



Save the Children

#UHC #EWEC #RMNCAH
#SRHR



Save the Children

A Common Cause

Reaching every
woman and child
through Universal
Health Coverage

Giorgiana Rosa, Senior Health
Policy & Advocacy Adviser



A COMMON CAUSE



Save the Children



The Partnership
for Maternal, Newborn
& Child Health

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

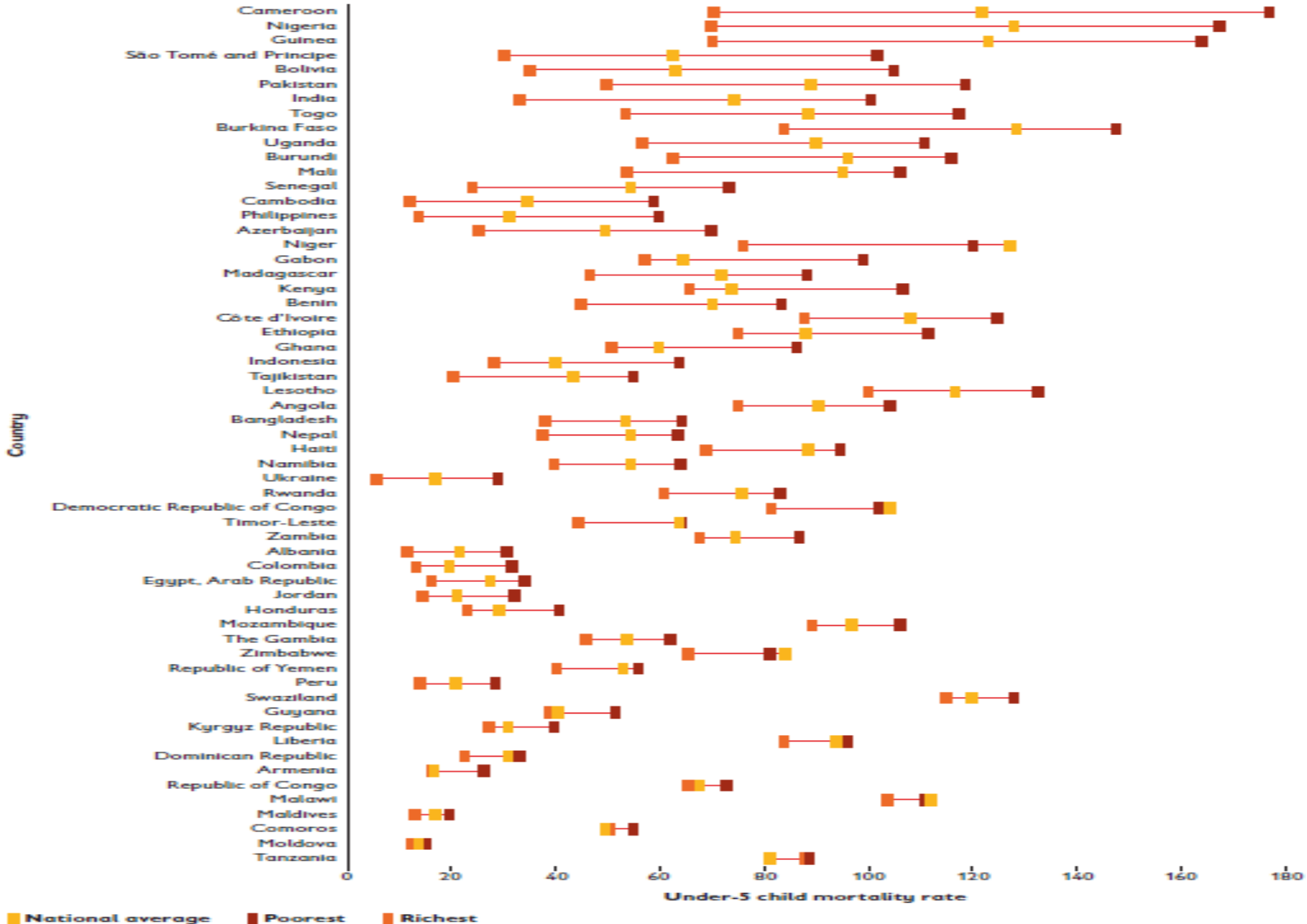
- **Estimated 16,000 deaths of children U5 EVERY DAY, in 2015**
- **An estimated 830 maternal deaths per day in 2015**
- **SSA remains region with highest levels of U5 deaths, one in 12**
- **Vast majority of maternal deaths, 99%, occur in LICs & lower MICs (approx 66% in SSA)**
- **Slower progress in 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**

Why this report?

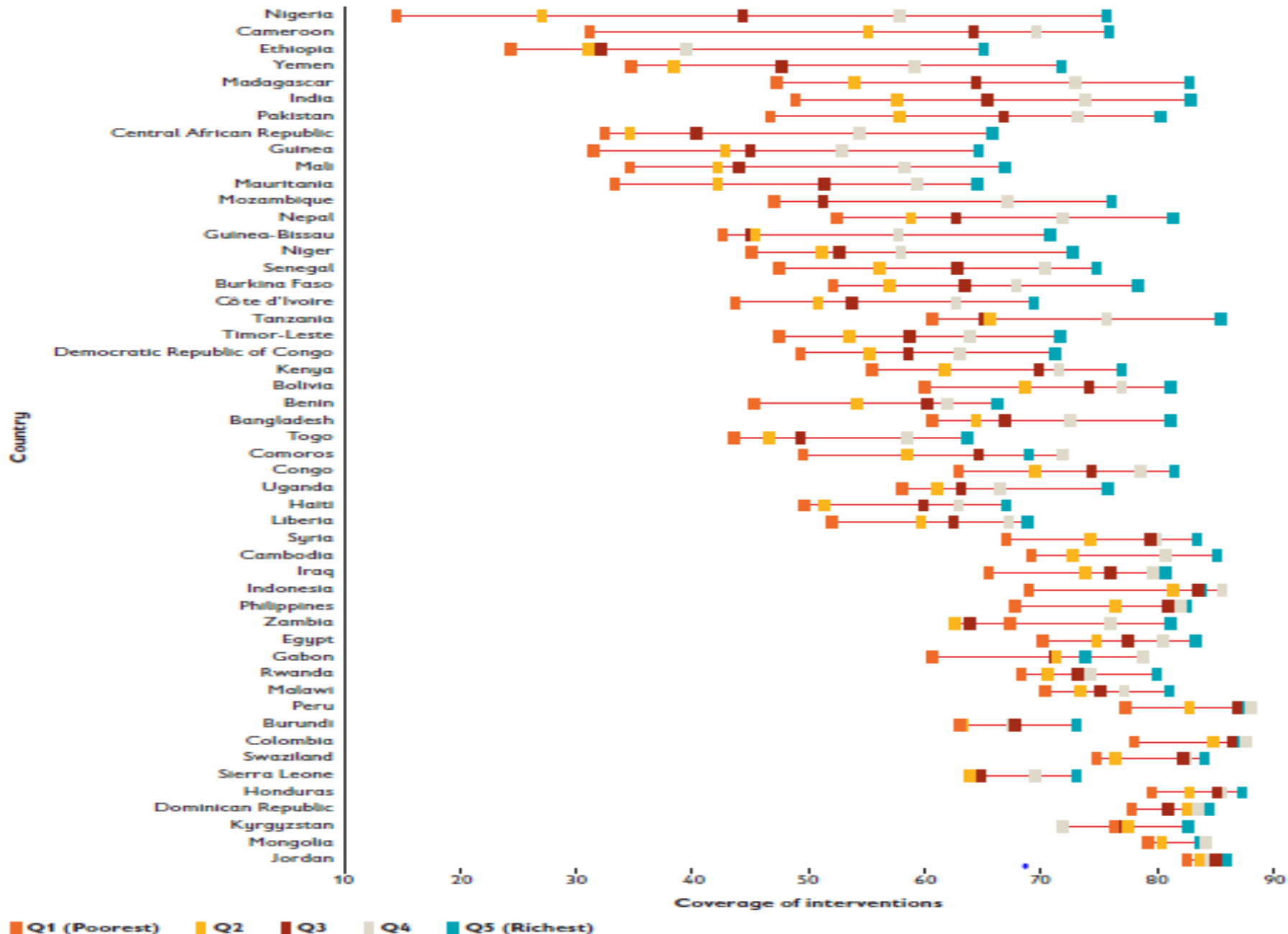
- ❖ **Persistent inequalities in health outcomes & access to healthcare**
- ❖ **Slower progress in reducing maternal & newborn deaths (compared to U5 deaths) & in provision of services that require functioning & accessible health systems. Deaths are largely preventable, with the right investment**
-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

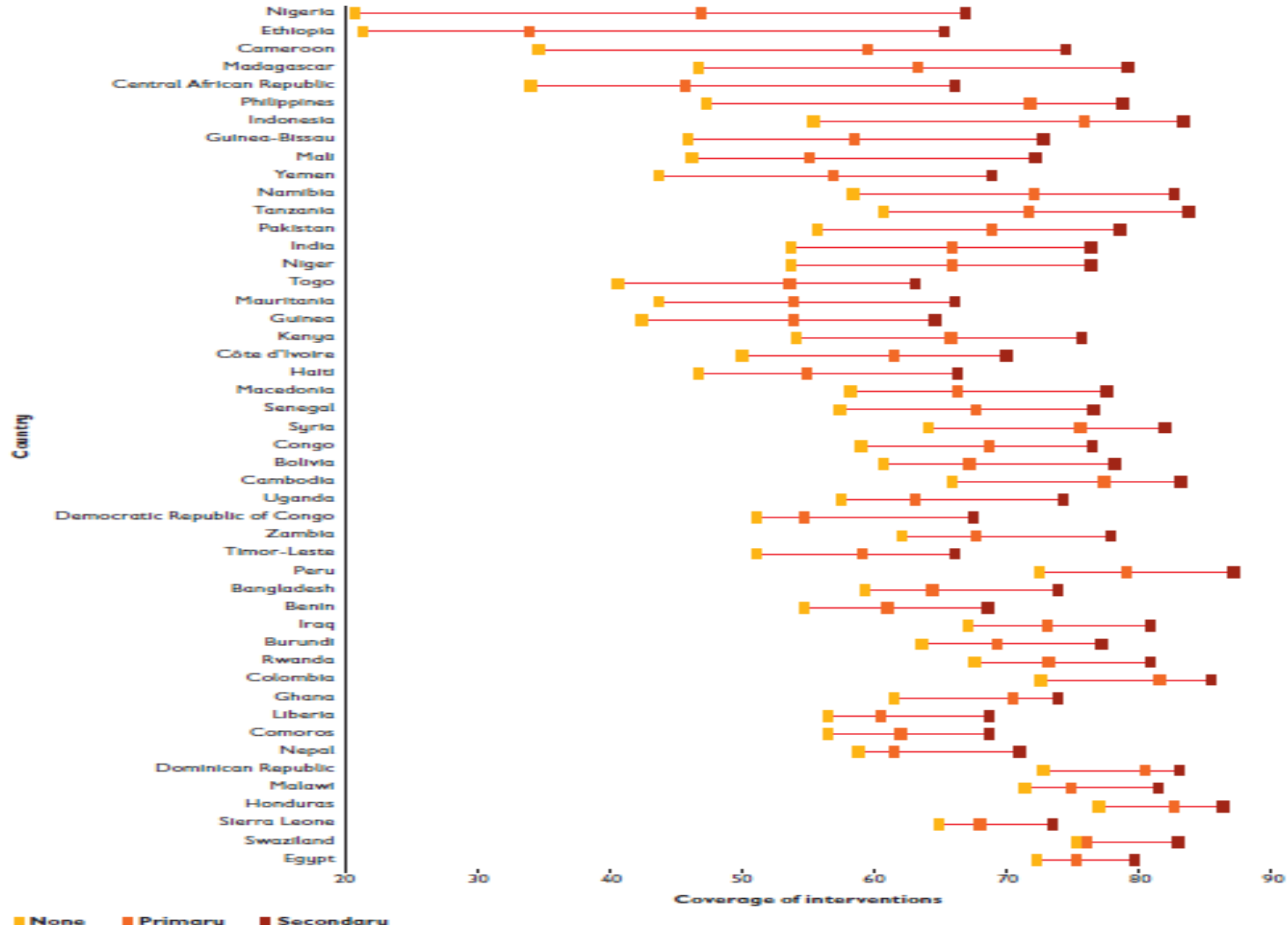
Disparities in U5 mortality by income group



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 than 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**



Newborn baby Popi gets first post-natal check up at a clinic in Bangladesh

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**



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THANK YOU

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https://www.savethechildren.org.uk/sites/default/files/images/A_Common_Cause.pdf