Executive Summary

Progress in women’s and children’s health depends on how efficiently commitments and consensus on effective interventions can be translated into action, including accountability for results. This Asia-Pacific Leadership and Policy Dialogue in Manila, 7-9 November 2012, seeks to enhance shared knowledge, cooperation and action to promote universal access to quality healthcare in the region. The Manila Dialogue focuses on three key themes — investment, implementation, accountability with advocacy, innovation and research as cross-cutting themes. Each theme is supported by ‘Notes for Discussion’ in this folder. These Notes are short evidence summaries, with country case studies, designed to further the dialogue between policymakers, program managers and other stakeholders on how to achieve ‘more, better, faster’ reproductive, maternal, newborn and child health (RMNCH) in Asia and the Pacific. This Executive Summary presents the key messages from the Notes for Discussion, as outlined below with the themes listed in alphabetical order.

Accountability: Tracking progress towards the MDGs

Accountability for results and resources is critical for transparency and good governance, as well as for the effective implementation and oversight of commitments and investment in women’s and children’s health at the national and international level. All stakeholders must encourage the use of indicators defined by the Commission on Information and Accountability (CoIA) for Women’s and Children’s Health, and assess how its recommendations can be best taken forward in each country context.

Key to improving accountability is investment in Civil Registration and Vital Statistics (CRVS) systems in countries. CRVS helps provide human and civil rights to individuals, and are the only source of universal and continuous population data that underpins the planning, implementation and evaluation of government and other services across sectors. For example, in Thailand, the registration system forms the basis for all identification documents, and supports registration in the state health insurance schemes. A related system is the Maternal Death Surveillance and Response (MDSR) that helps understand the underlying causes and factors that lead to maternal deaths and develop solutions to save lives. The implementation of MDSR in Malaysia has institutionalized confidential enquiries into maternal deaths in all states and districts.

A country accountability framework (CAF) has been developed to assist countries in implementing the recommendations of the Commission. To date, of the 75 priority countries in the Countdown to 2015, almost all have had multi-stakeholder meetings to develop draft accountability roadmaps, and 14 have validated, costed and endorsed the roadmaps. As recommended by CoIA, it is also important to track total health and RMNCH expenditure in countries to ensure efficient, equitable and sustainable use of available resources. Further, strengthening linkages with human rights mechanisms at the national and international levels can enhance accountability for women’s and children’s health.

Advocacy: Raising awareness, mobilizing and tracking resources for women’s and children’s health

Advocacy efforts are critical for ensuring that governments, donors and other stakeholders are providing the services demanded by the public, and are transparent and accountable for the resources spent and the results achieved.

Tracking health budgets at the national and local levels is an evidence-based advocacy process to monitor how governments are fulfilling their health financing pledges, providing adequate services to meet demand, and are accountable. Health budgets can be analyzed in terms of their adequacy to meet policy objectives, prioritization of health spend, equity in allocation, and whether resources are being spent efficiently and effectively. This review can help advocates develop targeted strategies, build strategic alliances, and plan budget-related advocacy activities more effectively. For example, the White Ribbon Alliance in Bangladesh is advocating for increased budgetary provisions for maternal health to achieve MDG5 based on a detailed analysis of the actual budget allocation and resulting funding gap for maternal health.

Building national and regional advocacy coalitions is another mechanism to increase budgetary allocations to health as well as to target policy changes through coherent action. Coalitions enhance the reach of the advocacy effort, enable greater efficiency and effectiveness, leverage the comparative advantages of the partners, and reduce duplication. In Indonesia, a coalition of development organisations, NGOs and professional associations called the Maternal and Child Health Movement has been instrumental in focusing the government’s attention on global health development targets and recommendations, as well as promoting policy discussions on topics such as exclusive breast-feeding.

At the global level, Countdown to 2015 tracks the coverage of key RMNCH interventions. Country Countdown processes are a key part of this, and involve analysing national and sub-national RMNCH data, leading to the production of a country profile that can provide the basis of evidence-based advocacy messages and processes, including national meetings and press events. No country in the Asia-Pacific region has completed a country countdown yet. Nigeria’s experience with the country countdown process is illustrative. Nigeria successfully used the evidence base to advocate for a budget line for newborn health, to discuss a Health Bill in the National Assembly, to agree to address human resource equity issues, and to increase partner commitment to improving MNCH in the country, including its recent launch of ‘Saving One Million Lives by 2015’.

Implementation: Improving efficiency, effectiveness and equity of health systems and services

Sound policies and greater resource mobilization in RMNCH may not alone lead to improved health outcomes. Implementation also needs to be effective and efficient. High-quality implementation depends, above all, on effective planning and management capacity, which must be strengthened at the national and subnational levels. Key issues critical to successful implementation of essential RMNCH interventions in Asia and the Pacific include proper management of decentralized health systems; addressing inequities in access to quality care; integrating services for RMNCH, AIDS and nutrition; and promoting inter-sectoral (e.g., social and environmental) determinants that enhance women’s and children’s health and well-being.

Challenges in providing universal access to essential health services include high costs of treatment, inadequate coverage of…
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Innovation: Accelerating improvements, including through the use of technologies

Innovations in financing, service delivery and accountability can help accelerate progress, and technologies can make significant contributions to addressing key health system challenges and improving women’s and children’s health. ICTs and mobile technologies can be critical enablers for health, for example, as they can facilitate the measurement of performance and progress, improving inclusiveness and transparency, reporting and research, as well as enhancing the delivery of healthcare to remote locations. Examples include Novartis’s SMS for Life initiative that tracks stock levels of anti-malarial medicines in remote health facilities in Africa to reduce stock-outs; and Grameen Mobile Technology for Community Health Worker Initiative (MOTeCH) in partnership with the Ghana Health Service, supporting community health nurses with electronic records systems to ensure timely delivery of care.

Women and children have multiple health needs across the continuum of care, which can only be met through collective efforts of different actors. Such efforts also create shared value, linking private sector goals with social progress, ensuring sustainable and high-quality engagement of the private sector with RMNCH issues. For example, the World Ahead Program, a partnership in India between Intel, Cisco and Microsoft and financial institutions such as the Bank of India, aims at increasing the number of IT-enabled clinical professionals in the Indian health system. The training programme has been highly successful with over 90,000 students and staff, and 410 clinical institutions currently using it.

There is clearly value in reaching a consensus on a shared ICT and mHealth framework that is integrated into a larger health—program. This helps align approaches and support collective action in countries.

Investment: Prioritizing investments and improving financing for women’s and children’s health

Investments in interventions and infrastructure must be understood from the perspectives of both sufficiency of resources — “more money for health” — as well as efficiency/effectiveness in allocation and equity in access — “more health for the money,” i.e. better value for money. Different demand and supply side health financing interventions such as conditional cash transfers, performance-based funding, vouchers, and credit guarantees can be applied to achieve these goals, subject to the country context.

There is now an increased focus on the role of domestic budgets and programmes in improving access to RMNCH interventions that span the continuum of care. This investment is critical for achieving universal health coverage, reaching the Millennium Development Goals 4 (child health) and 5 (maternal health) targets, and sustaining outcomes beyond 2015. Governments can raise resources from conventional sources like taxes and levies, introduce social health insurance or other pooled/prepaid financing approaches, tap innovative sources like bonds issued to diaspora populations, and develop public-private partnerships (PPPs). For example, the Philippine Health Corporation (PhilHealth) is a health insurance programme with an aggregate enrolment of 28 million members. With dependents covered through registered members, 82% of the projected population in 2011 was covered. It is financed through mandatory premium payments by employees in the formal sector, self-paying members and those identified by the government as poor, whose premiums are paid by local and national governments. In 2010, premium contributions from PhilHealth were US$ 688 million, and represent a large increase in RMNCH funding for many local governments.

In addition to such schemes, it is important to design an integrated national health financing strategy that will protect households, especially among low-income populations, against catastrophic health expenditures. Moreover, the increased emphasis on value for money and fiscal decentralization trends have enhanced the need for priority-setting in RMNCH expenditure to better allocate resources and achieve greater impact.

Research: Generating quality evidence to inform policies and programmes

The importance of strengthening research networks to provide high-quality and timely evidence to support increased investment in, equitable implementation of, and improved accountability for women’s and children’s health cannot be overemphasized. The establishment of evidence response mechanisms that aim to collect and compile RMNCH information and experiences across countries is key to addressing knowledge gaps and informing policy-making.

In setting up such mechanisms, it is important to first assess the evidence needs and relative priorities of stakeholders in countries in relation to evidence gaps on RMNCH in the region. Interviews with policymakers in Bangladesh, India, Indonesia and Nepal show differing experience and approaches in considering evidence from other countries as part of the policymaking process. Neighbouring/reference countries were often analysed given the similarities in health systems or populations, or in the progress made towards MDGs 4 and 5. Policy-makers and programme managers reported that regular verbal updates on new RMNCH evidence were useful in keeping up-to-date, and that structured site/field visits were an effective way of learning from policy and implementation experience.

Conclusion

This Summary and the Notes for Discussion cannot mine the rich seams of all the evidence available on these themes, nor can it adequately synthesise the very detailed country experiences, which have informed this meeting. But, it is designed to whet the appetite, to signpost where additional information can be found, and to stimulate dialogue on how progress in Asia and the Pacific can be accelerated through multi-stakeholder action and mutual accountability.