

Closing the Gap Between Commitment and Care

The challenge is no longer the absence of policy or commitments. The real gap is in how systems execute, disburse, track, and deliver services at the point of care.

5

Countries in focus

70

SDG mortality target

4–8%

Average domestic health
financing

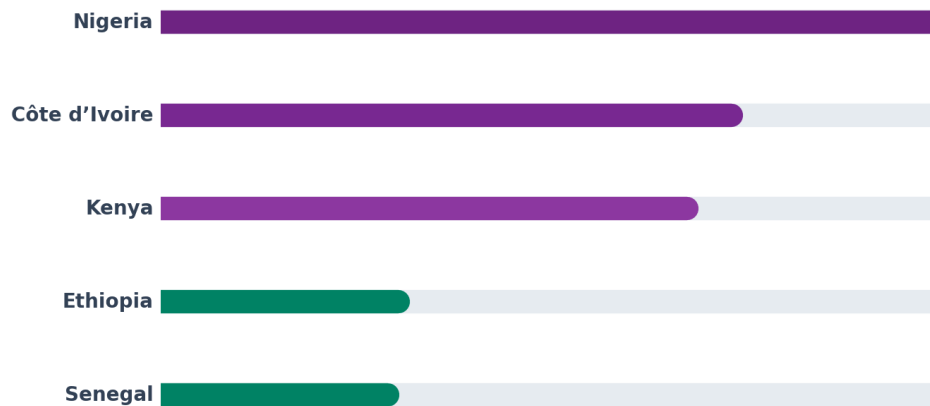
Key Insight

We do not have a commitment problem

- Policies exist
- Budgets are approved
- Political commitments have expanded
- **Yet services still fail to reach women and newborns consistently**

REALITY CHECK

Maternal mortality remains far above target



Did You Know?

22%+

Unmet need for family planning in Ethiopia.

Kenya

~14%

Unmet need for family planning remains significant.

Financing Gap

4–8%

Average domestic health financing across countries is still below the 15% Abuja target.

WHERE THE SYSTEM BREAKS

Financing exists on paper. Delivery falters in practice.



Delayed Disbursement

Funds approved for MNCH do not reach facilities in a timely or predictable way.



Weak Tracking

Fragmented systems make it hard to follow resources from budget to point of care.



Commodity Stockouts

Essential supplies continue to run out despite approved financing.



Facility Uncertainty

Frontline providers work without predictable financing, affecting continuity of care.

WHAT NEEDS TO CHANGE

Design for performance, not just policy intent

Enforce Financing Discipline

Ensure MNCH funds are disbursed on time and in full, with predictable cash flow to service delivery points.

Build Financial Traceability

Track resources from budget approval to frontline facilities to reduce leakage and improve decision-making.

Fund Frontline Delivery

Strengthen facility-level financing so providers can deliver consistent care without disruption.

Institutionalize Accountability

Shift from retrospective oversight to real-time accountability that triggers corrective action.

COUNTRY LESSONS

Best-practice financing models already exist

Insurance + Equity

Ethiopia

Community-based health insurance and targeted subsidies have helped improve access to essential MNCH services.

Coverage + Oversight

Senegal

UHC reforms show the value of integrating MNCH into financing frameworks with stronger governance.

Protected PHC Financing

Nigeria

The Basic Health Care Provision Fund offers a strong financing model, though execution remains critical.

“Accountability failure occurs between budget approval and execution, particularly cash

FINAL TAKEAWAY

From commitment to capability

disbursement, grants tracking, and facility-level autonomy.”

— Hon. Bernard Kitur

The next phase of the MNCH agenda must move beyond commitments and focus on systems that disburse, track, and deliver consistently at the point of care.

- ✓ **Protect MNCH budgets**
- ✓ **Track resources in real time**
- ✓ **Strengthen facility financing**
- ✓ **Target underserved populations**

From Commitment → Capability

The future of maternal and newborn health depends on systems that deliver consistently, financing that reaches the last mile, and accountability that drives action.