

stepping up global action on maternal and child health

World Vision's policy calls to the G8/G20 for 2010

Last year the G8 agreed to the Consensus for Maternal, Newborn and Child Health.¹ It is now time to operationalise this consensus. The Millennium Development Goals for maternal and child health are far off-track and they will not be achieved under the business-as-usual approach. Despite gradual improvements in child health globally, maternal deaths have not budged and child mortality is still far too high at around 9 million children under five years of age dying each year. Cost-effective interventions that have been proven in a number of developing countries are available which will reduce child deaths by 65% and maternal deaths by 80%. What is needed now is effective co-ordinated action by all major players. Such action will require the following four steps:

1 Increasing the level of funding for health to meet the MDG and G8 health commitments

There must be an increase in health funding from donors – from around \$US20 billion per year in 2008 to \$37.5 billion by 2012 and \$42.5 billion by 2015. World Health Organization modelling indicates that this level of support is required to meet the Millennium Development Goals for health and the existing G8 commitments which cover child health, maternal health, HIV & AIDS and other major infectious diseases.² This level of funding can be realised through the achievement of current aid volume commitments and through greater priority for health in the aid budgets of a number of donor countries. The total aid required for health in 2012 is likely to make up no more than 23% of total aid in 2012.³

Also required is encouragement from the G8 and G20 for an increase in health funding by developing country governments to at least 15% of national budgets. This broadly agreed target, established by African Union members in 2001 at Abuja, already has been achieved by several nations.

2 Improving health aid co-ordination, targeting and accountability

All developing countries that have effective health strategies, but insufficient resources, need to have adequate, timely and long-term support from donors to realise their health plans. The International Health Partnership (or other approaches similarly based on Paris Declaration aid effectiveness principles of harmonisation, co-ordination and accountability) offers the best mechanism to achieve this, and should be expanded to cover all donor countries and all developing countries that need increased, co-ordinated health assistance. In addition, the WHO needs to be given additional resources at the international and country levels to allow it to help improve the harmonisation and alignment of health initiatives and their integration into national health programmes.

3 Implementing a global action plan for Maternal and Child Health

The G8 supports the Consensus for Maternal, Newborn and Child Health, but this consensus needs to be operationalised if we are to significantly improve the health of mothers and children. The donor and developing countries and relevant multilateral agencies need to agree on an Action Plan for Maternal and Child Health this year which will guide significantly increased efforts in this area. The Canadian Government, as G8 host, has announced that this will be its priority. ►

This Action Plan must:

- ensure that maternal and child health are prioritised in each developing country health plan by the end of 2011;
- provide adequate, long-term funding to ensure universal access to essential maternal and child health services in developing countries, with priority to the thirty countries which have the highest rates and numbers of deaths, by 2012;
- fund the recruitment, training and sustainable employment of at least 2.5 front-line skilled health staff per 1000 population, with a particular focus on midwives and on effective health system management by 2012;
- provide free access at the point of care to essential health services for mothers and children and ensure that services are easily accessible regardless of level of income, geographic location or ethnicity;
- provide nutritional interventions for all adolescent girls, pregnant women and children up to 24 months: these interventions include effective breast-feeding and weaning practices, micro-nutrient supplementation, and treatment of disease such as worms, malaria and diarrhoea;
- ensure that the key aspects of the continuum of care are delivered to all mothers and children: pre-natal checks, prevention of mother-to-child HIV transmission, skilled birth attendance, rapid access to emergency obstetric care, family planning services, immunisation and the treatment of childhood diseases, and education about how to eat well, stay healthy and respond to common health problems;
- meet the existing G8 commitments to provide universal access by 2010 to: prevention of mother-to-child HIV transmission, paediatric HIV treatment, and proper care and support for all children left orphaned or vulnerable by AIDS;
- promote the use of proven low-cost family- and community-level prevention and treatment interventions and the effective use of volunteer and traditional health workers;
- allocate at least 5% of resources to significantly improved monitoring and evaluation systems which incorporate the voices of people and health workers in each community, ensure allocated funds reach their targets, hold service providers accountable and which help to continuously improve services and provide lessons on effective strategies; key maternal and child health indicators should form the backbone of the monitoring and evaluation systems for health services; and
- ensure that the social determinants of health such as poverty, gender, conflict, and the lack of access to essential services such as education, water and sanitation are taken into account in the implementation of maternal and child health strategies.

4 Ensuring adequate food and nutrition security for communities

The number of hungry people continued to increase in 2009, reaching over one billion, as the world moves further away from achieving Millennium Development Goal 1 on hunger. Poor nutrition is the single biggest causes of ill health and death and is particularly critical for pregnant women and for children in their first two years of life. While interventions to improve the nutritional status of women and children are a fundamental component of maternal and child health services, these need to be complemented by food security programmes that provide direct support to rural men and women to sustainably strengthen their livelihoods, to improve food and nutrition security, and to build their capacity to adapt to climate change.

The G8 and G20 should take the following steps in 2010 to improve food and nutrition security:

- provide a transparent plan of action and a specific timetable to meet the L'Aquila Food Security Initiative, including an accountability report detailing progress so far, as well as areas and mechanisms of delivery;
- develop a clear strategy to improve food and nutrition security for the world's poorest people by prioritising investment that supports small-holder farmers, the majority of whom are women, to sustainably diversify and increase agricultural productivity as well as to improve their incomes and assets;
- lift the proportion of global development assistance to agriculture from around 7% of sector-allocable aid currently⁴ to 14% by 2012;
- promote policies to strengthen the rights and participation of rural women and children in all food security interventions, paying particular attention to addressing the double discrimination faced by girls because of their gender and age;
- provide adequate humanitarian assistance to meet the existing need and ensure that food assistance meets the nutritional needs of women and children;
- make sure that agricultural trade-related agreements strengthen, not hinder, food security for the most vulnerable. ■

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