EQUAL
EVIDENCE & IMPACT FOR MOTHERS & NEWBORNS LIVING IN CONFLICT

FACTORS INFLUENCING THE PRIORITIZATION OF MNH IN HUMANITARIAN AND FRAGILE SETTINGS AMONG GLOBAL ACTORS AND INSTITUTIONS

POLICY BRIEF

BACKGROUND

The Global Strategy for Women's, Children's and Adolescents' Health sets ambitious global targets to significantly reduce maternal and newborn mortality by 2030.[1] 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.[2]

As part of the EQUAL research consortium – funded by UK International Development from the UK government – the IRC undertook a health policy study to assess the state of prioritization of MNH in HFS in the Sustainable Development Goals (SDG) era. This brief summarizes the study, including results and recommendations. Similar studies have been conducted 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 (MNH) at the national and sub-national levels in conflict-affected contexts.

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SUMMARY

- EQUAL conducted a health policy study to examine the systems, processes, and perceptions that guide the prioritization of MNH in humanitarian and fragile settings (HFS) at the global level.
- While significant progress was made to reduce maternal and newborn mortality during the Millenium Development Goal era, momentum has stalled globally with HFS often lagging furthest behind.
- Stakeholders acknowledge we will not achieve global MNH targets by ignoring HFS, yet solutions are perceived to require long-term investments and systems strengthening. Donors tend to prioritize quick and sustainable impact, directing MNH investments toward stable countries.
- Limited political will is attributed to MNH fatigue, competing priorities, and greater momentum around politically charged issues. MNH is seldom viewed an urgent lifesaving priority during acute emergencies.
- MNH prioritization is sensitive to elections and geopolitical shifts in high-income countries. Donor decisions at head offices impact country-level policies, prompting national governments to align with donor interests.
- Global MNH initiatives remain key to coordination and technical expertise, yet representation from people working in HFS is limited. These groups contribute to advocacy and accountability efforts, but their focus tends to be more technical, rather than mobilizing broader attention and political will.
- In places experiencing protracted crises, separate humanitarian and development systems prove impractical and impede coordination and efforts to address inequities.

STUDY OVERVIEW

This study examined MNH at the global level with an emphasis on how MNH in HFS is addressed and prioritized on the global health agenda in the SDG era. EQUAL focused on 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.[3] Specifically, this study sought to examine the systems and structures that guide global MNH policymaking and funding specific to the 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 the humanitarian sector at the global level.

EQUAL PROJECT OVERVIEW

Funder: UK International Development from the UK government

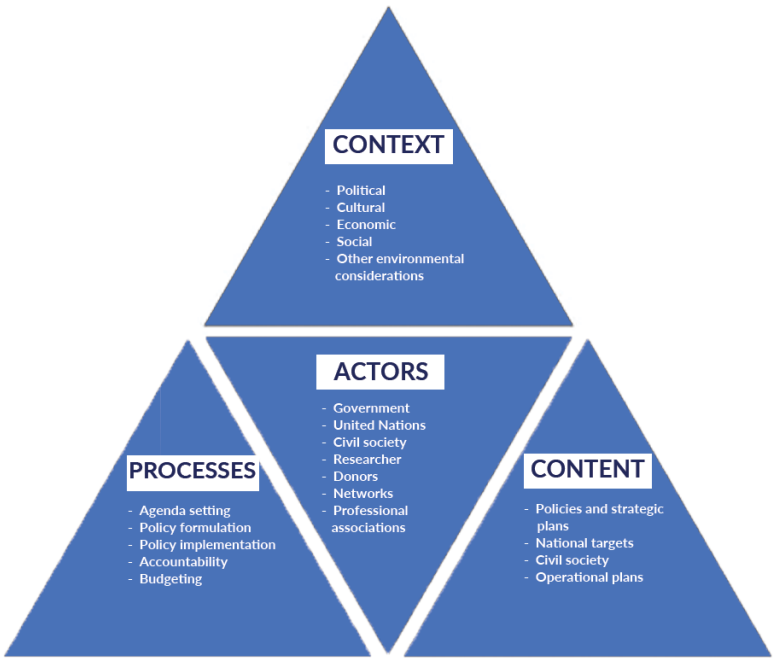
Length: July 2021 – April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan

Partners: Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

Study design

This was a descriptive case study conducted between April 2022 and June 2023 using a desk review and 23 semi-structured key informant interviews with representatives from donor agencies, implementing organizations, research institutes, United Nations agencies, professional associations, and coalitions working at HQ offices across development and humanitarian sectors.



Health Policy Triangle, Walter & Gilson (1994)[4]

The study was guided by the Health Policy 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.[4]

It also leveraged the Shiffman and Smith framework on the determinants of political priority for global health initiatives which emphasizes the power of actors, the influence of ideas, the nature of political contexts, and the characteristics of the issue itself.

Inductive thematic analysis including pattern coding was used to identify, analyze, and interpret patterns within the data.

RESULTS

The table below, organized in line with the conceptual framework, summarizes key themes that emerged from the interviews, complemented by the relevant literature for context.

Conceptual Framework Domains	Findings
THE CONTEXT OF GLOBAL PRIORITIZATION OF MNH Examined the factors and milestones that shaped or hindered MNH progress during the MDG and SDG eras.	• The introduction of MDGs, notably MDG5 on maternal health, fostered global action and investment in MNH, supported by high-level champions and global milestones (events, reports, convenings) yet the focus was seen to be primarily on stable settings. • MNH has lost prominence during the transition to the SDGs, with a broader focus on universal health coverage potentially undermining dedicated MNH attention. • A February 2023 report revealed stagnant or increased maternal mortality in 150 countries, which some respondents attribute to insufficient global attention and the lack of high-level leadership. • New global MNH targets announced in May 2023 are valued for stakeholder mobilization, yet some view them as unattainable in humanitarian and fragile settings. Others see these targets as an opportunity to analyze the data, address equity gaps, and bring attention to overlooked regions. • Global aid for RMNCH increased during the MDG era, yet MNH consistently received less funding than reproductive health (especially HIV/AIDS) and child health. MNH funding began to decrease in 2013 which respondents perceived as shifting donor priorities. • Elections in high-income countries and geopolitical considerations affect MNH as policy makers and donors aim to be responsive to their constituents and national interests. Actors believe this contributes to the under prioritization of humanitarian contexts – especially those experiencing protracted crises which also represent the places with some of the worst MNH outcomes.
THE INCLUSION OF HUMANITARIAN SETTING IN GLOBAL MNH CONTENT Assessed if/how humanitarian and fragile settings are included in global MNH content and barriers to greater inclusion.	• Global standards and guidelines addressing MNH often lack specific guidance for implementation in humanitarian contexts. While interventions and standards remain the same regardless of the context, the difference lies in how services are delivered. • There is a belief that because every humanitarian crisis is unique, recommendations for operationalizing interventions in one crisis are not readily applicable to others. This notion limits the perception of transferability of best practices and impedes the development of comprehensive guidelines for MNH in humanitarian settings.

HPA Pillar	Findings
THE INCLUSION OF HUMANITARIAN SETTING IN GLOBAL MNH CONTENT (continued)	• Humanitarian and fragile settings are typically an afterthought in global MNH guidelines, standards, and reports, often referenced vaguely or as case studies with their inclusion largely dependent on who is engaged in the development process. Key resources for MNH in humanitarian and fragile settings include the Inter-Agency Field Manual for Reproductive Health in Refugee Settings, Newborn Health in Humanitarian Settings: Field Guide, the Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020 – 2024, and the Minimum Initial Service Package (MISP). • Humanitarian and development actors use different terminology, jargon, and acronyms making coordination and communication among MNH actors challenging. This adds to a lack of clarity in defining humanitarian and fragile settings, with some seeing the term "humanitarian" as narrowly associated with acute emergencies and war, leading to a division and stigma around "MNH in humanitarian and fragile settings" content.
ACTORS AND INSTITUTIONS WHO INFLUENCE AND INFORM THE PRIORITIZATION OF MNH IN HUMANITARIAN SETTINGS AT THE GLOBAL LEVEL A multitude of global actors work on MNH in development and humanitarian settings including UN Agencies, multi-laterals, International non-governmental organizations (INGOs), researchers including academic institutions, professional associations, and numerous global networks, coalitions, and initiatives. It was therefore imperative to explore the influence, interests, and ideas of these global actors in shaping the prioritization of MNH in humanitarian and fragile settings.	• Despite a growing global commitment to localization, decision-making power primarily remains at the global level, especially with high-income government donors due to their financial influence. This impacts not only what is funded, but also who is funded, and where that funding goes geographically • INGOs, networks, and global initiatives, such as Ending Preventable Maternal Mortality (EPMM), Every Newborn Action Plan (ENAP), and the Partnership for Maternal Newborn and Child Health (PMNCH) play significant roles in advancing MNH investment and coordination, but there is a lack of representation from humanitarian and fragile settings. • While some MNH groups have HFS working groups/task teams, IAWG and the Global Health Cluster's SRH task force are the primary global initiatives focused specifically on SRHR in humanitarian contexts. They are generally perceived by respondents as operating in a silo from the broader MNH community. • High-level champions, including government leaders, have demonstrated substantial influence amplifying MNH priorities on the global agenda, yet there are few leaders elevating MNH in humanitarian settings. Progress is instead driven by passionate individuals working behind the scenes. • MNH momentum has stalled during the SDG era with fewer high-level MNH champions, increased funding competition, decreased MNH advocacy, and a growing sense of fatigue around MNH. This is exacerbated by the perception that MNH has become a silent and accepted tragedy, often overshadowed by issues like abortion which inspire political debate and ignite passion and energy. • "Everyone" is aware we will not achieve the SDG's MNH targets by ignoring humanitarian and fragile contexts, yet the necessary solutions are perceived to require decades of investments in infrastructure, training, and significant systems strengthening. The work remaining in MNH is perceived as among the most difficult to address in the most challengeing contexts and without the promise of delivering significant results.

HPA Pillar	Findings
ACTORS AND INSTITUTIONS WHO INFLUENCE AND INFORM THE PRIORITIZATION OF MNH IN HUMANITARIAN SETTINGS AT THE GLOBAL LEVEL (continued)	• Donors prefer investments where impact is easier to achieve and sustain and therefore tend to focus investments in stable counties that can deliver quick wins. Donors are less keen to invest in MNH in humanitarian and fragile settings where governments and health systems are weaker and less likely to take on leadership. • Seeing MNH prioritized within the humanitarian sector has been a persistent challenge with actors rarely seeing MNH as an urgent, "lifesaving" priority in comparison to other needs like food and shelter. There is insufficient advocacy at global and national levels to ensure MNH is prioritized in humanitarian appeals, needs overviews, and response plans.
GLOBAL POLICIES, ACCOUNTABILITY, AND COORDINATION PROCESSES FOR MNH IN HFS Many global-level processes influence decision making on MNH in HFS, including research and priority setting, guideline development, global convenings, and more.	• A fundamental divide persists between humanitarian and development sectors, affecting funding streams, internal structures, and coordination, often leading to a lack of engagement and technical expertise transfer between MNH actors in stable and humanitarian contexts. This division is seen as artificial and not reflective of the operational realities on the ground yet deep rooted and difficult to address. • MNH targets during the MDGs, coupled with public reporting, helped to facilitate accountability. There is no such mechanism or platform for driving MNH accountability during the SDG era. While global initiatives, meetings, and events can foster accountability, they haven't been effectively leveraged. • Humanitarian tracks and dedicated humanitarian task teams aim to ensure humanitarian considerations are not overlooked but the effectiveness of the approach requires further discussion, with some arguing it further silos these contexts and others seeing the value of dedicated dialogue. • There is strong technical advocacy for MNH in humanitarian settings but there is a lack of coordinated, public facing advocacy intended to garner attention and political will.

CONCLUSIONS & RECOMMENDATIONS

The study revealed that the global community – including key policymakers and funders – is aware global MNH targets will not be achieved 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. Designate a minimum number of seats to humanitarian actors in all global MNH convenings traditionally focused on development context, including in the development of MNH policies and guidelines. This will help to facilitate more inclusive and meaningful engagement of the diverse actors engaged in MNH at the global level.
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 MNH across the humanitarian-development nexus in a way that streamlines processes and allows MNH actors to coordinate and collaborate in fragile contexts.
2. Establish and fund a global accountability mechanism to ensure commitments made and resources spent on MNH are publicly reported and monitored.
3. Fund civil society organizations in developing and implementing shared global advocacy strategies to help elevate MNH in humanitarian and fragile settings on the global agenda.

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.
4. Collaborate on a resource mobilization strategy to cultivate new donor champions including private donors. Exploring innovative MNH funding that bridges the humanitarian-development nexus can enable longer-term investments in humanitarian settings. This approach can also help overcome barriers such as disparate funding sources, timelines, and processes.

CROSS-SECTOR STAKEHOLDERS

1. Establish high-level political milestones to put MNH in HFS front and center on the global agenda and use those opportunities to drive accountability.
2. Identify and create new opportunities for coordination and collaboration between MNH actors working in development and HFS both within and across institutions.
3. Identify and cultivate champions – technical and political – to leverage their networks and influence to accelerate progress on MNH in humanitarian and fragile settings.
4. Invest resources in changing the narrative on MNH in HFS from "too difficult to make progress" to an opportunity to move the needle in places where progress is most needed. This requires developing compelling messages that resonate with diverse audiences.
5. Address the perception among MNH development actors that humanitarian settings are beyond their scope. Adopting an equity lens can help close this gap by emphasizing that global and national targets cannot be met without committment to these regions.

For more information visit www.EQUALresearch.org and contact Alicia Adler (alicia.adler@rescue.org) or Equal@rescue.org

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