The Partnership and its Role in Achieving MDGs 4 and 5

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The Millennium Development Goals (MDGs)

Goal 1: 
Eradicate Extreme Hunger and Poverty

Goal 3: 
Promote Gender Equality and Empower Women

Goal 5: 
A: Improve Maternal Health 
B: Achieve Universal Access to Reproductive Health

Goal 7: 
Ensure Environmental Sustainability

Goal 2: 
Achieve Universal Primary Education

Goal 4: 
Reduce Child Mortality

Goal 6: 
Combat HIV/AIDS, Malaria and other diseases

Goal 8: 
Develop a Global Partnership for Development

http://www.undp.org/content/undp/en/home/mdgoverview.html
Context

Switzerland
Population: around 7.6 million
MMR: 8/100,000 live births
U5MR: 5/1000 live births

Burundi
Population: around 8.7 million
MMR: 800/100,000 live births
U5MR: 142/1000 live births
Every child deserves a fifth birthday
But gaps in coverage of essential interventions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Postnatal</th>
<th>Infancy</th>
<th>Childhood</th>
<th>Water and sanitation</th>
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<tbody>
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<td>Demand for family planning satisfied*</td>
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<td>Antenatal care (at least 1 visit)</td>
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<td>Antenatal care (at least 4 visits)*</td>
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<td>Prevention of mother-to-child transmission of HIV*</td>
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<td>Intermittent preventive treatment of malaria for pregnant women</td>
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<td>Neonatal tetanus protection</td>
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<td>Skilled attendant at birth*</td>
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<td>Early initiation of breastfeeding</td>
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<td>Postnatal visit for mother*</td>
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<td>Exclusive breastfeeding (for first 6 months)*</td>
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<td>Introduction of solid, semisolid or soft foods</td>
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<td>DPT3 immunization*</td>
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<td>Measles immunization</td>
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<td>Haemophilus influenza type b immunization (3 doses)</td>
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<td>Vitamin A supplementation (2 doses)</td>
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<td>Children sleeping under insecticide-treated nets</td>
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<td>Careseeking for pneumonia</td>
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<td>Antibiotics for pneumonia</td>
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<td>Malaria treatment (first-line antimalarial)</td>
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<td>Oral rehydration salts</td>
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<td>Improved drinking water sources</td>
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<td>Improved sanitation facilities</td>
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* Coverage indicators from Recommendation 2 of the Commission on Information and Accountability for Women’s and Children’s Health (2011).


Commitment - Global Strategy for Women's and Children's Health, Every Woman, Every Child

Global Strategy for Women’s and Children’s Health

UN Secretary-General Ban Ki-moon
“Together we must make a decisive move, now, to improve the health of women and children around the world. We know what works… The answers lie in building our collective resolve to ensure universal access to essential health services and proven, life-saving interventions as we work to strengthen health systems. These range from family planning and making childbirth safe, to increasing access to vaccines and treatment for HIV and AIDS, malaria, tuberculosis, pneumonia and other neglected diseases.”
Addressing the challenge – Global Strategy for Women’s and Children’s Health

Global Strategy for women’s and children’s health, UN Secretary General Ban Ki-Moon, WHO 2010
Role of the Partnership

- Providing a multi-constituency platform for Partners to engage and align strategic direction.

- Engaging Partners in well defined projects, where working in Partnership achieves greater results through collective action.
The 2012-15 Strategic Framework

**Vision:** The achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health

**Mission:** Supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to agreed essential interventions for women’s and children’s health

**Strategic Objective 1:** Broker knowledge and innovation for action

**Strategic Objective 2:** Advocate for mobilising and aligning resources and for greater engagement

**Strategic Objective 3:** Promote accountability for resources results
PMNCH Structure: 7 Constituency Groups

- Health Care Professionals (HCP)
- Donors and Foundations
- Multilateral Agencies
- Private Sector
- NGOs
- Partner Countries
- Academic, Research and Teaching Institutions (ART)

463 Members
We Know What Works: Continuum of Care

Governments

Donors and Foundations

Health Care Professionals

Household

Community & outreach

Health facilities

NGOs

Private Sector

Academics, Research and Training Institutions

PMNCH Knowledge Summary 2, available from: http://portal.pmnch.org/knowledgesummaries/ks2
FIGO commitment

The Health Care Professionals Associations (HCPA) of the Partnership for Maternal, Newborn and Child Health (FIGO, ICM, ICN, IPA, RANZCOG, RCOG, SOGC, WFSA) collectively commit US$31,218,000
Crucial role of parliaments on MNCH issues

- Representing the voice of women and children
- Advocating for MDGs 4 and 5, nationally and internationally
- Legislating to endure universal access to essential care
- Budgeting for maternal, newborn and child health
- Holding the government to account for implementing policies
We know what to do

ESSENTIAL INTERVENTIONS, COMMODITIES AND GUIDELINES
for Reproductive, Maternal, Newborn and Child Health
Approach

• Focus on the most vulnerable and hard to reach

• Strive for universal access
Maternal mortality ratio still unacceptably high in many countries, 2010

Examples of global initiatives for RMNCH

- Commission on Information and Accountability
- Commission on Life-Saving Commodities for Women and Children
- Child Survival Summit
- Family Planning Summit
What next? 'How to'

**Investment**
More money for health, more health for the money

**Implementation**
Doing the right things, the right way

**Accountability**
Realizing results and rights

**Advocacy**
Raising awareness, mobilizing resources

Thank you!
Number of stakeholders who have made commitments to the Global Strategy (total=220)

- Health care professional associations: 8 (4%)
- Multilateral organizations: 8 (4%)
- Global partnerships: 12 (5%)
- Academic and research institutions: 14 (6%)
- Low- and middle-income countries: 57 (26%)
- High-income countries: 16 (7%)
- Foundations: 18 (8%)
- Private Sector: 26 (12%)
- NGOs: 61 (28%)
Causes of deaths in children under 5
(6.9 million deaths every year/ around 21,000 preventable deaths every day)

Causes of maternal mortality
(287,000 deaths every year/around 1000 preventable deaths every day)

- Haemorrhage 35% (i.e. blood loss)
- Hypertension 18% (i.e. high blood pressure)
- Indirect 18% (e.g. malaria, HIV/AIDS, cardiac diseases)
- Other direct 11% (e.g. complications of anaesthesia and caesarian sections, and postnatal depression suicide)
- Unsafe abortion 9%
- Sepsis 8%
- Embolism 1%

Adapted from: Countdown to 2015, Building a Future for Women and Children, The 2012 Report (2012);
Under-five mortality rate – Need to accelerate progress in Africa and Asia, 2011