

## Maternal and Newborn Health Advocacy Strategy 2024-2030

*Revised in September 2024*

### List of acronyms

ANC	Antenatal Care
AYSRHR	Adolescent and Youth Sexual and Reproductive Health and Rights
CAAP	Collaborative Advocacy Action Plan
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CSO	Civil Society Organisation
ECD	Early Childhood Development
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EWENE	Every Woman Every Newborn Everywhere
GPI	Global Public Investment
IMNHC	International Maternal Newborn Health Conference
INGO	International Non-Governmental Organisation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
MNCH	Maternal, Newborn and Child Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
NGO	Non-Governmental Organisation
NMR	Newborn Mortality Rate
ODA	Official Development Assistance
QoC	Quality of Care
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBR	Stillbirth Rate
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

### I. About this strategy

The right to health of pregnant women, mothers and newborns is first and foremost a human right and countries that have ratified at least one international human rights treaty that includes the right to health have a legal obligation to protect and fulfil it. They have committed to develop and implement legislation and policies that guarantee universal access to quality health services and address the root causes of health disparities, including poverty, stigma and discrimination<sup>1</sup>. Universal access to quality care in pre-pregnancy, pregnancy, at the time of birth and in the first days and weeks following is also critical to build human capital and for societies and economies to thrive. However, progress for maternal and newborn health and survival, including ending preventable stillbirths, has stagnated in the Sustainable Development Goal (SDG) era (*Annex 1*).

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<sup>1</sup> WHO, <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

This Maternal and Newborn Health (MNH) Advocacy Strategy for 2024-2030, aims to guide and coordinate advocacy action within the MNH community, and to expand beyond it, for increased leadership, investments and accountability for maternal and newborn survival and well-being at sub/national, regional and global levels. It leverages the national MNH Acceleration Plans process that captures countries' priorities in reducing maternal and newborn deaths and stillbirths. The advocacy strategy is not prescriptive: rather, it suggests tactics, messages and activities that can be adapted to the context, as additional resources for advocates at sub/national, regional and global levels who are already working to advance MNH.

### **Process to develop the strategy**

This advocacy strategy is the result of a consultative process which began in September 2023, and includes one-on-one interviews, an online consultation with key stakeholders for maternal and newborn health and stillbirth reduction, as well as extensive reviews. Led by the World Health Organization (WHO), the advocacy strategy is co-created by over 40 organisations which have provided inputs during this consultative process, defining a common ground and a joint approach for MNH advocacy, and acknowledging that national and sub-national actors are at the forefront of change (*see the list in Annex 2*). Going forward, the coalition will seek to garner a broader support and engage actors beyond MNH, in other health communities such as women's health, child survival, sexual and reproductive health and rights (SRHR), including adolescent and youth SRHR, and in other sectors besides health, including in the gender equality, climate change, nutrition, early childhood development, education, and water, sanitation and hygiene (WASH) sectors.

Various tools developed in support of country MNH acceleration including country profiles based on the Every Woman Every Newborn Everywhere (previously ENAP EPMM) tracking tool data, the priorities set out in the MNH Acceleration Plans, and a partner mapping have informed the development of the strategy. The strategy builds on the knowledge and experience for MNH and stillbirth advocacy over the past decade.

Deepest thanks to the Advocacy Task Team who, between November 2023 and April 2024, took on the task to develop and flesh out drafts of this strategy and related materials: Poonum Durdana, Khuddi Research & Development, Pakistan and IAWG MNH Co-Chair; Etienne Langlois, PMNCH; Susan Mbaya, PMNCH; Esther Nasikye, PATH; Chibugo Okoli, Jhpiego Nigeria; Charlene Reynolds, AlignMNH; Rosa Ann Seidler, UNFPA; Nonkululeko Shibula, Umzanyana Birth Service, South Africa; Anna af Ugglas, Laerdal Medical; and Caroline Wanjiru Kiunga, Still a Mum, Kenya.

## **II. Background: the Every Woman Every Newborn Everywhere framework**

*In July 2024, ENAP EPMM was renamed Every Woman Every Newborn Everywhere. This strategy reflects the new name.*

Efforts to address MNH have long been central to health advocacy and have built from the strong foundation of the Safe Motherhood Initiative starting in the last 1980s. Even with the gains in the Millenium Development Goal (MDG) era, maternal and newborn related-mortality and morbidity remained too high in most low- and middle-income settings resulting in the development of two strategies that served to inform the post MDG agenda. First, in 2014, 194 World Health Organization Member States endorsed [Every newborn: an action plan to end preventable deaths](#) (ENAP)<sup>2</sup>, a roadmap to end preventable neonatal mortality and stillbirths while also contributing to a reduction in maternal mortality and morbidity. Second, in 2015, WHO released the [Strategies for Ending Preventable Maternal Mortality](#) (EPMM), laying out targets to reach the Sustainable Development Goals and broad strategies for strengthening maternal health programmes, endorsed by UNICEF, UNFPA, the World Bank Group, USAID and a number of international professional organisations and maternal health programmes.

Both ENAP and EPMM outline specific mortality reduction and coverage targets, milestones to progress and recommendations to address mortality in support of the [Global Strategy for Women's, Children's, and Adolescents'](#)

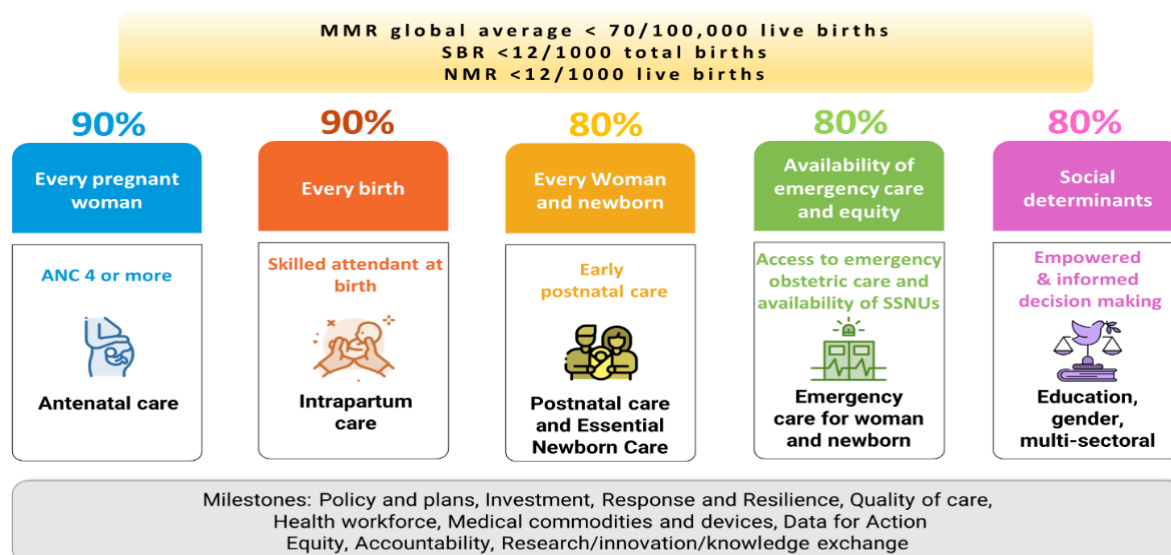
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<sup>2</sup> Resolution WHA67.10.

[Health](#) and the SDGs. Maternal and newborn health are intrinsically linked, and maternal deaths, newborn deaths and stillbirths share many common underlying factors, causes and solutions. Therefore, ENAP and EPMM progressively aligned their coverage targets and milestones and by 2021, with country governments, they established joint population coverage targets for critical high impact intervention packages of care around birth and the early neonatal period, focusing on primary health care services (*Figure 1*). These targets – the Every Woman Every Newborn Everywhere targets since July 2024 – are ambitious yet achievable. They require high coverage of lifesaving interventions combined with quality and equity across the continuum of care, from pre-conception to the postnatal period, and a focus on the care of small and sick newborns and women with obstetric complications. Detailed in the first May 2023 progress report (2023)<sup>3</sup> and known as the 90/90/80/80 targets, they include: In every country: **90%** of pregnant women receive at least four antenatal care visits; **90%** of women give birth with a skilled health worker present; **80%** of new mothers and their babies receive postnatal care within two days of birth; and **80%** of districts achieve 70%, 80% and 60% respectively for these targets<sup>4</sup>.

To guide countries in reaching the coverage targets, ten milestones are proposed which apply to all countries, in both humanitarian and developmental contexts and particularly in high-burden settings (*See Figure 1*). The [Every Woman Every Newborn Everywhere dashboard](#) is a tool to monitor and compare maternal and newborn indicators by region, country, and income.

**Figure 1: Every Woman Every Newborn Everywhere targets and milestones**



Source: Every Woman Every Newborn Everywhere Secretariat, 2023.

<sup>3</sup> UNFPA, UNICEF, WHO, *Improving maternal and newborn health and survival and reducing stillbirth - Progress report*, May 2023. <https://www.who.int/publications/i/item/9789240073678>

<sup>4</sup> Additional distinct (non joint) targets include the care of small and sick newborns, access to emergency maternal care within two hours of travel time, and the proportion of women aged 15-49 years who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care.

### III. Rationale

Women, adolescent girls, and babies continue to die at unacceptable high rates during pregnancy, childbirth and the first month after birth<sup>5</sup>, most of them from causes that can be prevented or treated if they had access to quality, affordable, equitable and respectful care. The steady progress that was seen globally from 1990 to 2015<sup>6</sup> to reduce maternal and newborn deaths has near flatlined since 2016.

At the current rate of progress, over 60 countries – predominantly in Sub-Saharan Africa and Southern Asia – are off-track to meet the maternal, newborn and stillborn mortality reduction targets in the UN Sustainable Development Goals by 2030<sup>7</sup>.

Progress towards maternal and newborn health improvements remain highly inequitable, between and within countries, with a heavier burden on vulnerable and marginalized populations, including migrants and adolescent mothers<sup>8</sup>.

Decreasing investments in maternal and newborn health have been a critical barrier in accelerating progress. Since 2018, more than three-quarters of all conflict-affected and Sub-Saharan African countries report declining financing for maternal and newborn health<sup>9</sup>. After an initial increase in health expenditures in low and middle-income countries during 2020-2021 to respond to the COVID-19 pandemic, health spending contracted in 2022 and is no longer a priority for many governments<sup>10</sup>. In addition, the combined crises of the COVID-19 pandemic, rising poverty, climate change and intensifying conflict, are putting strains on health systems and disproportionately affecting women and children in their capacity to seek and receive the health care they need. At the same time, the share of global health official development assistance (ODA) for MNCH<sup>11</sup> decreased during the 2020-2021 COVID-19 response.

#### BOX 1: Key data

- Every 7 seconds there is a death (maternal, newborn or stillbirth) due to complications in pregnancy, childbirth or just after\*.
- We stand to lose more than 30 million more women and babies by 2030, more than half of them in Sub-Saharan Africa if nothing changes\*.
- 29 countries are taking the lead to prioritize maternal and newborn survival and health, with MNH Acceleration Plans.

*\*Source: Maternal and newborn health key advocacy messages, PMNCH, May 2023.*

<sup>5</sup> UNFPA, UNICEF, WHO, *Improving maternal and newborn health and survival and reducing stillbirth - Progress report*, May 2023. <https://www.who.int/publications/i/item/9789240073678>

<sup>6</sup>with newborn deaths nearly halving between 1990 and 2017 and deaths from complications in pregnancy and childbirth dropping by 44% between 1990 and 2015

<sup>7</sup> WHO, Global Health Observatory: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)) and [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/neonatal-mortality-rate-\(per-1000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/neonatal-mortality-rate-(per-1000-live-births))

<sup>8</sup> WHO, *Adolescent pregnancy: Key facts*, June 2023. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

<sup>9</sup> UNFPA, UNICEF, WHO, *Improving maternal and newborn health and survival and reducing stillbirth - Progress report*, May 2023. <https://www.who.int/publications/i/item/9789240073678>

<sup>10</sup> World Bank, *Health Financing in a Time of Global Shocks – Strong Advance, Early Retreat*, June 2023, <https://www.worldbank.org/en/topic/health/publication/from-double-shock-to-double-recovery-health-financing-in-the-time-of-covid-19#1>

<sup>11</sup> 24% in 2021 versus 37% in 2019. <https://donortracker.org/topics/mnch>

## Global policy landscape

### BOX 2: Policies and plans

- [Sustainable Development Goal 3](#) on good health and well-being– targets 3.1 on reducing maternal mortality and 3.2 on ending all preventable deaths under 5 years, 3.7 on ensuring universal access to sexual and reproductive health care services, and 3.8 on achieving UHC.
- [Sustainable Development Goal 5](#) on gender equality, especially targets 5.2 on eliminating gender-based violence, 5.3 on eliminating harmful practices, 5.5 on recognizing unpaid care labour and 5.6 on universal access to SRHR
- [Global Strategy for Women's, Children's and Adolescents' Health 2016-2030](#)
- [Ending Preventable Maternal Mortality \(EPMM\) strategies](#)
- [Every Newborn Action Plan \(ENAP\)](#)
- [United Nations Resolution on Universal Health Coverage, 2019](#)
- [Roadmap to Combat Post-Partum Haemorrhage between 2023 and 2030](#) (has an advocacy component)
- UNFPA Maternal and Newborn Health and Well-Being Strategy (under development)

The May 2023 [Improving maternal and newborn health and survival and reducing stillbirth - Progress report](#) shows that it is possible to reverse this trend, with urgent increased investments and action. The report outlines countries' progress to meet bold but achievable targets to improve the survival and health of women and their babies. It calls for five priority actions to accelerate progress:

1. Match ambitions and investments to the Every Woman Every Newborn Everywhere targets;
2. Focus on local implementation to reach all women and newborns;
3. Adapt health systems to deliver quality care;
4. Partner with women, families and communities in the planning and provision of care;
5. Revise data systems to track coverage, equity and quality gaps in services.

At the mid-point of the SDGs, in May 2023, the International Maternal Newborn Health Conference (IMNHC) held in Cape Town shone a light on progress

being made and solutions to improve maternal and newborn health and prevent stillbirths. Organized by AlignMNH in partnership with the maternal and newborn health community, the IMNHC 2023 was a first in a series; it will reconvene in 2026, and every three years until 2030 to track and review progress toward the Sustainable Development Goals and the 90/90/80/80 targets.

In Cape Town, 29 country delegations from sub-Saharan Africa, the East Mediterranean region, South-East Asia, and the Americas<sup>12</sup> focussed on developing MNH Acceleration Plans which identify priority activities and the required resources to accelerate progress towards the Every Woman Every Newborn Everywhere targets; another 14 have since expressed interest in starting that process. The Ministry of Health leads the development of the MNH Acceleration Plan and engages with MNH stakeholders through existing coordination mechanisms (such as the RMNCAH Technical Working Group), and as part of the country's existing strategies for reproductive, maternal, newborn, child and adolescent health. National, regional and global partners support the Ministry of Health in developing and implementing the plan, as well as with resource mobilization, monitoring and accountability. The plans will be reviewed, renewed or updated by any emerging evidence until 2030, aligned with annual planning cycles and as part of National Health Strategic Planning.

The MNH Acceleration Plans are an opportunity for coordinated advocacy, where local, national, regional and global partners can join forces, under national leadership, to advance existing commitments to SDG 3.1 and 3.2, within existing RMNCAH policy frameworks. Most MNH Acceleration Plans include specific advocacy activities, as well as community engagement activities (*see Annexes 3 and 4*), with an opportunity to coordinate and integrate advocacy efforts within other MNH multi-stakeholder platforms at national and sub-national levels. Greater collaboration will support advocacy for MNH financing, including intersectoral financing to advance SDG 3.1 and 3.2.

Further, an MNCH resolution 'Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2' was adopted at the 77<sup>th</sup> World Health Assembly in May 2024. This is a key moment for Governments to re-commit to maternal and newborn survival and health. It opens a window for

<sup>12</sup> Bangladesh, Burundi, Burkina Faso, Central Africa Republic, Côte D'Ivoire, Ethiopia, Ghana, Guatemala, Haiti, Kenya, Lebanon, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sierra Leone, Somalia, South Africa, Sri Lanka, Tanzania, Uganda, Yemen, Zambia and Zimbabwe.

advocates to push and maintain maternal and newborn health and the reduction of stillbirths on top of the political agenda. At regional level, the new phase of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA+, 2021-2030) is another opportunity to advance the MNH agenda: it has a strong advocacy component to mobilise increased political commitment and action to reduce maternal mortality in countries with high rates.

The latest evidence emphasizes that progress is possible and within reach, calls for a stronger focus on equity and quality, and prioritizes the countries and the areas with the highest burden of maternal and newborn deaths and stillbirths, including in humanitarian settings. We know which five priority actions will accelerate progress towards the Every Woman Every Newborn Everywhere targets, where investments are most impactful:

- High impact MNH interventions in primary health care services;
- Qualified health workers, specifically midwives, nurses and frontline health workers;
- Lifesaving commodities and equipment;
- Data systems.

We have the evidence, and a platform for coordinated action. What we need are increasing leadership at national regional and global levels, community engagement and targeted resources to deliver on existing commitments for maternal and newborn health in the next seven years. This advocacy strategy is one mechanism to support this approach.

### **Scope of the strategy**

At national and sub-national levels, the advocacy strategy proposes a framework to put MNH at the top of the policymaking and financing agenda for health, enhance accountability, and advance the national priorities set in the MNH Acceleration Plans. These include but are not limited to the advocacy priorities listed in many of the MNH Acceleration Plans. It suggests tactics to best position and equip local and national organisations to set, inform and influence the agenda to support development and implementation of MNH Acceleration Plans and lead the advocacy for MNH progress.

At the global and regional levels, the advocacy strategy is a global framework that connects technical, funding and advocacy partners to support and amplify the work that is led by countries for improved maternal and newborn survival and health and the reduction of stillbirths. It provides goals, objectives, and guiding principles for implementation and proposes a monitoring tool. It also suggests topline messages and lists key opportunities to leverage policy processes at regional and global levels.

The Strategy is accompanied by a yearly workplan, presented in a separate document.

### **Timeframe and reporting**

This advocacy strategy is for the period 2024-2030. This period encompasses a possible revision of the Every Woman Every Newborn Everywhere targets from 2026, which will be reflected in the strategy. It also includes the IMNHC2026, which will serve as a public accountability forum for MNH targets. While the MNH Acceleration Plan three-year lifespan limits the possibilities for effective policy and budget advocacy, they are set to renew until 2030. Progress can be monitored through regular convening of country teams in regional consultations, and the Every Woman Every Newborn Everywhere tracking tool.

## **IV. Advocacy goal and objectives**

**Goal: By 2030, strong government/country leadership backed up with increased ambition and investments to accelerate progress towards Every Woman Every Newborn Everywhere targets and the SDG targets for maternal (SDG 3.1) and newborn mortality (SDG 3.2) at sub-national, national, regional and global levels.**

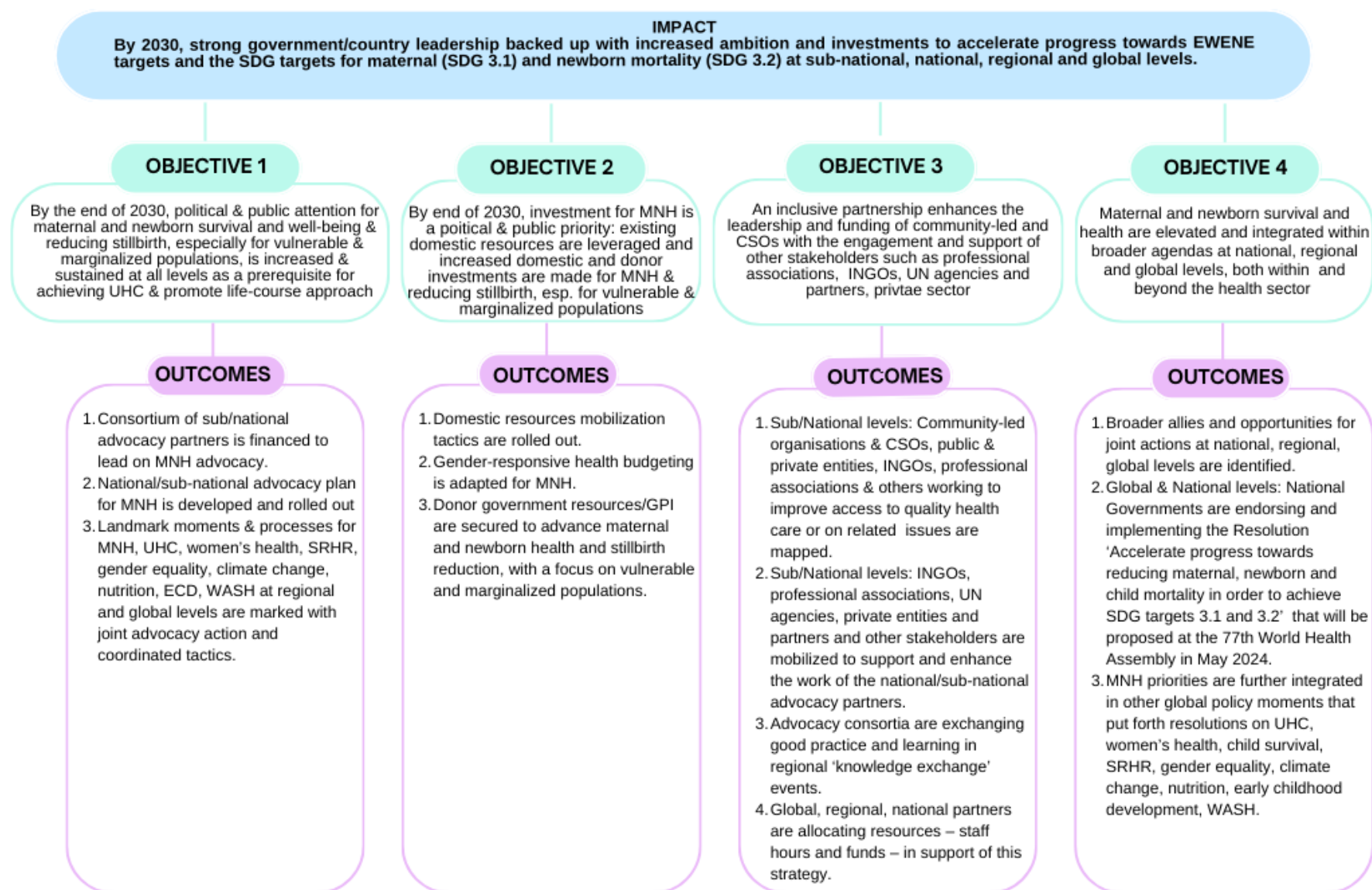
**Objective 1:** By the end of 2030, political and public attention for maternal and newborn survival and well-being and reducing stillbirth, especially for vulnerable and marginalized populations, including migrants and adolescent mothers, is increased and sustained at sub/national, regional and global levels as a prerequisite for achieving Universal Health Coverage (UHC) and promote a life-course approach.

**Objective 2:** By 2030, investment for MNH is a political and public priority: existing domestic resources are leveraged and increased domestic *and* donor investments are made for maternal and newborn health and the reduction of stillbirths, especially for vulnerable and marginalized populations, including migrants and adolescent mothers. The focus of these investments is on both the national and sub-national levels, to account for the disparities in accessing quality care within a country and support equitable progress.

**Objective 3.** An inclusive partnership is in place that enhances the leadership and financing of community-led and civil society organisations to leverage their voices at the decision-making table and drive advocacy and accountability around the MNH Acceleration Plans, with the involvement and support of other stakeholders at sub/national, regional and global levels such as professional associations, International Non-Governmental Organisations (INGOs), UN agencies and partners, the private sector.

**Objective 4:** Maternal and newborn survival and health are elevated and integrated within broader agendas at national, regional and global levels, both within the health sector – such as women’s health, child survival, sexual and reproductive health and rights, including adolescent and youth SRHR – and the non-health sector, such as climate change, gender equality, nutrition, early child development, education and WASH.

Figure 2: Theory of change



## Creating a coalition/movement

These ambitious objectives require a broad coalition/movement to engage partners which have the strength of network, credibility, and resources to carry the strategy and work together under a unified banner for MNH. A functional partnership under Every Woman Every Newborn Everywhere bringing together UN agencies, professional associations, donors and foundations, INGOs, private sector, academia and ministries of health is a natural starting point. But beyond the peer organisations and obvious allies who share an expertise on MNH, this strategy requires a coalition/movement that goes deeper – with local and national ‘partners of partners’ taking the lead for advocacy in support of MNH progress; and wider, with organisations which work on the social determinants of health. This would expand the perspective and the potential support base to improve MNH.

Such coalitions will vary from country to country, but could include: MNH partners and their local/national partners, other organisations, networks, platforms and initiatives at national and regional level which are advocating for improved health along the continuum of care, including Child Survival Action and the Partnership for Maternal, Newborn and Child Health (PMNCH) – including the Collaborative Advocacy Action Plans (CAAPs) at country level, organisations and initiatives in domains that are impacted by or affect MNH such as climate change, gender equality, nutrition, early child development, education and WASH, sexual and reproductive health and rights, including adolescent and youth SRHR, child survival, and women’s health, and for which approaches can be mutually reinforcing; the GFF and other multi-stakeholder coordination platforms in health and allied sectors. Relevant groups include adolescent/youth groups, women’s and feminist groups, reproductive justice groups, parents’ groups, disability rights advocates, LGBTQI advocacy groups, groups advancing racial and ethnic equity, groups supporting the rights of other vulnerable communities such as internally displaced populations and refugees, who must be included to inform, design and monitor strategies and plans that are people-centred, context-relevant, and promoting greater equality in the context of MNH and to hold decision-makers accountable<sup>13</sup>.

## Guiding principles for implementation

- **Relevance & accountability:** Reflect the perspective and the priorities of affected populations, including women’s groups, families, parents’ groups, adolescent/youth groups, to inform advocacy and shape plans to reduce maternal and newborn deaths and stillbirths and advance well-being. In settings where affected populations are not represented in formal structures, every effort should be made to reach out to them and engage them in the mapping, capacity strengthening and work of the national advocacy consortia.
- **Focus on advocacy at national and sub-national levels as the epicentre of change:** The MNH Acceleration Plans are designed and rolled-out at country level and will need to be adapted and adopted at sub-national level to see equitable progress; advocacy should be too. The strategy emphasizes the need for advocacy at the sub-national level to reflect the disparities within a country and the needs and requirements of the most vulnerable populations. Further engage, finance, and where required equip national and local organisations to lead change at national and sub-national levels and inform global advocacy. Local actors have the mandate, reach, expertise and accountability mechanisms required. Identifying partners, setting priorities, supporting engagement at the sub-national level will be crucial to drive change.
- **No single-issue advocacy:** Advocate for more resources for health and well-being, instead of competing for limited health resources, with a focus on primary health care as the foundation of health systems. Highlight how investing in high impact interventions (as detailed in the Every Woman Every Newborn Everywhere targets) to improve the health of pregnant women, including adolescent girls, mothers, and newborns and the reduction of stillborn babies is a crucial step in achieving universal health coverage and longer-term development goals. Emphasize the continuum of care and the impact on the life-course, working closely with initiatives that work on advancing sexual and reproductive health and rights, including adolescent and

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<sup>13</sup> *These groups have not been mapped.*

youth SRHR, child and adolescent health, with groups advocating for UHC and groups advocating for health as a human right.

- **Gender transformative approach:** Advocate for programmes that integrate gender transformative approaches into routine RMNCAH services by seeking to understand how gender inequalities, gender roles, and influence on household dynamics affect maternal and newborn health processes and outcomes. Identify gender-based opportunities and barriers that drive access to and service utilization of gender-sensitive, quality, equitable, and respectful care for pregnant women and their partners, new mothers and newborns. Transforming discriminatory and harmful gender norms and practices that negatively impact adolescent girls' and women's decision-making agency and health seeking behaviours will be at the centre of addressing gender determinants of maternal and newborn health. Advocacy for greater investment in MNH/stillbirth prevention must be aware of the voices utilized: uplifting the voices of educated and empowered women who may not always be heard (including those of female health workers and volunteers as well as mothers themselves), men, partners and other family members who exemplify equitable partnership with women, engaged parenting, and support for women's and babies' health. Messaging should seek to articulate linkages between better health and greater equity, both in terms of social determinants of health as well as equity implications of saving women's and babies' lives.
- **Coordination and alignment:** We are working closely with initiatives advocating in the RMNCAH field, and creating linkages to ensure we align and amplify our efforts. This includes joint messaging with child and adolescent health through linking with Child Survival Action and PMNCH's Collaborative Advocacy Action Plans and adolescent and youth constituencies, Scaling Up Nutrition, the Campaign on Accelerated Reduction of Maternal Mortality in Africa, the National Midwifery Taskforce resource mobilisation plans, and leveraging the knowledge and learning work led by AlignMNH, among others.

### BOX 3: Advocacy linkages

#### Initiatives and partnerships:

- AlignMNH <https://www.alignmnh.org>
- MNCH advocacy hub – a platform for advocates to convene
- PMNCH Collaboration Advocacy Action Plans in 10 countries, and the scoping/assessment related to the plans (under development)
- Child Survival Action <https://www.childhealthtaskforce.org/hubs/child-survival-action>
- Universal Health Coverage 2030: <https://www.uhc2030.org/>
- Civil Society Engagement Mechanism for UHC2030: <https://cseonline.net/>
- Family Planning 2030: <https://www.fp2030.org/>

#### Reports and toolkits

- [Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023](#)
- [Born too soon: decade of action on preterm birth](#)
- [A comprehensive model for scaling up care for small and/or sick newborns at district level–based on country experiences presented at a WHO-UNICEF expert consultation \(2023\)](#)
- [Small and Sick Newborn Care Implementation Toolkit](#)
- Child Survival Action Advocacy Toolkit (under development)
- [Child Survival Action: A blueprint for advocacy and action](#)
- Advocacy Framework as part of the Roadmap to Combat Post-Partum Haemorrhage (under development)
- [Preventing and addressing stillbirths along the continuum of care: A global advocacy and implementation guide](#)
- [Never Forgotten: The situation of stillbirth around the globe](#)
- [Newborn Health in Humanitarian Settings Field Guide](#)
- [Maternal and Perinatal Death Surveillance and Response \(MPDSR\) Capacity Building Materials](#)
- [Protect the promise: 2022 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health \(2016-2030\)](#)
- [The State of the World's Midwifery \(2021\)](#)
- [Data Resources for Advocacy: Summary of resources and tools for data analytics and visualization](#)
- [Midwives' Voices, Midwives' Demands Global Report](#)

## Stakeholders and target audiences

Target audiences were selected by determining stakeholders' level of interest versus their level of influence in MNH (see Annex 5).

**Table 1: Target audiences**

Category	Relevance	Description	
<b>Affected populations and service users</b>	At the centre of the ecosystem Ensure MNH plans and strategies reflect their priorities and experiences.	<i>Formal groups:</i> <ul style="list-style-type: none"><li>• Women's groups</li><li>• Parents' groups</li><li>• Adolescents and youth groups</li></ul>	<i>Informal groups:</i> <ul style="list-style-type: none"><li>• Families</li><li>• Affected individuals not part of any structure (the vast majority of affected parents/families)</li></ul>
<b>Implementers</b>	Translate policies into practice. Can shape roll out, report feedback from service users, adapt programming.	<ul style="list-style-type: none"> <li>• Technical working groups and other expert structures set up to craft RMNCAH plans and strategies, in line with national policies.</li> <li>• Programme implementers, health service managers</li> </ul>	
		<ul style="list-style-type: none"> <li>• Frontline health workers, midwives, neonatal nurses, doulas, community health workers.</li> </ul>	
<b>Advocates and influencers</b>	Broad range of actors who have the ability to inform/influence policymakers and give salience to an issue, through various channels.	<ul style="list-style-type: none"> <li>• Civil society organisations, community-led organisations which demand that policies and programmes be context-relevant.</li> <li>• INGOs working on MNH, and related fields can work on mutually reinforcing advocacy.</li> <li>• Professional associations, such as the International Paediatric Association, the International Confederation of Midwives, the Council of International Neonatal Nursing, the International Council of Nurses and the International Federation of Gynaecology and Obstetrics influence global and domestic health policies to promote health for all. Set and raise standards for care and education in their respective professions. Are powerful advocates for MNH and reducing stillbirths.</li> <li>• Think tanks, research institutes which can grow the evidence base.</li> <li>• Media (traditional and social) can build momentum and grow awareness and mobilize public will.</li> <li>• Political leaders/champions</li> <li>• Religious and traditional leaders</li> </ul>	
<b>Supporters</b>	Provide technical assistance, capacity strengthening, strategic support for implementation, convening power	<ul style="list-style-type: none"> <li>• MNH partners, other development and humanitarian partners, private sector</li> <li>• National professional associations, including midwives' associations</li> </ul>	
<b>Policymakers</b>	Decide on policymaking and/or fund allocation	<ul style="list-style-type: none"> <li>• Central government: Heads of State and Government, Ministers, their advisers, the technical experts, civil servants, Parliamentary Committee members, senators and their advisors, political parties and specialized government agencies that inform the policymaking process.</li> <li>• Parliamentarians, especially women parliamentarians and their organisations</li> <li>• Decentralized authorities/sub-national governments: states, regions, counties etc., with their own executive branch and legislators, local councils, mayors...carrying out political, administrative and/or fiscal decentralized functions.</li> </ul>	
		Intergovernmental organisations including the United Nations, World Bank Group, the G20, G7, and regional entities such as the African Union, the eight Regional Economic Communities, ASEAN, the South Asian Association for Regional Cooperation, the Arab League.	
		Donors: donor governments, multilateral donors, foundations and philanthropies, financing mechanisms – specifically the GFF.	

		Private sector: Companies that provide care, and in some settings represent a large part of the healthcare services. Companies that invest in innovation for MNH.
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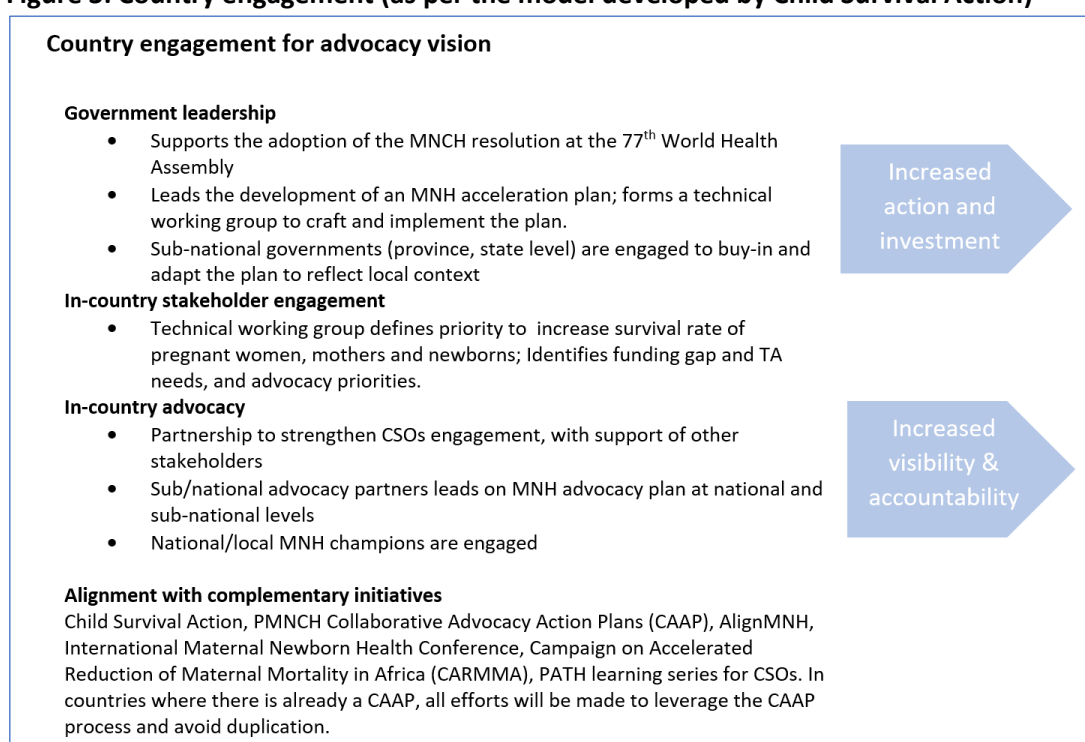
## VI. Country engagement

Countries are the centre of action to advocate for the MNH Acceleration Plans and improving MNH. A key premise of this strategy is to centre the work of advocates at country level, who are already working in this field and are best placed to know the policy environment, the policymaking agendas and calendars, and the communities they represent. They can:

- Help prioritize the issue and mobilize resources
- Elevate the voices of affected populations
- Support decision-making with the best evidence
- Hold leaders accountable

That supposes an inclusive partnership between CSOs and community-led groups, and INGOs, professional associations, UN agencies, the private sector and other stakeholders to deliver the advocacy strategy. Regional and global partners have an essential role to amplify and support this work. The graph below summarizes how this strategy suggests leveraging the national MNH Acceleration Plans process for advocacy.

**Figure 3: Country engagement (as per the model developed by Child Survival Action)**



## VII. Expected outcomes

**Objective 1: By the end of 2030, political and public attention for maternal and newborn survival and well-being and reducing stillbirth, especially for vulnerable and marginalized populations, including migrants and adolescent mothers, is increased and sustained at sub/national, regional and global levels as a prerequisite for achieving Universal Health Coverage (UHC) and promote a life-course approach.**

*Depending on the country context and the advocacy priorities they set, advocates may decide to focus their work at the sub-national level, with decentralized authorities to ensure the plans are context-relevant given the disparities within one country, in the coverage, access and quality of care.*

- Outcome 1: Sub/National levels: A consortium of sub/national advocacy partners is financed to lead on MNH advocacy, building on the advocacy priorities listed in the MNH Acceleration Plans, in their capacity to drive greater focus, investments and accountability for MNH progress. In countries where PMNCH is implementing a CAAP, this strategy will closely align with the CAAP local partners to avoid any duplication of efforts.
- Outcome 2: A national/sub-national advocacy plan for MNH is developed and rolled out (by the consortium of sub/national advocacy partners), building on the advocacy priorities of the MNH Acceleration Plan.
- Outcome 3: Regional and global levels: Landmark moments and processes for MNH, UHC, women's health, child survival, SRHR, gender equality, climate change, nutrition, early childhood development, WASH (conferences, commemorative days, campaigns) are marked with joint advocacy action and coordinated tactics.

**Objective 2: By 2030, investment for MNH is a political and public priority: existing domestic resources are leveraged and increased domestic *and* donor investments are made for maternal and newborn health and the reduction of stillbirths, especially for vulnerable and marginalized populations, including migrants and adolescent mothers. The focus of these investments is on both the national and sub-national levels, to account for the disparities in accessing quality care within a country and support equitable progress.**

*While advocacy for domestic resource mobilization is a priority in most MNH Acceleration Plans, how this work will be carried out will be determined by the national advocacy plan (see under Objective 1, outcome 2). Outcomes 1 and 2 below are therefore suggestions.*

- Outcome 1: Sub/National levels: Domestic resources mobilization tactics are rolled out as part of the sub/national advocacy plan (see under Objective. 1), depending on context and priorities and bearing in mind that three years is a short time to see impact.
- Outcome 2: Sub/National levels: Where gender budgeting is in place, at central or decentralized levels, it is adapted for MNH to address the historical underinvestment in essential services for women and girls.
- Outcome 3: Global level: Donor government resources/GPI are secured to advance maternal and newborn health and stillbirth reduction, with a focus on vulnerable and marginalized populations.

**Objective 3. An inclusive partnership is in place that enhances the leadership and financing of community-led and civil society organisations to leverage their voices at the decision-making table and drive advocacy and accountability around the MNH Acceleration Plans, with the involvement and support of other stakeholders at sub/national, regional and global levels such as professional associations, International Non-Governmental Organisations (INGOs), UN agencies and partners, the private sector.**

- Outcome 1: Sub/National levels: Community-led and civil society organisations, public and private entities, INGOs, professional associations and other groups that are already working to improve access to quality health care or working on issues that are directly impacting MNH, are mapped, and their respective focus and advocacy strength established. Representatives of affected populations are included in the mapping and identified.
- Outcome 2: Sub/National levels: INGOs, professional associations, UN agencies, private entities and partners and other stakeholders are mobilized to support and enhance the work of the national/sub-national advocacy partners
- Outcome 3: Regional level: Advocacy consortia from the same region are exchanging good practice and learning in regional 'knowledge exchange' events.

- Outcome 4: Global, regional, national levels: Partners are allocating resources – staff hours and funds – in support of this strategy.

**Objective 4: Maternal and newborn survival and health are elevated and integrated within broader agendas at national, regional and global levels, both within the health sector – such as women’s health, child survival, and sexual and reproductive health and rights, including adolescent and youth SRHR – and the non-health sector, such as climate change, gender equality, nutrition, early child development, education and WASH.**

- Outcome 1: National, regional and global levels: Broader allies and opportunities for joint actions are identified.
- Outcome 2: Global and National levels: National Governments are implementing the Resolution ‘*Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2*’ adopted at the 77<sup>th</sup> World Health Assembly in May 2024.
- Outcome 3: MNH priorities are further integrated in other global policy moments that put forth resolutions on UHC, women’s health, child survival, SRHR, gender equality, climate change, nutrition, early childhood development, WASH.

## VIII. Topline messages

Messages	Supporting data
<p>Every seven seconds, a woman, adolescent girl or a baby dies due to complications in pregnancy, childbirth or the first few weeks after birth. Mortality declines have stalled since 2016 and financing diverted to other issues<sup>14</sup>.</p> <p>We must and can reverse this trend even in the short time until 2030: 29 countries are showing the way, working to meet bold but achievable targets for maternal and newborn health. These plans are a chance to get back on track towards the global targets for maternal mortality (SDG 3.1), newborn mortality (SDG 3.2) and stillbirths (ENAP goal 2).</p> <ul style="list-style-type: none"> <li>• Policymakers must double down on delivering their existing commitments. They must demonstrate leadership at all levels and champion maternal and newborn health as a national, regional and global priority.</li> <li>• Governments, donors, national, regional and global partners must rally behind the national MNH Acceleration Plans. They require sustained leadership, increased financing and a broad partnership strengthening the engagement of CSOs for decision-making, advocacy and accountability.</li> <li>• Governments should implement the resolution 'Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2' adopted at the 77th World Health Assembly.</li> </ul>	<p>77% of sub-Saharan countries reported decreased allocations for maternal and newborn health at the onset of the COVID-19 pandemic (UNFPA, UNICEF, WHO, <i>Improving maternal and newborn health and survival and reducing stillbirth - Progress report, May 2023</i>).</p> <p>In 2021, real per capita central government health spending in 78 developing countries stood at 25% above 2019 levels, but health spending contracted in 2022 and is no longer a priority for many governments. (<i>World Bank, Health Financing in a Time of Global Shocks – Strong Advance, Early Retreat, June 2023</i>).</p> <p>At the same time, the share of global health ODA for MNCH decreased during the 2020-2021 COVID-19 response at 24% in 2021 versus 37% in 2019 (<a href="https://donortracker.org/topics/mnch">https://donortracker.org/topics/mnch</a>).</p>
<p>Five specific actions are urgently needed to accelerate progress for maternal and newborn health and the reduction of stillbirths. Country leadership and development partners should:</p> <ul style="list-style-type: none"> <li>• Raise the bar: show stronger leadership and make investments to match the Every Woman Every Newborn Everywhere targets of high impact interventions, with a focus on small and sick newborns and women with obstetric complications.</li> <li>• Invest in the quality of care, not only coverage, with stronger infrastructure, a qualified health workforce, access to medicines and equipment.</li> <li>• Go local: roll-out MNH plans and strategies at the local level to account for the disparities in accessing quality care within a country, and support equitable progress, including in fragile and humanitarian settings and for vulnerable and marginalized populations including migrants and adolescent girls.</li> <li>• Engage women, families and communities in planning and delivering care, to ensure services are responding to their priorities, and foster accountability.</li> <li>• Rethink and adapt data systems to track and address coverage, equity and quality gaps. Disaggregating data to subnational levels can reveal specific areas with low coverage, enables the identification of vulnerable populations, and facilitates evidenced-based policy making.</li> </ul>	<p><i>Priority actions to reduce maternal deaths, stillbirths and newborn deaths, UNFPA, UNICEF, WHO, Improving maternal and newborn health and survival and reducing stillbirth - Progress report, May 2023.</i></p>

<sup>14</sup> PMNCH, Maternal and Newborn Health Key Advocacy Messages, 2023.

<p>Improved and increased spending for health across the life-course is an investment in human capital, not a cost; it brings high health, social and economic returns. We know what works: investing for better health facilities, increased access to lifesaving medicines and equipment, a qualified workforce, especially midwives, nurses and frontline health workers, and better data systems save lives and build better futures.</p> <ul style="list-style-type: none"> <li>• National governments must increase both the level and efficiency of public spending for health. In particular, governments should invest in primary health care, as the foundation of health and focus on high impact interventions (as detailed in the Every Woman Every Newborn Everywhere targets).</li> <li>• Donors must align with national health ambitions and priorities and increase and sustain funding, as a prerequisite to achieving UHC.</li> <li>• Women's lives and health are not limited to their childbearing years: domestic and donor investment must target care that treats the whole person, across the life-course.</li> </ul>	<p>Excellent return on investment: Every \$1 invested in high-impact maternal and newborn health interventions would yield \$9 to \$20 in returns in low- and middle-income countries. (<i>PMNCH, the Commission on Investing in Health 3.0, Concept Note for the PMNCH Board</i>).</p> <p>(<i>McKinsey, Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies, 2023.</i>)</p>
<p>Reducing maternal and newborn deaths and stillbirths requires the active engagement of the affected populations and the groups that represent them, including women, families, parents' and youth groups, while ensuring autonomy of decision-making. They are best positioned to inform, demand and sustain change, ensure services are context-relevant and aligned with their priorities, and hold decision-makers accountable.</p> <ul style="list-style-type: none"> <li>• Community-led organisations, CSOs and other key stakeholders must be active partners in the development, roll-out and assessment of MNH policies, strategies and plans – an ask that is reflected in many MNH Acceleration Plans.</li> <li>• Local and national organisations, organised in consortium, should be funded to lead advocacy for MNH acceleration at country level.</li> </ul>	
<p>Access to health services and quality of care is uneven within a given country, particularly in fragile and humanitarian settings. To ensure every pregnant woman, every mother and every baby has the best chance at survival and health, MNH strategies and plans must be owned, resourced and implemented at the sub-national level.</p> <ul style="list-style-type: none"> <li>• Sub-national authorities must adapt and roll-out the MNH Acceleration Plans to ensure not only coverage of health services but equitable progress, including in fragile and humanitarian settings.</li> </ul>	<p>Only 49% of countries with a Every Woman Every Newborn Everywhere (previously ENAP EPMM) plan<sup>15</sup> indicated a sub-national implementation plan for equitable reduction of maternal mortality, neonatal mortality and stillbirth reduction. (<i>UNFPA, UNICEF, WHO, Improving maternal and newborn health and survival and reducing stillbirth - Progress report, May 2023</i>).</p> <p>More than half of maternal deaths occur in fragile and humanitarian settings. Sub-Saharan Africa and Southern Asia share the greatest burden of maternal deaths, 86% of the global total in 2017. (<i>UNFPA, UNICEF, WHO, Improving maternal and newborn health and survival and reducing stillbirth - Progress report, May 2023</i>).</p>

<sup>15</sup> Data reported by 106 countries into the Every Woman Every Newborn Everywhere Country Implementation tracking tool.

IX. **Advocacy opportunities, global & regional levels**

**Figure 4: 2024 calendar (this is a live document on <https://www.alignmnh.org/resources/global-mnh-strategic-roadmap/>)**

<input type="checkbox"/>	A Name/Title of Report/Event/Day	📅 Start date	📅 End date	≡ Type of Content Tags	A Host organization(s)
1	148th Assembly of the International Parliamentary Un...	23 March 2024	27 December 2023	Events & Conferences	International Parliamentary Union
2	World Health Summit 2024 - Berlin	13 October 2024	15 October 2024	Events & Conferences	
3	World Health Summit Regional Meeting - Melbourne	22 April 2024	24 April 2024	Events & Conferences	
4	International Conference on Public Health in Africa?			Events & Conferences	
5					
6	AU Session of the Assembly of the Heads of State an...	17 February 2024	18 February 2024	Events & Conferences	<a href="https://au.int/en/summit/37">https://au.int/en/summit/37</a>
7	Network of African Parliamentary Committees on He...	8 February 2024	1 February 2024	Events & Conferences	
8	World TB Day	24 March 2024	24 March 2024	Advocacy Days/Weeks/M...	N/A
9	International Women's Day	8 March 2024		Advocacy Days/Weeks/M...	
10	World Water Day	22 March 2024		Advocacy Days/Weeks/M...	
11	World Birth Defects Day	3 March 2024		Advocacy Days/Weeks/M...	
12	ENAP EPMM Regional Workshop Asia Pacific, Bangkok	19 March 2024	22 March 2024	Events & Conferences	UNFPA/UNICEF/World Health Organization
13	World Immunization Week	24 April 2024	30 April 2024	Advocacy Days/Weeks/M...	
14	World Malaria Day	25 April 2024		Advocacy Days/Weeks/M...	
15	World Health Day	7 April 2024		Advocacy Days/Weeks/M...	
16	Africa Vaccination Week	22 April 2024	28 April 2024	Advocacy Days/Weeks/M...	
17	International Nurses Day	12 May 2024		Advocacy Days/Weeks/M...	
18	International Day of the Midwife	5 May 2024		Advocacy Days/Weeks/M...	
19	77th World Health Assembly - Geneva	27 May 2024	1 June 2024	Events & Conferences	World Health Organization
20	ENAP EPMM Regional Workshop East Africa	11 June 2024	14 June 2024	Events & Conferences	UNFPA/UNICEF/World Health Organization
21	SUN Global Gathering, Kigali	24 June 2024	27 June 2024	Events & Conferences	Scaling Up Nutrition
22	World Breastfeeding Week	1 August 2024	7 August 2024	Advocacy Days/Weeks/M...	
23	79th Session of the UN General Assembly - New York	10 September 2024	24 September 20...	Events & Conferences	
24	World Prematurity Day	17 November 2024		Advocacy Days/Weeks/M...	
25	The 8th Global Symposium on Health Systems Resear...	18 November 2024	22 November 2024	Events & Conferences	Health Systems Global (HSG)
26	ENAP EPMM Regional Workshop West Africa	5 November 2024	8 November 2024	Events & Conferences	UNFPA/UNICEF/World Health Organization
27	International Universal Health Coverage Day	12 December 2024		Advocacy Days/Weeks/M...	

## **X. Strengths and weaknesses: Assessing gaps**

This strategy, while broader than Every Woman Every Newborn Everywhere, is leveraging the Every Woman Every Newborn Everywhere ecosystem to advance MNH until 2030. The 29 MNH Acceleration plans, the data that over 100 countries reported in the Every Woman Every Newborn Everywhere tracking tool, the three regional workshops planned in 2024 that will review progress against the Every Woman Every Newborn Everywhere targets open an opportunity for targeted advocacy for MNH and for holding decision-makers accountable.

The strategy's biggest asset is the large coalition of partners who are developing it. Together, these partners have deep experience in policy advocacy, technical advocacy, community engagement, accountability and resource mobilization. Many of them have a presence in the countries that have developed a MNH Acceleration Plan and work with policymakers that this strategy is prioritizing. They also have access to a vast amount of evidence and data, as well as guidance on quality care for maternal, newborn and child health.

However, gaps remain in implementing the strategy:

- It requires a mechanism for CSO engagement, professional bodies, parent groups, representatives of affected populations including where there is no formal structure to do so, legislature pressure groups, and other strategic actors to inform MNH plans, and drive advocacy and accountability at the country level. Even in those cases where MNH Acceleration Plans are already completed, and no CSO was involved in their design, there is an opportunity to bring CSOs on board in order for them to inform the iteration of the subsequent plan.
- It requires dedicated financing, and a core group to implement the strategy at sub/national, regional and global levels.
- It will take sustained effort to strengthen the coalition and agree on a common ground as it expands beyond MNH.
- Where countries with a MNH Acceleration Plan are looking to implement it at sub-national level, the strategy too must be adapted and rolled out locally, to speak to local priorities and needs, engage local decision-makers, and mobilized advocates that have leverage, legitimacy and outreach in these specific contexts.

## **XI. Advocacy workplan**

The yearly advocacy workplan (first workplan for mid-2024 to end of 2025) is a separate document, organized along the key objectives listed in the advocacy strategy, and their respective interim outcomes.

## **XII. Coordination**

The Advocacy and Accountability Working Group (AAWG) is overseeing the implementation of the MNH advocacy strategy. The AAWG will execute a coordinated advocacy and accountability workplan in support of the MNH Advocacy Strategy and ensuring that mortality and coverage targets, recommendations, and commitments to tackle newborn mortality and maternal mortality and ending preventable stillbirths are championed and met in countries, with support and technical assistance from global, regional, and country stakeholders.

## **XIII. Monitoring and evaluation**

In 2024-30, the benchmarks for success of this strategy are: a. the extent to which countries are positioned to see increased financing for MNH; b. the salience of MNH on the policy agenda.

Monitoring and evaluation of this advocacy strategy and related workplan is in three parts:

1. Assess progress in implementing the advocacy strategy against the **activities** in the advocacy workplan. Progress against the workplan should be reported on once a year.
2. Assess progress towards the expected **outcomes** listed in the advocacy strategy (e.g. national advocacy plan, consortium...) using the advocacy impact reporting tool in *Appendix 1* (includes the indicators for 2024-2025). Given that the advocacy strategy is looking at long term changes, which may exceed the timeframe of this strategy, monitoring will consider *impact of advocacy*, or whether the expected outcomes have indeed taken place, and review *progress* - the **processes** that show incremental progress towards the expected outcome.
3. Comprehensive review of the implementation status of the advocacy strategy and workplan and submission to the Every Woman Every Newborn Everywhere management team for approval and adjustments will be done yearly.

**Box 4: Evidence/ data for advocacy**

- Profiles of countries with a MNH Acceleration Plan
- Every Woman Every Newborn Everywhere partner mapping (in progress)
- [Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023](#)
- Every Woman Every Newborn Everywhere [Dashboard](#)
- [Data Resources for RMNCAH Advocacy Matrix](#) and [webinar series](#), PATH, the GFF CSCG, PAI, GHV, Countdown, WHO, the GFF.
- [Mother and Newborn Information for Tracking Outcomes and Results](#) (MoNITOR)
- [Global Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health \(SRMNCAH\) Policy Survey](#), 2018-2019
- [The Lancet Small Vulnerable Newborn series](#)
- [State of UHC Commitment](#)
- [Family Planning 2030 Measurement Tracker](#)
- [The Lancet Maternal Health in the Perinatal Period and Beyond series](#)
- [Social Institutions and Gender Index \(SIGI\) 2023 Report](#)
- [Quality of Care Learning Hub](#)

## Appendix 1: Advocacy Impact Reporting Tool

Expected change		Status: 1. Expected change has happened 2. Steps taken towards expected change	Indicators
OBJECTIF 1	A consortium of sub/national advocacy partners is financed to lead on MNH advocacy		Partner 'power map' TORs for the consortium endorsed by MoH/DoH Lead partner contracted & granted # of people trained in capacity strengthening workshops
	A National/sub-national advocacy plan for MNH is developed and rolled out		Advocacy plan # of champions # of key messages developed List of specific tasks Type and # coverage in earned media, engagement on owned media
	Landmark moments and processes for MNH and areas affected by/impacting on MNH are marked with joint advocacy action and coordinated tactics.		# of joint advocacy occurrences Feedback from the Every Woman Every Newborn Everywhere regional consultations
OBJECTIF 2	Domestic resources mobilization tactics are rolled out		Case for domestic resources for MNH produced Brief on strategic decisions produced # of people trained Updates in the Every Woman Every Newborn Everywhere tracking tool and the CAAP commitment compendium
	Where it exists, gender budgeting is adapted for MNH		Gender budget analysis completed Specific asks formulated for parliamentary caucuses # of champions ready to engage
	Donor government resources/GPI secured for MNH and stillbirth reduction		Datasheets/reports/visualization produced Brief on impact of investing in MNH for UHC produced Call to action for donors to match national/subnational ambitions for MNH produced Website developed New name and tagline for ENAP EPMM

Expected change		Status: 1. Expected change has happened 2. Steps taken towards expected change	Indicators
OBJECTIF 3	Groups/organisations (not in the advocacy consortium) engaged in advocacy at sub/national levels are mapped		Map of organisations and groups # of people trained on how to engage civil society # of community action teams # champions ready to engage
	INGOs, professional associations, UN agencies, private entities and partners and other stakeholders are mobilized to support and enhance the work of the national/sub-national advocacy partners.		Feedback and action points from meetings # and type of structures CSOs are taking part in
	Advocacy consortia are exchanging good practice and learning in regional knowledge exchanges		# of learning events # of stories Feedback report from pre-testing the strategy
	Partners are allocating resources in support this strategy		Lead partners identified Funding sources identified
OBJECTIF 4	Broader allies and opportunities for joint action are identified		List of linkage opportunities
	National governments are endorsing and implementing the Resolution ' <i>Accelerate progress towards reducing maternal, newborn and child mortality to achieve SDG 3.1 and 3.2</i> '.		Brief in support of the resolution developed
	MNH priorities are further integrated in other global policy moments		# of joint advocacy activities # of statements

Source: adapted from *The Nutrition Cluster Advocacy Strategic Framework 2016-2019*.

## ANNEXES

### Annex 1: Global targets for reducing maternal and newborn deaths and stillbirths

#### Global targets for maternal mortality, newborn mortality and stillbirths

**Maternal mortality:** By 2030, reduce the global maternal mortality ratio (MMR) to less than 70 per 100 000 live births (SDG Target 3.1)

**Newborn mortality:** By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births (SDG Target 3.2)

**Stillbirths:** By 2030, reach 12 or fewer stillbirths per 1000 total births in all countries and continue to close equity gaps (ENAP Goal 2)

*Source: Improving maternal and newborn health and survival and reducing stillbirth: Progress report 2023, WHO, UNICEF, UNFPA.*

## Annex 2: List of organisations/groups consulted in developing this strategy

1. Advocacy and Accountability Working Group (for Every Woman Every Newborn Everywhere)
2. AlignMNH
3. Bill and Melinda Gates Foundation
4. Building Foundation for Development
5. Centre for Catalyzing Change
6. Centre for Development and Research
7. Chiesi Foundation
8. Council of International Neonatal Nurses
9. CTAC IMNHC
10. Direct Relief
11. Forum for Safe Motherhood Pakistan
12. Global Health Vision
13. Global Office Consulting
14. Human Rights Watch
15. International Confederation of Midwives
16. International Council of Nurses
17. International Federation of Gynecology and Obstetrics
18. International Stillbirth Alliance
19. International Pediatric Association
20. International Rescue Committee
21. Jhpiego
22. Khuddi Research & Development
23. Laerdal
24. London School of Hygiene and Tropical Medicine
25. Lwala Community Alliance
26. MSD
27. Management Sciences for Health
28. PATH
29. PATHFINDER
30. Partnership for Maternal, Newborn and Child Health
31. Samasha
32. Save the Children
33. UK Foreign, Commonwealth & Development Office
34. United Nations Population Fund
35. United Nation Children's Fund
36. University of Gothenburg
37. United States Agency for International Development
38. White Ribbon Alliance
39. Women Deliver
40. Women in Global Health
41. World Health Organization

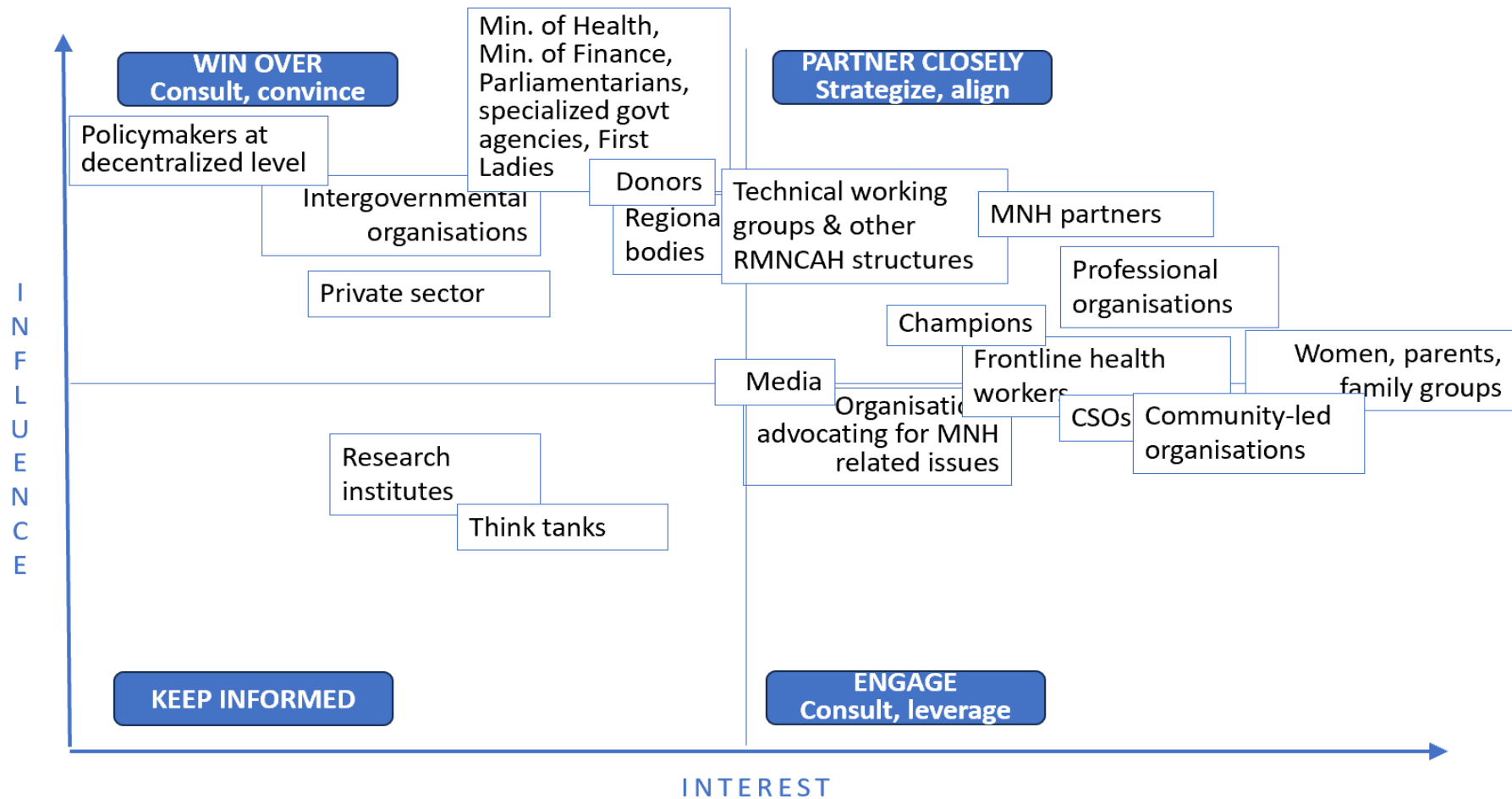
### Annex 3: Advocacy content in MNH Acceleration Plans

	Country	Advocacy content in MNH Acceleration Plan (1 November 2023)
1	Bangladesh	MNH Advocacy meeting at national and subnational levels & develop advocacy materials and a policy brief
2	Central African Republic	Advocacy for the implementation of the law relating to gender equality, sexual and reproductive health and rights Advocacy with the MPGPFFE to train members of the community including marginalized groups (people living with disabilities, minorities, refugees, displaced people, etc.) to implement Income Generating Activities (IGA) & Advocacy for the construction of houses of hope for survivors of GBV, FO, in the health district bases
3	Ethiopia	High level advocacy on domestic financing for MNH
4	Kenya	Develop & Implement a Maternal, Newborn and Child health Advocacy Strategy ; Develop call for action/commitment for maternal and newborn health for national and county leadership; Advocate for comprehensive UHC package for maternal and newborn care , Develop a MNCH policy briefs for advocacy, Support advocacy forums for MNH at national and county levels with national leaders, governors and MCAs to increase MNH funding Develop an investment case for maternal, newborn and child health
5	Liberia	<i>Support advocacy to the key stakeholders (MoFDP, Legislators) for increase domestic funding on RMNCAH from 3% to 10% by the end of 2024</i> Support CSO advocacy activities for quality and equitable provision of MNH services
6	Malawi	<i>Advocate for increase in domestic resources for SRHR and MNH and financial protection schemes for pregnant women</i>
7	Mali	<i>Develop an advocacy document for resource mobilization with partners and the private sector is developed</i> Organize advocacy sessions for the increase of the share of the national budget dedicated to health and consequently the budget allocated to reproductive health & Organize advocacy sessions for domestic resource mobilization (national and communal levels)
8	Mozambique	Advocacy for increasing domestic funds for MNCH priorities on the annual health strategic plan Advocacy to build partnerships with the private sector on maternal & neonatal health priorities
9	Nigeria	Targeted advocacy to Improve financial, geographic and cultural access to MNH services for this vulnerable groups
10	Sierra Leone	<i>Develop and use advocacy tools for sustained domestic investment in RMNCAH including vulnerable population groups.</i> Develop investment case for resource mobilization (domestic, private, donor) for accelerated reduction of Maternal and Newborn mortality Costing of RMNCAH services for policy dialogue in free health care initiative and benefit packages
11	Somalia	<i>Advocate for domestic funding to improve MNH % organise FMOH health donor forum</i>
12	South Africa	<i>Advocate for additional and ring-fenced budget focused on Maternal and Newborn health e.g. Conditional Grant</i> Advocacy on coverage of care using data from situational analysis on populations left behind
13	Pakistan	<i>Campaign to propagate and develop advocacy and awareness messages for policy makers, stakeholders and communities, Advocacy and inclusion of FP services in social security network</i> <i>Advocacy meetings with stakeholders to ensure Adequate Financing ensured for EPMM/ENAP Joint Action Plan. Advocacy for Tax free importation of MNH commodities</i>
14	Uganda	Adapt the WHO generic stillbirth Advocacy Toolkit and promote Stillbirth Registration across levels of the care Design an advocacy toolkit and implement a program for midwifery-led MNH champions in Uganda
15	Yemen	<b>North and South :</b> Conduct annual advocacy campaign for MNCH care with slogan“ Together For Saving Mothers and Children Lives <i>North: Resource mapping and advocacy to fund raise for maternal and newborn health (according to strategy and plan)</i> <i>South: Advocacy on policy to prevent bury dead women/newborn without death certificate</i>
16	Zambia	<i>Develop advocacy roadmap, strategy and brief, Advocacy for increased domestic resources to MNH - Increased resource mobilisation activities for Health</i> Orient & engage Parliamentarians, local authorities and traditional leaders on EmONC services Maternal and Newborn Summit organized at the highest level to orient & engage Parliamentarians & other multi sectoral stakeholders on EPMM & ENAP with Republican President as the guest of honor
17	Zimbabwe	<i>Evidence based advocacy for increased domestic and donor investment into high impact technologies.</i> Use results from the Health Labour Market analysis as advocacy for action to stem midwives attrition.

#### Annex 4: Community engagement in MNH Acceleration Plans

Community Engagement Activities – 23/27 country plans	
Demand generation (5)	Bangladesh, South Africa (re HTR locations), Liberia (IEC materials for service utilisation), Somalia, Yemen
Build champion network (4)	Cote D'Ivoire (religious community leaders re FGM), Lebanon (no blame culture), Kenya (develop network of MNH champions), CAR (to prevent harmful practices)
Scorecards, community monitoring role (8)	Burkina Faso, Burundi, Ghana, Kenya, Lebanon, Madagascar, Malawi, Rwanda
Community engagement in MPDSR (7)	Zimbabwe, Yemen, Nigeria, Sierra Leone, Pakistan, Mozambique, Malawi (verbal autopsy)

## Annex 5: Interest vs influence mapping of stakeholders



Source: Adapted from "Stakeholder management". Imperial College London. 21 June 2017.