A Common Cause

Reaching every woman and child through Universal Health Coverage

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Reaching every woman and child through Universal Health Coverage
Global progress - but insufficient & inequitable

- Under-5 mortality rate fell by 53% during MDGs period (but far short of MDGs target of 2/3 reduction)

- Preventable maternal mortality fell by nearly 44% (but far short of MDGs target of 75% reduction)

- BUT neither goals were achieved globally

- Only 4 of the 75 Countdown countries achieved both MDGs 4 and 5
Persistent maternal & child mortality

- Estimated 16,000 deaths of children U5 EVERY DAY, in 2015
- An estimated 830 maternal deaths per day in 2015
- SSA remains region with highest levels of U5 deaths, one in 12
- Vast majority of maternal deaths, 99%, occur in LICs & lower MICs (approx 66% in SSA)
- Slower progress in reducing newborn deaths compared to U-5 deaths – decline of 47% vs 53% from 1990-2015
- Skilled care during birth & postnatal care for women & newborns tend to have lower & highly unequal coverage
Persistent inequalities in health outcomes & access to healthcare

Slower progress in reducing maternal & newborn deaths (compared to U5 deaths) & in provision of services that require functioning & accessible health systems. Deaths are largely preventable, with the right investment

UHC needed to ensure universal access to ‘continuum of care’ needed by ALL women, children & adolescents, especially the poorest & most marginalised

UHC target 3.8 of SDGs = *the principle that everyone can access quality essential healthcare without financial hardship* is the principle around which health systems should be funded & organised

Strengthening PHC is key – bedrock of health systems & foundation for UHC

Growing movement for UHC should prioritise essential sexual, reproductive, maternal, newborn, child & adolescent health for all
Acute disparities in mortality rates & in access to services - by income levels, geography and women’s education
Inequitable access to RMNCH interventions, by income group
Access to RMNCH interventions, by level of women’s education
Disparities in Ethiopia, Nigeria & Indonesia

- **Indonesia** met MDG 4 target on U5 mortality, but not MDG 5 on maternal mortality.
  - 2012 DHS Survey showed U5 mortality 3 times higher for children in lowest wealth quintile then in highest & 1.5 times higher in rural areas vs urban areas
  - Substantial regional disparities in child mortality & in access to key maternal and child health services

- **Nigeria**’s rates of maternal & U5 deaths among the highest in the world. Did not meet MDGs 4 or 5
  - In 2015, Nigeria accounted for approx. 19% of global total of maternal deaths
  - SBA more than 14 times higher among richest quintile than in poorest (83% vs 5.7%)
  - Higher rates of U5 deaths among poorest, those with least education & rural populations

- **Ethiopia** made great progress in reducing U5 mortality, met MDG 4 ahead of time
  - Slower progress in reduction of newborn deaths & not enough to meet MDG 5 target on maternal mortality
  - Coverage of skilled birth attendance has doubled but is still very low – from 6% in 2000 to 15% in 2014
  - Marked disparities by region – services concentrated in capital & pastoral regions have lower coverage of RMNCH services.

- In all 3 countries, women’s education is key determinant of access to healthcare & of health outcomes
Barriers to access essential quality services

- Gender inequality & discrimination, including low levels of women’s education. Women’s education as key determinant, with clear positive correlations between women’s education and maternal & child survival rates.

- Legal & policy environments should not restrict access to SRH services eg for unmarried women or adolescents.

- Financial barriers, high levels of out-of-pocket spending on health & low levels of government investment in healthcare that can reach everyone.

- Poor quality of care & disrespectful care.
Key messages for change

- Political leadership & financial investment in universal access to SRMNCAH services as a public health priority & key to address health inequities

- Also key for gender equality - ensuring access to services needed for women’s rights & health

- Govts to guarantee essential package of quality SRMNCAH services for all, free at point of use

- Strengthening PHC that can deliver essential services to all women, children & adolescents should be a priority in countries’ efforts towards UHC

Tia from Indonesia holds her newborn son born just 30 minutes earlier
Key messages for change

- Prioritising these services in UHC is affordable & makes economic sense

- Domestic resources & public investment are key. Govts should increase public spending on health & move away from OOP expenditure, ie
  - $86 government spend per person to deliver essential services
  - Increase public spending on health to at least 5% of GDP
  - Create fiscal space to allocate additional resources – e.g. increasing tax revenue

- Donors to spend at least 0.1% of GNI as ODA for health
We are calling for ..... 

Champions of women’s, children’s & adolescents’ health and advocates for UHC and for primary health care to unite around a common agenda that ensures health for all
THANK YOU

#UHC #EWEC #RMNCAH #SRHR