



# 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

## Consensus for Maternal, Newborn and Child Health

for the "Every pregnancy wanted, every birth safe, every newborn and child healthy"  
Saving the lives of over 18 million women and children by 2015  
for better 2007 – 2015



**B**old, focused and co-ordinated action on reproductive, maternal, newborn and child health is urgently needed. Such action at global, national and sub-national levels will accelerate progress toward Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), as well as MDG 4 (combat HIV/AIDS, malaria and other diseases). Maternal and newborn health must be emphasized – while addressing major gaps in child survival – because women and infants are at greatest risk of death in the first few hours and days around birth. The Consensus recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions aimed at accelerating progress on the ground.

### How we can make it happen:

1. **Political leadership and community engagement and mobilization**
2. **Effective health systems** that deliver a package of high quality interventions in key areas along the continuum of care:
  - Comprehensive family planning – advice, services and supplies
  - Skilled care for women and care before, during and after pregnancy and childbirth, including essential care, quality delivery care in a health facility, emergency care for complications, postnatal care, and essential newborn care
  - Safe abortion services (when abortion is legal)
  - Improved child nutrition and prevention and treatment of major childhood diseases
3. **Removing barriers to access**, with services for women and children being free at the point of use where cost-sharing occurs
4. **Skilled and motivated health workers** in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations
5. **Accountability at all levels for credible results**



### What will it take?

- In 2015, an additional 50 million couples using modern methods of family planning
- An additional 234 million births taking place in facilities that provide quality care for both normal and complicated births
- 276 million additional women receiving quality antenatal care visits
- 234 million additional women and newborns receiving quality postnatal care
- More than 194 million additional episodes of child pneumonia taken for appropriate treatment
- 2.7 million additional health care professionals and 1 million additional community health workers, towards the WHO target of at least 2.3 health workers per 1,000 of population

### What will it achieve?

- Preventing the deaths of up to 1 million women from pregnancy and childbirth complications
- Saving the lives of at least 4.5 million newborn babies
- Saving the lives of at least 6.5 million children (1 month to 5 years)
- Preventing 1.5 million stillbirths
- A significant decrease in the global number of unwanted pregnancies and of half the number of unsafe abortions
- An effective end to the current unmet need for family planning services
- Reducing by over one-third the rate of chronic malnutrition in children age 12 to 23 months

### What will it cost?

The total additional programme cost of achieving these targets is \$30 billion for the period 2006-2015, with annual costs ranging from \$1.5 billion in 2009 to \$5.5 billion in 2015.

\*Targets are based on 100 additional women in the target population in 2007, a 4 billion women total and 1 billion for the 2007-2015 period based on assumptions about the high level of health care in low-income countries. For more information, see the High Level Panel of Experts report on Innovation International Financing for Health Systems (2007) at <http://www.innovationinternational.org/HealthSystemsReport.pdf>.

The consensus was launched at "Healthy Women, Healthy Children Investing in Our Common Future", an event held at the United Nations on 23 September 2009, organized by the High Level Panel of Experts on Innovation International Financing for Health Systems and PPPNCH.

For more information, contact: The Partnership for Maternal, Newborn & Child Health • Tel: +41 22 791 2195 • [www.pmnch.org](http://www.pmnch.org)

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## PA5: Activities in 2009

### ❖ 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

## PA5: Activities in 2010

### ❖ 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.)

## PA5: Activities in 2009

### ❖ 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



# PA5: Activities in 2010

## ❖ Output 2

### Channels for funding identified & promoted

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

## PA5: Activities in 2009

### ❖ Output 3

#### Strategies and messages developed & implemented

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



## PA5: Activities in 2010

### ❖ 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

## PA5: Activities in 2009

- ❖ **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

## PA5: Activities in 2010

### ❖ 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?