



How governments can accelerate progress on health for women, children and newborns in the countdown to 2015

In 2000, global leaders made a promise to reduce poverty throughout the developing world by committing to the Millennium Development Goals (MDGs). Of all the MDGs, goals 4 and 5, to improve the health of women and children, are most off track. As the final push to the MDG deadline begins, **donor and developing country governments must take decisive** action. The *Global Strategy for Women's and Children's Health*, launched by the United Nations Secretary General in August 2010, calls on governments to demonstrate the critical leadership needed on maternal, newborn and child health (MNCH) over the next five years. Not only will additional investment in health interventions save lives, supporting healthy families will provide for healthy economies and future global prosperity.

If governments keep their promises and meet MDGs 4 and 5, this could avert the deaths of over 15 million children under five, including more than 3 million newborns; prevent 33 million unintended pregnancies and stop 740,000 women dying from complications related to pregnancy or childbirth in the 49 lowest income countries over the next four years. An additional 88 million children under five would be spared from stunted growth and an additional 120 million children would be protected from pneumonia.¹

In recent years, a consensus that urgent action is needed has been affirmed in international political commitments. At this year's G8 summit in Muskoka, Canada, G8 leaders confirmed that progress towards MDGs 4 and 5 has been 'unacceptably slow'.² The recent 'Muskoka Initiative' signals welcome progress for MNCH as the governments of the G8 pledged US\$5 billion in additional resources until 2015, with an additional US\$2.3 billion from non-G8 donors including the Bill and Melinda Gates Foundation and UN Foundations. We welcome the G8 investment in water and sanitation, programs to combat maternal and child under-nutrition, food security, education of women and girls, and other such mutually reinforcing interventions that address the indirect or underlying causes of mortality for mothers, newborns and children. At the 2010 African Union summit in Uganda, African leaders recommitted to the 2001 Abuja commitment of allocating at least 15 percent of national budgets to health and pledged to support comprehensive, integrated MNCH services. These significant catalytic moves serve as stepping stones to drive new partnerships, innovation and progress.

Now governments must honor previous commitments and invest in new, high impact, programs targeting women, children and newborns and finance stronger health systems. Such investment in health provision is not only a global responsibility, but an essential element of economic growth and development. Each year an estimated US\$15bn alone is lost in global productivity through poor maternal and child health.³

We call on governments across the world to show leadership by undertaking the bold commitments and new approaches needed to accelerate progress on maternal and child health. Each year, millions of women and children continue to die from preventable causes. It is up to donor and developing country governments alike to support the necessary interventions to make global promises a reality in a mutually accountable and transparent fashion.

At the meeting convened by the United Nations Secretary General in New York on 22 September 2010, WE CALL ON DONOR AND DEVELOPING COUNTRY GOVERNMENTS to:

- 1. Pledge financial commitments for the implementation of national maternal, newborn and child health plans:** both donor and developing countries must commit additional money to MNCH programs and health systems to accelerate progress and meet MDGs 4 and 5 by 2015. Financial commitments must be additional to current spending or pledges. Each country should contribute its fair-share according to its means. This means that governments must back up announcements by demonstrating action to get on track to meet aid targets, and in addition, urgently provide innovative, robust and sustained new investments to bridge the financial gap.

¹ *Global Strategy for Women's and Children's health*, United Nations Secretary General, 2010.

² G8 Muskoka Declaration: 'Recovery and New Beginnings', 25-26 June 2010.

³ 'USAID 2002 Congressional Budget Justification FY2002: program, performance and prospects – the global health pillar', United States Agency for International Development, 2002.

- 2. Focus on the health of mothers, newborns and children along the continuum of care including increased access to comprehensive reproductive health services and voluntary family planning.** Essential elements along the continuum include reproductive health services, quality antenatal care, skilled attendance at birth (including emergency care for complications), essential newborn and postnatal care, treatment of child illnesses (including pneumonia, malaria, and diarrhea) and immunization. Additional focus is needed on the introduction of new vaccines to address the leading killers of children over one-month (pneumonia and diarrhea) and prevention of mother to child transmission of HIV. Improving the quality of care along the continuum requires the ongoing engagement of health care professional organizations in country for success.
- 3. Target inequity and finance the removal of barriers to healthcare for women, newborns and children, including user fees.** All governments should refocus efforts to remove the barriers that prevent women and children from using evidence-based, life-saving services and practices. Governments must ensure healthcare reaches the poorest and most marginalized women and children as well as address the extreme inequity that exists within and between countries. Closing this gap will require concerted action to tackle the underlying causes of global and national inequity through comprehensive approaches that engage communities in partnership with national health systems. By addressing barriers such as gender discrimination, women's and girl's position in society, cultural prejudice and financial barriers such as user fees, we will dramatically increase women's and children's access to, and utilization of, quality health services.
- 4. Fill the health worker gap:** urgent action from donor and developing country governments is needed to increase access to skilled healthcare professionals, including midwives, skilled birth attendants and nurses along the continuum of care. The AU 2010 Declaration recognized that countries must act to address the African "human resource crisis" in the health sector.⁴ Governments should commit financial targets to provide necessary resources and strategies to adequately recruit, educate, train and retain additional health workers in the context of the 3.5 million health worker shortfall at the global level.⁵
- 5. Finance and implement national nutrition roadmaps:** political leadership and attention to MDG 1c on hunger is needed for progress on MDGs 4 and 5. Donor and developing country governments should agree on hunger and nutrition roadmaps, which recognize and promote comprehensive, high-impact responses to malnutrition. These interventions should consist of proven packages combining direct and indirect interventions, including social cash transfers, support for breastfeeding and complementary feeding programs, fortified foods, and micronutrients.

Action from governments in these five areas is essential if we are to accelerate progress towards MDGs 4 and 5 by the 2015 deadline. Both donor and developing country governments must put in place sustainable plans to meet these targets with critical staging posts over the next five years.

Donor governments should recognize that aid should be channeled through mechanisms which strengthen nationally led health plans. The Joint Platform for Health Systems and the International Health Partnership (IHP+) offer optimal mechanisms for donors to ensure they respect country priorities and assist the plans of developing countries with predictable funding in the long term. By realigning current aid spending, investments can be more effectively used to finance strong health systems. Governments must also look for effective, innovative financing mechanisms.

Both donor and developing country governments must uphold the principle of accountability and deliver on both past and new commitments. In order to monitor and evaluate implementation, efforts to strengthen health systems must also include improved health information systems, *inter alia* vital statistics registration, regular household surveys and applied research. Improved and expanded implementation and evaluation of research will identify options to achieve results faster and more efficiently.⁶

Governments across the world must play their part to end the preventable deaths of mothers, newborns and children.

Time is running out.

⁴ Declaration of the Assembly of the Union Fifteenth Ordinary Session 'Actions on Maternal, Newborn and Child Health' African Union, 2010.

⁵ *Consensus for Maternal, Newborn and Child Health*, Partnership for Maternal, Newborn and Child Health, 2009 available at: http://www.who.int/pmnch/topics/maternal/consensus_12_09.pdf

⁶ Commission on the Status of Women, draft resolution, Economic and Social Council, March 2010 available at: <http://www.un.org/womenwatch/daw/beijing15/outcomes/L%206%20-%20MM.Advance%20unedited.pdf>