

Overview of needed interventions

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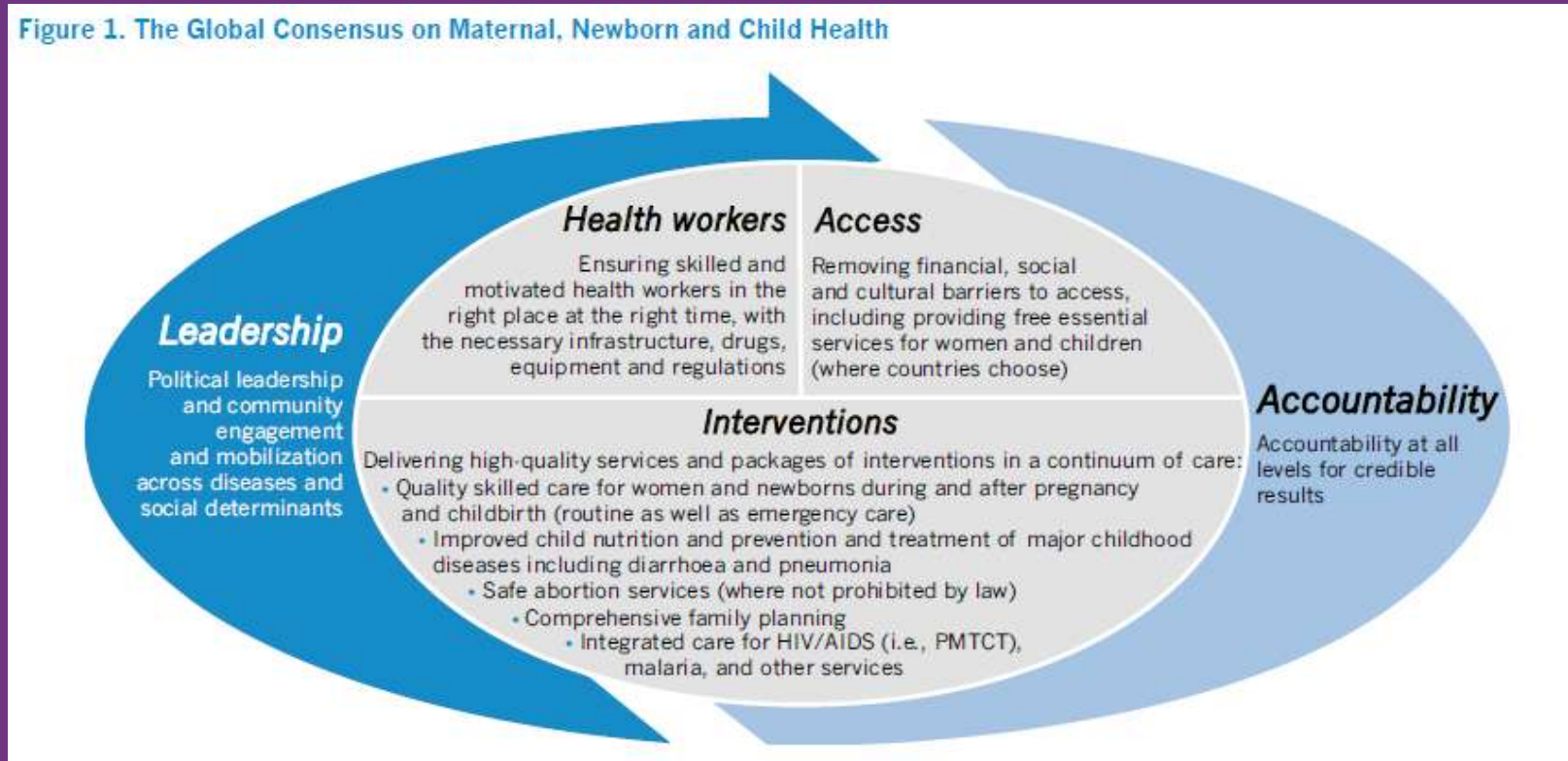


Outline of Presentation

- Pillars of the Global Strategy
- Needed interventions
- Leadership by a state actor – India
- Leadership by a non-state actor – BRAC, Bangladesh
- More health for the money
- More money for health
- Every industry has a role to play – ICT
- Communication
- Service delivery

Pillars of the Global Strategy for Women's and Children's Health

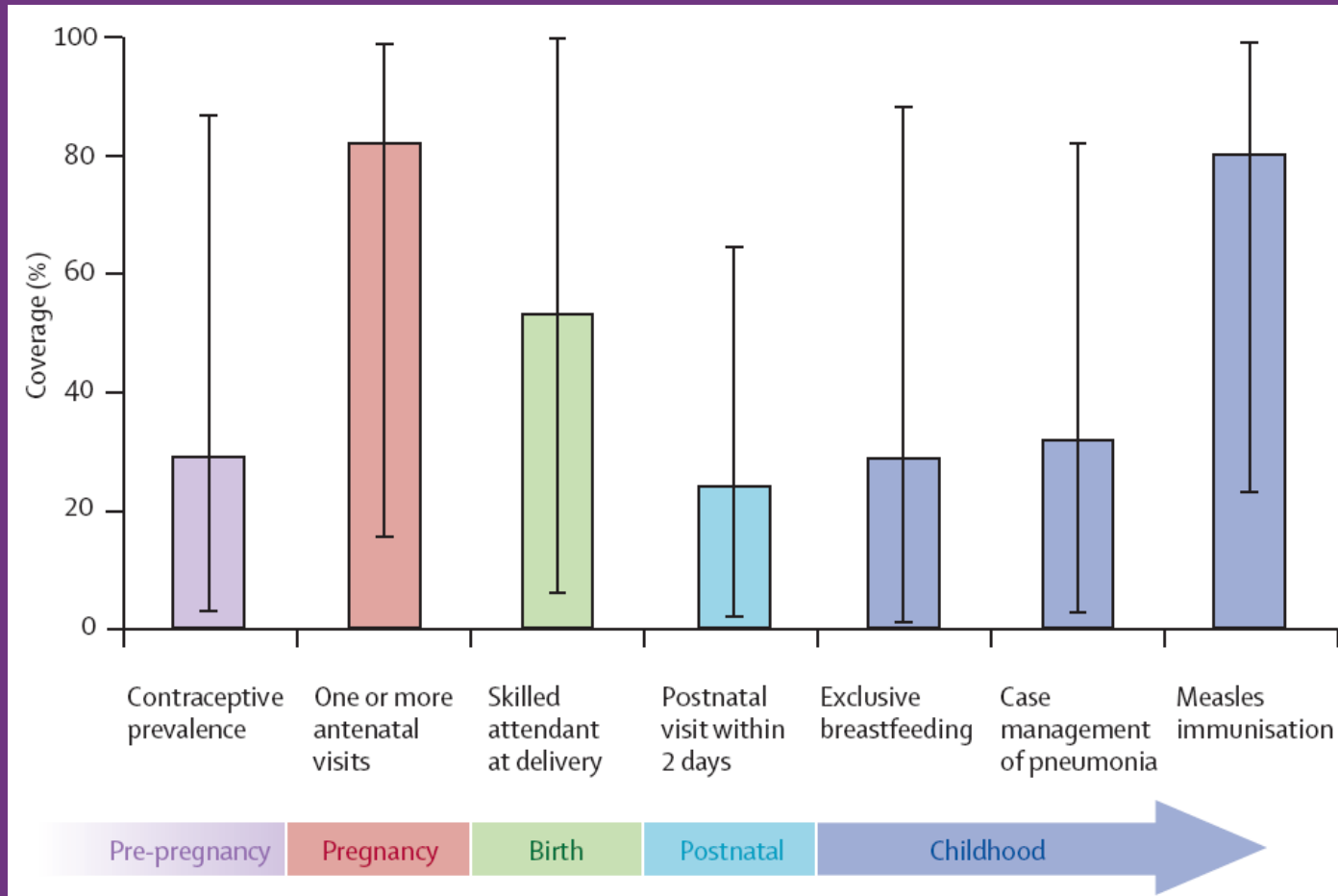
Figure 1. The Global Consensus on Maternal, Newborn and Child Health



Source: UN Secretary-General Ban Ki-moon (2010) *Global Strategy for Women's and Children's Health*

Coverage of needed interventions

(68 countries accounting for >95% of global maternal and child mortality)



Source: Countdown to 2015 – Tracking Progress in Maternal, Newborn and Child Survival;
<http://www.countdown2015mnch.org>

Country Leadership in India

- Recognition that MNCH outcomes were unacceptably poor
- Strong political commitment by Head of State and Minister of Health
- National program: Janani Suraksha Yojana – Safe Motherhood Scheme
 - Conditional cash transfer to increase demand for and uptake of critical preventive health interventions
 - Has significantly increased coverage of antenatal care and the proportion of births taking place in health facilities with skilled health workers
- State of Gujarat
 - Applied innovative financing mechanism (vouchers) to reduce financial barriers to accessing MNCH care
 - Proportion of institutional deliveries among poor women increased from 27% to 48% between 2007 and 2008

Sources: Krupp and Madhivanan, 2009; Lim et al, 2010; Mavalankar et al, 2009

NGO Leadership – BRAC, Bangladesh

- World largest development NGO with 120,000 staff
- Aims to alleviate poverty and empower people
- Currently reaching 110 million people in Bangladesh (has expanded to 14 countries in Asia and Africa)
- Collaboration with private sector:
 - Local pharmaceutical companies, which provide drugs at wholesale prices for sale by BRAC agents
 - ICT companies, to strengthen BRAC's MNCH referral system
 - GE Health Care, to improve rural health services by developing clinical solutions for low-resource settings
 - Electronic and print media, to disseminate MNCH messages
 - Private hospitals, to increase access to delivery and neonatal emergency care

More Health for the Money

- Increasing effectiveness through integration
 - Egypt example:
 - ◆ On track to achieve both MDGs 4 and 5
 - ◆ Integrated child health and family planning programs and strengthened safe motherhood programs
 - ◆ Training health-care workers in parallel with community outreach programs
- Using innovation to increase efficiency and impact
 - Leadership, financing, tools & interventions, service delivery, M&E
- Making funding channels more efficient
 - For example, some countries and donors are using the International Health Partnership (IHP+) to improve and harmonize their activities

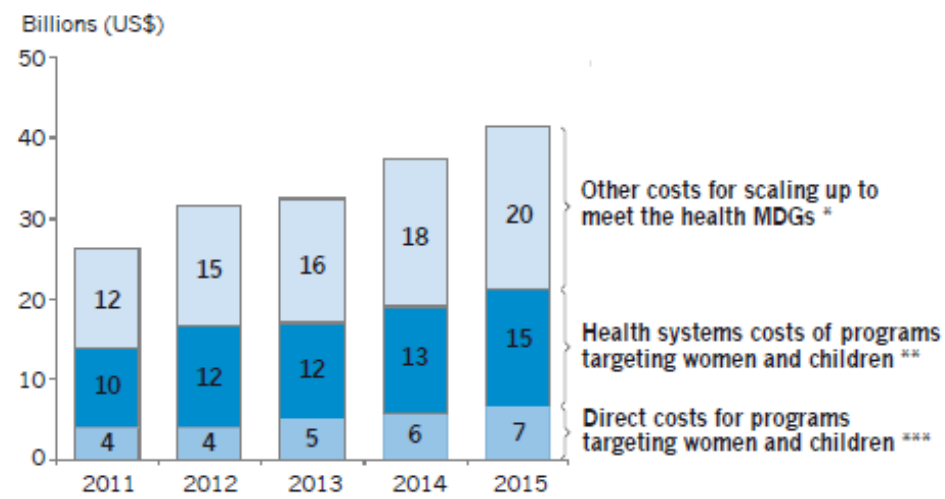
More Money for Health

- Overall funding gap for the health MDGs as countries scale up their programs:

US\$26 billion per year in 2011 (US\$19 per capita)

US\$42 billion in 2015 (US\$27 per capita)

Figure 2. Estimated annual funding gap for women's and children's health in 49 developing countries, 2011- 2015



Source: UN Secretary-General Ban Ki-moon (2010) *Global Strategy for Women's and Children's Health*

Every industry has a way to engage Information and Communication Technology

- Logistics
 - Preventing drug stock-outs in Tanzania through partnership between Vodafone and Novartis called "SMS for Life"
- Staff administration
 - Management of community health workers in South Africa
- Patient information and reminders
 - Reminders and test results in Peru
- Monitoring and evaluation
 - Epidemiological surveillance in Senegal
 - African Nompilo Project for M&E of health workers to improve MNCH care in collaboration with Vodafone Foundation

Source: Maternal and Newborn mHealth Initiative; www.mhealthalliance.org

Communicating for Better

Women's and Children's Health in Orissa, India

- Deliver Now for Women and Children – TV and radio campaign in 2009 through a public-private partnership to promote key MNCH messages
- Objectives:
 - To improve individual and community knowledge, attitudes and behaviours in regard to key life-saving issues along the continuum of care
 - To show resourceful and engaging characters, both female and male, who model positive behaviours within the family and the community
- Results: significant improvements in:
 - Knowledge and beliefs (e.g. about danger signs during delivery, how to feed a baby with diarrhea)
 - Future intentions related to health-seeking behaviors (e.g. to sleep under bednet during pregnancy, to deliver the next baby in a health facility)

Source: *Evaluation by Campbell et al, 2010 (London School of Hygiene and Tropical Medicine)*

Service delivery in Madagascar and Senegal

- Target population: >450,000 women and children in each country
- NGOs contracted to provide nutrition services
 - Monthly growth monitoring of children
 - Weekly nutrition and health education sessions for women
 - Referral to health services for unvaccinated children and pregnant women, for severely malnourished children, and for sick beneficiaries
 - Home visits to follow up on beneficiaries who were referred or who did not come to the services
 - Food supplementation for malnourished children
- Severe malnutrition decreased from 6% to 0%; moderate malnutrition decreased from 28% to 24%

Source: Marek et al, 1999

Thank you

