

# Priority Action I

## Essential Knowledge for MNCH Policy & Practice

*Strategic Priorities for a MNCH Knowledge System*

*PAI leaders: Wendy Graham & Zulfiqar Bhutta*



## PAI Outputs – agreed by PMNCH Board

- **Output 1 - Knowledge mapping.** Secondary analysis of maternal, newborn, and child health resources - completed.
- **Output 2 - Knowledge system and web portal created and sustained.** Board-requested options appraisal completed, advisory group convened, and design process - ongoing.
- **Output 3 - Knowledge syntheses on critical issues for MNCH.** Draft knowledge summaries and proposed editorial process presented here.

## A MNCH knowledge system

A MNCH knowledge system includes much more than the technology, and can be defined as including: the people, institutions, activities and mechanisms that can contribute to the generation, communication and use of high-quality knowledge to achieve shared health and development goals, and promote maternal, newborn and child health.



## MNCH Knowledge System (continued)

Main recommendations from the knowledge mapping, options appraisal, and expert advisory group:

- **Leverage existing regional knowledge networks for MNCH:** e.g. Cochrane, EVIP-NET, REACH, partners' regional networks, and MNCH knowledge centres.
- **Develop demand-driven knowledge products:** e.g. requests from governments on MNCH policy and practice needs.
- **Synthesise knowledge on essential MNCH topics:** information availability not the problem, but organization e.g. on portal.
- **Emphasize knowledge utilization & implementation:** e.g. GREAT/ RHR, NORAD, and USAID-supported projects.

## Output 2. Web Portal Prototype\*



- Portal content will be essential MNCH knowledge summaries, with links to related partner resources.

- Customized Google search across PMNCH partner organizations.

→ Better knowledge sharing and access by harmonizing partners' content categorization.

\* A demo version will be available online.

## Output 3: Types of MNCH knowledge gaps

- No information available – more research needed
- Information available, but needs synthesis
- Lack of awareness of existing resources
- Information not 'translated' for policy & practice
- Expert-determined priority information
- Information not available in a particular language
- National governments' MNCH information needs ...

## Output 3 - PMNCH Summaries & Syntheses

- **Essential knowledge summaries:** summarizing knowledge on essential MNCH topics with links to partner resources.
- **Synthesis studies on strategic issues:** e.g. *"Leadership for change: effective health systems responses for MNCH results"*.
  - Critical knowledge gap identified by board members, expert advisory group, & for Partner's Forum session.
- **Demand-driven knowledge products.** Leverage & support existing knowledge networks (e.g. regional) to identify and respond to country needs for MNCH policy and practice.

## Output 3. Knowledge Summary Topics

Over 35 topics proposed by PA leaders; examples:

- **PA1.** e.g. MNCH definitions and priorities, reasons for differences in MNCH costing figures, maternal mortality rates ...
- **PA2 and PA 5.** e.g. Core packages of care: family planning, ANC, quality care at birth, case management of childhood illnesses ...
- **PA 3.** e.g. effective training integrating social and environmental intelligence, HR management during natural disasters ...
- **PA 4.** e.g. essential medicines list, standard treatment guidelines, qualification requirements for suppliers ...
- **PA6.** e.g. comprehensive MNCH indicators from Countdown work, MNCH accountability framework ...

## Knowledge summary example

(This is a place holder  
example till the  
PMNCH knowledge  
summaries are  
finalized).

### Innovative financing & costing

### Knowledge summary

5

The role of innovative financing and costing  
Studies have shown that investing in women and children's health is an investment in development of a nation's human capital and economy. Current donor funding is not sufficiently predictable nor sufficiently large enough to support reaching the health MDGs. The Taskforce on Innovative International Financing for Health Systems identified a menu of innovative financing mechanisms to complement traditional aid and bridge the financing gaps which compromise attainment of the health-related Millennium Development Goals (MDGs).<sup>1</sup> Innovative financing focuses on new sources and new instruments for raising revenues, usually outside tax revenue systems which will continue to play an important role. It encompasses different aspects of financing – from additional funding to the effective use of funds. Accurate and up-to-date information on costs of MNCH programs and interventions is needed to inform the formulation of national health policies, to strengthen advocacy for required for innovative financing, and to plan, budget and monitor delivery of essential MNCH services.



#### What cost estimates have been produced recently and why do they differ?

Estimates of the additional costs of scaling up MNCH interventions have been produced recently by the Global Campaign for the Health MDGs<sup>2</sup>; the Task Force on Innovative International Financing for Health Systems<sup>3</sup>; the Consensus for Maternal, Newborn and Child Health<sup>4</sup>; and the London School of Hygiene and Tropical Medicine (LSHTM) for Countdown to 2015<sup>5</sup>. The estimates are presented in the below table, which also highlights differences in scope and in tools and approaches used. For example, cost estimates for the Global Campaign, Scenario One of the Task Force, the MNCH Consensus, and by LSHTM are based on WHO's normative approach, which estimates the costs of resources needed to scale up coverage to a level that is considered "best practice" by experts. Scenario Two is based on the Marginal Budgeting for Bottlenecks (MBB) tool, which estimates the costs of overcoming health system constraints to scaling up. Other differences between tools include the slope of the scale-up scenarios, how health systems costs are allocated to MNCH, and the degree to which family planning costs are included. Efforts are underway to address differences in methods and tools. For example, a UN Inter-Agency Working Group is currently developing a joint tool to estimate costs and impact of health interventions; the Unified Health Model.<sup>6</sup>

Source of estimate	Additional costs estimated for 2009-2015 (US\$)	Number of countries covered	MDG focus	Costing tool / approach	Examples of other sources of differences in estimates
Global Campaign	7.2 billion in 2009; 18.4 billion in 2015	51	4 and 5	WHO normative costing	<ul style="list-style-type: none"> <li>Coverage target</li> <li>Scale-up scenarios and timelines</li> <li>Degree to which health systems costs are included</li> <li>Degree to which family planning is included</li> </ul>
Task Force (Scenario One)	251 billion	49	Health MDGs (1, 4, 5, 6, 8e)	WHO normative costing	
Task Force (Scenario Two)	112 billion	49	Health MDGs	Marginal Budgeting for Bottlenecks	
MNCH Consensus	33 billion	49	4 and 5	WHO normative costing	
LSHTM	[To be added]	68	4 and 5	WHO normative costing	

# Proposed editorial and quality assurance process for PMNCH knowledge summaries

## Editorial Group

*Prioritization of topics across PAs. Review & approval process.*

### All PAs (1-6)

- *Propose authors and reviewers for PA-related topics*
- *Support timely development of summaries*
- *Update as required*

### PA1

- *Online workflow process for authors & reviewers*
- *Web publication (PMNCH language policy?)*

### PA5

- *Targeted messaging & communication*
- *Publications for advocacy*
- *Dissemination to relevant stakeholders*

## PA1 ACTIVITIES & BUDGET 2010

PAI OUTPUTS	Approved Budget 2010	Approved activities (before options & expert recommendations)	Committed & proposed activities (from mapping, options appraisal & expert advisors)	Budget allocation 2010
1. Knowledge mapping (2)	\$ 15,000	1.1 Report with secondary analysis of MNCH knowledge resources.	1.1 Report with secondary analysis of MNCH knowledge resources.	\$ 15,000 (completed)
2. Knowledge system/ portal	\$183,000	2.1 KMS and web portal launched.  2.2 Number and frequency of system updates, to integrate new knowledge products.	2.1 KMS and web portal launched (phased approach). 2.2 Leveraging existing regional networks for MNCH (pilot) 2.3 Number and frequency of system updates, to integrate new knowledge products.	\$ 183,000
3. Knowledge summaries & critical syntheses	\$ 212,000	3.1 Number of knowledge summaries and synthesis studies ... 3.2 Number of knowledge gaps 'flagged to Board'.	3.1 Priority knowledge gaps identified, including through regional networks 3.2 Knowledge synthesis summaries & studies produced 3.3 Knowledge syntheses translated and communicated for policy and practice.	\$ 212,000
<b>Total</b>	\$ 410,000		\$ 410,000	

Note: The recommended strategy for 2011 is to leverage/ strengthen regional knowledge networks to provide support for country MNCH policy and practice. This will require additional budget resources to identify policy and practice gaps, support syntheses and communication; and just a regional network meeting could cost ~ \$ 200,000.

through active partnership

## Board actions requested

- Approve activities presented.
- Endorse PMNCH review process for knowledge summaries.
- Recommend PMNCH language policy for web portal.

