

Maternal, Newborn and Child Health

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To maximize collective efforts to improve the health of women and children it is critical that the G8 prioritize and support MNCH programs and strategies to accelerate progress for women and girls. To this end, we urge President Obama and the other G8 leaders to take the following steps:

Detailed Recommendations

1. Honor MNCH commitments to achieve MDGs 4 and 5 made under the 2010 Muskoka Initiative. Achieve MDGs 4 and 5 through active support of the UN Secretary-General's Global Strategy on Women's and Children's Health.

2. Integrate services in smart ways to maximize health outcomes and to leverage financial resources. Support integration of services within the health sector and across other development sectors and ensure equitable access to health services across the full continuum of care.

3. Invest in frontline health workers. Invest in frontline health workers in the developing world through training and support for an additional 250,000 new frontline health workers to contribute to the reversal of the global shortage and aid in the delivery of life-saving health services for women and children.

4. Invest in nutrition. Due to the role that nutrition plays in improving the health of women and children, the U.S. must make efforts to significantly reduce malnutrition over the next 5-10 years as a vital component of the G8's and G20's focus on food security.

These actions should be reinforced by continued G8-civil society dialogue and periodic meetings of the G8 Health/Development Ministers.

Background: Muskoka Initiative

The Muskoka Initiative made significant commitments toward improving the health of women, newborns, and children. Following the lead of the Global Health Initiative (GHI) and the United Nations Millennium Development Goals (MDGs), which articulate the principles and goals necessary to guarantee better health for communities, the Muskoka Initiative committed its members to support significant progress in development countries facing high burdens of maternal and under-five child mortality and an unmet need for family planning.

This includes a focus on comprehensive, high impact and integrated interventions at the community level, across the continuum of care.¹

The G8 must promote comprehensive, high impact and integrated interventions at the community level and across the continuum of care. There is broad consensus on the package of key interventions required to save the lives of women and children, but despite recent gains, MDGs 4 and 5 are still significantly off track. The U.S. must lead the G8 and their partners in establishing stronger links between disease-specific programs and MNCH areas such as family planning, reproductive health and chronic diseases/non-communicable diseases (NCDs). These links must be built through targeted integration of services and efforts to strengthen health systems to address new health threats.

The initiative has added value in that a number of other donors have also endorsed it, including: the governments of Australia, Liechtenstein, the Netherlands, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, and the Bill & Melinda Gates Foundation, the Hewlett Foundation, the McCall McBain Foundation, the Packard Foundation, the Rockefeller Foundation and the United Nations Foundation. It has also garnered endorsements from the group of eight international agencies in the health sector (the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, the World Bank, the UNFPA (the UN Population Fund), UNAIDS and GAVI (the Global Alliance for Vaccines and Immunizations), the heads of the schools of public health of 22 universities in the United States and the Micronutrient Initiative based in Canada.

Since 2005, the G8 has made annual commitments to maternal, newborn and child health at the Gleneagles, St. Petersburg, Heiligendamm, and Hokkaido conferences. We welcome the G8's commitment under the Muskoka Initiative to mobilize an additional \$5-10 billion of additional resources over the next five years for MNCH funding from G8 countries and other partners. However, it is essential that these commitments are followed through with action and measurable results. The G8, with U.S. leadership, must fully fund its share of resources for strategies and programs to accelerate the reduction of maternal,

newborn, and child mortality and morbidity in developing countries. The U.S. must meet its existing \$1.346 billion commitment for FY2010 and FY2011 and leverage fulfillment of this commitment to influence other G8 countries and partners to deliver on funding commitments they have made at previous G8 summits.

Cross-cutting Issues Linked to MNCH

Women's Leadership and Empowerment: To ensure the voices of women are heard and their needs are met through direct and indirect interventions in health systems, particular attention must be paid to their role in leadership and management at all levels of the health systems. Similarly, women's voices must be heard and considered in processes both inside and outside institutional structures and frameworks.

Nutrition: Nutrition plays a critical role in enabling positive health outcomes for women and children and creates a foundation for sustainable economic growth and good health. Solid evidence demonstrates that improving nutrition—particularly early in life, in the 1,000 days between a woman's pregnancy and a child's 2nd birthday—has a profound impact on a country's long-term economic development and stability. The G8 leaders should explicitly measure and report on funds spent on maternal and child nutrition and hold their food security investments accountable for improved nutritional status of women and children, leading to greater health impact.

Frontline Health Workers: Investing in frontline health workers, who are often the only point of contact for millions who live beyond the reach of hospitals and clinic, include community health workers, midwives, peer counselors, village pharmacists, health extension workers, physicians' assistants and clinical officers, though they can also include nurses and doctors. These workers constitute an integral and vital part of the health system and they are a key component of improving MNCH in developing nations.

Child Marriage: The U.S. can lead the G8 by recognizing that child marriage is a major obstacle to the realization of MDGs 4 and 5. The countries with the highest burdens of maternal and under-five mortality also have high rates of

child marriage. The U.S. can call on countries to recognize child marriage as a human rights violation, enforce minimum ages of marriage, invest in programs that empower girls and change community norms to delay the age of marriage, and ensure that highly vulnerable married adolescents receive necessary maternal and reproductive health care services.

Chronic/Non-Communicable Diseases: The U.S. must recognize the growing impact of chronic/non-communicable diseases (NCDs), which now account for 65% of all female deaths, and their connection to MNCH. Nearly 80% of NCD deaths are in low- and middle-income countries. Low birth weight is a predictor of cardiovascular disease and diabetes in children later in life, which is why education on pre-natal care and normal birth weight is so relevant to NCDs. Therefore, we call on the G8 to integrate the prevention and control of NCDs into existing health systems and initiatives, particularly within maternal, newborn and child health programs.

While the statement is not designed to be a consensus position of the contributors, it has been endorsed by InterAction leadership. The recommendations were developed by a team of task force members who are listed below.

Center for Global Development
Family Care International
Global Health Council
InterAction
Management Sciences for Health
Partnership for Maternal, Newborn and Child Health
Population Action International
1,000 Days Advocacy Working Group
U.S. Fund for UNICEF
World Vision

End Notes

¹ The "Continuum of Care" for reproductive, maternal, newborn and child health (RMNCH) includes integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood. Families and communities, through outpatient services, clinics and other health facilities, provide such care. (PMNCH September 2011)