



Countdown to 2015

Maternal, Newborn & Child Survival

HIGH IMPACT MNCH POLICY: EVIDENCE & EXPERIENCE ON THE POLITICAL PROCESSES AND POLICY DECISIONS THAT MAKE A DIFFERENCE

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*And the women
who love them*

We Save the Children  Will you?

PRESENTATION OVERVIEW

- Context
- The importance of equity
- Policy to improve supply
- Policy to improve demand
- Conclusions

**CONTEXT: we know with cruel
precision when, where & why
mothers, newborns & children die**

COUNTDOWN “THESIS”

- Globally there is a massive, avertable excess burden of maternal, newborn & child mortality
- This excess burden is not “normally distributed”—there are significant inequalities & inequities between and within countries
- Increasing access to/coverage by key interventions and achieving higher rates of co-coverage is key
- Health system strengthening is necessary to ensure equitably increasing co-coverage by ensuring that quality services are available on demand
- Governments and their development partners have obligation with respect to quantity and quality of financing that remain unmet

Currently about
500,000 maternal, four
million newborn & a total of
10 million -under five deaths
-every year



POLICY CHOICES & THE CONTINUUM OF CARE (1)

Main interventions in pregnancy and early life

Pregnancy, birth, and perinatal period

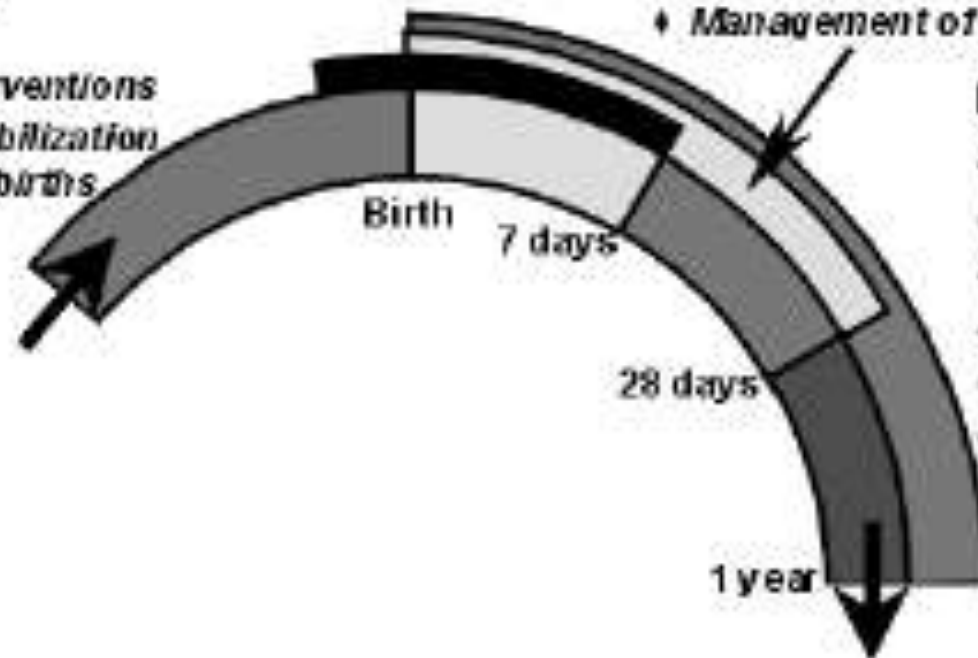
- ◆ Antenatal care
- ◆ Essential obstetric care
- ◆ Essential family planning
- ◆ Nutritional interventions
- ◆ Community mobilization for safer home births

Neonatal period

- ◆ Essential newborn care
- ◆ Breastfeeding counselling
- ◆ Immunization
- ◆ Management of illness

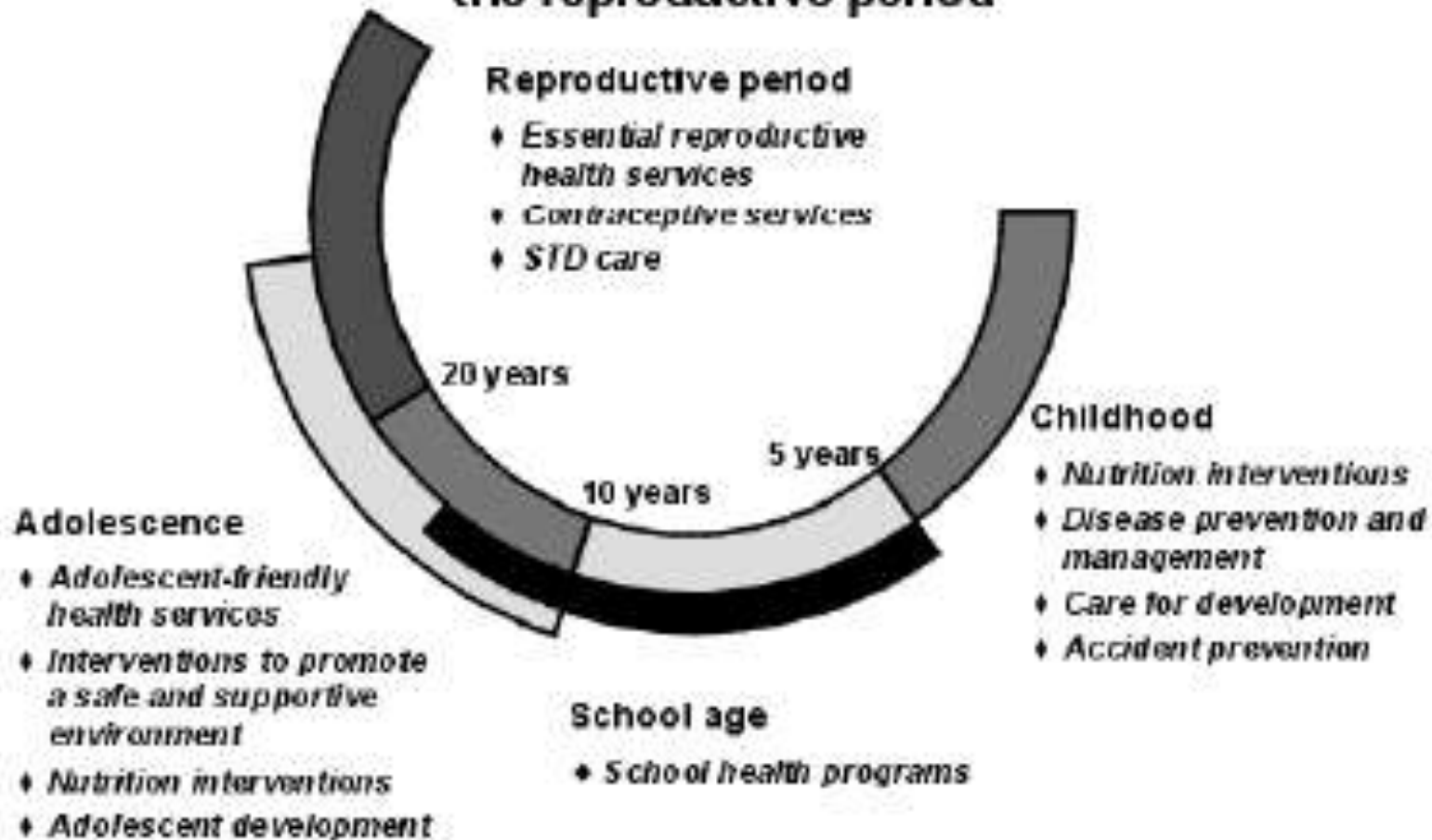
Infancy

- ◆ Breastfeeding counselling
- ◆ Nutrition interventions
- ◆ Management of illness
- ◆ Care for development
- ◆ Immunization
- ◆ Other preventive measures



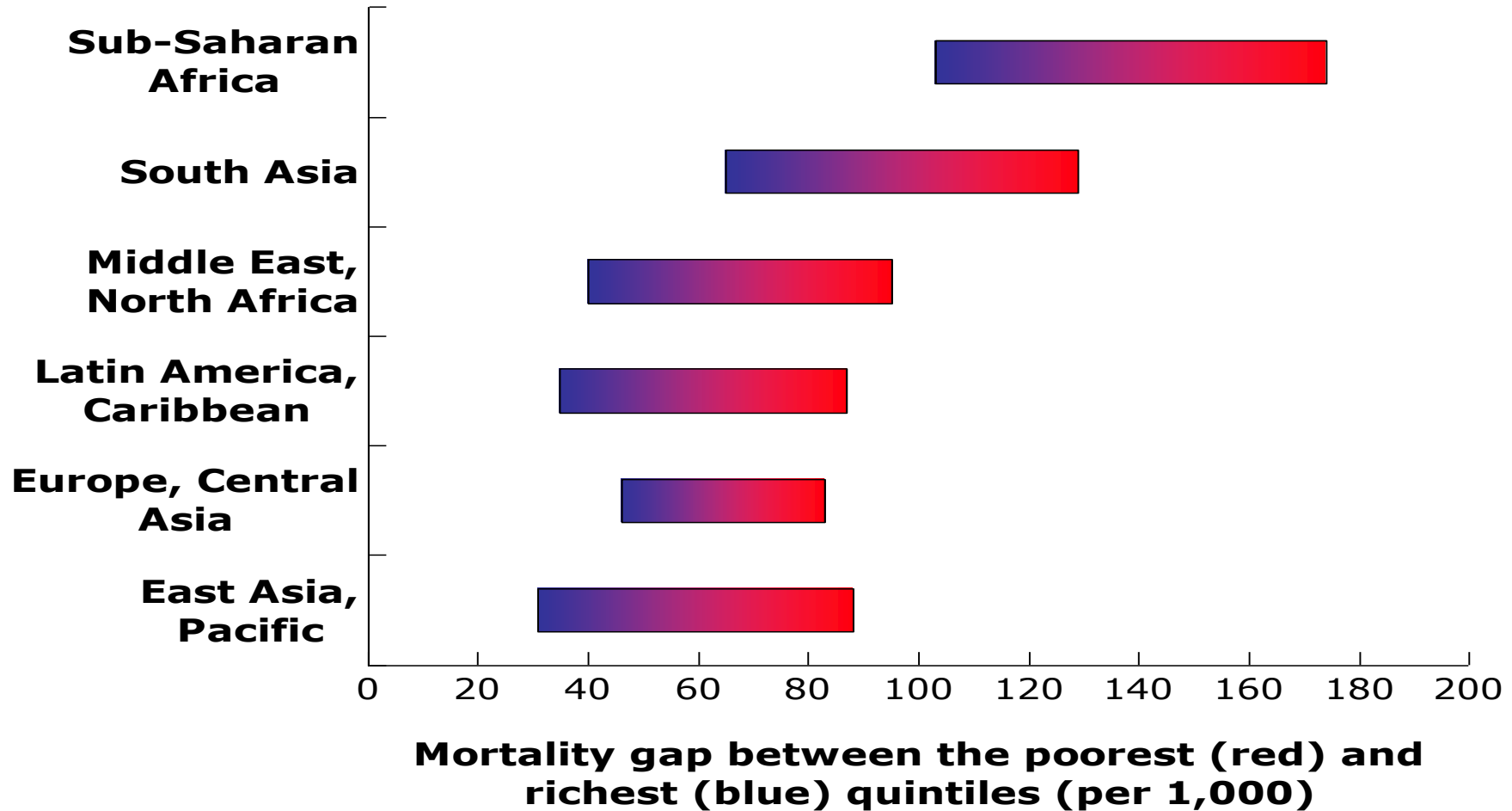
POLICY CHOICES & THE CONTINUUM OF CARE (2)

Main interventions in childhood, adolescence, and the reproductive period



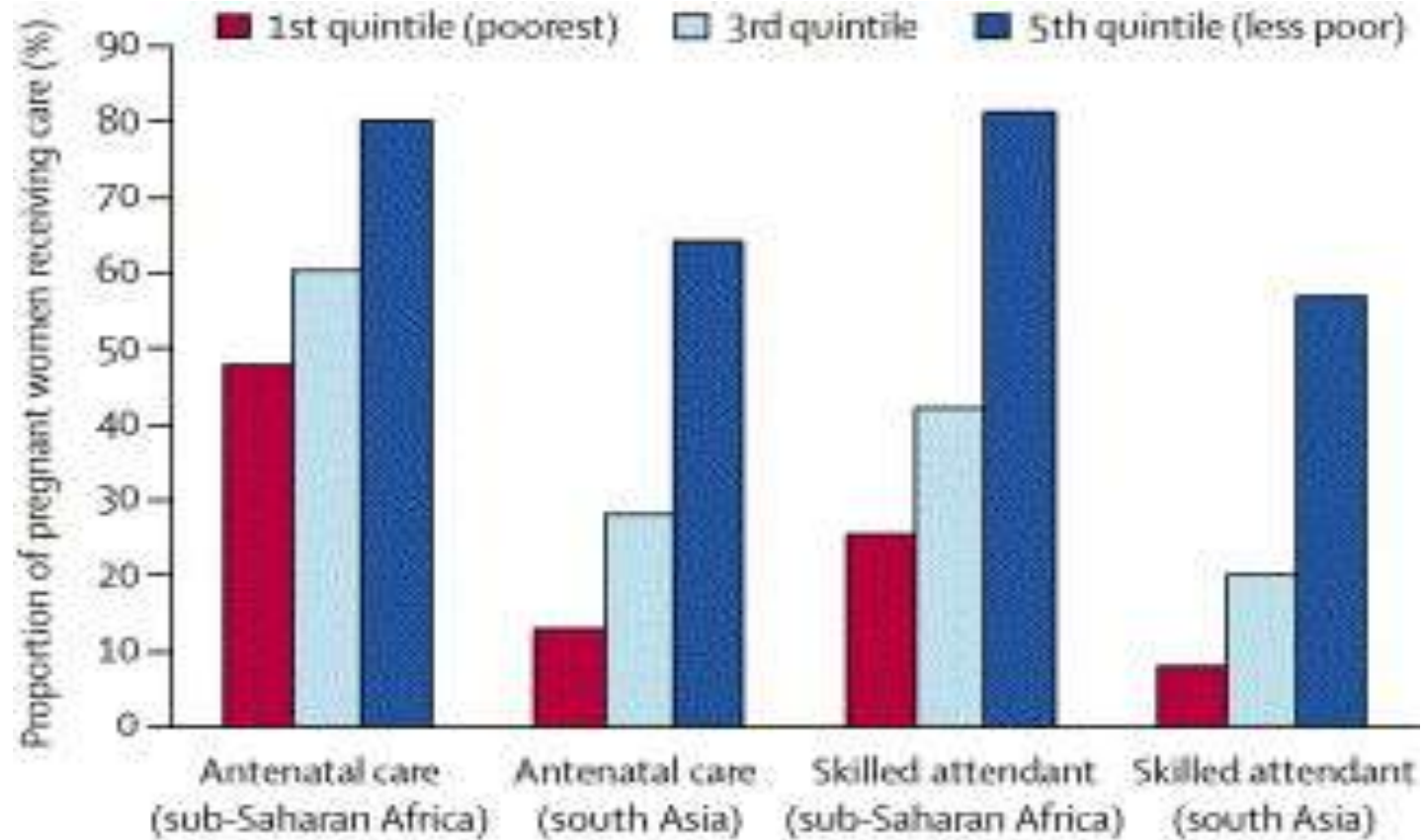
THE IMPORTANCE OF EQUITY

EQUITY GAPS IN UNDERFIVE MORTALITY



Source: DHS, analyzed by Gwatkin et al, 2007

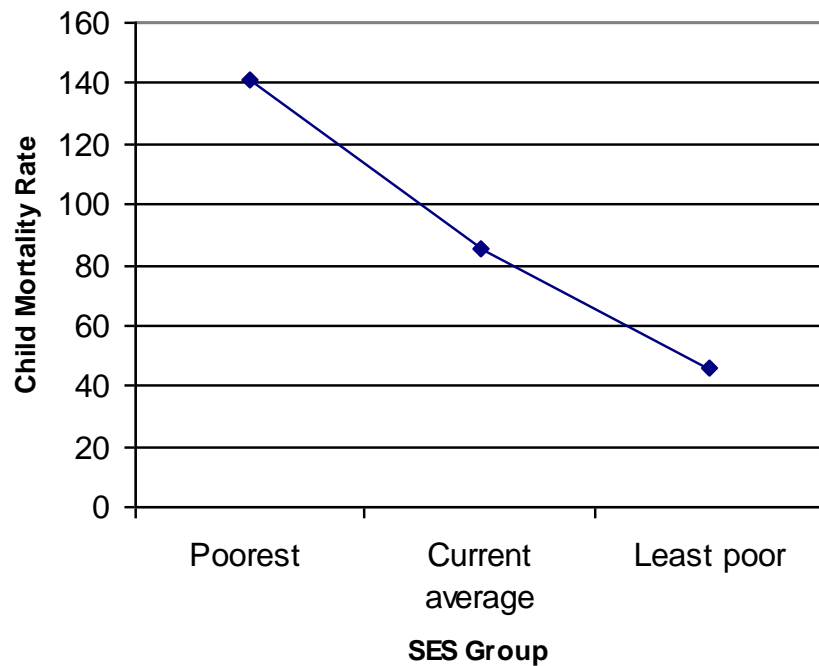
ANTENATAL CARE & SKILLED ATTENDANCE BY WEALTH QUINTILE



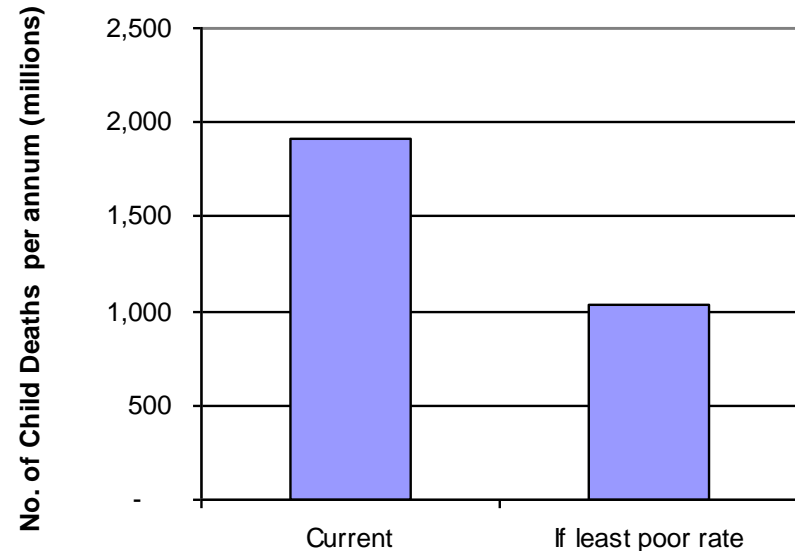
Source: Knippenberg et al., The Lancet 2005.

WHAT IF.....

**CHILD MORTALITY IN INDIA:
RATES FOR THE POOREST,
AVERAGE & LEAST POOR**



**CHILD MORTALITY IN INDIA: IF
ALL INDIANS EXPERIENCES THE
RATE OF THE LEAST POOR 20
PERCENT**



POLICY TO IMPROVE SUPPLY

SUPPLY SIDE POLICY OPTIONS—I

- **GLOBAL CONVENTIONS:** International Code on Marketing Breast Milk Substitutes & ILO convention on maternity protection
- **FINANCE:** Minimize out of pocket expenses inc. elimination of user fees; fully costed national plans & financing to execute plan—Abuja 15 % target; & external support for country programmes in line with Paris principles
- **SYSTEMS:** Investing in the building blocks of systems: people; skill, supplies & information systems
- **ORGANIZATION: THE HOSPITAL TO HOUSEHOLD CONTINUUM:** Community-based management of pneumonia with antibiotic treatment; expanded role for midwives w/referral systems for emergency obstetric services; & overall stronger supervision/referral for improving service quality
- **TECHNICAL:** Neonatal intervention options; nutritional treatment options e.g., RUTFs; & low osmolarity ORS and zinc supplementation

DEMAND SIDE POLICY OPTIONS

DEMAND SIDE POLICY OPTIONS

- Barrier reduction through cash transfers & vouchers
- Governance accountability through civil society engagement including budget tracking
- Women's groups & female education to promote increased "self efficacy"
- Incorporating community perceptions of illness into behavior impact communication
- **IMPROVED QUALITY OF SERVICES!!!**

**GOOD POLICY IS NECESSARY, BUT
CLOSING THE “POLICY GAP” IN
PRACTICE IS THE IMPERATIVE**

We all have specific responsibilities to redressing the excess burden of maternal, newborn & child mortality

