



2010 Agenda for Healthy Women, Healthy Children

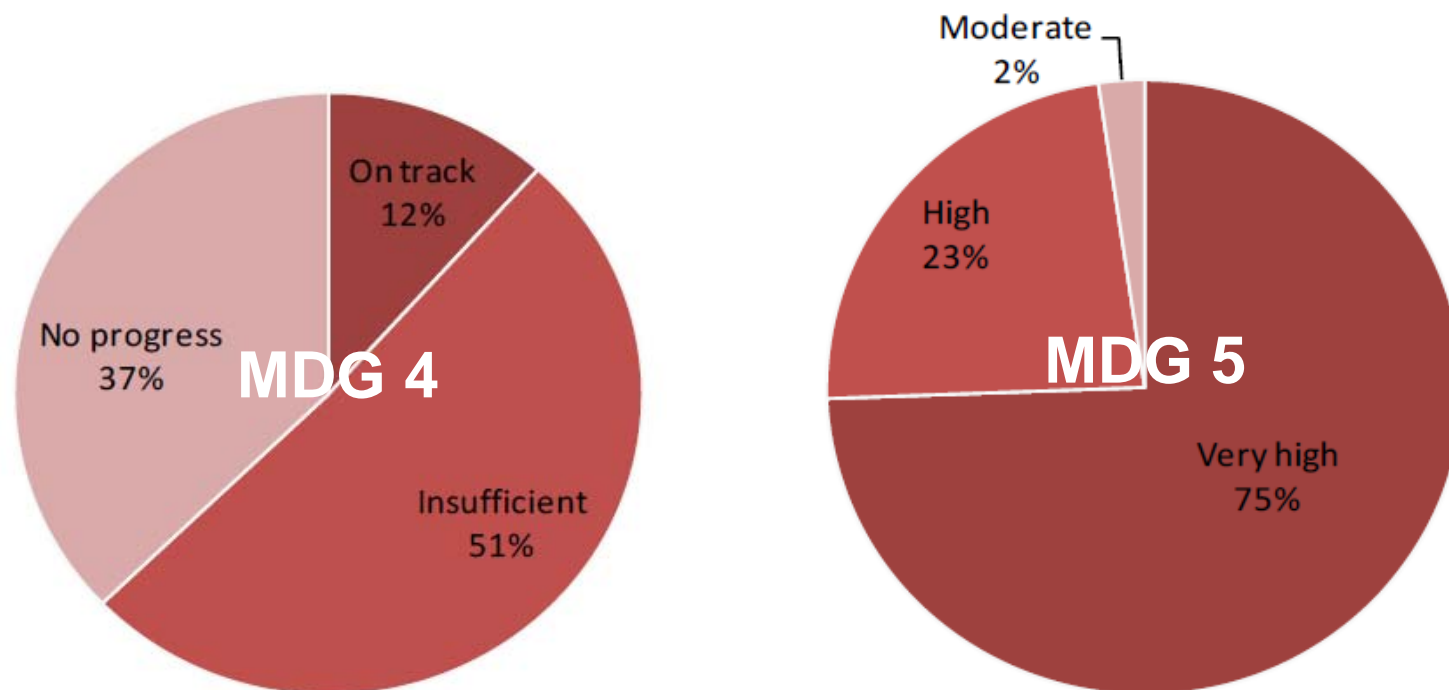
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PMNCH: Rationale

Insufficient progress towards MDGs 4 & 5 in Low Income Countries

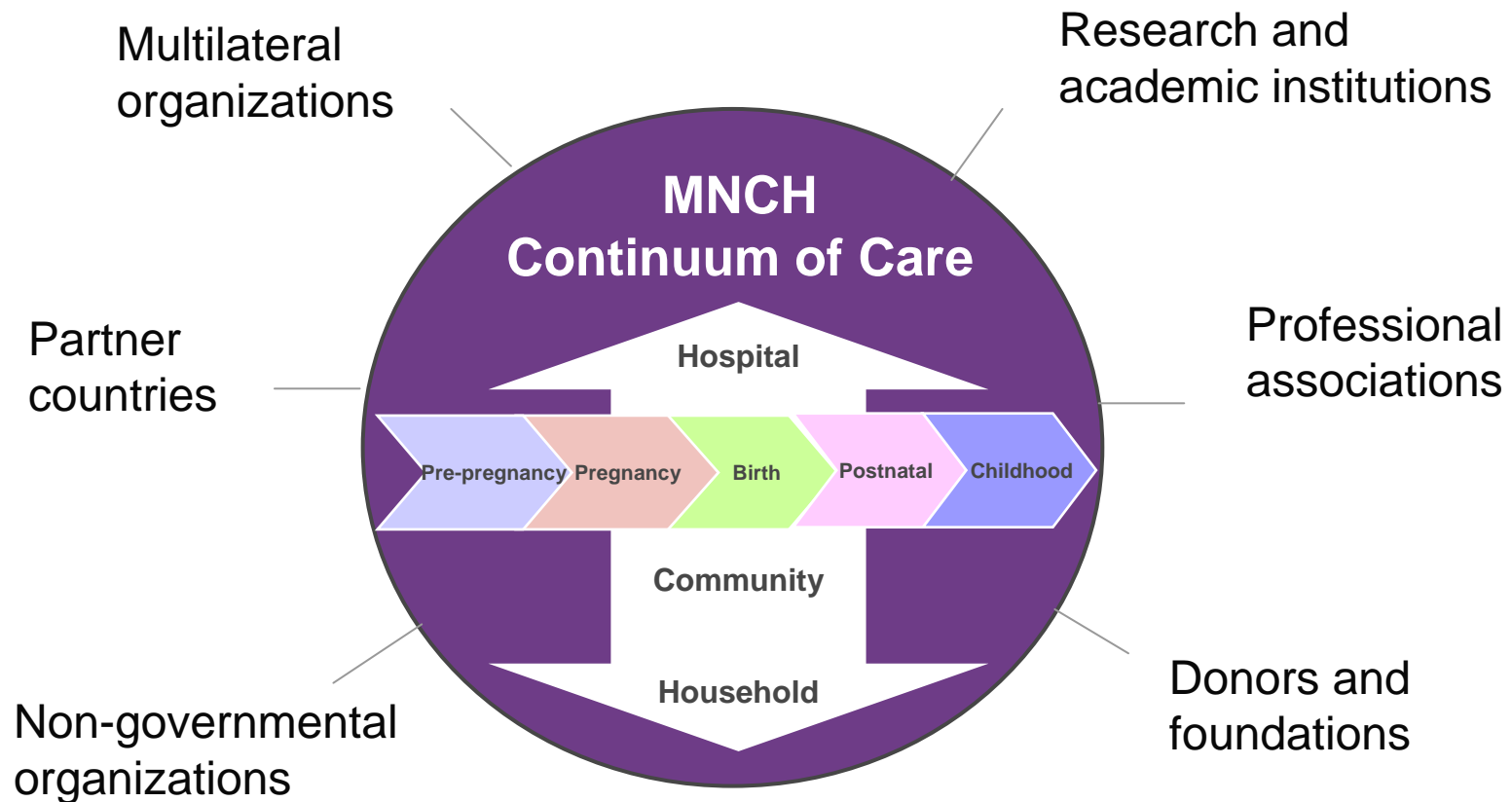


Progress towards MDGs 4 & 5 for 43 low-income countries

Source: High Level Taskforce on International Innovative Financing for Health Systems, Working Group 1 Technical Report



PMNCH: The Partnership



Also working with:

- Other Global Partnerships
- Private sector
- Public and Mass Media



PMNCH: Mission and Objectives

MISSION

Contribute to the achievement of MDGs 4 and 5 by enhancing partners' interactions and the use of their comparative advantages

Build consensus, and promote evidence-based, high-impact interventions and commodities

Contribute to raising US\$ 30 billion to improve maternal, newborn and child health

Track partners' commitments and measure progress



Consensus for Maternal, Newborn and Child Health

Purpose

To align current momentum in politics, financing and delivery behind a common set of:

- i) high level advocacy messages and
- ii) priority policies and interventions to accelerate progress on the ground.

**Consensus for
Maternal, Newborn and Child Health**

Our Aim:
"Every pregnancy wanted, every birth safe, every newborn and child healthy"
Saving the lives of over 10 million women and children by 2015
Our Timeline: 2009 – 2015



Bold, focused and co-ordinated action on reproductive, maternal, newborn and child health is urgently needed. Such action at global, national and sub-national levels will accelerate progress toward Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), as well as MDG 6 (combat HIV/AIDS, malaria and other diseases). Maternal and newborn health must be emphasized – while addressing major gaps in child survival – because women and infants are at greatest risk of death in the first few hours and days around birth. The Consensus recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions aimed at accelerating progress on the ground.

How we can make it happen:

1. **Political leadership and community engagement and mobilization**
2. **Effective health systems that deliver a package of high quality interventions in key areas along the continuum of care:**
 - Comprehensive family planning – advice, services and supplies
 - Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality care at birth, emergency care for complications, postnatal care, and essential newborn care
 - Safe abortion services (when abortion is legal)
 - Improved child nutrition and prevention and treatment of major childhood diseases
3. **Removing barriers to access**, with services for women and children being free at the point of use where countries choose
4. **Skilled and motivated health workers in the right place** at the right time, with the necessary infrastructure, drugs, equipment and regulations
5. **Accountability** at all levels for credible results



What will it take?

- In 2015, an additional 50 million couples using modern methods of family planning
- An additional 234 million births taking place in facilities that provide quality care for both normal and complicated births
- 276 million additional women receiving quality antenatal care visits
- 234 million additional women and newborn babies receiving quality postnatal care
- More than 164 million additional episodes of child pneumonia taken for appropriate treatment
- 2.5 million additional health care professionals and 1 million additional community health workers, towards the WHO target of at least 2.3 health workers per 1,000 of population

What will it achieve?

- Preventing the deaths of up to 1 million women from pregnancy and childbirth complications
- Saving the lives of at least 4.5 million newborn babies
- Saving the lives of at least 6.5 million children (1 month to 5 years)
- Preventing 1.5 million stillbirths
- A significant decrease in the global number of unwanted pregnancies and of half the number of unsafe abortions
- An effective end to the current unmet need for family planning services
- Reducing by over one-third the rate of chronic malnutrition in children age 12 to 23 months

What will it cost?

- The total additional programme cost of achieving these targets is \$30 billion for the period 2009-2015, with annual costs ranging from \$2.5 billion in 2009 to \$5.5 billion in 2015.

¹ Figures are totals for 49 aid-dependent countries (total population in 2009 is 1.4 billion; excludes India and China) for the 2009-2015 period, based on calculations done for the High Level Task Force on Innovative International Financing for Health Systems (HLTF), May 2009. See http://www.internationalhealthpartnership.net/CMS_files/documents/working_group_1_-_report_EN4.pdf.

² The HLTF estimates that the total programme and health system cost for maternal and newborn health; child health; family planning; HIV/AIDS; TB; malaria; and basic health services for 2009-2015 is \$251 billion, of which \$186 billion is health system costs that are needed for progress in all the specific health programme areas.



Outcomes of Political Advocacy

- Global MNCH consensus developed and positioned in the G8 communiqué
- Global MNCH consensus launched at HLTF event at UN General Assembly on Sept 23
- More than \$5 billion of new funds for HS and MNCH announced (UNGA 23 Sept) resulting from analytical and strategic messaging inputs to High-Level Task Force on Innovative Financing.
- Awareness built on Parliamentarians through Countdown country specific data presented at IPU Assembly in April in Addis Ababa



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- Successful September meeting organized together with the Taskforce on Innovative International Financing for Health Systems.
- PMNCH played a central role.
- Instrumental in delivering the results that world leaders pledged more than US \$5 billion in multi-year funding.
- Spearheaded global Consensus for Maternal, Newborn and Child Health.



23 Sep 2009 UN Special Event: World leaders group photo. UN Photo/M.Garten



Moving forward: PMNCH Priority Action Areas

PA1 Knowledge	PA2 Interventions	PA3 Commodities	PA4 Human Resources	PA5 Advocacy	PA6 Tracking
<p>Map knowledge resources</p> <p>Develop a platform to develop a joint evidence base for MNCH</p> <p>Facilitate linking with MNCH community of practice, including through MHTF and Healthy Newborn knowledge systems</p>	<p>Identify core interventions across MNCH continuum of care</p> <p>Focus initially on 'A-list' interventions</p> <p>Develop consensus on and demand for interventions</p> <p>Strengthen health systems to deliver interventions</p>	<p>Reach consensus on essential commodities</p> <p>Harmonize commodity management in 25 high-burden countries identified by H4</p> <p>Support the development of in-country capacities to deliver essential commodities</p>	<p>Integrate human resources planning into National MNCH frameworks</p> <p>Strengthen healthcare professional associations</p> <p>Serve as a neutral communication platform for different health systems stakeholders</p> <p>Provide scoping tools and technical support</p>	<p>Advance partner efforts to mobilize US\$30 billion for MNCH in 2009-2015</p> <p>Create and use opportunities to raise MNCH on high-level policy agendas e.g. Beijing +15, World Economic Forum, G8 in Canada, G 20 in South Korea</p>	<p>Support and enhance the Countdown 2015 process in tracking policies, funding, and progress towards MDGs 4 & 5</p> <p>Develop an accountability framework to link donor pledges to use and impact coordinating with partners' own processes</p>



Key Events for MNCH Advocacy in 2010

Global

January: World Economic Forum in Davos

February: United Nations Commission on the Status of Women

March: International Women's Day

April: United Nations Commission on Population and Development

May: World Health Assembly

June: Women Deliver/Countdown to 2015

June: Global Health Conference

July: African Union Summit

July: G8 in Canada

September: United Nations General Assembly, High-level Meeting on the MDGs

G20 in South Korea

Regional

African Union Summit

Maputo Follow-up

African Health Community and Ministers Conferences

European Union Congress

National

US Congressional Appropriations Meetings



Conclusions

The Partnership in 2010

- will be a platform for intensified activities to advance the recommendations of the High Level Task Force
- will build a knowledge system on MNCH
- will set up an accountability mechanism to track progress on MDGs, through Countdown to 2015, pledges, commitments and impact of funding for MDG 4 and 5.

