Quality, Equity and Dignity (QED) in services: Messages
Main take aways

1. Learn from research on RMNCAH Messaging
2. Learn from our previous successes
3. Keep building from success to success
4. Way forward for QED messaging requires partnership and adaptability
We should build from the research on messages

• Research done in 2015/16 to inform EWEC messaging
• Messaging content should:
  ➢ Be explicit about the direct linkages between investment and impacts for the economy and broader society
  ➢ Emphasize the importance of helping people reach their full potential, (rather than just survival), with positive examples
  ➢ State how women and children’s health aligns with issues across the broader developmental agenda
  ➢ Link women’s health to the gender equality and women’s empowerment
Presumption that “evidence is enough” is not supported by the evidence...

Researchers should recognise the tendency of policymakers to base judgements on their beliefs...

- Cairney and Oliver Health Research Policy and Systems (2017)
Lessons from successful messaging

• Clear objectives linked to messages
• Unified messaging
• Messages tailored for Target Audiences
• Target Key Moments
Clear objectives

End preventable maternal, newborn and child deaths and stillbirths
Stillbirths and newborn deaths are not inevitable
Women and babies deserve access to quality care around the time of birth
Each year save the lives of 3 million newborns, stillbirths and women

1. Include newborn and stillbirth in post-2015 framework along with maternal and child health
2. Attention and funding to newborns and stillbirths within the context of and linking to the RMNCH continuum
3. Sharpen national plans and improve demand and delivery of care at the time of birth in countries
4. Improve the quality of care for mothers and newborns by implementing high-impact interventions, including through a “Mother-Baby Friendly” Initiative
5. More trained and equipped health workers
6. Improve programmatic and impact data and use this for action in countries

Long term

In sight

NOW
Progress on reducing neonatal deaths and stillbirths have not been part of the MDGs and thus are major part of the ‘unfinished business’ for women’s and children’s health, and need greater visibility in the emerging post-2015 development agenda.

- Progress on reducing neonatal mortality and stillbirths have lagged behind, due to less attention, and lack of investment.
- Neonatal mortality and stillbirths need to be included as key indicator in the post-2015 goals if we are to see real change.
- Newborn and maternal mortality and intrapartum stillbirths are sensitive markers of a health system’s response to their most vulnerable citizens.
- Adverse birth outcomes are the biggest drain on human capital due to death and disability. Too many children fail to reach their potential due to death, disability or stunting, often because they are born too small or too soon.

CAUSES & SOLUTIONS

Main causes of newborn deaths are known. More than 80 percent of all newborn deaths and stillbirths result from three preventable and treatable conditions: prematurity, childbirth complications and newborn infections.

- Cost-effective, proven interventions exist to prevent and treat each main cause. Universal coverage of quality of care at birth would save the most newborn and maternal lives and prevent stillbirths, and requires educated and equipped health workers, including those with midwifery skills, and essential commodities, e.g. resuscitation devices.
- Sick and small newborns need to be identified and provided with special care, such as Kangaroo Mother Care.
- Women need quality care before conceiving, during pregnancy and after birth. We must do better at supporting families to care for their babies.

MAIN MESSAGE

More than 3 million babies and women could be saved each year through investing in quality care around the time of birth and special care for sick and small newborns.

Cost-effective solutions are available now to protect women and children from the most dangerous day of their lives – the day of birth.

INVESTMENT

Women’s and children’s health is a smart investment, particularly with specific attention to care at birth.

- With additional investment of US $5 per person per year, there would be a nine-fold return on investment in social and economic benefits in the highest-burden countries.
- Investment in care at birth reduces stillbirth, maternal and newborn deaths.
- With the right investment, research and innovation can help improve delivery of health services and discover new solutions to prevent preterm birth and other causes of maternal and newborn death.

KEY FACTS & FIGURES

- Globally, nearly 3 million babies die in the first month of life and 2.6 million babies are stillborn each year; 287,000 women die annually from complications of pregnancy & childbirth.
- More than one-third of stillbirths (1.2 million), three-quarters of newborn deaths (2 million) and 61 percent of maternal deaths (166,000) occur around the time of labour and delivery and the first few days of a baby’s life. Over 80% of neonatal deaths are in small babies (preterm or small for gestational age) in highest burden settings.
- As progress has been made in addressing childhood illnesses, newborn illnesses now account for 44 percent of all deaths among children under five.
- Ten percent of the global disease burden is related to newborn conditions.
- Progress for newborns needs to speed up. The current annual rate of decline for newborn mortality (2.1%) is significantly lower than for older children under-five (3.5%) and far less than the 4.4% required to achieve MDG 4 and the 5.5% required to achieve the goal set in A Promise Renewed.
## Key messaging frames and asks by target audiences

<table>
<thead>
<tr>
<th>Audience</th>
<th>What is the key ask?</th>
<th>Additional key events to target 2014* (slide 5)</th>
<th>Additional key mediums/products** (slide 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministers/Policy makers</td>
<td>Improve policies, actions, and funding for MNH</td>
<td>UNGA</td>
<td>Media interviews/briefings Direct lobbying</td>
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<tr>
<td>UN and multilaterals</td>
<td>Post-2015 framework includes newborn mortality and stillbirths</td>
<td>UNGA</td>
<td></td>
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<tr>
<td>Donors</td>
<td>Increase funding for MNH within RMNCH programmes</td>
<td>Bilaterals and other face-to-face meetings</td>
<td>Letters from leaders of agencies</td>
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<tr>
<td>Private sector</td>
<td>Invest in devices and commodities for MNH</td>
<td>Bilaterals and other face-to-face meetings</td>
<td>Letters from leaders of agencies</td>
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<tr>
<td>Civil Society Organizations</td>
<td>Take up “zero tolerance” for maternal and newborn deaths and stillbirths Cultivate and engage MNH champions</td>
<td>World Prematurity Day</td>
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<tr>
<td>Health care professionals and associations</td>
<td>Improve skills, standards of care and attitudes</td>
<td>Global and national professional and scientific meetings eg ICM</td>
<td>Letters/joint statements from leaders of agencies</td>
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<tr>
<td>General public</td>
<td>Be a voice for change and increase demand</td>
<td>Mother's Day, World Prematurity Day</td>
<td>Blogs by “champions”</td>
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<td>- High-income</td>
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<td>- Middle/Low-income</td>
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* Key events across all: Lancet EN, WHA, Partners Forum, global summits and meetings, global advocacy days
** Key mediums across all: press releases, media outreach/interviews, talking points, social media outreach, executive summary ENAP, SOMWy

Complete matrix available: [Audience matrix ENAP messaging.docx](#)
Building a movement for QED in services for MNH

Country and regional movements for maternal newborn health have own stories and adapt messages
Build from existing work on messages

Midwives Voices’ Midwives’ Realities
Social Media Toolkit

Introduction:
The first-ever, ground-breaking global survey of midwives conducted by the World Health Organization, International Confederation of Midwives, and the Midwives’ Alliance, will be released on 13 October 2016 in Geneva. The report and its findings are unprecedented until the press launch, but we hope you’ll help us build awareness that it’s coming, and once public, we encourage you to share key findings from the report and your own knowledge and experiences about midwives and midwifery. We hope the toolkit helps.

Overview:
Discrimination, harassment and lack of respect are key barriers to midwives’ ability to provide meaningful, quality care to women and newborns. According to findings in the first global survey of midwives conducted by WHO, the International Confederation of Midwives (ICM) and the Midwives’ Alliance (MA), the report released on 13 October 2016 shows that midwives in 50 countries have experienced harassment at work, with many describing a lack of security.

Launch & Dissemination Toolkit
For the Lancet’s Ending Preventable Stillbirths Series
A Guide and Resources
For Organizations Planning Publicity or an Event to Promote the Series
QED roadmap topline messages

• Addressing issues of quality, equity and dignity in healthcare is critical to ensuring the health and wellbeing of women, children and adolescents.

• As a basic right, increased attention must be given not only to access of healthcare, but also to ensuring quality and respectful care, equitably.

• The time around birth is the most critical period for saving mothers and newborns, and preventing stillbirths, through universal and high-quality healthcare.
Next steps?

- Map messages from each working group within QED
- Build a joint message map linked to QED objectives
- Identify key stakeholders and tailor messages for each group
- Map calendar of events and plan tactics for sharing messages

What is needed?
1. Review of the research and lessons
2. Review of previous QED-related messages
3. Staff time to support process
4. Engagement with communication experts