National leadership: driving forward the updated Global Strategy for Women’s, Children’s and Adolescents’ Health

Implementing the updated global strategy means effective leadership, nationally and sub-nationally—requiring country led health plans, partnerships, accountability, advocacy, and collective action at all levels, say C K Mishra and colleagues

Targets, as one would expect, are easier to set than to achieve. At the end of this year the millennium development goals for reducing maternal and child mortality will remain unmet. While most maternal and child deaths can be prevented using proved cost effective interventions, a range of factors—from poor governance to the lack of a skilled health workforce—affect its delivery at scale. This is especially true for the poorest people in low to middle income countries (LMICs), where the burden is highest.

Not surprisingly, numerous calls have been made for effective leadership to prioritise women’s, children’s, and adolescents’ health needs and to accelerate progress. While this requires the presence of a committed leader, this alone is not enough. Institutions within and outside government are equally important: they help to sustain leadership, enable resilience to shocks, and further the achievement of development goals. This is the focus of our paper. Drawing on lessons learnt from LMICs, we highlight how national leadership can put the updated global strategy into practice.

Methods
The analysis presented here is underpinned by a conceptual framework (fig 1), which builds on the World Health Organization’s health systems building blocks and the global investment framework for women’s and children’s health. We used two approaches to identify the guiding principles and enablers for national leadership in driving health outcomes. Firstly, we reviewed the literature to assess factors that impede the effective delivery of health interventions in LMICs and their solutions. Secondly, we held consultations with a range of stakeholders including senior political and administrative leaders on 25 and 26 February 2015 in New Delhi, India, to gain their perspective on why leadership matters, what makes it effective, and how it can be sustained.

A key outcome of the New Delhi consultations was an agreement on the conceptual framework. Every Woman Every Child also published a more detailed version of this paper for additional comments.

Lessons learnt
Recent analysis of success factors in 10 fast track countries showed that some LMICs have been able to accelerate progress despite low health budgets and considerable social and political challenges. These were Bangladesh, Cambodia, China, Egypt, Ethiopia, Laos, Nepal, Peru, Rwanda, and Vietnam—which, when the success factor studies started in 2012, were on track to achieve millennium development goals 4 and 5a. Although no standard formula exists these countries are moving ahead in three main areas to improve women’s and children’s health:

- Guiding principles: political vision and emphasis on human rights, alignment of development aid with country plans, and sustainability have helped these countries to mobilise resources and shape their health systems. For instance, Nepal’s policies on safe motherhood and neonatal health and gender are anchored in the principles of human rights.
- Systematic adoption of evidence based or catalytic strategies: mobilisation of partnerships, effective planning, and the use of robust and timely evidence to inform decision making and enable accountability have contributed to the optimal use of resources in these countries.
- Multisector progress: about half of the reduction in maternal and child mortality in LMICs since 1990 can be attributed to investments in sectors that influence health, such as education, gender parity, water, sanitation and hygiene, and alleviating poverty. While improving its health outcomes Egypt met its millennium development goal target to increase sustainable access to safe drinking water and basic sanitation, and Cambodia reduced poverty across its population by 60% from 2004 to 2011.

Good governance (including corruption control), a focus on value for money, and women’s political and socioeconomic participation were further identified as key enablers in improving women’s and children’s health. In Ethiopia, where mortality in under 5s declined by two thirds from 1990 to 2012, government reforms to reduce corruption and improve the efficiency of civil services have made a difference.

Framework for applying the global strategy
The causes of poor health outcomes for women, children, and adolescents relate partly to wider constraints that affect health systems and, ultimately, access to services. These include bureaucracies’ failure to incentivise performance and a weak political and legislative framework that contributes to corruption and hinders accountability.

National leadership—political and administrative—can potentially tackle these wider constraints and pave the way for reform. It can set priorities, revisit the relative roles of stakeholders, and mobilise and harmonise efforts at the local government, health facility, and community levels. Stakeholders include the government, multilateral and bilateral funding partners, private sector, civil society and non-profit organisations, academic institutions, and the media.

To this end, we include a framework illustrating how the updated global strategy can be translated into practice (fig 1). It highlights...
Partnerships offer leaders a vehicle for aligning interests and using additional resources, plugging gaps and improving service delivery, developing and distributing low cost public goods, and fostering greater accountability. Their success, however, depends on whether leaders are “credible brokers” who can help to
change perspectives while empowering weaker sections of society. Other factors include clear goals, standards, and processes governing transactions between stakeholders, as well as investment in technical knowledge and performance management.

Accountability mechanisms

Perhaps one of the most important ways to ensure effective leadership is through appropriate monitoring and course correction at each level. While most countries will have a framework for enabling accountability, this can be strengthened by clearly defining financial and administrative authority; making disaggregated data and information on initiatives publicly available; strengthening judiciary and autonomous regulatory mechanisms to provide oversight; ensuring whistle-blower policy and protection; and engaging better with stakeholders to independently monitor implementation.

Advocacy and collective action

Stakeholders outside the government can make sure that they fulfill their obligations. For instance, once the Turkish government had ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, the women’s rights movement took action. Advocacy includes prioritisation and alignment of action; identification of evidence-based strategies and “government champions”; engagement at every level, including individuals, communities, and religious leaders; and monitoring outcomes and impact.

Conclusion

Achieving the updated global strategy requires strong political commitment and collaborative governance. Although no universal blueprint exists, in countries with high maternal and child mortality rates efforts must be directed towards increasing the capacity, skill, and accountability of leaders. Ultimately, the health and wellbeing of women, children, and adolescents relies on how countries sustain effective political and administrative leadership.

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