

Accelerating progress on women's and children's health

Carole Presern,^a Flavia Bustreo,^b Tim Evans^c & Abdul Ghaffar^d

Countries have made substantial progress towards Millennium Development Goals (MDGs) 4 and 5 – to reduce child mortality and improve maternal health. Since 1990, both maternal and child mortality have been reduced by 50% worldwide and access to reproductive health services has improved.^{1–3} However, progress overall is insufficient and uneven.⁴ Understanding what works, and how these lessons apply across geographic and socio-political borders, could inform strategies for the MDGs and the post-2015 sustainable development agenda. An article in this month's *Bulletin* synthesizes evidence from studies on success factors for women's and children's health in low- and middle-income countries that achieved accelerated progress (fast-track countries).⁵

Fast-track countries deploy strategies tailored to their unique context, challenges and strengths and adapt quickly to change. They make progress across three main areas.⁵ First, fast-track countries address health determinants across sectors. About half the gains in mortality reduction resulted from health sector investments – skilled care at birth, immunization and family planning.^{5,6} The remaining gains were from investments in other sectors – girls' education, women's political and economic participation, and water and sanitation. Performance-driven financing in countries such as Egypt, Nepal, Peru and Rwanda help reduce inequities in access to services and generate efficiency gains.^{7,8} Good governance and economic growth underpin progress.

Second, fast-track countries plan for both quick wins and longer-term gains, and adapt to sustain progress.^{5,8} They mobilize across society, for example, in Bangladesh, by building partnerships between government, communities, nongovernmental organizations and the private sector. Fast-track countries also use timely, robust evidence for decision-making and accountability, as exemplified by Ethiopia's use of scorecards. These countries adopt innovative approaches to address context-specific needs.

Third, fast-track countries adopt guiding principles that shape strategies, align stakeholder action and steer progress. Examples are Lao People's Democratic Republic's prioritization of women's rights and political and economic participation, and China's current emphasis on harmonizing economic, social and environmental development. Principles are also aligned with internationally-agreed norms for human rights and development effectiveness, particularly as relates to national leadership and partner alignment.⁵

However, policy-makers in fast-track countries recognize that there are continuing challenges. Building on lessons from fast-track countries,^{5,9} we highlight five key investments and strategies to accelerate progress.

Invest in women's and children's health, with special attention to newborns and adolescents. The *Global investment framework for women's and children's health*¹⁰ shows that investments in reproductive, maternal, newborn and child health (RMNCH) could yield up to nine times their value in economic and social benefits. Implementing the *Every newborn action plan* will benefit newborns and their mothers globally.¹¹ For adolescents, action is needed across a spectrum of health issues – from tobacco, alcohol and injuries to HIV, sexual and reproductive health and mental health.¹²

Strengthen civil registration and vital statistics systems. These systems are essential to realizing citizens' rights and to providing robust data for decision-making and accountability. The 10-year (2015–2024) *Global civil registration and vital statistics (CRVS) scaling up investment plan*¹³ aims at universal civil registration of births, deaths and other vital data by 2030.

Focus on results and on mobilizing national and global resources. Focusing on investment results encourages innovation, efficiency, and accountability⁷ through mechanisms such as results-based financing, conditional cash-transfers, and prioritized funding

for the poorest. National financing for RMNCH should be secured through medium-term plans for the health sector and for health-related priorities in other sectors. Donor countries and other funding partners could support RMNCH, including through efficient global procurement facilities to lower unit costs for key commodities.

Adopt a joined-up approach across sectors. The success factors analysis indicates that investments across health-enhancing sectors are key to accelerating progress.⁵ Despite shared cross-sector priorities such as education, clean air and water, nutrition and infrastructure, barriers to multisector collaboration remain, partly because most national, regional and global agencies are organized along sector lines.

Promote capacities for multi-stakeholder and multisector partnerships. The health community and governments must acknowledge that multiple sectors contribute to health outcomes and support this contribution through investment and training. More focus is also needed on policy and implementation research, to inform stakeholder investments and the partnerships forged within and beyond the health sector.

This year, the Toronto Summit,¹⁴ the DC Call to Action¹⁵ and the 2014 Partners' Forum in Johannesburg¹⁶ are occasions to highlight progress on the MDGs and ensure that such progress is sustained through the post-2015 strategies. Emerging evidence confirms that healthy women and children are at the heart of sustainable social, economic and environmental development. This knowledge lays the foundation for an integrative and transformative post-2015 sustainable development agenda. ■

References

Available at: <http://www.who.int/bulletin/volumes/92/7/14-142398>

^a Partnership for Maternal, Newborn & Child Health, World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.

^b World Health Organization, Geneva, Switzerland.

^c World Bank, Washington, United States of America.

^d Alliance for Health Policy and Systems Research, World Health Organization, Geneva, Switzerland.

Correspondence to Carole Presern (email: presernc@who.int).

References

1. WHO, UNICEF, UNFPA, World Bank, United Nations Population Division. Trends in maternal mortality: 1990 to 2013. Geneva: World Health Organization; 2014. Available from : <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/> [cited 2014 June 11].
2. UN Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality, report 2013. New York: United Nations Children's Fund; 2013. Available from: http://www.childinfo.org/files/Child_Mortality_Report_2013.pdf [cited 2014 June 11].
3. Countdown to 2015 and beyond: fulfilling the health agenda for women and children. Geneva: United Nations Children's Fund; 2014. Forthcoming.
4. The Millennium Development Goals report 2013. New York (NY): United Nations; 2013. Available from: <http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf> [cited 2014 June 11].
5. Kuruvilla S, Schweitzer J, Bishai D, Chowdhury S, Caramani D, Frost L, et al. Success factors for reducing maternal and child mortality. *Bull World Health Organ.* 2014;92(7):533–44.
6. Bishai D, Cohen RL, Alfonso YN, Adam T, Kuruvilla S, Schweitzer J. Factors contributing to child mortality reductions in 142 low-and middle-income countries between 1990 and 2010. In: Population Association of America, Annual Meeting, 2014 May 1–3, Boston, United States of America. Forthcoming.
7. Using results-based financing to achieve maternal and child health, progress report [Health Results innovation Trust Fund]. Washington (DC): The World Bank; 2013. Available from: <http://rbfhealth.org/progressreport2013> [cited 2014 June 11].
8. The Partnership for Maternal, Newborn & Child Health. Success factors for women's and children's health: multisector pathways to progress [Internet]. Geneva: World Health Organization; 2014. Available from: <http://www.who.int/pmnch/knowledge/publications/successfactors> [cited 2014 June 9].
9. Cortez R, et al. Maternal and child survival: findings from five countries' experience in addressing maternal and child health challenges. Washington (DC): World Bank; 2014.
10. Stenberg K, Axelson H, Sheehan P, Anderson I, Gülmezoglu AM, Temmerman M, et al.; Study Group for the Global Investment Framework for Women's and Children's Health. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *Lancet.* 2014 Apr 12;383(9925):1333–54. doi: [http://dx.doi.org/10.1016/S0140-6736\(13\)62231-X](http://dx.doi.org/10.1016/S0140-6736(13)62231-X) PMID: 24263249
11. Draft resolution WHA67. Newborn health: draft action plan. In: Sixty-seventh World Health Assembly, Geneva, 24 May 2014. Geneva: World Health Organization; 2014 (A67/A/CONF/2 Rev1). Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_ACONF2Rev1-en.pdf [cited 2014 June 11].
12. Health for the world's adolescents: a second chance in the second decade. Geneva: World Health Organization; 2014. Available from: <http://apps.who.int/adolescent/second-decade> [cited 2013 June 11].
13. World Bank, World Health Organization. Global civil registration and vital statistics: scaling up investment plan 2015–2024. Washington (DC): World Bank Group; 2014. Available from: <http://documents.worldbank.org/curated/en/2014/05/19581045/global-civil-registration-vital-statistics-scaling-up-investment-plan-2015-2024> cited [2014 June 11].
14. Saving every woman, every child: within arm's reach [Internet]. Summit on maternal, newborn and child health, 2014 May 28–30, Toronto, Canada. Toronto: Government of Canada; 2014. Available from: <http://mnch.international.gc.ca/index-en.html> [cited 2014 June 9].
15. Acting on the call: ending preventable child and maternal death, June 25 [Internet]. Washington (DC): United States Agency for International Development; 2014. Available from: <http://www.usaid.gov/ActingOnTheCall> [cited 2014 June 9].
16. Government of South Africa, the Partnership for Maternal, Newborn and Child Health, USAID and UNICEF for A Promise Renewed, Countdown to 2015, the independent Expert Review Group. Accelerate Action, Envision the Future: the Third Annual PMNCH Partners' Forum, 2014 June 30–July 1, Johannesburg, South Africa. Geneva: World Health Organization; 2014. Available from: <http://www.who.int/pmnch/about/governance/partnersforum/pf2014> [cited 2014 June 9].