

## PRIORITY ACTION 5

**Advocacy Report** 

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# **PMNCH** advocacy objectives

- Raise the profile of MNCH
- Mobilize resources
- Ensure evidence-based policies and programs



# **MNCH Consensus:** Framework for Advocacy & Accountability

#### Maternal, Newborn and Child Health

the Am "Every programsy wanted, every birth tale, every newborn and child healthy" lating the lives of ever 10 million women and children by 2015 the Tookse 1987 - 1975

But the said and co-ordinated action on reproduction. restored, newborn and child houlth is organily seeded. Such action of global, noticeal and sub-noticeal levels will accelerate regress toward Millennian Development Gook 4 (reduce child mortality) and 5 (improve material health), as well as MDG 6. toughet HIV/AIDS, makers and other discount. Maternal and nawbern health must be emphasted - while addressing mans page to child survival - because votate and infacts are al good not triak of mostly in the first few hours and slave accound birth. The Conserous recognition the wood to align correct reconstructs in molitics, advances and finance hobited a community agreed. sat of policies and priority interventions almost at accelerating progress on the great of



- 1. Effective health serious: that deliver a pullage of high quality interventions in key asseralong the centinuum of care-« Comprehensive family planning advice, services and supplier
- e Skilled care for excess and new borns
- during and after progressly and childforth. melading intenstel care, quality delivery one to a health facility, emergency care for complications, protected care, and mountain aredom care
- . Sale aborton services (when aborton is legal) a linguisted child extrition and prevention and treatment of tracer childbook discover
- 7. Removing barriers to access, with services for weepers and children being free at the point of use where countries choose
- 4. Skilled and methyshed health workers in the right place at the right time, with the prossury fathamychay, drawemissions and regulations

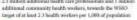
5. Accessed ability at all levels for a well-le resolts.



+ is 2015, as additional 50 million couples using modern methods of family planning.

The Portnership

- · An additional 254 million but he taking place in facilities that provide quality care for both anemal and complicated hirtor
- + 276 million additional section receiving quality
- ARRESTS INTERNAL 254 million additional worses and newborn below
- recutiving quality postcatal care
- . More than 184 outliers additional extends of citals peacurages taken for appropriate trustment
- + 2.3 million additional health care professionals and 1 million



- What will it achieve? Preventing the deaths of up to 1 million
- empara flows programmy and childrants
- Serving the lives of at least 4.1 million. perchase babies
- Saving the fires of at least 6.5 million.
- shaldown CI recently to 5 years.)
- Preventing 1.5 redices at libertie
- A rigative at decrease in the global marries of appropriate presentation and of half the number of anials abortions
- An effective end to the correct operat possi-
- for family planetny services
- Ranhering by over one-third the rate of chronic maleutotice in children age 12

#### What will it cost?

The total additional programms one of advicting these torgets is \$30 billion for the period 2009-2005, with unmani costs ranging from \$2.5 billion in 2009 to \$5.5 fedlion in 2005.

The HUT animal Mg the ran programs and health primary pay for sections and conduct regalls, that health decay primary MYACA, Till, regards part thank primary for 1884.

Only of the parties of which to the Other is controlled to prevent the grants. In all the specific health programs area.

This consumes was been bed at "Healthy Women, Healthy Children Investing in Our Communic Federic" on event held at at the United Nature on 33 September 2009, organized by the High-Level Eds Force on bemouten insuranceal fraceing for Hash Systems and PERCH.
For more information, contact: The Parameter for Plannai, Newborn & Cald Hash + Tel + 41 22 79 200 - www.poundumg







## Output 1

#### MNCH & health system investments prioritized

- High Level Taskforce WG1 (Constraints to Scaling Up and Costs)
- Asian investment case for MNCH
- Individual Asian country Cases
- Joint UN costing tool
- Government expenditures monitoring



❖Output 1

#### MNCH & health system investments prioritized

- Strengthen political commitment for operationalizing the MNCH Consensus (UNSG's joint effort, AU Summit, Global Campaign, Network of Global Leaders, UN Summit)
- Strengthen delivery/operationalization of MNCH Consensus within national health plans, working through IHP+ and similar processes and joint health system platform (Africa investment case, UN costing tool, etc.



## Output 2:

#### Channels for funding identified & promoted

- High Level Task Force WG2 (Raising and Channelling Funds)
- \*"Healthy Women, Healthy Children" UNGA Side Event
- MNCH in new financing mechanisms
- Review on allocation of funds to health

Output 2

#### Channels for funding identified & promoted

- Positioning MNCH in new financing opportunities
- Joint Platform for Health Systems Strengthening



Output 3

#### Strategies and messages developed & implemented

- MNCH Consensus developed
- Advocacy consultation held
- Atlas of Birth maps
- Advocacy messages created
- Task teams established

## **❖** Output 3

## Strategies and messages developed & implemented

- Development of Countdown version of Consensus (68 countries)
  - Development of MNCH Framework
  - 1-pagers on packages of care
- Finalize advocacy strategy
- Comprehensive mapping of partner capacities (global and country-level)
- Atlas of Birth products developed



- Output 4: Mobilization & coordination of partners around key events
- Special session at IPU meeting in Addis
- Parliamentary briefing in Canada
- Briefing at World Health Assembly
- MNCH Consensus in G8 communiqué
- Resolutions on MNCH in Italian and Canadian parliaments

Output 4: Mobilization & coordination of partners around key events

#### **Events:**

- ❖ IPU annual meeting (March)
- Countdown/Women Deliver meeting (June)
- ❖ G8 G20 meeting in Canada (June)
- African Union MNCH Summit (July)
- UN General Assembly (September)
- ❖ Partners' Forum (?)

#### **Processes:**

- IHP+ (development of country compacts)
- **♦ H4**
- Joint Platform for Health Systems Strengthening
- Mechanisms for supporting civil society advocacy

# Operationalizing the strategy through task teams in 2010

- G8/G20 in Canada
- UN General Assembly & MDG Summit
- MNCH Consensus & Framework
- Regional and local advocacy

## Items for discussion

- 1) How can we ensure MNCH is prioritized in the new and existing funding mechanisms?
- 2) How best to mobilize partners to operationalize the MNCH Consensus, especially at country level?
- 3) How best to identify and support MNCH advocacy priorities at country level, including advocacy to fill funding gaps?