Setting the scene: Status of transitioning from MDGs to SDGs - challenges and opportunities

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ITEM 2 – Women’s, Children’s & Adolescents’ Health and Well-being in the SDG Era
From the MDG era to the SDG era:

Are we there yet?
What is the state of progress? Key messages from the H6 Global Strategy Monitoring Report 2018

Significant progress

• Under-five mortality rate declined by 56%, from 93 to 41 deaths per 1,000 live births (1990-2016)

• MMR has declined by 44 per cent (1990-2015)

• Global adolescent death rates have fallen by 17% since 2000

• 25 million child marriages prevented in the last decade

But, significant challenges also remain

- **Challenges**

- Neonatal mortality: Limited progress

- Gender inequalities: Progress is too slow and some gains are being lost

- Humanitarian settings: Many more people are now affected by Crises
Mortality in early childhood remains due to mainly preventable causes


Lower respiratory infections and diarrheal diseases also remain the top two causes of death for older children.
Primary prevention is needed worldwide: build resilient and sustainable systems for health

Risk of humanitarian crises and disasters, 2018

Funding trends are stagnating

After a sustained decade of growth, health funding has recently begun to stabilise or even decline….

… which is mirrored by a plateauing in MNCH funding based on DAH database

Few key donors account for most of MNCH DAH – US, UK and Gates, along with Canada, Germany, Norway, Japan and Netherlands

Sources: ODA for health from the CRS database, DAH from the 2017 DAH database, ODA+ for RMNCH from the Countdown ODA+ database.
Development Assistance for Adolescent Health (DAAH), Years 2003-2015

- Total disbursements of US$ 3.6 billion in DAAH between 2003 and 2015, equals 1.6% of all DAH in this period
- DAAH increased by 5-fold, from US$110 million in 2003 to US$529 million in 2015 (grey bars in figure above)
- **Sexual and reproductive health and HIV** accounted for 68% of all DAAH disbursed between 2003-2015 (dark blue bars in figure above)
- Africa received the highest amount of DAAH per adolescent
- Study finds a mismatch between causes of disease burden and DAAH allocation: HIV had the largest amount of DAAH per adolescent, while other leading causes of DALYs received no or very small amounts (e.g. road injuries, depressive disorder, and iron-deficiency anemia)

Source: Zhihui Li; Mingqiang Li; George C. Patton; Chunling Lu, Global Development Assistance for Adolescent Health From 2003 to 2015, in: Journal of American Medical Association, 2018, 1(4); Source: UNAIDS. Miles to Go: Closing gaps, breaking barriers, righting injustices. http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf
Why the first GFF replenishment matters

- **High demand** for financing from countries but trust fund resources fully committed ➔ first GFF replenishment

- **US$2 billion** for the period 2017-2023 ➔ 34 additional countries

- What does US$2 billion buy:
  - GFF would be able to expand from working in countries that represent 46% of total financing gap for RMNCAH to reach countries that account for **96% of the gap**
  - Significant opportunity for impact: the 50 countries supported account for **5.2 million maternal and child deaths** annually

Need to strengthen EWEC commitments to the Global Strategy’s Transform agenda

We cannot achieve the SDGs without enabling environments

- Ensure a rights-based approach to health
  - A human rights-based approach is essential to achieving the SDGs
- Invest in data
  - Continue to strengthen health management information systems
  - Stay serious about building country capacity for *data use for action*
  - Ensure an equity based approach to reach the most vulnerable people
- And,

**Maintain the power of partnership**
Thank you