World Health Organization

The WHR05 policy briefs: moving ahead

It is a disgrace that so many mothers and children remain deprived of the care that could radically improve their health. In many countries not enough is done to ensure access to the care that all mothers and children are entitled to, and which they rightfully demand. The consequences of this continuing exclusion are all too often fatal. The result is that progress towards the MDGs has been too slow and too patchy. Yet it is possible to accelerate the scaling up of access to maternal, newborn and child health care and improve its effectiveness.

Governments have made a number of international commitments to the rights of the child (at the Convention of the Rights of the Child), to the right to universal access to reproductive health services (at the International Conference on Population and Development), and to the Millennium Development Goals, to name but a few. These frameworks stipulate that all women and children are entitled to health and health care, and that countries have legal obligations to fulfil these entitlements. The commitment on paper needs to be translated into policy and legislation, into deployment of funds and personnel, as well as into service delivery and financial protection for all mothers and children.

This set of policy briefs comes as a companion to the 2005 World Health Report "Make every mother and child count". In conjunction with the Report they are intended to structure the dialogue with policy and opinion makers – primarily from the health sector, but also beyond – on moving towards universal access to care for mothers, newborns and children. Policy makers need to tackle the root causes of MNC ill-health: inequity, poverty, gender inequality and underdevelopment. But they also need to gear up their health systems so that the basic right of access to care is made into a reality.

The policy briefs focus on programmatic development as well as on overcoming the main system constraints to scaling up. MNCH programmes cannot thrive without sound health systems; health systems fail to respond to the needs and the demand of the population they are meant to serve if they do not have MNCH at the core of their preoccupations.

FOUR POLICY BRIEFS

The first brief revisits the programmatic strategies that are presently recommended for improving the health of mothers, newborns and children. It corresponds to the bulk of WHR05, which posits that children should not and cannot be treated without ensuring the health of their mothers, and vice versa, that it makes no sense to help a mother survive childbirth without ensuring care for her newborn. There is therefore a need to build a "continuum of care". Confusingly, this expression has two meanings. First, it means care has to be provided as a continuum throughout the life cycle, including adolescence, pregnancy, childbirth and childhood. Second, it indicates that care has to be provided in a seamless continuum that spans the home, the community, the health centre and the hospital. Understanding these two dimensions of the

continuum of care has profound consequences for the way programmes are organized. The first brief summarizes the guiding principles for making the continuum of care a reality and provides a set of operational benchmarks to guide planning efforts.

The second brief, "Rehabilitating the Workforce: the Key to Scaling up MNCH" ► argues that it will not be possible to effectively scale up MNCH care without confronting the global crisis that currently affects the health workforce. In many countries economic hardship and financial crises have destabilized and undermined the human resources working in the health sector. This requires action at different levels. There is a need to prevent further escalation of the crisis – which has to include measures to prevent the distortions that result from well-intentioned but disruptive global initiatives. There is also a need for planning the expansion of the workforce, and, at the same time, for urgent, immediate corrective measures to rehabilitate productivity and morale. Putting these three lines of action in place can only be successful if there is a strong national leadership, based on a broad consensus within society.

The third brief, "Access to Care and Financial Protection for All" ► frames progress towards universal access in an overriding political project of moving towards universal coverage. It argues that the organization of the financing of the health sector must combine three key concerns: first, ensuring that there is a sufficient supply of service networks to respond to the needs and demand for care of all mothers and children; second, keeping financial barriers to service uptake low enough as not to exclude any mother or child in need; and third, protecting all mothers and children against the financial hardship that results from paying for care. This implies phasing out user-fees in favour of prepayment and pooling schemes, and channelling of funding through the institutions that organize universal coverage rather than through project and programme funding.

The last brief, "Working with Civil Society Organizations" ► argues that if governments are committed to universal coverage, it is critical that they build partnerships with civil society organizations in an environment in which the active participation of CSOs in social policy dialogue becomes possible and fruitful. Governments need to build on the work of civil society organizations in order to sustain political commitment to universal coverage. They have to create an environment that makes it possible for CSOs to effectively contribute as partners.

TABLE 1 A checklist of actions to prepare for scaling up towards universal coverage with maternal, newborn and child care

At programme level	Realign the programme content (scope, packages, benchmarks, strategies)
	Adapt programme management structures to reflect integration of Maternal, Newborn and Child programmes and embed them within health systems development processe
	Build the institutional and individual capacities for scaling up MNCH services
At health systems level	Obtain the strategic information and system intelligence for strategy formulation and planning
	Realign HRH policies to (i) systematically prevent further escalation of the workforce crisis, (ii) implement immediate corrective measures and (iii) establish long term plans for correcting shortages and skill-mix mismatch
	Build realistic scenarios for scaling-up the health systems required for delivering MNCH care, so as to fill supply gaps and overcome system constraints
	Cost the scale-up scenarios for a comprehensive investment plan and budget
	Build the institutional capacity to (i) move from user fees to prepayment and pooling systems and (ii) organize the financing mechanisms around universal access and financial and social protection
	Ensure that systems are in place to monitor progress towards universal coverage
At political level	Build a national consensus around the need for moving towards universal coverage, with (i) mechanisms for predictable, sustained and increased funding, (ii) MNCH at the core of the citizen's health entitlements, and (iii) the human resources for health crisis as a national priority
	Create partnerships between government, civil society organizations and development agencies to maintain the political momentum, overcome resistance to change, and mobilize resources
	Establish participation mechanisms for not-for-profit civil society organizations, to establish the accountability mechanisms and systems of checks and balances required to keep the system on track

MOVING TOWARDS A NATIONAL STRATEGY AND INVESTMENT PLAN

To scale up towards universal coverage many countries will have to develop a national strategy, with a comprehensive investment plan endorsed by all the main stakeholders. It should prioritize strengthening of national health systems that provide integrated MNCH care and are embedded in the main policy processes aimed at poverty reduction and sectoral reform.

To design and implement national strategies and comprehensive investment plans governments need to revisit the structure and content of MNCH programmes but also the strategic planning of the health system, while simultaneously acting in the political arena to muster the political commitment to MNCH and universal coverage. Only if countries build their capacities for action at these three levels are they likely to make sustained progress. Table 1 provides a checklist of action points countries may find useful in building their capacity for rolling out universal coverage for MNCH.

The policy dialogue launched at the occasion of World Health Day and the publication of the World Health Report is an opportunity to review, in each country, which of these actions is relevant in their specific context. They can then be sequenced and transformed into action plans with corresponding milestones and timetables. More than a mere celebration, World Health Day has to be a moment of planning and moving ahead.

WHO will work with countries and the international community to:
(i) keep MNCH at the centre of the health systems development agenda;
(ii) mobilize increased funding and support for moving towards universal coverage for MNCH; and (iii) establish funding channels and mechanisms that will be sustained and predictable.

WHO will work to build integrated strategies for maternal, newborn and child health, and establish concrete collaboration and synergies between its MNCH and health systems programmes in their support to countries.

WHO will increase its allocation of funds to MNCH as of the biennium 2006-7, so as to be better able, through its country offices, to collaborate with countries in scaling up MNCH towards universal coverage.

For further information concerning The World Health Report
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