Innovating for Maternal and Child Health in Africa (IMCHA)

NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING

June 28th
Innovating for Maternal and Child Health in Africa

Every day:

- Nearly 800 women across the globe die due to complications during pregnancy and childbirth
- 29,000 children under 5 die from preventable causes
- Progress made in MDGs-
  - Huge unfinished to ensure MCH-------- various challenges to be addressed in SDGs
Generating research that can make a difference
IMCHA Goal

- To improve maternal, newborn and child health outcomes by strengthening health systems
Design

Two inter-related program components

• Implementation Research Teams (IRTs)

• Health Policy and Research Organizations (HPRO)
Implementation Research Teams (IRTs)

Western Africa (7)
- 2 Mali + Burkina Faso*
- 3 Nigeria
- 1 Senegal
- 1 Senegal + Benin*

Eastern Africa (13)
- 2 Ethiopia
- 2 Malawi
- 1 Mozambique
- 6 Tanzania
- 1 South Sudan + Uganda*
- 1 South Sudan + Sierra Leone + Liberia + Uganda*

*Multi-country studies
Implementation Research Teams: Goals

• Generate evidence on interventions and their effective implementation and/or scale-up to improve health and health equity outcomes.

• Address health systems challenges and strengthen health systems using primary health care as an entry point in the targeted countries.

• Generate new knowledge about how interventions work, for whom, and under what conditions.
ITRs thematic research areas

• High impact community based maternal, newborn and child health interventions
  – Community health workers
    – the effect of different training approaches and incentive mechanisms
  – M-Health
    – the effect of various mobile-based solutions for community education; improving health information systems

• Quality improvement models at facility level

• Costing of various health interventions
Health Policy and Research Organizations: Goal

• Facilitate uptake of evidence emerging from the IRTs and other relevant studies

• Build coherence and facilitate mutual learning across the IMCHA program

• Strengthen individual and institutional capacities in implementation research and research use
Health Policy Research Organizations

West Africa
HPRO
-WAHO

East Africa-HPRO:
APHRC +ECSA -
HC+ PPD

*Multi-country studies
EA HPRO Goal

Improve translation of research evidence and learning into practice for effective policy and programmatic MNCH interventions
EA HPRO Objectives

The change we want to see

• **National:** Identify and maximize opportunities for *policy change* for MNCH issues in the five countries.

• **Regional:** Build *consensus for MNCH issues* to drive policy outreach at national and regional levels.

• **Institutional:** Strengthen the *capacity* of IRTs for *long-term and systematic engagement with decision makers* in their respective countries for more effective uptake of the evidence they generate.
Strategy

Facilitation

- Context & Capacity Assessments
  - Policy context, stakeholder mapping, capacity of IRTs and their institutions
- Research Support
  - Training in research approaches
  - Collating resources for knowledge management
- Evidence synthesis
  - To kick start policy engagement before research findings become available
- Support for National Research Uptake
  - Develop & implement SCPE plans
  - Facilitate linkages with engagement opportunities
  - Development of materials
- Networkin g and Alliance Building
  - Providing opportunities for IRT participation and learning amongst themselves, and other KT and platforms
  - Resources support

Institutionalization

- Capacity Strengthening
  - Guided by expressed capacity needs
  - Research methodology and research uptake approaches
  - Target IRTs and key MNCH stakeholders
  - Continuous support
  - Aim is to build capacity for longer-term effective research uptake
- Linkages with national institutions & KT Networks
  - Focus on common regional MNCH agenda
  - Joint actions with WAHO-HPRO
- Regional agenda-setting forums
  - Participation in regional agenda setting forums
  - ECSA-HC BPF and Min of Health Conference
  - NEAPACOH and EA RHN
  - Focus on new commitments and accountability for existing commitments

A global center of excellence, consistently generating and delivering relevant scientific evidence for policy and action
Action..........

• Need to recognize maternal new born and child health as a top priority in health planning
• Address MNCH policy and program issues focusing on:
  • Equity
  • Gender
  • Health systems factors
Equity is Important for MNCH Programs

- **Health Equity**: “Absence of unfair and avoidable health differences among social groups” WHO, 2010

- Do the **poorest** and **most vulnerable** populations have access to MNCH services?
  - How will a woman who lives 3 hours away from the nearest health facility seek treatment for her sick child?
  - How will an unemployed family raise enough money to pay the expensive medical bills?
  - How will a family possess the knowledge that they need to seek medical care for their child?
Gender is Important for MNCH Programs

- Can mothers **access** services?
- **Social norms** surrounding gender -influence decision-making and access to resources
  - Who is valued for what? Who decides what?
  - Who does what? Who has what?
- **Mothers status influences the child’s health**
  - Over half of the reductions in the number of underweight children between 1970 and 1995 were due to improvements in the **mother’s status and education level** *(Smith & Haddad 2000)*
Conducive Health System Factors
Thank you
Other slides
Going From Evidence $\rightarrow$ Policy $\rightarrow$ Action in MNCH
MATERNAL, NEONATAL AND CHILD HEALTH (MNCH) amongst the key target areas in the Millennium Development Goals of 2000

Goal-5: Improve Maternal Health
Target: Reduce maternal mortality ration by three quarters, between 1990 and 2015

Goal-4: Reduce child mortality
Target: Reduce by < 5 mortality rate by two thirds, between 1990 and 2015.

MDGs and images at: http://www.undp.org/mdg/
SOME KEY MILESTONES IN MNCH AT THE GLOBAL LEVEL

1948 • THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

1987 • INTERNATIONAL SAFE MOTHERHOOD CONFERENCE (Nairobi)

1997 • SAFE MOTHERHOOD INITIATIVE’S 10TH ANNIVERSARY
• De-emphasis training TBA
• Maternal death as multisectoral problem
• Comprehensive advocacy campaign increased visibility of & support for maternal health.

1999 • Making Pregnancy Safer project

2000 • MILLENIUM DEVELOPMENT GOALS: 4TH & 5TH*

2003 • SEXUAL AND REPRODUCTIVE HEALTH as integral comp. of health rights

2005 • PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH (PMNCH)*