

MATERNAL, NEWBORN AND CHILD HEALTH

The vision of the Partnership for Maternal, Newborn & Child Health (PMNCH) is a world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind. The COVID-19 pandemic has laid bare the structural barriers inside and outside of the health system that disadvantage women, children and adolescents, particularly those most marginalized. In response to the pandemic and the needs of partners, PMNCH has issued a seven-point [Call to Action](#) calling on governments to strengthen political commitment, financing and policies to protect and promote the health and rights of women, children and adolescents and to strengthen health systems during the COVID-19 response and recovery phases.

Why is maternal, newborn and child health a focus area for 2021–2025?

Dramatic reductions have been achieved in maternal, newborn and child health in recent decades. Yet deep inequities remain between and within countries, which are being exacerbated by COVID-19. For instance, although the global maternal mortality ratio is [estimated](#) to have fallen by 38% between 2000 and 2017, 94% of all maternal deaths occur in low- and lower middle-income countries. [Maternal mortality increases](#), on average, by 11% in conflict zones and by 28% in the worst hit areas.

While significant reductions have been achieved in under-5 mortality rates, progress on newborn mortality and stillbirths has fallen behind. It is [estimated](#) that almost half of under-5 deaths occurred during the neonatal period, and that only half of small and sick newborns have access to high-quality care. In addition, [an estimated 19 million stillbirths](#) will take place before 2030, with many more resulting from disruptions to health and social services due to COVID-19.

Before COVID-19, it was [estimated](#) that 53 countries would not meet the Sustainable Development Goal target for under-5 mortality, and sub-Saharan Africa remains the region with the highest under-5 mortality rate in the world, where about one child in 13 dies before reaching the age of 5.

What needs to be done?

Actions to reduce preventable maternal, newborn, and child mortality and morbidity, including stillbirths, need to be amplified by policies, investments and programmes that enhance the integration and quality of maternal, newborn and child health services. Additionally, financing of those services needs to be more equitable to target those most in need and at risk of being left behind. As countries think about “building back better” after the COVID-19 pandemic, governments need to make their health systems more gender-responsive and resilient to future crises by ensuring that their preparedness and response plans prioritize essential maternal, newborn and child health services. There is also a strong need to prepare for the differentiated impacts of health emergencies on women and children in all contexts, including humanitarian and fragile settings.

How is PMNCH making a difference?

PMNCH is committed, through the power of its partnership, to ensuring a sustained and equitable focus, especially during the COVID-19 pandemic, on maternal, newborn and child health, including the prevention of stillbirths, with a focus on the poorest and most marginalized communities.

In this regard, PMNCH undertakes evidence-based advocacy, in line with the objectives outlined in its [2021–2025 Strategy](#) and the [PMNCH COVID-19 Call to Action](#). This effort is underpinned by PMNCH’s functions of campaigns and outreach, partner engagement and knowledge synthesis.

Highlights of PMNCH’s deliverables for 2021–2025

Campaigns and outreach

Rallying all partners in a coordinated approach to attain common advocacy and accountability goals, PMNCH works to improve maternal, newborn and child health and well-being by:

- organizing the third Lives in the Balance e-summit (May 2021) to jointly reflect, share and collaborate to enable coordinated action, including for equity-enhancing strategies to meet the needs of mothers, newborns and children in response to COVID-19;
- mobilizing and supporting high-level champions, leaders, politicians and decision-makers, such as the United Nations Secretary-General’s Global Advocate for Every Women Every Child, including: advocating for services, supplies and information relating to maternal, newborn and child health and the prevention

of stillbirths; and policies and financing to support the provision of high-quality and respectful care and a well equipped health workforce, particularly nurses and midwives;

- supporting media and watchdog organizations in challenging decision-makers to implement better, equity-enhancing policies, investments and interventions for maternal, newborn and child health;
- providing advocacy and communications support for the launch of the Global Strategy Progress Report at the World Health Assembly in 2021, the State of the World's Midwifery report (2021) and the accompanying World Health Assembly resolution urging governments to adopt policy recommendations to strengthen maternal, newborn and child health through midwifery and nursing care; and
- mobilizing parents and families to advocate for the prevention of stillbirths through support to the Stillbirth Advocacy Working Group Parents' Voices Initiative, involving parents in national advocacy efforts.

Partner engagement

By supporting the development of partner knowledge, skills and capacity for joint advocacy, meaningful inclusion and greater accountability of partners to each other and to external stakeholders, including through multistakeholder policy dialogue, PMNCH works to improve maternal, newborn and child health and well-being by:

- mobilizing policy and financial commitments from governments in line with the COVID-19 Call to Action, which includes a strong focus on protecting maternal, newborn and child services, supplies and information;
- collaborating and advocating with partners through initiatives such as [Ending Preventable Maternal Mortality](#), [Every Newborn Action Plan](#), [Align-MNH](#), [the Inter Agency Working Group on Reproductive Health in Crises](#) and the [Global Health Cluster](#);
- supporting national multistakeholder platforms in highlighting the need for increased action to prevent stillbirths and raise the voices and participation of bereaved parents; and
- supporting country-level accountability mechanisms through small grants, citizens' and parliamentary hearings and media outreach to enable local partners to hold national governments to account for their commitments in response to the COVID-19 Call to Action.

Knowledge synthesis

By translating and packaging evidence to highlight gaps in progress, support consensus building on PMNCH advocacy asks and equip partners with evidence for advocacy, action and greater accountability, PMNCH works to improve maternal, newborn and child health and well-being by:

- supporting the knowledge translation and dissemination of the *Lancet Series on Women's and Children's Health in Conflict Settings* through policy briefs and locally led regional workshops to enhance coordinated advocacy and action for improved maternal, newborn and child health in conflict settings;
- developing knowledge translation products on the effects of COVID-19 on women's, children's and adolescents' health, such as [digital toolkits](#), [knowledge-to-action briefs](#) and self-care [videos](#), in support of the COVID-19 Call to Action campaign efforts;
- developing a digital accountability compendium that consolidates and facilitates access to accountability tools, resources, case studies and evidence on maternal, newborn and child health, in order to strengthen partner capacity for accountability and advocacy at global, regional and national levels;
- developing a series of investment cases that cover costing and socioeconomic returns on investments in high-impact interventions, including those focused on maternal, newborn and child health and stillbirths, social, behavioral and community engagement interventions and gender-responsive preparedness and response measures;
- developing evidence-based resources on women's, children's and adolescents' health and well-being in humanitarian and fragile settings to identify gaps in action and evidence, with a strong focus on maternal, newborn and child health and the prevention of stillbirths to drive evidence-based advocacy; and
- developing policy-relevant resources to equip advocates and policy-makers with the evidence needed to integrate essential maternal, newborn and child health interventions into universal health coverage benefits packages, based on the [WHO UHC Compendium](#).