



A global call for G8 Leaders and other donors to champion maternal, newborn and child health

The Partnership for Maternal, Newborn and Child Health salutes the proposal by Japanese Prime Minister Yasuo Fukuda to lead a drive aimed at getting the UN Millennium Development Goals (MDGs) on health back on track towards the 2015 target. Japan's decision to place the issue of health system strengthening for safe motherhood and newborn and child survival on the agenda of the July 2008 G8 Summit it is hosting provides a window of opportunity for action which must not be lost.

Each year, more than 500,000 women die from pregnancy-related causes, and 9.7 million children die before they turn five years old - nearly 40% in their first month of life. Yet more than 6 million maternal, newborn and child deaths would be averted yearly if essential maternal, newborn & child health and nutrition interventions are implemented at scale.

At their historic Okinawa G8 Summit in 2000, G8 leaders made a ground-breaking commitment to create a Global Fund to Fight AIDS, TB and Malaria. The Global Fund has already resulted in a dramatic turnaround in the fight against three killer diseases, with more than 2 million lives saved in the past seven years.

In September 2007, a new window of opportunity for global health opened with the launch of the *Global Campaign for the Health MDGs*, a framework to align donors and governments behind one national plan and strengthen health services with priority access for women and children. Norway's Prime Minister Jens Stoltenberg committed US\$1 billion for maternal and child health over 10 years and initiated a Network of Global Leaders to build momentum.

In March 2008, a UK Parliamentary report on maternal health highlighted the world's "collective failure" to drive action to improve the health of women, saying this deserves "urgent political commitment". These two initiatives in effect echo a call for action which appeared three years ago in the Delhi Declaration for Maternal, Newborn and Child Health.

We therefore call on G8 nations, other donor governments and business leaders

to build on this momentum and ensure they devote the necessary political priority and investment to achieve MDG 4 on child health and MDG 5 on maternal health, with a particular view to reducing existing inequalities in access.

Specifically, we call on G8 leaders at their 2008 Hokkaido Toyako Summit to:

► **Fulfil prior G8 commitments to global health and increased ODA with a view to ensuring long-term, predictable financing for strengthened health systems to deliver essential services to women, newborn and children.** Meet Gleneagles and other existing commitments and goals such as universal access to HIV prevention, treatment and care, and polio eradication, which are critical to maintaining the credibility of the international community. Also, commit to new, long-term predictable financing against MDGs 4 and 5. Such financing should be linked to results and ensure adequate documentation and learning on what works. An **additional \$US 10.2 billion** is needed yearly to ensure universal coverage of maternal, newborn and child health interventions to achieve MDGs 4 and 5. This figure *combines* the external donor and domestic resources needed. Significant efforts should be made towards reallocation of national resources to benefit women and children, especially in countries with significant economic prospects where resources can be mobilized and domestic solutions are feasible.

- ▶ **Support dramatic scale-up of high-impact interventions needed to reach MDGs 4 and 5.** Such scale-up should be based on strengthening of health systems with a strong contribution from disease specific programs. It should include support for a comprehensive human resources strategy. Child and maternal mortality reduction (including use of valid proxy measures) as well as reductions of underweight and stunting rates should be viewed as ultimate measures of impact, especially for the poor, marginalized and excluded populations.
- ▶ **Commit to harmonize and align global health initiatives and to ensure meaningful implementation of the Paris Principles in the health sector,** including support for a single plan led by governments but inclusive of civil society and private sector. Where regional strategies exist (such as the Africa Health Strategy of the Africa Union) these should be supported. Regular monitoring of progress against the indicators of the Paris Declaration and principles should be included.
- ▶ **Maintain political commitment for health including as a standing agenda item at the G8 summits.** Leaders should demonstrate their commitment to the highest level. They should use their voices and political influence to ensure that the health, nutrition and well-being of women, newborn and children receive highest priority on their national and international agenda in 2008 and thereafter. Health is a critical component of the majority of the MDGs and better health is a key poverty reduction strategy.

Debt relief needs to remain high on the Agenda of the G8 and targeted towards countries' efforts to accelerate progress towards the MDGs.

About the Partnership:

The Partnership for Maternal, Newborn and Child Health brings together more than 240 member organizations from around the world working in common to achieve Millennium Development Goals 4 & 5 on child survival and women's health. For more information, visit:
<http://www.who.int/pmnch>

Facts & figures : Evidence base for call to action for strengthened health systems for mothers, newborn and children

How many lives can be saved?

More than 6 million maternal, newborn and child deaths would be averted yearly if essential maternal, newborn and child health and nutrition interventions were implemented at scale, according to studies published by The Lancet.^{i,iii}

What does it cost?

An estimated **additional US\$ 10.2 billion per year** is needed to ensure long-term, predictable financing for strengthened health systems for mothers, newborn and children, including family planning:

► The **World Health Report 2005 "Make every mother and child count"** estimates that **US\$ 9.2 billion** in additional resources are needed per year to scale up coverage of maternal, newborn and child interventions in 75 countries¹ with high burdens of maternal, newborn and child deaths.^{iv, vvi} The table below provides a breakdown of costs by WHO region. Some limited family planning is included in this US\$9.2 estimate. UNFPA has estimated that **an additional US\$ 1 billion** is required to cover the full costs of family planning. **If family planning is included**, then the estimated annual total resources needed are **US\$ 10.2 billion**.

For nutrition and child development interventions, further additional resources will be required.

Estimated additional costs needed by region: annual average over the period 2006-2015 (US\$ billion)

Region ²	Child health (95% coverage by 2015)	Maternal and newborn health (70% coverage by 2015)	Total
Africa	1.7	0.9	2.5
Americas	0.6	0.3	0.9
Eastern Mediterranean	0.7	0.6	1.3
Europe and Central Asia	0.2	0.1	0.3
South East Asia	1.5	1.2	2.7
Western Pacific	0.6	0.8	1.5
Total for regions	5.3	3.9	9.2
Family planning	-	-	1.0
Total	5.3	3.9	10.2

How much is being spent?

An analysis of donor assistance conducted by the *London School of Hygiene and Tropical Medicine* shows that **US\$ 3.5 billion was allocated to maternal, newborn and child health in 2006**.^{vii} 2007 saw renewed global attention for maternal, newborn and child health, including commitment by the Government of Norway of US\$1 billion over the next 10 years. Less is known about the amount of domestic resources allocated to maternal, newborn and child health. To address this gap in information, international partners have developed methods to measure domestic MNCH resources.^{viii,ix} However, information is currently limited to only a few countries.

¹ The US\$9.2 billion in additional resources needed includes costs for human resources (salaries and training, including for community health workers), commodities (drugs, vaccines, supplies), program management and supervision, maintenance

and upgrading of buildings and equipment, overhead costs, and information, education and communication.

² WHO Burden of Disease regions: <http://www.who.int/healthinfo/bodproject/en/index.html>

References

- ⁱ Bryce J, Black RE, Walker N, Bhutta ZA, Lawn JE, Steketee RW (2005) Can the world afford to save the lives of 6 million children each year? *Lancet*, 365: 2193-2200.
- ⁱⁱ Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walker N, de Bernis L (2005) Evidence-based, cost-effective interventions: how many newborn babies can we save? *Lancet*, 365: 977-88.
- ⁱⁱⁱ Campbell O, Graham J (2006) Strategies for reducing maternal mortality: getting on with what works. *Lancet*, 368: 1284-99.
- ^{iv} WHO (2005) *The World Health Report 2005 - Make every mother and child count*. Geneva, WHO.
- ^v Stenberg K, Johns B, Scherpbier R, Tan-Torres Edejer T (2007) A financial road map to scaling up essential child health interventions in 75 countries. *WHO Bulletin*, 85(4):305-314.
- ^{vi} Johns B, Sigurbjörnsdóttir K, Fogstad H, Zupan J, Mathai M, Tan-Torres Edejer T (2007) Estimated global resources needed to attain universal coverage of maternal and newborn health services. *WHO Bulletin*, 85(4): 256-263.
- ^{vii} Greco G, Powell-Jackson T, Borghi J, Mills A (2008) Countdown to 2015: assessment of donor assistance to maternal, newborn, and child health between 2003 and 2006. *Lancet*, 371: 1268-75.
- ^{viii} WHO, USAID, UNICEF, Partnership for Maternal, Newborn and Child Health (2007) *Guidelines for producing child health sub-accounts within the National Health Accounts Framework - Prepublication version*. Geneva, WHO. July 2007.
- ^{ix} WHO, USAID, Netherlands Interdisciplinary Demographic Institute, UNFPA, Partnership for Maternal, Newborn and Child Health (2007) *Guidelines for producing reproductive health sub-accounts within the National Health Accounts Framework - Prepublication version*. Geneva, WHO. July 2007.