PMNCH UNGA 78 Advocacy Asks



At the 78th United Nations General Assembly, world leaders, including young leaders, will discuss the need to accelerate action on the 2030 Agenda for Sustainable Development.

The **SDG Summit** will be a central UNGA 78 event. It will bring together leaders and communities to reaffirm and make commitments to the Sustainable Development Goals (SDG) at the halfway mark toward 2030.

UNGA 78 will also convene three High-Level Meetings on health. These present a historic opportunity to place health back on the high-level political agenda - to end tuberculosis (TB), deliver universal health coverage (UHC), and ensure pandemic prevention, preparedness, and response (PPPR).

Accelerated action is needed, and the time to act is now. As world leaders meet at UNGA, PMNCH – the world's largest alliance of more than 1,400 partners for women's, children's and adolescents' health (WCAH), calls on leaders to prioritize health and well-being.

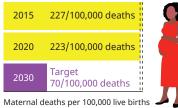
SDGs

Key data:

- SDG Target 3.1: The global maternal mortality ratio decreased only from 227 maternal deaths per 100,000 live births in 2015 to 223 in 2020, still over three times higher than the target of 70 maternal deaths by 2030. Almost 800 women still die from preventable causes related to pregnancy and childbirth every day, with 95% in LMICs (source).
- SDG Target 3.2: 54 countries are currently not on track to meet the SDG target on under-five mortality by 2030, nearly three-quarters of which are in Sub-Saharan Africa (source).
- SDG Target 3.7: The proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern contraceptive methods is still not sufficient to meet the target of ensuring universal access to sexual and reproductive health-care services by 2030 (source).

Key Advocacy asks:

- At the halfway point of 2030, there is a need to accelerate progress toward the SDGs, with sustained efforts in strengthening health systems, improving intersectoral action, and ensuring increased and adequate funding to address WCAH goals.
- Integrate family planning into SRH services, including through robust public/private collaborations, given the noted benefits to improving maternal and adolescent health and well-being.



UHC

Key data:

 Out-of-pocket expenditure on health increased from 12.6% in 2015 to 13.5 % in 2019. More than 4% of the global population in 2019 was pushed into extreme poverty due to out-of-pocket payments for health (source).

Key Advocacy asks:

- High-level action for the progressive realization of essential WCAH interventions in UHC schemes is needed, focusing on strengthening gender-responsive primary health-care systems that protect the most vulnerable from catastrophic health spending.
- Critical need for adolescent health services to be integral to UHC and comprehensive national health systems.

Pandemic Prevention, Preparedness and Response (PPPR)

Key data:

- The COVID-19 pandemic has **exacerbated health inequities**, with already disadvantaged ethnic groups, lower-income people, migrants and refugees experiencing higher infection and mortality (source).
- The global impacts of COVID-19 on children have been profound, with 10.5 million children having lost a parent or caregiver to COVID-19, 67 million missing out on routine vaccines and 80% experiencing learning losses due to school closures, with long-term effects on their growth and adulthood.

Key Advocacy asks:

- Clear commitment by HoS/HoG to the required transformation of the international PPPR system based on solid governance, equitable access to counter measures, sustainable financing, clear rules and roles, and a strong WHO.
- Investment in multisectoral pandemic preparedness, ensuring protection for health, societies, and economies and preventing outbreaks from becoming pandemics.



WCAH Financing

Key data:

- ODA flows for RMNCH were already in the downturn before the COVID-19 pandemic, with 14.1 % negative growth between 2019 and 2021, from \$6.2 billion to \$5.3 billion in 2021 (source).
- Investing in interventions for WCAH yields health, societal and economic benefits spanning the life course and generations. Investing \$5 per person per year in health systems and high-impact health interventions for women's and children's health up to 2035 in 74 high-burden countries could yield economic and social benefits that are **nine times higher** than that amount (source).

Key Advocacy asks:

- Increase and sustain budget allocations to WCAH, including through investing in intersectoral co-financing, to support the incorporation of WCAH goals into the design of co-financing arrangements between health and health-enhancing sectors, including climate financing, to make health systems more resilient, sustainable and equitable.
- Domestic funding and ODA should prioritise equity-enhancing investments for primary health care to strengthen health systems, scale up WCAH services, and strengthen financial protection to address the needs of the most vulnerable populations.

Maternal, Newborn and Child Health

Key data:

- About 287 000 women died during and after pregnancy and childbirth in 2020. Sub-Saharan Africa alone accounted for around 70% of maternal deaths (202 000), while Southern Asia accounted for about 16% (47 000) (source).
- The decline in neonatal mortality from 1990 to 2021 has been slower than that of post-neonatal under-5 mortality, with newborn deaths accounting for approximately 47% of all child deaths (<5 years), including 1.9 million stillbirths globally in 2021. Children in low-resource and humanitarian settings remain most at risk (source).
- 1 in 10 babies worldwide are born preterm and global progress on reducing the preterm birth rate has stalled in the last decade (source)

Key Advocacy asks:

- Ensure access to respectful, high-quality health care across the continuum of care with smart investments in MNCH interventions, including the promotion of breastfeeding and programmes to support routine vaccination and address child malnutrition.
- Bolster maternal health interventions to prevent and care for preterm births, with particular attention to humanitarian settings.

Sexual and Reproductive Health and Rights

Key data:

- In 2021, nearly 12 million women in 115 countries lost access to family planning services, leading to 1.4 million unintended pregnancies. This was due to the disruptions caused by COVID-19 over the past year (source).
- Each year, 4.7–13.2% of maternal deaths can be attributed to unsafe abortion (WHO).

Key Advocacy asks:

- The equitable provision of comprehensive sexual and reproductive health services is a critical prerequisite for achieving UHC. Comprehensive SRH interventions in UHC should include:
 - Safe abortion care and treatment of complications resulting from unsafe abortion
 - Health-care services for adolescents, including comprehensive sexuality education and counselling and access to modern contraceptives
 - Prevention and treatment of complications resulting from gender-based violence
 - Family planning products and technologies

Adolescent Well-being

Key data:

- Over 1.5 million adolescents and young adults aged 10–24 died in 2021, about 4500 daily (source)
- Globally, one-fifth of young people (aged 15-24) are not in employment, education, or training (NEET). Young women are twice as likely as young men to have NEET status.
- According to an estimate by Victoria University, the total cost of inaction (in investing in the education and health of adolescents) is about US\$3.5 trillion per year in LMICs.
- Results of the <u>What Young People Want</u> Initiative <u>found</u> that young people are most interested in education and developing skills and competencies for future employment.

Key Advocacy asks:

- Increase financial and political investments in multisectoral policies, programmes and service delivery to foster and improve adolescent well-being
- Strengthen data collection and monitoring of adolescent well-being for greater accountability.



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