

The 2010 Muskoka Summit: An Opportunity for Canada to Lead on Preventing the Deaths of Women and Children

At the G8 in 2010, when Canada hosts the world, we can lead on an initiative that would make substantial progress towards bringing millions more children to their fifth birthday, and saving the lives of their mothers. Each year, more than half a million women die from pregnancy-related causes, and 8.8 million children die before they turn five years old.¹ In many places, girls are disproportionately affected as they are less well fed and more undernourished than their brothers.² One of the best indicators of a child's health and well-being is a healthy mother. Yet, an astounding 1500 mothers die each day during pregnancy or because of complications during labour.

Remarkably, there is more than hope to confront these jarring statistics about child deaths. Since 1990, we have cut the global under-five mortality rate in half. Inexpensive, cost-effective, proven interventions have had, and continue to have, tremendous impact. We know what works when it comes to saving children – and also their mothers. Canada has already laid the groundwork to be an international leader in this area and in 2010, Canada can highlight impressive and tangible results in child survival that have already been achieved, and define a clear pathway towards visible and sustainable future progress. By ramping up global support for an expanded Catalytic Initiative to save children's lives and secure improvements in maternal health, Canada can put children and their mothers at the centre of Canada's G8 development agenda as an issue that the world and all Canadians can support.

Who we are: The Canadian Coalition for Maternal, Newborn and Child Health (CCMNCH)

Five of Canada's largest international development organizations, alongside human rights and grassroots citizens' organizations have formed *The Canadian Coalition for Maternal, Newborn and Child Health* to help improve the health and well being of women and children in developing countries.³ We have significant, long term experience working within and beside communities and know firsthand the challenges women and children face, as well as the most effective solutions to overcoming them and realizing the right to health.

In 2009, World Vision Canada, Plan Canada, Save the Children Canada, CARE and UNICEF Canada came together to explore the specific opportunity of the 2010 G8 Summit, to be hosted by Canada. Based on a survey of our collective programming experience and a review of the most recent best practise literature, we recommend the following actions to the G8 in order to break the logjam and catalyze progress on Millennium Development Goals four and five, on child and maternal health.

Background:

At the UN Millennium Summit in 2000, government leaders came together to create the Millennium Development Goals (MDGs): a set of time bound objectives aimed at reducing extreme poverty by 2015. Although we have seen progress on several of the MDGs, of all of these goals, MDG four, to reduce child mortality, and MDG five, to improve maternal health, are the most seriously off track. We are only 9% of the way towards improving maternal health and 32% of the way towards achieving our goal of reducing child mortality.⁴

The major causes of maternal, newborn and child mortality are well understood and the means of tackling them, through simple and affordable interventions, are well known. We now have an extensive body of research that indicates that the delivery of basic, inexpensive health and nutrition services can have a significant impact on the lives of mothers, newborns and children, particularly when combined into 'packages' of care and administered at key points in the life cycle. This lifesaving basket of services, readily

¹ "Globally neo-natal deaths now account for 38% of deaths in children aged younger than 5 years" (NeoNatal Survival Series Vol. 365 March 12, 2005).

² Plan Canada 2007, *Because I am a Girl, the State of the World's Girls 2007*.

³ The Canadian Coalition for Maternal, Newborn and Child Health (CCMNCH) is made up of Action Canada for Population and Development, Care Canada, Plan Canada, Results Canada, Save the Children Canada, UNICEF Canada and World Vision Canada.

⁴ Based on data derived from World Bank, MDG Global Monitoring Report, 2008 pp 19-22.

available to most women and children in the developed world, remains elusive for many women and children across developing regions.⁵ While attempts to tackle this issue have been made through focused, disease-specific interventions, research now shows that an integrated approach is more cost efficient and effective in terms of saving lives, than a myriad of separate initiatives.⁶

In 2007, Canada showed international leadership by making an important investment in the enormous live-saving potential of the integrated approach. In November of that year, Canada became a major funder of the multilateral “Catalytic Initiative to Save a Million Lives” (CI) which aimed to deliver proven high-impact, low-cost interventions to save the lives of mothers, newborns and children through an approach that also develops a strong health system. The CI built on the successes and lessons learnt from the Accelerated Child Survival and Development (ACSD) project that the Canadian International Development Agency (CIDA) had previously invested in. The ACSD project aimed to see if the lives of children could be saved for less than \$1000 per life. Results from the ACSD program clearly showed that money was well spent. Where the program was implemented in its entirety, there was a 20% reduction in mortality- saving the lives of 18,000 children a year - for *less than half* the anticipated cost.

The Opportunity:

The Catalytic initiative promises to bring about even better outcomes if magnified to reach its full potential. The methods are sound and firmly rooted in evidence based findings that are widely supported by *CCMNCH*: the CI strengthens the overall health system by training health workers and addressing preventable diseases through national health plans. Every year more than 6 million maternal, newborn and child deaths can be averted if essential health and nutrition interventions are implemented at scale.

At the 2010 Muskoka G8 Summit, Canada has the opportunity to build on its initial leadership on child and maternal health and catalyze global progress towards putting MDGs four and five back on track.

The leadership shown through its investment in the ACSD and CI programs has paved the way for Canada to make saving the lives of millions more women, newborns and children the signature development theme of the 2010 G8 Muskoka Summit by:

1. Deepening Canada’s contribution to the CI by supporting a broader range of life-saving newborn, child and maternal interventions during pregnancy, delivery and early childhood in recipient countries, including support to publicly funded health systems;
2. Leveraging Canada’s leadership by bringing other G8 leaders on board to expand the global reach of the CI and by including additional countries with high rates of maternal, newborn and child mortality;
3. Securing commitment from the G8 leaders to contribute their fair share toward addressing the global gap between the level of commitment (US\$16 billion/yr)⁷ and what is needed to meet Millennium Development Goal 4, 5 and 6 by 2015 (US\$42.5 billion/yr);⁸ and
4. Agreeing with other G8 leaders to task the *Global Campaign for the Health Millennium Development Goals* to create a Global Action Plan on maternal, newborn and child health to bring coherence to international initiatives towards the achievement of MDGs 4 and 5.

⁵ Bhutta, Z. A. et al., (2008) Alma-Ata: Rebirth and revision 6. Interventions to address maternal, newborn and child survival: what difference can integrated primary health care strategies make. *Lancet*, 372:972-89, p. 978

⁶ UNICEF 2008, State of the World’s Children.

⁷ While MDGs 4 and 5 are most closely tied to the reduction of maternal, newborn and child mortality rates, the interventions needed to meet MDG 6 which is focused on combating HIV/AIDS, malaria and other diseases, are critically tied to the achievement of MDGs 4 and 5 given the impact these diseases have on mortality rates. Also the health system strengthening that is needed to achieve all health related MDGs makes investment in MDG 6 critical to the health and survival of mothers and their children.

⁸ Dollar figures are derived from the report of the Taskforce on Innovative International Financing for Health Systems 2009, More money for health, and more health for the money. \$42.5 billion is the minimum investment needed as it reflects analysis of the situation in only 49 countries representing only 60% of child deaths.

Backgrounder: The Causes and Solutions to Addressing Maternal, Newborn and Child Mortality

Evidence gathered by the Lancet's Bellagio Child Survival Series and the extensive field experience of the CCMNCH suggests that there is wide agreement about the actions that are needed to address the continued high levels of maternal and newborn and child mortality.

The causes maternal, newborn and child mortality are:

1. Malnutrition and Preventable Diseases:
 - Most children living in developing countries die from common illnesses such as measles, whooping cough (pertussis), diarrhoea, pneumonia and malaria.
 - Malnutrition is an underlying cause of 30% of child deaths.
 - Newborns die from delivery complications, cold, tetanus and infections.
 - Women die due to complications in pregnancy.⁹
2. Inadequate Resources and Structures
 - National governments do not have sufficient financial resources to adequately address the health care needs of women, newborns and children.
 - National health care strategies are therefore weak and inadequately resourced resulting in:
 - a shortage of well trained community health workers and other health care providers;
 - a lack of access to basic health service interventions¹⁰ ; and
 - limited access to inputs (such as immunizations, supplements) needed to address malnutrition and disease, particularly for women.

The interventions needed to save lives are:

1. A package of high impact integrated interventions to ensure safe pregnancy and childbirth including:
 - quality, safe post natal, antenatal and emergency obstetric care;
 - access to an adequate diet for pregnant women and for children under two which requires:
 - improved access to food;
 - access to and education on good nutrition including micronutrient fortification and supplementation (especially vitamin A and iron folate);
 - dietary diversification; and
 - teaching on exclusive breastfeeding and complimentary feeding;
 - insecticide treated bed nets;
 - prevention of mother to child transmission of HIV care and services;
 - culturally sensitive family planning information, services and supplies;
 - access to skilled birth attendants and trained community health workers;
 - immunization; and
 - access to and education on clean water, sanitation and hygiene
2. A package of high impact integrated interventions for newborns and children under five including:
 - the integrated community case management of newborn and child illnesses including essential newborn care;
 - access to good nutrition including micronutrient fortification and supplementation (vitamin A, iron, and zinc), a diversified diet, exclusive breastfeeding and supplementary feeding;
 - insecticide treated bed nets;
 - immunization;
 - access to a community health workers trained in the integrated management of newborn and child illnesses; and

⁹ Two decades of Progress: USAID'S child survival and maternal health problem p. 3

¹⁰ Taghreed Adam et al, "Achieving the millennium development goals for health Cost effective analysis of strategies for maternal and neonatal health in developing countries" p.1, BMJ online

- access to clean water, hygiene and sanitation.

In order to maximize the benefits of these interventions, maternal, newborn and child health programs should:

- Ensure a cost effective approach improving maternal, newborn and child health by:
 - Focussing on primary interventions for mothers and newborn children and emphasizing preventative interventions at the community level for newborn babies; and
 - Leveraging cost synergies by delivering whole packages of maternal and newborn interventions rather than individual interventions.¹¹
- Adopt integrated approaches that are adapted to local contexts.¹²

Based on the depth of evidence and the high degree of global agreement on the needed solutions, there is no need to wait for new vaccines, new drugs, or new technology: the time to act on improving maternal, newborn and child health is now. Innovations must nonetheless remain on the agenda as a basis for improving our efficiency and effectiveness in the future.¹³ We must continually be looking to improve by integrating effective evidence based interventions such as new vaccines such as pneumococcal and improvements in the prevention of mother to child transmission of HIV into comprehensive packages.

¹¹ Taghreed Adam et al. "Achieving the millennium development goals for health Cost effective analysis of strategies for maternal and neonatal health in developing countries" p.5 BMJ online

¹² Jones, Gareth et al "How many child deaths can we prevent this year?" The Lancet Vol. 362, July 5, 2003, p.69

¹³ Ibid