The Global Campaign for the Health Millennium Development Goals 2010

Putting the Global Strategy for Women's and Children's Health into action

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We acknowledge with gratitude the individual and collective contributions by the global and international leaders listed above.

The Global Campaign for the Health Millennium Development Goals brings together a number of actions and initiatives, all aimed at fulfilling the promises given by world leaders ten years ago.

The report of 2010 provides an update on the efforts being made by countries and institutions in putting the Global Strategy for Women's and Children's Health into action. The Global Strategy was launched at a special event during the MDG summit in September by the Secretary-General of the United Nations.

For more information: www.un.org/sg/globalstrategy.shtml and www.norad.no/globalcampaign

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Entering a new era for the health of women and children

The Secretary-General of the United Nations
Ban Ki-moon

FOREWORD TO GLOBAL CAMPAIGN REPORT 2010

In September 2010, I was joined at the United Nations by leaders from around the world to launch the Global Strategy for Women's and Children's Health. Our special event during the MDG Summit was called "Every Woman, Every Child" and carried in its name an important message: that every woman, whether she lives in a wealthy urban centre or remote village, should have access to the basic health services she needs; and that every child has the right to a healthy future. This is a matter of fundamental equity. It is also easily within our grasp with often simple solutions that are available today.

The Global Strategy marks a distinct departure from business as usual. Previous efforts have generated progress but tended at times towards the piecemeal. The Global Strategy is truly comprehensive: it addresses the full range of issues that affect the health of women and children; it brings all the key actors together under one umbrella; and it integrates what they are doing – their objectives and programmes – into one coherent approach.

Developed and endorsed by a wide range of actors – Governments, international organizations, philanthropic institutions, civil society, the business community, health workers, professional associations, academic and research institutions – and welcomed by all 192 Member States, the Strategy gives us, for the first time, an agreed game plan that stresses the need for investment, innovation and measurable results.

Significant financial commitments accompanied the launch; further contributions are expected as we move forward. These new resources, and the impact they make, will be highlighted on everywomaneverychild.org. Increased transparency is among the hallmarks of the initiative.

Our success will depend on all global stakeholders coming together to support countries as they implement their plans. The United Nations and other multilateral organizations have a particularly important role in this regard and will work in partnership, village by village, community by community, country by country.

Already, efforts on the ground are accelerating. Some governments have committed to firm timelines for increasing budgetary allocations and improving service delivery. Private companies have promised to expand their investment portfolios in ways that will benefit women and children in developing countries. These are other steps show a vibrant and growing support base for the Strategy.

Promising changes will buttress our work. A rich reform agenda is emerging as countries and multilateral organizations increasingly demand more from their efforts and investments. New communications technologies have the potential to profoundly change the way we approach some of our most pressing challenges. The development of a robust and accessible accountability framework will allow all partners to track progress and ensure that promises are kept.

As we seek to usher in a new era for the health of women and children, let us be flexible in our approaches; let us learn from what works and what doesn't; and let us challenge ourselves and others to deliver. This publication showcases what our partners will do to move from commitments to action. I commend it to a wide global audience and to all involved in our shared mission to build a safe and healthy future for every woman and every child.

Analysis of Country Commitments

Countries around the world have responded generously to the Global Strategy by committing an additional US$40 billion to improve the health of women and children. This chapter details the commitments made, who made them and where they can make a difference.

Country commitments are focused on three areas: reducing financial barriers, creating a stronger policy environment for women's and children's health, and strengthening and improving the delivery of health services. The table at the end of the chapter summarizes the types of commitment, lists the countries making pledges and provides illustrative examples for each commitment.

1. Reducing financial barriers

The Global Strategy highlighted the financial gap that must be addressed to meet the health MDGs and called all stakeholders to reconsider their financial contributions. One of the most positive developments from the country commitments is the significant financial support pledged by both donor countries and high-burden countries. Together, these commitments equaled US$26 billion, or 64% of the total pledges to the Global Strategy. From a donor perspective, 15 donor countries pledged financial support for high-burden countries, which totaled more than US$16 billion over the next five years. Thirteen high-burden countries have committed to increase domestic health funding, with a focus on women's and children's health. In Africa, countries have reiterated the pledge made in Abuja to spend 15% of the budget on health. These pledges equaled approximately US$8.6 billion of new money for women's and children's health. Twelve governments are increasing health contributions to support the removal of user fees for services designated for women and children. A final category of commitments focuses on increasing equitable access to affordable health services, especially among the poor and otherwise marginalized. In this category, five countries have made commitments to fund the decentralization of financial authority to rural areas.

Overview of total financial commitments (US$40 billion) pledged by stakeholders during MDG Summit, New York, September 2010

Note: Additional commitments have been made but could not be translated into dollar value . These estimates are made in current dollars.

Source: "Summary of Commitments for Women's and Children's Health" made at Every Woman, Every Child side event hosted by United Nations Secretary-General Ban Ki-moon on September 22, 2010

2. Creating a stronger policy environment friendly to the health of women and children

The Global Strategy also urged countries to cultivate progress by addressing the root policy issues that impact women's and children's health. In response, 14 countries have made legislative commitments to strengthen policies for reproductive, maternal, newborn and child health (RMNCH). The pledges range from embedding gender in national development agendas to enforcing laws on the minimum age of marriage and the endorsement of mortality audits. Eight countries committed to policy measures to improve their health systems, such as strengthening registration of vital statistics and developing community-based health care. Finally, six countries made commitments on cross-cutting policy approaches, which include enforcement of laws on HIV/AIDS and the adoption of best-practice policies for fighting malaria.

3. Improving delivery of health services

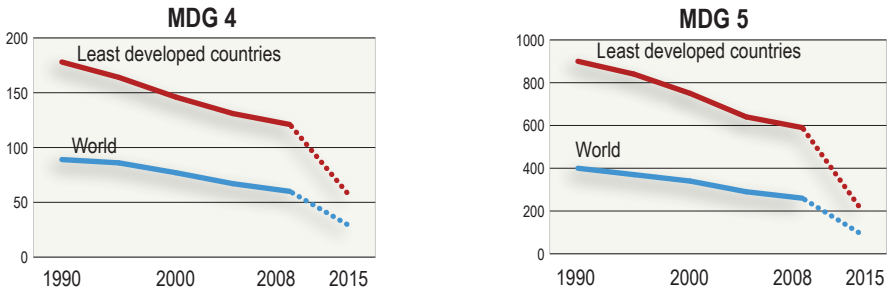
These commitments aim to improve delivery so that women and children have universal access to an integrated package of essential health services. Many have been earmarked for strengthening health systems infrastructure – with 18 countries pledging to increase investment – or for strengthening human resources for health, with 11 countries pledging increased support. This includes providing basic and comprehensive emergency obstetric care, expanding the numbers of trained midwives, and ensuring that a higher proportion of women have access to skilled birth attendants during labor. In addition, 12 countries have pledged to strengthen services for family planning in the context of reproductive healthby, for example by increasing availability of contraceptives and family planning and providing educational services to families and adolescents. An additional 17 countries have pledged to strengthen services for maternal and child health, including increasing the number of children immunized and diseases covered, and the number of women receiving antenatal care.

To strengthen cross-cutting interventions benefiting women's and children's health, 15 governments pledged to work with local and international stakeholders in areas such as nutrition, gender equality, women's empowerment and human rights. Other commitments include provision of insecticide-treated bednets to pregnant women and children under five, and access to care and treatment for HIV/AIDS (including antiretroviral therapy). Seven countries have committed to place emphasis on equity, to ensure access to services for those most in need.

Next steps for commitments

Moving forward, countries need to take ownership to fulfill their ambitious commitments, and donor countries to meet their commitments in a timely and transparent manner. Donor countries share the burden of responsibility for keeping women's and children's health high on the international agenda and for motivating other wealthy nations to participate. In the same way, the high-burden countries will strive to make good their commitments in a way that is transparent to the international community and free from corruption at the national and local levels. All countries can encourage other countries to join them in committing to improve the health of women and children.

Trends in maternal mortality ratio and under-five child mortality rates (1990-2008) and targets (2015) by least developed countries and the world[1]



Note: Maternal Mortality Ratio is number of maternal deaths per 100,000 live births. Under five child mortality rate is number of child deaths per 1,000 live births

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Type of Commitments Pledged to the *Global Strategy for Women's and Children's Health*[2]

Type of Commitment	Countries making Commitments	Example
Reduce financial barriers		
Financial support for high burden countries	Australia, Canada, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Republic of Korea, Russia, Spain, Switzerland, United States, United Kingdom	Australia will invest approximately AUD1.5 billion over the next five years on interventions shown to improve maternal and child health outcomes
Increased domestic health spending	Afghanistan, Benin, Burkina Faso, Democratic Republic of the Congo (DRC), Ghana, Liberia, Niger, Nigeria, Rwanda, Tanzania, Zambia, Zimbabwe, Yemen	Afghanistan has pledged to increase health spending from $10.92 to $15-$30 per capita
Removal of user fees	Afghanistan, Benin, Congo, Haiti, Liberia, Mali, Niger, Nigeria, Sierra Leone, Tanzania, Zimbabwe	Zimbabwe has commited to abolish user fees for pregnant women and children under 5 and starting an MNC survival fund
Decentralize financial authority	Afghanistan, Bangladesh, Ghana, Kenya, Yemen	Ghana has committed to decentralize health spending by allocating 40% to the districts
Cultivate policy environment		
RMNCH policy	Afghanistan, Bangladesh, Benin, Burkina Faso, Congo, Haiti, Liberia, Mali, Niger, Rwanda, Tanzania, Zambia, Zimbabwe, Yemen	Niger has pleged to improve legislative framework including passing a law for minimum age of marriage (18), a law against domestic violence, and a law focused on education of girls
Health system policy	Bangladesh, Burkina Faso, DRC, Congo, Liberia, Mali, Nigeria, Zimbabwe	Mali has pledged to develop a community-based national health care policy
Cross cutting policy	Afghanistan, Benin, Burkina Faso, Liberia, Nigeria, Rwanda	Nigeria has pledged to to adopt policy for providing HIV, TB, and Malaria care at primary health care facilities
Improve delivery of health services		
Health systems: infrastructure	Afghanistan, Bangladesh, Benin, Burkina Faso, Cambodia, DRC, Congo, Ethiopia, Haiti, Kenya, Liberia, Mali, Nepal, Niger, Nigeria, Rwanda, Tanzania, Yemen	Ethiopia has pledged to increase midwives from 2050 to 8635
Health systems: human resources	Afghanistan, Bangladesh, Burkina Faso, Cambodia, Liberia, Mali, Niger, Nigeria, Rwanda, Tanzania, Yemen	Yemen has commited to train 250 community midwives per year
Family planning, and reproductive health	Afghanistan, Bangladesh, Benin, Cambodia, DRC, Haiti, Mali, Nepal, Niger, Tanzania, Zambia, Yemen	Nepal has pledged to offer at least five family planning methods and voluntary surgical contraception at all district hospitals and mobile clinics
Maternal and child health	Afghanistan, Bangladesh, Benin, Burkina Faso, Cambodia, DRC, Congo, Ethiopia, Haiti, Liberia, Nepal, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania, Yemen	Benin has pledged to provide MNCH care at all levels by 2018 and that 90% of pregnant women and children will be vaccinated against polio and tetanus
Cross-cutting interventions	Afghanistan, Bangladesh, Benin, Burkina Faso, Cambodia, DRC, Congo, Ethiopia, Nepal, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania, Yemen	Tanzania committed to expand PMTCT and pediatric care to all RMNCH facilities. The country will also increase exclusive breastfeeding from 41% to 80%
Equity	Afghanistan, Bangladesh, Burkina Faso, Cambodia, Liberia, Nepal, Yemen	Cambodia has pledged to ensure that 95% of the poor are covered by health equity funds

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Putting the Global Strategy for Women's and Children's Health into action

Network of Global Leaders

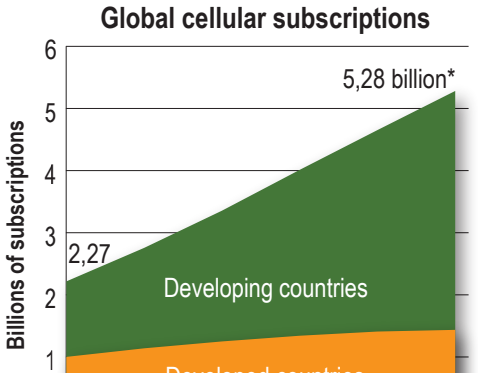
Overview

The United Nations MDGs Summit 2010 and the UN Secretary-General's Special Session, which launched the Global Strategy for Women's and Children's Health, marked a turning point for improving maternal and child health. The commitments emerging from such a diverse group of stakeholders were extraordinary in providing means to achieve MDGs 4 and 5 (see UNSG's introduction). The special session built on President Obama's Global Health Initiative, launched last year, Prime Minister Harper's G8 Muskoka Initiative and the AU 2010 Summit. The Network of Global Leaders are pleased that our own efforts over the last few years have contributed to these developments.

2015 is not far away, and we therefore commend the strong and prompt commitments announced by leaders at the special session. Many other leaders are following suit and currently conveying their commitments to the UN. These commitments, with concrete financial, policy and service delivery targets, represent an essential platform for speeding up progress.

These examples of national leadership were applauded at the UN. New models for international cooperation are emerging in the demand-side and supply-side of global health. On the supply-side, we welcome new actors in development aid and global solidarity, like China and Brazil, who are influencing the international development agenda and using their own development experiences and know-how in advancing women's and children's health. Both traditional donors and new donors need to come together to support the Global Strategy.

Furthermore, it is essential that we move our focus away from inputs to outcomes by linking finance to results, as emphasized by Germany, the United States and other key partners. On the demand-side, India and Nigeria are demanding from partners a tighter fit to national priorities and plans. Nepal is spearheading a new collaborative platform among development partners to support national health plans. In addition, civil society is mobilizing communities and local leaders to increase focus on crucial health issues for women, adolescents and children.



We welcome the renewed stewardship of the UN and the World Bank at this crucial time to capture new developments