 countries](#) are projected to have a ratio greater than 140 maternal deaths per 100,000 live births by 2030, more than double the global target of less than 70 deaths set by SDG 3.1. Approximately [64 countries](#) will miss the neonatal mortality target, and [59 countries](#) will miss the under-five mortality target, and [56 countries](#) will not meet the stillbirth target set by the Every Newborn Action Plan (ENAP). In addition, rates of preterm birth have not budged in the past decade, sitting [at 9.9% in 2020](#) compared to 9.8% in 2010.



Wide inequities remain between and within countries – specifically fragile states and poorest communities – continue to bear the biggest burden of preventable deaths among women, children and adolescents. About [50%](#) of maternal, newborn and under-five deaths occur in humanitarian settings and an estimated [400 million children](#) are living in, or fleeing from, conflict zones.

Risks to maternal, newborn, and child health (MNCH) are further exacerbated by high levels of malnutrition, inadequate access to clean water, sanitation and hygiene (WASH) and the compounding impacts of conflicts, higher costs of living, and pandemic threats. Pregnant women, newborns and children also face distinct and increased risks from [climate change and related disasters](#), which act as a threat multiplier for MNCH.

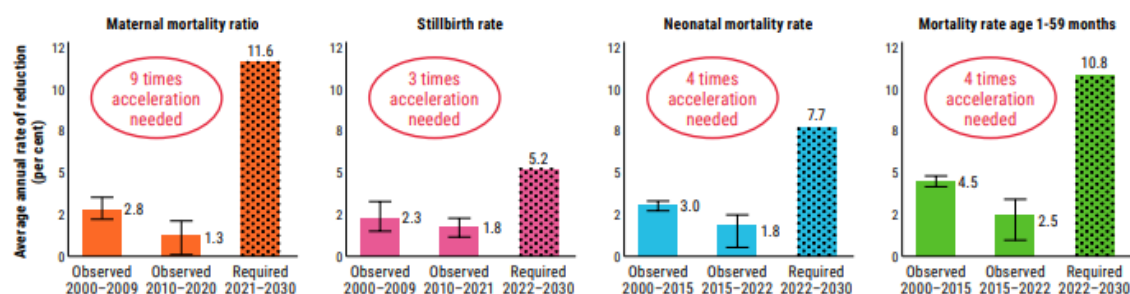
Urgent and coordinated course-correcting is needed to address these ongoing and emerging challenges and the slowing down of progress. Intensified efforts are needed to implement the World Health Organization's [resolution](#) to *Accelerate progress towards reducing maternal, newborn, and child mortality to achieve SDG targets 3.1 and 3.2*, as set forth at the 77th World Health Assembly. The principles and actions outlined in the resolution must be translated into clear action at the country level.

Globally, urgent action is needed to accelerate the average rates of



reduction (ARR) for MNCH. To achieve progress, this would mean that the ARR need to [accelerate](#) by nine-fold to reduce maternal mortality, three-fold for stillbirths, four-fold for newborn mortality and four-fold for children aged 1-59 months. New projections computed by PMNCH using the latest mortality data ([maternal mortality](#) and [UN-IGME](#)) show that without immediate action, over 44 million 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<sup>1</sup>.

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



2024 ENAP/EPMM, CSA: [Six years to the SDG deadline: Six actions to reduce unacceptably high maternal, newborn and child deaths and stillbirths](#)

PMNCH partners are well-poised to lead this action, driven by multistakeholder and intersectoral collaboration on MNCH advocacy and accountability, and help to divert the impending loss of life.

In fact, 2025 will mark 20 years of PMNCH's work in advancing MNCH policy, service delivery and financing, fostering collaborations, mobilizing resources, shaping policies and keeping MNCH on the agenda of the highest political dialogues. For example, PMNCH led the [Born Too Soon](#) movement for preterm birth in 2013 and its reboot in 2023, by convening stakeholders, including affected parent groups, to accelerate action for prematurity and MNCH. Prior to this, to support countries in achieving the MDGs, PMNCH assessed and promoted [success factors](#) for women's and children's health, highlighting successful interventions from 10 "fast-track" countries. Along with other [exemplar studies](#), these good practices show that acceleration in MNCH is possible and within reach for the last years of the SDG era.

### Emerging opportunities and risks

Pushing MNCH progress forward will depend on building upon the lessons learnt thus far and seizing opportunities for synergies in tackling contemporary challenges (e.g impact of climate change and heat stress on MNCH). The PMNCH Board is well positioned to guide the way forward on actions to advance MNCH equity and financing, through advocacy and accountability contributing to country-level implementation.

Overall, PMNCH has a critical role in ensuring that MNCH remains high on the political agenda in these last 6 years of the SDG era and also in the post-2030 discourse. PMNCH is well positioned to mobilize its 1500 members to advocate for the inclusion of these issues in the post-2030 accountability framework.



<sup>1</sup> Estimates based on *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division; United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Report 2023*.

PMNCH can strategically support a strong movement towards MNCH acceleration by focusing on critical windows for action to address the heaviest burden of mortality and morbidity, by focusing on four priority topics.

### *1. Improving MNCH financing*

To reverse the current trends of stagnation, it is crucial to scale up financing for MNCH through domestic funding, donor aid and private sector investments as well as by leveraging opportunities for intersectoral financing, such as climate finance. Up-to-date, policy-relevant evidence on the return on investments and the cost of inaction is critical for mobilizing greater financial commitments, especially amidst the concerning downward trend in donor aid for reproductive health and MNCH, evidenced by a [14% decline](#) between 2019 and 2021.



In addition, there is a need to support advocacy for the financial protection of MNCH and progressive realization of essential MNCH services within universal health coverage (UHC) schemes. In 2019, [out-of-pocket health](#) spending dragged 344 million people further into extreme poverty and 1.3 billion into relative poverty. PMNCH can use its partnership power to mobilize constituencies for budget advocacy and financial accountability, supporting countries to adequately finance essential MNCH services and ensure that the care bundles required to address MNCH issues are adequately resourced.

### *2. Advancing MNCH in humanitarian and fragile settings*

Intensified efforts to improve access to MNCH services are urgently needed in humanitarian and fragile settings where the risks of poor health are higher and where vulnerable populations face compounding challenges linked to the day-to-day realities of war, high levels of poverty, food insecurity, and displacement. 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.

### *3. Addressing the impacts of climate change on MNCH*

Pregnant women, newborns and children are disproportionately at risk given their unique developmental and biological stages in the life course. [Evidence shows](#) that climate change, especially through extreme heat, air pollution and climate disasters, increases the risk of pregnancy complications, stillbirths, preterm birth and malnutrition. Furthermore, there is increasing evidence on impact of climate change on food production and consequent challenges it presents to MNCH by increase in levels of non-communicable diseases. 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.

### *4. Strengthening PHC and Human Resources for MNCH*

Essential MNCH services need to be prioritized within primary health care (PHC). PMNCH has shown added value in this space by [coordinating consultations](#) on essential MNCH interventions, commodities and policy levers, placing MNCH at the core of the PHC approach. 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. A building block of PHC is 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 within PHC plans at national and sub-national level. Advocacy and accountability are required on PHC systems strengthening, including MNCH service delivery platforms, access and scale-up of innovations - including supply chains for commodities, e.g. postpartum hemorrhage - and support systems for health care professionals.

## Way forward

As we move towards the final years of the 2030 Agenda, PMNCH holds a valuable space within the MNCH ecosystem and is entrusted with a crucial role. With a focus on evidence-based advocacy across the continuum of MNCH and the life-course, PMNCH is uniquely capable of bolstering acceleration for the MNCH agenda through wide-ranging cross-constituency collaboration. Concrete activities for MNCH are described below according to the three main functions of PMNCH:

### *Partner engagement and capacity strengthening*

Partnership has been the foundation and strength of PMNCH from its inception. Through collaboration with initiatives such as [Every Newborn Action Plan \(ENAP\) – Ending Preventable Maternal Mortality \(EPMM\)](#), [Child Survival Action](#) and [International Stillbirth Alliance \(ISA\)](#), PMNCH can leverage synergies and facilitate dialogue and collaboration among diverse stakeholders, to foster innovative solutions and good practices that address critical gaps in MNCH services and quality of care. Similarly, through [The Nurturing Care Framework](#), new evidence and practices are emerging about the short- and long-term benefits of investing in multisectoral programs across education, health and social protection in the earliest years. This paves the way for PMNCH to contribute to advocating for early childhood development, children-in-all-policies, and intersectoral action, including ending harmful marketing to children.

Advancing MNCH advocacy and accountability at national and sub-national levels remains central to PMNCH's strategy moving forward. Our work with the Country Acceleration Action Plans (CAAPs) in priority countries, including multi-stakeholder platforms, will guide PMNCH's efforts to accelerate MNCH policy formation and implementation. PMNCH also plays a critical role in supporting social accountability for MNCH implementation and bolstering citizen and parliamentary hearings to advance this agenda.

### *Knowledge synthesis and translation*

Leveraging data, community voices and lived experiences through advocacy platforms can help to raise further awareness of key MNCH issues. Digital tools and platforms supported by PMNCH also offer opportunities for knowledge sharing and cross-partner collaboration on MNCH advocacy and accountability. They support community level activities and help to engage multisectoral stakeholders.



PMNCH is poised to build a contemporary investment case across the MNCH continuum of care, showing the long-term socioeconomic benefits of investing in MNCH care bundles – including the prevention of stillbirths - and leading budget advocacy for MNCH across its constituencies.

[PMNCH's advocacy brief series](#), offers 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. Moving forward, with the support of in-country partners, country level adaptations of these briefs will be developed to address specific MNCH gaps and emerging challenges.

PMNCH will also equip partners with tools to advance MNCH policy implementation by developing evidence-based advocacy materials showcasing emerging MNCH evidence, for instance the official development assistance (ODA) data for MNCH from the Lancet Countdown to 2030 Report. In addition, social media assets will highlight and promote key evidence on neglected MNCH issues (e.g., Lancet Series on Stillbirths in 2025).

PMNCH has a key role to promote MNCH-related evidence through targeted knowledge translation, leveraging digital tools and artificial intelligence innovations, such as the Digital Advocacy Hubs (MNCH global hub and country hubs). Additional tools, including the Commitment Compendium for Women's Children's and Adolescents Health and the Economics and Financing Toolkit will also support country-level MNCH commitment and implementation.



### *Campaigns and outreach*

PMNCH has a crucial role to play in supporting 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 fora.

PMNCH will leverage evidence on emerging and contemporary challenges through webinars series on MNCH Acceleration, addressing cross-cutting priorities, including climate change, human resources for health, and financing. Facilitation of capacity strengthening and training on issues such as MNCH financing are also an opportunity to advocate for intersectoral approaches that seamlessly integrate policies and financing for initiatives targeting MNCH and related challenges.

### **Opportunities for cross-thematic and cross-functional action**

MNCH is intricately intertwined with the protection and support of sexual and reproductive health and rights (SRHR) and Adolescent Well-Being (AWB). PMNCH is uniquely positioned to build upon existing efforts and foster cross-thematic actions, 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.

On a practical level, such initiatives can include highlighting 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. In some cases, explicit issues will require concerted cross-thematic approaches, including the challenges and support needed for pregnant adolescents and

adolescent mothers. Addressing these issues includes supporting investments across the entire life course, increasing access to education and employment opportunities, combatting gender inequality including addressing child marriage and early childbearing, and improving access to high quality healthcare services and adequate nutrition.

By advocating for integrated approaches that span the life course and encompass diverse health and social determinants, PMNCH seeks to drive meaningful progress towards achieving sustainable and equitable health outcomes for all women, children, and adolescents.

## Key questions

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?
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?
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?

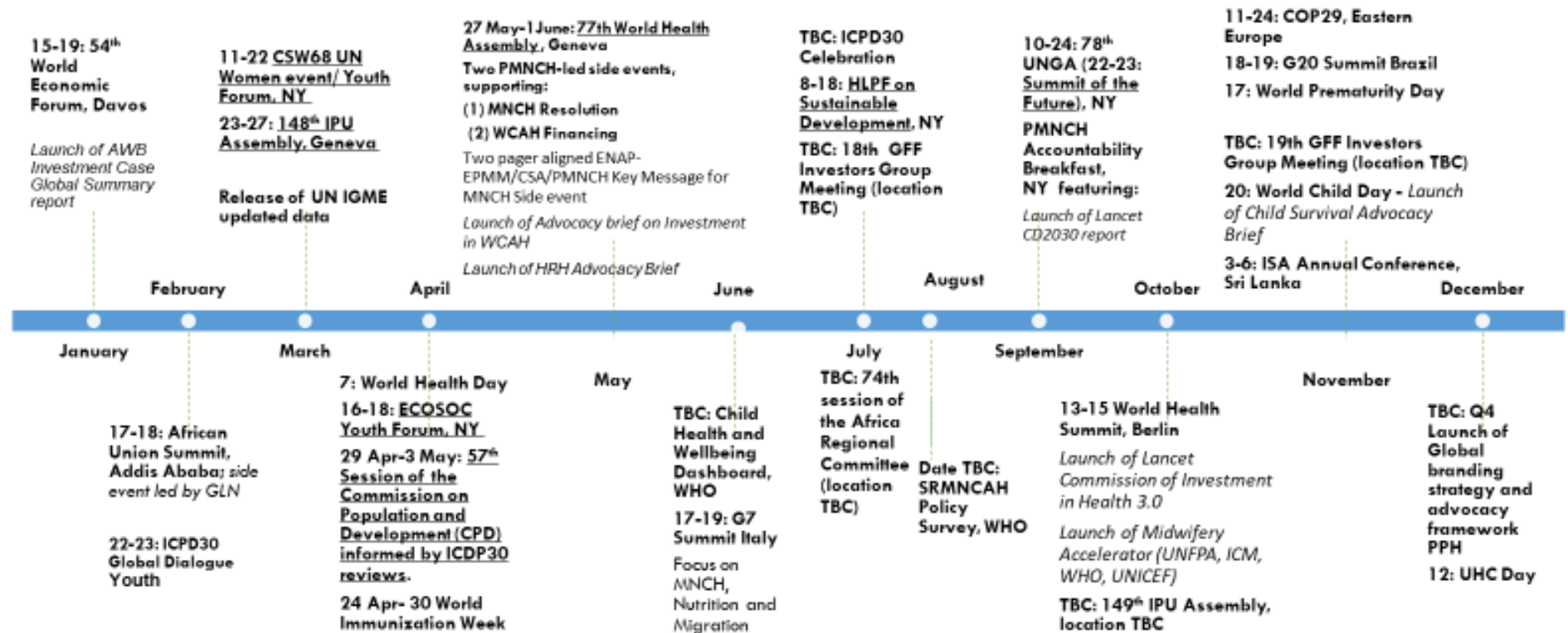
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# 2024 MNCH advocacy roadmap



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