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.....





Foreign Affairs, Trade and Development Canada

Affaires étrangères, Commerce et Développement Canada





International Development Research Centre Centre de recherches pour le développement international



IMCHA Goal



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

Design

Two inter-related program components

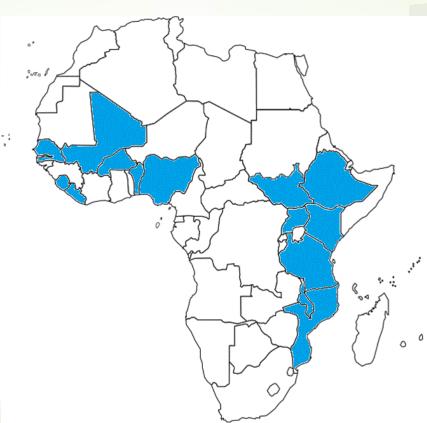
- Implementation Research Teams (IRTs)
- Health Policy and Research Organizations (HPRO)



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*



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

APHRC

- 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



Institutionalization

Context & Capacity
Assessments

Research Support

Evidence synthesis

Support for National Research Uptake Networkin g and Alliance Building

Capacity Strengthening Linkages with national institutions & KT
Networks

Regional agenda-setting forums

- Policy context, stakeholder mapping, capacity of IRTs and their institutions
- Training in research approaches
- Collating resources for knowldge management

- To kick start policy engagement before research findings become available
- Develop & implement SCPE plans
- Facilitate linkages with engagement opportunities
- Development of materials

- Providing opportunities for IRT participation and learning amongst themselves, and other KT and platforms
- resources support

- 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 longerterm effective research uptake

- Focus on common regional MNCH agenda
- Joint actions with WAHO-HPRO
- 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



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 seek medical care for their child?

Gender is Important for MNCH Programs

- Can mothers access services?
- Social norms surrounding gender -influence decisionmaking 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)

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

Conducive Health System Factors



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



Thank you



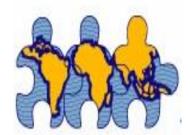
Other slides



Going From Evidence → Policy→ Action in MNCH





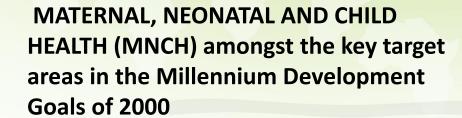














APHRO







Goal-5: Improve Maternal Health

Target: Reduce maternal motality ration by three quarters,

between 1990 and 2015

Goal-4: Reduce child mortality

Target: Reduce by < 5 motality rate by two thirds, between

1990 and 2015.

A global center of excellence, consistently generating and delivering relevant scientific evidence for policy and action images at: http://www.undp.org/mdg/

SOME KEY MILESTONES IN MNCH AT THE GLOBAL LEVEL



THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

1987

• INTERNATIONAL SAFE MOTHERHOOD CONFERENCE (Nairobi)



- 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.



• Making Pregnancy Safer project



MILLENIUM DEVELOPMENT GOALS: 4TH & 5TH*

2003

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



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

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