Where is the M(oney) in “MNCH”?

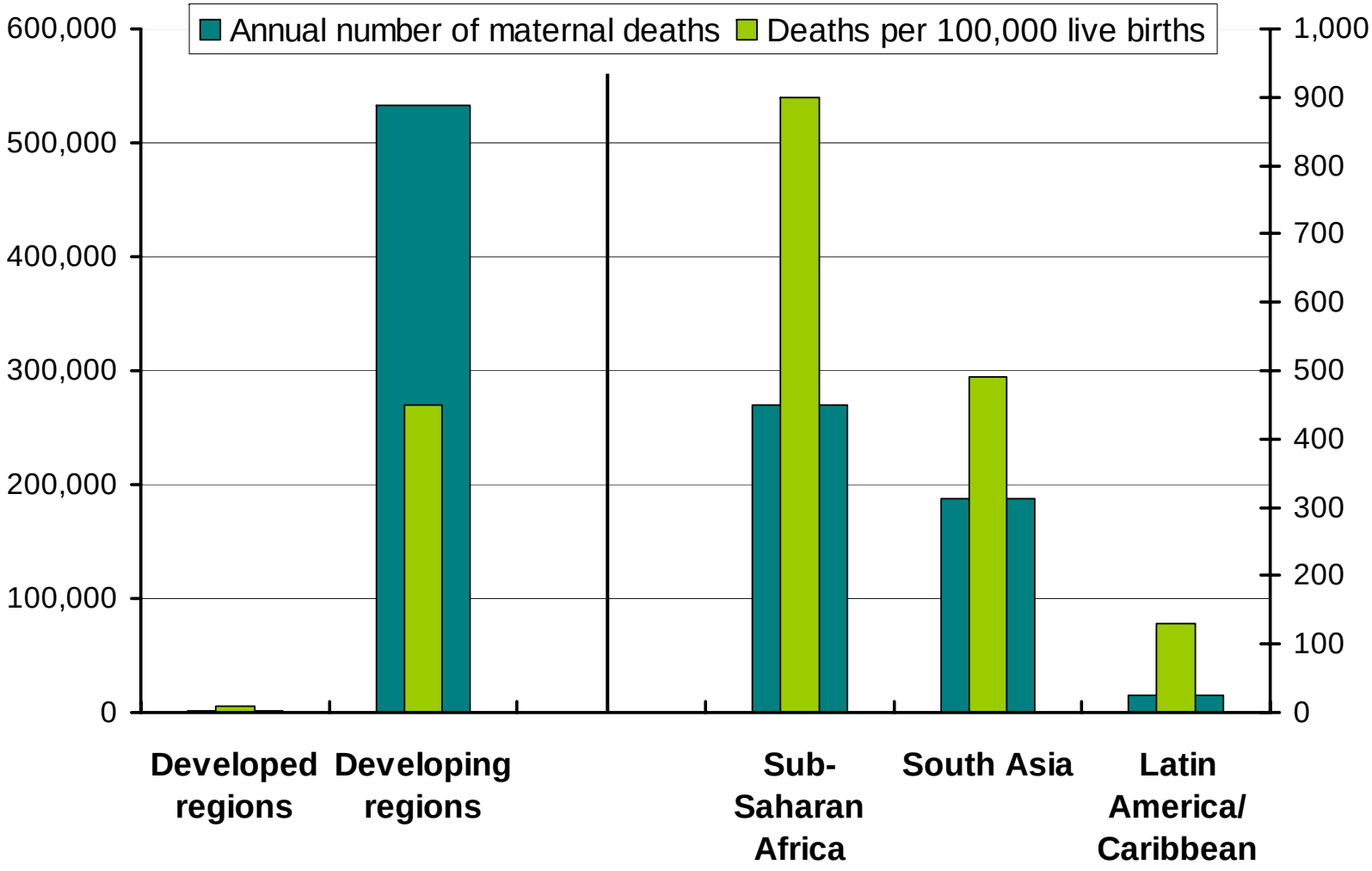
Global Health Spending: Why Maternal Health Is Not a Political Priority

Woodrow Wilson Center for International Scholars, March 4, 2009

Ann M. Starrs, President

FAMILY CARE INTERNATIONAL

A grave injustice



Source: UN Population Fund (UNFPA)

FAMILY CARE INTERNATIONAL

Two decades of advocacy

Safe Motherhood

The Partnership for Maternal, Newborn & Child Health

THE WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD

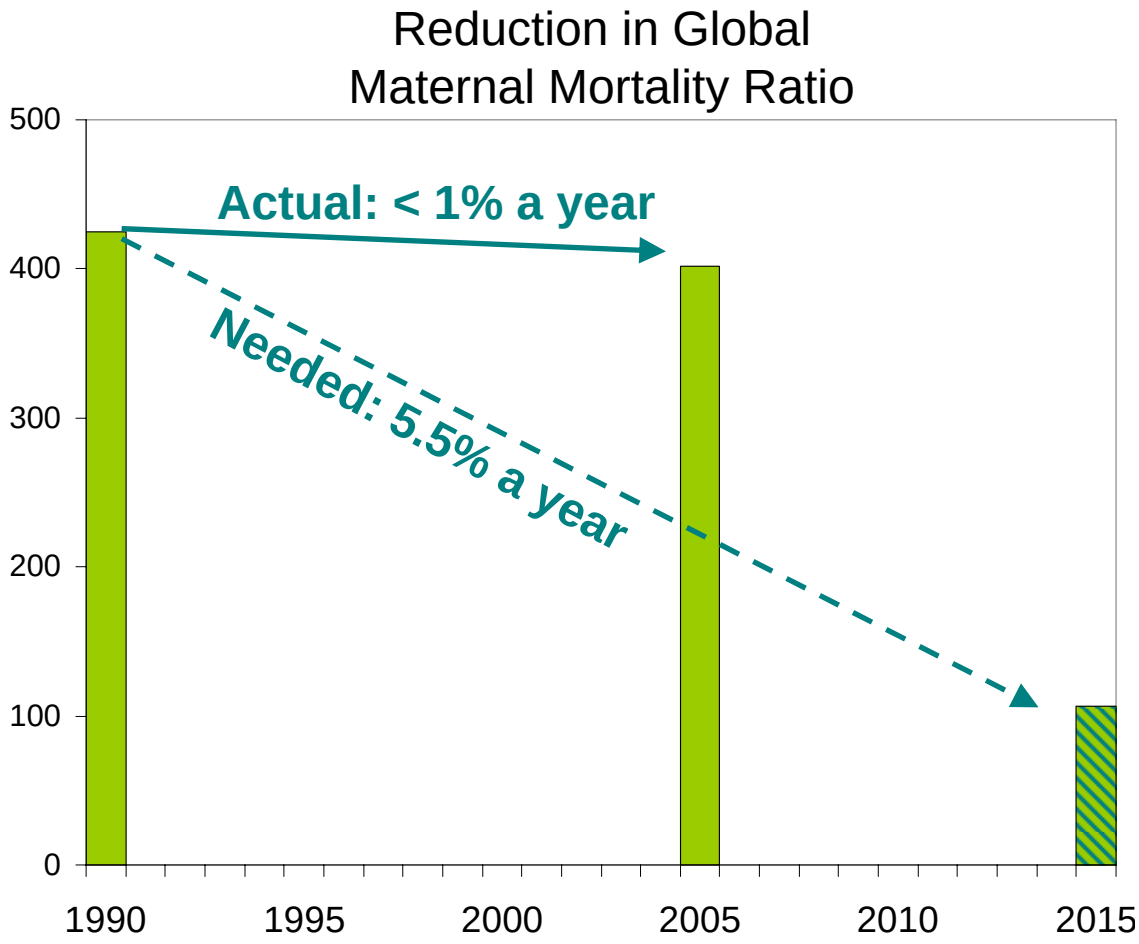
Promise to Mothers Lost
HEALTHY PREGNANCY AND SAFE CHILDBIRTH FOR ALL

WOMEN DELIVER
Invest in Women - It Pays!

DELIVERNOW FOR WOMEN+CHILDREN

Not enough progress

- MDG 5 is farthest off track of all MDGs
- Leading cause of death for women of child-bearing age in developing world

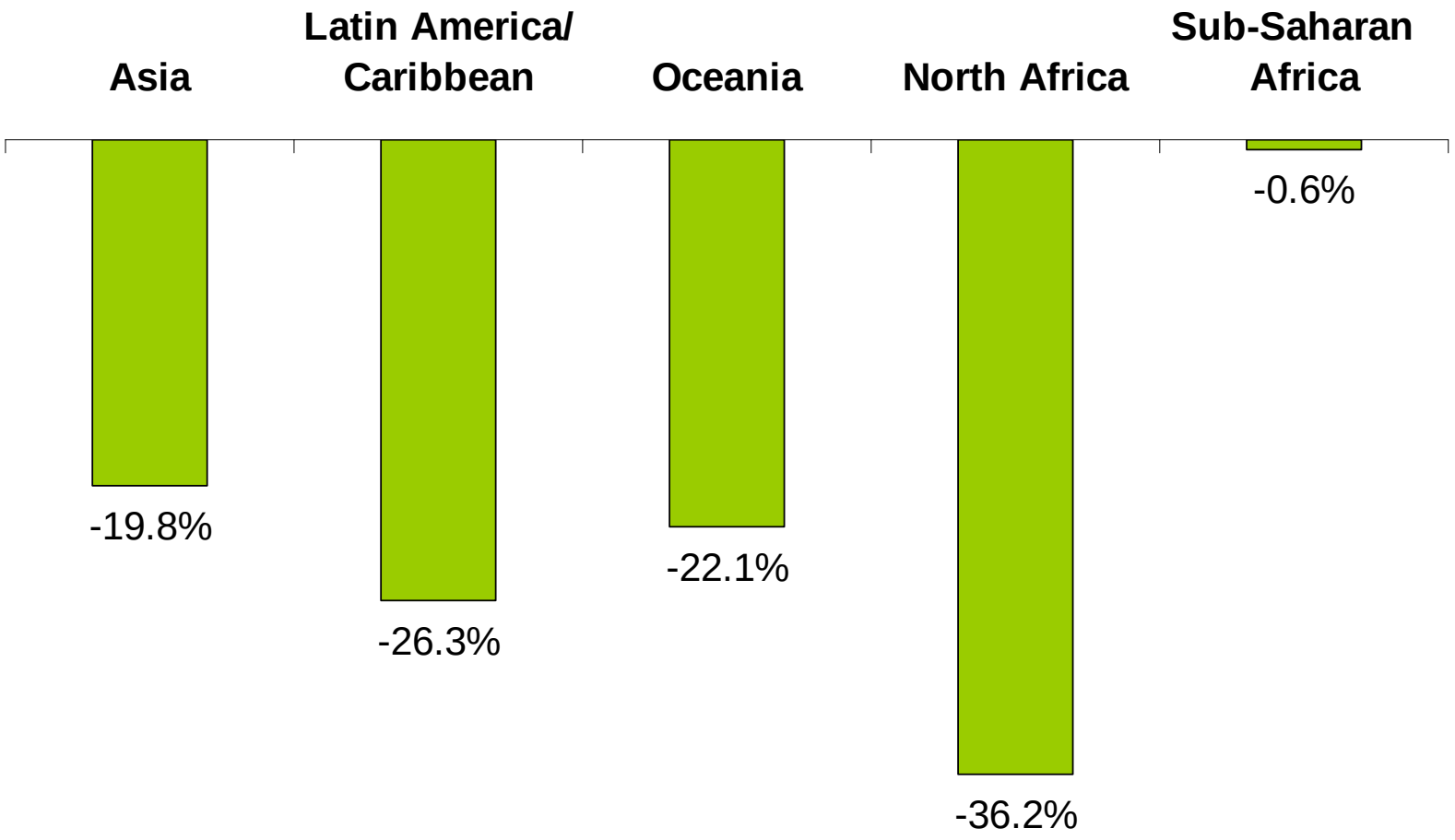


Source: Lancet 2007; 370:1317 / Chris Brazier/New Internationalist

FAMILY CARE INTERNATIONAL

Increasingly an African problem

Reduction in Maternal Mortality Ratio: 1990 - 2005



Source: Lancet 2007; 370:1317

FAMILY CARE INTERNATIONAL

It can be solved

National commitment + investment = …

- **Sri Lanka**: MMR dropped from 1,600 in 1945 to 60 in 1995
  - Invested in midwives – high coverage and high status
  - Building rural health clinics with links to hospitals
  - Monitoring coverage and quality
- Other countries have followed this lead – Malaysia, Tunisia, Honduras

FAMILY CARE INTERNATIONAL

Investment is needed

- Lost productivity – $15 billion per year
- Needed investment – $5 billion per year
- Real investment must happen now, if we are to meet MDG 2015 targets and save women's lives

FAMILY CARE INTERNATIONAL

Why has maternal health not been a priority?

> "Severity/need is not likely an adequate explanation."
>
> *Jeremy Shiffman, Ph.D.*

Maternal health community has been addressing all the key factors*:*

- Actor power
- Ideas
- Political contexts
- Issue characteristics

Actor power:

1. Policy community cohesion

- Partnership for Maternal, Newborn & Child Health (PMNCH): all key constituency groups represented

- Maternal Health Task Force: to build consensus on key technical issues
- Women Deliver: 4 strategic pillars of maternal and newborn health
- Countdown to 2015: linking maternal, newborn, child

Actor power:
2. Leadership

New level of engagement by:

- *UN leaders:* Ban Ki-Moon, Thoraya Obaid consistently speaking out
- *National leaders:* Norway, UK, Tanzania, Chile leading high-profile events
- *International efforts:* Network of Global Leaders, Global Campaign for Health MDGs
- *Prominent women:* Sarah Brown, Queen Rania, Wendi Murdoch, Christy Turlington, African First Ladies

Actor power:

3. Guiding institutions

- PMNCH
  - Advocacy coordination
  - Continuum of care
  - Country-driven priorities
- Maternal Health Task Force
  - Technical consensus
- Women Deliver/White Ribbon Alliance
  - Linking global/national/grassroots advocacy
- Maternal Mortality Campaign
  - Strategy cohesion

Actor power:

4. Civil society mobilization

- White Ribbon Alliance
- Women Deliver
- Coordination of global and national advocacy messages
- Mobilization around MDG 5
- Development of tools for local advocacy

FAMILY CARE INTERNATIONAL

Ideas:

5. Internal frame

- Guiding institutions positioned to resolve technical questions
- Focus on strengthening health systems, effective interventions, continuum of care
- *"We know what to do"* – Four Pillars of Maternal Health

Ideas:

6. External frame

- Economic case: Invest in women - it pays
- Human rights framework
- Coalescing around “global ask” for maternal, newborn and child health

But challenges remain:

- “Women’s issue”?
- Other health challenges
- Financial crisis
- US aid policies
- Complexity of health systems solutions

Political contexts:

7. Policy windows

- New urgency around MDGs, and MDG 5 in particular
- Heightened attention from UN, G7, G8, G20
- Evolution of US aid policies re reproductive health
- New elements of global health architecture (IHP+, HLTF, etc.)
- Links to HIV and other sectors

Political contexts:

8. Global governance structure

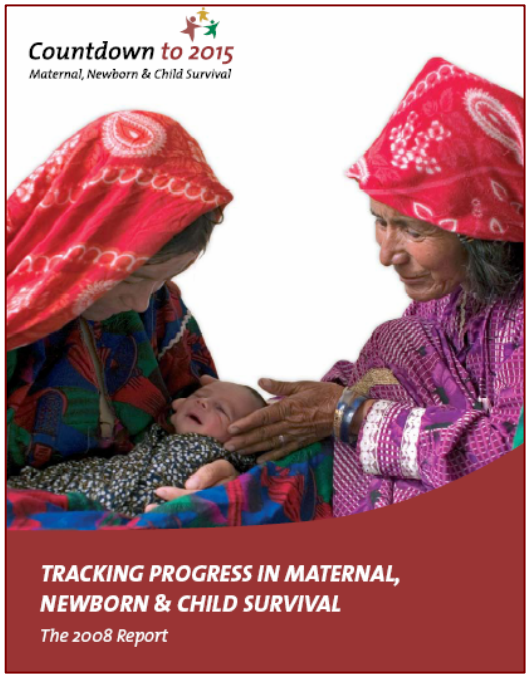
Environment remains challenging for coordinated, collective global action on maternal health… but improved institutional architecture and heightened global attention to issue create new opportunities.

- High-Level Task Force on Innovative International Financing for Health Systems
- UN agencies' joint workplan (WHO, UNFPA, UNICEF, World Bank)

Issue characteristics:
9. Clear indicators

- *Countdown to 2015*
  - Consolidated country data

- *Immpact*: Initiative for Maternal Mortality Programme Assessment
  - Innovative data collection methods



Immpact

Issue characteristics:

10. Severity

One maternal death every minute:

- 3.3 million stillbirths, 4 million newborn deaths
- When mother dies, baby is unlikely to survive; surviving children less healthy and educated; family poorer

There are measures of severity beyond number of deaths:

- Equity/justice: 1 in 7 women in Niger will die in childbirth (vs. 1 in 47,600 in Ireland)
- Lost productivity: more than $15 billion each year
- Social and economic impact: Maternal death perpetuates cycle of poverty

Issue characteristics:

11. Effective interventions

- Cost-effective interventions readily available to prevent/treat all major causes of death/disability
- Growing consensus around Four Pillars
- Focus on health systems
- Don’t forget the community!

FAMILY CARE INTERNATIONAL

Now is the time

"The next 12 – 18 months will be critical for safe motherhood advocacy, offering an unprecedented chance to redress errors of the past and take advantage of new opportunities."

- Ann Starrs, Lancet Maternal Survival Series, 2006

FAMILY CARE INTERNATIONAL

Now is the time

"The next 12 – 18 months will be critical for safe motherhood advocacy, offering an unprecedented chance *to ensure political commitment and financial investment, execute our strategies, and put us on the road to achieving MDG 5*."

- Ann Starrs, Woodrow Wilson Center, 2009

FAMILY CARE INTERNATIONAL