



GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

Foreword by the United Nations Secretary-General

Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century. We must, therefore, do more for the newborn who succumbs to infection for want of a simple injection; for the young boy who will never reach his full potential because of malnutrition. We must do more for the teenage girl facing an unwanted pregnancy; for the married woman who has found she is infected with the HIV virus; and for the mother who faces complications in childbirth.

Together we must make a decisive move, now, to improve the health of women and children around the world. We know what works. We have achieved excellent progress in a short time in some countries. The answers lie in building our collective resolve to ensure universal access to essential health services and proven, life-saving interventions as we work to strengthen health systems. These range from family planning and making childbirth safe, to increasing access to vaccines or treatment for HIV and AIDS, malaria, tuberculosis, pneumonia and other neglected diseases. The needs of each country vary and depend on existing resources and capacities. Often the solutions are very simple – clean water, exclusive breastfeeding, nutrition, and education on how to prevent poor health are only a few examples.

The Global Strategy for Women's and Children's Health meets this challenge head on. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These include:

- Support to country-led health plans, supported by increased, predictable and sustainable investment.
- Integrated delivery of health services and life-saving interventions – so women and their children can access prevention, treatment and care when and where they need it.
- Stronger health systems, with sufficient skilled health workers at their core.
- Innovative approaches to financing, product development and the efficient delivery of health services.
- Improved monitoring and evaluation to ensure the accountability of all actors for results.

I thank the many governments, international and non-governmental organisations, companies, foundations, constituency groups and advocates who have contributed to the development of this Global Strategy. This is a first step. It is in all our hands to make a concrete difference as a result of this plan. I call on everyone to play their part. Success will come when we focus our attention and resources on people, not their illnesses; on health, not disease. With the right policies, adequate and fairly distributed funding, and a relentless resolve to deliver to those who need it most – we can and will make a life-changing difference for current and future generations.

BAN Ki-moon
New York, September 2010

Global Strategy for Women's and Children's Health

With just five years left to achieve the Millennium Development Goals (MDGs), global leaders must intensify their efforts to improve women's and children's health. The world has failed to invest enough in the health of women, adolescent girls, newborns, infants, and children. As a result, millions of preventable deaths occur each year¹, and we have made less progress on MDG 5, improving maternal health, than any other.

Yet we now have an opportunity to achieve real, lasting progress – because global leaders increasingly recognize that the health of women and children is the key to progress on all development goals.

This Global Strategy requires that all partners unite and take coordinated action. Everyone has an important role to play: governments, civil society, community organizations, global and regional institutions, donors, philanthropic foundations, the United Nations and other multilateral organizations, development banks, the private sector, the health workforce, professional associations, academics and researchers.

Real progress is entirely possible. In fact, it has already been made in some of the world's poorest countries, where a high priority has been accorded to women and children within national health agendas.

Saving 16 million lives by 2015

Every year around 8 million children die of preventable causes, and more than 350,000 women die from preventable complications related to pregnancy and childbirth.¹ If we bridge the gaps detailed in this document, the gains will be enormous. Reaching the targets for MDG 4 (a two-thirds reduction in under-five mortality) and MDG 5 (a three-quarters reduction in maternal mortality and universal access to reproductive health) would mean saving the lives of 4 million children and about 190,000 women in 2015 alone.

In the 49 countries of the world with the lowest income, progress would be incredible. Between 2011 and 2015, we could prevent the deaths of more than 15 million children under five, including more than 3 million newborns. We could prevent 33 million unwanted pregnancies, and about 570,000 women from dying from complications relating to pregnancy and childbirth. A further 88 million children under five would be protected from stunting and 120 million would be protected from pneumonia.

Meanwhile, innovations in technology, treatment and service delivery are making it easier to provide better and more effective care, and both new and existing financing mechanisms are making care more affordable and accessible. By investing even more in these efforts, we will see major improvements. Already, 10,000 fewer children are dying each day than in 1990.²

Now is the time for all partners to join forces in a concerted effort. This means scaling up and prioritizing a package of high-impact interventions, strengthening health systems, and integrating efforts across diseases and sectors such as health, education, water, sanitation and nutrition. It also means promoting human rights, gender equality and poverty reduction.

All actors should work to optimize current investments. All are accountable for their commitments and need to raise the additional, predictable funding required to deliver basic health services and meet the health-related MDGs.

Focusing on the most vulnerable

This strategy focuses on the time when women and children are most vulnerable. For pregnant women and newborns alike, the greatest risk of death comes during childbirth and in the first few hours and days afterwards. Adolescents are also vulnerable, and we must make sure they're given control over their life choices, including their fertility.

This requires a focus on the most vulnerable and hardest-to-reach women and children: the poorest, those living with HIV/AIDS, orphans, indigenous populations, and those living furthest from health services.

Building on our health and human rights commitments

The Global Strategy builds on commitments made by countries and partners at several events: the Programme of Action agreed to at the International Conference on Population and Development; the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women, the ECOSOC Ministerial Review on Global Health; the UNGA Special Session, "Healthy Women, Healthy Children: Investing in Our Common Future"; and the 54th session of the Commission on the Status of Women. It also builds on regional commitments and efforts, such as the Maputo Plan of Action, the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), and the African Union Summit Declaration 2010 for Actions on Maternal, Newborn and Child Health.³

Women's and children's health is recognized as a fundamental human right in treaties such as the International Covenant on Economic, Social and Cultural Rights (CESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC). The Human Rights Council also recently adopted a specific resolution on maternal mortality.⁴

Investing in the health of women and children makes good sense

Women and children play a crucial role in development. Investing more in women's and children's health is not only the right thing to do; it also builds stable, peaceful and productive societies. Increasing investment has many benefits.

- **It reduces poverty.** Charging women and children less, or nothing, for health services improves access to care and enables poorer families to spend more money on food, housing, education and activities that generate income. Healthy women work more productively, and stand to earn more throughout their lives. Addressing under-nutrition in pregnant women and children leads to an increase of up to 10% in an individual's lifetime earnings.⁵ In contrast, poor sanitation leads to diarrhea and parasitic diseases, which reduce productivity and prevent children from going to school.
- **It stimulates economic productivity and growth.** Maternal and newborn deaths slow growth and leads to global productivity losses of US\$15 billion each year.⁶ By failing to address under-nutrition, a country may have a 2% lower GDP than it otherwise would.⁷ In contrast, investing in children's health leads to high economic returns and offers the best guarantee of a productive workforce in the future. For example, between 30% and 50% of Asia's economic growth from 1965 to 1990 has been attributed to improvements in reproductive health and reductions in infant and child mortality and fertility rates.⁸
- **It is cost-effective.** Essential health care prevents illness and disability, saving billions of dollars in treatment. In many countries, every dollar spent on family planning saves at least four dollars that would otherwise be spent treating complications arising from unplanned pregnancies.⁹ For less than US\$5 (and sometimes as little as US\$1) childhood immunization can give a child a year of life free from disability and suffering.¹⁰
- **It helps women and children realize their fundamental human rights.** People are entitled to the highest attainable standard of health.¹¹ This fundamental principle of development and human rights is affirmed by many countries in a range of international and regional human-rights treaties.

Working together to accelerate progress: key elements of the Global Strategy

We know what works. Women and children need an integrated package of essential interventions and services delivered by functioning health systems. Already, many countries are making progress. In Tanzania, for instance, deaths of children under five have fallen by 15-20% because of widespread use of interventions such as immunizations, vitamin A supplements and integrated management of childhood illness. Sri Lanka has reduced maternal mortality by 87% in the past 40 years by ensuring that 99% of pregnant women receive four antenatal visits and give birth in a health facility.

We know what we need to do. In line with the principles of the Paris Declaration, the Accra Agenda for Action and the Monterrey Consensus, all partners must work closely together in the following areas:

Country-led health plans. Partners must support existing, costed national health plans to improve access to services. Such plans cover human resources, financing, and delivery and monitoring of an integrated package of interventions.

A comprehensive, integrated package of essential interventions and services. Partners must ensure that women and children have access to a universal package of guaranteed benefits, including family-planning information and services, antenatal, newborn and postnatal care, emergency obstetric and newborn care, skilled care during childbirth at appropriate facilities, safe abortion services (when abortion is not prohibited by law), and the prevention of HIV and other sexually transmitted infections. Interventions should also include: exclusive breastfeeding for infants up to six months; vaccines and immunization; oral rehydration therapy and zinc supplements to manage diarrhea; treatment for the major childhood illnesses; nutritional supplements (such as vitamin A); and access to appropriate ready-to-eat foods to prevent and treat malnutrition.

Integrated care improves health promotion and helps prevent and treat diseases such as pneumonia, diarrhea, HIV/AIDS, malaria, tuberculosis, and non-communicable diseases. Stronger links must be built between diseases-specific programs (such for HIV/AIDS, malaria and tuberculosis) and services targeting women and children (such as the Expanded Programme on Immunization, sexual and reproductive health and the integrated management of childhood illness). Partners should **coordinate efforts with those working in other sectors** to address issues that impact on health, such as sanitation, safe drinking water, malnutrition, gender equality and women's empowerment.

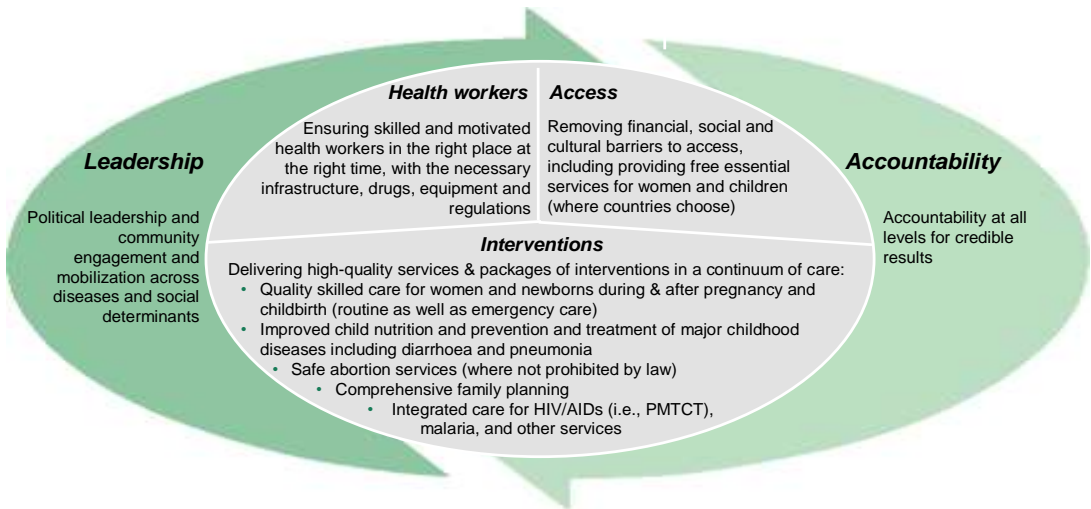
Health systems strengthening. Partners must support efforts to strengthen health systems to deliver integrated, high-quality services. They should extend the reach of existing services, especially at the community level and to the underserved, and manage scarce resources more effectively. They also need to build more health facilities to give vulnerable people access to medical expertise and drugs.

Health workforce capacity building. Partners must work together to address critical shortages of health workers at all levels. They must provide coordinated and coherent support to help countries develop and implement national health plans that include strategies to train, retain and deploy health workers.

Coordinated research and innovation. Partners must find innovative ways to provide high-quality care and to expand research programs that develop new interventions, such as vaccines, medicines and diagnostic devices. They must develop, fund and implement a prioritized and coordinated global research agenda for women’s and children’s health, and strengthen research institutions and systems in low- and middle-income countries.

The “Global Consensus for Maternal, Newborn and Child Health” (see Figure 1), developed and adopted by a wide range of stakeholders, lays out an approach to speed up progress. It highlights the need to align policies, investment and delivery around a cohesive set of priority interventions across what health professionals call the continuum of care, and offers a framework for stakeholders to take coordinated action.

Figure 1. The Global Consensus on Maternal, Newborn and Child Health



Women's and children's health and the Millennium Development Goals

The health of women and children, highlighted by MDGs 4 and 5, play a role in **all** MDGs:

Eradicate extreme poverty and hunger (MDG 1). Poverty contributes to unintended pregnancies and pregnancy-related mortality and morbidity in adolescent girls and women, and under-nutrition and other nutrition-related factors contribute to 35% of deaths of children under five each year, while also affecting women's health. Charging people less for health services reduces poverty and makes women and children more willing to seek care. Further efforts at the community level must make nutritional interventions (such as exclusive breastfeeding for six months, use of micronutrient supplements and deworming) a routine part of care.

Achieve universal primary education (MDG 2). Gender parity in education is still to be achieved. It is essential because educated girls and women improve prospects for the whole family, helping to break the cycle of poverty. In Africa, for example, children whose mothers have been educated for at least five years are 40% more likely to live beyond the age of five. Schools can serve as a point of contact for women and children, allowing health-related information to be shared, services offered and health literacy promoted.

Promote gender equality and empower women (MDG 3). Empowerment and gender equality improve the health of women and children by increasing reproductive choices, reducing child marriages and tackling discrimination and gender-based violence. Partners should look for opportunities to coordinate their advocacy and educational programs (including those for men and boys) with organizations focusing on gender equality. Shared programs might include family-planning services, health education services, and systems to identify women at risk of domestic violence.

Combat HIV/AIDS, malaria, and other diseases (MDG 6). Many women and children die needlessly from diseases that we have the tools to prevent and treat. In Africa, reductions in maternal and childhood mortality have been achieved by effectively treating HIV/AIDS, preventing mother-to-child transmission (PMTCT) of HIV and preventing and treating malaria. We should coordinate efforts on such interventions by, for example, integrating PMTCT into maternal and child health services and ensuring that mothers who bring children for immunization are offered other essential interventions.

Ensure environmental sustainability – safe drinking water and sanitation (MDG 7). Dirty water and inadequate sanitation cause diseases such as diarrhea, typhoid, cholera and dysentery, especially among pregnant women, so sustainable access to safe drinking water and adequate sanitation is critical. Community-based health efforts must educate women and children about sanitation and must improve access to safe drinking water.

Develop a global partnership for development (MDG 8). Global partnership and the sufficient and effective provision of aid and financing are essential. In addition, collaboration with pharmaceutical companies and the private sector must continue to provide access to affordable, essential drugs as well as to bring the benefits of new technologies and knowledge to those who need them most.

More health for the money

We must maximize the impact of investment by integrating efforts across diseases and sectors, by using innovative, cost-effective and evidence-based tools and approaches, and by making financing channels more effective.

Increasing effectiveness through integration

The conditions in which women and children are born, grow up, live and work have a major impact on their health. Efforts to improve health must be closely linked to those intended to tackle poverty and malnutrition, improve access to education, ensure gender equity and empowerment, tackle major diseases, and improve access to safe drinking water, adequate sanitation and a clean, safe environment. Integrating the care of women and children with other services is an efficient and cost-effective route to success. For example, investing in family planning in addition to maternal and newborn services can save US\$1.5 billion while achieving the same outcomes.¹² Egypt is one of the few countries on track to achieve both MDGs 4 and 5, which it has achieved by integrating child health and family planning programs, upgrading facilities to strengthen safe motherhood programs, combining oral rehydration programs with the expansion of water and sanitation systems, and training health-care workers in parallel with community outreach programs.¹³ Meanwhile, maternal mortality has fallen by 75% in two indigenous communities in La Paz, Bolivia, because women's groups have implemented education and empowerment programs, educated men about gender equality and reproductive health, and trained community health workers.¹⁴

Using innovation to increase efficiency and impact

Some of the poorest countries have significantly reduced maternal and newborn mortality and improved women's and children's health. Innovative approaches can achieve even more, eliminating barriers to health and producing better outcomes. These approaches need to be applied to all activities: leadership, financing (including incentives to achieve better performance and results), tools and interventions, service delivery, monitoring and evaluation.¹⁵

Innovative leadership is also vital, and in several places dynamic national leadership at the cabinet level, exercised through parliament, is holding local governments accountable for

their results. In Rwanda, for example, government ministries must include women-centered actions in their plans and introduce gender budgeting. At a local level, delegations of community leaders conduct investigations into each woman who dies of a pregnancy-related cause, which the government then monitors. This bold, outcome-focused leadership has led to the rapid development of health systems often through innovative programs to train and retain new health workers.

Innovative financing mechanisms can tap the enormous potential of the broader global community and increase the flow of money to women's and children's health. For example, UNITAID has negotiated a levy on all flights departing from partner countries, raising nearly US\$1 billion, and UNICEF's "Check Out For Children" has raised US\$22 million from hotel guests who donate US\$1 at check-out.

Results-based financing – the provision of cash or goods conditional on measurable action being taken or a defined performance target being achieved – can improve health service utilization, improve the quality and efficiency of services and enhance equity. In India, for example, the Janani Suraksha Scheme provides cash to health workers and pregnant women living in poverty if the woman gives birth in a public-health facility or an accredited private-sector facility.¹⁶ Between 2006 and 2008 there was a ten-fold increase in the number of people benefiting from this program.¹⁷

Innovative service delivery has also resulted in efficiency savings. "Child Health Days" and "Child Health Weeks" have helped to deliver a range of low-cost, high-impact interventions such as vitamin A, immunizations, and insecticide-treated bed nets for preventing malaria. In targeted areas of Ethiopia, Madagascar, Mali, Mozambique, Tanzania, Zambia, Nigeria and Niger these interventions have reached more than 80% of children under five. Meanwhile, in many countries, information and communication technology is being used to enhance health literacy, provide health information, improve care and strengthen monitoring and evaluation, and it will no doubt develop rapidly in the coming years.

Innovation and mobile phones – unprecedented potential

There are nearly 5 billion mobile phones in the world, and the UN estimates that by 2012 half the people living in remote areas will have one.¹⁸ More than 100 countries are now exploring the use of mobile phones to achieve better health. In Ghana, for instance, nurse midwives use mobile phones to discuss complex cases with their colleagues and supervisors. In India, mDhil sends text messages giving information about various rarely discussed health topics and supporting prevention and patient self-management efforts. Rwanda uses a system of rapid SMS alerts, through which community health workers inform health centers about emergency obstetric and infant cases, enabling the centers to offer advice or call for an ambulance if needed.

Public-private partnerships make good use of the private sector's willingness to innovate and take risks, to provide information and improve the quality of services, and to accelerate the development of new vaccines, drugs and technologies. The public sector and private sector can work together to better address the challenges faced by billions of people in emerging economies. In China for example, Goodbaby, a company providing baby products, uses 1,000 trained health professionals to give phone consultations to parents, and runs a website that receives over three million hits per day. In Tanzania, the Food and Drug Authority has created an innovative regulatory system for pharmaceuticals, through a network of retail drug dispensing outlets (ADDOs) that provide affordable, quality drugs and services in rural areas where pharmacies are rare.

Technological innovations can also play a critical role. First, they can simplify expensive, hard-to-use technologies, such as ventilators and tools for administer treatments making them more affordable and usable in the home or community, where most babies are born. Healthcare businesses should look at their product lines (analyzing the number of units they manufacture, their ease of use, pricing, and integration with distribution networks) and make sure they can be used in a home or community environment. Secondly, new interventions and tools can tackle challenges such as pre-term births and creating vaccines for AIDS and other diseases.

Monitoring and evaluation can also benefit from innovation.¹⁹ In Peru and Nicaragua, new methods of online data collection have made monthly reporting possible, leading to rapid improvements in health outcomes. Similar approaches can be used to monitor maternal deaths and identify contributory factors.

Making funding channels more efficient

A number of international and regional taskforces have emphasized the importance of long-term, predictable and harmonized financing.²⁰ Yet funding is often unpredictable, making it impossible for countries to scale up and plan ahead. Commitments and disbursements often fail to reach countries, and when funding does arrive, it is often earmarked for narrow uses. Some donors fund similar initiatives in the same country instead of coordinating their activities. Countries without a unified national health plan may not have clearly articulated health priorities that can guide the use of funds and may not be disbursing all the money they have budgeted.

Countries and donors have agreed a set of principles around aid effectiveness to address these challenges.²¹ Countries will work to develop national health plans and donors will align their aid accordingly. They will also harmonize their budgets, providing separate health budget lines, with all public spending and donor financing included. Already, countries and donors are using the International Health Partnership (IHP+) to improve and harmonize their

activities, reduce fragmentation and ensure that more funding flows rapidly to those who need it.

Today, funds for women's and children's health reach countries through many channels, including traditional bilateral funding and multilateral channels. One mechanism to better channel new and existing funds for health systems strengthening is the Health Systems Funding Platform. This commits the World Bank, the GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, with the facilitation of WHO, to coordinate and align their funding for broad health systems support with countries' priorities, plans, timelines and processes. The Platform is being introduced in several countries and is open to other funders. Through it, over US\$1 billion²² of new money will be channeled to countries.²³ Nepal is one example of a country moving ahead with the Platform as a way to align partners' programs and grants with its national health plan.

More money for health

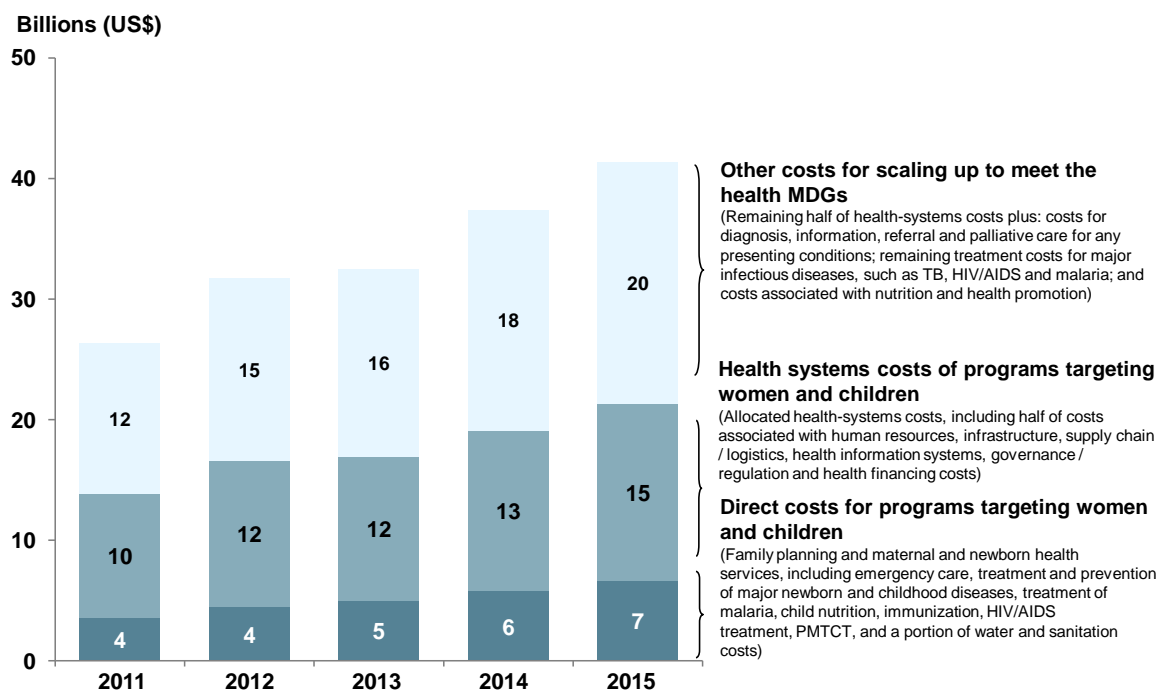
Efficiency and effectiveness can take us only so far. We must also invest much more, every year, and scale up efforts to support the health-related MDGs (MDGs 1c, 4, 5 and 6).

There is broad agreement on what must be included in a package of key, low-cost interventions – from vaccines and medicines to family planning and micronutrients – that can mean the difference between life and death for many vulnerable women and children.

In order to deliver this essential package of interventions and ensure that countries are able to sustain their efforts over the longer term, scaled up investment in health systems is also critical. Strong health systems require sustained investment over time. In many countries, there remains a large funding gap that must be filled in order to reach women and children with basic health services.

Among the 49 lowest-income countries in the world alone²⁴, the overall funding gap for the health MDGs ranges from US\$26 billion per year in 2011 (US\$19 per capita) to US\$42 billion in 2015 (US\$27 per capita) as countries scale up their programs²⁵. The direct costs of programs relating to reproductive, maternal, newborn and child health (including malaria and HIV/AIDs), and the proportional health systems costs to support their delivery, account for almost half of the estimated funding needed: from US\$14 billion in 2011 (US\$10 per capita) up to US\$22 billion in 2015 (US\$14 per capita)²⁶, which amounts to US\$88 billion in total. (See Figure 2).²⁷

Figure 2. Estimated annual funding gap for women’s and children’s health in 49 developing countries, 2011- 2015



Returns on investment

Assuming the funds needed each year between 2011 and 2015 are made available, we would dramatically improve access to life-saving interventions for the most vulnerable women and children in the 49 poorest countries.

In 2015 alone¹:

- 43 million new users would have access to family planning
- 19 million more women would give birth supported by a skilled birth attendant
- 2.2 million additional neonatal infections would be treated
- 21.9 million more infants would be exclusively breastfed for the first six months of life
- 15.2 million more children under one year of age would be fully immunized
- 117 million more children under five would receive vitamin A supplements
- 40 million more children would be protected from pneumonia

This funding would also significantly improve the health infrastructure available to the world’s poorest women and children. In 2015, it would contribute to:

- 85,000 additional health facilities (including health centers, and district and regional hospitals)
- Between 2.5 and 3.5 million additional health workers (including community health workers, nurses, midwives, physicians, technicians and administrative staff)

Bridging the financial gap

Every country needs to invest more in health to meet the MDGs. Many low- and middle-income countries can and are increasing their investment to cover their own needs²⁸. Further increases in GDP growth could help cover the funding gaps of many middle-income countries between 2011 and 2015 if applied to women's and children's health.²⁹ The 49 lowest-income countries do not have sufficient resources to meet their own needs.

Additional funds to tackle the health funding gap for the 49 lowest-income countries must come from traditional donors, new donors and governments. High-income countries, in particular, must meet their current commitments. Additional contributions must grow significantly in the coming months and years.³⁰ The 49 lowest-income countries should ensure that growth in GDP leads to more investment in the health of women and children.³¹ Other low- and middle-income countries should continue to invest in their own health sector, supported by external assistance where required. This is especially the case in poor performing geographic regions and communities which may require additional financial and technical assistance from development partners. Low- and middle-income countries should also forge partnerships with each other that will promote the exchange of technical expertise and cost-effective interventions, as well as financial support for the lowest-income countries.³²

Foundations and civil society organizations should make significant additional contributions of financial, human and organizational resources.³³ Many non-governmental organizations receive external and government contributions that they could use to target women's and children's health. The private sector can improve people's access to health care by increasing corporate giving, reducing product prices and developing affordable new products. The Access to Medicines Index 2010 shows that the contribution companies make varies considerably.³⁴ Bringing them all up to the standard of the best will improve the health of 2 billion people. Multilateral funders, such as the GAVI Alliance and the Global Fund to fight AIDS, Tuberculosis and Malaria can ensure that more funds are channeled to women, adolescents and children through countries' HIV/AIDS, tuberculosis and malaria and immunization programs. Multilateral Development Banks (MDBs), whose annual lending capacity is increasing from US\$37 billion to US\$71 billion, could give more in grants, credits and soft loans.³⁵

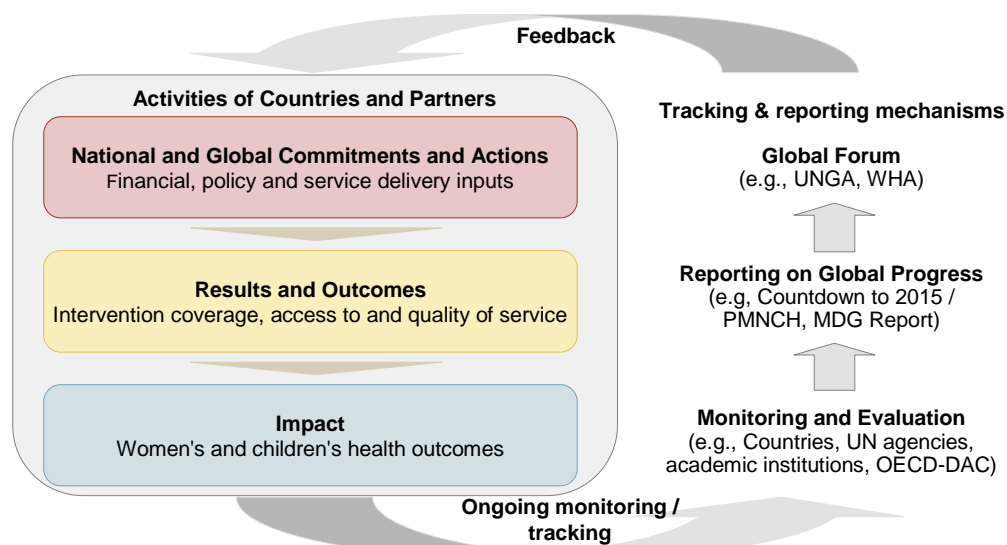
Holding ourselves accountable

Accountability is essential. It ensures that all partners deliver on their commitments, demonstrates how actions and investment translate into tangible results and better long-term outcomes, and tells us what works, what needs to be improved and what requires more attention. Key principles include:

- A focus on national leadership and ownership of results

- Strengthening countries' capacity to monitor and evaluate
- Reducing the reporting burden by aligning efforts with the systems countries use to monitor and evaluate their national health strategies
- Strengthening and harmonizing existing international mechanisms to track progress on all commitments made

Figure 4: Approach to tracking progress



National leadership and ownership are the foundation of accountability. Most monitoring, evaluating and reporting takes place, or at least starts, at the country level, and partners at all levels should strive to make countries accountable for the success of their national health strategies. Strong community-based efforts should hold governments and other organizations accountable for delivering on their commitments and ensure all money is used in a transparent manner. India's National Rural Health Mission, for example, has a community-based performance-monitoring mechanism to ensure that services reach their targets and that communities participate in delivery.

Strengthening national capacities also requires harmonized **investment in monitoring and evaluation systems**, to improve the availability and quality of data. This must support countries' efforts to strengthen their health information systems in line with the "Call for Action on Health Information".³⁶ Priority investments will vary from country to country, and might include filling gaps in essential data (on births, maternal and child deaths, health status and intervention coverage), tracking resources and expenditure more effectively, and enhancing the analysis of data quality. The availability of essential data is critical so that health workers are equipped with the information they need to make decisions.

Existing **global mechanisms** must also be used to support accountability efforts at the national and global levels. For example, a key objective of the Partnership for Maternal, Newborn and Child Health (PMNCH) is to track progress and commitments on MDGs 4 and 5. Several mechanisms are being explored to track donors' financial commitments and disbursements, such as the OECD-DAC's peer-reviewed assessments of aid policies and implementation, and the Countdown to 2015 Report. Further mechanisms are being explored to report on the work of civil society organizations, and to contribute to country-level initiatives, such as promotion of National Health Accounts to track health expenditures, and the United Nations initiative to develop a "unified costing tool".

Reducing the reporting burden on countries will contribute to more timely, effective and efficient monitoring, evaluation and reporting. It is important to accelerate efforts to develop an agreed set of core health indicators, reducing the overall number of indicators countries report on while ensuring that key information, such as whether efforts to address gender equality and deliver services to vulnerable communities, is collected. This will also encourage regular and accurate **national reports**, which will assess and track performance and progress. These should result in fewer requests by donors and multilateral institutions for separate reports.

To ensure that stakeholders are held accountable for their commitment and progress is sustained, the implementation of **commitments made as part of this Global Strategy should be tracked every two years**, in line with standard international practice. This will build upon the principles outlined in this document while ensuring existing country-level and global monitoring and reporting initiatives are coordinated and complement the development of high-quality, comparable reporting. Current initiatives and mechanisms – such as the MDG reports, Countdown to 2015, the International Health Partnerships+ initiative, analysis and research conducted by academic and international institutions, and other related processes – will inform the development of the biennial report. **The UN Secretary-General requests that the World Health Organization chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability** on women and children's health, including through the UN system.

A call to action – we all have a role to play

Everyone has a critical role to play in improving the health of the world's women and children.

Governments and policymakers at local, national, regional and global levels must:

- Develop prioritized national health plans, and approve and allocate more funds
- Ensure resources are used effectively
- Strengthen health systems, including the health workforce, monitoring and evaluation systems and local community care

- Introduce or amend legislation and policies in line with the principles of human rights, linking women's and children's health to other areas (diseases, education, water and sanitation, poverty, nutrition, gender equity and empowerment)
- Encourage all stakeholders (including academics, health-care organizations, the private sector, civil society, health-care workers and donors) to participate and to harmonize their efforts
- Work with the private sector to ensure the development and delivery of affordable, essential medicines and new technologies for health

Donor countries and global philanthropic institutions must:

- Provide predictable long-term support (financial and programmatic) in line with national plans and harmonized with other partners
- Advocate focusing global health priorities on women and children
- Support research efforts

The United Nations and other multilateral organizations must:

- Define norms, regulations and guidelines to underpin efforts to improve women's and children's health, and encourage their adoption
- Help countries develop and align their national health plans
- Work together and with others to strengthen technical assistance and programmatic support, helping countries scale up their interventions and strengthen their health systems, including health-care workers and community-level care
- Encourage links between sectors and integration with other international efforts (such as those on education and gender equality), including harmonized reporting
- Support systems that track progress and identify funding gaps
- Generate and synthesize research-derived evidence, and provide a platform for sharing best practices, evidence on cost-effective interventions and research findings

Civil society must:

- Develop and test innovative approaches to delivering essential services, especially ones aimed at the most vulnerable and marginalized
- Educate, engage and mobilize communities
- Track progress and hold all stakeholders (including themselves) accountable for their commitments
- Strengthen community and local capabilities to scale up implementation of the most appropriate interventions
- Advocate increased attention to women's and children's health and increased investment in it

The business community must:

- Scale up best practices and partner with the public sector to improve service delivery and infrastructure
- Develop affordable new drugs, technologies and interventions
- Invest additional resources, provide financial support and reduce prices for goods
- Ensure community outreach and mobilization, coordinated with health-care workers

Health-care workers³⁷ and their professional associations must:

- Provide the highest-quality care, grounded in evidence-based medicine, share best practice, test new approaches, use the best tools possible and audit clinical practice
- Collaborate to provide universal access to the essential package of interventions, addressing the needs of the vulnerable and marginalized
- Identify areas where services could be improved and innovations made
- Ensure that women and children are treated with respect and sensitivity when they receive health care
- Advocate better training, deployment and retention of workers
- Work with academics responsible for training and continuing education
- Provide information to track progress and hold authorities and donors to account

Academic and research institutions must:

- Deliver a prioritized and coordinated research agenda
- Encourage increased budget allocation for research and innovation
- Build capacity at research institutions, especially in low- and middle-income countries
- Strengthen the global network of academics, researchers and trainers
- Help policy development by reporting on trends and emerging issues
- Disseminate new research findings and best practice

Looking forward

This Global Strategy is an important step toward better health for the world's women and children. But it must rapidly be translated into concrete action and measurable results, and all parties must make concrete commitments to enhance financing, strengthen policy and improve service delivery.

With all actors joining in this concerted effort, we will replace the needless suffering of millions with health and hope.

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- ¹ United Nations inter-agency estimates based on 2010 UN data on maternal mortality.
- ² “The Millennium Development Goals Report 2010”. Department of Economic and Social Affairs of the United Nations Secretariat. 2010.
- ³ African Union 15th Assembly. Declaration: “Actions on Maternal, Newborn and Child Health and Development in Africa by 2015”. July 2010. Assembly/AU//Decl.1(XI)Rev.1.
- ⁴ United Nations Human Rights Council resolution 11/8. “Preventable maternal mortality and morbidity and human rights”. June 2009. http://ap.ohchr.org/documents/E/HRC/resolutions/A_HRC_RES_11_8.pdf.
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- ¹³ Save the Children. “State of the World’s Mothers 2007. Saving the Lives of Children Under 5”. <http://www.savethechildren.org/publications/mothers/2007/SOWM-2007-final.pdf>. Campbell O, Gipson R, Issa AH, Matta N, El Deeb B, El Mohandes A, Alwen A, Mansour E. National maternal mortality ratio in Egypt halved between 1992-93 and 2000. *Bull World Health Organ.* 2005 Jun. 83(6):462-71.
- ¹⁴ PAHO. http://www.paho.org/english/dd/pin/ePersp001_news04.htm. March 2008.
- ¹⁵ All examples in this section come from the Global Strategy’s “Innovation Working Group Report” available on the PMNCH website: http://www.who.int/pmnch/activities/jointactionplan/workingpaper_iwg_v1.pdf.
- ¹⁶ Janani Suraksha Yojana. A conditional cash transfer scheme to promote institutional delivery.
- ¹⁷ Lim SS, Dandona L, Hoisington JA, James SL, Hogan MC, Gakidou E. “India’s Janani Suraksha Yojana, a conditional cash transfer programme to increase births in health facilities: an impact evaluation”. *Lancet.* 375: 2009–23. 2010.
- ¹⁸ Estimates from the International Telecommunication Union (UN Agency) available at http://www.itu.int/ITU-D/connect/flagship_initiatives/mHealth.html.
- ¹⁹ Rowe AK. “Potential of integrated continuous surveys and quality management to support monitoring, evaluation and the scale-up of health interventions in developing countries.” *Am J Trop Med Hyg* 2009;80:971-9.
- ²⁰ The Taskforce on Innovative International Financing for Health Systems conducted a detailed analysis of around 100 existing innovative financing mechanisms to assess their potential use to strengthen health systems, and developed a priority list of 24 mechanisms. “More Money for Health and More Health for the Money”. Taskforce on Innovative International Financing for Health Systems. 2009. “Constraints to Scaling Up and Costs: Working Group 1 Report”. Taskforce on Innovative International Financing for Health Systems. 2009.
- ²¹ Paris Declaration, the Accra Agenda for Action and the Monterrey Consensus.
- ²² This represents funds committed through the expanded IFFIm (GAVI managed), and the Results Based Trust Fund managed by the World Bank. This funding has been supported by the governments of Norway, UK and Australia.
- ²³ This channel will use both joint assessment and a harmonized financial management framework. The joint assessment is based on an agreed set of IHP+ attributes for sound health-sector plans, which include the requirement that all relevant government and non-government stakeholders in country participate in the assessment. Under a harmonized financial management framework, funding from different agencies will not necessarily be pooled.
- ²⁴ Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Cote d’Ivoire, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Democratic Republic of Korea, Kyrgyz Republic, Lao PDR, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Tajikistan, Tanzania, Togo, Uganda, Uzbekistan, Vietnam, Yemen, Zambia and Zimbabwe.
- ²⁵ The estimates are based on the findings and methodology of the Taskforce on Innovative International Financing for Health Systems and adapted for the Global Strategy by the Global Strategy working group on financing, chaired by the World Bank. The Taskforce estimated costs in USD (2005) using two different approaches – Scale Up One, based on the Normative Approach developed by WHO in collaboration with UNAIDS and UNFPA, and Scale Up Two, based on the Marginal Budgeting for Bottlenecks (MBB) approach developed by the World Bank and UNICEF in collaboration with the

UNFPA and the PMNCH. For the Global Strategy, it was agreed to use a median of the Normative approach and the MBB approach to communicate size of the funding gap. In addition, the estimates were revised from a 2009-2015 timeframe to a 2011-2015. "More Money for Health and More Health for the Money". Taskforce on Innovative International Financing for Health Systems. 2009. "Constraints to Scaling Up and Costs: Working Group 1 Report". Taskforce on Innovative International Financing for Health Systems. 2009. "Constraints on Scaling Up the Health MDGs: Costing and Financial Gap Analysis". WHO. 2009, 2010. "Health Systems for the MDGs: Country Needs and Funding Gaps". World Bank/UNICEF/UNFPA/PMNCH. 2009. WHO updates 2010. MBB updates 2010.

26 The estimates are calculated in US Dollars (2005 US\$).

27 More information about these estimates is available in a background paper prepared by the Global Strategy working group on financing at www.pmnch.org (forthcoming)

28 Country income classifications follow the World Bank categorizations of countries.

29 See Finance background paper at www.pmnch.org for a description of the calculation and methodology.

30 A group of countries recently committed up to US\$5.6 billion to maternal, newborn and child health as part of the G8 Muskoka Initiative. This group included Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, the United States, the Netherlands, New Zealand, Norway, the Republic of Korea, Spain and Switzerland. (<http://g8.gc.ca/g8-summit/summit-documents/g8-muskoka-declaration-recovery-and-new-beginnings/>)

31 The World Bank estimates that government funding in these counties could provide at least an additional US\$2 to US\$3 billion between 2011 and 2015 (see Finance Working Group background paper)

32 For example, China, India, Venezuela, the Republic of Korea, Turkey and Brazil have all increased their investments in recent years.

33 The Bill and Melinda Gates Foundation recently announced a new commitment maternal, neonatal and child health, family planning and nutrition of \$1.5B over 5 years. World Vision will align its health work to prioritise maternal and child health, with US \$1.5 billion over the next 5 years to help priority countries improve their health systems reaching the community and household level. The White Ribbon Alliance raised a quarter of a million dollar in 2009 alone for women and children's health

34 See Access to Medicines website: www.accesstomedicineindex.org.

35 Estimate based on the G-20 Toronto Summit Declaration. June 26 – 27, 2010.

36 This was first proposed by the WHO, UNICEF, UNFPA, UNAIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the Bill and Melinda Gates Foundation and the World Bank, and later adopted by participants from 80 countries in Bangkok in February 2010. The "Bangkok Call for Action on Health Information" involved participants from 80 countries discussing how to strengthen countries' health information capacity. Five principles were adopted: transparency; good governance; capacity building and targeted investments; harmonization and integration; and future planning. These principles are based on the H8's 2010 essay entitled: "Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies".

37 Includes physicians, nurses, midwives, pharmacists, community health workers and others supporting the health infrastructure in countries. This section also includes the important role of their respective health-care professional associations.