

# FROM MDGs to SDGs: MATERNAL & NEWBORN HEALTH PRIORITIES.

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World Health  
Organization

# Outline of the presentation

- Context
- Global strategy for Women's, Children's & Adolescents' Health.
- Scaling up of key MNH interventions in countries.
- Conclusion



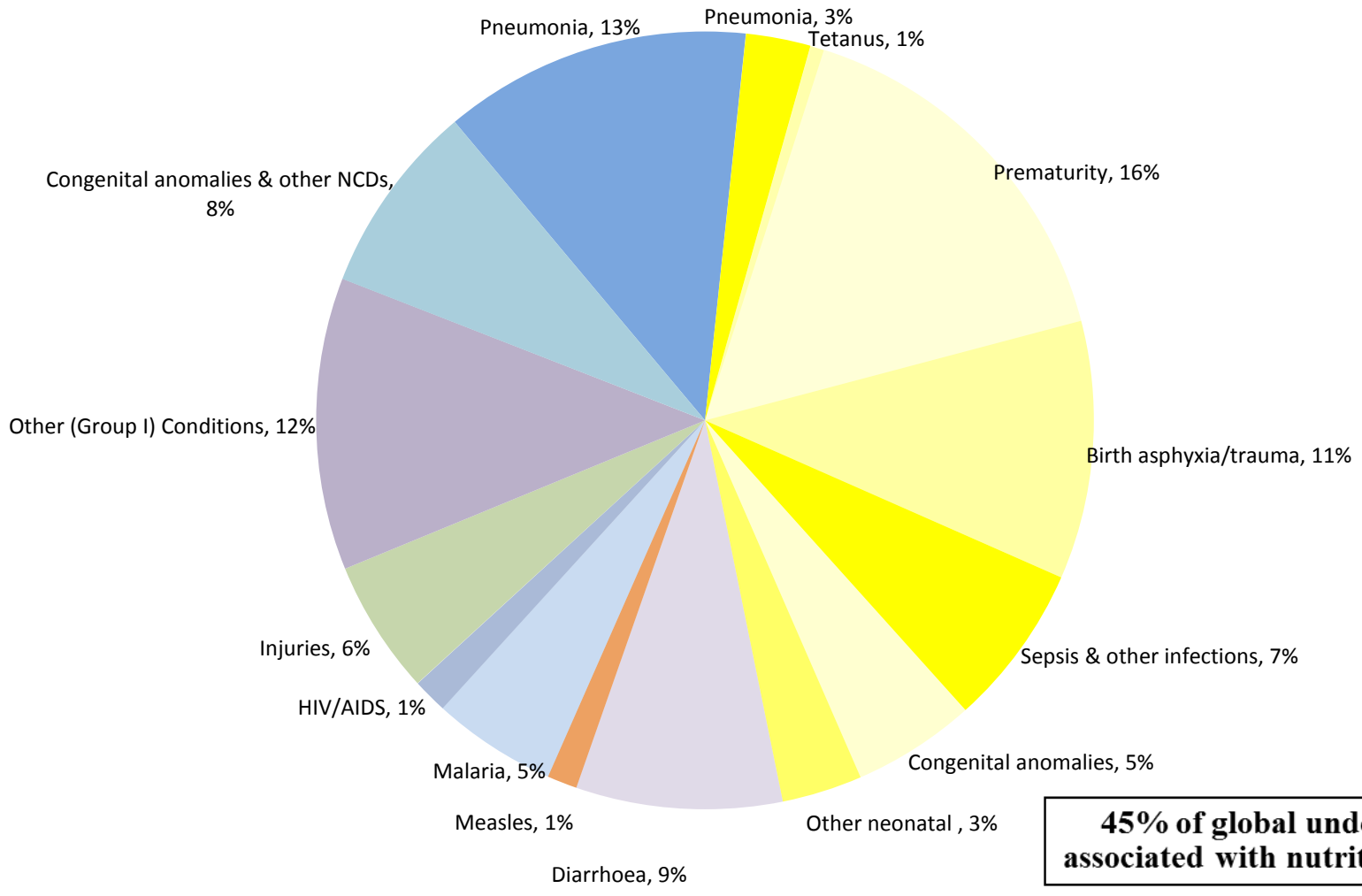
# Context: Maternal and newborn mortality - A major global public health problem...

## EVERY YEAR:

- **6.6 million children** die before their 5th birthday
  - **3.0 million newborn** babies in the first month of life, > 1 million due to prematurity
  - 2.0 million infants aged 1 – 12 months.
- **303,000 women** die due to complications of pregnancy and childbirth (2015).
  - 2.6 million stillbirths.

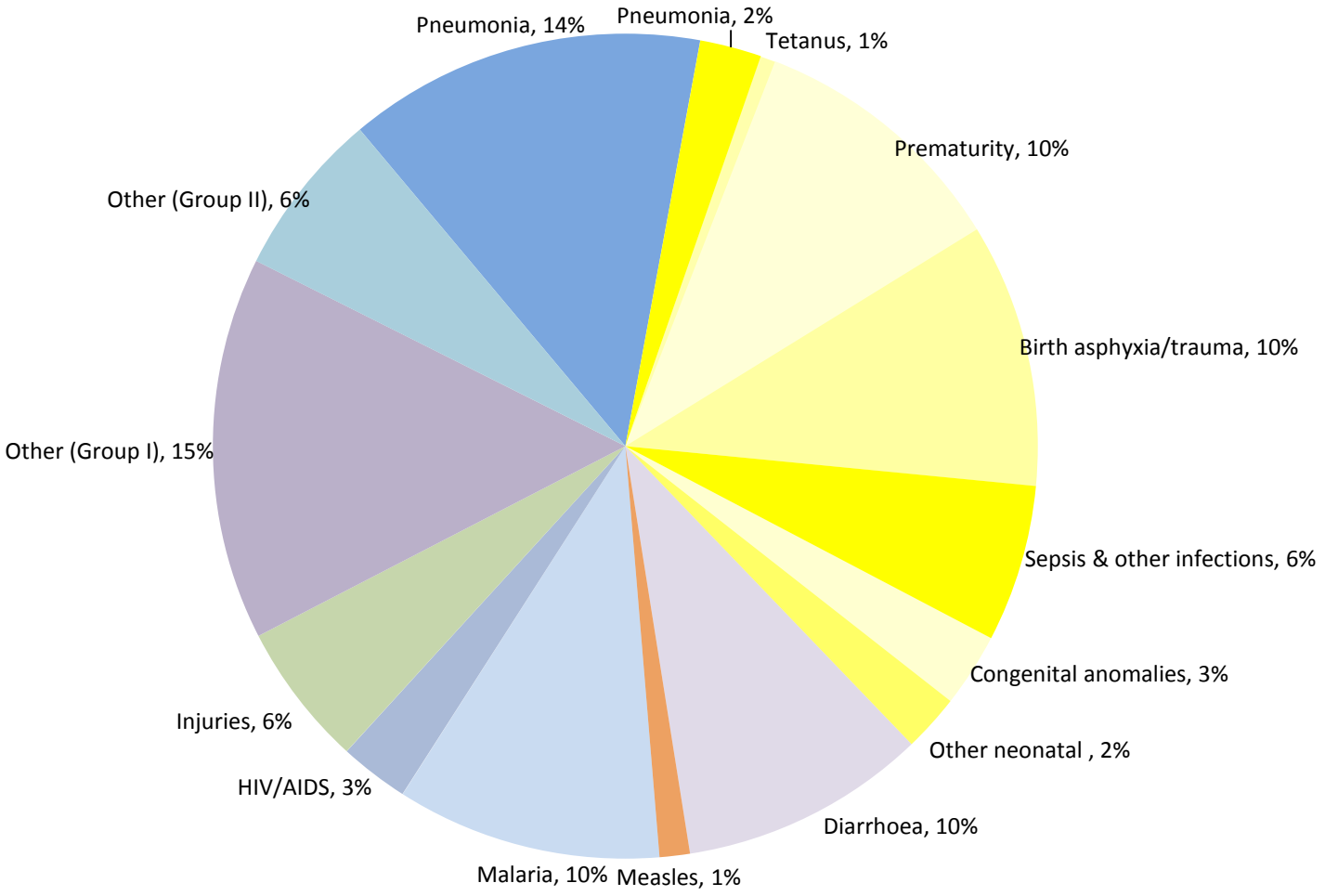


# Major causes of death in neonates and children under-five Global - 2015

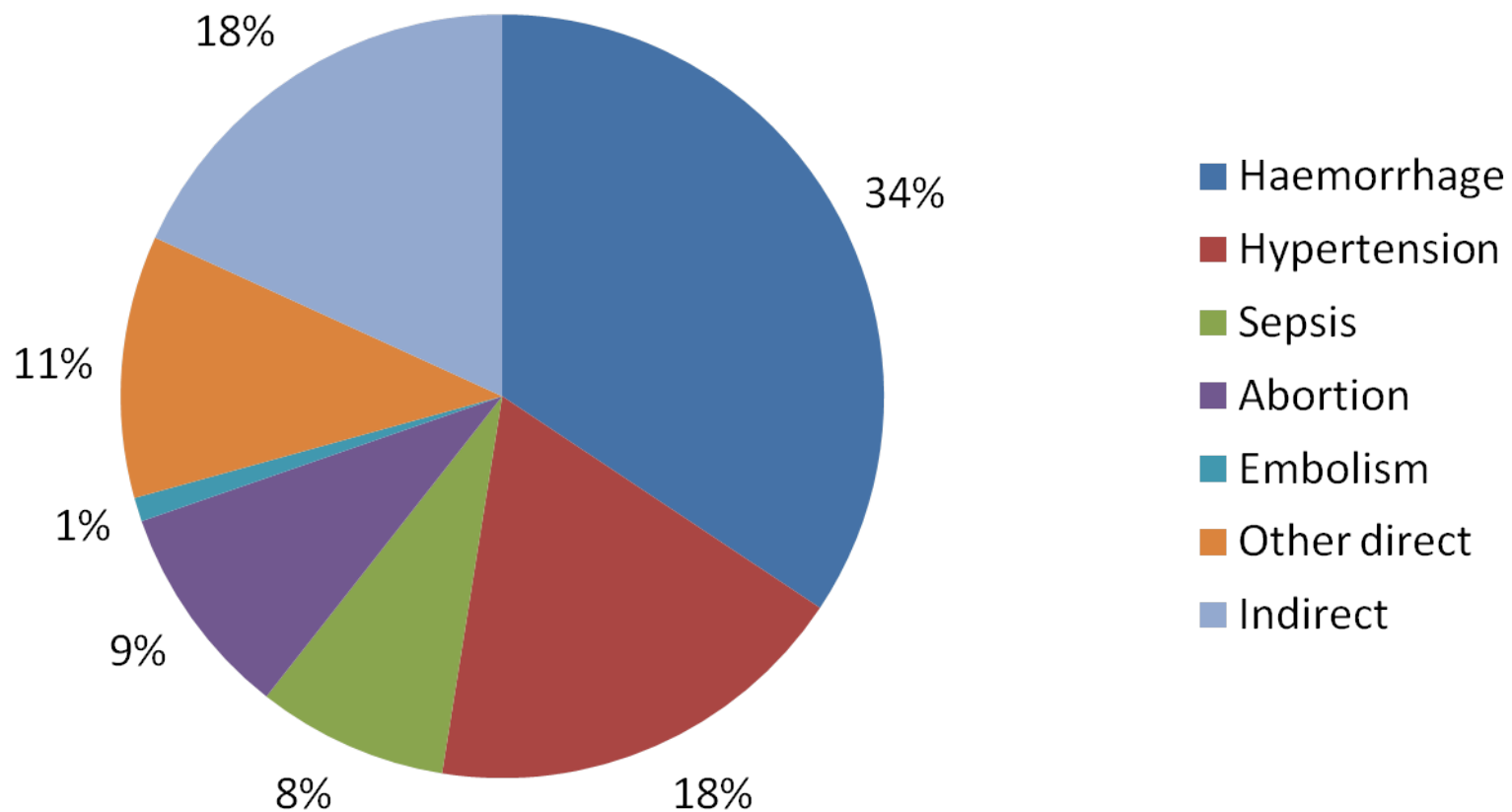


**45% of global under-five deaths are associated with nutrition-related factors\***

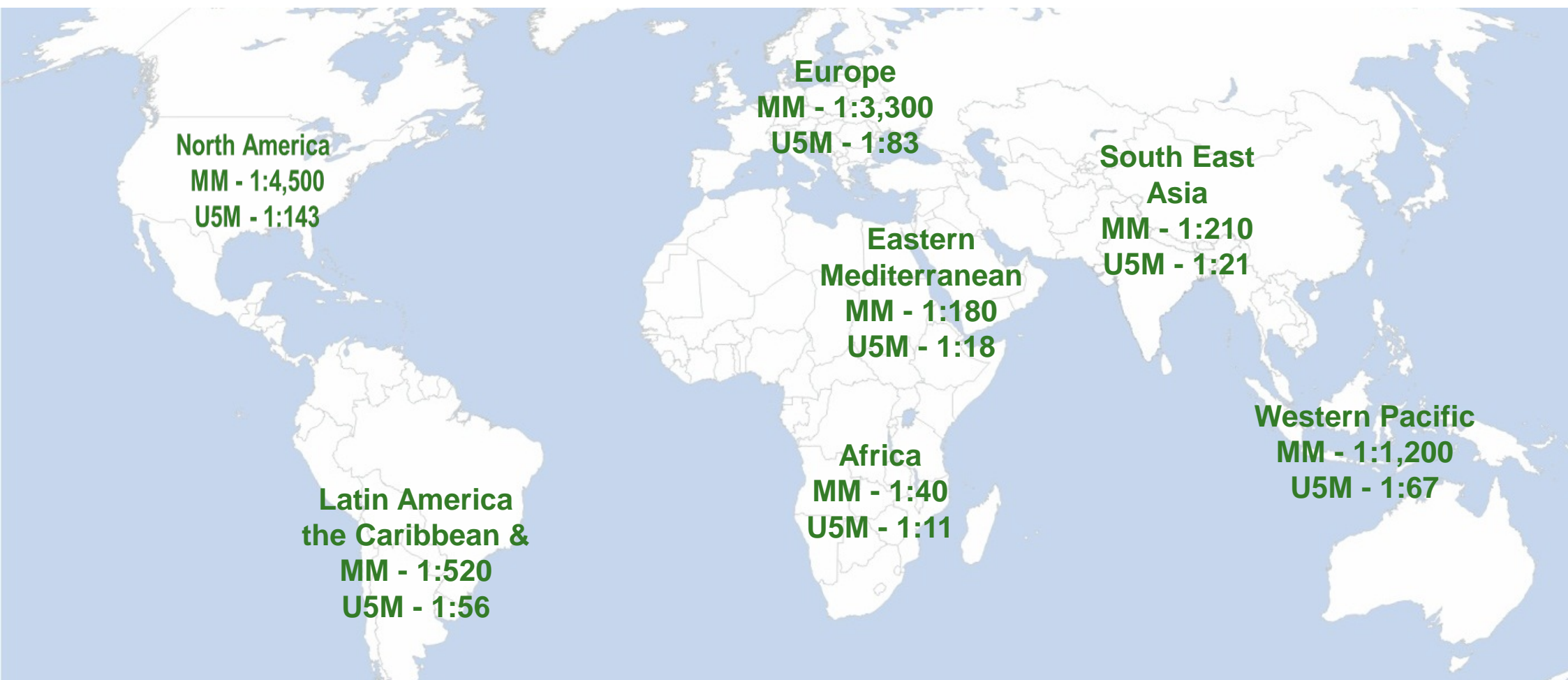
# Major causes of death in neonates and children under-five WHO Africa Region - 2015



# Causes of maternal deaths



# Inequitable risks of maternal and child deaths remain...

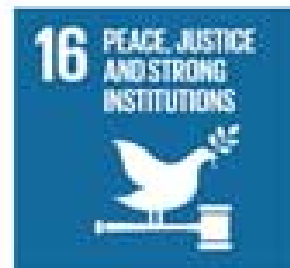
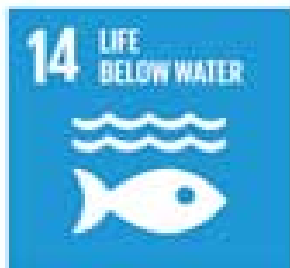
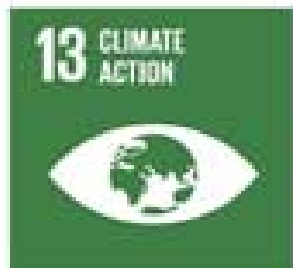


Sources: *Trends in Maternal Mortality, 1990-2013*; *Levels and Trends in Child Mortality, Report 2014*.





# SUSTAINABLE DEVELOPMENT GOALS







# Global Strategy for Women's, Children's, and Adolescents' Health

## 1. SURVIVE

End preventable deaths



## 2. THRIVE

Ensure health and well-being



## 3. TRANSFORM

Expand enabling environments



THE GLOBAL  
STRATEGY  
FOR WOMEN'S,  
CHILDREN'S AND  
ADOLESCENTS'  
HEALTH  
(2016-2030)

## What's new in the Global Strategy?

- **Equity**  
Focus on reaching the most vulnerable and leaving no one behind
- **Universality:**  
For all countries, with an explicit focus on humanitarian settings
- **Adolescents**  
The “SDG generation” – a 10 year old in 2016 will be 24 in 2030
- **Life-course approach**  
Health and well-being interconnected at every age, and across generations
- **Multisector approach**  
Progress across core sectors e.g. nutrition, education, WASH

# Targets—aligned with the SDGs

## SURVIVE

### *End preventable deaths*

- Reduce global **maternal** mortality to less than 70 per 100,000 live births
- Reduce **newborn** mortality to at least as low as 12 per 1000 live births in every country
- Reduce **under-5 mortality** to at least as low as 25 per 1000 live births in every country
- End epidemics of **HIV, tuberculosis, malaria**, neglected tropical diseases and other communicable diseases
- Reduce by 1/3 premature mortality from **NCDs** and promote mental health and well-being

## THRIVE

### *Ensure health and well-being*

- End all forms of **malnutrition**, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- Ensure **universal access to sexual and reproductive health-care** services (including for family planning) and rights
- Ensure that all girls and boys have access to good quality **early childhood development**
- Substantially reduce **pollution-related deaths and illnesses**
- Achieve **universal health coverage**, including financial risk protection, and access to **quality essential services**, medicines and vaccines

## TRANSFORM

### *Expand enabling environments*

- Eradicate **extreme poverty**
- Ensure that all girls and boys complete free, equitable and good quality **secondary education**
- Eliminate all harmful practices and all **discrimination and violence** against women and girls
- Achieve universal and equitable access to safe and affordable drinking **water** and to adequate **sanitation and hygiene**
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including **birth registration**
- Enhance the global partnership for sustainable development

# Action and accountability

- Operational Framework – five year scope, regularly updated
- Indicators and monitoring framework
- Global Financing Facility Investment Plans – country-led with multi-stakeholder resources
- WHO Executive Board and World Health Assembly – Global Strategy implementation progress
- Independent Accountability Panel - annual report reviewed at WHA and HLPF



**INDICATOR AND  
MONITORING  
FRAMEWORK FOR THE  
GLOBAL STRATEGY FOR  
WOMEN'S, CHILDREN'S  
AND ADOLESCENTS'  
HEALTH  
(2016-2030)**



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# Scaling up of quality MNH interventions



# Key effective interventions for MNH

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## • Preventive interventions

- ✓ Family planning
- ✓ **Antenatal care**
- ✓ Skilled care at birth
- ✓ Postnatal care (mother and baby)
- ✓ Early initiation and exclusive breastfeeding for 6 months
- ✓ Complementary feeding
- ✓ Immunization
- ✓ Insecticide treated bed-nets
- ✓ Prevention of mother to child transmission of HIV (ART)

## • Treatment interventions

- ✓ Emergency Obstetric Care
- ✓ Neonatal resuscitation
- ✓ Care of LBW babies and sick newborns
- ✓ ORT and zinc for diarrhoea
- ✓ Antibiotics for dysentery
- ✓ Antibiotics for pneumonia
- ✓ **Anti-malarials (ACTs / SP-IPTp)**
- ✓ Treatment of STIs and HIV
- ✓ Post-abortion care.





# Driving progress: The continuum of care

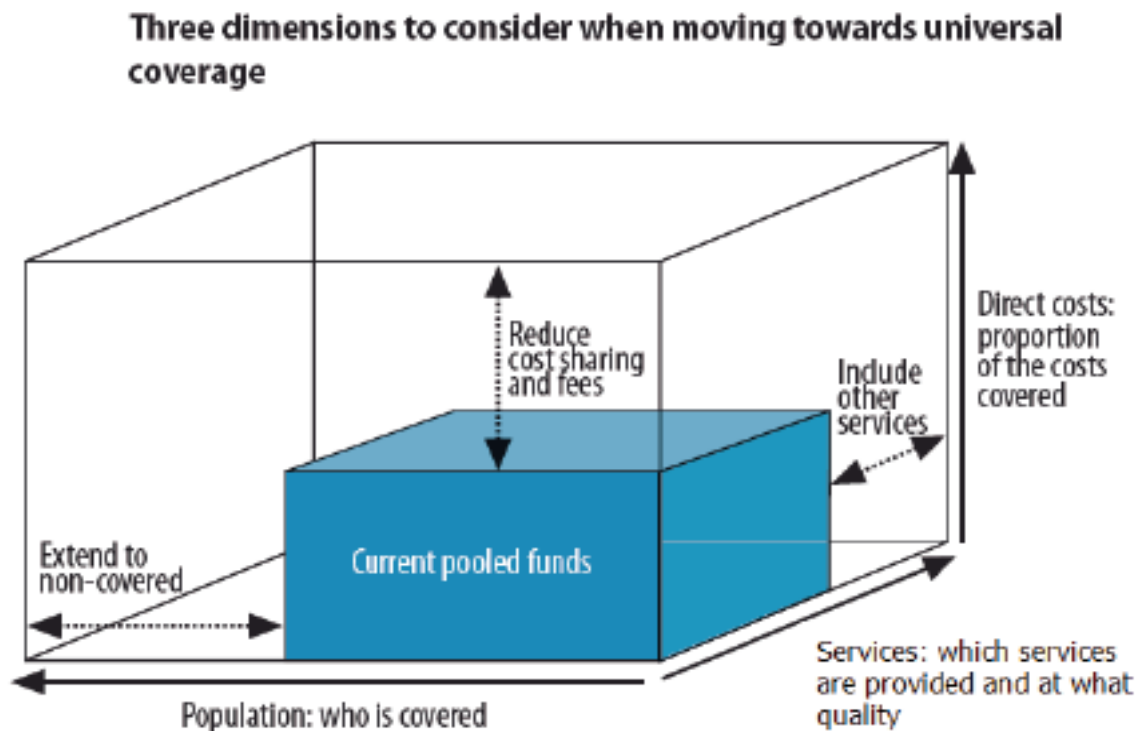




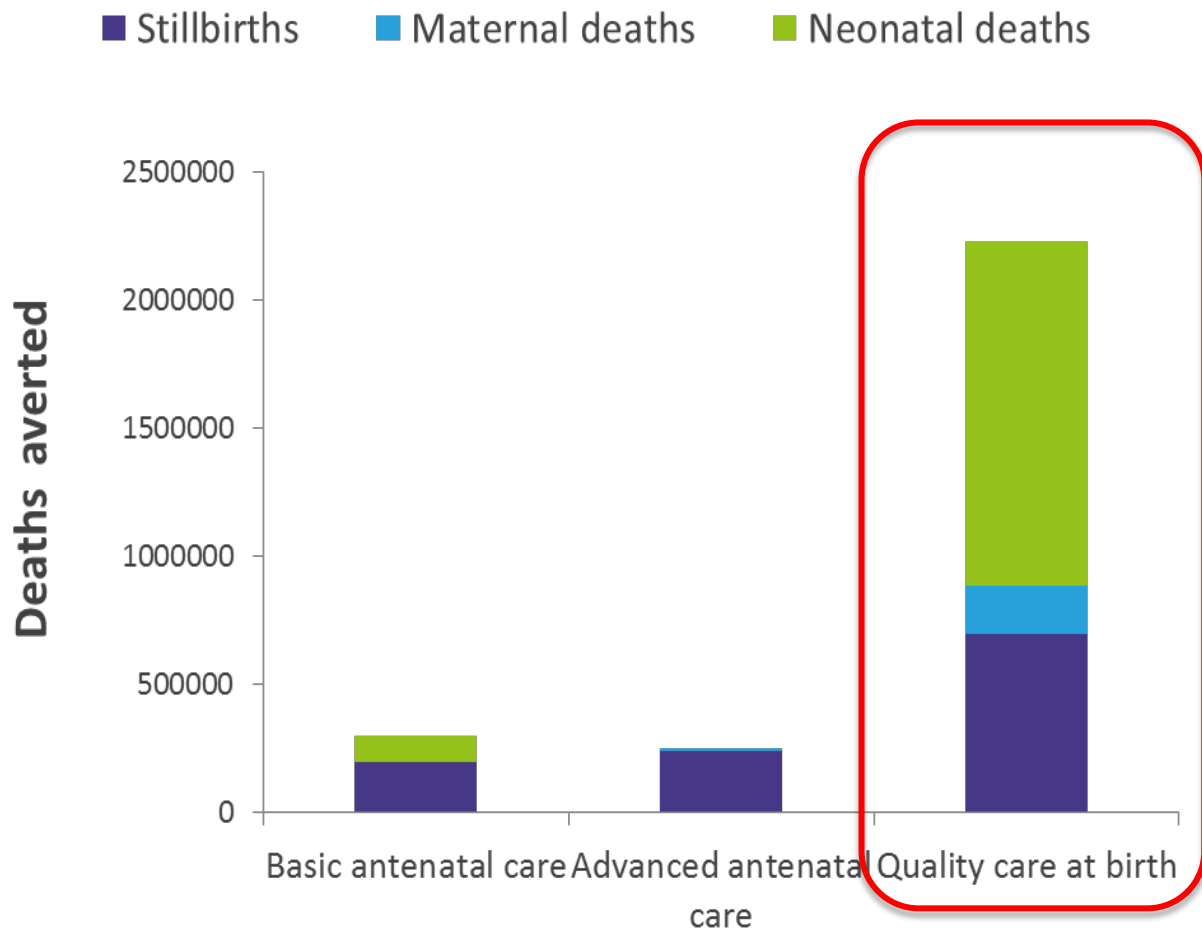
# Universal health coverage

Universal health coverage (UHC) means that all people receive the health services they need without suffering financial hardship when paying for them. The full spectrum of essential, quality health services should be covered including health promotion, prevention and treatment, rehabilitation and palliative care.

Figure 1: The three dimensions of UHC



# Care at birth gives a triple return on investments !



If interventions in pregnancy and at birth reached all families by 2015:

- 1.4 million newborn deaths averted (43%).
- 1.1 million stillbirths prevented (45%).
- 201,000 maternal deaths averted (54%).

Source: Pattinson R, Kerber K, Buchmann E, et al, for The Lancet's Stillbirths Series steering committee. Stillbirths: how can health systems deliver for mothers and babies? *Lancet* 2011; published online April 14. DOI:10.1016/S0140-6736(10)62306-9.

Structure

Health system

Quality of Care

PROVISION OF CARE

EXPERIENCE OF CARE

1- Evidence based practices for routine care and management of complications

4- Effective communication

2- Actionable information systems

5- Respect and dignity

3- Functional referral systems

6- Emotional support

7- Competent and motivated human resources

8- Essential physical resources available

Individual and facility-level outcomes

Coverage of key practices

People-centred outcomes

Health outcomes

Process

Outcome



# From framework to implementation...

## Quality of Care Framework

### Research

WHO Guidelines

Standards of care

Effective intervention strategies to improve QoC

Measurement indicators and methods

1. Establish leadership group

2. Situation analysis / assessment

3. Adapt standards of care

4. Identify QI interventions

7. Refinement of strategies

PLAN

ACT

STUDY

DO

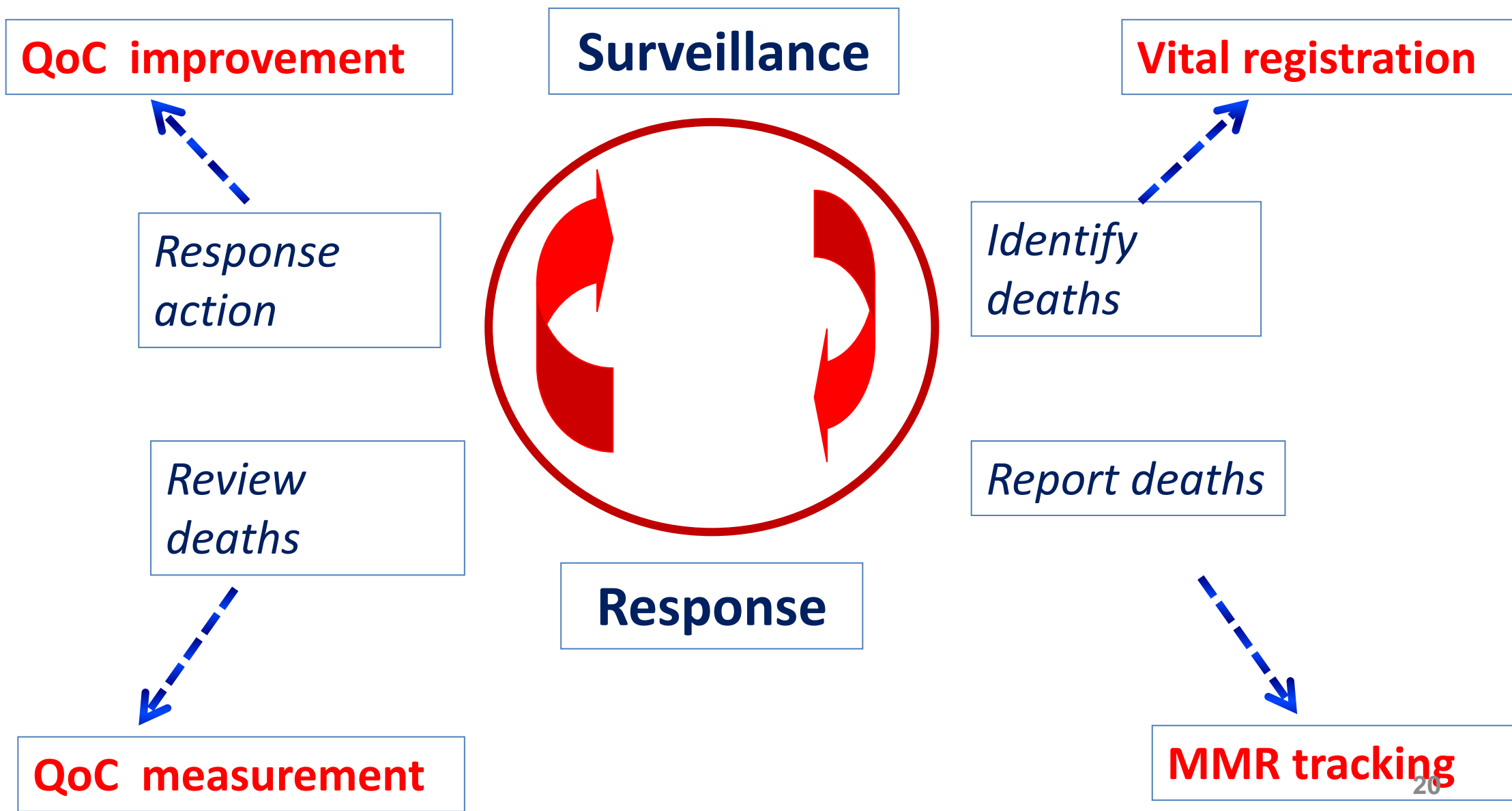
5. Implementation of QI interventions

6. Continuous measurement of quality & outcomes

Capacity Strengthening



# Strengthening Maternal Death<sup>\*</sup> Surveillance & Response system

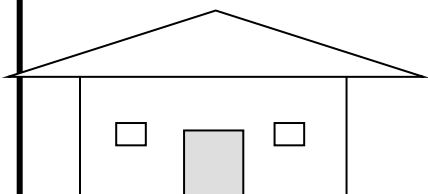


# Why is MDPSR important?

- Maternal & neonatal mortality reduction is a global target that remains far from achievement.
- Country ownership of data (in real time).
- Makes maternal & perinatal death visible at local and national levels;
- Sensitizes communities and facility health workers;
- Provides information for action;
- Connects actions to results; part of the accountability framework.

# Harness the power of families and communities

Develop **CAPACITIES** to stay healthy, make healthy decisions and respond to obstetric and newborn emergencies

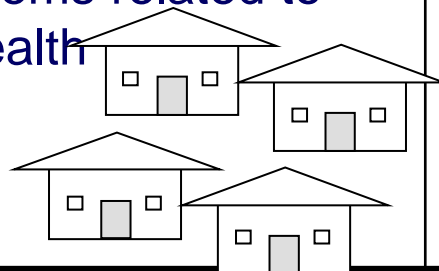


Strengthen **LINKAGES** for social support between women, families and communities and with health services



**Empowerment, increased access and use**

Increase **AWARENESS** of the rights, needs and potential problems related to maternal and newborn health



Improve **QUALITY** of care, health services and interactions with women, families and communities

**ACCEPTABILITY**





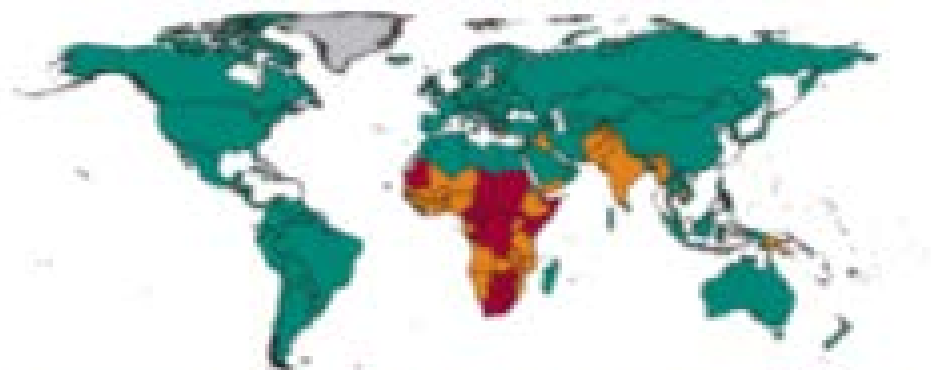
# Why it is essential to build on the linkages between MNH & Malaria programmes



**Maternal mortality**



**Malaria global burden**



**Under-5 mortality**

# Benefits of strengthening the integrated service delivery MNH platform: selected GF examples.

<b>Zambia, Mozambique, Rwanda</b>	ART added to ANC	ART uptake doubled (meta analysis)
<b>Kenya</b>	PMTCT added to labor ward	70% vs. 57% uptake of NVP
<b>South Africa</b>	ART added to ANC for eligible pregnant women	<ul style="list-style-type: none"> <li>• 33% higher ART initiation in pregnancy</li> <li>• Time-to-treatment initiation was reduced from a median of 56 days to 37 days</li> </ul>
<b>Malawi, Mozambique, Uganda</b>	Family planning integrated into HIV care facilities	36% reduction in cost
<b>Zambia</b>	Integration of ART into ANC vs. referrals from ANC to ART	Percentage of treatment-eligible women initiating ART during pregnancy doubled under the integration model (32.9% vs. 14.4%)
<b>Malawi, Mozambique, Uganda</b>	PMTCT services integrated into ANC/childbirth sites	36% reduction in cost

# Priority: Scaling up of quality MNH interventions

- **Survive, Thrive & Transform.**
- **National leadership & commitment** are critical (e.g. more domestic investments required).
- **Universal health coverage** (great opportunity for scaling up MNH interventions).
- **Quality of MNH care** (provision & experience of care; MPDSR...)
- **MNH & MIP: integrated responses** that strengthen health systems, including community-based services, to improve all outcomes (e.g. Updated ANC care guidelines).



A close-up photograph of a woman with a grey and white striped headband kissing her newborn baby on the forehead. The baby is wearing a colorful patterned blanket and a small blue and green knit hat. The background is a soft, out-of-focus blue.

**THANK YOU**

#EveryNewborn