

Setting the scene: Status of transitioning from MDGs to SDGs- challenges and opportunities

Dr Michelle Bachelet, PMNCH Board Chair

ITEM 2 – Women's, Children's & Adolescents' Health and Well-being
in the SDG Era



From the MDG era to the SDG era:

Are we there yet?



What is the state of progress? Key messages from the H6 Global Strategy Monitoring Report 2018

Significant progress

- Under-five mortality rate declined by 56%, from 93 to 41 deaths per 1,000 live births (1990-2016)
- MMR has declined by 44 per cent (1990-2015)
- Global adolescent death rates have fallen by 17% since 2000
- 25 million child marriages prevented in the last decade



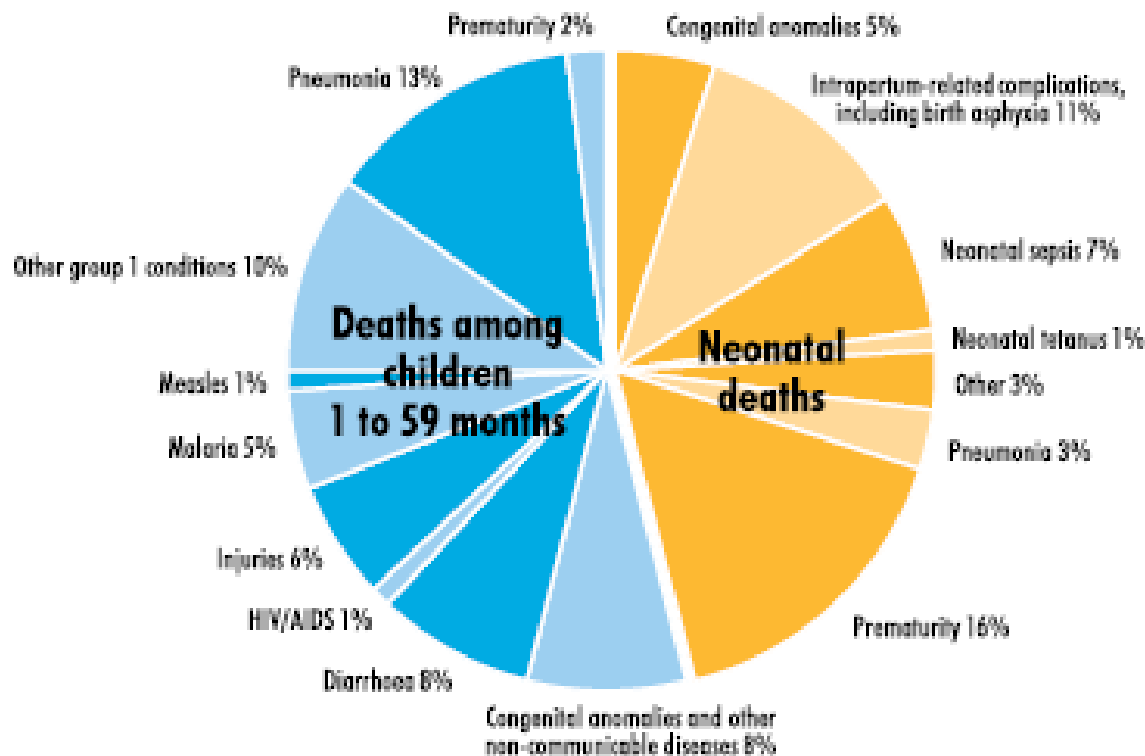
But, significant challenges also remain

■ Challenges

- Neonatal mortality: Limited progress
- Gender inequalities: Progress is too slow and some gains are being lost
- Humanitarian settings: Many more people are now affected by Crises

Mortality in early childhood remains due to mainly preventable causes

Main causes of child mortality under 5 years

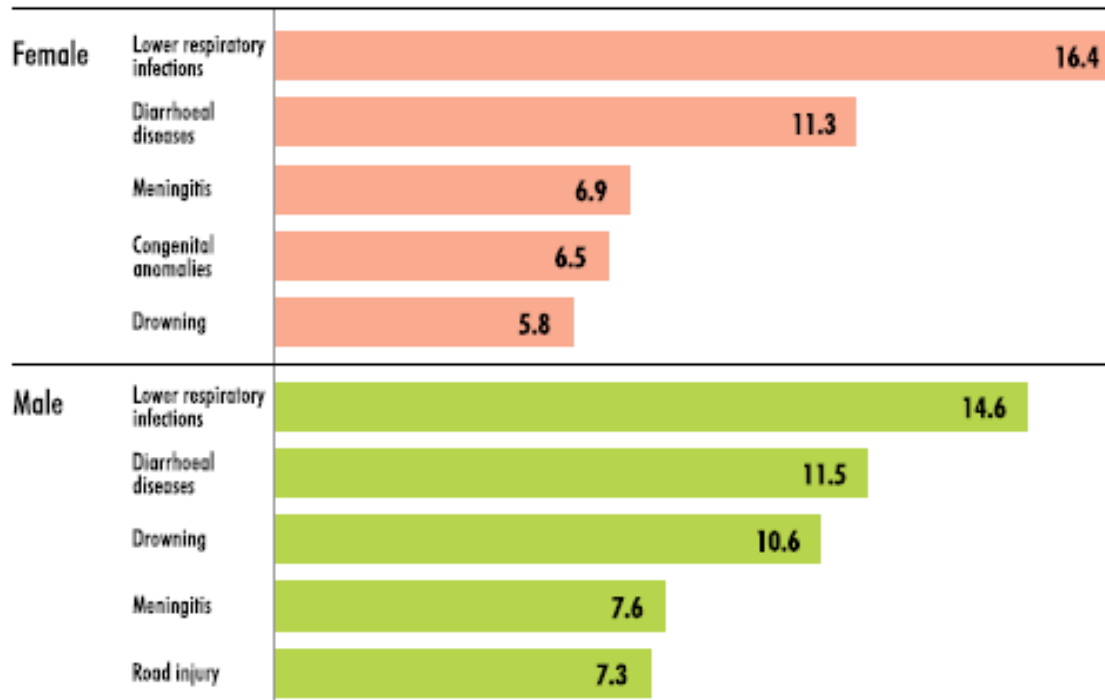


Source: WHO-MCEE methods and data sources for child causes of death 2000–2016
(Global Health Estimates Technical Paper WHO/HMM/IER/GHE/2018.1)

Additional credit: H6 Global Strategy Monitoring Report, 2018 <http://www.everywomaneverychild.org/global-strategy/2018-monitoring-report-for-the-every-woman-every-child-global-strategy-for-womens-childrens-and-adolescents-health/>

Lower respiratory infections and diarrheal diseases also remain the top two causes of death for older children

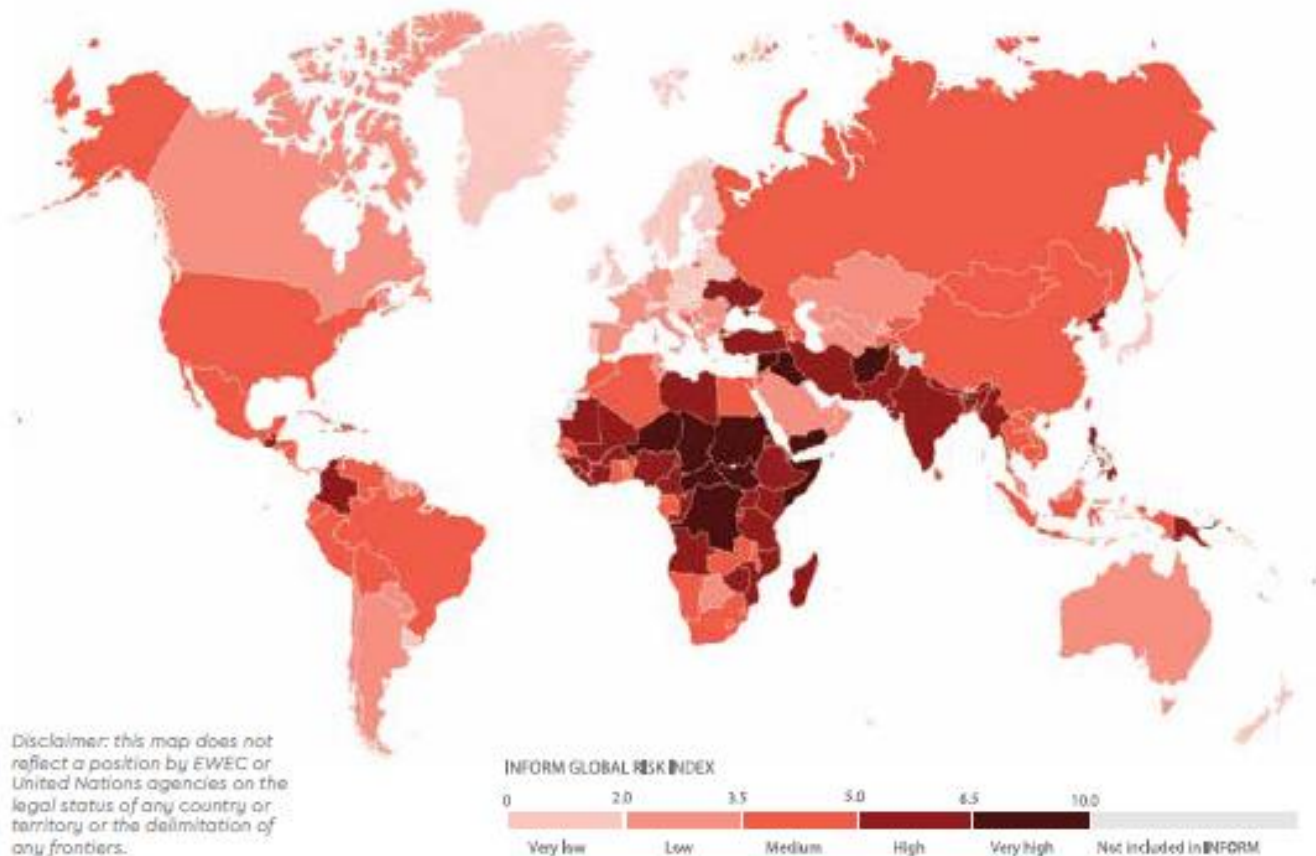
Estimated top five causes of death for older children aged 5–9 years by sex
(rates per 100 000), 2015²⁸



Source: WHO – Global Health Estimates 2015²⁸

Primary prevention is needed worldwide: build resilient and sustainable systems for health

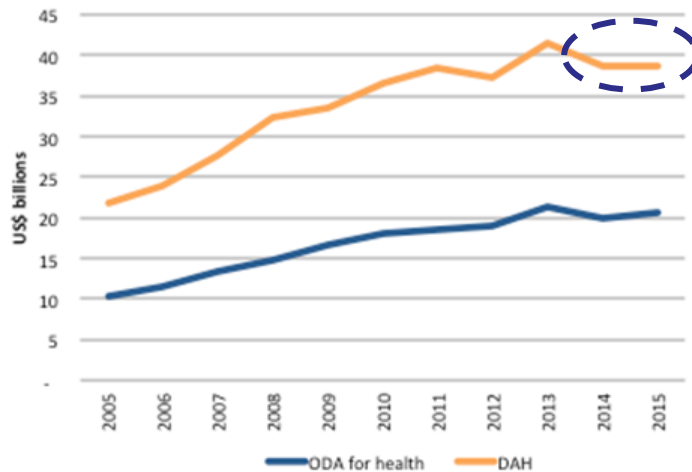
Risk of humanitarian crises and disasters, 2018



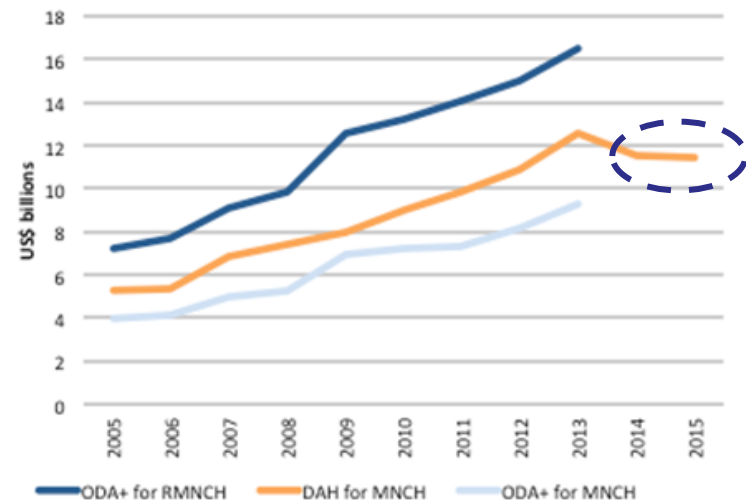
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Funding trends are stagnating

After a sustained decade of growth, health funding has recently begun to stabilise or even decline....



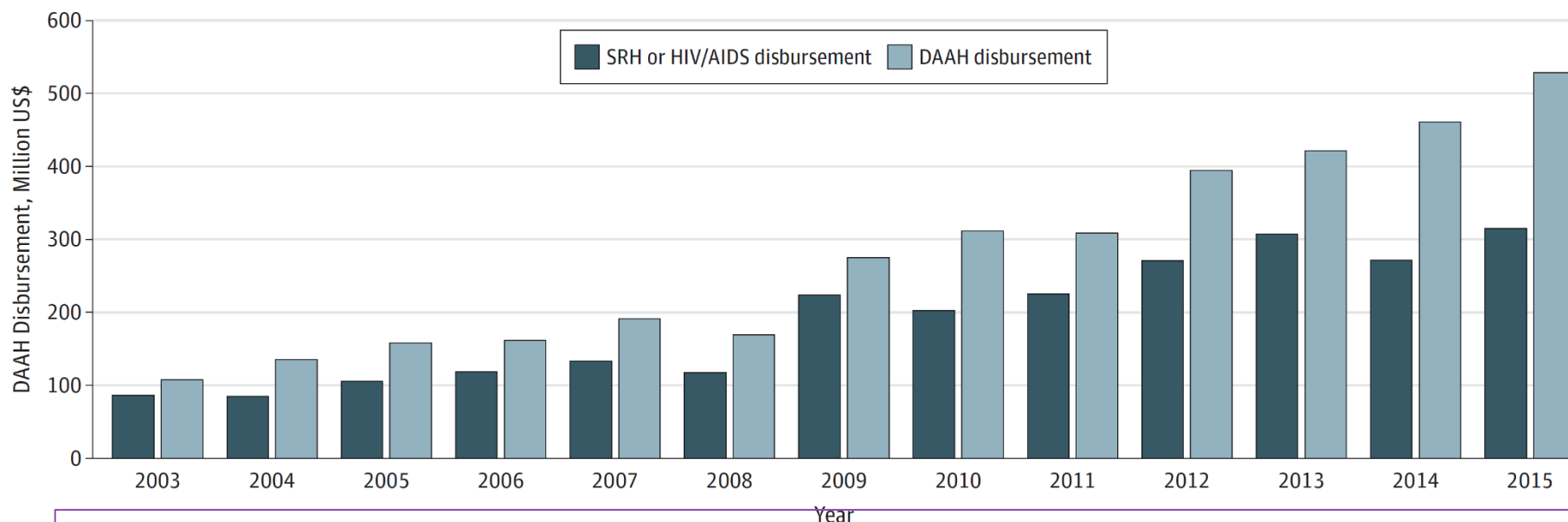
... which is mirrored by a plateauing in MNCH funding based on DAH database



Few key donors account for most of MNCH DAH – US, UK and Gates, along with Canada, Germany, Norway, Japan and Netherlands

Sources: ODA for health from the CRS database, DAH from the 2017 DAH database, ODA+ for RMNCH from the Countdown ODA+ database.

Development Assistance for Adolescent Health (DAAH), Years 2003-2015



- Total disbursements of US\$ 3.6 billion in DAAH between 2003 and 2015, equals 1.6% of all DAH in this period
- DAAH increased by 5-fold, from US\$110 million in 2003 to US\$529 million in 2015 (grey bars in figure above)
- **Sexual and reproductive health and HIV accounted for 68% of all DAAH disbursed between 2003-2015 (dark blue bars in figure above)**
- Africa received the highest amount of DAAH per adolescent
- Study finds a mismatch between causes of disease burden and DAAH allocation: HIV had the largest amount of DAAH per adolescent, while other leading causes of DALYs received no or very small amounts (e.g. road injuries, depressive disorder, and iron-deficiency anemia)

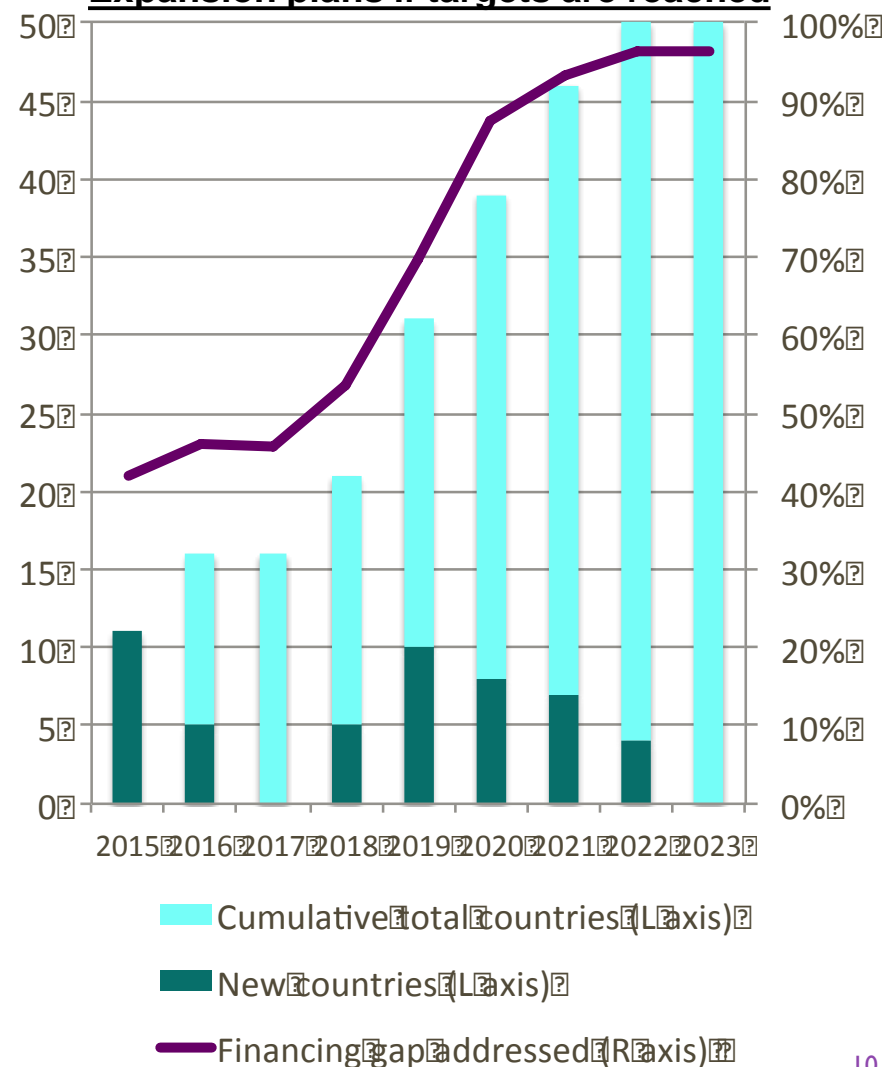
Source: Zhihui Li; Mingqiang Li; George C. Patton; Chunling Lu, Global Development Assistance for Adolescent Health From 2003 to 2015, in: Journal of American Medical Association, 2018, 1(4); Source: UNAIDS. Miles to Go: Closing gaps, breaking barriers, righting injustices.

http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

Why the first GFF replenishment matters

- **High demand** for financing from countries but trust fund resources fully committed → **first GFF replenishment**
- **US\$2 billion** for the period 2017-2023 → 34 additional countries
- What does US\$2 billion buy:
 - GFF would be able to expand from working in countries that represent 46% of total financing gap for RMNCAH to reach countries that account for **96% of the gap**
 - Significant opportunity for impact: the 50 countries supported account for **5.2 million maternal and child deaths annually**

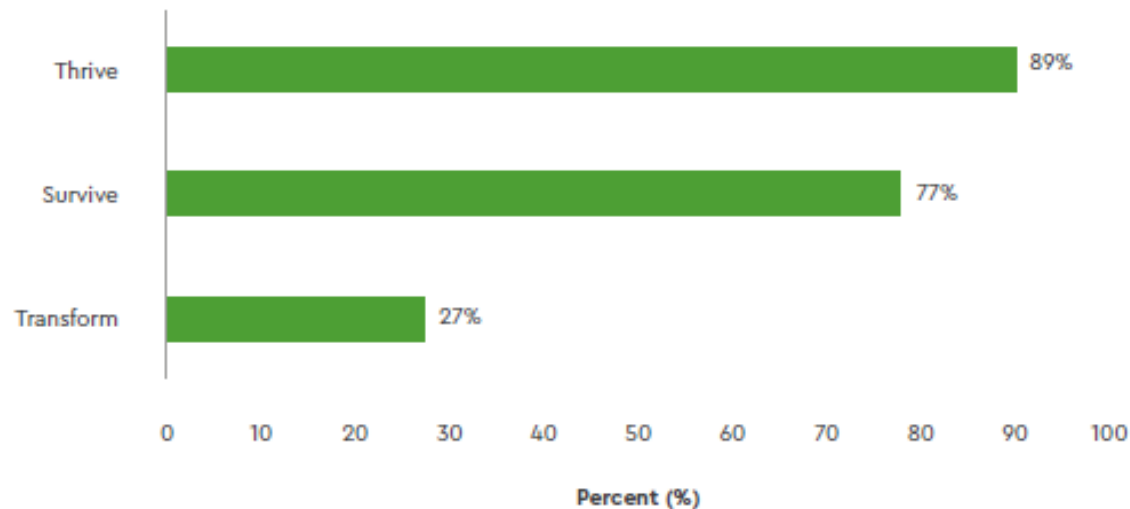
Expansion plans if targets are reached



Source: Sameera Al-Tuwaijri, World Bank Group/GFF: Financing Family Planning. Setting the Stage. The view from the World Bank and GFF.

Need to strengthen EWEC commitments to the Global Strategy's Transform agenda

Figure 7. Commitments in support of at least one of the 16 EWEC *Global Strategy* key indicators within the "survive," "thrive," and "transform" objectives, September 2015 – December 2017



Source 1: PMNCH Report: Commitments to Every Woman Every Child's Global Strategy for Women's children's and adolescents' health (2016-2018). In press-embargoed until September 23rd 2018. Source 2:EWEC Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) <http://www.who.int/life-course/publications/gs-Indicator-and-monitoring-framework.pdf>

We cannot achieve the SDGs without enabling environments

- Ensure a rights-based approach to health
 - A human rights-based approach is essential to achieving the SDGs
- Invest in data
 - Continue to strengthen health management information systems
 - Stay serious about building country capacity for *data use for action*
 - Ensure an equity based approach to reach the most vulnerable people
- And,

Maintain the power of partnership

Thank you