

12 DELIVER ON PROMISES

KNOWLEDGE SUMMARY: WOMEN'S & CHILDREN'S HEALTH

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Women and children have a right to quality health care and to survival – fundamental rights that should be respected and protected. The aim is: “Every pregnancy wanted, every birth safe, every newborn and child healthy”. A well-coordinated and integrated approach can help realize this, based on: **advocacy** for policy, services and financial resources; **action**; and **accountability**.



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Accountability holds the key to progress. Women and children – whose health and lives are at stake – have a right to know what their governments are doing and achieving. Global, national and local communities have to get involved in supporting this basic right and in helping women and children live healthy lives.

What do we know?

Funding for reproductive, maternal, newborn and child health (RMNCH) has been a low priority for many years, despite the availability of proven and cost-effective strategies.¹ As a result, 10 million lives are lost every year. However, progress is possible when countries make RMNCH a political priority.²

In 2010, RMNCH has featured prominently on political and policy-making agendas. The United Nations General Assembly, the G8, and the African Union have prioritized RMNCH. The media has played a major role in advocating change and insisting on political accountability, and provided a platform for public education, debate and generation of demand.³ The Partnership for Maternal, Newborn & Child Health (PMNCH) and its partners are building on this recent momentum to mobilize greater resources, action and accountability.

What will make it work?

Women's and children's education and participation

Women and children are the primary stakeholders in their own health. There have been few systematic reviews of the evidence,⁴ but individual field-based studies have emphasized the importance of women's and children's participation, empowerment and community mobilization. Such efforts have led to better outcomes where they have been tried and implemented, although scale-up has proven much more difficult.⁵ Local and sub-national initiatives have also

contributed to better outcomes where they have involved women in identifying their own health problems (for example, in rural Malawi)⁶ or facilitated improvements in their interactions with the local health system (for example, in Nepal).⁷

Children's participation in national parliaments and at UN General Assembly and G8 special sessions has influenced policy-making on a range of issues, including poverty, health, education and the environment.⁸ Children and adolescents also effectively use new social media to make their voices heard.

Box 1 – Promoting accountability for MDG acceleration

Evidence from various countries shows significant progress in creating systems of accountability:

- Audits help identify the causes of maternal, newborn and child mortality. Social audits have been introduced in India to hold policymakers and institutions accountable for service delivery.
- Eighty-four developing countries adopted Right to Information or Freedom of Information Acts, which recognize that informed citizens are empowered, can influence decisions that affect their lives, and demand accountability.
- In Tunisia, municipal councils for children have been in place since 1987, and since 2002 there has been a children's parliament, which works with members of the country's parliament on a range of issues. Children also have delegates on the councils of various educational institutions to help ensure that their voices are heard and that their needs are met.
- Albania adopted MDG 9 to "establish and strengthen a good governance process," with the aim of reforming public administration, legislation and policies in accordance with EU Standards by 2015. The country has made significant progress, albeit slowly, towards this target.
- The "Promoting Procurement, Transparency and Efficiency to Achieve the MDGs" initiative in the Philippines works to ensure that MDG-related programs at the local level are managed in a transparent and efficient manner.
- Community surveillance efforts can support citizens' demands for accountability. The Gambia adopted a community scorecard scheme, whereby citizens have the required information to demand and monitor service delivery.
- In Uganda, information about transfers of grants to promote student attendance in each school district is made public, and primary schools and district offices have also been required to post notices of actual receipts for everyone to see.

Sources:

UNDP (2010). "What will it take to achieve the Millennium Development Goals? An international assessment."
http://content.undp.org/go/cms-service/stream/asset/?asset_id=2620072

UNICEF (2007) Children and the Millennium Development Goals (PDF) www.unicef.org/publications/files/Children_and_the_MDGs.pdf

Working together

The primary responsibility for ensuring good quality RMNCH services lies with national governments, but several other stakeholders also have a significant influence. Bilateral and multilateral donors, the UN, civil society organizations, parliamentarians, the media, private sector organizations, academics and healthcare providers all have a role to play.

Global health initiatives – such as GAVI, the Global Fund and others – have successfully galvanized support for tackling major diseases. These multi-stakeholder partnerships have helped improve access and equity as well as the quality of specific health services. Joint planning by these global initiatives could ensure that their strategies and resources are better aligned to country priorities across the continuum of care.⁹

Putting knowledge into action

The knowledge of what works in RMNCH is available, but there is a gap between knowledge and its use in policy and practice. Awareness of scientific evidence tends to stay within the scientific community. In practical

Box 2 – Uganda – the need to move forward quickly

Aid to Uganda for maternal and newborn health improved by 85% between 2003 and 2006.¹ But the rate of progress towards MDG5 remained disappointingly slow. In response to this, the Government developed the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda, 2007-2015, to complement other initiatives already in place. It identified 20 key interventions across seven strategic areas. With the help of UNDP's MDG Acceleration Framework, the government identified constraints to implementation and defined priority actions. Uganda now has four priority intervention areas: EmOC, skilled attendance at birth, antenatal care to address direct and indirect causes of maternal deaths, and universal access to family planning. Financing and implementation remain major bottlenecks. An Action Plan has been developed to include: improvements to recruitment at the district level; coordination with ongoing ventures in other ministries to prioritize improvements, such as roads and water supplies; and referral centers to facilitate EmOC.²

Sources:

¹Greco G, et al (2008). "Countdown to 2015: assessment of donor assistance to maternal, newborn, and child health between 2003 and 2006." *Lancet*; 371: 1268–75.

²UNDP (2010). "Unlocking progress: MDG acceleration on the road to 2015, Lessons from the MDG Acceleration Framework pilot countries." September 2010 (PDF). http://content.undp.org/go/cms-service/download/asset?asset_id=2774097.

terms, this could result in low uptake of proven interventions and, in turn, poor outcomes. This could be overcome if RMNCH policy networks can bring knowledge into the mainstream, using innovative ways of generating and applying evidence.¹⁰ The SUPPORT Tools – which include summaries of systematic reviews in RMNCH – are one example of a positive step in this direction.¹¹

Honoring commitments

Budgets are a reflection of stakeholders' priorities. Civil society organizations have begun tracking national budgets to assess governments' priorities and funding commitments (see Box 2). However, data on domestic expenditure on the MDGs and RMNCH are not easily available. Tracking international funds faces similar challenges.

The *Countdown to 2015* calculated that international funding for MNCH in 2008 accounted for 34% of all development assistance for health. Though this proportion represents a 15% increase in funding for MNCH between 2007 and 2008, the spending is still insufficient and is not always targeted to the countries in most need.¹ The commitments made at the MDG Summit in September 2010, included quantified targets on increased funding, improvements in the health workforce, reductions in maternal and newborn deaths, improvements in child health and other related measures.¹² Better costing, budgeting and tracking of RMNCH funding is needed to improve actions and accountability (see Knowledge Summary 3).

Box 3 – Budget tracking

Accountability for what governments, donors and others are investing in MDGs continues to be weak. It is important to strengthen the role of parliamentarians in budget prioritization and oversight, and of NGOs to promote advocacy and community-level accountability.

The "Ask Your Government" initiative asked 84 governments for specific MDG-related budget information. Three areas were addressed:

- Expenditures on training midwives and the procurement of drugs to reduce maternal mortality
- The predictability and volatility of development aid
- Expenditure on environmental protection agencies and fossil-fuel subsidies.

Most of the governments in the study could not specify how much they spent on interventions to reduce maternal mortality. Furthermore, many governments did not consider that citizens were entitled to know about expenditure.

Source: International Budget Partnership. "Ask Your Government How Much It's Spending On Development Commitments." 2010. www.internationalbudget.org/cms/index.cfm?fa=view&id=3653

Being accountable

Political, managerial and social accountability will encourage implementation of commitments to RMNCH. For example, maternal death reviews help ministries of health to ensure a chain of accountability. South Africa's National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) has provided invaluable information on avoidable causes of maternal and perinatal mortality. It revealed that weak health systems and HIV/AIDS are responsible for lack of progress in reducing deaths. This enquiry process has encouraged leaders to set priorities and act.¹³

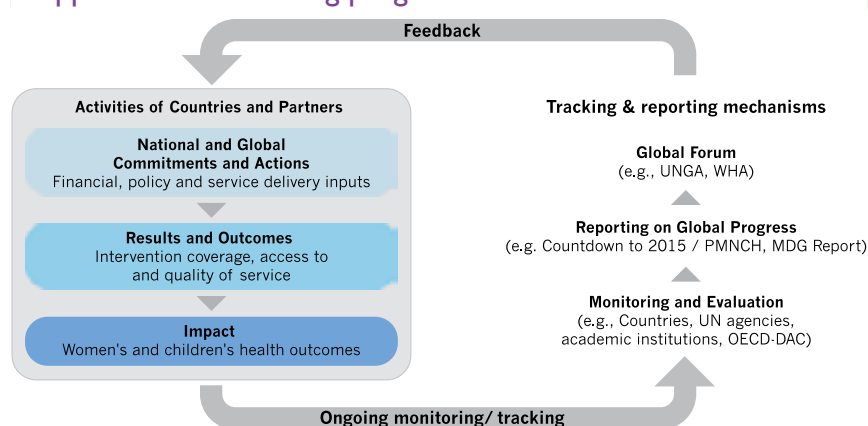
The Committee on the Rights of the Child (CRC) requires all governments to submit regular reports on their progress towards implementing children's rights. Civil society organizations and international agencies participate in the process, thus promoting mutual accountability.¹⁴

Accountability depends on the ability to measure results

Accountability requires accurate information on the health of women,

Figure 1

Approaches to tracking progress



Source: The Global Strategy

adolescent girls, newborns and children. However, vital registration and monitoring systems are weak in many of the poorest countries, due to insufficient political will, lack of resources and poor staff motivation or training.^{15,16} Alternative sources of information are demographic surveys, sentinel surveillance systems and hospital records. Several initiatives – such as the Health Metrics Network – are working with countries to strengthen information systems.

The Global Strategy calls for the

World Health Organization to “chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women’s and children’s health”. The PMNCH is supporting this effort across its range of partners, for example by engaging with parliamentarians through the Inter-Parliamentary Union¹⁷ and by supporting the *Countdown to 2015* work on monitoring RMNCH funding, coverage, equity and outcomes.

Conclusion

Governments and many other partners have acknowledged the global disgrace of mothers, newborns and children dying needlessly. All partners have to come together at this juncture, to take action. Knowledge of what works has to translate into effective policies and programs. Now is the time.

(References)

- 1 Pitt C, Greco G, Powell-Jackson T, Mills A (2010). “Countdown to 2015: assessment of official development assistance to maternal, newborn, and child health, 2003–08.” *Lancet*. Published online, 17 September 2010. DOI:10.1016/S0140-6736(10)61302-5
- 2 Shiffman J and Smith S (2007). “Generation of political priority for global health initiatives: a framework and case study of maternal mortality.” *Lancet* 2007; 370: 1370–79.
- 3 Noar SM (2006). “A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here?” *Journal of Health Communication: International Perspectives*, 1087-0415, Volume 11, Issue 1: 21 – 42.
- 4 Lewin S (2008). “Supporting the delivery of cost-effective interventions in primary health-care systems in low-income and middle-income countries: an overview of systematic reviews.” *Lancet* 2008; 372: 928–39.
- 5 Rosato M, et al (2008). “Community participation: lessons for maternal, newborn, and child health.” *Lancet*, Volume 372, issue 9642, Pages 962 – 971.
- 6 Rosato M, et al (2006). “Women’s groups’ perceptions of maternal health issues in rural Malawi.” *Lancet*; 368: 1180–88
- 7 Manandhar D S, et al (2004). Cited in Kerber K J, et al (2007). “Continuum of care for maternal, newborn, and child health: from slogan to service delivery.” *Lancet* 2007; 370: 1358–69.
- 8 UNICEF (2007) Children and the Millennium Development Goals (PDF). www.unicef.org/publications/files/Children_and_the_MDGs.pdf
- 9 WHO Maximizing Positive Synergies Collaborative Group (2009). “An assessment of interactions between global health initiatives and country health systems.” *Lancet*; 373: 2137–69.
- 10 Haines A, et al (2004). “Bridging the implementation gap between knowledge and action for health.” *Bulletin of the World Health Organization* 2004;82:724-732.
- 11 Lavis J, et al (2009). “SUPPORT Tools for evidence-informed health Policymaking (STP).” *Health Research Policy and Systems* 2009, 7(Suppl 1):11, www.health-policy-systems.com/content/7/S1/11
- 12 UN (2010). “Global Strategy For Women’s And Children’s Health: Commitments summary.” (PDF). www.un.org/sg/hf/global_strategy_commitments.pdf
- 13 Bradshaw D, et al (2008). “Every death counts: use of mortality audit data for decision making to save the lives of mothers, babies, and children in South Africa.” *Lancet*; 371: 1294–304.
- 14 OHCHR. Committee on the Rights of the Child. www2.ohchr.org/english/bodies/crc
- 15 UNICEF (2008). “Strengthening birth registration in Africa: opportunities and partnerships.” (PDF). www.unicef.org/esaro/Technical_paper_low_res_.pdf
- 16 WHO (2009). “Human resources for Health Information Systems: a fact finding study.” (PDF). www.who.int/healthmetrics/ScPoHMHNR4HIS.pdf
- 17 Inter-Parliamentary Union (IPU)/Partnership for Maternal, Newborn & Child Health (2010). “Taking the lead: Parliamentarians engage with maternal, newborn and child health.” www.who.int/pmnch/topics/part_publications/20100716_takingthelead/en/index.html

Available on-line at <http://portal.pmnch.org/>