# DELIVERING MATERNAL AND CHILD HEALTH[1]: A CALL TO ACTION

## A Decisive Move to Improve the Health of Women and Children

The global health agenda is giving increasing prominence to women's and children's health. The topic goes to the heart of two Millennium Development Goals (MDGs) – MDG 4 (reduce child mortality) and MDG 5 (improve maternal and reproductive health) – and is closely related to MDG 6 (combat HIV/AIDS, malaria and other diseases), as well as MDG 1c (improving under-nutrition) and MDG 3 (promote gender equality and empower women). Of all the MDGs, maternal health has made the least progress, and yet, good maternal and child health has a disproportionately large impact on the achievement of all the other MDGs. Accordingly, many countries, stakeholders and alliances are currently bringing reproductive, maternal, newborn and child health center-stage in their health strategies.

Building on this momentum, the UN Secretary General, with member states and other key partners, will galvanize a collaborative global effort on women's and children's health over the next six months. A global strategy, in the form of a joint Action Plan for maternal and child health, will build on commitments made by Member States at the 2009 ECOSOC Ministerial Review on Global Health and UNGA Special Session: *Healthy Women, Healthy Children - Investing in our Common Future*, as well as the 54th session of the Commission on the Status of Women. Partners in the global effort seek to have this common Action Plan endorsed at the United Nations MDG Summit in September 2010, accompanied by strong commitments from a range of stakeholders.

The Plan will build on existing initiatives, ensure broad leadership and partnering, and call for increased financing and innovative approaches. Specifically, it will:

- Help finance more effective health systems – strengthening policies that finance, monitor and deliver priority health interventions through a woman - and girl - centered approach;
- Introduce financing mechanisms focussed on results – ensuring that treating patients becomes a source of income that fuels the health system;
- Promote integrated health results (rather than targets concerned with a single MDG), though still emphasizing maternal and reproductive health (MDG 5), where progress has been slowest;

[1] For the purposes of this paper, we have used the term "maternal and child health" to cover the full spectrum of reproductive, maternal, newborn and child health needs.

- Implement the widely endorsed Global Consensus for Maternal, Newborn and Child Health initiative to maximize sustainable health impact for every dollar invested in evidence-based solutions;

- Embrace innovative tools and technologies – including new vaccines and drugs, innovative communication networks (e.g., through mobile phones), novel performance incentives, and tools for monitoring and evaluating;

- Engage communities together with governments in the design, implementation and evaluation of interventions to ensure sustainable, long-term approaches;

- Help measure the difference we are making for current and future generations of young women and girls – who face significantly higher risk of both maternal death and HIV infection;

- Track progress and ensure political, financing and delivery commitments are met.

## Why is a joint action plan needed?

This decisive move on women's and children's health is a response to the disappointing progress so far on MDG 5. A number of existing mechanisms, old and new, raise and channel funds and achieve results on maternal and, in particular, child health. What is required now is a clear work plan to ensure a coherent strategic direction backed by broad-based coordination, improved use of existing resources, and mobilization of new resources commensurate with the need. Coordinated global action is desperately needed because:

- Conditions related to maternal and child health comprise about a third of the global burden of disease – the MDGs will not be achieved without a strong focus on women and children;

- Many effective interventions to prevent or reduce the burden facing women and children already exist, but are not fully utilized;

- Increased global and national funding is required to significantly improve maternal and child health. Current levels of financial commitment are not enough to deliver results. "Business as usual" is failing too many women and children in too many countries;

- Within an environment of scarce resources, countries and organizations need to focus more than ever on making the most effective use of available resources. A mechanism for tracking investments is therefore essential.

The health-related MDGs — and particularly MDG 5 — are the farthest off track of all the Millennium Development Goals. These goals are closely related to the health and well-being of women and children.

The burden of preventable death and illness is greatest among the most vulnerable — all too often women, adolescent girls and children in the poorest countries. Panel 1 describes the situation.

*Panel 1. Overview of MDGs related to maternal and child health*

- **MDG 1c:** Improving the nutritional status of women and children is key to their health and well-being.
  - Nearly 3 million children a year die of under-nutrition.
  - Iron deficiency contributes to 115 000 maternal deaths each year.
  - Nutrition-related factors are responsible for about 35% of child deaths.

- **MDG 3:** Empowering women brings a multiplier effect to the other MDGs, reduces poverty and improves the health of families.
  - Women's ability to decide the number and timing of children is key to their empowerment and expanded opportunities for work, education and social participation.
  - Educated mothers improve prospects for the whole family, thus helping to break the cycle of intergenerational poverty. In Africa, children of mothers who have received five years of education are 40% more likely to live beyond the age of 5.
  - Men play a pivotal role in achieving gender equality, including improved infant and maternal health and reduced HIV transmission, eliminating child marriage and gender-based violence.

- **MDG 4:** At the current rate, the MDG 4 target of reducing the mortality rate for under-fives by two-thirds by 2015 will not be met, especially among newborns.
  - Nearly 9 million children under 5 die each year from causes that can be prevented for example through immunization, or that can be treated.
  - 3.6 million children are dying at the time of birth or during the first month of life.
  - More than 1 billion children lack at least one of their essential needs — food, water, shelter, health care — for survival, growth, and development.

- **MDG 5:** In many countries, achieving the MDG 5 targets of improved maternal health and universal access to reproductive health remains a distant dream.
  - 1 woman dies and 30 women suffer long-lasting injury or illness every minute of every day, from preventable pregnancy related causes and complications, resulting in half a million deaths and an additional 15 million disabilities every year.
  - The majority of women are dying from preventable causes for which highly effective interventions are known. Five direct complications for which effective interventions exist: -

haemorrhage – infection – unsafe abortion – eclampsia (very high blood pressure leading to seizures, and obstructed labor.

- At least 200 million women lack access to family planning services. This results in 11 million unplanned pregnancies and 2.2 to 4 million unsafe abortions annually among adolescents.
- Pregnancy and child-birth related death, including unsafe abortion, are the top killers of 15-19 year old girls worldwide, with nearly 70,000 girls dying each year.

- **MDG 6:** Many women and children still die needlessly from HIV/AIDS, TB and Malaria.
  - Globally, the leading cause of death among women of reproductive age is HIV/AIDS. In countries with high HIV prevalence, AIDS-related complications are one of the leading causes of maternal mortality.
  - 15.7 million women are living with HIV, leading to 850,000 deaths annually. Only 45% of women receive anti-retroviral treatment to prevent mother-to-child transmission.
  - 280,000 children die from AIDS every year. Only 38% of children living with HIV receive anti-retroviral treatment.
  - Malaria kills 1 million people a year, most of them children under 5.
  - Half of the 11.5 million TB cases and 1.4 million deaths each year occur in women.

## Building the Joint Action Plan

Accelerated action will be built upon existing and new innovative solutions. The building blocks of the plan will be evidence-based, utilizing approaches that have been successful in the field. Specifically, the Joint Action Plan will incorporate:

- Country-led national health policies and plans that are evidence-based and provide effective incentives for achieving results;
- Globally recognized financial estimates from the High Level Task Force for Innovative Financing of Health Systems;
- New and emerging financing mechanisms to make sure funds get to the women and children who need them;
- Evidence-based priority interventions and strategies following the five pillars of the Global Consensus for Maternal, Newborn and Child Health (see Figure 1);
- Coordinated efforts to prevent and treat for women and children against deadly diseases such as AIDS, TB and malaria;

- Clear commitments by countries and organizations working in maternal and child health in the following areas:

  **Politics:** keep maternal and child health on the center of national and international agenda
  **Finance**: cover the costs of scaling up reproductive, maternal, newborn and child health in the highest burden countries
  **Delivery:** provide technical guidance and support for capacity development and monitoring by the relevant agencies, e.g., UNFPA, UNICEF, UNAIDS, WHO and the World Bank;

- A systematic way of tracking accountability (an accountability mechanism) for political, financing and delivery commitments.

*Figure 1. The Global Consensus for Maternal, Newborn and Child Health*

## Accountability for results

By adopting the Joint Action Plan, all stakeholders will endorse a framework for increased financing commitments, increased political commitments, and more effective delivery of maternal and child health services. To ensure credible results at all levels and to honor the pledges made to the women and children of the world, a systematic approach to holding organizations accountable and tracking progress is required.

Since the Millennium Declaration in 2000, governments and donor organizations make commitments each year to support the achievement of MDGs 4 and 5. While these commitments are often recorded in the media or organizational reports, they remain difficult for the international community to track systematically. Without tracking, it is impossible to know whether the commitments to reproductive, maternal, newborn and child health are eventually met, and if so, the impact they have on the lives of women and children.

The Joint Action Plan includes an approach to promote mutual accountability of all stakeholders working to improve the health of women and children. The objective is to adopt a common approach to tracking commitments made for financial, political, and service delivery activities. A shared accountability approach will make self-assessment and mutual accountability easier. It will also contribute to the global effort to improve monitoring and evaluation. And it will allow us to celebrate our successes, and build on them.

The table below highlights the types of activities that will be tracked. Financing for maternal and child health will be tracked as it progresses from pledges to commitments, disbursements, use, and ultimately improved health outcomes for women and children.

*Table 1. Accountability for results: activities, indicators and RMNCH constituencies*

| Type of Activity Tracked | Indicators | RMNCH constituencies |
|---|---|---|
| **Pledges** | • Pledges made on financial, political, and effective delivery commitments,<br>• Date pledges were made<br>• Period in which they will be delivered,<br>• Means of communicating pledges | • Bilateral donor governments<br>• Multilateral organizations<br>• National governments<br>• Civil society organizations<br>• Private sector/foundations<br>• Global partnerships<br>• Academic, research and training institutions |
| **Commitments** | • Annual budget allocation for RMNCH (total allocation, share of development funding, share of overall budget)<br>• Annual budget allocations for essential RMNCH interventions | |
| **Disbursements** | • Total funds disbursed<br>• Type of funding mechanism used (e.g. through bilateral aid, multilateral agency, CSO, global partnerships …)<br>• Disbursements made for essential RMNCH interventions<br>• End of year budgets and variations with initially approved budget, | |

| | | |
|---|---|---|
| **Use and accounting of funds** | • Spending in relation to essential RMNCH interventions<br>• Program evaluation indicators, including quality of care and cost-efficiency of programs and services<br>• Type of accounting mechanism used e.g. annual reports, audit | |
| **Impact** | • Progress towards MDGs 4 and 5<br>• Health systems indicators<br>• Maternal, newborn and child health indicators | |

## Through coordinated action we will make a difference

By coming together, we can make a significant impact in the lives of women and children, especially those in the poorest countries. In 49 developing countries alone, the Action Plan, if implemented, would ensure critical interventions reach the most at risk women and children by 2015. Common childhood illnesses, like pneumonia and diarrhea, would be treated appropriate and prevented through vaccination. 50 million more couples will use modern methods of family planning. Hundreds of millions of women and newborns would receive quality antenatal, birth and postnatal care. To care for women and children, an additional 2.5 million health care professions and 1 million community health workers will be trained. Finally, millions of women and children will receive interventions to prevent and treat diseases such as HIV/AIDS, tuberculosis and malaria.

Within 49 developing countries, these changes will make a tremendous difference in health outcomes. If scaled up to the 68 highest burden countries, which account for 97% of the global burden, the impact would be even greater. Specifically, the changes will:

- Prevent the deaths of up to 1 million women from pregnancy and childbirth complications
- Avoid 1.5 million stillbirths
- Save the lives of at least 4.5 million newborn babies
- Avert 1.1 million new HIV infections among infants
- Save the lives of at least 6.5 million children (1 month to 5 years)
- Prevent 1.1 to 2 million unsafe abortions
- Reduce by over one-third the rate of chronic malnutrition in children age 12 to 23 months
- Prevent approximately 1 million deaths per year due to malaria in children under 5

## A Challenge to Global Leaders

The UN Secretary General, with all partners committed to this joint effort, seeks to ensure that 2010 is the year that galvanizes global commitment, drives implementation, and ensures accountability around maternal and child health. Every community and society in the world can contribute. To achieve these ambitious goals, preparations should begin right now. In September, leaders will be able to present their views on how they, individually and collectively, will contribute to achieving the goals for women's and children's health.

Readiness for September will require significant work on all of our parts over the next six months, by countries and international leaders, by NGOs, companies and civil society, by donors, foundations and aid agencies. Let us agree now on the critical pieces of work we need to undertake and on how we will work together to complete them by September. In particular, let us focus on securing the commitments required to ensure adequate support through finance, political will and delivery on the ground for women and children.

### Committing to close the financial gap for maternal and child health

Currently the poorest billion people in the world account for 80% of all maternal mortality, while the 2 billion people living in low-middle income countries account for a further 16%. Now is the time to address this disproportionate burden specifically, and to address generally the MDGs relating to the health of women and children.

The costs are low given the magnitude of lives saved as well as avoided disabilities among women and children.

Excluding funding for specific diseases (i.e. HIV/AIDS, TB and malaria), the funding requirement for 49 developing countries between 2009 and 2015 is estimated to be approximately $30B for direct maternal and child health programs like family planning, management of childhood illnesses, vaccination and maternal & newborn health. If relevant health-system improvements are included, this would be an additional $100 billion from 2009 - 2015. Annually, this is approximately $20B per year.[2] This covers 1.4 billion people (2009) in 49 developing countries. If we close the financial gap for the 68 highest burden countries, an additional 3.2 billion people[3] (2009) would be covered. Compared that to the current funding levels of about $4 billion annually for maternal and child programs; the shortfall is substantial. These costs will be refined and validated by leading experts over the next six months as the Action Plan is developed.

Today, the implications are clear. To reach the desired funding levels, all countries, rich and poor, and appropriate organizations will need to make a substantial commitment above what they are doing today.

[2] "Constraints to Scaling Up and Costs", Taskforce on Innovative International Financing for Health Systems; Working Group 1 2009. The estimate is based on the WHO normative figure.
[3] The population is much higher because the additional 19 countries include China, India and Indonesia.

For international efforts on maternal and child health to be successful, all stakeholders must be involved. A framework of commitments to be contained in the Joint Action Plan would be organized as follows:

**1. Increased financing commitments:** for example, through increased domestic expenditure, ODA, philanthropy, the private sector and multilateral agencies.

**2. Increased political commitments:** policy change in line with the pillars of the Consensus on maternal, newborn and child health.

**3. More effective delivery:** for example, through effective national plans, coordinated technical support, better harmonization and alignment of all actors against national plans, and coordinated research and global campaign strategies.

Annex 1 provides examples of potential commitments organized by stakeholder groups to stimulate discussion about the type of commitments that should be included in the Joint Action Plan.

## Next steps: our work together over the next 6 months

The next six months are critical. The Action Plan is being developed in consultation with experts from a diverse set of fields ranging from economics to maternal and child health to epidemiology. The Office of the United Nations Secretary-General would like to thank the broad range of stakeholders who have contributed to this initial document for discussion. Over the coming months further contributions will be sought from a range of stakeholders to further develop and finalise the Action Plan. There are four important work streams to ensure maternal and child health is firmly entrenched in the international community and countries by the end of 2010.

1. Finalize the Action Plan, including the accountability framework that outlines the roles and responsibilities of all players for implementing the Action Plan between from now to 2015. The delivery commitments will be incorporated into the Action Plan.
2. Draft and gain agreement to the financial commitments to fully fund the estimated costs. Update and validate the costs to implement the Action Plan for the 68 highest burden countries.
3. Identify and develop effective financial mechanism(s) for monitoring and aggregating financial commitments, distributing funds, and tracking the use of funds and ensuring accountability at all levels for results in women's and children's health. Many novel mechanisms have emerged in recent years (e.g. expanded IFFIm, RBF Trust Fund, Voluntary Solidarity Contributions, and the GAVI-GFATM-WB-WHO common HSS platform) that should be evaluated and built upon.
4. Build political commitment among all key stakeholders to implement the Action Plan and achieve outcome measures outlined within the plan.

During the April 14-15th senior strategy meeting, we will agree on a process to galvanize support for the Action Plan and political, financial and delivery commitments over the next six months. We will focus particular attention on the financial commitments, since sufficient and rational use of financing will lay the groundwork for all other work.

We hope to come away from April 14-15th energized as a community and with a clear understanding of what we each will do over the six next months. By planning and working together now, we will be able to make a difference in the lives of the women and children around the world.

# ANNEX 1:
# Examples of commitments, organized by stakeholder groups

Below are example commitments for discussion only. When considering commitments, every effort should be made to ensure they are specific, measurable, attainable, relevant, and time-bound (SMART).

**The lowest-income countries** (49 countries, roughly 1 billion people) with high mortality will commit to

- E.g., Spending 2 dollars per capita per year to implement their national plans to reduce women, newborn and child mortality OR Establish timetables to reach 15% of government expenditures on health, in line with the Abuja Declaration. (Financial)
- E.g., Updating national health plans to ensure the delivery of reproductive, maternal, newborn and child health services is prioritized, financed, implemented and monitored. (Delivery)
- E.g., Achieving new targets or policies for the delivery of services in line with the Global Consensus for Maternal, Newborn and Child Health. *(Political)*

**OECD countries** (approximately 1 billion people) will commit to

- E.g., Matching twice over (i.e. 4 dollars per year per capita) the sum pledged by lowest-income countries OR Double funding for MNCH from $4 billion to $8 billion annually by 2010. *(Financial)*
- E.g., Increasing the predictability and average length of financial commitments. *(Delivery)*
- E.g., Keeping reproductive, maternal, newborn and child health high on the list of global priorities. *(Political)*

**Non-OECD members** of G20 with GNI over US$ 2000 per capita (approximately 2 billion people) will commit to

- E.g., Contributing 1 dollar per capita to the poorest billion. *(Financial)*

**Other non-OECD** countries with GNI < US$ 2000 per capita will commit to

- E.g., Establish timetables to reach 15% of government expenditures on health. *(Financial)*
- E.g., Focusing their support actions in their own countries. *(Delivery)*
- E.g., Achieving new targets for outcomes and intervention delivery as outlined in the Global Consensus for Maternal, Newborn and Child Health. *(Political)*

**Global Philanthropic Institutions** will commit to

- E.g., Matching 50% (i.e. $1B) of the sum contributed by the lowest income countries OR Doubling the sum they currently contribute to reproductive, maternal, newborn and child health by 2012. *(Financial)*

- E.g., Encouraging their grantees to focus on issues pertaining to maternal and child health. *(Delivery)*

**The private sector** will commit to

- E.g., Providing $2B per year of donations (including price reductions or free goods and supplies) required to reach MDGs 4 and 5. *(Financial)*

- E.g., Developing novel drugs, vaccines, and other interventions that will improve delivery and outcomes for women and children. *(Delivery)*

**Non-Governmental Organizations** will commit to

- E.g., Contributing $2B per year for maternal and neonatal health, AIDS and other major infectious diseases, through Non-Governmental resources, in furtherance of MDGs 4, 5 and 6. *(Financial)*

- E.g., Coordinating their approach to maternal and child health with countries, other NGOs and aid agencies. *(Delivery)*

**The UN and it specialized agencies** will commit to

- E.g., Adopting clear guidelines on technical and managerial support for countries in need. The funds will provide technical assistance and norms and standards to accelerate progress toward MDG 4, 5, and 6. *(Delivery)*

**Global and regional funds and financial institutions** will commit to

- E.g., Assisting the 68 highest burden countries in meeting their financial commitments and gaps, through credits and other financial mechanisms. (Financial)

- E.g. Agreeing on and establishing simple and effective channels for funding. (Financial)

**The top 100 research institutions** in the world (based on budget size) commit to

- E.g., Allocating a fixed percent (e.g., 10%) of their budgets to research related to women's and children's health. *(Financial)*

- E.g., Adopting a coordinated research agenda to underpin this unique global effort. *(Delivery)*