EXAMINING FACTORS THAT INFLUENCE THE PRIORITIZATION OF MNH IN HUMANITARIAN AND FRAGILE SETTINGS AMONG GLOBAL ACTORS AND INSTITUTIONS

POLICY BRIEF

CONTEXT

The Global Strategy for Women’s, Children’s and Adolescents’ Health sets ambitious global targets to significantly reduce maternal and newborn mortality by 2030. While progress has been made, humanitarian and fragile settings (HFS) continue to carry the highest burden of maternal and newborn mortality with the most recent UN estimates indicating that 64% of global maternal deaths, 50% of neonatal deaths, and 51% of stillbirths occur in countries with a 2023 humanitarian response plan. This proportion is likely to rise with an expected two-thirds of the world’s population living in fragile states by 2030 according to a World Bank report published in 2020.

As part of the EQUAL research consortium – funded by UK aid from the UK government – the IRC undertook a political economy analysis to better understand the global systems, structures, processes, and perceptions that guide the prioritization of MNH in HFS. This brief summarizes the study including results and recommendations. Similar studies are underway in DRC, Nigeria, Somalia, and South Sudan – the four countries where EQUAL is working – to better understand the political economy of maternal and newborn health at the national and sub-national levels in conflict-affected contexts.

SUMMARY

Study overview

EQUAL conducted a political economy analysis to examine the systems, processes, and perceptions that guide the decision making and prioritization of MNH in humanitarian and fragile settings (HFS) at the global level.

Data were collected through a literature review and 21 key informant interviews with representatives from donor agencies, implementing organizations, research institutes, UN agencies, professional associations, and coalitions working at headquarter (HQ) offices across development and humanitarian sectors.

Findings

Study participants reported that decisions around MNH priorities and investments often occur at the global level, notably by UN agencies, donors, and HQ offices for implementing organizations.

Advocacy and high-level political will elevated MNH in stable settings, yet similar attention and momentum has not been made for MNH in HFS. Interviewees identified limited political will, influenced by fatigue around MNH investments, greater interest in other politically-charged areas, and a preference for "quick wins."

Recommendations

Global stakeholders must ensure humanitarian actors have a seat at decision-making tables, create opportunities to spotlight MNH in humanitarian settings on global stages, and improve coordination and collaboration across the humanitarian-development nexus, including advance a shared advocacy agenda.
EQUAL examined the global landscape based on a hypothesis that global actors and policy elites continue to have an influence over priorities set and decisions made – including those around resource allocation. Specifically, this study sought to examine the systems and structures that guide global MNH policymaking and funding (specific to humanitarian sector); assess stakeholder perceptions toward MNH in humanitarian settings including factors impacting their prioritization of MNH and/or specific interventions; and explore areas of progress and perceived barriers to progress within the MNH in humanitarian sector at the global level. A PEA provided a structured way to unpack the complexity of policymaking spaces that involve multiple stakeholders, each with their own priorities, perceptions, and capacities, and to assess the influence of timing and events.

Study design

The PEA was designed as a descriptive case study conducted between April -October 2022 using a literature review and 21 semi-structured key informant interviews with representatives from donor agencies, implementing organizations, research institutes, United Nations agencies, professional associations, and coalitions working at headquarter (HQ) offices across development and humanitarian sectors.

The study was guided by the Health Policy Analysis (HPA) Triangle, a conceptual framework commonly used to assess policy content, policy-making processes, the overall institutional, political, economic, and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy and funding outcomes. Inductive thematic analysis was used to identify, analyze, and interpret patterns within the data.
## Findings

The table below summarizes key findings in line with the health policy analysis triangle framework. Comprehensive study results are available in the report which will be available on EQUALresearch.org in mid-2023.

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<td><strong>Context</strong></td>
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<td>- Global moments keep MNH on the agenda: Significant progress toward improved MNH outcomes was achieved during the MDG era with actors indicating that numerous global milestones (event/reports/convening) and high-level political champions helped to keep MNH on the global agenda. The focus was seen to be primarily on stable settings and HFS were largely been left off the agenda or siloed to separate conference tracks/report supplements. This ensured HFS was part of the global conversation but was seen as an “add on” vs critical to progressing the overall agenda.</td>
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<td>- IAWG as a key milestone: The founding of the Interagency working group on Reproductive Health in Emergencies (IAWG) is recognized as a transformative milestone for MNH actors working in humanitarian settings yet it was (and still is) considered separate from the broader MNH community.</td>
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<td>- World events impact MNH investments: Elections in high-income countries (HICs) and geopolitical considerations – for example, places where HICs have a vested interest – are seen to impact where MNH investments are directed because policy makers and donors want to be seen as responsive to their constituents. Actors believe this contributes to why humanitarian contexts – especially those experiencing protracted crises which also represent the places with among the poorest MNH outcomes – are rarely prioritized by HICs.</td>
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<td>- Global MNH guidelines are rarely fit for purpose in HFS: The majority of global MNH standards and guidelines are thought to be developed for stable settings and often lack the practical recommendations needed to be operationalized in humanitarian contexts. Respondents noted that humanitarian considerations are rarely discussed in detail during the development of normative guidance. Guidance that does exist for humanitarian settings are often driven by HQ offices of implementing organizations.</td>
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<td>- Growing recognition of implementation research: MNH actors working in HFS argued that implementation research and operational guidance is needed to contextualize global guidance, yet said donors are typically more interested in funding programs with the potential for quick impact/results as opposed to research studies which take longer to generate evidence and demonstrate impact. Concerns were also raised regarding the transferability of evidence from one crisis to another.</td>
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<td>- Decision making and agenda setting still sits at global level: There is an acknowledgement that donors – primarily from HIC governments – drive the agenda which impacts what is funded, who is funded, and where that funding goes geographically. In fragile contexts that are more donor dependent, decisions made by donors at HQ offices are seen to trickle down to their country missions/offices and ultimately to country level policies, programs, and research. Respondents indicated that despite commitments to localization, donors are not ready to give up control especially in HFS where national governments and health systems are less stable.</td>
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<td>- Global north organizations and individuals drive global MNH initiatives: INGOs, networks, and global initiatives – Ending Preventable Maternal Mortality (EPMM) Initiative, IAWG, and the Partnership for Maternal, Newborn, and Child Health (PMNCH), among others – that play a key role in advancing MNH investment, coordination, information sharing, technical guidance, and advocacy, are primarily comprised of global north institutions/individuals with minimal representation from the countries being discussed. While there is a desire to better engage country counterparts, respondents – who were purposively selected to be global-level representatives – felt it was okay for global institutions to play this role given the mandate and bandwidth of global level and national actors. IAWG and the Global Health Cluster’s new SRH task team represent the only global initiatives focused explicitly on SRH – including MNH – in emergency contexts and are seen by respondents as separate/siloed from the broader MNH community.</td>
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| **Actors and institutions (continued)** | • MNH not always prioritized as life-saving in humanitarian settings: Respondents felt that MNH is not often seen as an urgent, “life-saving” priority in comparison to other needs like food and shelter leading to weak language on MNH in humanitarian funding appeals. Insufficient and ineffective advocacy at global and national levels was deemed part of the issue but the creation of the new SRH task team within the global health cluster was considered an important step.  
• MNH fatigue is pervasive: There is an observed fatigue among donors around investments in MNH – this fatigue is compounded by a stated feeling that little progress can be made in fragile settings without the systems in place or the national political will. MNH is in constant competition with other issue areas for funding, political will, and attention. Respondents noted maternal and newborn mortality is seen as an accepted, silent tragedy that is not controversial in comparison to other more politically-charged areas grounded in a sense of urgency for action. At the same time, concerns were raised that MNH solutions are complex and progress in HFS will require decades of investments in infrastructure, training, and systems strengthening. With limited resources, there is a stated preference to invest big in a few stable countries that could achieve quick and sustained wins that are not believed to be possible in HFS.  
• Gender norms and power dynamics influence investments in MNH: While issues related to women’s health have historically been deprioritized across research and care, respondents did not believe this was a significant factor in MNH investments. Instead, many argued that global momentum around gender equality created an opportunity to elevate MNH among a broader community. A similar sentiment was expressed for expanding the network of MNH champions by linking up not only with gender advocates but also those working in midwifery and Universal Health Coverage (UHC).  |
| **Processes** | • MNH funding, processes, and structures are separated by the humanitarian development divide: Respondents indicated that within organizations – including donor agencies, UN agencies, and implementing organizations – MNH humanitarian and development teams are often in separate departments and rarely coordinate. They have different funding streams, different procurement processes, different priorities, and separate work plans which was considered problematic since there is not always an MNH focal point on humanitarian teams leaving a gap in technical expertise and prioritization of this population/issue area.  
• Lack of clarity on “spaces in between”: A lack of clarity was identified for who has the remit to respond to MNH needs in places that are “too stable” to be humanitarian and “too fragile” to be “development.” Respondents believed this was an example of how divisions at the global level do not reflect the reality of operations on the ground where it is more of a continuum suggesting “lines are increasingly blurred when looking at prolonged crises in places like Syria, Yemen, and Somalia.”  
• Humanitarian actors need a voice in decision making processes: Respondents argued that the extent to which humanitarian settings are part of the decision making processes – including setting global research priorities and developing guidelines – depends on who has a seat at the table which is frequently limited to just one representative from the HFS sector (if any). Few processes have focused explicitly on MNH in HFS – for example an SRMNH in humanitarian settings research prioritization exercise led by WHO in 2018-2019.  
• Accountability processes exist but are weak: Respondents felt that global initiatives and the spaces they create for cross-country learning – via meetings, conferences, events – help facilitate accountability by drawing attention to and applying pressure on decision makers. While no major convening has focused explicitly on MNH in humanitarian settings, there have been commitments to see humanitarian actors, perspectives, and learnings represented through the creation of “humanitarian tracks” as demonstrated at the 2023 International MNH conference. Despite this, some believe there is a need to also create political moments that apply pressure on senior leaders to make commitments and be held to account.  |
CONCLUSIONS & RECOMMENDATIONS

The study revealed that the global community – including key policymakers and funders – are aware we will not achieve global MNH targets by failing to support and invest in humanitarian and fragile contexts. Despite this, the prioritization of MNH in HFS is stymied by a perception that progress will not be possible in the face of weak health systems and competing priorities. This study demonstrates that global actors and institutions continue to play a leading role in setting priorities and shaping the policies and practices that impact MNH in HFS yet do not always have a seat at the table to influence and inform key decisions. While the study identifies barriers at the global level that prevent MNH in HFS from gaining traction, it also reveals entry points for progress. Based on these findings, the following recommendations should be considered:

FOR POLICYMAKERS, INCLUDING UN AGENCIES:

1. Ensure humanitarian actors have a seat at the table and opportunities to meaningfully engage when policies and guidelines are being developed. This includes invitations to global convenings that have traditionally focused only on development contexts.
2. Consistently include practical recommendations for how to operationalize MNH guidelines in humanitarian and fragile contexts.
3. Leverage the Global Health Cluster’s SRH task team to ensure MNH is sufficiently reflected in humanitarian appeals and response plans in both acute and protracted emergencies.

FOR DONORS:

1. Invest in implementation research to better understand what works and what does not in HFS and how those learnings can be applied at scale in other contexts.
2. Continue to invest in health system strengthening to support improved MNH outcomes over time.
3. Invest in MNH across the humanitarian-development nexus in a way that streamlines processes and allows MNH actors to coordinate and collaborate in fragile contexts.

FOR CIVIL SOCIETY & RESEARCHERS

1. Advance a collective advocacy agenda – both technical and mainstream – to demonstrate MNH is not just a silent, persistent crisis but is one that demands action and investment at all levels.
2. Package evidence and impact case studies from MNH in HFS to bolster the advocacy and investment case.
3. Identify meaningful ways to engage country counterparts/colleagues in global level forums and initiatives.

CROSS-SECTOR STAKEHOLDERS

1. Establish high-level political milestones to put MNH in HFS front and center on the global agenda and use those commitments and moments to drive accountability.
2. Identify and create new opportunities for coordination and collaboration between MNH actors working in development and HFS spaces both within and across institutions.
3. Establish more platforms for knowledge sharing across global and country actors to help set and advance shared priorities. The 2023 International MNH Conference is critical but others are needed for consistent engagement.
4. Foster greater alignment and collaboration with other sectors including those working in gender equality, midwifery, and UHC.
5. Identify and cultivate champions – technical and political – from both global and national levels to leverage their networks and influence to accelerate progress on MNH in HFS.
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References


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