Preventable women’s and children’s deaths have been nearly halved since 1990. Despite this progress, many countries will fall short of achieving the Millennium Development Goals (MDGs) 4 (on child mortality) and 5 (on maternal mortality, with targets on reproductive health), and progress on MDG 6 (HIV/AIDS, TB and other diseases), which is inextricably linked, is slower than it needs to be. Accelerating evidence based and cost effective health investments will ensure that women and children receive the care and services that they deserve and can radically reduce millions of these deaths annually. Accelerating investments is not only affordable (US$5 per annum, per capita, additionally, on top of current investments), but contributes to social and economic development, with an up to nine times rate of return. This investment is critical to achieving global health and development goals beyond 2015, and allows women and children to achieve that most basic of rights, the right to life.
The Global Investment Framework provides a way to estimate social and economic returns of accelerating investment in women’s and children’s health.

Twenty years ago, the World Bank’s annual 1993 World Development Report highlighted the theme of “Investing in Health.” The report was a turning point, bringing much greater public attention to the importance of health investment and health policy in economic development.

To mark this anniversary, the Lancet journal established the *Lancet Commission on Investing in Health* to review the 1993 conclusions in light of the 20 years of experience since, and to offer new policy guidance on the basis of those findings.

As part of this research process, the World Health Organization, The Partnership for Maternal, Newborn & Child Health and the University of Washington co-chaired a collaboration with many parties to develop a Global Investment Framework for Women’s and Children’s Health.

The Global Investment Framework (GIF) reviews key interventions related to reproductive, maternal, newborn and child health (RMNCH) and estimates the returns on investment that could be achieved from 2013-2035. These returns are estimated on the basis of three different investment scenarios – low, medium and high.

The framework serves as a guide to countries to accelerate progress in their efforts to reduce preventable maternal and child deaths in the following ways:

- Optimizing resource allocation to maximize social and economic returns;
- Demonstrating the affordability and high rates of return achieved with increased, targeted health investments;
- Sharpening country investment strategies to improve context-specific decision-making over the next two decades.

For every $1 dollar spent, society would gain almost nine dollars in economic and social benefits as a result of lower morbidity and mortality by 2035. As many as 147 child deaths, 32 million stillbirths, and five million maternal deaths can be avoided within a generation. Additional investments in family planning can contribute to 53% of the estimated reduction in child deaths and 47% reduction in maternal deaths due to fewer births, in addition to significant social and economic returns.

The past 20 years have seen dramatic progress, with the deaths of women and children falling by nearly half. However, millions continue to die unnecessarily because of under-resourced health systems and low coverage of cost-effective interventions. This investment framework demonstrates how countries can improve coverage levels through key health sector interventions, achieving significant social and economic benefits for all people. Accelerated investments are crucial to ensuring women and children are at the heart of development strategies beyond 2015.
A Global Investment Framework for Women’s and Children’s Health

The framework highlights the importance of ‘key enablers’ that make it possible to scale essential interventions based on local context and in a way that is politically, financially, technically and socially sustainable. The ‘key enablers’ cover four broad dimensions known to drive health outcomes: policy, health system, community, and innovation (Figure 1).

**Effective interventions**

Fifty evidence-based interventions relating to reproductive, maternal, newborn and child health (RMNCH) are included in the framework. These were selected based on widespread consensus of their beneficial effects on women’s and children’s health.

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**Key components of the Global Investment Framework**

- Key enablers
- Effective Interventions
- Health and nutrition gains
- Social and economic benefits

The investment framework takes as its starting point the overall health and development context (Figure 1). While the intention is a global investment framework, the analysis is country specific and highlights the significant differences in costs and outcomes between countries. In this way, the framework can be applied at country level and modified to take into account the local context, national health plans and priorities in order to inform national policy dialogue.
For the analysis, these fifty interventions are grouped into six broad packages, with nutrition included in several of them:
1. Improving maternal and newborn health
2. Improving child health
3. Increasing immunization coverage
4. Making family planning services and commodities available
5. Addressing HIV/AIDS challenges
6. Tackling malaria-related mortality and morbidity.

**Health and nutrition gains**

Health and nutrition gains are estimated in terms of lives saved and morbidity averted, including reduced illness, and stunting. Malnutrition is a significant underlying cause of preventable deaths, thus the prevention and management of malnutrition in women and children can result in better health outcomes, as well as lifelong increased economic productivity.

**Economic and social benefits**

Economic benefits are estimated in terms of direct contribution to the economy through increased labor force participation, as well as productivity as a result of avoiding illness and death. The reduction in unintended pregnancies also yields economic returns through its positive effect on savings rates and investment in education, among other things.

We also estimated social benefits in terms of the value of a human life—i.e., as a woman, mother, child, and family and community member. This social value is translated into a “dollar value” based on the standard economics literature. Health gains lead to wider societal gains in areas such as education, environment, gender and human rights (not measured). There is also a causal relationship running in both directions (Figure 1), such that social and economic gains can in turn lead to additional health benefits.

**Implementing the framework**

The analysis estimates the potential health, social and economic benefits of investing in health systems to deliver the six packages of interventions in 74 low and middle-income countries in 2013-2035. These countries account for more than 95% of maternal and child deaths. Three different investment scenarios are modeled: low, medium, and high. The ‘low’ scenario maintains coverage levels as they are at present. The other two scenarios estimate benefits of accelerating the level of investment: the “medium” assumes increased levels of coverage based on historical country trends; the “high” applies the best performance trends seen in coverage from 1990-2010.

For the three scenarios, deaths averted and lives saved were estimated for maternal, newborn, child mortality. The predicted reduction in stunting and wasting and the reduction in fertility rates and associated reduction in deaths was also estimated.

Implementation of the investment framework under the ‘high’ scenario would
lead to 147 million fewer child deaths (Figure 2A), 32 million fewer stillbirths and five million fewer maternal deaths (Figure 2B) between 2013 and 2035. Around half of all maternal and child deaths prevented can be attributed to better access to contraceptives and thus fewer unintended pregnancies. The majority of these averted deaths would be in sub-Saharan Africa and South Asia (Figure 3).

The direct and indirect returns of these deaths prevented are significant. Under the ‘high’ investment scenario, a close to nine-fold return in the form of social and economic benefits over the 23 year period is possible for the entire set of 74 countries. Some countries would see even higher rates of return. In addition to deaths averted, millions more would avoid serious illness and disability and enjoy a significantly better quality of life. As a result, these healthy individuals would be available to participate in the workforce and contribute to economic and social development.

### Resources needed to implement the framework

The additional investment required for the ‘high’ scenario compared to the ‘low’ scenario would reach $30 billion per year in 2035 (Figure 4). This equates to just $5 more per capita per year than what would be spent under the low scenario. If investment trends continue at historical rates (‘medium’ scenario), the per capita costs would still be $2.50 higher than in the low scenario—with only a share of the health, social and economic gains we see in the accelerated (‘high’) scenario. Maintaining coverage as per the low scenario also bears a cost, and with an increasing population would require on average an additional $1.27 per person by 2035.

Investment needs differ across the 74 countries. Low-income countries would require more per capita because health systems need more strengthening. The total necessary increase for health spending among low-income countries in the high scenario would be about 6%, compared to an average of 2% for all countries in the analysis (relative to present-day health expenditure per capita).
Similarly, additional investment needs differ by country and region. While HIV and malaria would require significant investments in sub-Saharan Africa (Figure 5a), child health and maternal and newborn health dominate the incremental spending needs in South Asia in the high scenario (Figure 5b).

**FIGURE 5: INVESTMENT NEEDS DIFFER BY REGION, HIGH RELATIVE TO LOW SCENARIO, 2013-2035 (INTERVENTION PACKAGE-SPECIFIC COSTS ONLY)**

![Diagram A: Sub-Saharan Africa](image)

![Diagram B: South Asia](image)

### Strengths and limitations of the Global Investment Framework

One of the framework’s strengths is that it takes into account interventions proven to work as well as highlighting new interventions that are likely to improve effectiveness of prevention and treatment. The subsequent analysis for the 74 countries utilizes recognized tools that undergo continuous development, such as the Lives Saved Tool (LiST). As new technologies emerge, the framework can be adapted to account for the latest evidence.

The framework aims to contribute to informed national policy dialogue and enable decision makers to better set priorities within national strategic health plans. Additionally, it estimates the significant social and economic benefits of increasing investments in RMNCH, thus highlighting to policy makers the many types of returns—not just the intrinsic value of averted mortality and morbidity.

One of the limitations of the investment framework analysis is that it focuses solely on interventions delivered through the health sector. This leaves out water supply, sanitation and hygiene, girls’ education, and food fortification—interventions that can further improve RMNCH outcomes. An extended application at country level could incorporate additional elements.

Another limitation of the analysis is limited data availability and thus the need to make a number of assumptions, based on best evidence available. This, in combination with unknowns about the future, such as prices of goods and services and technological advances, s leads to uncertainty when valuing costs, health impact, and social and economic benefits.
From action to accountability

The Global Investment Framework for Women’s and Children’s Health can assist countries in identifying investments that drive forward the impact of national health and development plans. Although investment needs will differ across countries, many can already afford to increase funding of RMNCH through existing domestic resources. This document makes the case that such investments are highly affordable given expected returns.

When such investments are communicated clearly and when they are monitored through transparent processes, countries become more accountable for the health and well-being of their citizens. Sound evidence applied to investment decisions is the foundation of that process.

Women’s and children’s health lies at the heart of our shared vision of equitable and sustainable development in the post-2015 era. Investing in the right strategies, in the right context, at the right level, is a pre-condition of that achieving that vision.