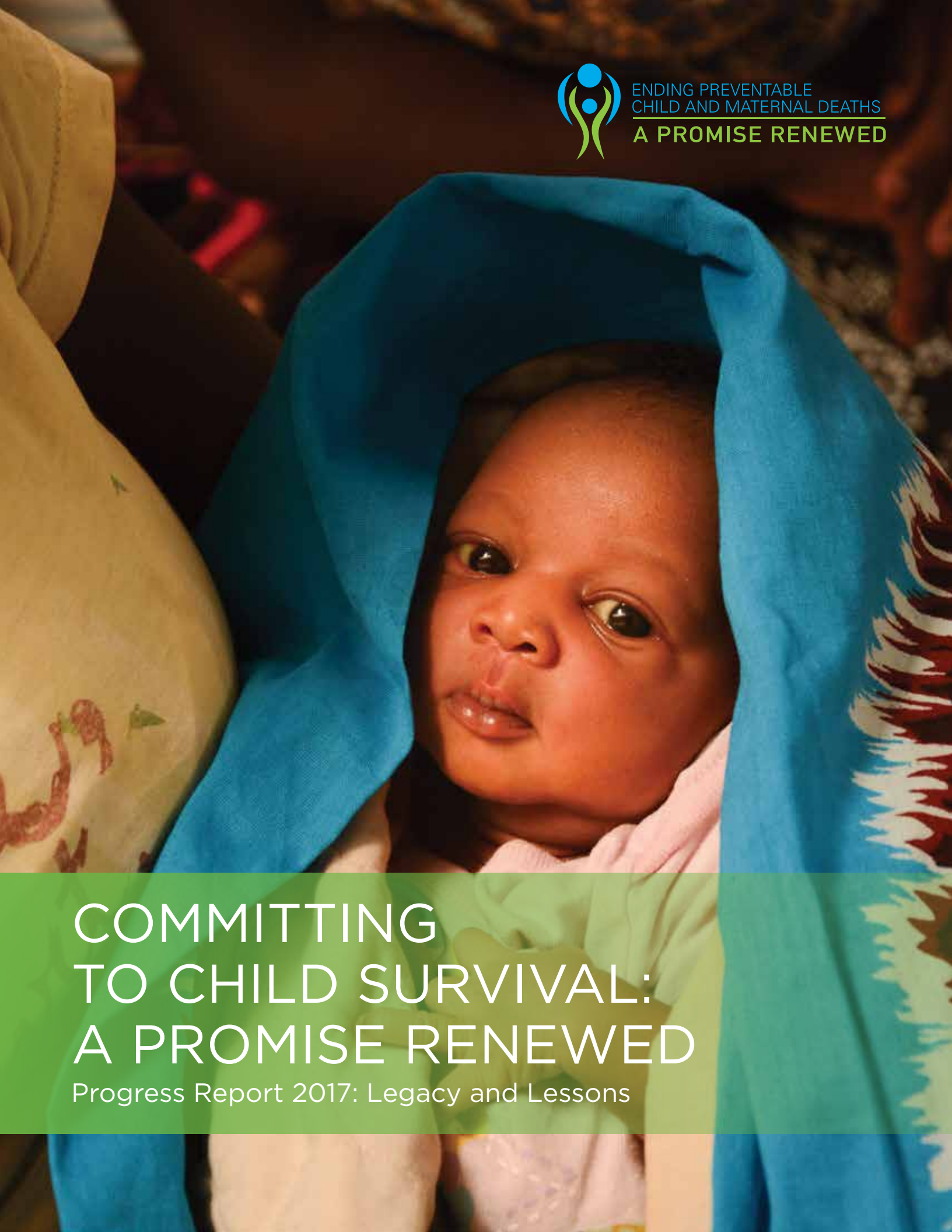

ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

A PROMISE RENEWED

COMMITTING TO CHILD SURVIVAL: A PROMISE RENEWED

Progress Report 2017: Legacy and Lessons

This report, additional online content and corrigenda are available at www.apromiserenewed.org
For latest data, please visit www.childinfo.org

COMMITTING TO CHILD SURVIVAL: A PROMISE RENEWED

Progress Report 2017: Legacy and Lessons

unicef | for every child

Acknowledgements

In support of *A Promise Renewed*, between 2012 and 2015, UNICEF published yearly reports on child survival to stimulate public dialogue and sustain political commitment around the goal of ending preventable maternal, newborn and child mortality. Released in conjunction with the child mortality estimates of the UN Inter-Agency Group on Mortality Estimation (IGME), each progress report for *A Promise Renewed* featured: trends and levels in under-five mortality over the past two decades; an analysis of progress toward MDG 4; an overview of the causes of, and interventions to prevent, child deaths; national and regional efforts to advance *A Promise Renewed;* and statistical tables containing the latest data on child mortality and causes of under-five deaths in different countries and regions. These reports were made possible through the generous support of the Government of Canada and the Government of the United States of America.

The 2017 report, *Committing to Maternal, Newborn and Child Survival: A Promise Renewed – Legacy and Lessons,* is a final summary of the Child Survival Call to Action Follow-Up and *A Promise Renewed* Implementation activity supported by the US Agency for International Development (USAID, GHA-G- 00-07- 00007/ Amendment 12). The contents are the responsibility of UNICEF and do not necessarily reflect the views of USAID or the United States Government.

United Nations Children's Fund (UNICEF), August 2017.

This report, additional online content and corrigenda are available at www.apromiserenewed.org.

For the latest child survival data, please visit www.childinfo.org.

Contents

Overview

In 2012, the Governments of Ethiopia, India and the United States of America, together with UNICEF, convened the *Child Survival Call to Action* in Washington, D.C. Policymakers, activists and advocates from across the spectrum of reproductive, maternal, newborn, child and adolescent health (RMNCAH) reviewed progress and lessons learned, identified opportunities for rapid results, and plotted a pathway for meeting Millennium Development Goals (MDGs) 4 and 5 by 2015. A modelling exercise prompted those present to examine the feasibility of even greater gains beyond 2015, proposing a scenario in which all countries virtually eliminated preventable child deaths by 2035. In response to the *Call to Action*, nearly 180 governments and hundreds of civil society and faith-based organizations rallied around this ambitious new goal for child survival, pledging to accelerate efforts to stop mothers and children from dying of preventable causes. We call this commitment and the actions taken to support it *Ending Preventable Maternal, Newborn and Child Deaths: A Promise Renewed.*

A Promise Renewed was a time-bound effort, intended to hasten efforts to meet MDGs 4 and 5, and sustain the momentum beyond 2015. Between 2012 and 2015, over 30 countries representing every region of the world adopted the goals and strategies of *A Promise Renewed*, initiating efforts to fulfil the commitments made on behalf of women and children.

The transition from the MDGs to the SDGs presented an opportunity to reflect on the experience of *A Promise Renewed* and the imprint it left on the global agenda for maternal, newborn and child survival. Each year since 2012, UNICEF has produced an annual review profiling the world's progress towards MDG 4.[1] Supported by the Government of the United States of America and UNICEF Canada and The 25th Team, each data-driven report showcased the latest child mortality estimates and country-led efforts to advance the goals of *A Promise Renewed*.[2]

This report, the last in the series, marks a departure from previous reports. The report reviews the factors that compelled a small coalition of world leaders to issue a clarion call for global action on child survival in 2012, and describes the resounding response from governments, civil society and the private sector. Although the global consensus around the goal of ending preventable maternal, newborn and child deaths had yet to emerge in full, early signatories wasted little time in translating their political support into national action.

One by one, countries embarked on a methodical process of sharpening national RMNCAH strategies; setting and costing benchmarks for 2015 and beyond; and mobilizing civil society, the private sector and individual citizens to demand accountability for steady improvements in the health and well-being of women and children.

The overall impact of these efforts is yet to be measured in terms of lives saved. What is clear, however, is the catalytic impact of *A Promise Renewed.* As a result of actions taken to accelerate progress beyond 2015, many countries are on a path towards ending preventable maternal, newborn and child deaths, as called for by the Sustainable Development Goals (SDGs) and the United Nations Secretary-General's *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030),* launched under the auspices of the *Every Woman Every Child* initiative.

After reflecting on the legacy of *A Promise Renewed*, the report concludes with lessons learned from the movement. The five lessons learned offer insight into what it will take to unite the world in a concerted bid to achieve the maternal, newborn and under-five targets of SDG 3, and operationalize the *Global Strategy*.

One of the most important lessons gleaned from *A Promise Renewed* is the potential for individual citizens to demand and drive meaningful, long-term action. Such individuals exist the world over: women and men who insist on better care for their sick child; healthcare workers who travel miles on foot to reach the sick and suffering; innovators who develop and test new commodities and delivery systems to reach greater numbers of people with life-saving interventions; and, policymakers who create enabling environments for robust health systems that reach the poorest of the poor.

When these individual advocates coalesce, they have the potential to bring about meaningful change. Together, they embody the spirit of *A Promise Renewed*, which endures in the targets of the SDGs and the actions recommended by the *Global Strategy*. It endures in the hundreds of commitments made by the public, private and civil society sectors. And, it endures in the actions of individual citizens who defend the principle that no mother or child should die for want of a simple, affordable life-saving intervention.

1 The reports are available at http://www.apromiserenewed.org/resources/

2 Released in conjunction with the child mortality estimates of the UN Inter-Agency Group on Mortality Estimation, each report featured: trends and levels in under-five mortality over the past two decades; an analysis of progress toward MDG 4; an overview of the causes of, and interventions to prevent, child deaths; and statistical tables containing the latest data on child mortality and causes of under-five deaths in different countries and regions.

CHAPTER 1

Renewing the world's promise to women and children

When United Nations Member States signed the Millennium Declaration in September 2000, they pledged to hold themselves and each other accountable for meeting interlinked goals for women and children, along with others to reduce poverty and promote development. In particular, MDG 4 called for a two-thirds reduction in the rate of under-five child mortality between 1990 and 2015, while MDG 5 aimed to reduce the maternal mortality ratio by three quarters over the same time period.

The MDGs opened up new domains for maternal, newborn and child survival. New political commitments were announced, new alliances were forged, and new innovations were developed, tested and scaled to reach ever greater numbers of women and children with life-saving interventions. As a consequence of these and related factors, under-five mortality plummeted. The global number of under-five deaths fell from around 12 million in 1990 to an estimated 6.9 million in 2011.[3]

This drop occurred even as the world faced down the global financial crisis and more frequent and increasingly severe natural disasters. Political turmoil and instability roiled many of the countries already grappling with the highest burdens of child death. Nevertheless, as progress against infectious diseases such as pneumonia, measles and malaria expanded, more children survived. The annual rate of reduction in the global under-five mortality rate increased from 1.8 per cent in 1990-2000 to 3.9 per cent in 2000-2011.[4]

Progress in child survival remained uneven, however. It continued to bypass many of the world's poorest, most vulnerable regions and communities. In 2011, some 18,000 children under age five were still dying every day, largely from conditions that are readily preventable or treatable with proven, cost-effective interventions. Pneumonia, diarrhoea and malaria remain among the most persistent and preventable leading killers of young children. An estimated 45 per cent of under-five deaths occur during the first month of life. These deaths are often due to newborns and mothers missing out on simple, cost-effective, high-impact interventions around the time of birth.[5]

At a deeper level, poverty and an associated lack of nutrition, education, clean water and health services are to blame for child deaths. Undernutrition contributed to nearly half of all under-five deaths globally, although seldom cited among the leading causes of under-five mortality.[6] In low-income countries, where many children are born into poverty and deprivation, children are 11 times more likely to die before the age of five as children in high-income countries.[7]

By 2012, the world faced the bleak reality that the global annual rate of reduction in under-five mortality was insufficient to meet MDG 4. Progress towards MDG 5 was slower still, with maternal mortality remaining unacceptably high in many countries. The projected loss of life threatened the credibility of the global agenda and jeopardized the lives of the world's most vulnerable women and children.[8] With the hard-won gains of the child survival revolution at stake, a visionary coalition of policymakers challenged the inevitability of young children dying from preventable causes.

In June 2012, the Governments of Ethiopia, India and the United States of America, together with UNICEF, convened the first-ever *Child Survival Call to Action.* Over 700 advocates and activists from across the global RMNCAH community gathered in Washington D.C. to assess the situation and identify the strategies needed to bolster progress. Evidence showed that by scaling-up proven, evidence-based, high-impact interventions, particularly amongst the poorest segments of society, the world could accelerate progress towards MDGs 4 and 5.

A new global consensus, a larger promise

During the two-day *Call to Action*, over 700 representatives from the public, private and civil society sectors forged consensus around a new, evidence-based target for child survival. A modelling exercise demonstrated that *all* countries could lower child mortality rates to 20 or fewer deaths per 1,000 live births by 2035[9] – an important milestone towards the ultimate aim of ending preventable child deaths.

Partners emerged from that *Call to Action* united under the banner of *A Promise Renewed*, with a commitment that transcended the MDGs: a vow to end all preventable child deaths.

The evidence and analytical work presented at the *Call to Action* spurred further modelling that also substantiated the feasibility of achieving vast reductions in preventable maternal and newborn deaths, laying the foundation for the ambitious SDG targets adopted three years later. Given the 15-year time frame of the new global SDG agenda, the timeline for the child mortality target was adjusted from 2035 to 2030. The SDG 3 target calls on all countries to reduce under-five mortality to 25 or fewer deaths per 1,000 live births by 2030. For countries that have already achieved this target, the challenge is to deepen the gains by directing efforts towards groups and individuals left behind (see Panel 1).

SDG 3 also sets out new targets for maternal and newborn mortality. SDG 3 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, and for all countries to reduce neonatal mortality to at least 12 per 1,000 live births by 2030.

By holding all countries accountable to the same standards for maternal, newborn and child survival, the SDG targets aspire to leave no one behind. Achieving the targets will require ever more intense efforts in those regions, countries and communities where the highest mortality rates persist.

Panel 1. Addressing persistent inequalities within and among countries

The maternal, newborn and child survival targets inspired by *A Promise Renewed,* and later incorporated into SDG 3, are universal. They provide an advocacy platform for calling attention to those left behind by national progress, those whose identities and conditions are often obscured by official statistics.

In all contexts, rich and poor alike, pockets of disparity are cause for alarm. A child's chance of survival is profoundly shaped by the family, the country and the situation into which she is born.

Children from the poorest households are, on average, nearly twice as likely to die before the age of five as children from the richest households. Children of mothers who lack education are nearly three times as likely to die by the age of five as those whose mothers have at least a secondary education. And despite progress, nearly nine out of ten under-five deaths still occur in low- and lower middle-income countries (see p. 25 for references).

A roadmap for progress

In addition to launching *A Promise Renewed*, the *Call to Action* established agreement on a roadmap.[10] Grounded in the latest scientific evidence and experience from across the RMNCAH continuum, a roadmap for ending preventable child deaths affirms that all countries can accelerate progress by focusing high-impact, cost-effective interventions on the children and families in greatest need, with recommendations on how to do so.[11] The Roadmap highlights five strategic shifts to accelerate the impact of existing strategies and resources (see Figure 1):

1. CONCENTRATE RESOURCES ON COUNTRIES AND REGIONS WITH THE MOST CHILD DEATHS:
   At the time of the 2012 *Call to Action*, 26 countries accounted for 80 per cent of under-five deaths, with nearly half of all under-five deaths concentrated in five countries. Lessons from measles immunization show that directing resources towards those in greatest need yields substantial returns: Targeted measles campaigns reduced global deaths from the disease by three quarters in a decade.[12]

2. INCREASE EFFORTS AMONG HIGH-BURDEN POPULATIONS:
   Even in countries that report impressive gains, national averages often mask wide disparities in the health and well-being of women and children. Increased attention must be placed on the role of disaggregated data in mapping, monitoring, and responding to the specific needs of individual population groups, particularly the most vulnerable.

3. FOCUS ON HIGH-IMPACT SOLUTIONS:
   Millions of children worldwide continue to die from pneumonia, diarrhoea, malaria, and other preventable causes, despite the availability simple, affordable treatments. Life-saving commodities, including vaccines, oral rehydration salts, zinc tablets and antibiotics, along with investments in maternal and neonatal nutrition and care, are essential in tackling the leading causes of preventable maternal, newborn and child deaths. Too often, however, these basic solutions lie beyond the reach those in greatest need, due to cost, supply shortages, or a lack of knowledge. A concerted effort to supply and generate demand for life-saving interventions is crucial to their expanded use.

4. CREATE A SUPPORTIVE ENVIRONMENT:
   The technical components of maternal, newborn and child survival need to be considered as part of the broader continuum of care – from the health and well-being of women, to the birth process, through to health and well-being in childhood and adolescence – all of which are influenced by a range of social, economic and environmental factors. Maternal education is known to be of particular importance. The intrinsic link between maternal, newborn and child health outcomes and an enabling environment, which includes education, nutrition and access to safe water and basic sanitation, underscores the need for integrated programming across the many public sectors that impact the well-being of women and children.

5. SUSTAIN MUTUAL ACCOUNTABILITY:
   Achieving the health-related global goals is a collective responsibility. Success requires dedication, transparency, and the coordinated efforts of the public, private and civil society sectors. Policymakers need to work together across public sector ministries with the fullest possible engagement of citizens. Individual citizens need to be engaged, informed and empowered to monitor and report on national RMNCAH targets, demanding continued progress until no woman or child dies of preventable causes.

The governments, activists, and advocates at the *Call to Action* endorsed the Roadmap and pledged to navigate its path to progress in close collaboration and coordination. Three years later, the key tenets of this Roadmap were incorporated within the *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*, providing countries with a unified framework for achieving the health-related SDGs.

Figure 1. The Roadmap: Five strategic shifts for accelerating maternal, newborn and child survival

- Focus on geography – Intensify efforts in the countries and regions where most under-five deaths occur, prioritizing budgets and committing to action plans to end preventable maternal, newborn and child deaths.
- Target high-burden populations – Scale-up access for underserved populations (e.g. rural and urban low-income groups).
- Scale high-impact solutions – Research, develop and scale cost-effective solutions, focusing on both supply and demand.
- Foster an enabling environment – Educate and empower girls and women, promote inclusive economic growth, and address environmental factors, such as sanitation and hygiene.
- Promote mutual accountability – Set, monitor and report on common metrics and shared goals to manage progress and demonstrate accountability.

A reinvigorated movement for maternal, newborn and child survival

In response to the *Call to Action*, more than 110 of the governments represented at the forum signed a pledge (see Panel 2) renewing their countries' commitment to accelerate declines in preventable maternal, newborn, and child deaths. Over the next three years, the number of government signatories climbed to 178. Each signature represented a renewed commitment to do everything possible to save women and children from preventable deaths.[13]

Panel 2. The Government Pledge: Renewing the promise of maternal, newborn and child survival

Signed by 178 Member States, the pledge introduced at the 2012 *Child Survival Call to Action* is a poignant reminder of the world's promise to stop women and children from dying of preventable causes.

Ten years ago, the United Nations General Assembly passed the landmark resolution on A World Fit for *Children, and in doing so, helped save and enhance the lives of millions of children. Today, we renew this promise to the world's children.*

Therefore, we the undersigned heads of State and Government and representatives of States, reaffirm our commitment to children. Consistent with the Secretary-General's Every Woman Every Child initiative, we pledge our support for the global movement to end preventable child deaths.

The world has made tremendous strides in reducing child mortality. Over the past 40 years, new vaccines, improved health care practices, investments in education, and the dedication of governments, civil society and other partners have contributed to reducing the number of child deaths by more than 50 per cent from 1990 to 2015. The momentum generated by this progress, and the scientific and social advances that underpin it, present an historic opportunity for dramatic declines in preventable child deaths – in high, middle and low-income countries alike.

Through national action and international cooperation, we pledge to take action to accelerate progress on newborn, child and maternal survival. We hold ourselves accountable for our collective progress towards this goal. And on behalf of all children everywhere, we recommit the efforts of our respective governments to give every child the best possible start in life.

Civil society responded to the *Call to Action* with its own pledge (see Panel 3). Some 240 civil society organizations, large and small, representing nearly every region, vowed to mobilize their networks and coalitions around national RMNCAH priorities.[14]

Panel 3. The Civil Society Pledge to End Preventable Maternal, Newborn and Child Deaths

Developed by a coalition of civil society organizations, this pledge calls upon signatories to marshal their expertise, reach, resources and ambition toward the end of preventable maternal, newborn and child deaths, with specific commitments in each of five areas. It has garnered some 240 pledges, from organizations large and small, representing almost every region. The pledge states, in part:

We are a broad and diverse community. In line with our organizational missions, …we will:
1) Contribute to reaching every child and empowering women, children and families
2) Support and integrate research and innovation
3) Champion the A Promise Renewed *initiative*
4) Support mutual accountability, including holding ourselves accountable
5) Call upon governments, donors, multilaterals and the private sector to recommit to child survival and renew the promise to give every child the best possible start in life by participating in A Promise Renewed

In a show of solidarity with the government and civil society, over 200 faith-based organizations and networks representing every major religion also pledged support to the goal of ending preventable maternal, newborn, and child deaths. Organized by Religions for Peace and the Center for Interfaith Action, the pledge calls on leaders and organizations to use their influence to promote ten life-saving behaviours parents can practice to keep their children healthy (see Panel 4).

Panel 4. Faith-based leaders pledge to call for ten life-saving behavioural changes

To save and improve the lives of all children, we pledge to promote, encourage and advocate for the following actions by parents and children:

1. *Breastfeed all newborns exclusively through the age of six months.*
2. *Immunize children and newborns with all recommended vaccines, especially through the age of two years.*
3. *Eliminate all harmful traditions and violence against children, and ensure children grow up in a safe and protective environment.*
4. *Feed children with proper nutritional foods and micronutrient supplements, where available, and de-worm children.*
5. *Give oral rehydration salts (ORS) and daily zinc supplements for 10-14 days to all children suffering from diarrhoea.*
6. *Promptly seek treatment when a child is sick; give children antibiotic treatment for pneumonia.*
7. *Have children drink water from a safe source, including water that has been purified and kept clean and covered, away from foecal material.*
8. *Have all children wash their hands with soap and water especially before touching food, after going to the latrine or toilet, and after dealing with refuse.*
9. *Have all children use a toilet or latrine, and safely dispose of children's faeces; prevent children from defecating in the open.*
10. *Where relevant, have all children sleep nightly under insecticide-treated bed nets to prevent malaria, and at the immediate onset of fever seek medical care for children to receive proper malaria testing.*

The *Call to Action* forged an ever-growing coalition representing diverse organizations, interests and regions around the singular goal of ending preventable maternal, newborn and child deaths.

Governments were among the first to take ownership of *A Promise Renewed*, adapting the movement's goals and strategies to national and regional contexts. As explained in the following chapter, several governments, including those that shouldered the heaviest burdens of child mortality, embarked on the steps laid out in the Roadmap, reviewing national strategies, developing costed action plans, and scaling high-impact interventions for maternal, newborn and child survival.

CHAPTER 2

Acting on the promise to end preventable maternal, newborn and child deaths

Under the banner of *A Promise Renewed*, private, public and civil society constituents rallied around a shared conviction that sound strategies, adequate resources and, above all, political leadership, are imperative to save the lives of millions of women and young children. Resolved to redouble efforts to meet MDGs 4 and 5, the nascent coalition looked beyond 2015 to the longer haul and the larger promise of a world in which no woman or child dies of preventable causes.

Individual governments were among the first to take the lead in translating the promise of maternal, newborn and child survival into national action. With support from WHO, UNICEF and USAID, and coordinated by a small global secretariat housed at UNICEF, governments began to embark on a simple, methodical process, based on the Roadmap presented at the 2012 *Call to Action*:

1. Review, consolidate and sharpen national RMNCAH strategies.
2. Set and cost five-year milestones for reaching MDGs 4 and 5, and sustaining progress beyond 2015.
3. Demonstrate accountability for RMNCAH targets and related commitments by tracking and reporting progress.
4. Mobilize civil society, the private sector and individual citizens to support government-led RMNCAH strategies and demand continued progress on maternal, newborn and child survival.

Public and private sector development partners, both international and domestic, were encouraged to align technical and financial assistance with governments' sharpened strategies and newly set targets. In several instances, the renewed momentum around national RMNCAH strategies sparked innovation and forged new alliances dedicated to finding new solutions to the major causes of maternal, newborn and child mortality (see Panel 5).

Panel 5. Forging innovative partnerships for maternal, newborn and child survival

The 2012 *Call to Action* and launch of *A Promise Renewed* reinvigorated partnerships dedicated to maternal, newborn and child survival. Fresh perspectives and new configurations of expertise galvanized efforts to end preventable maternal, newborn and child deaths. The following examples illustrate two of the many partnerships that played a catalytic role in advancing the global agenda for maternal, newborn and child survival during this period.

Survive & Thrive Alliance

In 2014, the *Helping Babies Breathe Alliance,* which aims to see every baby breathe within one minute of birth, merged with the *Survive & Thrive Alliance*.[15] By 2016, the expanded alliance leveraged and invested USD 95 million in training over 356,000 health care providers, and improving the quality of care provided in over 1,500 health facilities. The alliance distributed approximately 234,000 resuscitators, 350,000 suction bulbs, and 126,000 simulators to help babies breathe.

Introduced in 80 countries, the Helping Babies Breathe method revolutionized newborn resuscitation and increased government commitment to tackle birth asphyxia, yielding tangible results. After the introduction of Helping Babies Breathe, both Nepal[16] and the United Republic of Tanzania[17] reported that the risk of intrapartum stillbirth and first-day mortality fell by nearly half.

Saving Lives at Birth: A Grand Challenge for Development

Launched in 2011 with support from the Governments of Canada, Korea, Norway, the United Kingdom, and the United States of America, as well as the Bill & Melinda Gates Foundation and Grand Challenges Canada, *Saving Lives at Birth provides grants* for groundbreaking, scalable solutions to end neonatal and maternal mortality.[18]

After seven rounds of challenges, the partnership received over 3,500 – 4,000 proposals to support life-saving care for the world's most disadvantaged women and newborns. After a detailed vetting process, innovations with the greatest potential are awarded a grant. In round Seven, 15 finalists were selected from over 550 applications.[19] Winning entries include the Bempu Hypothermia Alert Device, which aims to guard newborns against hypothermia; FRE02 Solar, the first solar-powered oxygen system for small health facilities; Gradian Health Systems, which aims to improve surgical and obstetric care in Zambia through reliable anaesthesia technology and specialized training; and, SimPrints Technology Limited, which provides mobile biometrics for maternal, neonatal and child health care in Bangladesh.[20]

In addition to spurring new partnerships and fostering innovation, actions taken in support of *A Promise Renewed* lent momentum to related global initiatives, including the *Every Newborn Action Plan*. Launched in 2014, the *Every Newborn Action Plan Roadmap* represents a global consensus on high-impact interventions for newborn survival. Between 2013 and 2015, at least 15 of the 18 countries with the world's highest newborn mortality rates adopted the actions recommended by the *Every Newborn Action Plan,* often in support of *A Promise Renewed*.[21]

The coalition that mobilized around *A Promise Renewed* helped popularize the goal of ending preventable maternal and child deaths, nationally, regionally and globally. The surge in advocacy and attention to maternal and child survival manifested in a series of political events and technical meetings held the world over, which in turn prompted detailed planning and contextualized roadmaps for individual countries and regions.

Adapting the goals and strategies of *A Promise Renewed* to individual country contexts

From Bangladesh to Zambia, Ethiopia to the Democratic Republic of Congo, nearly 30 countries domesticated the global goals of *A Promise Renewed* between 2012 and 2015. With support from UNICEF, USAID, WHO and other partners, governments led a process of identifying and costing the high-impact strategies needed to accelerate progress across the continuum of RMNCAH.

In many cases, the review process benefited from recent technological advances and new managerial tools. For instance, the Lives Saved Tool is software that models the scale and impact of various health interventions, helping countries better understand the levels and nature of maternal, newborn and child deaths. By running multiple scenarios, the tool enabled governments to estimate the impact of different intervention packages and coverage levels.[22] A bottleneck analysis helped plan coverage. Developed by UNICEF, this approach helps countries pinpoint the factors that inhibit the delivery of health services, and estimate the cost-benefit ratio of potential solutions. The OneHealth costing tool, a product developed with support from WHO, helped governments calculate the costs of the improvements needed to accelerate progress. In-depth government-led reviews of progress, bottlenecks and

strategic shifts enabled countries to sharpen national RMNCAH strategies and set costed benchmarks for maternal, newborn and child survival.

In the case of Uganda, for example, the rigorous review of national health strategies enabled the government to set strategic targets for the period 2013 through to 2020. The planned interventions span the continuum of care from pre-pregnancy through childhood and build on mobile technology to enhance vital registration, mortality reviews, disease surveillance and routine health service reports. The emphasis on mobile technologies is particularly cost-effective in a country where most people live in rural areas.

Similarly, the Government of Zambia's sharpened roadmap for maternal, newborn and child survival set costed targets for the period 2013-1016.[23] Developed by the Zambian Ministry of Community Development, Mother and Child Health, with support from UNICEF, USAID and other partners, the roadmap relied on rigorous, equity-based analyses to design service delivery for communities most in need. The roadmap projected a 39 per cent reduction in child mortality over a four-year period, at an estimated cost of US$ 700 million, roughly US$ 12.22 per capita – a relatively cost-effective strategy that aims to save an average of 27,000 lives each year: 26,000 children under age five and 1,000 mothers.[24]

In Zambia and over 20 other countries, the national RMNCAH review process culminated in a public launch of *A Promise Renewed*. The nature of national launches varied by country. In most instances, a launch typically involved a senior government official, often the head of state or minister of health, unveiling a new RMNCAH strategy, announcing new targets for RMNCAH, and calling on civil society, faith-based leaders, the private sector, and other development partners to mobilize around government-led efforts to accelerate declines in maternal, newborn and child mortality.

In Liberia, Nigeria, the United Republic of Tanzania and Zambia, attendance by high-level dignitaries, such as the president or first lady, generated media attention. By popularizing the newly announced national targets for maternal and child survival, publicity around the launches helped raise public awareness of the principle that maternal, newborn and child survival is a collective undertaking and a shared responsibility.

In the same way that national launches varied by country, so too did the thematic focus. In a number of countries, such as Malawi, which met MDG 4, the focus turned to persistently high neonatal mortality rates and the *Every Newborn Action Plan*.[25]

Other countries focused on life-saving commodities for women and children. Following a September 2012 meeting of the UN Commission on Life-Saving Commodities for Women and Children, eight countries – the Democratic Republic of Congo, Ethiopia, Malawi, Nigeria, Senegal, Sierra Leone, the United Republic of Tanzania, and Uganda – volunteered as 'pathfinder countries' and incorporated the Commission's recommendations within the national strategic review process completed under the banner of *A Promise Renewed*. The plans and targets aim to increase access to low-cost, high-impact commodities for women and children.

Other countries, including Namibia, emphasized the cross-sectoral aspects of maternal, newborn and child health, focusing their efforts around *A Promise Renewed* on the role of nutrition, including the *Scaling-Up Nutrition Strategy*, and water and sanitation.[26] The national launches of *A Promise Renewed* provided an opportunity to illustrate how the various sector-specific strategies can be integrated and consolidated into one approach designed to maximize health outcomes for women and children.[27, 28, 29]

In other countries, particularly those in the middle-income bracket, *A Promise Renewed* served as an entry point for adolescent health. In Jamaica, for example, national discussions around *A Promise Renewed* catalysed action on teenage pregnancy. On December 6-7, 2016, the Government of Jamaica convened a workshop with the regional secretariat for *A Promise Renewed* and WHO to review the National Adolescent Health Programme, following the guidelines of the WHO's Innov8 approach. The implementation of Innov8 is expected to increase the coverage and quality of adolescent health services across the country.[30]

Strengthening national accountability through RMNCAH scorecards

Global progress on child survival since 1990 demonstrates the power of tracking results and refining strategies based on the evidence. With this lesson in mind, the Government of Ethiopia developed a national scorecard to track progress against targets set under the umbrella of *A Promise Renewed*. In unveiling the scorecard, Ethiopian policymakers challenged other policymakers from across the region to develop similar mechanisms for tracking national and regional progress.

With support from USAID, UNICEF, WHO and the African Leaders Malaria Alliance (ALMA), almost all countries across Sub-Saharan Africa initiated or implemented RMNCAH scorecards between 2013 and 2016. Based on a user-friendly format, the scorecard uses bold, colour coding (yellow, green and red) to spotlight national and subnational progress against key RMNCAH indicators.

Increasingly, the national RMNCAH scorecard is gaining in popularity beyond Sub-Saharan Africa. For example, Pakistan pledged to work in partnership with international health agencies and the private sector to track under-five deaths by developing a national RMNCAH scorecard. The Government of Pakistan's commitment builds on an existing collaboration with the United Kingdom's Department for International Development (DFID), the Australian Agency for International Development (AusAID), and USAID to avert the preventable deaths of approximately 195,000 young children over three years.[31]

In a high-profile inter-provincial meeting in 2013, the Minister of National Health Services reiterated that the country's efforts will continue until no mother, newborn or child under age five dies from preventable causes. A comprehensive action plan for the next 10 years to achieve this focuses on scaling up essential interventions for improved newborn care, particularly in remote rural districts and urban slums.[32]

In the case of Afghanistan, the Government launched the scorecard during the national *Call to Action* meeting in May 2015. The Ministry of Public Health announced plans to save 35,000 additional lives by 2020.[33] The RMNCAH scorecard is helping the government monitor progress towards this goal by tracking indicators from all 34 provinces and 400 districts, providing managers with an opportunity to identify and respond to underperforming areas.[34]

No two scorecards are identical. Each national RMNCAH scorecard is country-owned. The development process – from the selection of indicators, to training teams on

data collection, and testing the final product – focuses attention on critical aspects of performance management. The scorecards are meant to be updated quarterly, based on available routine data, within the government's existing cycle of management activities.

While a systematic review of RMNCAH scorecards has yet to be completed, initial experience indicates that they can serve as a tool for holding policymakers accountable for RMNCAH commitments. An example from the United Republic of Tanzania illustrates how scorecards can reinforce accountability at many levels. When launching *A Promise Renewed* in May 2014, President Kikwete showcased the RMNCAH scorecard. Shortly after, he distributed it to regional commissioners, alerting them that he would be monitoring their performance. One year later, a review showed commissioners taking greater interest in the work of regional health management teams, insisting on clear plans for improving areas found lagging within their jurisdictions.

The national RMNCAH scorecard also prompted corrective active in Nigeria. In 2014, a state commissioner for health was surprised to see a low rating (red) for the use of treated bed nets to prevent malaria in children. The finding was all the more surprising since the region received 1.4 million nets earlier in the year. However, the nets were not distributed due to a missing line item in the budget. The commissioner was able to find the funds to load three 18-wheeler trailer trucks and distribute the nets throughout the state.[35]

As the name suggests, scorecards add an element of healthy competition within and between countries. In developing the scorecards and making their contents public, governments fulfil one of the key goals of *A Promise Renewed*: to rally around a shared goal and use common metrics to track progress.

Elevating the goal of ending preventable maternal, newborn and child deaths on regional policy agendas

In nearly every region of the world, advocacy and action around *A Promise Renewed* drew much needed political attention to the goal of ending preventable maternal, newborn and child deaths.

One of the original co-conveners of the *Call to Action*, the Government of Ethiopia was the first to adapt the global momentum around *A Promise Renewed* to a regional context. Following through on a promise made in 2012, the Government of Ethiopia brought together regional ministers of health, along with regional and global experts in early 2013 for the *African Leadership for Child Survival Summit*, which addressed the significant challenges facing the continent.

Delegates from 20 African countries pledged to accelerate gains in maternal, newborn and child health.[36] In so doing, they reaffirmed their commitment to reduce under-five mortality rates in all African nations to less than 20 deaths per 1,000 live births.

Latin America and the Caribbean (LAC) were next to rally regional policymakers around the goals of *A Promise Renewed*. Under the leadership of the Government of Panama, over 275 public, private and civil society delegates from more than 30 countries met in Panama City in September 2013 to address the situation of maternal, newborn and child survival across the region. Although LAC had, by that time, met MDG 4, inequalities in maternal and child health persisted within and among countries. Fittingly, *A Promise Renewed for the Americas* focused on the theme of equity (see Panel 6).

Since the conference, nearly 30 regional governments have signed the *Declaration of Panama*, reaffirming their commitment to end all preventable child and maternal deaths. Specifically, the declaration commits signatories to establish evidence-based health plans; promote universal health coverage; expand regional cooperation and increase strategic alliances; mobilize political leadership; and develop a country roadmap to mark and report progress.[37]

Panel 6. *A Promise Renewed* in Latin America and the Caribbean

Latin America and the Caribbean (LAC) has a rich history of innovative health strategies, having pioneered 'kangaroo care' for pre-term infants, incentivized healthy behaviours through conditional cash transfers, and instituted universal health insurance programmes. In 2013, the region was well on its way to meeting MDG 4, with many countries reporting progress on MDG 5 as well. These factors, combined with a steady rise in gross domestic product, created the public perception that the region had graduated beyond the child survival agenda. From this perspective, LAC appeared an unlikely seedbed for *A Promise Renewed*.

With the region's income inequality the highest in the world and adolescent pregnancy on the rise, a small group of visionary leaders saw in *A Promise Renewed* the opportunity to call urgent attention to LAC's discrepant RMNCAH outcomes. The founding partners of *A Promise Renewed for the Americas* (APR-LAC), including the Inter-American Development Bank (IDB), Pan-American Health Organization (PAHO), UNAIDS, UNFPA, UNICEF, USAID, and the World Bank, tailored the movement's advocacy and strategies to regional needs, focusing on the full continuum of care for RMNCAH, with emphasis on adolescent health.

Building on the initial success of the 2013 Panama summit, the founding partners established a technical secretariat housed by PAHO and UNICEF, an executive management committee, a metrics and monitoring working group, a communication and advocacy working group, and a consultative committee. Each body assumed responsibility for relevant components of a detailed regional work plan. Consistent with the regional focus on inequities, APR-LAC prioritized efforts to monitor national health inequalities, developing context-appropriate methodologies and indicators that enabled governments to incorporate the equity analysis within national plans and information systems. A newly created virtual database on regional health inequalities includes 260 documents from 40 countries across LAC. The rich data repository serves as a critical mechanism for holding policymakers accountable for the commitments made in the *Panama Declaration.*

Elsewhere, in the Middle East and North Africa, the global momentum around *A Promise Renewed* prompted a regional initiative, *Saving the Lives of Mothers and Children: Rising to the Challenge*. With support from UNFPA, UNICEF and WHO, countries across the Eastern Mediterranean united in a common commitment to maternal and child health. Adopted on 30 January 2013 at a summit convened in the United Arab Emirates, the *Dubai Declaration* positioned countries on a path to accelerate progress towards MDGs 4 and 5. As part of the initiative, nine countries across the region developed detailed plans and set costed targets for reaching maternal, newborn and child survival targets, and sustaining progress beyond 2015.[38]

In August 2015, the Government of India, together with the Government of Ethiopia, reconvened the 24 countries represented at the original *Call to Action* to take stock of progress and look ahead to the post-2015 agenda. Supported by the Bill & Melinda Gates Foundation, the Tata Trusts, UNICEF, USAID and WHO, the two-day *Call to Action Summit 2015* focused on the importance of systems, partnerships, innovations, convergence and evidence.

The summit concluded with 22 countries signing the *Delhi Declaration*.[39] In closing the landmark summit, the Honourable Union Minister for Health and Family Welfare, Shri J. P. Nadda, pledged that "India will lead the efforts to demonstrate global progress in maternal and child health by working closely with global partners to make sure that the post 2015 development agenda will advance the cause of ending preventable child and maternal deaths." He urged policymakers to "commit to a culture of evidence-based decision-making, strengthen accountability of national health systems and align resources to those with the greatest need."

Panel 7. Delhi Declaration on ending preventable maternal and child deaths

Engaging and mobilizing citizens around the goals of *A Promise Renewed*

A central tenet of *A Promise Renewed* is that maternal, newborn and child survival is a shared responsibility, one that goes beyond government and requires bottom-up as well as top-down approaches. From its inception, the movement engaged a broad set of constituents from the private, public, civil society and faith-based sectors. The aim was, and remains, to spur individuals, families and communities to adopt healthy behaviours, demand quality services and hold policymakers accountable for the commitments made on behalf of women and children.

Many approaches are employed to rally citizens to demand progress on national commitments to maternal, newborn and child survival. One common strategy is community mobilization undertaken by faith-based groups. In Uganda, a critical mass of faith-based leaders joined President Museveni for the national launch of *A Promise Renewed* in July 2015 (see Panel 8). Approximately 500 religiousleaders, including the Inter-Religious Council of Uganda, pledged to help end preventable maternal and child deaths. Speakers emphasized the role of religious

Panel 8. Mobilizing Faith-based Leaders around National Efforts to End Maternal and Child Deaths

Uganda's President signing the commitment to end preventable deaths

Under the banner of *A Promise Renewed*, the Inter-Religious Council of Uganda (IRCU), Ministry of Health, GAVI and UNICEF convened more than 500 religious leaders in Kampala on 23 July 2015 to champion the cause of ending maternal, newborn, child and adolescent deaths.

The President of Uganda urged faith-based leaders to impress upon communities the importance of basic hygiene and good nutrition to maternal and newborn health. "When a child is not well fed when still inside its mother's womb, it interferes with their brain development," he explained. "And this will affect them all their life." Attesting to the enduring influence of faith-based leaders, he attributed his own longevity to the healthy practices imparted by places of worship.

leaders in promoting healthy behaviours, such as immunizations, good nutrition and basic sanitation. Religious leaders wield tremendous influence among congregants and are uniquely well-placed to convey messages in a manner that resonates with local customs, cultures and beliefs.[40]

In 2014, the Government of Paraguay mobilized the media, the private sector and civil society in a novel campaign to build public demand for quality maternal and neonatal care. This was part of a push to meet the country's pledge to reduce the newborn mortality by three percentage points between 2013 and 2018.[41]

For one day in June, toy stores across the capital closed their doors and populated display windows with toys dressed in mourning to observe the preventable deaths of mothers and newborns. Using the hashtag #ZeroPreventableDeaths, social media garnered thousands of 'netizens' to the campaign, reaching nearly half a million Facebook accounts. Media personalities spread the campaign's messages on more than 70 radio and television stations, helping to raise widespread awareness of the imperative for a collective response to the tragedy of preventable maternal and newborn deaths.

'Edutainment' has proven to be a potent tool in exploring and raising awareness about social issues and influencing healthy behaviour. A new television soap opera produced in Senegal, *That's Life (C'est la Vie)*, is engaging viewers across francophone Africa on topics related to maternal and child health. Set in an urban health centre, its dramatic intrigues and comic incidents are drawn from the real-life challenges faced by health professionals and patients.

The power of the narrative draws in viewers and subtly shifts social norms towards maternal and neonatal death, sexual and reproductive health, and gender-based violence. Broadcast on 60 national TV channels, *That's Life* reaches an estimated 150 million viewers and is the central element in a broader cross-media strategy for fostering public discourse on health behaviours.[42]

As the examples from so many countries and regions illustrated, much can be achieved when the public, private, and civil society sectors unite with citizens around common goals for maternal, newborn and child survival.

Securing the goal of ending preventable maternal, newborn and child deaths on the global agenda

Perhaps the most enduring legacy of *A Promise Renewed* is the instrumental role it played in catalysing the global commitment and mandate to end preventable maternal, child and newborn deaths. As a result of global, regional and national advocacy, the goal of ending preventable maternal, newborn and child deaths is enshrined in SDG 3 (see Panel 9). Based on evidence presented at the initial *Call to Action* in 2012, the broad coalition that supported the child survival target was well-prepared to champion its inclusion in the SDG agenda. At the same time, maternal and newborn advocates successfully persuaded those involved in the extensive SDG deliberations to adopt targets for maternal and newborn mortality, developed based on the modelling exercise for under-five mortality. The inclusion of maternal, newborn and under-five mortality targets within SDG 3 means that efforts in these areas will be closely monitored through 2030.

Panel 9. Health targets for SDG 3

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100, 000 live births.
3.2 By 2030, end preventable deaths of newborns and children under 5 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-five mortality to at least as low as 25 per 1,000 live births.

Countries and regions that spearheaded efforts under the banner of *A Promise Renewed* are poised to get a head start on SDG 3. The early trailblazers that sharpened national RMNCAH strategies and set forward-looking targets are now positioned to tackle the ambitious yet attainable goal of ending preventable maternal, newborn and child mortality.

CHAPTER 3

Fulfilling the promise to end preventable maternal, newborn and child deaths

When *A Promise Renewed* emerged in response to the 2012 *Call to Action*, it was envisioned as a time-bound movement to catalyse progress towards MDGs 4 and 5. Emboldened by evidence of the potential for even greater gains, activists and advocates set their sights beyond 2015, toward a world in which no mother or child died of preventable causes.

The coalition that dared to reject the inevitability of maternal, newborn and child deaths unwittingly triggered a seismic shift in thinking about global health. By pledging to end preventable maternal, newborn and child deaths, governments, civil society organizations, faith-based organizations, and other signatories legitimized a new global political norm.

As this report has outlined, between 2012 and 2015, over 30 countries mobilized national action under the umbrella of *A Promise Renewed*. Each action demonstrated the relevance of *A Promise Renewed* and its applicability to diverse country contexts. The fact that so many countries ultimately chose to embark on the steps outlined in the *Roadmap* issued at the *Call to Action* validated its simple and practical methodology: sharpening national RMNCAH plans; setting costed targets beyond 2015; and fostering greater accountability. These three strategies became conceptual pillars of not only the child survival agenda, but also the broader RMNCAH agenda beyond the MDGs.

Because of the catalytic efforts made in support of *A Promise Renewed*, many countries now have the commitments, processes, and structures to reach the targets of the post-2015 era. The commitment to ending preventable maternal, newborn and child deaths, is inscribed in both SDG 3 and the *Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*.[43] Part of the legacy of *A Promise Renewed* is thus one of continuity, providing a pathway for sustained country-led progress on maternal, newborn and child survival.

The end of the MDGs marked a new phase in the organized effort to sustain the global movement around *A Promise Renewed*. Mindful of the imperative for greater alignment and coherence across the global health architecture, in 2016 USAID and UNICEF invited the Office of the UN Secretary-General to incorporate the legacy of *A Promise Renewed* within broader efforts to operationalize the *Global Strategy* and achieve the SDG 3 targets for maternal, newborn and child mortality.[44]

What will it take to meet the SDG 3 targets and end preventable maternal, newborn and child deaths?

Meeting the 2030 goals will require intensified efforts, especially in sub-Saharan Africa and other regions where the child population is increasing rapidly.[45] To reach the child mortality target alone, which commits every country to 25 or fewer under-five deaths per 1,000 live births, over two thirds of low-income countries and more than a third of lower-middle-income countries must accelerate progress.

As of 2015, 79 countries had a mortality rate above 25 under-five deaths per 1,000 live births. Without accelerated progress, 47 of these countries will not meet the SDG target. The acceleration needed to reach the SDG 3 target is substantial – 30 countries must at least double the current rate of reduction, while 11 others must at least triple the current rate of reduction.

Over the course of the MDGs, the top performing countries in each region demonstrated that rates of decline in child mortality rates can increase rapidly when political will is coupled with resources and evidence.[46] Indeed, the knowledge, capacities and innovations accrued throughout the course of the MDG era and during the initial years of the SDG era open up new possibilities for unprecedented progress on maternal, newborn and child survival. Lessons culled from the recent experience of *A Promise Renewed* represent an important contribution to this growing repository of knowledge.

Building on the legacy of *A Promise Renewed*: Five lessons learned

Lessons learned from *A Promise Renewed* constitute one of the movement's most important legacies. What follows is a list of five lessons learned from the collective and individual efforts of countries that mobilized under the banner of *A Promise Renewed* between 2012 and 2015. Together, they offer insight into what it will take to unite countries in a concerted bid to reach the health-related SDG targets and move the world ever closer to the ultimate goal of ending preventable maternal, newborn and child deaths.

1. Prioritize national ownership and allow for adaptation.

To carry universal relevance, goals and targets need to be applicable and adaptable to all contexts, rich and poor. As noted above, part of the appeal of the new SDG targets for maternal, newborn and child mortality is their universality. Nevertheless, the targets remain long-term, with 2030 as the finish line. The experience of *A Promise Renewed* demonstrated the value of encouraging countries to identify and cost interim progress benchmarks. Based on a government-led review of current progress, epidemiological changes, barriers to progress, and related factors, rigorous, nationally-owned reviews enabled governments to set, cost and monitor their own targets for reaching global goals. In many cases, nationally-owned benchmarks reinforced political commitment and ownership among policymakers concerned.

A related lesson learned from *A Promise Renewed* is the value of encouraging national innovation and creativity. Whereas many global campaigns attempt to prompt national engagement by sending governments a global template for national advocacy messages and strategies, *A Promise Renewed* took a different approach. Interested countries were encouraged to adopt and adapt the advocacy messages, logo and strategies of *A Promise Renewed* in a manner that made sense to them. In some instances, the movement's logo was reproduced in national colours and languages, or revised to include references to priorities or cultural phrases unique to that country context.

Countries applied the same customized approach to national events around *A Promise Renewed*. While the global secretariat for *A Promise Renewed* did not specifically recommend national events, many countries developed the idea of a national 'launch' of *A Promise Renewed*. Often featuring cultural performances and speeches, these one- or two-day events created a political moment for senior dignitaries to announce new targets, energize media and galvanize public support for the national RMNCAH agenda.

Country by country approaches are inherently diverse and varied, making it challenging to monitor and aggregate the impact globally. However, the sense of country pride and ownership achieved by locally-planned campaigns more than compensated for any control lost over the global narrative. What mattered most was the very fact that countries took nationally-owned action to end preventable maternal, newborn and child deaths.

Equally important were national efforts to sustain public engagement. Where they produced longer-term results, national launches of *A Promise Renewed* were planned well in advance and grounded in an evidence-based plan, with specific benchmarks, roles, and responsibilities assigned to multiple constituencies across the RMNCAH. Adding to the success of national launches was the willingness of relevant policymakers to remain actively engaged long after the event, tracking and publicly reporting progress at regular intervals.

2. Set evidence-based goals that are universally relevant and achievable.

Evidence-based targets that are feasible, universal, and easily communicated have the power to engage and unify even the most diverse coalitions. One of the most significant, and earliest, achievements of *A Promise Renewed* was the consensus forged around the need to set a bold, new target for child survival.

Drawing on lessons from the global effort to achieve MDG 4, architects of the new child survival target knew that to incentivize and measure global progress, the target had to: be based on past progress; be relevant to every country, rich and poor alike; and be aligned with the global development agenda. Mindful of these three criteria, those gathered at the 2012 *Call to Action*, including academics, advocates, policymakers and practitioners, reached agreement on a target that was ambitious but, with commitment and concerted effort, demonstrably achievable: every country should reach a target of 20 or fewer under-five deaths per 1,000 live births by 2035. Once the 2030 timeline for the SDGs was announced, the target was recalibrated to fewer than 25 under-five deaths per 1,000 live births to coincide with 15-year time horizon for the new development agenda.

The same methodology and criteria informed the subsequent development of similarly ambitious targets for newborn and maternal mortality. That all three targets for maternal, newborn and child mortality were incorporated within the official language of SDG 3 is testament to the persistence, passion and advocacy of a committed coalition of diverse organizations from the public, private and civil society sectors.

3. Build broad coalitions around shared goals, starting from the ground up.

When the public, private and civil society sectors align around a shared goal, advocacy efforts are amplified and new configurations of expertise create opportunities, often previously unimagined, for efficacy and sustainability.

From the earliest days, the success of *A Promise Renewed* depended in large part on the willingness of diverse constituents from across the spectrum of RMNCAH to unite around a singular mission, common goal and shared sense of urgency. The first to do so acted on the simple conviction that promoting child survival is a shared responsibility that requires collective action.

Broadening the coalition and diversifying its composition required organizers to specify the movement's goals and strategies. The emerging consensus around the goal of ending preventable child deaths and accompanying Roadmap satisfied this requirement and enticed a new tier of partners. Many of these newcomers joined the coalition with the specific desire to advance the new child survival target, a target that many found conspicuously absent from the MDGs.

The experience of coalition-building around *A Promise Renewed* also underscored the need for flexibility. For some RMNCAH activists and advocates, the idea of a global movement focused on child survival alone was too restrictive. Maternal and newborn mortality and its importance to the success of child survival needed explicit recognition, and relevant targets to mobilize advocacy and action. When the language of *A Promise Renewed* expanded beyond child survival to include the goal of ending preventable maternal and newborn deaths, so too did the coalition.

Similarly, the value of inclusiveness surfaced early on in national and regional coalition-building exercises. In the case of national coalitions, governments typically took the lead in convening civil society and the private sector around local efforts to support *A Promise Renewed*. By soliciting diverse perspectives, governments gleaned valuable insights into the strengths and weaknesses of existing systems, often from the perspectives of local service providers and beneficiaries. Moreover, this type of consultative approach increased the likelihood that coalitions would remain engaged for the longer haul, supporting government-led efforts to implement freshly sharpened RMNCAH strategies.

Early public engagement also set a positive tone for subsequent efforts to rally citizens to support and demand accountability for new national RMNCAH targets.

The experience of coalition-building around *A Promise Renewed* also demonstrated the importance of compromise. By their very nature, advocacy organizations pursue specific causes. Advocacy campaigns are often institutionally branded and financed by donors interested in raising awareness on specific issues. The imperative to protect and advance an institutionalized advocacy campaign can deter organizations from coalescing under umbrella coalitions that risk eclipsing members' individual identities. However, the support of large advocacy organizations is often critical. What mattered most from the perspective of *A Promise Renewed* was less about an organization's willingness to adopt the movement's logo and identity, than its ability to join the chorus of advocates calling for an end to preventable maternal, newborn and child deaths.

4. Strengthen accountability by placing it within the public domain.

Related to the point above, *A Promise Renewed* saw the greatest success in countries where senior government leaders made national progress on RMNCAH a core component of their own political legacies. Heads of government with a vested interest in maternal, newborn and child survival demonstrated a keen interest in publicizing targets, mobilizing civil society and rallying individual citizens to monitor and report progress. Such examples of political leadership and commitment lay the foundation for a chain of accountability that spanned from local communities to national, regional and global forums.

The story of the national RMNCAH scorecard illustrates how a single head of state can trigger a cascade of regional action. As noted elsewhere in this report, the Government of Ethiopia not only pledged to use a national RMNCAH scorecard to track and report subnational progress, but also challenged neighbouring countries to do the same. Countries across the region responded with enthusiasm. By the end of 2015, 24 countries had been trained in the use of the RMNCAH scorecard, which remains nationally owned and oriented around local priorities.[47]

The extent to which mechanisms such as the RMNCAH scorecard affect national accountability depends on at least three factors. The first is the degree to which the scorecard is routinely updated with quality information, reviewed by relevant line managers, who in turn are responsible for addressing underperforming areas. The RMNCAH scorecard is most effective when senior policymakers engage directly in the development, implementation and maintenance of the scorecard, holding civil service managers accountable for underperforming areas.[48,49]

The second is public engagement in the reporting process, particularly at the local level. Local managers have proved critical to the development and implementation of RMNCAH scorecards.[50] With the advent of mobile technologies and growing internet penetration, it is increasingly possible for individuals in even the most remote communities to provide feedback on the quality of local services. When involved in the design of the scorecard and equipped with the resources to report progress, local administrators and health care providers can generate reliable data on key progress indicators. Locally generated data must link with other data collection systems that feed into the national data repositories.

The third factor that facilitates accountability is a government's willingness to publicize a scorecard's findings, thereby placing the issue of accountability directly into the public domain. Unless citizens know about the commitments made on behalf of women and children, and can track local progress, they cannot hold service providers or policymakers accountable. Similarly, local administrators need access to the latest analysis of subnational performance in order to take corrective action.

5. Focus on multisectoral integration and health systems strengthening.

Lessons learned from *A Promise Renewed* point to the need to focus on the countries and communities where maternal, newborn and child mortality is increasingly concentrated, as well as the multiple deprivations and co-morbidities that contribute to preventable deaths. Among the 47 countries not on track to meet the under-five target for SDG 3, 34 are in sub-Saharan Africa, a region marked by weak health systems, humanitarian crises, population growth, and persistently high rates of newborn mortality. Emergency and fragile settings, which are increasing in number and intensity around the globe, also warrant particular attention. Addressing the needs of children aged 0-18 in these contexts requires innovative, multisectoral programming that responds to the physical, emotional, and mental aspects of health and well-being.

Placing these countries on a pathway towards SDG 3 requires a new way of thinking and acting. The fragmentation caused by the proliferation of a multitude of vertically-focused global health initiatives hindered progress. This vertical approach was often also reflected within the public sector, where it is often the case that line ministries responsible for different elements of public health, including education, water, sanitation, and social welfare, are omitted from pertinent discussions, such that they are unable to effectively support national RMNCAH strategies. Recognizing this, the *Global Strategy* and the SDGs underscore the indispensability of multisectoral and integrated approaches.

Reaching the last mile, the last household and the last newborn also requires a focus on health systems that address the physical, mental, and social needs of children across the first two decades of life. Health system policies and programmes must address the full continuum of factors that affect children aged 0-18, including nutrition, early childhood development, sexual, reproductive and adolescent health, and the many other epidemiological and social factors that determine the health and well-being of women and children. Progress at one point in the life cycle can have far-reaching and catalytic effects.

Implementing an integrated, systems-based approach requires capacity, resources and resilience, beginning with communities, which are at the front line for RMNCAH. Community-based health care workers and facilities are uniquely well placed to spot and respond to bottlenecks that can undermine the efficiency of national systems. And, yet, too often, global and national health campaigns fail to take sufficient account of the vital importance of local systems to the overall functioning of national efforts to improve maternal and child health. Neglecting community health systems risks defaulting on the SDG promise of universal health coverage, and jeopardizes prospects for reaching the most disadvantaged women and children.

Lessons learned from *A Promise Renewed*, and MDGs 4 and 5 more broadly, show that this risk can be mitigated by a deliberate focus on health systems and an inclusive approach to planning, implementation and monitoring. This means engaging all relevant entities at the outset, agreeing on a division of labour for implementation, and devising a process whereby each partner meets and reports on progress at regular intervals. Once governments set a course for national RMNCAH targets, global initiatives must rally around national priorities and build on existing processes and structures, even if these are sometimes imperfect.

The need for integrated, systems-based approaches that respond to the continuum of care across RMNCAH, as called for by the SDGs, poses a series of important research questions. Specifically, there is a need to understand better how best to scale the delivery of high-impact interventions within an approach that prioritizes health systems strengthening.[51] This research agenda is not new, but it does assume renewed relevance within the context of the SDG era.

Looking forward: Building on the legacy of *A Promise Renewed*

The legacy of *A Promise Renewed* is one of bold ambition, catalytic action, and sustained advocacy by a dedicated coalition of governments and constituents from across the RMNCAH spectrum. The relevance of the movement's goals and strategies endures, as evidenced by the number of countries that continue to rally around the goal of ending preventable maternal, newborn and child deaths. Many of these countries are poised to accelerate progress towards SDG 3, as a result of efforts pioneered in the final years of the MDGs.

Although the impact of the SDG agenda will not be clear for another 13 years, choices made today will set the trajectory for future progress. Course corrections made in the short term lead to wider changes over time.

Applying the lessons learned from *A Promise Renewed* and related initiatives will, of course, require investment. Meeting the SDGs will require governments to leverage global and domestic resources to meet national priorities. As shown throughout this report, governments have made bold commitments to do everything possible to reach the goal of ending preventable maternal, newborn and child deaths. This includes prioritizing and mobilizing much needed resources for RMNCAH. However, many resource-constrained countries are managing the double challenge of humanitarian crises and other forms of instability that can derail budgets. These countries in particular will require increased investment from external sources to sustain progress.

Public, private and civil society entities must continue to find new ways to leverage and deploy resources and technical expertise to areas where it can achieve the greatest impact. The experience of *A Promise Renewed* demonstrates how much can be achieved when the public, private, and civil society sectors unite around a common goal. Even as the coalition of advocates and activists reconfigures to fit the changed landscape of the SDG era, the legacy of *A Promise Renewed* will be sustained by the ongoing effort to implement the *Global Strategy* and achieve the targets of SDG 3. The world must fulfil this commitment on behalf of the hundreds of millions of children who will be born in the decades to come.

References

OVERVIEW

1. Progress reports for *A Promise Renewed* are available at http://www.apromiserenewed.org/resources/
2. Released in conjunction with the child mortality estimates of the UN Inter-Agency Group on Mortality Estimation (IGME), each progress report for *A Promise Renewed* featured: trends and levels in under-five mortality over the past two decades; an analysis of progress toward MDG 4; an overview of the causes of, and interventions to prevent, child deaths; national and regional efforts to advance *A Promise Renewed*; and statistical tables containing the latest data on child mortality and causes of under-five deaths in different countries and regions.

CHAPTER 1

3. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2012.* New York: UNICEF, 2012, p. 4.
4. UNICEF calculations based on UN IGME 2015.
5. UNICEF analysis based on UN IGME 2015.
6. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015.* New York: UNICEF, 2015, p.58.
7. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015.* New York: UNICEF, 2015, p. 30.
8. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2013.* New York: UNICEF, 2013.
9. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2012.* New York: UNICEF, 2012, p. 27.
10. UNICEF, et al., *Child Survival Call to Action - Ending Preventable Child Deaths. Summary Roadmap.* Version 1, 14 June 2012, http://ccmcentral.com/wp-content/uploads/2013/12/Child-Survival-Summary-Roadmap_UNICEF_2012.pdf
11. UNICEF, et al., *Child Survival Call to Action - Ending Preventable Child Deaths. Summary Roadmap.* Version 1, 14 June 2012, http://ccmcentral.com/wp-content/uploads/2013/12/Child-Survival-Summary-Roadmap_UNICEF_2012.pdf
12. Perry, R. et al., "Progress Toward Regional Measles Elimination – Worldwide, 2000-2014." *Morbidity and Mortality Weekly Report,* US Department of Health and Human Services Center for Disease Control and Prevention, 13 November 2015, Vol.64, No. 44, pp. 1246-1251. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a4.htm
13. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015.* New York: UNICEF, 2015.
14. For a list of pledges signed under the banner of *A Promise Renewed*, see http://apr.nationbuilder.com/cso_pledge

Panel 1. Addressing persistent inequalities within and among countries

The UN Inter-agency Group for Child Mortality Estimation (IGME), *Levels and Trends in Child Mortality: Report 2015.* UNICEF, New York, 2015. http://www.unicef.org/publications/files/Child_Mortality_Report_2015_Web_9_Sept_15.pdf

CHAPTER 2

15. For a full list of partners, please see https://surviveandthrive.org/partners/Pages/default.aspx
16. Ashish, KC, Wrammert, J, Clark, R.B., et al., "Reducing Perinatal Mortality in Nepal Using Helping Babies Breathe." *Pediatrics, Vol. 13, No. 6,* June 2016, e20150117. http://pediatrics.aappublications.org/content/pediatrics/137/6/e20150117.full.pdf
17. Msemo, G. et al., "Newborn Mortality and Fresh Stillbirth Rates in Tanzania after Helping Babies Breathe Training." *Pediatrics, Vol. 131, No. 2,* February 2013, pp. 353-360. http://pediatrics.aappublications.org/content/early/2013/01/15/peds.2012-1795 – Implementation was associated with a significant reduction in neonatal deaths (relative risk [RR] with training 0.53; 95% confidence interval [CI] 0.43-0.65; P ≤ .0001) and rates of FSB (RR with training 0.76; 95% CI 0.64-0.90; P = .001). The use of stimulation increased from 47% to 88% (RR 1.87; 95% CI 1.82-1.90; P ≤ .0001) and suctioning from 15% to 22% (RR 1.40; 95% CI 1.33-1.46; P ≤ .0001), whereas face mask ventilation decreased from 8.2% to 5.2% (RR 0.65; 95% CI 0.60-0.72; P ≤ .0001).
18. For information on *Saving Lives at Birth*, see https://savinglivesatbirth.net/
19. For information on *Saving Lives at Birth*, see https://savinglivesatbirth.net/innovation/2017/innovators
20. Ibid.
21. World Health Organization (WHO), *Every Newborn Progress Report May 2015.* WHO, Geneva, 2015, p. 3. http://apps.who.int/iris/bitstream/10665/255559/1/9789241508728-eng.pdf?ua=1
22. For details on the Lives Saved Tool and associated methodologies and country results, see http://www.livessavedtool.org/
23. Maseko, M., "Zambian Civil Society Launches Alliance to End Maternal and Child Deaths." UNICEF, Zambia, 2013. http://www.apromiserenewed.org/zambian-civil-society-launches-alliance-to-end-maternal-and-child-deaths/
24. UNICEF Zambia Media Centre, "May 2013: '*A Promise Renewed*' road map launched in Zambia." UNICEF, Zambia, 2013. https://www.unicef.org/zambia/media_12532.html. Note, the costs were analysed in three ways: per interventions related to a stage in the life cycle, per mode of delivery, and based on a rural-urban disaggregation. The disaggregation revealed the cost differentials related to the strategies selected for particular bottlenecks.
25. Government of Malawi, *2014 Millennium Development Report for Malawi*. Ministry of Finance, Economic Development and Planning, Malawi, 2014. http://www.undp.org/content/dam/malawi/docs/general/Malawi_MDG_Report_2014.pdf
26. UNICEF, "Namibia gets set for *A Promise Renewed* Launch." UNICEF, New York, 2014. http://www.apromiserenewed.org/namibia-gets-set-for-a-promise-renewed-launch/
27. Maternal and Child Health Integrated Programme, *India's Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A): A case of extraordinary government leadership.* MCHIP and USAID, July 2014, p. 1. http://www.mchip.net/sites/default/files/RMNCH+A%20in%20India.pdf
28. UNICEF Media Centre, "'*A Promise Renewed*' for Child Survival and Improved Nutrition Kick-Off." UNICEF Press Release, Namibia, 1 September 2014. https://www.unicef.org/esaro/5440_namibia2014_promised-renewed.html
29. UNICEF, "Committing to Child Survival: *A Promise Renewed* – Liberia." UNICEF Liberia, Monrovia, 2013. https://www.unicef.org/liberia/Liberia-APRLaunchDocument2013_for_web.pdf
30. WHO, "Innov8 Approach for Reviewing National Health Programmes to Leave No One Behind." WHO, Geneva. http://www.who.int/life-course/partners/innov8/innov8-informative-brochure-170510.pdf?ua=133.
31. UNICEF, "Pakistan Renews Commitment to Reduce Maternal and Child Mortality Ratio." Press Release, UNICEF Pakistan, 13 May 2015. http://www.apromiserenewed.org/pakistan-renews-commitment-to-reduce-maternal-and-child-mortality-ratio/
32. UNICEF, "Afghanistan Aims to Save 35,000 Additional Lives by 2020." Press Release, UNICEF Afghanistan, December 2013. http://www.apromiserenewed.org/afghanistan-aims-to-save-35000-additional-lives-by-2020/

33. Afghanistan Aims to Save 35,000 Additional Lives by 2020." Press Release, UNICEF Afghanistan, December 2013. http://www.apromiserenewed.org/afghanistan-aims-to-save-35000-additional-lives-by-2020/
34. Afghanistan Aims to Save 35,000 Additional Lives by 2020." Press Release, UNICEF Afghanistan, December 2013. http://www.apromiserenewed.org/afghanistan-aims-to-save-35000-additional-lives-by-2020/

Panel 6. *A Promise Renewed* in Latin America and the Caribbean

For details, see http://www.apromiserenewedamericas.org/; Lustig, N., "Most Unequal on Earth." *Finance and Development,* Vol. 52, No. 3, September 2015, pp. 14-16. http://www.imf.org/external/pubs/ft/fandd/2015/09/lustig.htm ; Thollaug, S., "Realizing the Health Goals of the Panama Declaration," USAID Impact, blog post, 23 September 2013. https://blog.usaid.gov/2013/09/realizing-the-health-goals-of-the-panama-declaration/; Bárcena, A. and Byanyima, W., "Latin America is the world's most unequal region. Here's how to fix it." Economic Commission for Latin America and the Caribbean, Op-ed, 25 January 2016. https://www.weforum.org/agenda/2016/01/inequality-is-getting-worse-in-latin-america-here-s-how-to-fix-it/; UNICEF, Committing to Child Survival: *A Promise Renewed* - Progress Report 2015. New York: UNICEF, 2015, p. 19.

35. African Leaders Malaria Alliance (ALMA), "RMNCH Scorecard prompts Government Action in Nigeria," February 26, 2015, cited on alma2030.org. See also UNICEF, APR January Monthly Newsletter, 2015, http://us8.campaign-archive1.com/?u=77d216a12a92313d1c09478bc&id=09c72d5d60&e=fa4e0d6765
36. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2013.* New York: UNICEF, 2013, p. 32.
37. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2014*. New York: UNICEF, 2014, p. 83.
38. WHO, "*Saving the lives of mothers and children: accelerating progress towards achieving MDGs 4 and 5 in the Region.*" Available online http://www.emro.who.int/child-health/cah-infocus/saving-lives-mothers-children.html; WHO, Regional Committee for the Eastern Mediterranean, Sixtieth Session Agenda item 5 (a), "Resolution: Saving the lives of mothers and children," EM/RC60/R.6, October 2013. http://applications.emro.who.int/docs/RC60_Resolutions_2013_R6_15139_EN.pdf
39. UNICEF, "*Delhi Declaration on ending preventable maternal and child deaths adopted by 22 countries.*" apromiserenewed.org, 28 August 2015. http://www.apromiserenewed.org/delhi-declaration-on-ending-preventable-maternal-and-child-deaths-adopted-by-22-countries/

Panel 7. Mobilizing Faith-based Leaders around National Efforts to End Maternal and Child Deaths

Ntabadde Makumbi, C., "Religious Leaders in Uganda Unite to End Maternal and Child Deaths," Press Release, UNICEF Uganda, July 2015. http://www.apromiserenewed.org/religious-leaders-in-uganda-unite-to-end-maternal-and-child-deaths

Panel 8. Health targets for SDG 3

WHO, "SDG targets." See http://www.who.int/sdg/targets/en/

40. Ntabadde Makumbi, C., "*Religious Leaders in Uganda Unite to End Maternal and Child Deaths,*" Press Release, UNICEF Uganda, July 2015. http://www.apromiserenewed.org/religious-leaders-in-uganda-unite-to-end-maternal-and-child-deaths
41. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2014*. New York: UNICEF, 2014, p. 83.
42. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015*. New York: UNICEF, 2015, p. 83.

CHAPTER 3

43. United Nations, "*Every Woman Every Child's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).*" Available at http://www.everywomaneverychild.org/global-strategy/
44. As a result of this decision, the global secretariat for *A Promise Renewed,* housed at UNICEF, was disbanded in 2016 and its core areas of work integrated within UNICEF health programmes. Similar reconfigurations of organized support functions occurred in LAC. Like the global secretariat for *A Promise Renewed,* the APR-LAC secretariat and support structure now supports the adaptation and implementation of the *Global Strategy* in LAC countries, leading efforts to promote equitable health outcomes throughout the region.
45. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015.* New York: UNICEF, 2015, p. 62, Figure 34.
46. UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2015.* New York: UNICEF, 2015, p. 70.
47. For information on the RMNCAH scorecard, see African Leaders Malaria Alliance (ALMA), "*Workshop Report on Operationalizing the updated Global Strategy for Women's, Children's and Adolescents' Health: Best practices and lessons learnt from the RMNCH Scorecard and the RMNCH Fund.*" Workshop Report, October 2015. http://alma2030.org/sites/default/files/initiatives/rmnch_workshop_report_october_2015.pdf
48. For additional information, see African Leaders Malaria Alliance (ALMA), "*Developing a country RMNCH scorecard: facilitators' guide.*" ALMA, April 2014, see particularly slides 23, 31 and 41. http://alma2030.org/sites/default/files/initiatives/rmnch_workshop_english_facilitator_guide_april_2014.pdf
See also African Leaders Malaria Alliance (ALMA), "*Workshop Report of African Leaders Malaria Alliance.*" RMNCAH Workshop Summary, ALMA, October 2013. http://alma2030.org/sites/default/files/initiatives/rmnch_workshop_summary_october_2013.pdf; African Leaders Malaria Alliance (ALMA), *"Workshop Report on Operationalizing the updated Global Strategy for Women's, Children's and Adolescents' Health: Best practices and lessons learnt from the RMNCH Scorecard and the RMNCH Fund."* Workshop Report, ALMA, October 2015. http://alma2030.org/sites/default/files/initiatives/rmnch_workshop_report_october_2015.pdf
49. Ibid.
50. ALMA, *"Developing a country RMNCH scorecard: facilitators' guide,"* April 2014, http://alma2030.org/sites/default/files/initiatives/rmnch_workshop_english_facilitator_guide_april_2014.pdf
51. S. Peterson, "Assessing the scale-up of child survival interventions." *The Lancet,* Vol. 375, February 2010, p. 531, 13 Feb 2010.

For further information about national source information, disaggregated data and trends on the indicators presented in this report, as well as additional indicators, please refer to UNICEF global databases available at data.unicef.org.

Photo credits:
Cover: ©UNICEF/UN018541/Chikondi | Page v: ©UNICEF/UN025721/Bongyereirwe | Page 6: ©UNICEF/UN011623/Holt |
Page 9: ©UNICEF/UN028221/Esieb | Page 11: ©UNICEF/UN025571/Bongyereirwe | Page 13: ©UNICEF/UNI134947/Ose |
Page 16: ©UNICEF/India | Page 17: ©UNICEF/Uganda | Page 18: ©UNICEF/UN016384/Singh |
Page 24: ©UNICEF/UN022061/Ayene

United Nations Children's Fund
3 UN Plaza, 44th Street
New York, New York 10017