

Humanitarian & Fragile Settings

Working Group Presentation



What is the contribution of conflict to RMNCH burden globally?

GLOBAL HEALTH

Global Maternal, Newborn, and Child Health — So Near and Yet So Far

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A LITTLE MORE THAN 13 YEARS AGO, WORLD LEADERS ASSEMBLED IN NEW York to sign the Millennium Declaration to address some of the greatest moral dilemmas of our times — unequal global health, poverty, and inequities in development — and to establish a set of interrelated goals and targets to be met

Chasing 60% of maternal deaths in the post-fact era

In September, 2016, at the UN General Assembly, the Independent Accountability Panel (IAP) of the UN's Global Strategy for Women's, Children's and Adolescents' Health

60% of maternal deaths today take place in humanitarian settings, specified as "conflict, displacement and natural disaster".¹ The "60%" has been trending in development

Armed conflict and child mortality in Africa: a geospatial analysis



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Summary

Background A substantial portion of child deaths in Africa take place in countries with recent history of armed conflict and political instability. However, the extent to which armed conflict is an important cause of child mortality, especially in Africa, remains unknown.

Methods We matched child survival with proximity to armed conflict using information in the Uppsala Conflict Data Program Georeferenced Events Dataset on the location and intensity of armed conflict from 1995 to 2015 together

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What is the problem the workstream is trying to solve?

- Why? There is the expressed need to achieve consensus and clarity on the burden, issues and strategies needed in conflict and related humanitarian settings
- Current global efforts to deal with the challenges and risks women, children and adolescents face in humanitarian and fragile contexts are inadequate.
- Despite several coordination efforts there is still fragmentation across the different groups, initiatives, tools related to WCAH in humanitarian and fragile settings, particularly across the continuum of care, within health and health-enhancing sectors and across the development and humanitarian landscapes.



What can be done?

- Explore options for better coordination mechanisms to bring together the continuum of WCAH in humanitarian and fragile settings, including within health and health-enhancing sectors, for better aligned knowledge, advocacy, accountability and action
- Building linkages across the humanitarian and development nexus around the health and well-being of women, children and adolescents, including between preparedness, response and recovery
- Exploring opportunities for innovation and technology in humanitarian and fragile settings to accelerate progress and amplify impact through better engagement with the Private Sector.



Why PMNCH?

- PMNCH is the leading global partnership for WCAH in the world today, where more than 1000 member organizations from ten constituencies in 192 countries come together to analyze, align, advocate and drive accountability on improving the health and wellbeing of women, children and adolescents across the continuum of care – everywhere.
- PMNCH is therefore well placed, through its partners' multi-stakeholder platforms at global, regional and country levels, and because of its focus on women, children and adolescent health continuum, to facilitate the consultations and convening of various stakeholders to explore ways of strengthening coordination and alignment for women, children and adolescents in humanitarian and fragile settings through a life course approach.



What are the next steps in 2018-2020

1. Alignment, coordination and promoting intersectoral collaboration and harmonization

- PMNCH to facilitate convening of partners to lead on a series of consultation to explore options for better coordination mechanisms across the continuum of WCAH in Humanitarian and Fragile Settings, within health and health-enhancing sectors, across the development and humanitarian landscapes. Any kind of coordination mechanism sought through this process, will avoid any duplication with existing structures and would, as much as possible, link up and complement, in particular IAWG



What are the next steps in 2018-2020 (Cont'd)

2. Linking with other partners and strengthening partner engagement in humanitarian and fragile settings

- Strengthen capacity building of CSOs at country and regional levels, through PMNCH small grants mechanisms, for better alignment, advocacy and accountability. An initial joint pilot project with IAWG will focus on capacitating CSO in one fragile setting and one region
- PMNCH, along with IAWG, will work closely with other partners, e.g. UHC2030 Working Group on Support to Countries with Fragile or Challenging Contexts, the CORE Humanitarian and Development Task Force, Global Compact on Migration and other relevant platforms and stakeholders to build consensus around the roles that each agency and effort can play in this endeavour. Each partner will also be responsible for mobilizing partners from within their networks to promote collaboration with other related initiatives.

What are the next steps in 2018-2020 (Cont'd)

3. *Knowledge, evidence and advocacy for action and results*

- Support partners in facilitating generation of knowledge and evidence, e.g. WHO, the BRANCH (Bridging research and action in conflict settings) consortium and other partners. This will be done through several tools, including:
 - Supporting the Lancet Series on SRMNCAH+N in conflict settings (2019)
 - Massive open online course for PMNCH constituencies, wide dissemination, brief online advocacy videos, op-eds, webinars and via social media
- Support partners in the implementation, scale up and sustainability of innovation and technology in humanitarian and fragile settings
- Evidence-based advocacy for increased political, financial and non-financial commitments to improve actions, policies and resources for women, children and adolescents in humanitarian and fragile settings.
- PMNCH and IAWG, in liaison with WHE to explore the development of a joint easy access digital portal that collates all relevant evidence, tools and research related to WCAH in humanitarian and fragile settings

What are the next steps in 2018-2020 (Cont'd)

4. Monitoring and Evaluation and Reporting

- Strengthen advocacy and accountability to facilitate consensus for improved monitoring, review and alignment of resources and action, including through community-based processes, media coverage and national and sub-national parliamentary action. This would include tracking of commitments made at the World Humanitarian Summit, e.g. identifying the ones that have a focus on WCAH and reporting on progress
- Improving the tracking and reporting of EWEC commitments pertinent to humanitarian and fragile settings, including validation of commitments. This could also be in partnership with the Countdown to 2030.

Questions for group discussions

- Identify 2 to 3 frontier issues around women's, children and adolescent health and wellbeing in humanitarian and fragile settings that should be given priority by PMNCH. Why should they be given priority? Keeping in mind the 4As (Alignment, analysis, accountability, advocacy), what role do you envision PMNCH would play in addressing these issues?
- What suggestions do you have for sharpening the proposed deliverables for the humanitarian and fragile settings workstream to ensure PMNCH's Business Plan contributes to achievement of the EWEC targets?
- Should the workstream be integrated across other workstreams or is it necessary to have it as an individual workstream?

Questions for group discussions (Cont'd)

- Should the workstream be integrated across other workstreams or is it necessary to have it as an individual workstream?
- Related to point 3 and given the nature of this workstream being a 'setting' rather than a technical area in its own, how do you suggest that we ensure that we leverage on and ensure synergy with the rest of the PMNCH workstreams – such as ECD, Empowerment and adolescent health in particular?
- What role should PMNCH play in securing commitments related to women's, girls' and adolescents in humanitarian and fragile settings? What commitments should PMNCH prioritize?