

A Case for Investing in Maternal, Neonatal and Child Health In Asia and the Pacific

Stephen Atwood, UNICEF

Ian Anderson, ADB

Henrik Axelson, PMNCH

Rudolf Knippenberg, UNICEF

Why Asia and the Pacific?

- 41% of all childhood deaths annually occur in 14 countries in the combined regions of South Asia and East Asia and the Pacific.
- MDG4: 21 countries on track, 11 are not (5 making no progress)
- MDG5: 43% of global maternal deaths in Asia. In 3 countries: worse than 1990.
- Stunting rates among the highest in the world.

Why invest in MNCH?

- Preventive/promotive care averts up to \$700 million globally/year for child survival (Lawn, 2005)
- Global economic impact of MN mortality est. \$15 billion lost potential production (USAID, Women Deliver, 2007)
- Reducing catastrophic OOP preserves household savings and averts the drop into poverty: 78 million people in 11 LICs in Asia were pushed into poverty due to OOP on health (van Doorslaer, 2006)
- Poor fetal growth or stunting --> lower schooling, reduced adult income (Victora, 2008)

The Coogee Beach Group

- An informal gathering of individuals from different organizations committed to improving MNCH in Asia and the Pacific.
- Individual commitment, not institutional -- not another partnership
- Drawn from: ADB, World Bank, WHO, UNICEF, UNFPA, Partnership for MNCH, AusAID, DfID, USAID, CIDA, Gates.
- Brings together technical knowledge of programmes with finance.
- Name has absolutely no meaning

Rationale for an Investment Case

- Answer to the questions: “Why invest in Asia?” “Why invest in MNCH?”
- A need for a new business model for more effective advocacy
- Investment with a moral element: gain is not only economical, also lives saved and suffering prevented;
- Enhances national security and stability.

Why does Asia need an investment case?

- Dollars:
 - Low government expenditure on health
 - Growing inequities despite increasing fiscal space
 - Finance de-linked from performance
- Development:
 - Productivity enhanced through better school performance, etc., etc.
 - Equity : *“Sharing the fruits of growth.”*

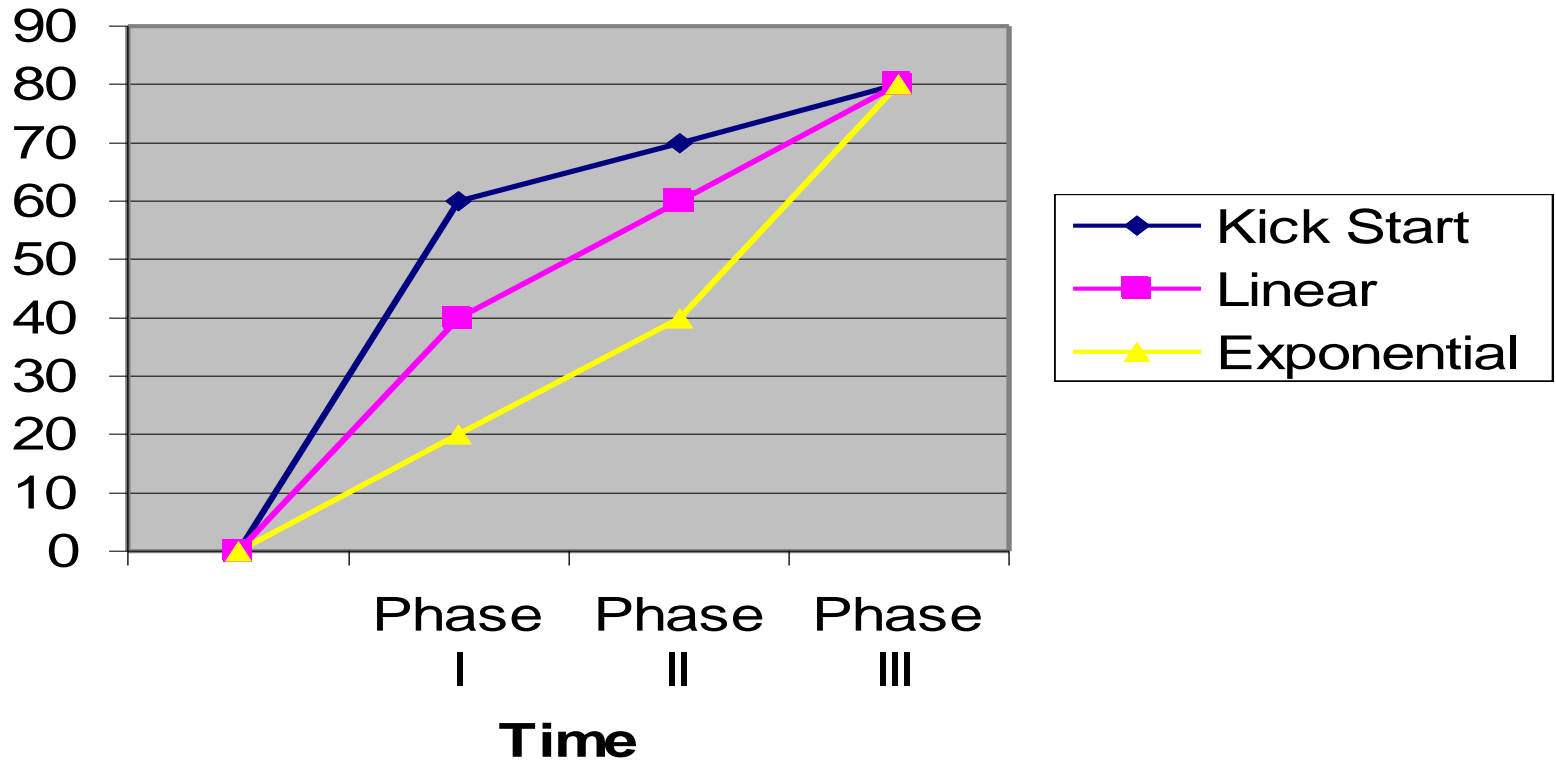
What's Different

- Begin with a basic narrative, tailored to real evidence drawn from the target country.
- Ingredients:
 - baseline data;
 - local cost analysis of evidence-based interventions;
 - estimate of barriers or bottlenecks;
 - Estimate of lives saved and DALYs prevented;
 - time frame for various scenarios (e.g., Phase 1=2008-10, Phase 2=2011-12, Phase 3=2013-15.)

What's Different (2)

- Start with package of essential services
- Technical input to create model packages of interventions that give you:
 - Quick gains with low per capita cost increments,
 - Linear gains that require ramping up the existing systems, and
 - An exponential model that will require new systems and long term inputs for sustainability
- Technical input (through literature review) to make sure the evidence-based data is kept current.

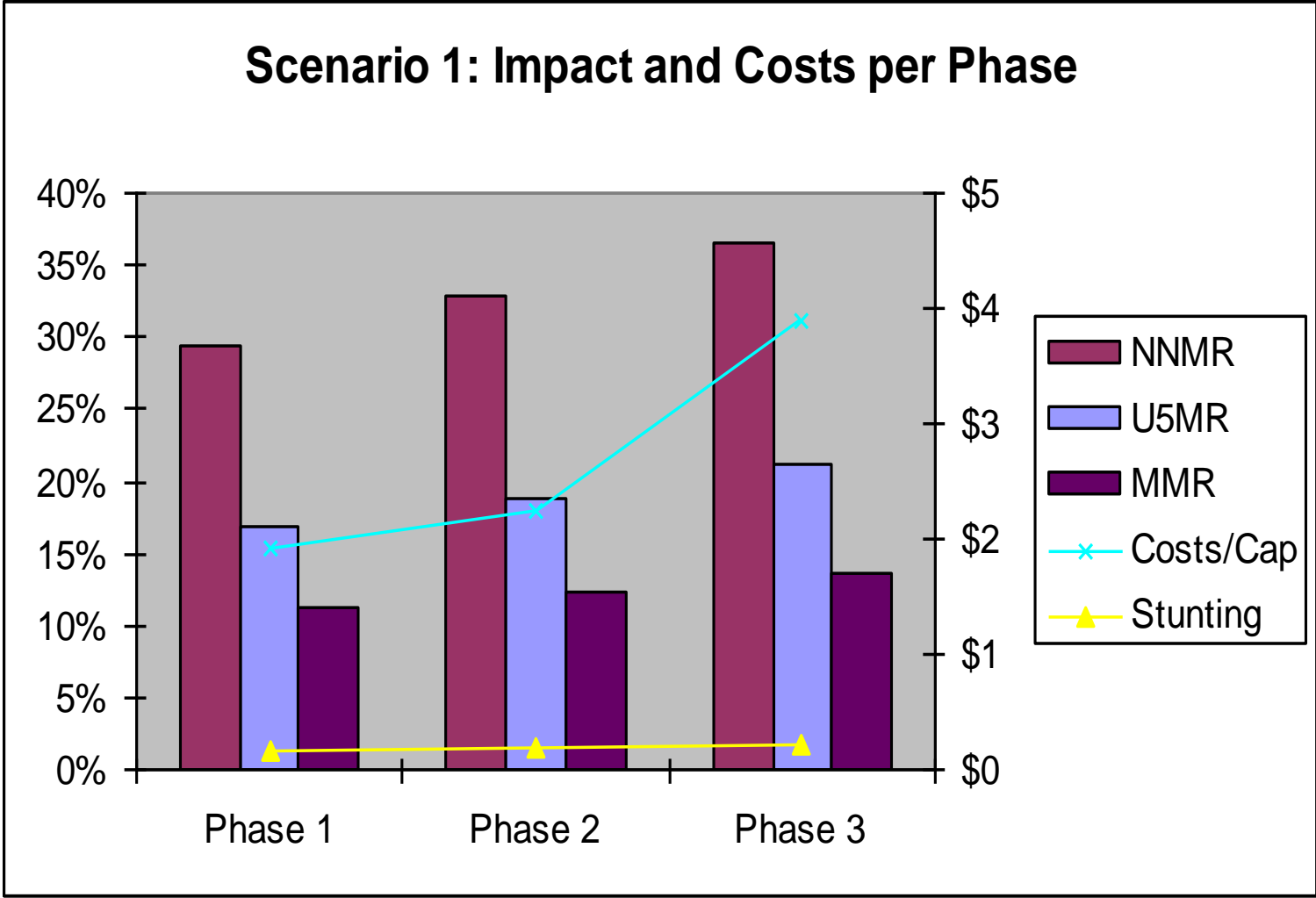
Basic Scaling Up of Interventions by Reducing



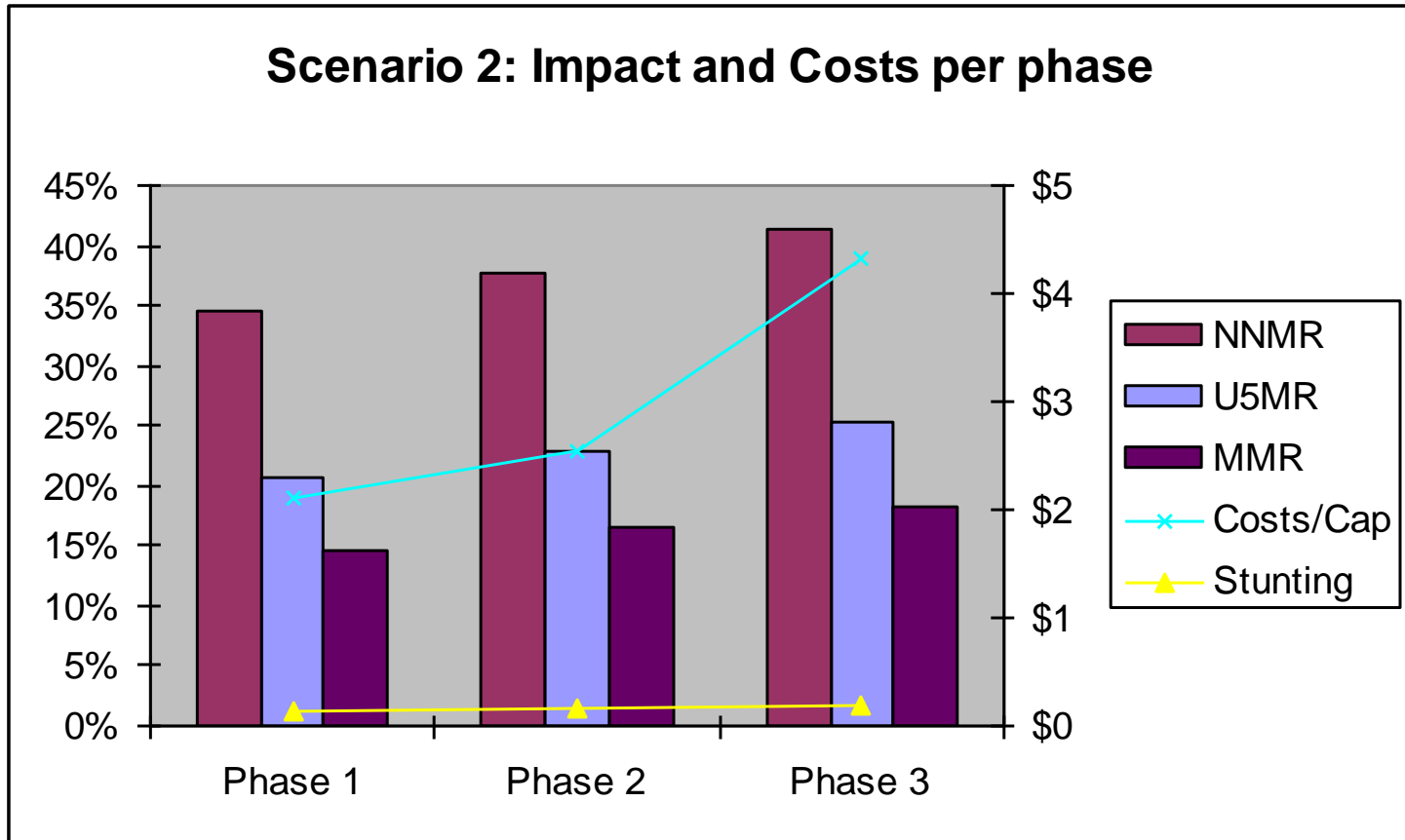
The Outcome

- Five scenarios:
 - Demonstrates the three types of package (Kick Start, Linear, Exponential)
 - Each gives incremental cost per capita per year
 - Each demonstrates how, over time, and with increasing sophistication of inputs and systems requirements, cost goes up but so does effect.
 - Only one scenario achieves the MDGs by 2015.

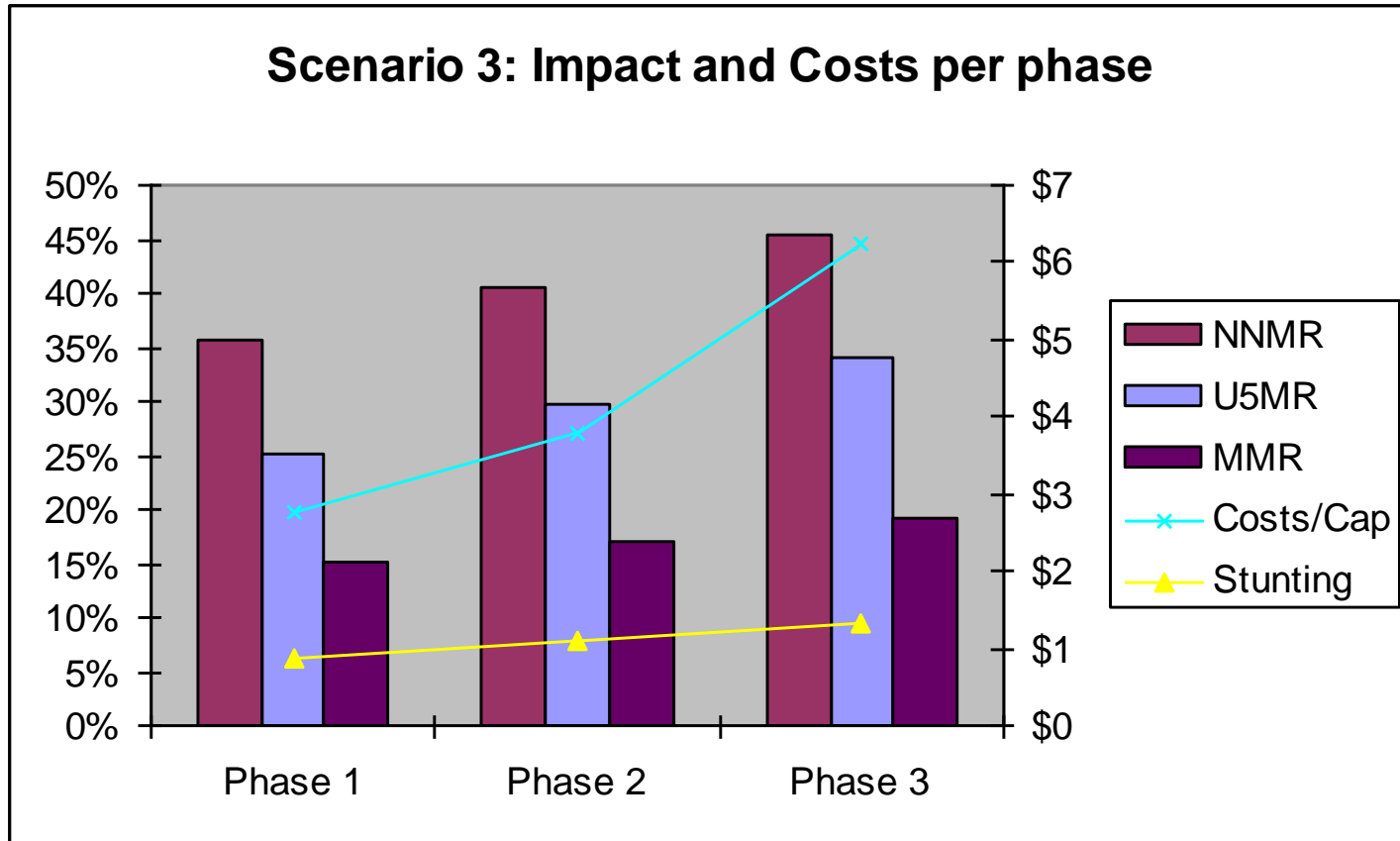
Scenario 1



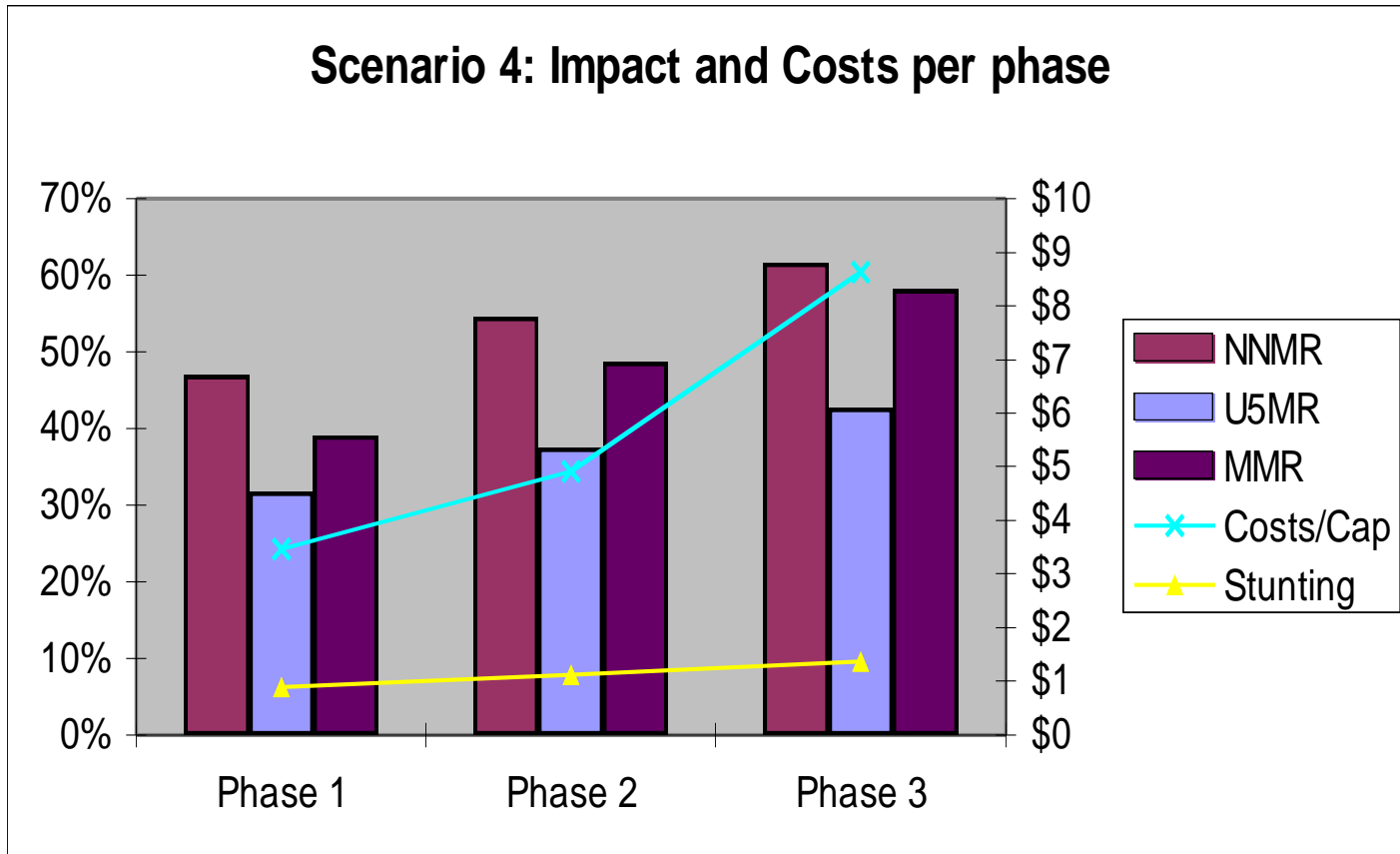
Scenario 2



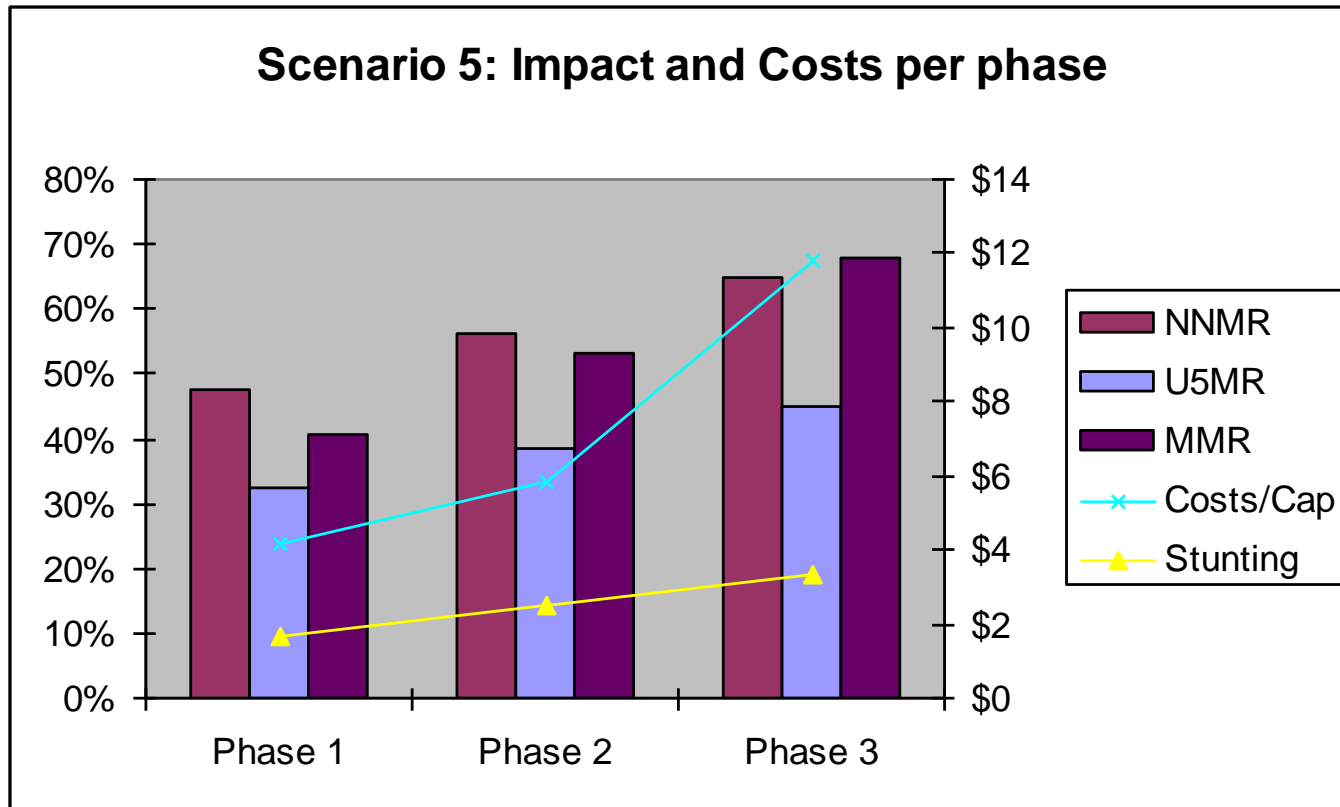
Scenario 3



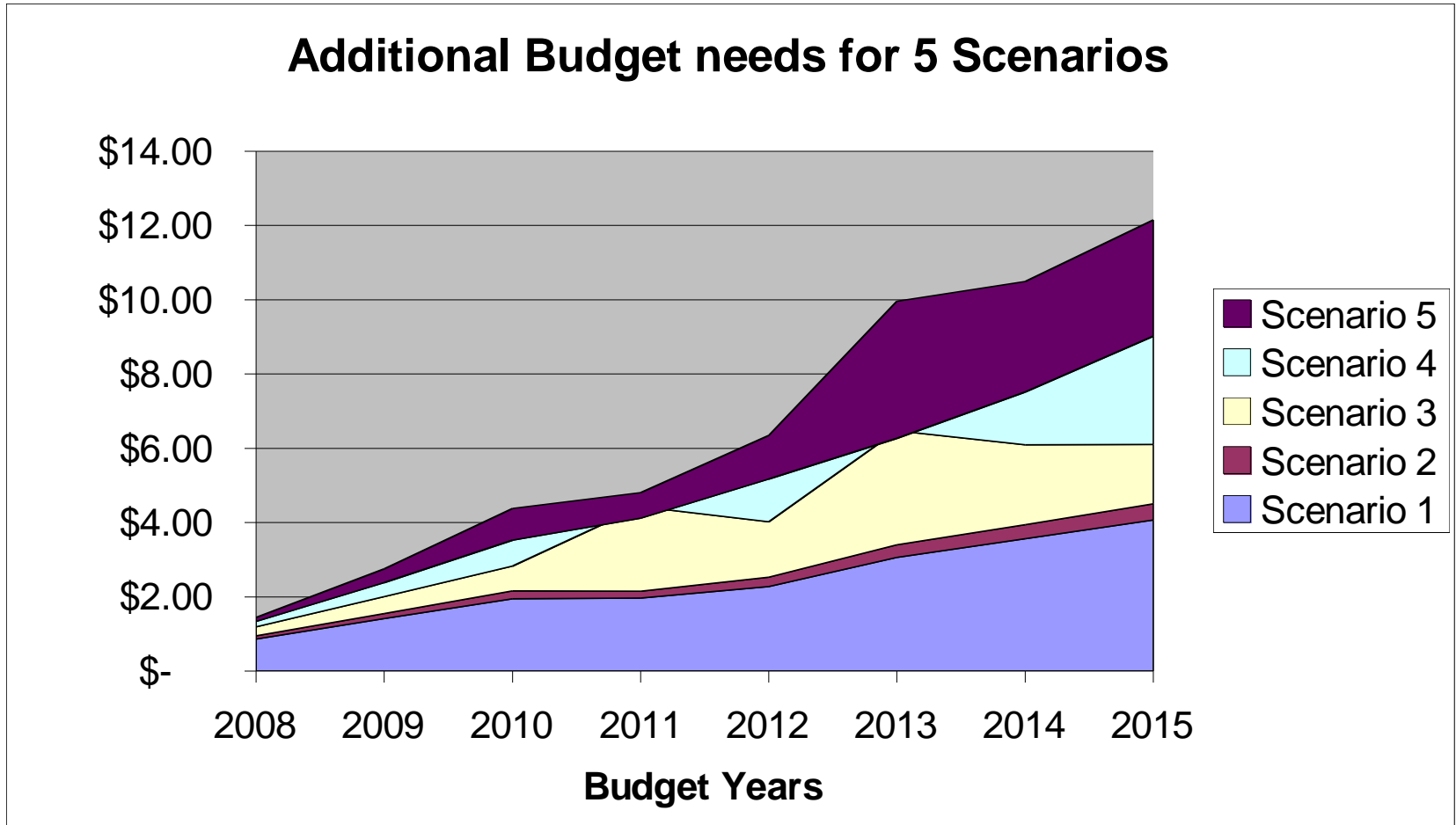
Scenario 4



Scenario 5



Budgetary summary



How can it be used?

- Should be developed on a country-by-country basis to be used to advocate with government and all stakeholders.
- Governments are key but donors are also interested to support and fund.
- Can be used to reduce inequities as it shows what it will cost to bring coverage up to a level where the poorest benefit.