
Investing in maternal, newborn and child health

To achieve Millennium Development Goals 4 and 5 – reduce the number of deaths of children and mothers – G8 countries must be substantially committed to an initiative to reach mothers and children in the communities where they live



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When world leaders gather in Muskoka for the G8 Summit in June 2010, they will turn their attention to the large numbers of women, newborns and children who are dying around the world everyday from preventable causes. This focus from the world's largest donor countries comes at a critical time. At this late point in efforts to achieve the Millennium Development Goals (MDGs), the world is seriously off track in achieving Goals 4 and 5 to reduce the number of deaths of children and mothers. While child deaths from preventable diseases are declining and there has been a steady increase in international funding, a surge of support is needed if the MDGs are to be met. This year the G8 has a real opportunity to show leadership and provide critical investment in an area that desperately needs it. Success is within reach, given the right focus and sustained commitment.

About 8.8 million children and hundreds of thousands of women continue to die each year, mostly of preventable

causes. It is particularly frustrating that the solution to end these deaths is well known.

In recent decades highly effective interventions have improved the health and nutrition of women and children and prevented and treated many of the main causes of their deaths. Many interventions involve community-centred strategies such as exclusive breastfeeding (feeding with only breast milk with no supplements or water), micronutrient supplementation and family planning. Others involve strengthened facility-based provision of skilled birth attendants, basic obstetric care and antibiotics, and innovations such as new vaccines to prevent pneumonia and diarrhoea, simple drugs to treat and prevent malaria, and highly effective methods to prevent the transmission of HIV from mother to child. The challenge has been to ensure that these interventions reach all women and children. Bottlenecks in accessing health services have meant that coverage rates for these interventions remain low and children and mothers continue to die.

This is where the G8 countries can play a catalytic role. By addressing these bottlenecks through the commitment of sufficient funding to strengthen health systems, support innovation and train community-level workers, the G8 can help galvanise the movement to achieve MDGs 4 and 5. The G8 Muskoka Summit comes in time to make an important contribution in support of the United Nations Joint Action Plan for accelerating progress on maternal and child health ahead of the UN Millennium Development Goals Review Summit in September 2010.

One element critical to the solution for ending preventable maternal and child deaths is the ability to reach mothers and children in the communities where

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they live. The poorest and most marginalised have little or no access to health facilities. Any initiative hoping to see results in the short to medium term must reach directly into communities themselves. To strengthen the lower levels of the health system, the G8-funded initiative must focus on going to scale with a package that includes the following interventions:

- community-based curative interventions, including policies that permit the administration of antibiotics by community health workers;
- family and community health promotion interventions, to encourage breastfeeding and healthy hygiene and sanitation practices; and
- preventive interventions, such as new vaccines, vitamin A and zinc.

Constraints related to the social, economic, political and epidemiological contexts of countries influence what type of investment can and should be made. By examining the constraints faced by the 40 countries in Asia and sub-Saharan Africa, which represent three-quarters of global child and maternal deaths, it is possible to determine which investment option is most feasible for each country. Three options for investment would have the highest





A mother and her newborn baby at a maternity clinic in Manila. A large number of women in the Philippines die from complications from pregnancy and childbirth

proven impact on the main causes of deaths of women and children.

The first option would involve investments in preventive services, promotion and community-based curative care. This would result in a decrease in the number of deaths of children under five by 42 per cent and of mothers by 6 per cent.

The second option would build on the first and also include additional investments to provide essential packages of maternal and newborn health services, such as basic emergency obstetric care, and selected high-impact curative services for older children, such as treatment of severe acute malnutrition. Under this option child deaths would be expected to fall by 55 per cent and maternal deaths by 34 per cent.

The third option would build on the first two but see them taken more fully to scale. It includes strengthening the referral system to higher levels of the healthcare system in order to provide additional curative care. Such an investment would be expected to reduce child mortality by 59 per cent and maternal mortality by 44 per cent.

Investment in the most appropriate funding option for each country would require donors to invest a total of \$20 billion – \$81 billion between 2011 and 2015 depending on the size of the investment available from national governments.

As part of the G8's catalytic role in improving maternal, newborn and child health, the investment should be used to leverage additional funding from a fully resourced Global Fund to Fight AIDS, Tuberculosis and Malaria and from the GAVI Alliance. G8 governments should meet the commitments they made at Gleneagles in 2005 to double aid. All donors should be encouraged to invest further in maternal, newborn and child health. Governments of high-burden countries should be encouraged to meet their global financing commitments to health responses such as the Abuja targets. By investing together and

developing common platforms for monitoring the quantity and effectiveness of aid, both donor and national governments build on the concept of mutual responsibility for outcomes.

Now is the time to invest in maternal, newborn and child health. In this age of financial crises and political instability, it makes good economic and political sense. Investing in prevention and promoting good health reduces the cost of curing people when they get sick, a saving of up to \$700 million globally per year for child survival alone. Good health and nutrition can also generate huge economic returns, because people can work more productively. This helps to improve their lives and contributes positively to the wider economy. It has been estimated that current maternal and newborn mortality rates directly result in \$25 billion in lost potential productivity every year.

Thus mobilisation of the required resources can show a very effective return on investment, as well as contribute to improved governance and stability. Effective delivery of services reinforces trust in institutions and governments. Expanding access to previously excluded populations nurtures equity and social integration.

But most importantly, there is a moral obligation to make these investments. It is the basic human right of all people to survive. Mothers and children who die of preventable diseases or who face illness or disability are denied this right.

Now is the time for a substantial commitment by the G8 in an initiative to reach mothers and children in the communities where they live. The impact of such an investment and leveraging could mean the difference between life and death for millions of mothers and children around the world. We know what to do. The leadership and political will of G8 leaders can turn that knowledge into millions of lives saved and lives improved. ♦