

Maternal and Newborn Child Health

Maternal and Newborn Child Health (MNCH)
World Vision Australia's
Public Policy Position

World Vision Australia's position on maternal and newborn child health

World Vision Australia affirms that all people, including women and children, should be well-nourished, protected from infection and disease and have access to essential health services, regardless of where they live.¹

World Vision Australia recognises that development and humanitarian assistance must take an integrated approach, seeing the connection between education, water, sanitation and hygiene (WASH), livelihoods, nutrition, child protection and gender equality, in order to achieve long-term, sustainable health outcomes.²

Nutrition

World Vision Australia's position, supported by international evidence,³ is that pregnancy to 24 months is the critical time window for nutrition interventions. Adequate nutrition in this period is critical to enabling children to thrive throughout their lives. Increasing the variety of nutrient-rich foods produced and consumed is essential to improving nutrition outcomes. This requires building nutrition objectives into agriculture programme designs, empowering smallholder farmers, especially women, and incorporating nutrition education with agriculture interventions.⁴

Prevention of infection and disease

World Vision Australia affirms that infectious diseases (including malaria, tetanus, HIV and AIDS, tuberculosis) should be addressed through prevention and protection measures (i.e. bed nets and education to curb malaria), early detection services and access to early management and healthcare. World Vision Australia takes a deliberate and integrated approach to disease prevention (i.e. ensuring WASH interventions to protect against water-borne diarrhoeal diseases).

Essential health services

The state has the primary responsibility for providing health infrastructure and services to their citizens. World Vision actively partners with government and ministries of health, often working to increase national health system capacity, and is committed to working within the framework of national health policies.

World Vision works mainly at the primary health care level, building links between communities and national health infrastructure. In many contexts where World Vision works, engaging local health volunteers has been proven to be an effective and efficient way of delivering health care and linking families to the formal health system. World Vision emphasises however, that this work does not negate the need for investment in strengthening formal health services, particularly in rural communities.⁵ World Vision also supports local and national advocacy for better health services.⁶

World Vision's mandate to advocate for MNCH

World Vision emphasises that healthcare facilities should be child-friendly and accessible to all members of a society, including the poorest and most marginalised. World Vision's work in the health sector is focused on improving health outcomes in the first 1,000 days of a child's life. This is determined to be a critical time for lifelong health, learning and productivity. Given that the health and nutrition of pregnant mothers is one of the most significant determinants of newborn survival, World Vision focuses on pregnant mothers to improve maternal and child outcomes during the early years of a child's life. World Vision International is currently involved in a five-year research collaboration with John Hopkins Bloomberg School of Public Health to measure the impact of World Vision's programmes on the health and nutrition of mothers, babies and children.⁷

World Vision's work in maternal and child health across the globe is guided by the 7-11 Strategy, which is focused on evidence-based, cost-effective preventive practices that address the primary causes of maternal and child mortality and illness.⁸

World Vision works at three main levels to improve health and nutrition: (1) households;⁹ (2) communities;¹⁰ and (3) national government stakeholders.¹¹ A primary way that World Vision's health programs are delivered is through training and support to community health workers.

Health programs delivered by the World Vision partnership are guided by four key principles: empowerment, prevention and improved access to health care, intervention bundling and partnering with government.¹²

World Vision Australia's policy recommendations for change

World Vision Australia calls on the Australian Government¹³ to:

1. Ensure continued investment of Australian aid in the health sector, with a focus on proven maternal, newborn and child health programs. Ensure all Australian aid investments support integrated approaches to the health of mothers and children, with a focus on nutrition and WASH.
2. Work with partner governments to build greater national investment in health and implement national health policies.
3. Fund community level health initiatives that provide immediate health coverage and align with national government priorities and identified, evidence-based needs. Further, support community level empowerment programs to achieve sustainable health access and infrastructure.
4. Continue to provide transparent accounts of Australian Government expenditure on maternal and child health via annual Statistical Summaries.
5. Use Australia's regional relationships and influence to ensure national governments are implementing stated commitments under relevant national health policies and frameworks to improve health outcomes for women and children, at the regional and local level.
6. Support national governments to improve birth registration systems to ensure that all children are registered from birth, consistent with their right to birth registration under the United Nations Convention on the Rights of the Child.¹⁴

World Vision Australia calls on the National Governments to:

[Please note that recommendations will be context specific and dependent on the capacity of national government and the health needs and vulnerabilities of a population]

1. Meet their commitments under the Sustainable Development Goals to improve health and nutrition outcomes, particularly for pregnant women and children.
2. Implement national policies on maternal, newborn and child health at all levels of government, including at the regional and local level.
3. Increase national investment in health infrastructure and personnel, ensuring universal access to safe, effective, quality and affordable healthcare.¹⁵
4. Ensure government policies and funding includes:
 - a) Investment in community health infrastructure;¹⁶
 - b) Improving the capability and capacity of the national health workforce;

- c) Implementing and improving nation-wide birth registration systems to ensure all children are registered at birth, consistent with their right to birth registration;
- d) Preventing, detecting and providing early management services for infectious diseases;
- e) Providing universal coverage of age-specific immunisations; and
- f) Supporting household-level family planning counselling to engage families, including
 - g) men and adolescent women, in sexual and reproductive health education.
- h) Integrated approaches to improving the health of mothers and children, including through nutrition and WASH programs.

Background

International context

The right to health is a human right and fundamental to a life of dignity.¹⁷

This right was originally articulated in the 1946 Constitution of the World Health Organisation (WHO) and later affirmed within the Universal Declaration of Human Rights, and under the International Covenant on Economic, Social and Cultural Rights.¹⁸ Further, the Convention on the Rights of the Child emphasises the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.¹⁹

Health has a central role in the Sustainable Development Goals as represented in Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.²⁰ Goal three has thirteen targets that address all major health priorities, including commitments to substantially reducing the global maternal mortality rate and ending preventable deaths of newborns and children under five.²¹

The WHO is the United Nations coordinating authority on international health.²²

There is a range of international funds, partnerships and movements for maternal and child health.²³

1. **The Global Strategy for Women, Children's and Adolescents' Health (2016-2030):** Originally launched in 2010 by the UN Secretary General, the updated Global Strategy is a roadmap to achieve the highest attainable standard of health for all women, children and adolescents.²⁴
2. **Every Woman Every Child (EWEC):** An initiative of the UN Secretary General, EWEC is a global movement of governments, multilaterals, the private sector and civil society to implement the Global Strategy for Women, Children's and Adolescents' Health. WVI's CEO is a member of the high level advisory group and WVI regularly reports on its commitments to EWEC.²⁵
3. **Partnership for Maternal and Newborn Child Health:** The multi-stakeholder partnership supports the Global Strategy and EWEC movement. WVI's Senior Director for Partnerships and Innovation is on the board of the Partnership.²⁶
4. **Every Newborn Action Plan:** A recently developed plan to progress the goals of EWEC, with a focus on newborn health and child survival.²⁷ World Vision was a member of the advisory group to develop the plan.
5. **The Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund):** A multi-stakeholder partnership designed to accelerate the ends of AIDS, tuberculosis and malaria as epidemics. World Vision has been an active partner of the Global Fund.²⁸
6. **GAVI, the Vaccine Alliance:** A multi-stakeholder alliance seeking to create equal access to new and underused vaccines for children in the poorest countries.

Significant progress was made under the Millennium Development Goals on reducing child mortality. The global under-5 mortality rate was halved – from 91 deaths per 1000 births in 1990 to 43 per 1000 births in 2015. Despite progress on maternal health, the goal was not achieved. In 2015, 5.9 million children under the age of five died and more than half of these deaths were due to conditions that could be prevented or treated with access to simple, affordable interventions.²⁹

The most vulnerable period for children is in the first 28 days of a child's life, where 45 per cent of child deaths under the age of five take place. From the end of the neonatal period through to age five, the main causes of death in children are pneumonia, diarrhoea and malaria: all preventable. Thus pregnancy to age five are foundational phases for lifelong health and an essential window of opportunity for the delivery of interventions.³⁰

The health and wellbeing of mothers and access to essential healthcare services is vital for the health and wellbeing of children. Since 1990, maternal mortality has dropped by 44 per cent,³¹ yet WHO estimated that in 2015 303,000 women still died during and following pregnancy and childbirth. The leading causes of death for women are caused by preterm birth, intrapartum-related complications and infections.³²

Almost all maternal deaths (99 per cent) occur in developing countries,³³ although WHO notes there are significant inequalities in where these deaths occur – poor women in remote areas, and fragile contexts are at greater risk.

Australian context

Health is a strategic pillar of Australia's aid program.³⁴ DFAT's 'Health for Development Strategy' articulates the strategic outcomes of Australia's aid investments as helping build country-level systems and services that are responsive to people's needs, and strengthening regional preparedness and capacity to respond to emerging health threats. DFAT's investments in the health sector include commitments to securing nutrition during the first 1,000 days of life and preventing over nutrition, and supporting essential maternal, newborn and child health, family planning and nutrition services.³⁵

In 2016-17, DFAT has budgeted for an AUD 473.3 million investment in the health sector and Australia's major bilateral country health investments are presently in Papua New Guinea, Indonesia, Solomon Islands, Cambodia, Pakistan and Timor Leste.³⁶ In 2014-15, DFAT spent AUD 351.5 million on maternal and child health in its aid budget, a third of which was invested in Papua New Guinea and the Pacific.

Australia was a founder of the World Health Organisation and continues to engage closely with WHO as a member state³⁷. The Australian Government also supports and funds: EWEC³⁸ GAVI³⁹, Global Fund.⁴⁰

Key resources & references

Key resources

WV 7-11 Field Guide, available at <http://www.wvi.org/health/publication/7-11-field-guide-0> and 7-11 2.0 Review Brief, available at <http://www.wvi.org/sites/default/files/7-11%20strategy%20one%20pager%20july%202014.pdf>

WVI Messaging guide for Maternal and Child Health, available for internal use at T:\4 - Public Policy\4 - Projects\WVA Policy Positions\Sources for positions\MNCH\Mother and Child

Global strategy for Women, Children's and Adolescents' Health, available at <http://www.who.int/life-course/partners/global-strategy/en/>

Every Newborn Action Plan, available at http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/

DFAT's 'Health for Development Strategy' available at <http://dfat.gov.au/about-us/publications/Pages/health-for-development-strategy-2015-2020.aspx>

References

¹ See: Article 25, Universal Declaration of Human Rights, 1948; Article 11 and Article 12, International Covenant on Economic, Social and Cultural Rights, 1966; Article 24 and Article 27, Convention on the Rights of the Child, 1989.

² This reflects the three child well-being outcomes that WVI Health strategy seeks to address: mothers and children are well-nourished, mothers and children are protected from infection and disease, and mothers and children access essential health services. Further information: World Vision, *Global Health: 7-11 Strategy for maternal and child health*, 2014, available at: <http://www.wvi.org/sites/default/files/7-11%20strategy%20one%20pager%20july%202014.pdf>

³ As identified in the 2003 Lancet Child Survival series, the 2005 Lancet Neonatal Survival series and 2006 Maternal Survival series, the 2008 Lancet Maternal and Child Undernutrition series. Further information is available at: World Vision, *7-11 Start Up Field Guide*, 2010, p.16, available at: <http://www.wvi.org/health/publication/7-11-field-guide-0> Information and associated evidence related to the 2014 update to 7-11 is available for internal use at: T:\4 - Public Policy\4 - Projects\WVA Policy Positions\Sources for positions\MNCH\7-11 2.0 Review Brief 29 July 2014 (1).docx

⁴ Further information: World Vision, *Improving Nutrition through Agriculture*, available at: <http://www.wvi.org/nutrition/nutrition-sensitive-agriculture>

⁵ For further information, see: *World Vision Australia, Submission to Senate Standing Committee on Foreign Affairs Defence and Trade inquiry into the delivery and effectiveness of Australia's bilateral aid program in Papua New Guinea*, April 2015, **for internal use only**, available at: T:\4 - Public Policy\4 - Projects\WVA Policy Positions\Sources for positions\MNCH\World Vision Australia PNG Submission - FINAL.PDF

⁶ This is delivered through World Vision's Citizens Voice and Action (CVA) program model. Further information on CVA is available, **for internal use only** at: <https://www.wvcentral.org/community/health/Pages/CitizenVoiceAction.aspx>

⁷ Further information on the research collaboration is available at: <http://www.wvi.org/health/child-health-and-nutrition-impact-study>

⁸ The 7-11 strategy encompasses 7 interventions for pregnant women and 11 for children age 0-24 months. Further detail is available at: World Vision, *7-11 Start Up Field Guide*, 2010,

available at: <http://www.wvi.org/health/publication/7-11-field-guide-0>; 7-11 was reviewed in December 2013, and recommended changes and associated background information is available at: <http://www.wvi.org/sites/default/files/7-11%20strategy%20one%20pager%20July%202014.pdf>

⁹ Supporting health and nutrition education for households through the Timed and Targeted Counselling (TTC) program model. Further information on TTC is available for internal use only at:

<https://www.wvcentral.org/community/health/Pages/TimedandTargetedCounselling.aspx>

¹⁰ Engaging and empowering Community Committees to monitor local causes of illness, death and malnutrition, monitor home-based care services, and advocate for quality health service delivery. Further information on this model is available for internal use only at:

<https://www.wvcentral.org/community/health/Pages/COMM.aspx>

¹¹ This is delivered primarily through the Citizens Voice and Action (CVA) program model to ensure the delivery of quality state services in health and nutrition at the community level and strengthen the health system through capacity building approaches. Further information on CVA is available for internal use only at:

<https://www.wvcentral.org/community/health/Pages/CitizenVoiceAction.aspx>

¹² Further information is available at: World Vision, *7-11 Start Up Field Guide*, 2010, pp. 38-40, available at: <http://www.wvi.org/health/publication/7-11-field-guide-0>

¹³ NB: WVA has historically made recommendations for 20% of Australian ODA to be directed to the Health Sector. The basis and rationale for this number is unclear. The last recommendation using the 20% figure was for the 2014-15 Federal Budget Submission.

¹⁴ See Article 7(1) United Nations Convention on the Rights of the Child, 1989.

¹⁵ As per SDG Target 3.7

¹⁶ A 2011 WVA Report noted that up to one third of maternal deaths, over two-thirds of newborn deaths and half of child deaths occurring in PNG could be prevented through broad coverage of family and community health care (FCC). Further information is available at: [https://www.worldvision.com.au/docs/default-source/publications/australia-and-the-pacific/policy-report---family-and-community-care-png-\(2\).pdf?sfvrsn=6](https://www.worldvision.com.au/docs/default-source/publications/australia-and-the-pacific/policy-report---family-and-community-care-png-(2).pdf?sfvrsn=6)

¹⁷ Office of the United Nations High Commissioner for Human Rights (OHCHR) and World Health Organization (WHO), *The Right to Health*, Fact Sheet No. 31, available at: <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

¹⁸ Article 26, Universal Declaration of Human Rights, 1948; Article 12, International Covenant on Economic, Social and Cultural Rights, 1966.

¹⁹ Article 24, Convention on the Rights of the Child, 1989

²⁰ For more information, see General Assembly Resolution (2015) (the 2030 Agenda for Sustainable Development), A/RES/70/1.

²¹ Goal 3 targets include: reducing global maternal mortality, ending preventable deaths of children under 5, ending the epidemics of AIDS, tuberculosis, malaria and other communicable diseases, reducing mortality from non-communicable diseases, preventing and treating substance abuse, halving deaths from road traffic accidents, ensuring access to sexual and reproductive health-care services, universal health coverage, reducing impact of hazardous chemicals and pollution. For more information, see General Assembly Resolution (2015) (the 2030 Agenda for Sustainable Development), A/RES/70/1.

²² There are 194 WHO Member States. A full list of Member states is available at: http://www.who.int/choice/demography/by_country/en/

²³ Further information is available at: World Vision, *Using Global Frameworks for National*

Impact: Guidelines for in-country advocates on maternal, newborn and child health, February 2014, available at:

<http://www.wvi.org/sites/default/files/Using%20Global%20Frameworks%20for%20National%20Impact.pdf>

²⁴ WHO, *Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030*, 2015, available at: <http://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/>

²⁵ World Vision, *World Vision Commitment In Support Of The Global Strategy For Women Children and Adolescent Health*, 18 September 2016, available at: <http://www.wvi.org/nutrition/publication/world-vision-commitment-support-global-strategy-women-children-and-adolescent>

²⁶ Partnership for Maternal, Newborn & Child Health, *Board Members*, available at: <http://www.who.int/pmnch/about/governance/board/members/en/>

²⁷ WHO and UNICEF, *Every Newborn: An Action Plan To End Preventable Deaths*, 2014, available at: http://apps.who.int/iris/bitstream/10665/127938/1/9789241507448_eng.pdf?ua=1

²⁸ World Vision, *World Vision and the Global Fund*, available at: <http://www.wvi.org/hiv-and-infectious-diseases/world-vision-and-global-fund>

²⁹ WHO, *Children: reducing mortality*, September 2016, available at: <http://www.who.int/mediacentre/factsheets/fs178/en/>

³⁰ World Vision, *7-11 Start Up Field Guide*, 2010, available at: <http://www.wvi.org/health/publication/7-11-field-guide-0>

³¹ WHO, *Maternal mortality*, November 2016, available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>

³² WHO, *Maternal mortality*, November 2016, available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>

³³ According to WHO, "A woman's lifetime risk of maternal death – the probability that a 15 year old woman will eventually die from a maternal cause – is 1 in 4900 in developed countries, versus 1 in 180 in developing countries. In countries designated as fragile states, the risk is 1 in 54; showing the consequences from breakdowns in health systems" WHO, *Maternal mortality*, November 2016, available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>

³⁴ Health is a combined investment priority with education within DFAT's aid policy. DFAT, *Australian aid: promoting prosperity, reducing poverty, enhancing stability*, 18 June 2014, available at: <http://dfat.gov.au/about-us/publications/Pages/australian-aid-promoting-prosperity-reducing-poverty-enhancing-stability.aspx>

³⁵ DFAT, *Health for Development Strategy 2015-2020*, 15 June 2015, available at: <http://dfat.gov.au/about-us/publications/Pages/health-for-development-strategy-2015-2020.aspx>

³⁶ DFAT, *Health: Aid fact sheet*, October 2016, available at: <http://dfat.gov.au/about-us/publications/Documents/aid-fact-sheet-health.pdf>

³⁷ Australian Contribution to WHO: \$20.6 million in 2014-15. DFAT, *Global health initiatives*, available at: <http://dfat.gov.au/aid/topics/investment-priorities/education-health/health/Pages/global-health-initiatives.aspx>

³⁸ Australia's commitments to EWEC are available at: <http://www.everywomaneverychild.org/commitment/australia/>

³⁹ Australia has pledged \$237 million to GAVI for the period 2016-2020. Further information on Australia's commitments to GAVI are available at:
<http://www.gavi.org/funding/donor-profiles/australia/>

⁴⁰ Australia has pledged \$220 million to the Global Fund for the period 2017-2019. Hon Julie Bishop MP, *The Global Fund – Fighting HIV/AIDS, Tuberculosis and Malaria*, Media release, 16 September 2016, available at:
http://foreignminister.gov.au/releases/Pages/2016/jb_mr_160916a.aspx