List of commitments Uganda

Low-income countries

Uganda (September 2011)

Uganda commits to ensure that comprehensive Emergency Obstetric and Newborn Care (EmONC) services in hospitals increase from 70% to 100% and in health centers from 17% to 50%; and to ensure that basic EmONC services are available in all health centers; and will ensure that skilled providers are available in hard to reach/hard to serve areas. Uganda also commits to reduce the unmet need for family planning from 40% to 20%; increase focused Antenatal Care from 42% to 75%, with special emphasis on Prevention of Mother-to-Child Transmission (PMTCT) and treatment of HIV; and ensure that at least 80% of under 5 children with diarrhea, pneumonia or malaria have access to treatment; to access to oral rehydration salts and Zinc within 24 hours, to improve immunization coverage to 85%, and to introduce pneumococcal and human papilloma virus (HPV) vaccines.

High-income countries

Sweden (September 2010 & September 2011)

2010: Sweden’s strong commitment to Women’s and Children’s health is clearly reflected in Sweden’s policy for global development, in Sweden’s international policy on Sexual and Reproductive Health and Rights (SRHR) and in the Policy for Gender Equality and the Rights and Role of Women. In the bilateral development cooperation support is primarily given to the strengthening of national health and education systems with a focus on a broad SRHR approach. A range of funding and other mechanisms is used. Policy dialogue and strategic partnerships are essential to raise awareness and build capacity with regard to phenomena related to maternal and child health including controversial issues such as access to safe abortions. Globally Sweden supports the UN system (UNFPA including the UNFPA/ICM program to strengthen midwifery, UNICEF, UNESCO), global initiatives (GAVI, Education for all Fast Track Initiative, GFATM) and civil society (IPAS, IPPF, Men Engage network). To further strengthen the commitment a special effort on MDG5 has been developed. The ambition is to raise awareness and build capacity to improve maternal health at all levels of development cooperation. Sweden also endorses the G8 Muskoka Initiative for Maternal, Newborn and Child Health, and has made a substantial allocation in the budget bill proposed to parliament for 2011 to further strengthen work to improve child health.

2011: Sweden has enhanced its commitment to the Global Strategy for Women’s and Children’s Health during 2011. Contributing to the achievement of the MDGs, especially MDGs 4 and 5, is one of the core focuses of Swedish development aid, which amounts to approximately 1% of its annual Gross Domestic Income. In 2011, Sweden has committed to allocate 500 million Swedish kroner to combat child mortality and maternal mortality and promote health, education and youth entrepreneurship. In addition the Swedish Minister for International Development Cooperation has announced that Swedish development aid has the ambition of helping save the lives of 250,000 children, as well as 50,000 women who otherwise would lose their lives due to complications arising from pregnancy or childbirth. Sweden will support, through bilateral development cooperation, efforts to strengthen national health and education systems, in order to generate better access to sexual and reproductive health. A range of different funding mechanisms are utilized and policy dialogues and external partnerships are essential to Sweden’s assistance. Sweden will continue its support to UNFPA, UNICEF and UNESCO; global initiatives such as the Gavi Alliance (with $201 million for the period 2011-2015), the GFATM; and civil society (Ipas, IPPF, MenEngage Alliance). Sweden endorses the G8 Muskoka Initiative on Maternal, Newborn and Child Health."

United Kingdom (September 2010)

[Committed to the Muskoka Initiative as a G8 member (September 2010): In June 2010 at the G8 Muskoka Summit, partners to the Muskoka Initiative for Maternal, Newborn and Child Health committed US$7.3 billion in new and additional funding for MNCH by 2015. It was anticipated that, subject to respective budgetary processes, the Muskoka Initiative would eventually mobilize more than US$10 billion. In June, G8 partners committed US$5 billion in new and additional funding by 2015. Together, the Governments of the Netherlands, New Zealand, Norway, the Republic of Korea, Spain and Switzerland, the Bill & Melinda Gates Foundation and UN Foundation committed US$2.3 billion by 2015. According to WHO and World Bank estimates, the Muskoka Initiative will assist developing countries in preventing 1.3 million deaths of children under five years of age and 64,000 maternal deaths, and enable access to modern methods of family planning by an additional 12 million couples.]

[Committed to the US, UK, Australia and Gates Foundation’s Alliance (September 2010): The US, UK, Australia and Gates have formed a new alliance, to work together in partnership at the global level and with selected high-need countries in sub-Saharan Africa and South Asia to accelerate progress in reducing unintended pregnancies, reducing maternal and neonatal mortality, and addressing key elements of MDGs 4 and 5 where progress has been especially slow. The alliance will work to help 100 million more women satisfy their need for modern family planning by 2015. See US, UK, Australia and Gates press releases.]
The UK is currently re-orienting its aid programme to put women at the heart of its development efforts and is focusing rigorously on results, including a review of all bilateral and multilateral aid programmes to maximise impact on mothers and babies. The UK’s new Business Plan for Reproductive Maternal and Newborn Health will set out how the UK aims to increase efforts up to 2015 to double the number of maternal, newborn and children’s lives saved. It is anticipated that UK aid will save the lives of at least 50,000 women in pregnancy and childbirth, a quarter of a million newborn babies and enable 10 million couples to access modern methods of family planning over the next five years. To achieve this ambitious goal, the UK will double its annual support for Maternal, Newborn and Child Health by 2012, and sustain that level to 2015. The UK will provide an annual average of £740 million (US$1.1 billion) for Maternal, Newborn and Child Health from 2010 to 2015. This means that over this period the UK will spend an additional £2.1bn on Maternal, Newborn and Child Health. This commitment adds an additional £1.6bn to the commitment of £490m the UK made for 2010 and 2011 at the Muskoka Summit.

Foundations

Elizabeth Glaser Pediatric AIDS Foundation (September 2011)

The Elizabeth Glaser Pediatric AIDS Foundation will leverage its programmatic expertise to advocate for the elimination of pediatric AIDS around the world. This includes advocacy for adoption and implementation of national policies that promote the use of more-effective ARV regimens for prevention of mother-to-child transmission of HIV in the countries we work; programmatic support and training for capacity building and strengthening integrated health services; support of the new Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive; and renewed efforts to promote the use of more-effective ARV regimens for adoption and implementation of national policies that are essential to sustain better health results over the next five years. To achieve this ambitious goal, the UK will double its annual support for Maternal, Newborn and Child Health by 2012, and sustain that level to 2015. The UK will provide an annual average of £740 million (US$1.1 billion) for Maternal, Newborn and Child Health from 2010 to 2015. This means that over this period the UK will spend an additional £2.1bn on Maternal, Newborn and Child Health. This commitment adds an additional £1.6bn to the commitment of £490m the UK made for 2010 and 2011 at the Muskoka Summit.

Multilateral organizations

World Bank (September 2010 & January 2012)

[Committed to the H5 commitment as a H5 member (September 2010): WHO, UNFPA, UNICEF, UNAIDS and the World Bank commit to mobilize political support for the Global Strategy in the 49 ‘Lowest Income Countries’; increasing the speed of the downward trend in maternal and child mortality by strengthening country and regional technical capacity to implement commitments; advocating for equity-focused approaches that include universal access to an integrated essential package of health services for women and children; and to addressing the root causes of ill-health, in particular gender inequality. They further commit to promoting the critical engagement of other sectors such as education, gender, nutrition, water and sanitation, culture and human rights; strengthening ongoing inter-agency collaboration in order to optimize the advocacy for increased and sustained financial resources, as well as linking additional global resources to evidence-based country-driven interventions; and sustaining the momentum of the Global Strategy beyond 2015. See WHO, UNFPA, UNICEF, UNAIDS and the World Bank.]

Global partnerships

GAVI Alliance (September 2010 & September 2011)

2010: The GAVI Alliance commits on behalf of GAVI and its partners to supporting the Global Strategy over the next 5 years. Through the power of innovation - vaccines, public-private partnership and financing mechanisms,
GAVI will help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries.

**2011:** Through the power of innovation – vaccines, public-private partnership and financing mechanisms – GAVI made a commitment to Every Woman Every Child in 2010 to help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries. Since the initial GAVI commitment in September 2010, the first ever replenishment conference was held. This resulted in an additional US $4.3 billion from public and private donors to support GAVI’s new vaccines and health systems strengthening programs and this funding will be utilized in furtherance of the very same goals articulated in Every Woman Every Child.

GAVI also has created a new finance leveraging mechanism, the Matching Fund, that forges partnerships between public, governmental commitments to GAVI and private corporations whose business clients and employees may also commit their support. Last June, the Bill & Melinda Gates Foundation and the UK Government responded to the Matching Fund opportunity by confirming over US $130 million in challenge grants to GAVI, which can be matched by new business and philanthropic commitments – an effort that has already secured new resources from the "la Caixa" Foundation, JP Morgan, Absolute Return for Kids (ARK) and Anglo American.

**NGOs**

**African Medical and Research Foundation (September 2011)**

The African Medical and Research Foundation (AMREF), in partnership with its donors and sponsors, will be investing an additional US $20 million per year in maternal and child health programmes, in 20 countries in Africa, including the training of 600 new midwives annually, retraining of 5,000 existing midwives to update their skills in saving lives of mothers and newborns, and up to 10,000 community health workers to help families provide care to mothers and children at home, and link effectively with health facilities when needed. This new commitment also includes considerable expansion of service delivery in direct community interventions. All this will enable AMREF to reach an additional 0.5 million women of reproductive age and 1.5 million children with health-enhancing interventions that will contribute to progress towards MDGs 4 and 5.

**Bangladesh Rehabilitation Assistance Committee (BRAC) (September 2010)**

BRAC commits to raise USD 262 million over the next five years in support of programs and projects in Bangladesh and eight other countries: Afghanistan, Pakistan, Uganda, Sierra Leone, South Sudan, Liberia, Tanzania, and Haiti.

**International Planned Parenthood Federation (IPPF) (September 2010)**

International Planned Parenthood Federation (IPPF) commits through the HAND to HAND Campaign to strive to contribute to meeting the needs of the 215 million women with unmet needs for contraception by increasing the number of new users of IPPF contraceptive services by at least 50% by 2015, and at least doubling the number of unintended pregnancies averted through the Campaign. By 2015 they aim to deliver 80% of services to the poorest, most marginalized and under-served women of the world.

**IntraHealth International (September 2010)**

IntraHealth International commits by striving for ways to offer an integrated package of services for women and their families that addresses their most relevant health needs, continue to support increased capacity of the health workforce, support improvements – large and small – within the health systems and supports high quality, evidence-based and integrated services that can be offered at multiple levels of the system, with a focus on ensuring that services come closer to the communities where the world’s population lives and where the majority of deaths of women and newborns occur.

**John Snow, Inc. (September 2010 & September 2011)**

**2010:** John Snow, Inc. (JSI) commits through the HAND to HAND Campaign to supporting the availability of contraceptives in low-income countries through the provision of supply chain management technical assistance and training for national, regional, and global programs; to collecting accurate, timely information about the status of supplies, program requirements, and supply chain operations in over 20 countries, and sharing that information widely with stakeholders to raise awareness and improve decision-making.

**2011:** With support from multilateral organizations, the US government, other bilateral development assistance agencies, and private foundations, John Snow, Inc. (JSI) implements a broad portfolio of maternal, newborn and child health (MNCH) activities valued at approximately US $531 million. JSI is dedicated to sharing its long-standing body of MNCH technical expertise and the results of our work to help improve the health of women and children worldwide. To demonstrate our support to the Every Woman Every Child effort, we at JSI are proud to commit to the following:

- Train over 20,000 health workers to provide quality MNCH services in 14 countries and support them with the training of MNCH managers in supportive supervision;
- Engage and empower communities in 14 countries through the training and support of over 350,000 community-based health volunteers;
- Improve the quality of health data, increase evidence-based decision making, and respond to the growing demand for information-driven health services planning and management in over 50 countries; and
- Identify opportunities in over 50 countries to apply our core competency in public health supply chain management to the essential products for MNCH.

**Marie Stopes International (September 2011)**

Inclusive of commitments made through the Hand to Hand Campaign, MSI pledges that the voluntary family planning and quality reproductive healthcare it provides globally during 2011-2015 will have the long term health impact of preventing 29 million unwanted pregnancies, 8 million unsafe abortions and 80,000 maternal deaths. These health outcomes will be achieved by significantly expanding MSI’s direct service delivery and through partnerships with governments, private sector providers and other agencies.

**mothers2mothers (September 2011)**

As its commitment to the Every Woman Every Child effort, mothers2mothers will strive to double the percentage of HIV+ pregnant women we serve by 2015, growing our reach from 20% to 40% of the global population of pregnant women living with HIV.

**PATH (September 2011)**

Program for Appropriate Technology in Health (PATH), with support from BHP Billiton Sustainable Communities, commits US $25 million over the next five years to improve the health and development of children under the age of two in South Africa and Mozambique. By strengthening local health and development systems, improving services, and changing behaviors, PATH’s work will increase access to maternal-child health and survival programs for a population of approximately 4 million people and support both countries in their efforts to meet their commitments under the Millennium Development Goals (MDGs). Specifically, the Window of Opportunity Project focuses on improving the health and development of children less than two years old in four districts in South Africa and one district in Mozambique. Using a participatory approach aimed at building community ownership and capacity, the Window of Opportunity project will be working in partnership with local health and social services departments, as well as with nongovernmental and community-based organizations, to tailor its activities to local needs and capacities for improving child health and development.

**Population Services International (PSI) (September 2010 & September 2011)**

2010: Population Services International (PSI) commits on behalf of PSI and their partners to support over the next 5 years the provision of life-saving products, clinical services, and behaviour change communications that empower the world’s most vulnerable populations to lead healthier lives. PSI’s commitment will help the UN address key global health priorities, including malaria, child survival, HIV and reproductive health.

2011: Population Services International (PSI) is pleased to make a commitment to the following by 2015: provide 12.3 million individuals with contraceptives per year; distribute a total of 4.2 billion male condoms, 158 million cycles of oral contraceptives, 26 million female condoms, 32 million injectables, 11 million doses of emergency contraception, 3.5 million IUDs and 460,000 hormonal implants between 2011 and 2015. We see the successful achievement of our commitment as having a significant impact on the lives and well-being of women and families across the developing world. Specifically, these 12.3 million family planning users per year will prevent 3 million unintended pregnancies and avert 14,000 maternal deaths each year. In addition, we commit to advocate for the improvement of women and children’s health and access to quality and affordable life-saving products over the next five years, and to disseminate information and research findings about proven-effective reproductive health services.

**Save the Children (September 2010)**

Save the Children commits up to $500 million per year for the next 5 years (including $150 million contributed by private individuals) to: promote policy changes that accelerate progress on MDG4; expand and intensify efforts to integrate proven technology into health systems to protect newborns in 12 priority countries; train 400,000 health workers; mobilize civil society to hold governments accountable; engage with multi-sector partners to help deliver life-saving programming. Save the Children is also committed to advocating for equity in all health and nutrition programmes to ensure that disproportionate levels of mortality in poor and marginalised groups are no longer tolerated.

**WaterAid (September 2011)**

Diarrhoea, caused by lack of access to safe drinking water, adequate sanitation and hygiene practices, kills 4,000 a day, every day. It is the biggest cause of under-five mortality in sub-Saharan Africa. The absence of these basic services continues not only to risk the lives of women and children, but also has a crucial impact on the quality of their lives, on their levels of poverty, on educational attainment, and on life opportunities. WaterAid, through our direct work and partnership with civil society, government, international organisations, academic institutions and the media, aims to ensure access to improved sanitation, hygiene and safe drinking water for a further 25 million people by 2015. By influencing the policies and practices of governments and service providers we hope to reach a further 100 million people. WaterAid will: promote and secure poor people’s rights and access to safe water, improved hygiene and sanitation; support governments and service providers in developing their capacity to deliver safe water, improved hygiene and sanitation; and advocate for the essential role of safe water, improved hygiene and sanitation in human development.

**World Vision International (September 2010)**

World Vision International commits $1.5 billion over 5 years in support of a family and community model of health
care delivery, focusing on a health and nutrition strategy, the prevention of mother-to-child transmission of HIV/AIDS and HIV/STI screening of children.

**Private sector**

**Hewlett Packard (September 2011)**

As the world’s largest information technology company, Hewlett Packard (HP) shares an urgent goal with the UN Secretary-General: to improve healthcare and quality of life for millions of women and children around the world. Social innovation at HP is an exciting, dynamic and targeted initiative within the company’s Global Citizenship strategy. Based on the concept of creating shared value, it connects economic progress with societal needs. Social Innovation at HP centers on the belief that the same passion, energy and culture of innovation that makes HP successful commercially can also be used to make a profound and positive social impact in the world. Through its global health initiatives, HP is collaborating with leading health authorities to reinvent processes, modernize systems, and develop solutions that dramatically expand access, improve care, and save lives. HP’s commits to continue applying the skills of its people (more than 320,000), its technology assets, and its customer and stakeholder partnerships to develop innovative solutions that address the root causes of critical global challenges such as infant HIV, maternal health, unemployment and poverty. For example, HP has partnered with the Clinton Health Access Initiative and the Kenya Ministry of Health on the Early Infant Diagnosis (EID) project. The goal is to leverage technology solutions to improve testing and treatment for more than 120,000 infants exposed to HIV in Kenya each year. In 2010, HP provided over US $45 million to support its Global Social Innovation efforts and commits to continue applying its human, technical, intellectual, and financial assets to develop transformative solutions and enable healthy lives, active minds and hope for millions.

**International Federation of Gynecology and Obstetrics (September 2010)**

[Committed with Health Care Professionals Associations (September 2010): The Health Care Professionals Associations (HCPA) of the Partnership for Maternal, Newborn and Child Health (FIGO, ICM, ICN, IPA, RANZCOG, RCOG, SOGC, WFSA) collectively commit US$31,218,000, of which $15 million represents in kind contribution over the next five years through support to Ministries of Health, District governments, UN agencies and Bi-laterals in 25 countries across Africa, Asia and Latin America. The International Federation of Gynecology and Obstetrics, the International Confederation of Midwives, the International Council of Nurses, and the International Pediatric Association are committed to continuing their close collaboration with the Council of International Neonatal Nurses, the International Pharmaceutical Federation, and the World Federation of Societies of Anaesthesiologists. The HCPAs are also committed to working with policy and implementing agencies to improve quality and to extend coverage of the key 22 Countdown supported interventions in these high-burden countries by at least 20%, over the next five years.]

**University of Aberdeen (September 2011)**

The University of Aberdeen commits in the period up to 2015 over US $500,000 of institutional resources to sustain its Immpact unit dedicated to improving maternal and newborn health. Immpact will support at least 10 low-income countries to identify maternal and newborn health research priorities, to generate new evidence to improve and assure the quality of care at birth received by mothers and babies, and to utilise this evidence in policy and programme decision-making. Immpact will work with global and bi-lateral agencies in the implementation of the COIA recommendations, particularly with regard to maternal and perinatal death audits and quality improvement. Immpact will spearhead an initiative (Y@U) with the Partnership for Maternal, Newborn & Child Health to engage the youth constituency at universities in the global North and South in mobilising support and promoting accountability for keeping mothers and babies alive and well.