Working Together for Maternal, Newborn and Child Health

Dr Francisco Songane
Director, The Partnership

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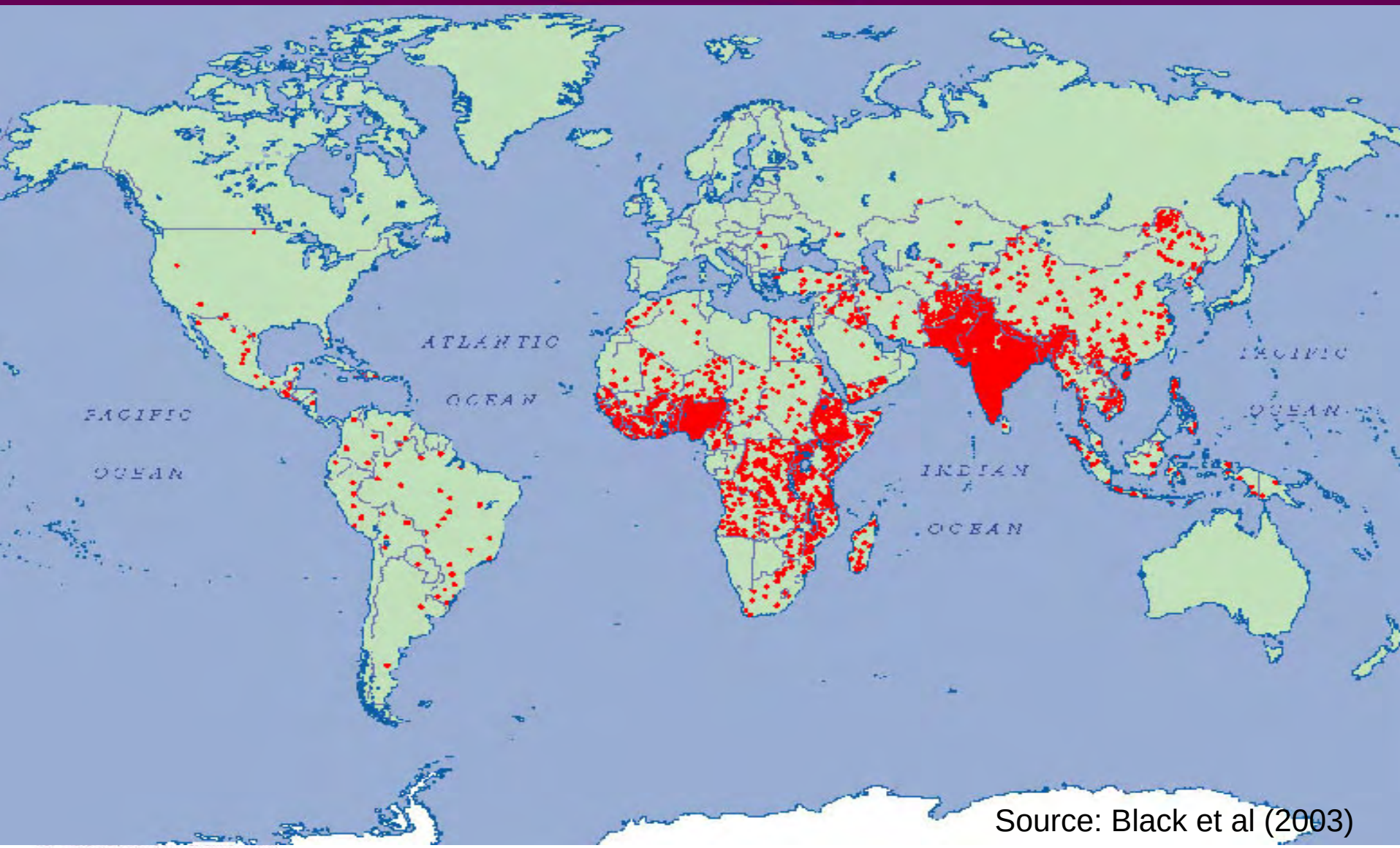
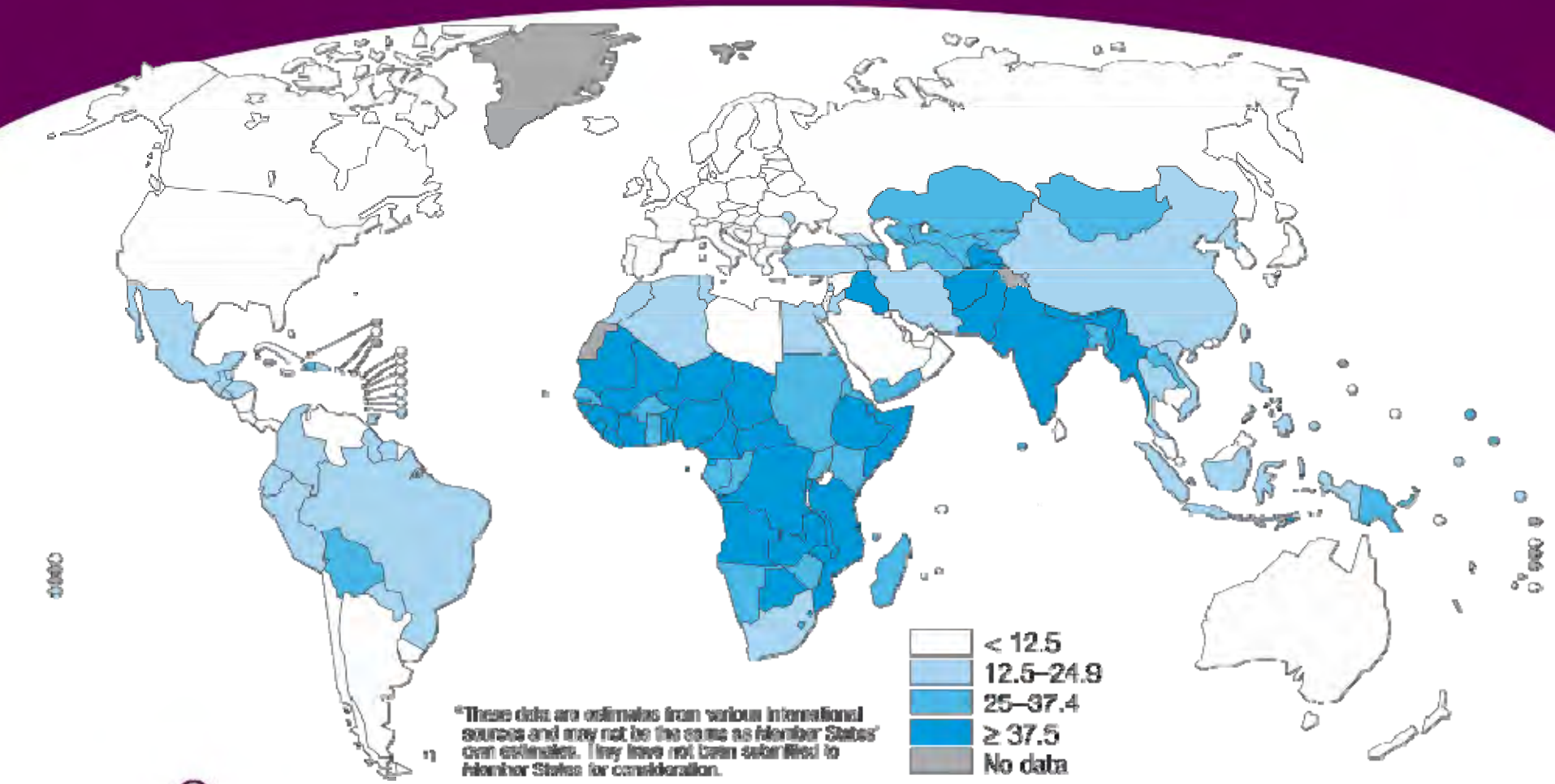
The 34th International Conference on Global Health, June 1, 2007, Washington DC

Distribution of child deaths



Source: Black et al (2003)

Distribution of newborn deaths



Source: WHO, 2005

98% in low/middle income countries
66% in Africa and Southeast Asia
28% in Africa = 1.12 million babies

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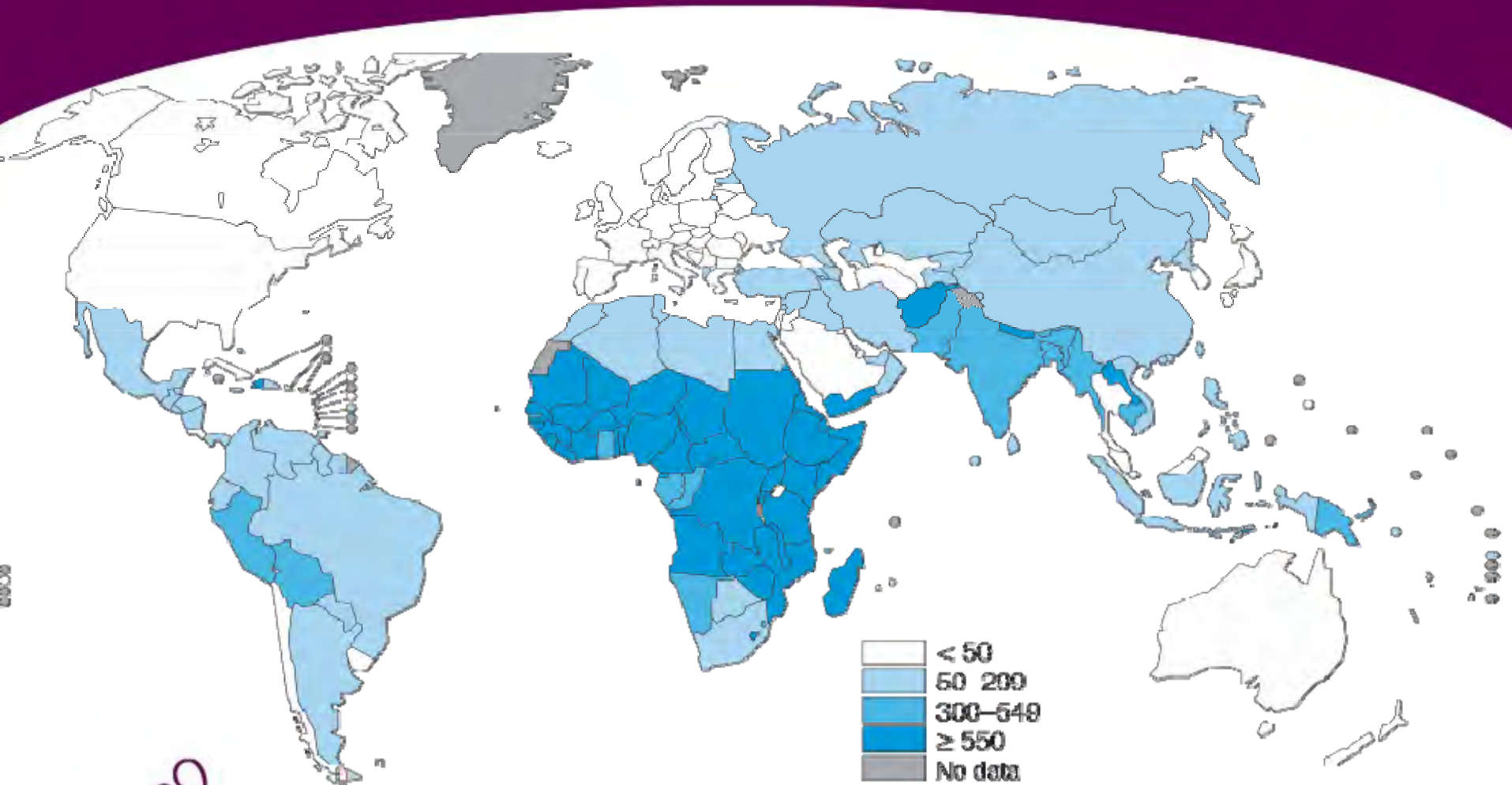
Distribution of maternal deaths



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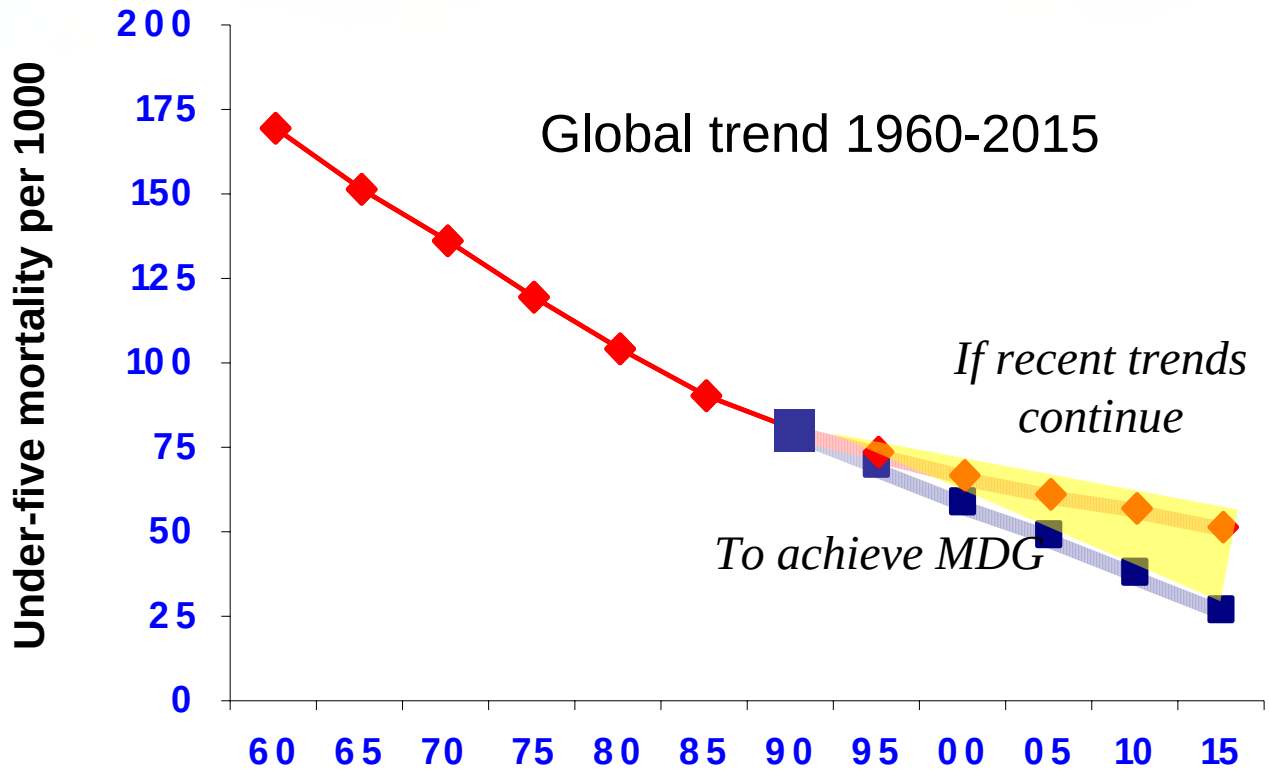
Source: WHO, 2005

MDG 4: Trends in U5 mortality projected to 2015



Source: Ahmad OB, Lopez AD & Inoue M. The decline in child mortality: a reappraisal. ***Bull WHO****, 2000, 70(10), with trend extended through 2015 (in red) and linear trend needed to achieve 2/3 reduction from 1990 levels.*

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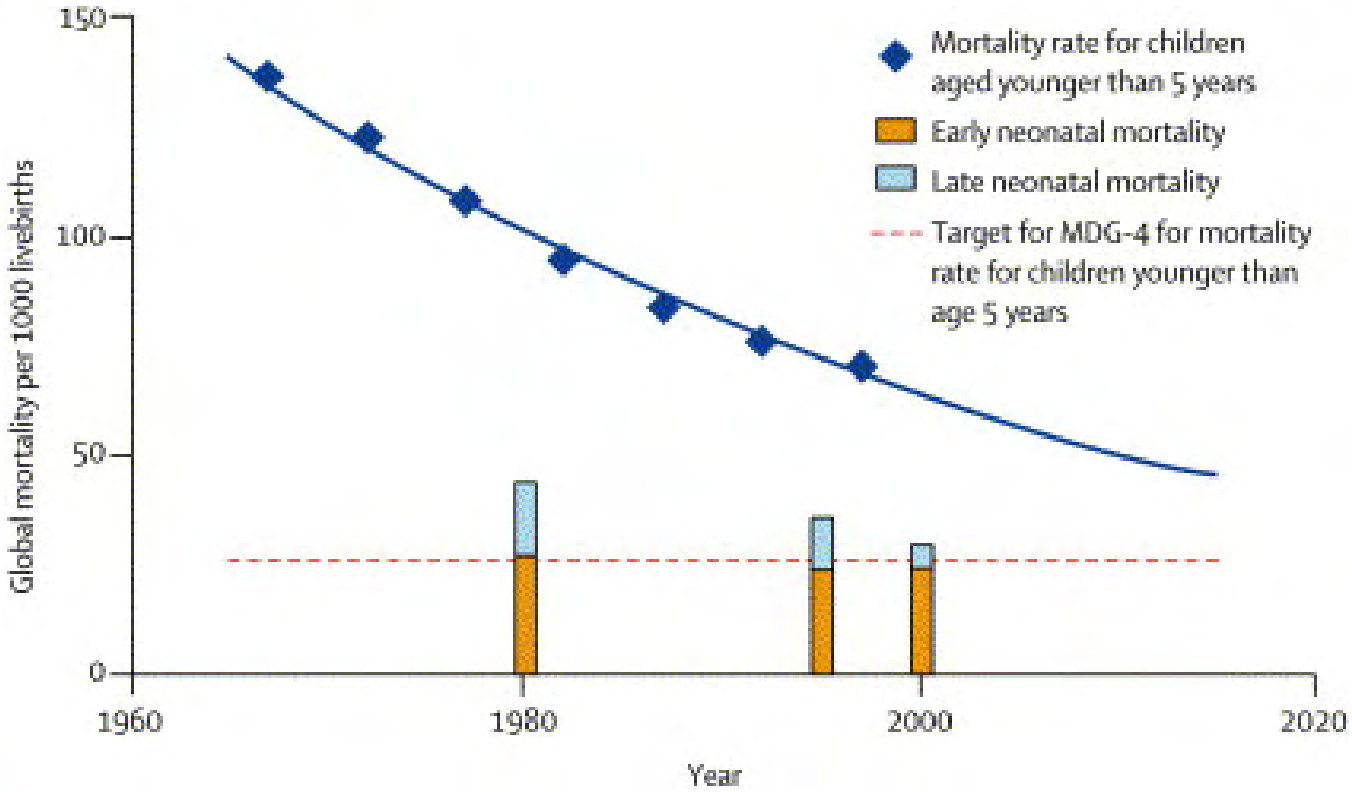
Trends in child and newborn deaths



Source: Lawn et al, Lancet series

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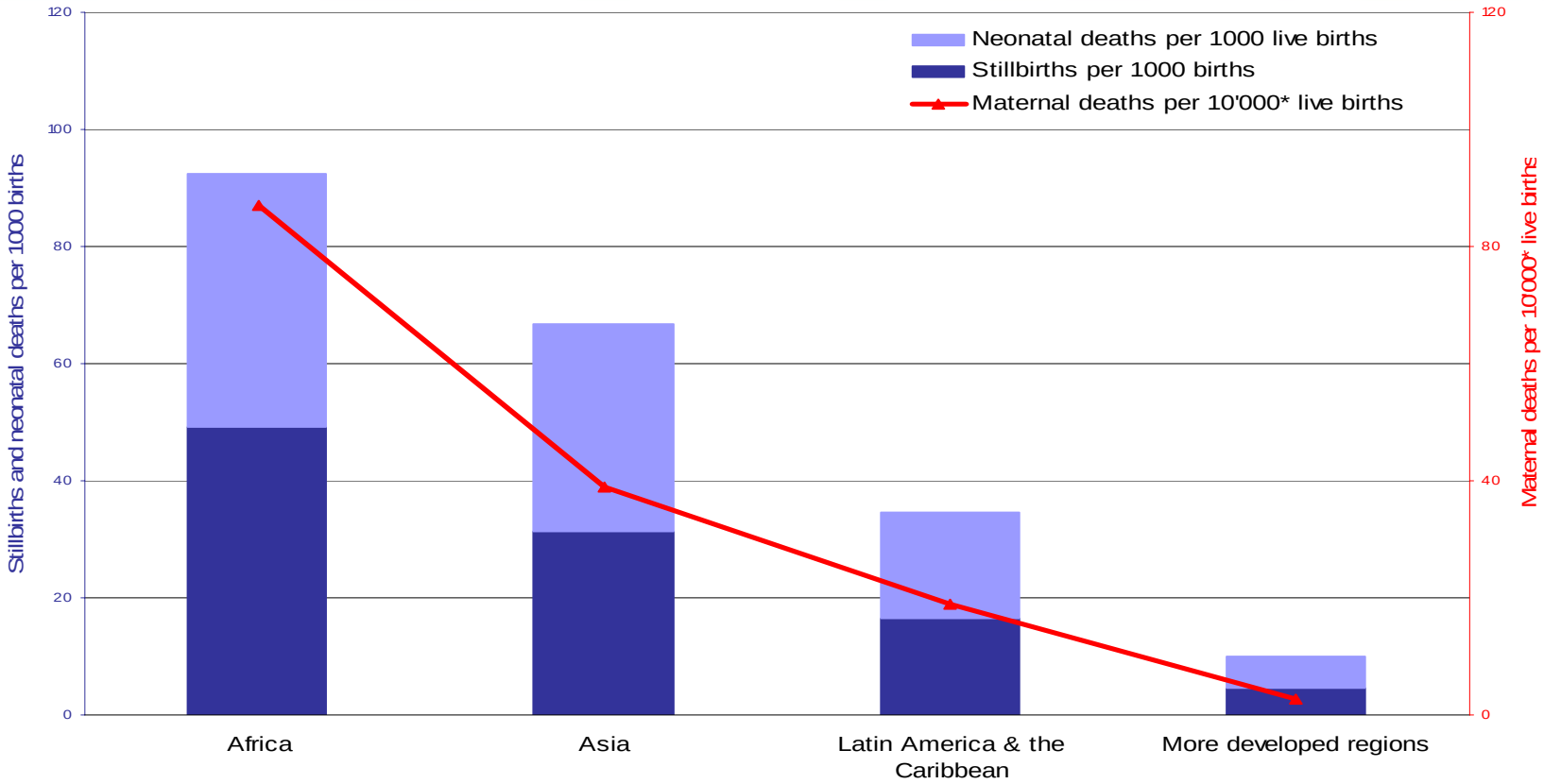
Survival of the newborn and is closely linked to the survival of the mother



Source: WHO estimates 2000

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Maternal mortality – the largest inequality in global health

- Risk of a woman dying as a result of pregnancy or childbirth during her lifetime
  - 1 in 6 in the poorest parts of the world
  - 1 in 30,000 in Northern Europe

- Of all the MDG targets, countries have made the least progress in reducing maternal mortality

- Maternal mortality can be rapidly, consistently decreased

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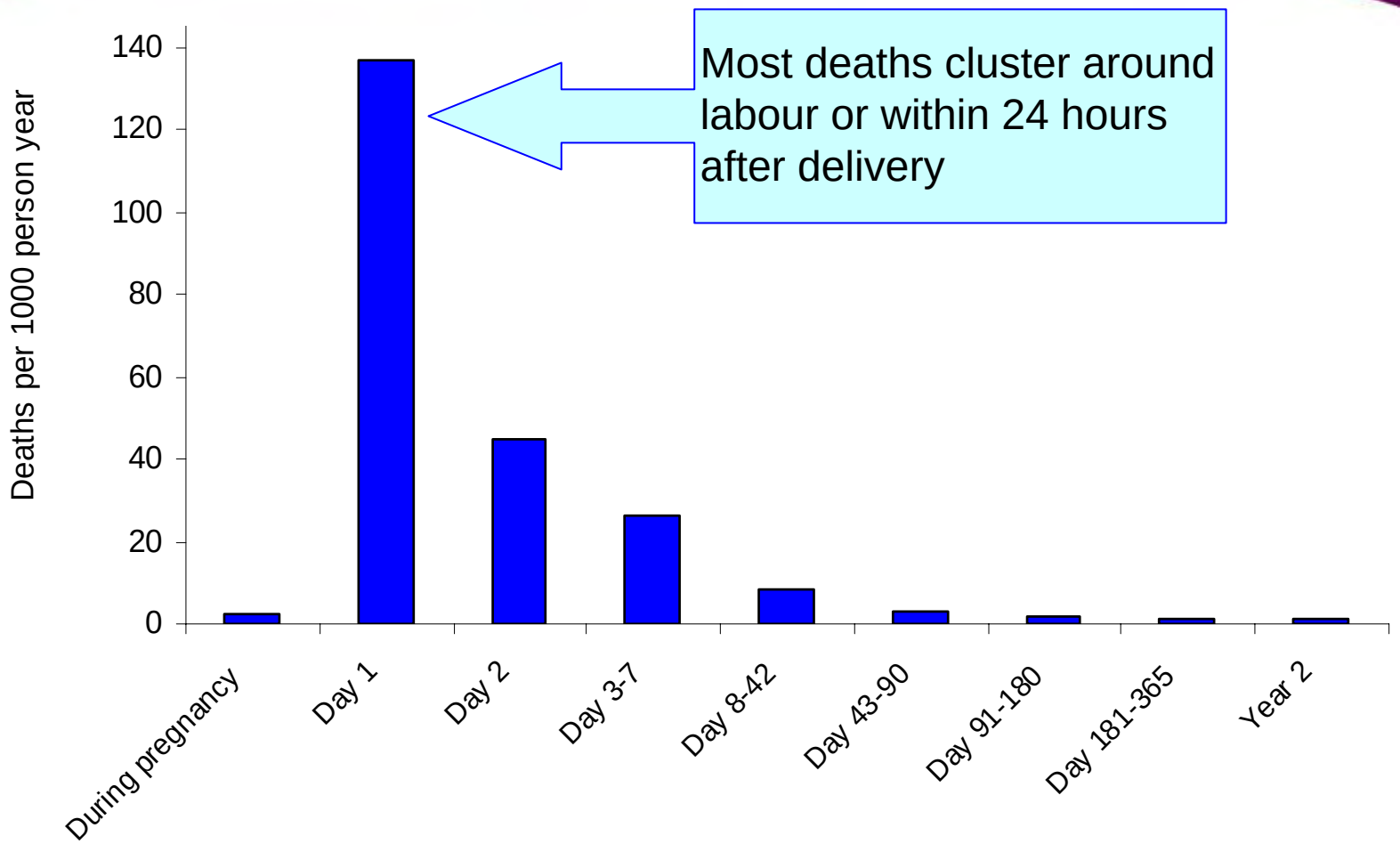
Timing of death is critical



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We don’t lack information to act

- We know what kills women and children, including the newborns
- We know how to address the causes
- We know which tools to use

The people who need the services most do not have access to them.

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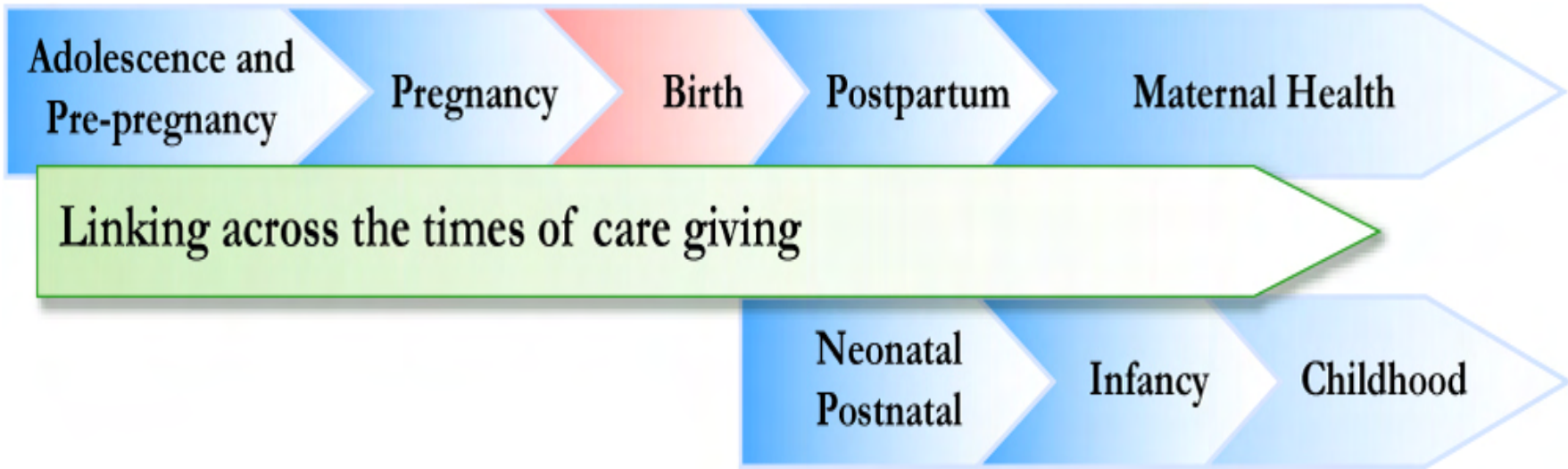
The Continuum of Care



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The Continuum of Care

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Financial resources needed

To reach universal coverage of M & N health services:

- Modest investment of $0.73 pc/yr for moderate to 1.03 pc/yr for rapid scale up
- Ten-year incremental costs range from $39B for moderate to $56B for rapid scale up

To reach universal coverage of child health services:

- An increase in total health expenditure in 75 countries of $0.47 pc/yr in 2006, increasing to $1.46 pc/yr in 2015
- Additional $52B now to 2015

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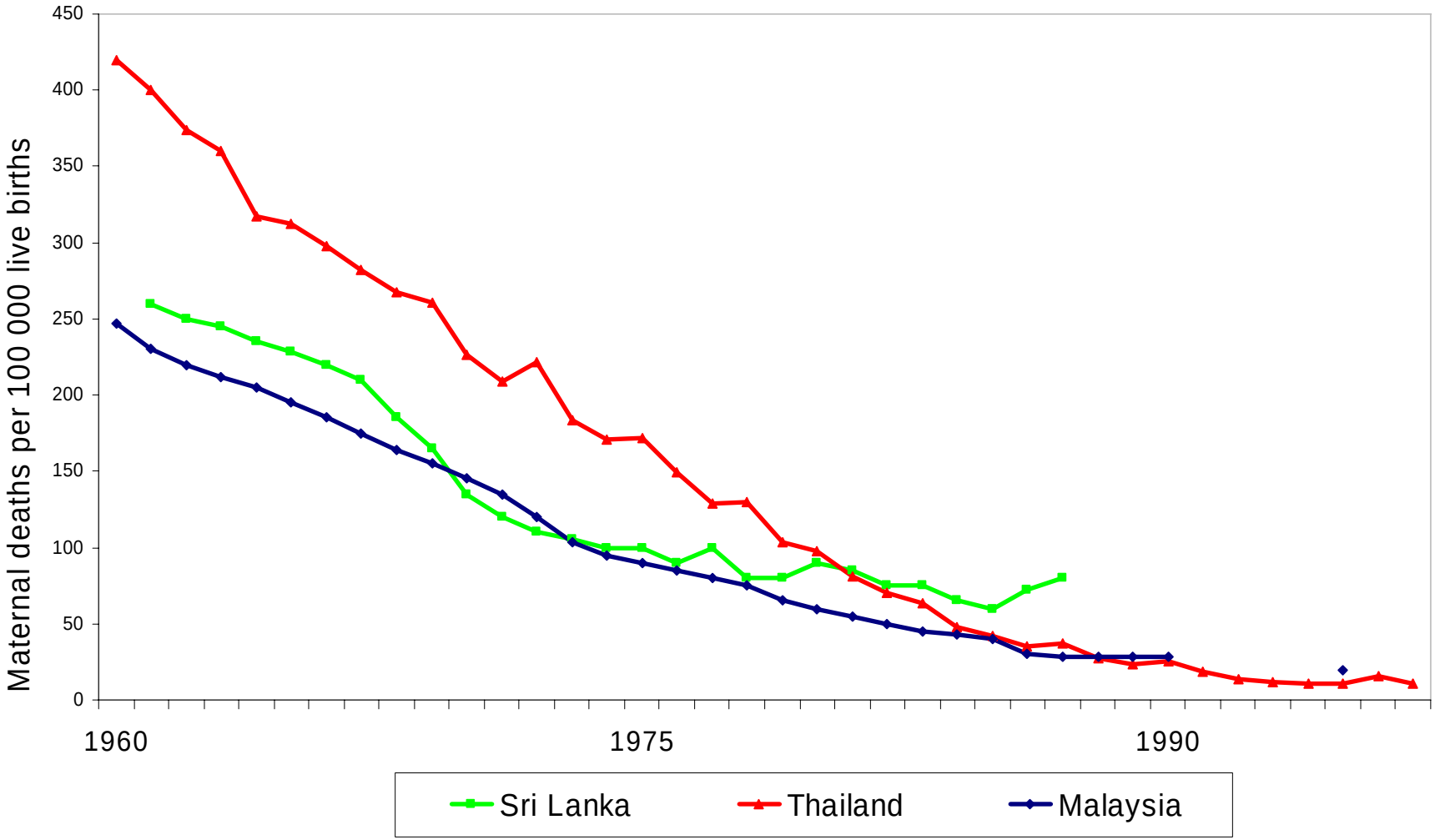
Progress is possible at modest cost



How to work in Partnership

The Tanzania example

- Country ownership
- An integrated national plan
- A local, national MNC network
- Active involvement of stakeholders

The Partnership supports one national plan

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Learning from the past: Mozambique

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Post-conflict Mozambique

- 16 years of war, Peace Accord 1992
- Massive effort to rebuild infrastructure and restart provision of regular services
- Proliferation of NGOs on the ground, many bilateral and multilateral agencies
- Initially poor coordination, fragmentation and overlap

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What was done to overcome the problem

- Moved from project approach to **one national plan**
- Built partnerships at all levels
- Established one funding basket
- Coordinated approach with donors
- Key indicators of maternal and child health improved -- lives were saved

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The Global Business Plan
MDGs 4 and 5

An example of the way forward

- Mobilization of political commitment at all levels
- Global Network of Leaders
- Address predictability of funding
- Maternal and child health within the context of health systems
- One national plan, addressing country priorities
- Accountability

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Partnerships can work well for mothers, newborn and children

- We can achieve more working together
- We can take advantage of complementary strengths
- We can avoid costly duplication
- We can save lives and build a better future together

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THE POWER IS IN PARTNERSHIPS:
TO ACHIEVE MDG 4 & 5 TO REDUCE CHILD AND MATERNAL MORTALITY,
LET US WORK TOGETHER, TODAY.
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