

THE FRENCH MUSKOKA FUND, RESULTS: PROGRESS IN MATERNAL, NEWBORN AND CHILD HEALTH



OBJECTIVES

Improve and analyze the performance of maternal and neonatal health services.
Contribute to high-impact activities implemented in countries and at regional level and their evaluation.

Strengthen the quality of care for mothers, newborns, children, youth and adolescents and health systems at the regional, national and community levels.

ACTIONS

Act for the reduction of maternal, neonatal and infant-juvenile mortality

STATE OF PLAY

MATERNAL MORTALITY

Target to reduce maternal mortality of the SDGs to less than 70 per 100,000 live births by 2030.

In all Muskoka countries between 2010 and 2015, the reduction was on average 11%, compared to 9.3% for the WCA region.

Chad (17.7%), Senegal (16%) and Niger (15.8%) had the highest rates of maternal mortality reduction in 5 years.

West and Central Africa still has the highest ratios in the world, with an average of 679 maternal deaths per 100,000 live births in 2015, compared with 182 per 100,000 for South Asia and 68 per cent 000 in Latin America.

In the Muskoka countries, MMRs now range from 300 per 100,000 live births in Senegal (much lower than the average in sub-Saharan Africa) to 910 per 100,000 in Chad.

The assisted by qualified staff delivery rate, between 2010 and 2017, increased by 11% in all eight Muskoka countries. Guinea (38%), Niger (35%), Cote d'Ivoire (24%) and Chad (22%) recorded the highest rates of growth during this period thanks to the advocacy efforts of the agencies partners in the Muskoka Initiative to increase the ratio of skilled health personnel per capita by country.

However, low quality of care for mothers and newborns in maternity hospitals, including in referral centers such as university hospitals, persists. This aspect of quality of care has been the focus of attention by Muskoka partners.

NEONATAL MORTALITY

The number of neonatal deaths has increased, due to the combination of the small reduction in neonatal mortality (-35% over the period 1990-2015) and the high population growth. About 160,000 newborns die each year in all Muskoka countries.

Mali and Niger alone account for one-third of all neonatal deaths in the eight countries, with 28,000 and 26,000 deaths per year, respectively.

The 2035 SDG target of 12 neonatal deaths per 1,000 live births and 12 stillbirths per 1,000 births requires a two-thirds reduction in the current rate for Côte d'Ivoire, Mali and Chad, and 50% for others.

INFANT-JUVENILE MORTALITY

In the FMF countries, the mortality rate for children under-five has dropped by 55%, from 213 per 1,000 live births in 1990 to 96 in 2015, despite all the challenges the region has faced (poor governance, political instability, conflict, Ebola epidemic, recurrent epidemic outbreaks of cholera, measles, meningitis, etc.).

In FMF countries, about 500,000 children still die before their fifth birthday, and nearly 1,000 child deaths from causes, largely preventable, are recorded every day.

Infant and infant-juvenile mortality rates are still twice as high as global rates.

The largest decreases in under-five mortality between 2010 and 2015 were 23%, rising from 124 to 96 per 1,000 live births in Mali and from 66 to 51 per 1,000 live births in Senegal between 2010 and 2015, respectively.

The main causes of child deaths remain, as in 1990, malaria, pneumonia and diarrhea, preventable diseases, representing respectively 19%, 13% and 10%. Malnutrition is also a major cause of infant mortality.

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MECHANISM / PRESENTATION

The FRENCH MUSKOKA FUND (FMF) is an innovative mechanism for coordination, technical support and implementation of high impact activities for maternal, newborn and child health that brings together the complementary mandates and comparative advantages of the four UN agencies. : WHO, UN Women, UNFPA, UNICEF.

The FMF has enabled the creation of a regional coordination platform (strategic, technical and operational) allowing the deployment of an integrated and complementary approach to address efficient responses to strategic issues for the region.

The FMF enables the deployment of targeted activities, aligned with national country strategies to address regional and national programmatic needs for maternal reproductive health, newborn, child and adolescent and nutrition (RMNCAH-N)

CHRONOLOGY

- 2010: G8 summit in Muskoka, Canada.
- 2010: Launch of the FMF - France's commitment of 500 million until 2015
- 2015: renewal of France's 2-year commitment of 10 million a year
- 2017: re-appointment until 2022
- 2018: Financial support from the Republic of Denmark to the FRENCH MUSKOKA FUND, for Sexual and Reproductive Health

INTERVENTION ZONE

West and Central Africa (Benin, Ivory Coast, Guinea, Mali, Niger, Chad, Togo, and Senegal)

AREAS OF INTERVENTION

- > Maternal reproductive health, neonatal and infant health.

- > Sexual and reproductive health of adolescents and young people.
- > Nutrition (prevention and management of MAS).
- > Consumer awareness through the series C'est la vie! and a cross-media campaign.
- > Production and exchange of knowledge (sharing and operational research).
- > Strengthening of health systems mainly access to human resources and essential products (via the advocacy component, training, drug supply, etc.).

ADDED VALUE AND LEVERAGE

A true reference and a good example of the operationalization of the One UN vision, the FRENCH MUSKOKA FUND, has demonstrated its added value in terms of coordination and complementarity, through:

- > The joint development of regional and national strategies, reflecting global guidelines and the latest knowledge.
- > Joint programming at country and regional level, based on the complementarity of the technical expertise of the 4 agencies.
- > Joint and harmonized technical assistance to countries.
- > Annual monitoring and reporting of results, activities and financial execution
- > Accountability and traceability of funding at all levels (regional and national).
- > Documentation of good practices / innovative practices, facilitation of South-South collaboration and peer learning.
- > The improvement of the visibility of the RMNCAH in the region, the setting and investment of France in this area.
- > Leverage effects in the mobilization of partners and resources.

At the programmatic level, the synergistic work of the four UN agencies has led to the development of coordinated, high-impact interventions that avoid duplication in strengthening health systems, while taking into account the key socio-cultural determinants affecting RMNCAH. .

The FRENCH MUSKOKA FUND, has created synergies with other programs: the joint UNFPA-UNICEF programs to fight against female genital mutilation and child marriage, the SWEDD project, MHTF etc.

This is an additional asset in the prospects for collaboration with other partners (World AIDS, Tuberculosis and Malaria Fund, UNAIDS, etc.).

In the area of supply of essential health products, strong complementarity has been developed with other initiatives aimed at strengthening pharmaceutical systems in Africa (EU / ACP / WHO Renewed Partnership, MSH / SIAPS project); but also with the initiatives put in place by the partners to achieve MDGs 4 and 5 (the United Nations Commission for Products of Vital Importance for Mother and Child, RMNCH Trust Fund) and now the SDGs, which place access to health products as a priority.

The FRENCH MUSKOKA FUND, positions itself as the operational arm of the H6 Global Initiative (WHO, UNICEF, UNFPA, UNAIDS, the World Bank and UN Women) to accelerate support for maternal and newborn health through a collaborative mechanism composed of United Nations health agencies.

