



EVERY WOMAN
EVERY CHILD

SAVING LIVES PROTECTING FUTURES

Progress Report on the
Global Strategy for Women's and Children's Health





SAVING LIVES PROTECTING FUTURES

Progress Report on the *Global Strategy for Women's and Children's Health 2010-2015*

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Foreword from the UN Secretary-General

Healthy women and children provide the foundation that enables families and societies to thrive. Improving the health and wellbeing of women and children everywhere is one of the best investments we can make. I understand this from my own personal experience. My mother, who did not have access to a trained midwife when I was born, had to endure the loss of two of my siblings. That is why the health of women and children has become a personal priority.

Looking back over the five years of the *Global Strategy for Women's and Children's Health*, I am proud of what we have achieved. The Strategy, and the *Every Woman Every Child* movement that grew out of it, have contributed to a dynamic and growing momentum to accelerate the attainment of the Millennium Development Goals.

The world is currently reducing under-five and maternal deaths faster than at any time in history. Since 1990, maternal deaths have been cut by almost half; some 17,000 fewer children die each day. And since 2010 alone, 2.4 million women's and children's lives have been saved. This demonstrates what can be achieved when we work as a community with a focus on partnership, accountability and innovation.

Yet we can and must do much more to provide access to the health care that women need, especially before, during and after pregnancy and childbirth. We must work to ensure that children are born into a safe environment where they will receive necessary vaccines, nutrition and care. There is still too much needless suffering.

In my meetings with government, business and civil society leaders, and with health workers in the field, I urge them to do more to protect the lives and futures of all women, children and adolescents. Knowing what to do and how to do it makes this a moral imperative.

Many leaders already share my concern and are making great efforts. The *Global Strategy* has shown what can be achieved through strong political commitment and innovative partnerships between governments, civil society, the private sector and the international community. This report shows the advances made over the past five years, and how they have been achieved, and points to how we may end all preventable deaths of women and children and ensure they thrive. By bringing even more partners and resources to the table, we can match our efforts to the scale required to meet our ambitions.

In 2011, I visited a health clinic in Nigeria, where I met a young woman named Vera. She was overjoyed to have given birth safely. I shared her joy and laughed with her when she told me the nurses had named the baby girl after me. Vera's dream for her daughter was that she would grow up to touch other lives positively. That is my dream for every girl and boy everywhere: to be able to not only survive but to live their lives to their fullest potential and make this a better world.

Let us therefore resolve to build on the progress we have made so we can end the preventable deaths of women and children within a generation. Together, let us make history and leave no one behind.

Ban Ki-moon

Executive Summary

The era of the Millennium Development Goals (MDGs) has witnessed dramatic and unprecedented progress in reducing child and maternal deaths. As a result, 6.4 million fewer children died in 2013 compared to 1990, and maternal deaths have been cut by almost half. By building on these gains and mobilizing additional resources, it is clear that the world possesses the means to make preventable deaths among women and children a thing of the past, laying the foundations for a healthier, more secure and more equitable world.

A pivotal moment occurred in 2010, when the United Nations Secretary-General launched the *Global Strategy for Women's and Children's Health (Global Strategy)*, primarily to accelerate progress towards achievement of MDGs 4, 5 and 6, which were lagging furthest behind. As a result of five years of hard work and innovative partnership under the *Every Woman Every Child* movement, the momentum for progress and change has grown steadily. Our task now is to nurture and build on this forward motion and on the lessons learned, until we finally end the preventable deaths of women, newborns, children and adolescents in all parts of the world.

Since 2010, 2.4 million lives of women and children have been saved - 40% of the total that would have been saved if the MDGs had been reached by 2015. Significant progress has also been made in scaling up coverage of the essential package of interventions and services identified in the *Global Strategy*:

- **Coverage of oral rehydration therapy has increased by 49%**
- **Exclusive breastfeeding has increased by 44%**
- **11 million additional women have given birth in a health facility**
- **8.4 million more women and girls use modern contraception**
- **67% of HIV-positive pregnant women received antiretroviral medicines in 2013, up from 48%. This improves their health and prevents HIV transmission to their babies**

However, other essential interventions and services, such as childhood vaccinations and care for pneumonia, require further significant scale up if we are to save the lives of millions more women and children.

The overarching goal of the *Global Strategy* was to bring together and mobilize a broad array of partners from all sectors to join a global effort to reach the MDGs and improve the health and wellbeing of women and children in the poorest 49 countries. In this and in the growth of the *Every Woman Every Child* movement, it has been hugely successful.

The *Global Strategy* has helped to strengthen political commitment, mobilise resources, focus attention, consolidate efforts and bring people together to build a global movement. It has demonstrated the value of an agreed accountability framework against which all commitments have been measured. It has shown the power of innovation to develop and implement new solutions. Partnership, accountability and innovation are the three pillars of the *Global Strategy*.

More than 300 organizations – governments, civil society, foundations, academia and professional groups, businesses and international organizations - have made over 400 specific commitments, each of which contributes to improving the health and lives of women and children. This wide array of partners represents the breadth of the global partnerships forged under *Every Woman Every Child*. These 400 commitments, ranging from policy to service delivery, advocacy and financing, have been tracked to ensure accountability for resources and results.

The *Global Strategy* has played an especially valuable role in bringing new attention and action to areas where progress has lagged the most, such as newborn survival, stillbirths, family planning, adolescent health, and access to life-saving commodities. This has translated into a rapid growth of global advocacy efforts and initiatives emerging since 2010, such as the Commission on Life-Saving Commodities, *A Promise Renewed*, *Family Planning 2020* and *Every Newborn Action Plan*, to name a few.

Innovation is central to the *Global Strategy*. This includes research and development of new technologies, as well as operational innovation to ensure existing and new technologies deliver the

greatest possible benefit for the health of women and children. A research and development pipeline containing more than 1,000 new innovations for maternal and child health and representing US\$255 million in investments has emerged since 2010.

Since the *Global Strategy* was launched, the world has witnessed unprecedented growth in resources for women's and children's health. Annual tracking of financial commitments to the *Global Strategy* has indicated that funding for women's and children's health has increased from US\$40 billion in September 2010 to US\$59.8 billion in May 2014. Disbursements from international donors increased significantly, with more than US\$34 billion disbursed to date.

Despite these undoubted successes, there is much still to be done. Lessons that have been learned over the past five years now need to be taken into account as we move into the post-2015 era:

- **Strong political commitment and leadership** have been essential to elevate maternal and child health on the global political agenda. This high-level commitment needs to be sustained into the post-2015 era. Champions are also needed from emerging economies and middle-income countries, as well as stronger country and regional ownership.
- **A limited number of clear goals and targets** has strengthened commitment, mobilized resources and generated innovation to help improve the lives of women and children and end preventable deaths. **Renewed commitment beyond 2015** needs to be coupled with a focus on equity and clear targets to accelerate progress.
- **The unprecedented global partnership for women's and children's health** has helped accelerate gains, encouraged innovation, strengthened advocacy efforts and encouraged joint planning and information sharing. **The private sector has made substantial contributions** to the success of the *Global Strategy*. In future, an even broader array of partners will be needed, particularly companies from the global South.
- The *Global Strategy* has improved **coordination, coherence and accountability**, bringing together diverse partners and constituencies. **Important initiatives have emerged** (*A Promise Renewed, Family Planning 2020, Every Newborn Action Plan, UN Commission on*

Life-Saving Commodities, Ending Preventable Maternal Mortality, etc), together with working groups on innovation, commodities, accountability and financing. The next step is to optimize communication, coordination and synergies among these many initiatives, constituencies and work streams, especially their engagement with countries. In countries, partners need to align with a single country plan, coordinating mechanism and monitoring and evaluation framework.

- **Transition from piloted innovations to rapid scale-up of the most promising innovations is required.** Through the Innovation Working Group, *Every Woman Every Child* provides a platform to help identify and accelerate development of the most promising innovations and for bridging the gap between development, implementation and broad scale-up particularly at country level.
- **The accountability approach** under the *Global Strategy* offers a model for the post-2015 era. Agreement on a set of indicators and an accountability framework ensures the partnership is mutually accountable for results. Greater focus is now needed on assessing impact, as well as measuring commitments.
- **Clear outcome and coverage targets** are needed, together with regular progress reports and extensive collaboration to address gaps and bottlenecks as they occur. Further improving the **transparency and reliability of reporting** is an important goal in the post-2015 era, to help drive progress and further strengthen accountability for results.
- **More financial resources are required.** Billions of dollars in new funding have been mobilized under the *Global Strategy*, but more will be needed, especially increasing domestic resources, to improve lives and end preventable deaths within a generation. The financial and practical consequences of out-of-pocket spending by financially strapped households highlight the need for additional financing and social protection models.
- **Innovative financing** has been highly successful in areas such as AIDS, Tuberculosis and Malaria, and immunisation. However, there is no similar mechanism for the broader reproductive, maternal and child health agenda. Future financing instruments, such as the Global Financing Facility, to be launched in July

2015, will need to adapt to the changing financial landscape in the post-2015 era, including countries graduating from donor support and reducing the fragmentation and associated administrative burdens associated with multiple funding streams for women's and children's health. Novel approaches will be needed, including harnessing the potential of increased private sector investments, in addition to better leveraging of official development assistance.

- **Priority areas** for the future include adolescent health, prevention of stillbirths, improving food and nutrition, water and sanitation, and work in conflict zones and fragile states. Building and sustaining an effective health workforce also requires urgent action. More attention will be needed for social, economic and structural factors such as human rights, gender equality, gender-based violence, early marriage, improved educational and economic opportunities.
- **An intensified focus on building health systems and the capacities of communities**, including on evidence-based planning and the 'quality' of services, is needed, linked to increased investments triggered by the global movement for universal health coverage. Investments need to reach the right people with the right services but they also need to be delivered with a minimum standard of quality.
- **Communities are essential partners and leaders** in planning, implementation and monitoring. Interventions must be grounded in and owned by the community and specifically tailored to address the community's needs.
- **The impact of the existing *Global Strategy* on country implementation needs to be intensified, to ensure that it is as influential at country level as it has been globally.** Looking towards the post-2015 era, the substantial success of the *Global Strategy* in galvanizing action at the global level must now be translated into steady progress in countries.

Gains achieved in 2010-2015 validate the vision of the *Global Strategy*. Sharp reductions in illness and death among women and children can be achieved. This momentum should inspire the world as it aims to achieve even more ambitious outcomes within the next generation under the Sustainable Development Goals (SDGs).

Bringing an end to preventable maternal, newborn and child deaths – and ensuring the ability of women, children and adolescents to live long, healthy and productive lives – is an ambitious target, especially as MDGs 4, 5 and 6 remain unfinished. The vast majority of maternal and under-five deaths are preventable. The health tools and strategies capable of averting these deaths are well characterized, simple and affordable. To realize this target, by 2030, the global maternal mortality rate will need to fall to 70 per 100 000 live births, while the under-5 and newborn mortality rates must fall to 25 and 12 deaths or fewer per 1000 live births in every country.

Reaching these goals will require more than just continuing on the current trajectory. The overall pace of scale-up of essential health and enabling services will need to accelerate, particularly in areas where progress has been slower, such as prevention of newborn deaths and stillbirths, and particularly in humanitarian crisis and fragile settings where 60% of preventable maternal deaths and 53% of under-five deaths are now taking place. More attention is also needed for non-health interventions to address social and structural factors that increase the vulnerability of women and children, requiring a more integrated approach, moving away from vertical programming. Countries where progress lags will need greater political commitment and intensified support, and all countries will need to build on gains made to date. Even as new priorities and needs emerge, donors, national governments and other partners must remain firm and steadfast in their commitments to funding.

Although the task ahead is considerable, the exhilarating news from experience with the *Global Strategy* is that we now know that the goal of ending preventable deaths among women and children and ensuring their ability to thrive is achievable. To transition to this even more ambitious and transformative agenda, new skill sets and more innovative partnerships will be required. The diverse partnership that the *Global Strategy* has helped assemble and the accountability principles on which it is based will be even more important as the world's ambitions for women's, children's and adolescents' health become even greater in the post-2015 era.



45%

**reduction in maternal
deaths since 1990**



6.4

**million fewer children died
in 2013 compared to 1990**

I.

Introduction

Summary

- > The world now has the opportunity to end preventable deaths among women and children and ensure their ability to thrive within a generation.
- > The *Global Strategy* has successfully built strong political support and assembled an unprecedented global partnership to drive progress to achieve the MDGs
- > A global movement – *Every Woman Every Child* – has emerged to advocate and support the goals and vision of the *Global Strategy*.
- > This movement will be pivotal to build on recent gains in women's and children's health.

The global community has a historic opportunity to lay the foundation for a healthier, more secure and more equitable world. Within the next generation, it is possible to end preventable deaths among women, newborns and children in all parts of the world and to enhance the longevity and quality of their lives.

The world has arrived at this transformative moment due to a confluence of advances. Scientific gains have developed easy-to-use, powerfully effective tools for preventing illness and death among women and children; unprecedented resources for reproductive, maternal, newborn and child health programmes have been mobilized; and a broader array of partners than ever before has joined this global effort. Since 1990, in the 75 highest burden countries the number of children under age five who die each year has fallen by almost half, and the maternal mortality ratio has declined by 45%. By building on these gains and mobilizing additional resources, it is clear that the world possesses the means to make preventable deaths among women and children a thing of the past.

A pivotal moment in the push towards the elimination of preventable deaths among women and children occurred in 2010, when the United Nations Secretary-General launched the *Global Strategy for Women's and Children's Health*.¹ Terming the persistently high rates of illness and death among women and children unacceptable in the 21st Century, the UN Secretary-General challenged diverse stakeholders to unite around a common agenda to improve women's and children's health in the world's 49 poorest high-burden countries. Key elements of the *Global Strategy* include:

- High-level political commitment to take concrete action to reduce deaths among women and children.
- Financing and support for country-led health plans, underpinned by increased, predictable and sustained investment.

- Integrated delivery of health services and life-saving interventions.
- Stronger health systems, including sufficient numbers of well trained, strategically deployed health workers.
- Innovation in financing, product development and the efficient delivery of health services for women and children.
- Accountability and improved monitoring and evaluation to ensure that diverse stakeholders are accountable for resources and results for women and children.

When the *Global Strategy* was launched in 2010, it was apparent that progress was slower for the Millennium Development Goals specifically focused on maternal and child health – MDG 4 (reduce the under-5 mortality rate by two-thirds between 1990 and 2015) and 5 (reduce the maternal mortality ratio by three-quarters in 1990-2015 and achieve universal access to reproductive health by 2015) – than for other elements of the global development agenda. The world was also confronting comparable challenges in meeting women’s and children’s needs with respect to HIV, malaria and tuberculosis, the focus of MDG 6.

The *Global Strategy* aimed to galvanize a broad, unprecedented and unified global movement to promote and protect the health and wellbeing of women and girls and to accelerate progress towards achievements of MDGs 4, 5 and 6. Under the umbrella of *Every Woman Every Child*, the *Global Strategy* sought to ensure unity of purpose and synergistic action among the diverse initiatives and organizations involved in the broader reproductive, maternal, newborn and child health agenda.



**“Women’s and children’s health
is the shared cause
and common responsibility of the
entire mankind.”**

WEN JIABAO

Former Premier of the State Council, People’s Republic of China

**“First, strong leadership
at the highest levels.
Second, the commitment
of multi-stakeholder partners
at the country level.
Third, predictable financing.
Fourth, accountability for
resources and results.
And fifth, innovation.
These are the core principles of
Every Woman Every Child.”**

BAN KI-MOON

United Nations Secretary-General

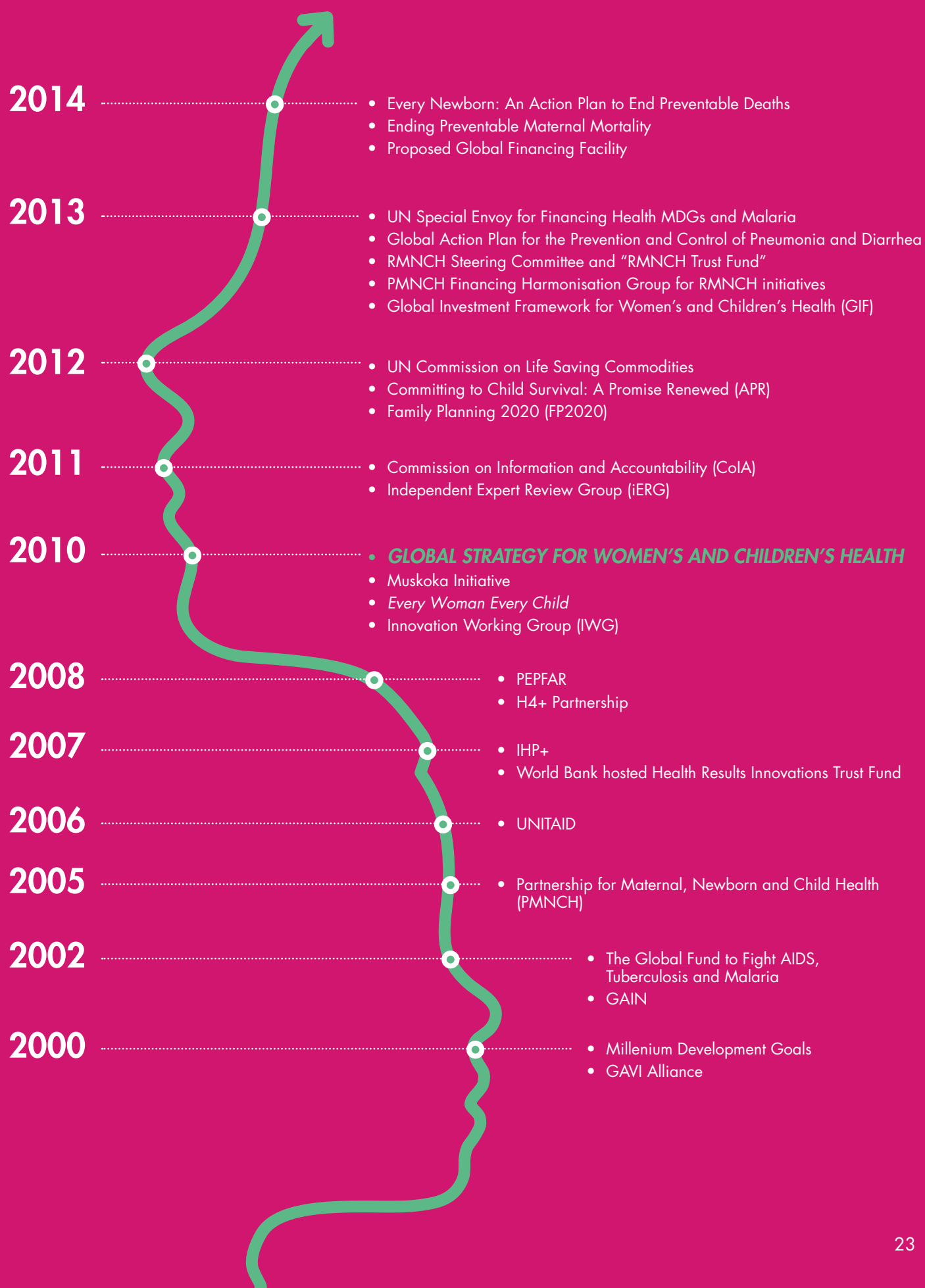


Using the main elements of the *Global Strategy* as the touchstones for review, this report aims to capture the added value and particular contributions of the *Global Strategy* itself and the subsequent *Every Woman Every Child* movement. As this report describes, the *Global Strategy* has helped substantially increase support for women's and children's health and lay the foundation for swifter, more substantial gains in future years. More than 400 concrete commitments have been made through the platform provided by the *Global Strategy* – by over 300 governments, civil society, the private sector and international organizations. The *Strategy* has enhanced the coherence and coordination of global efforts to improve the health and wellbeing of women and children. The *Global Strategy* has served as a new vehicle for mobilizing historic levels of political commitment and financial support, strengthening health systems, and expanding the global partnership for women's and children's health. As a recent independent expert review determined, the *Global Strategy* has had particular success in catalysing innovation in product development and service delivery, focusing global attention on the long-term challenge of sustainable financing and enhancing efforts to ensure access to life-saving commodities for women and children. The *Global Strategy* has played an especially valuable role in bringing new attention and action to accountability and areas where progress has lagged the most, such as newborn survival, stillbirths, family planning, adolescent health, and access to life-saving commodities.

Figure 1 shows some key milestones in the *Every Woman Every Child* movement, demonstrating the mobilizing power of the *Global Strategy* since 2010.

Ultimately, documented evidence on basic health indicators represents the surest measure of the world's success in following through on its commitments regarding women's and children's health. The last quarter-century has seen unprecedented gains in lowering morbidity and mortality among mothers and children, and these advances continued in 2010-2015. Each one of the children and women whose lives have been saved and improved has a future they would not otherwise have had, enabling them to contribute in myriad ways to their families, communities and societies.

Fig. 1 Some milestones on the *Every Woman Every Child* journey



Historic progress notwithstanding, MDGs 4, 5 and 6 will remain unfinished at the end of 2015. Even as historic gains have been made in improving women's and children's health, 6.3 million children died before the age of 5 in 2013, including 2.8 million who died in their first 28 days of life, and 289 000 women died of complications from pregnancy or childbirth.² Every day in 2013 saw more than 17 000 under-five deaths and almost 800 maternal deaths.³ Nearly all maternal and child deaths occur in low- and middle-income countries, with fragile states and countries experiencing conflict facing especially grave difficulties in protecting the health and wellbeing of women and children.

According to a recent study that grew out of the *Global Strategy*, accelerating investments to increase coverage for a set of core essential health interventions would prevent the deaths of 147 million children, 32 million stillbirths and 5 million maternal deaths in 2013-2035.⁴ In addition to the historic reductions in illness and death that these manageable sums would achieve, spending an additional US\$5 per person in the priority low- and middle-income countries would generate economic and social returns that are nine times greater than the amounts invested.⁵

The extraordinary health gains that have been achieved and the newfound energy galvanized by the *Global Strategy* are grounds for optimism and renewed determination as we move beyond 2015. The health advances highlighted in this report need to be maintained and accelerated to help build momentum for global efforts to make preventable deaths among women and children a thing of the past, and ensure their wellbeing throughout their lives. Lessons learned under the *Global Strategy*, highlighted towards the end of this report, should inform efforts in the coming years to achieve a safer, more prosperous and more secure world for women and children.

When a child falls into a borewell, families sit in front of TVs and the media gives a running commentary as gloom prevails everywhere, but we are hardly aware that hundreds of children die soon after being born. Many times, the mother and child both die for want of primary healthcare.”

NARENDRA MODI

Prime Minister of India

II.

The

Global Strategy:

*Promoting partnership,
coordination and
coherence in efforts to
prevent women's and
children's deaths
and improve lives*

Summary

- > The *Global Strategy* has been a rallying point, generating more than 400 action-oriented commitments from governments, civil society, foundations, private companies, academics and international organizations.
- > As a result, efforts to promote the health and wellbeing of women and children are more visible and better resourced, more coherent, coordinated and strategic.
- > The *Global Strategy* has linked global efforts with action at country level. Seventy countries have made concrete commitments.

The *Global Strategy* has helped galvanize historic levels of political commitment for women’s and children’s health. The UN Secretary-General and other political leaders across the globe have consistently leveraged the *Global Strategy* and the *Every Woman Every Child* movement to raise the political profile of reproductive, maternal, newborn and child health.

Innovative global initiatives have emerged to support the aims of the *Global Strategy* (see box), and both donor and low- and middle-income countries have cited the *Global Strategy* in announcing concrete increases in financial, political and technical support for reproductive, maternal, newborn and child health programmes. For example, the Group of Eight countries played a key role at the 2010 Muskoka Summit in pledging strong political leadership and firm financial commitments to support women’s and children’s health.

Among the most salient achievements of the *Global Strategy* is to bring coordination, coherence and strategic focus to global efforts to prevent women’s and children’s deaths. The *Global Strategy* has served as a rallying point for all agencies, organizations and institutions working on women’s and children’s health at global, regional and country levels to work together towards common goals. The vital initiatives that have emerged in support of the *Global Strategy* attest to the convening power of the *Every Woman Every Child* movement. Direct support from *Every Woman Every Child* made possible the United Nations Commission on Life-Saving Commodities, and the enabling environment created by *Every Woman Every Child* has inspired focused initiatives (such as the *Every Newborn Action Plan and Family Planning 2020*) to address areas where progress has lagged. Mechanisms to enhance coherence and coordination, such as the RMNCH Steering Committee, have also been established to improve country engagement.

Initiatives to support *Every Woman Every Child*

The UN Secretary-General's call to action has led to the establishment of several outcome-focused initiatives to accelerate action on key aspects of the Global Strategy:

- **A Promise Renewed:** Hundreds of partners – including governments, civil society and the private sector – have committed to collaborate on focused action to reduce mortality among children under-five.
- **Family Planning 2020:** This global partnership aims to enable 120 million more women and girls to have access to contraceptives by 2020.
- **Every Newborn Action Plan:** Diverse partners joined together to develop and carry forward an action plan to reduce newborn deaths and stillbirths.
- **United Nations Commission on Life-Saving Commodities:** This body identified 13 overlooked life-saving commodities that, if brought to scale and used properly, could save the lives of more than 6 million women and children.
- **Ending Preventable Maternal Mortality:** Partners joined together to set targets towards the ultimate aim of ending preventable maternal deaths.



“Every Woman Every Child has taught us we can do things differently and get drastically improved results... This movement is putting women and children at the centre, respecting and protecting their rights, including access to family planning services so that women and girls can make informed choices in life.”

BABATUNDE OSOTIMEHIN

Executive Director, UNFPA

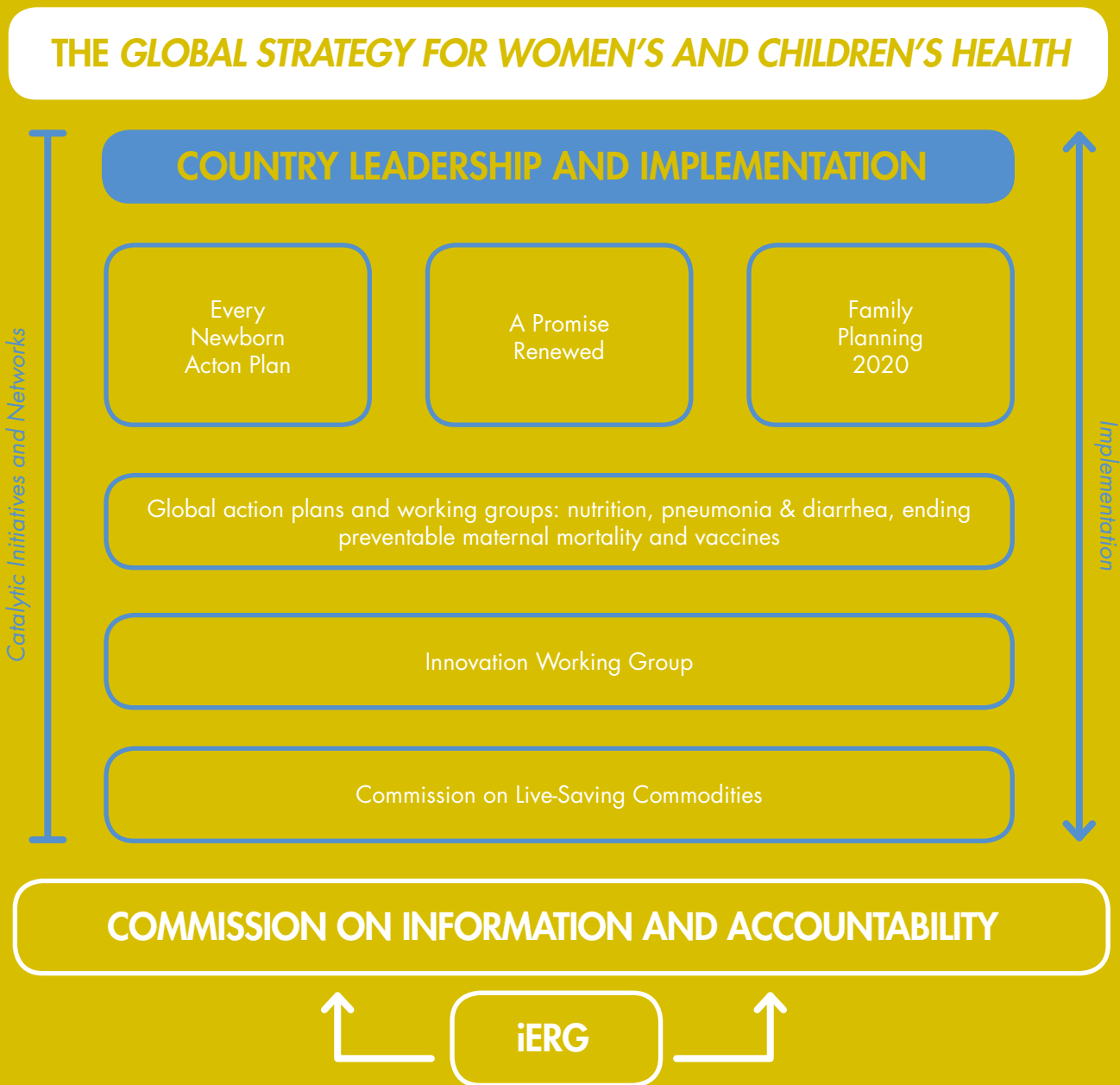
**“We know what
we have to do to save
the lives of women
and girls everywhere.
Needless deaths
of women, newborns
and children must stop.
We must do more
and we must do better
because every action counts
and every life counts.”**

GRAÇA MACHEL

Chair, The Partnership for Maternal, Newborn & Child Health



Fig. 2 Every Woman Every Child Movement. The Global Strategy for Women’s and Children’s Health



Supported through lean, collaborative governance, the *Global Strategy* has offered a low threshold for new partners from various sectors to become engaged in the health response for women and children. Indeed, a breakthrough characteristic of the *Global Strategy* was its explicit recognition that stakeholders beyond the usual global health and development actors have an essential role to play in supporting and promoting the health and wellbeing of women and children. As a result of this visible, welcoming platform, a diverse spectrum of

partners have stepped forward to make firm commitments to address key components of the broader women's and children's health agenda, such as water and sanitation, immunisation, food and nutrition, education, economic and women's empowerment, energy and health systems strengthening.

H4+: Strengthening the coordination, coherence and impact of the United Nations' work on women's and children's health

In response to the UN Secretary-General's launch of the Global Strategy, UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank joined together as the Health 4+ (H4+) to accelerate progress towards achievement of MDGs 4 and 5 and support country-level implementation of commitments. To guide the United Nations' assistance to countries on women's and children's health, the H4+ adopted a results framework to guide efforts and to ensure accountability for results.

A 2014 review, derived from a survey of stakeholders in 58 countries that have made firm commitments under the Global Strategy, found that the H4+ has improved the coordination, collaboration and teamwork among diverse country-level women's and children's health partners. The H4+ has helped raise the political profile of women's and children's health and aided in the mobilization of resources for reproductive, maternal and child health programmes. Countries specifically lauded the technical support provided by H4+ partners on such key issues as health systems strengthening, workforce training, and monitoring and evaluation.

The H4+ is helping strengthen national progress in addressing the health needs of women and children. In the Democratic Republic of Congo, where ensuring service access is especially difficult for women who live outside the capital of this large country, H4+ partners have convened meetings of the Maternal and Child Health Task Force at all levels of the nine targeted health zones, ensuring coordination of national and provincial efforts, facilitating the sharing of information on H4+ activities, and enhancing the accessibility of norms, directives and tools throughout each of the priority zones.

The review cited frequent shifts in government priorities as an important challenge to the maternal and child health agenda. Particular impediments are present in countries experiencing internal conflicts, post-conflict situations, political transitions and natural disasters.

Source: The H4+ partnership: Joint support to improve women's and children's health – Progress Report, 2013, 2014.

The *Global Strategy* has strategically linked global action with accelerated results in the countries with a disproportionately heavy disease burden among women and children. Of the more than 400 firm commitments that the *Global Strategy* has attracted, 70 are from countries themselves, including more than 40 from resource-limited, high-burden countries. For example, Zambia and Zimbabwe have committed to doubling their spending on family planning services; Yemen and Congo have bound themselves to make essential obstetric services free of charge, and Ghana and Haiti have made similar pledges for other maternal and child health services; Rwanda will ensure the availability of family planning services in each of the country's administrative villages; Cambodia has committed to cover at least 95% of the poor through health equity funds; Mongolia has stated it will increase by 50% the salaries of obstetricians, gynaecologists and paediatricians; and Nepal will increase the number of skilled birth attendants by 10 000.

The *Global Strategy* has encouraged international donors to intensify their support for women's and children's health initiatives in priority countries. Governments such as France, Germany, Japan, the Netherlands, Norway and the Republic of Korea made concrete pledges to increase funding for women's and children's health, while the leading providers of international assistance for women's and children's health – the United States, United Kingdom and Canada – also committed to sustain support to low- and middle-income countries to accelerate gains in reducing ill-health of women and children. (A more detailed discussion of the *Global Strategy's* impact on resource mobilization efforts is found below in Section VI.)



“If women can plan their families, they are more likely to space their pregnancies. If they space their pregnancies, they are more likely to have healthy babies. If their babies are healthy, they are more likely to flourish as children.”

MELINDA GATES

Co-Chair and Trustee, Bill & Melinda Gates Foundation

The multilateral sector has used the platform of the *Global Strategy* to strengthen its support for national programmes for women and children. Gavi, the Vaccine Alliance, for instance, has pledged to immunise more than 700 million children against measles and rubella in 2012-2015, averting at least 140 000 deaths and protecting hundreds of thousands of babies from the risk of severe birth defects related to congenital rubella syndrome. Work by the H4+ partners to strengthen national maternal and child health systems has supported successful efforts by Gavi to scale up life-saving vaccines for children.

The *Global Strategy* has been notably successful in engaging the philanthropic community, which has answered the UN Secretary-General's call to expand foundation support for women's and children's health. Private foundations that have made concrete funding commitments include the African Medical and Research Foundation (US\$20 million annually), BBC World Service Trust (US\$30 million over five years), Bloomberg Foundation (US\$50 million over eight years), David and Lucille Packard Foundation (US\$24 million annually in 2012-2020), Ford Foundation (more than US\$100 million for sexual and reproductive health in 2010-2015), Rockefeller Foundation (US\$94 million in 2009-2013, increased to US\$100 million beginning in 2013), United Nations Foundation (US\$400 million in 2010-2015), and the William and Flora Hewlett Foundation (\$US 22 million annually). Since the launch of the *Global Strategy*, the world's largest philanthropic foundation for global health, the Bill & Melinda Gates Foundation, has dramatically scaled up its support for health programmes for women and children (see box).



**“We at the World Bank strongly support
(Every Woman Every Child)
because children’s and women’s health
are absolutely crucial to our core
mission of expanding prosperity and
ending poverty.”**

JIM YONG KIM
World Bank Group President

Leadership by the Bill & Melinda Gates Foundation

The Bill & Melinda Gates Foundation has provided energetic, consistent and visionary support for the *Global Strategy*. In 2010, the Foundation committed to contribute US\$1.5 billion over five years for women's and children's health, later adding US\$1 billion more to this commitment in order to help reach the "FP2020" goal of providing 120 million additional women with "information", contraceptives and services by 2020.

The Foundation has supported *Every Woman Every Child* in other ways. Bill and Melinda Gates, co-chairs and trustees of the Foundation, have tirelessly advocated on "family planning", maternal, "newborn" and child health issues. The Foundation's *Grand Challenges in Global Health* initiative has been leveraged to launch a multi-partner initiative to incentivize research specifically focused on finding answers to some of the most important questions pertaining to women's and children's health (see Section V).

One of the signal achievements of the *Global Strategy* has been its success in mobilizing the private sector to join in the global push to prevent deaths among women and children. Sixty-five private companies have made commitments in support of the *Global Strategy*. (See Section IV for information on the measured impact of some of the private sector initiatives galvanized by the *Global Strategy*.) For example, Merck has committed to implement *Merck for Mothers*, a 10-year, US\$500 million initiative to reduce maternal mortality, while Johnson & Johnson pledged US\$200 million over five years to support efforts to aid mothers and children, committing an additional US\$30 million to improve newborn health through 2020. Becton, Dickinson and Company has supported National Violence Against Children Surveys in nine countries, using survey results to inform Kenya's establishment of Child Protection Centres and the training of child protection personnel in the United Republic of Tanzania. Addressing pneumococcal infections, the cause of 800 000 deaths each year in children under-five, Pfizer supplied the *Prevenar 13* pneumococcal vaccine at discounted prices to Gavi; altogether, the company has supplied more than 700 million doses of *Prevenar 13*, including 100 million doses in Gavi-eligible countries. LifeSprings Hospitals of India, a chain of maternity hospitals serving low-income women and children, has committed to use its market-based approach to further expand health care access to reduce maternal and child deaths.

Civil society has both answered the UN Secretary-General's call to make firm commitments in support of women's and children's health and also leveraged the visibility of *Every Woman Every Child* to strengthen advocacy and resource mobilization. World Vision International, for instance, strategically aligned all its health, nutrition, HIV, water, sanitation and hygiene investments to support the *Global Strategy*, with an actual expenditure of almost US\$2 billion from 2010-2015. Advocacy by civil society organizations such as Save the Children has played a critical role in the *Global Strategy's* high visibility, bringing the promise of *Every Woman Every Child* to diverse decision-makers, communities and constituencies across the globe. For example, civil society advocacy proved critical to the successful campaign to enact a national bill in Nigeria to strengthen the financing, governance, affordability and accessibility of essential health services.

Some of the world's leading academic institutions have also responded to the UN Secretary-General's call to action, including institutions in Africa, Asia, Europe and North America. Research institutions that have made commitments under the *Global Strategy* are actively investigating new diagnostic, preventive and therapeutic technologies; undertaking implementation science studies to enhance the reach, impact and efficiency of programmatic efforts; and conducting social and behavioural science studies to better understand and respond to the many structural factors that increase the vulnerability of women and children.



“The *Global Strategy* and *Every Woman Every Child* has been an unprecedented and successful driver of joint and coherent advocacy, improving collaboration and elevating the issues of reproductive, maternal, newborn and child health to new heights both globally and in the hardest hit countries.”

KATJA IVERSEN
CEO, *Women Deliver*

III.

**Progress in
reducing maternal
and child mortality
and morbidity**

Summary

- > In the 49 focus countries of the *Global Strategy*, 2.4 million deaths of women and children have been averted since 2010.
- > Maternal mortality has declined by 3% per year since 1990 with a higher rate of decline since 2010. Under five mortality will have fallen by 53% by the end of 2015. Progress has been slower in preventing newborn deaths and stillbirths.
- > There have been substantial increases in preventing mother-to-child HIV transmission, oral rehydration therapy and exclusive breastfeeding. Important gains have occurred in family planning, antenatal care, skilled birth attendance and post-natal care. While limited progress has been made since 2010 in expanding childhood vaccines and care for pneumonia.
- > More than half of the 400 commitments under the *Global Strategy* focus on building strong, flexible, integrated health systems.

In the 75 highest burden countries that account for 98% of maternal, newborn and child deaths – and specifically in the 49 focus countries of the *Global Strategy* – substantial gains have been made since 1990 in preventing deaths among women and children.

Similarly advances have been made in reducing illness and disability among women and children. Unprecedented advances in expanding access to essential maternal and child health interventions, as well as health enhancing interventions such as better nutrition, hygiene and education among others and investments in health systems, have helped drive these historic improvements in health indicators for women and children.

When the *Global Strategy* was launched, it was noted that achieving near-universal coverage of the full suite of essential maternal and child health interventions (including family planning, skilled birth attendance, newborn interventions, management of childhood illnesses, immunisations, interventions against malaria, HIV/AIDS, and tuberculosis) could save 16 million lives in 2010-2015 across the 49 focus countries. This aspirational 'best case scenario' for scaling-up essential services has yet to be achieved, but the gains have nevertheless been striking.



“The *Every Woman Every Child* movement is saving lives because it targets the countries where we have made the least progress and focuses resources on reaching the women and children at greatest risk. No mother or child should ever die from a cause we have the power to prevent.”

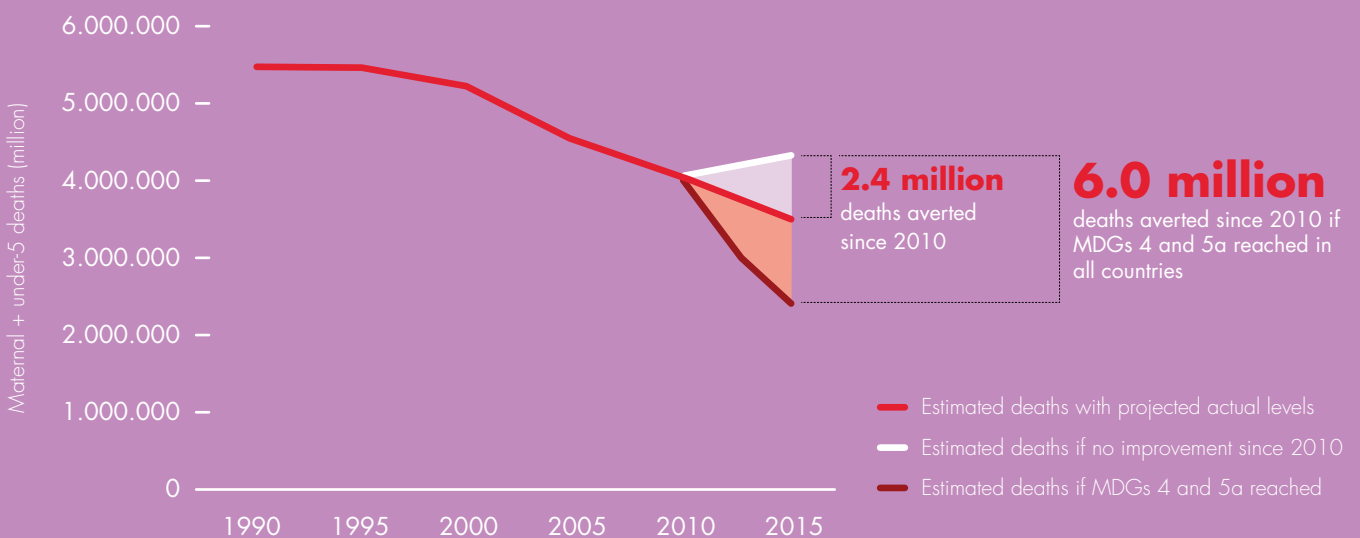
ANTHONY LAKE,
UNICEF Executive Director

This chapter examines progress and gaps in the priority areas (where data exists) the *Global Strategy* identified were required to effectively reduce maternal and child mortality and morbidity in the 49 focus countries. It is impossible to attribute specific improvements in health outcomes for women and children in recent years to the *Global Strategy* itself, although the unprecedented commitment, substantial new resources and multi-sectoral partnership generated by the *Every Woman Every Child* movement will help in the post-2015 era further accelerate these historic advances for women and children.

Reductions in maternal and child mortality

In the 49 focus countries of the *Global Strategy*, 2.4 million deaths have been averted since 2010. Fig 3 shows how these deaths would have occurred if - after 2010- efforts to further reduce mortality had failed. These averted deaths represent 40% of the 6.0 million deaths that would have been averted since 2010 if the MDG targets for maternal and under-five mortality were reached in these 49 countries (Fig. 3).

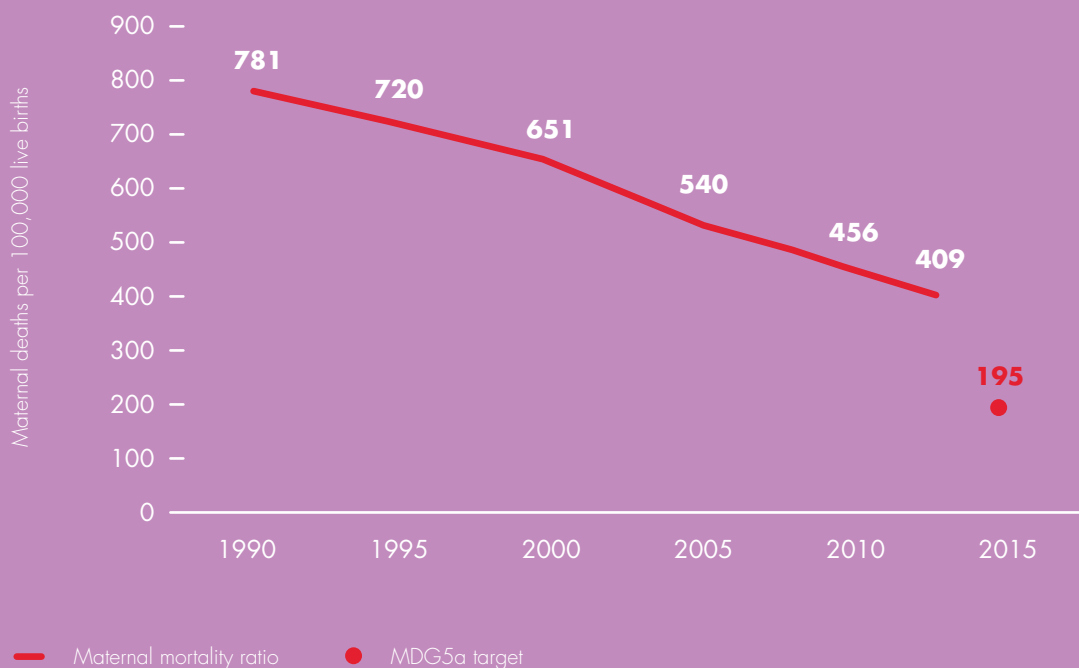
Fig. 3 Estimated maternal and under-5 deaths since 1990



Source: WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division publication: Trends in Maternal Mortality: 1990 to 2013

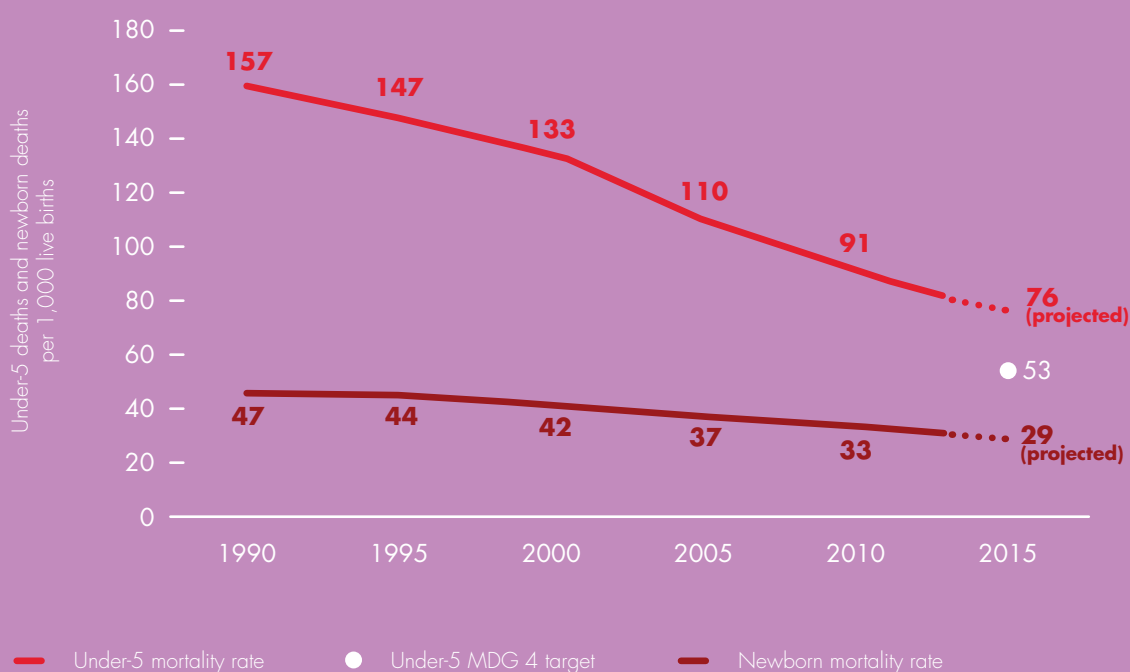
UNICEF analysis based on the intermediate round of estimates of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2015

Fig. 4 Trends in maternal mortality ratio, 1990-2013 and MDG5a target in 49 focus countries



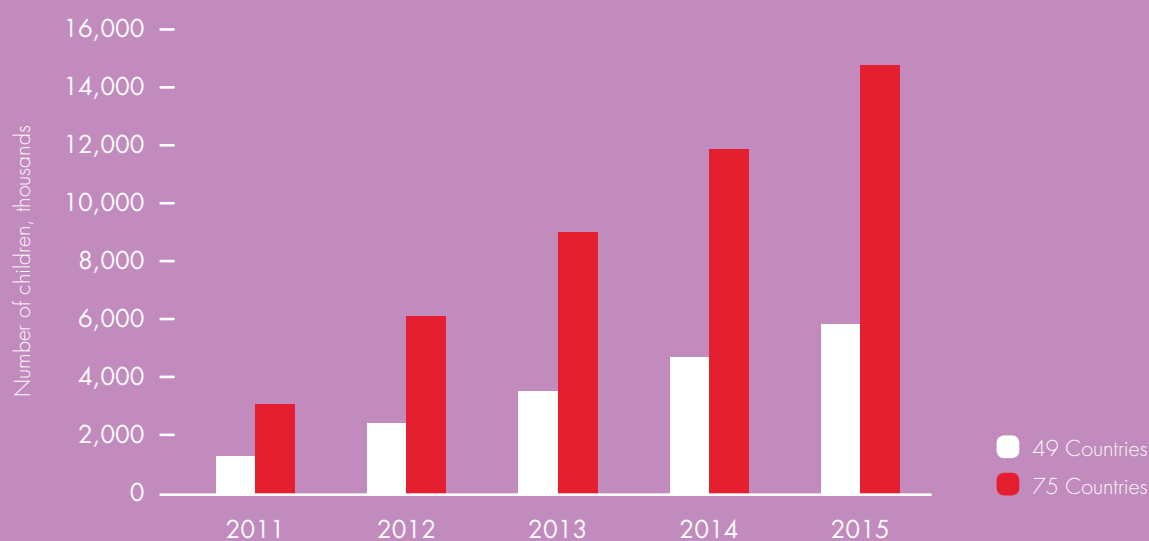
Source: WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division publication: Trends in Maternal Mortality: 1990 to 2013

Fig. 5 Trends in under-5 and neonatal mortality rates, 1990-2013 and MDG4 targets in 49 focus countries



Source: UNICEF analysis based on the intermediate round of estimates of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2015

Fig. 6 Number of children protected from stunting 2010 - 2015



Sources: Stunting estimates and Average Annual Rate of Reduction (AARR) – UNICEF, World Health Organisation, and World Bank (2014) Child Malnutrition Estimates, accessed from: <http://who.int/nutgrowthdb/estimates> and <http://www.who.int/nutrition/trackingtool/en/>. Where the AARR was not available for a specific country, the simple average for its World Bank region was used instead. 2010 to 2015 stunting rates were calculated using existing trend data and the average annual rate of reduction. Stunting averted was calculated by comparing the number of stunted children in a “real” scenario in every year between 2010 and 2015 based on projected stunting rates between 2010 and 2015 and UN Population projections, compared to a “counterfactual scenario” where the 2010 stunting rate was applied to the number of under-5 children in each year between 2010 and 2015.

Driving progress: Increased coverage for essential maternal, newborn and child health services

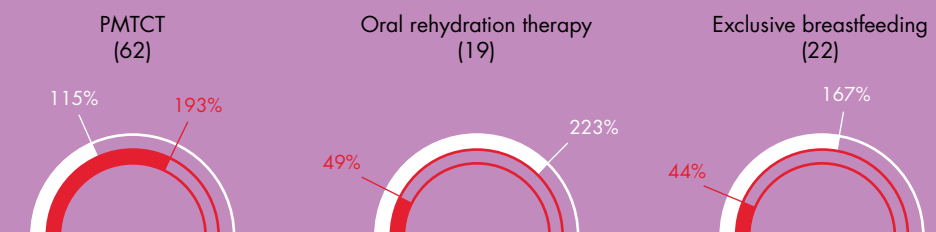
A key reason why fewer women and children are dying or suffering severe illness or disability is that more of them are being reached by essential services and interventions. Overall, notable gains have been achieved since the launch of the *Global Strategy* in expanding access to essential health services for women and children, although coverage increases vary considerably among interventions identified by the *Global Strategy* as components of an essential package of services (see Fig 7).

The rate of progress in the coverage of interventions also varied between countries (Fig. 8). For example, in the case of DTP3 vaccination scale-up, which has had disappointing progress in 2010-2015, nearly one in five countries have increased vaccination coverage by at least 20%. Especially acute challenges to the delivery of reproductive, maternal, newborn and child health services are found in humanitarian settings.

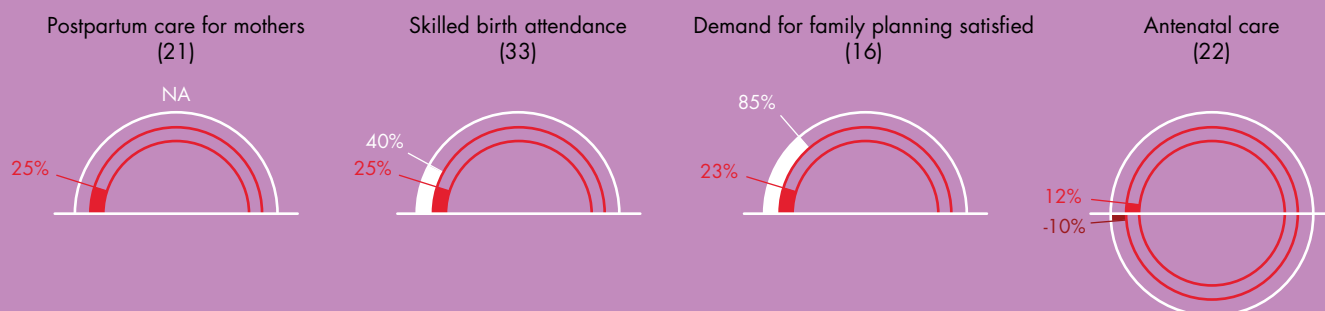
Fig. 7 Interventions and their progress over the *Global Strategy* period

Interventions (# of countries with data)

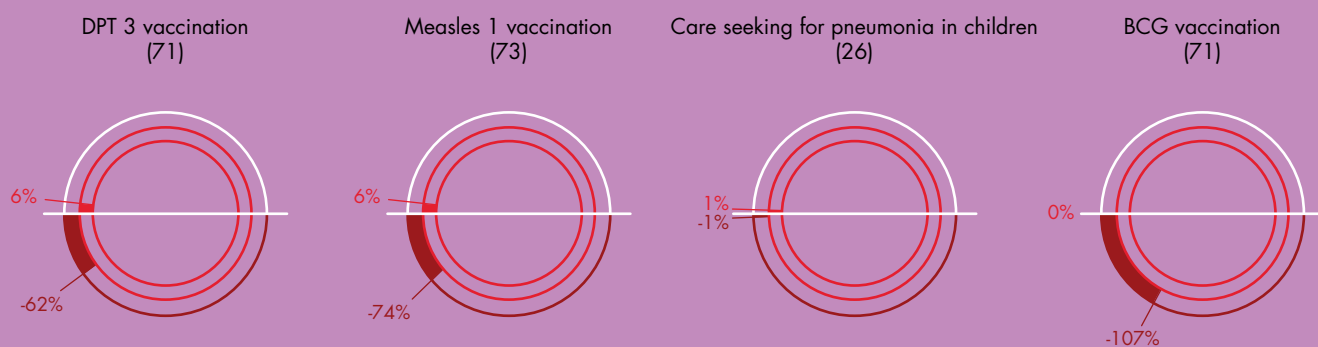
Very high progress and acceleration



Good progress and acceleration



Little change and deceleration of progress



● Average increase in coverage 2010-2015

○ Average acceleration in pace of progress: pre-Global Strategy vs. post-Global Strategy

● Average deceleration in pace of progress: pre-Global Strategy vs. post-Global Strategy

Note: Methodology for calculations can be found on page 109

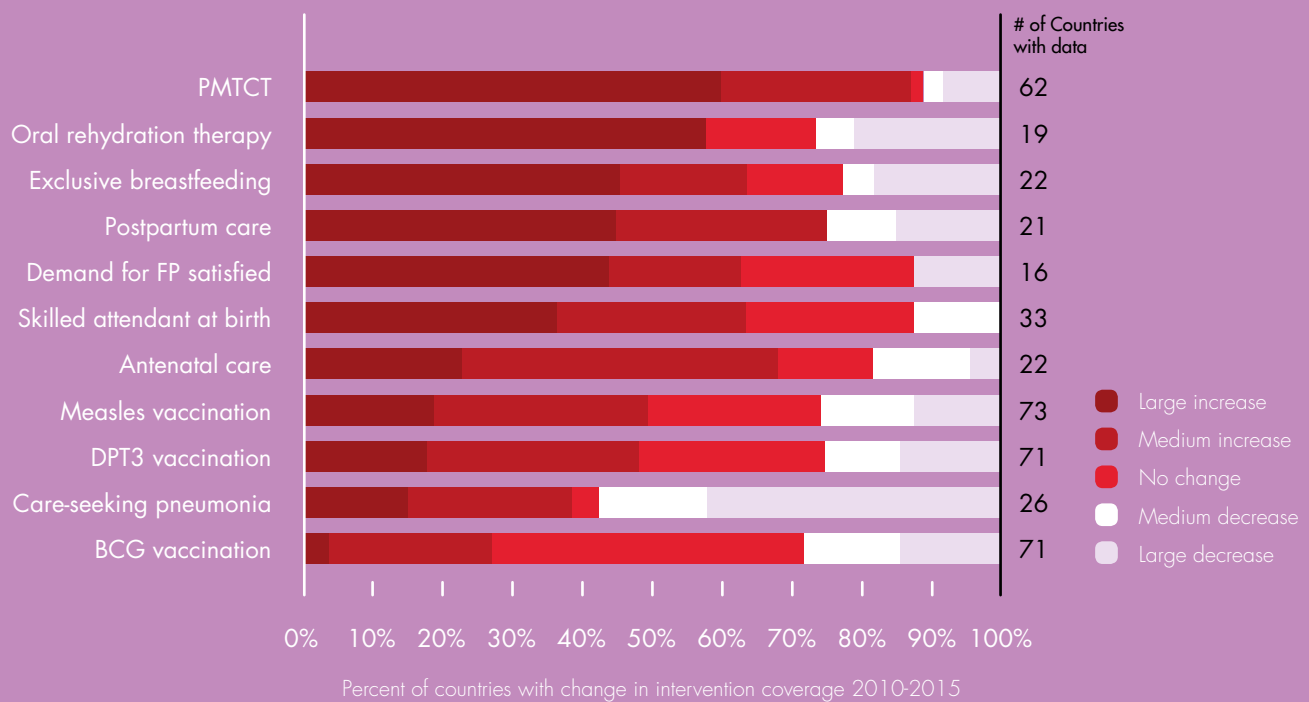
Sources:

PMTCT: UNAIDS estimates of coverage from 2001 to 2013, based on Spectrum estimates / programme data input from countries. It only includes the effective regimen and excludes SNVP.

Oral Rehydration Therapy, Exclusive Breastfeeding, Postnatal care for mothers and newborns, Skilled attendant at birth, Antenatal care, Care-seeking for pneumonia: UNICEF 2014, accessed from <http://data.unicef.org>; complemented with additional MICS and DHS surveys

DTP3, Measles and BCG immunisation: WHO/UNICEF Estimates of National Immunization Coverage, 2013 revision, accessed from <http://data.unicef.org>

Fig. 8 Diverse country progress on key interventions



Large increase: more than 20% progress in coverage over the 2010-2015 period (more than 100% progress for PMTCT)
Medium increase: between 3% and 20% progress in coverage over the 2010-2015 period (between 3% and 100% for PMTCT)
No change: between -3% and 3% progress in coverage over the 2010-2015 period
Medium decrease: between -3% and -10% decrease in coverage over the 2010-2015 period (between -3% and -20% for PMTCT)
Large decrease: more than -10% decrease in coverage over the 2010-2015 period (less than -20% for PMTCT)

Source: Same as Figure 7

Some populations also confront particular challenges in accessing essential interventions. Although age-disaggregated service utilization data are not universally available, evidence indicates that adolescents have particular difficulties in receiving appropriate health and enabling services, including services to promote sexual health. Worldwide, 16 million girls ages 15-19 years, as well as an additional 1 million girls under age 15, give birth, with nine out of 10 of these pregnancies arising from early, often forced, marriage. Pregnancy and childbirth are the second leading cause of death among adolescent girls ages 15-19 worldwide.

In the case of certain interventions – such as prevention of mother-to-child HIV transmission (PMTCT), oral rehydration therapy, and exclusive breastfeeding – enormous progress has been made, with gains accelerating over time. The proportion of HIV-positive pregnant women receiving antiretroviral medicines – both to improve their own health and to prevent HIV transmission to their newborn – rose from 47% in 2009 to 67% in 2013. Gains are apparent across nearly all regions, although

coverage is notably lower in the Eastern Mediterranean and South-East Asia than in other parts of the world. As a result of expanded access to prevention services, fewer children are dying of AIDS-related causes.

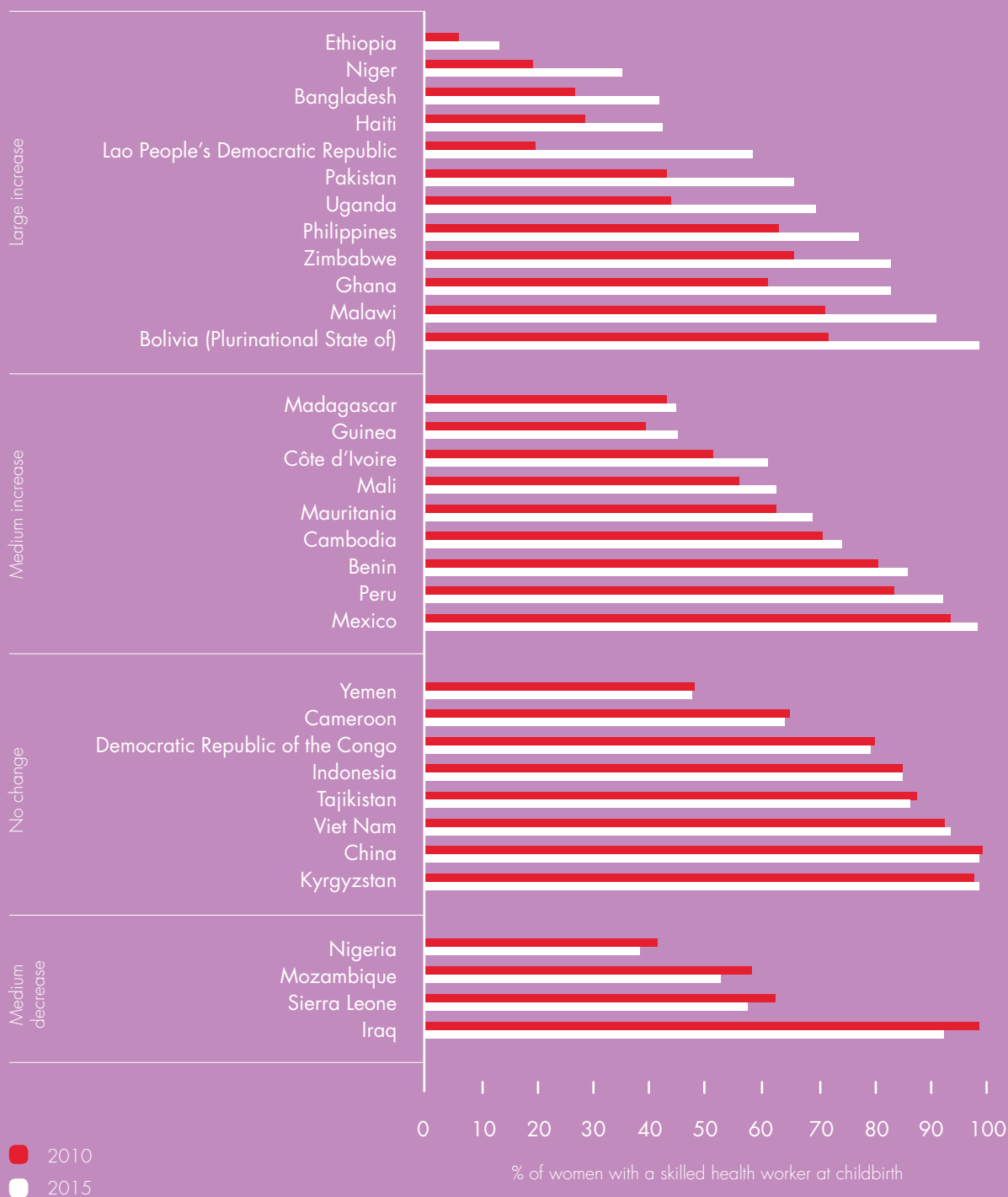
Although trends in scaling-up oral rehydration therapy and exclusive breastfeeding were disappointing in early years, substantial advances were achieved in 2010-2015. Since the launch of the *Global Strategy*, coverage increased on average among priority countries by 49% for oral rehydration therapy and by 44% for exclusive breastfeeding, although many countries in 2010 had comparatively low coverage for these interventions, highlighting the need for additional coverage increases beyond 2015.

For a second category of interventions – family planning, antenatal care, skilled birth attendance and post-natal care – important gains have also been made, although advances tend to be less pronounced than for PMTCT, oral rehydration therapy and exclusive breastfeeding. For example, the share of women whose demand for family planning was satisfied increased by nearly a quarter between 2010 and 2015 on average; a faster pace of progress than in the 2000-2010 period. However, these improvements were not uniform, with a number of countries making no progress or experiencing an increase in unmet need for family planning services, highlighting the need for equity in coverage. An estimated 225 million women have an unmet need for family planning services⁸, underscoring the access gap that will need to be filled to end preventable deaths among women and children.

Meaningful, although often modest, progress has been made in expanding use of regular antenatal care, highlighting an area for enhanced action in the post-2015 era. While a number of countries have seen considerable gains (Nepal, Viet Nam, Nigeria, Mali, Ethiopia), utilization of antenatal care has declined in others. Skilled birth attendance also made fairly good progress over the period of the *Global Strategy*, with countries starting at low coverage levels making the most progress. In the 11 countries that began with less than 50% coverage of skilled birth attendance in 2010, the acceleration in progress after the start of the *Global Strategy* was on average more than three times greater than in countries that started with higher coverage in 2010 (of the 33 countries with sufficient data). However, as Fig. 9 illustrates, the trend towards increased coverage for skilled birth attendance does not apply to all countries. The quality of care provided by the skilled attendant at the time of birth can mean the difference between life and death.

Fig. 9 Progress on skilled birth attendance

33 countries: coverage in 2010 and 2015



Large increase: more than 20% progress in coverage over the 2010-2015 period
Medium increase: between 3% and 20% progress in coverage over the 2010-2015
No change: between -3% and 3% progress in coverage over the 2010-2015 period
Medium decrease: between -3% and -10% decrease in coverage over the 2010-2015 period

Source: UNICEF 2014, accessed from <http://data.unicef.org>; complemented with additional MICS and DHS surveys.

Unavailable indicators

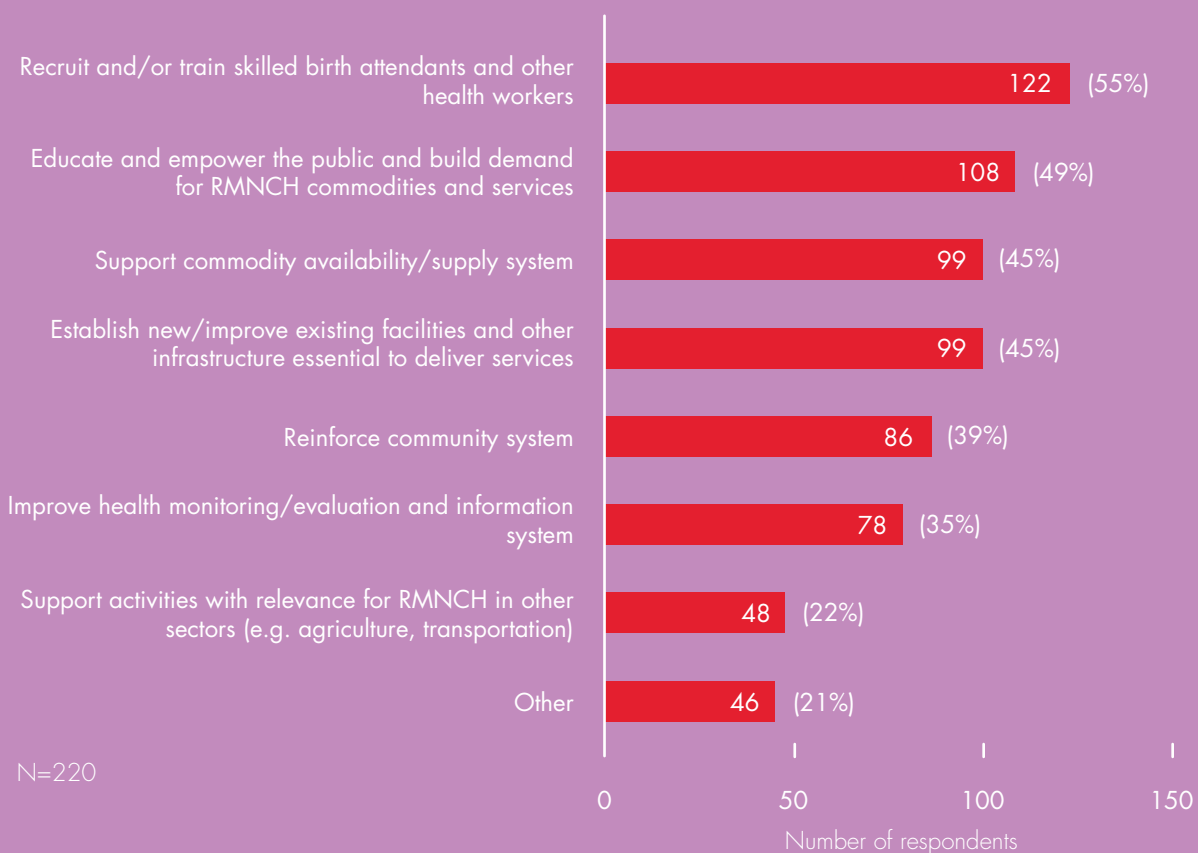
For some of the interventions that were prioritized over the course of the Global Strategy, insufficient data prevented a comprehensive analysis of progress. This reinforces the importance of improved data collection and the so-called Data Revolution agenda over the post-2015 period, which aims to ensure that what matters is measured.

	Status update	Data challenge
<i>% of induced abortions that are safe</i>	Worldwide, 49% of abortions were unsafe in 2008, compared to 44% in 1995. ¹⁰	This indicator is assessed based on highly irregular country surveys and regional modelling. The latest worldwide modelling exercise was conducted in 2012.
<i>% of women with an STI accessing care from a medical provider</i>	In developing regions, an estimated eight in ten women with a curable STI received no medical care in 2014. ¹¹	Very few Demographic AND Health Surveys (DHS) report this indicator, making it difficult to undertake a robust trend analysis.
<i>Antibiotic treatment of pneumonia in children</i>	Across 75 countries, 34% of children received antibiotics when suffering from an acute respiratory infection on average across 75 countries. ¹²	This indicator was only routinely collected from 2005 in DHS and MICS surveys and as a result, insufficient data is available for trend analysis.
<i>Vitamin A supplementation</i>	Across 62 countries, coverage of Vitamin A supplementation ranges from 56% in Eastern Africa to 99% in Central Asia ¹³	Progress for this indicator was not analysed due to highly irregular trends.
<i>Ready to eat foods to prevent and treat malnutrition</i>	Globally, more than 2.6 million children with severe acute malnutrition were treated in 2012. ¹⁴	This indicator is collected through specialised surveys that are not globally consistent and are only conducted on an irregular basis.

Strengthening health systems to support and sustain health gains for women and children

Recognising the centrality of a strong, responsive, people-centred health system in efforts to promote the health and wellbeing of women and children, the *Global Strategy* identified health systems strengthening as a pillar of its work. More than half of the non-financial commitments made under the *Global Strategy* have focused on service delivery and health systems strengthening. *Global Strategy* stakeholders have especially prioritised strategies to build the health workforce, educate and empower the public, strengthen commodity procurement and supply chain systems and improve health facilities and other essential infrastructure (Fig. 10). As one example, commitments under the *Global Strategy* have resulted in the training of more than 870 000 new health care workers.

Fig. 10 Focus of health systems strengthening and service delivery commitments



Note: Stakeholders may refer to multiple commitment areas in their commitment.

Source: Analysis of survey results (PMNCH report 2013) and commitment text

Helping fulfill commitments under the *Global Strategy* to strengthen procurement and supply management systems, the United Nations Commission on Life-Saving Commodities for Women and Children, launched in March 2012, aims to increase access to medicines and health supplies by addressing barriers that undermine access to 13 essential health commodities (see box). Since its report was published in September 2012, extensive implementation efforts have already begun. Eight countries (Democratic Republic of the Congo, Ethiopia, Malawi, Nigeria, Senegal, Sierra Leone, Uganda and the United Republic of Tanzania) have committed to speeding up access to and use of 13 life-saving commodities to all women and children in their countries.

13 overlooked life-saving commodities

Maternal health commodities:

- *Oxytocin for post-partum haemorrhage*
- *Misoprostol for post-partum haemorrhage*
- *Magnesium sulfate for eclampsia and severe pre-eclampsia*

Newborn health commodities:

- *Injectable antibiotics for newborn sepsis*
- *Antenatal corticosteroids for preterm respiratory distress syndrome*
- *Chlorexidine for newborn cord care*
- *Resuscitation devices for newborn asphyxia*

Child health commodities:

- *Amoxicillin for pneumonia*
- *Oral rehydration salts for diarrhoea*
- *Zinc for diarrhoea*

Reproductive health commodities:

- *Female condoms*
- *Contraceptive implants*
- *Emergency contraception*

Since the launch of the *Global Strategy*, substantially greater global attention has focused on access to midwifery services to improve the health of women and children. The 2014 Lancet Series on Midwifery marshaled available evidence to better define the practice of midwifery, demonstrate the contribution of midwifery to saving and improving women's and newborn's lives, and highlight lessons from country successes in preventing maternal and child deaths through enhanced access to midwifery services. The first-ever report on the *State of the World's Midwifery* was launched in 2011 and followed by the 2014 report, which noted that the majority of high-burden countries have less

than half of the midwifery workforce (doctors, nurses, midwives) needed to deliver life-saving interventions to all women and children. In the post-2015 era, closing the midwifery access gap will represent an important element of the global push to eliminate preventable deaths among women and children. Key actions needed to close this gap include substantially increasing the number of midwives and ensuring that services are available, accessible and of good quality.

Service integration strengthens health systems, by capturing synergies among different services and thereby enabling limited resources to go further than they otherwise would. Service integration also helps accelerate coverage increases, enabling recipients of one particular service to easily obtain access to other essential services. Reproductive health services are one important vehicle for service integration. In 2013, two-thirds of countries reported having integrated HIV and sexual and reproductive health services.

Sexual and reproductive health services* are also an important priority in their own right and fundamental to the achievement of global health aims for women and children. The *Family Planning 2020* (FP2020) summit in London in 2012 offered a key platform for strengthening global commitment and action on family planning, with 29 of the world's poorest countries making national policy and programmatic commitments (half of which now have formal, detailed plans to guide their family planning efforts). Compared to 2012, donor disbursements for reproductive health services rose by almost 20% in 2013, and an additional 8.4 million women and girls used modern contraception. In 2013, contraceptive use in the 69 FP2020 focus countries averted 77 million unintended pregnancies, 125 000 maternal deaths, and 24 million unsafe abortion procedures.

Commitment makers have focused comparatively less attention on non-health issues, such as gender equality, safe drinking water, sanitation and hygiene, education, nutrition and food security, and transportation. Nevertheless, *Global Strategy* partners have made notable contributions in these non-health areas. For example, in implementing its commitment under the *Global Strategy*, Wateraid, an international NGO, provided safe water and sanitation services over the past year to between 1.6 million and 1.9 million people. Donors stepped forward to pledge up to US\$4.15 billion to tackle childhood under-nutrition through 2020. In its

* Good sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters related to the reproductive system. It implies that people are able to have a safe and satisfying sex life, the capability to reproduce, and the freedom to decide if, when and how often to do so.

Effective advocacy for maternal and child health

In Malawi, 15 non-governmental organisations that deal with reproductive, maternal, newborn and child health worked with UNFPA and other partners to successfully update the Malawi Essential Medicines List. The aim of this collective effort was to increase access to resuscitation devices, antenatal corticosteroids, chlorhexidine, injectable contraceptives and contraceptive implants.

Prior to the change, Malawi had not updated its Essential Medicines List since 2009, impeding efforts to stock and distribute essential commodities for maternal and child health. When petitioning Malawi's government in November 2014, the NGO coalition stressed the 13 life-saving commodities as an essential part of the country's commitment to accelerate the reduction in maternal and child health.

efforts to improve adolescent reproductive health, the UK is supporting programmes in Rwanda and Zambia to empower adolescent girls through mentoring, peer groups, sexuality and relationship education, and skills training. In Uganda, the *Every Mother Counts* programme supported transport vouchers for 13 500 women, enabling them to deliver their babies in a health facility.

Commitment makers have helped address social and structural factors that increase the vulnerability of women and children and reduce their access to services. With support of H4+ partners, Burkina Faso has promoted gender awareness through a radio soap opera broadcast on reproductive health, which highlights issues of discrimination and harmful traditional, social norms and practices, and ways to involve communities in gender sensitive health care management. In Burkina Faso and Côte d'Ivoire, an innovative *Ecole des maris* (School of Husbands) project has engaged husbands who can have a positive influence on the behavior of their peers to promote shared decision-making in the household; this project has also worked to support new, healthier norms regarding girls' education and prevention of gender based violence. In Guinea-Bissau, the Health Management Information System (HMIS) data collection tools for maternal and children health have been revised to include gender markers, and national NGO and CBO capacities have been strengthened to raise awareness for the reduction of gender inequalities, discrimination in access to health services and gender-based violence.

“Throughout these years, I worked hard as a midwife to help save the lives of a large number of women and babies. This respectful profession was and will continue to be vital, especially for women in rural areas and those who cannot access proper hospital care.”

MUNIRA SHABAN

Midwife from Jordan



IV. Catalysing innovation to improve women's and children's health

Summary

- > The *Global Strategy* has channeled private sector investments into potentially transformative approaches, brokered strategic relationships and closed gaps in the journey from idea to impact.
- > More than 1000 innovative technologies for reproductive, maternal and child health, totaling US\$255 million in investments, are now in the research and development pipeline. Catalytic investments have been made to leverage mobile communications technologies to improve health outcomes.
- > Innovative financing models, through pooling and leveraging donor resources in financial markets, impact investment and earmarking of private sector product proceeds, have contributed to many of the gains in women's and children's health since the launch of the *Global Strategy*.

Innovation is essential to achieving the ultimate goal of ending preventable deaths among women and children and ensuring they thrive. To build on gains made to date in reducing maternal and child mortality, critical diagnostic, preventive and therapeutic agents and strategies will need to be optimized; effective strategies must be developed to reach women and children who are currently being missed by available options; robust demand for reproductive, maternal and child health services will need to be generated and sustained; and new approaches to financing will be required.

The *Global Strategy* has worked to channel private sector investments towards potentially transformative approaches, engaging venture capitalists, private companies, philanthropic foundations, and entrepreneurs who have developed new business models that generate profit at the same time that they support advancing the health and wellbeing of women and children. Specifically, *Every Woman Every Child* has endeavoured to support what has come to be called 'integrated innovation,' linking the scientific and technological, social, business and financial communities/sectors to accelerate gains for women and children.

Following the launch of the *Global Strategy*, an Innovation Working Group (IWG) was convened to serve as a global hub for innovation in furtherance of the mission and goals of *Every Woman Every Child*. The IWG specifically focuses on ensuring that innovations are investment-ready and ultimately can be brought to scale.

Development and roll-out of new technologies

The IWG estimates that over 1000 innovative technologies for reproductive, maternal and child health totalling US\$255 in

investments, many of them initiated by *Every Woman Every Child* commitment makers, are currently in the research and development pipeline.

The robust product pipeline for new health tools for women's and children's health represents a sea change since 2010, when comparatively few new technologies were in development. Through the IWG, the *Global Strategy* has attempted to bridge gaps along the innovation pathway, smoothing the road from original idea to products and services that can be rolled out in resource-limited settings.

As one example, the *Saving Lives at Birth: Grand Challenges for Development* initiative – a partnership of the United States Agency for International Development, Bill & Melinda Gates Foundation, Grand Challenges Canada, and the Governments of Norway and the United Kingdom – supports research and development of ground-breaking prevention and treatment approaches for pregnant women and newborns in poor, hard-to-reach communities.



“We want to generate dozens of out-of-the-box ideas (to benefit women’s and children’s health). Through the Saving Lives at Birth Grand Challenge, we’re calling on the inventors and innovators, creative thinkers, whoever they are and whatever their expertise, to help us get beyond the barriers ... We will target our funding toward advances that can work in the developing world.”

HILLARY RODHAM CLINTON

Former United States Secretary of State

Technological advances supported by partners of the *Global Strategy* are already improving health outcomes for women and children and are poised to have even greater impact beyond 2015:

- **Preventing infection among newborns:** With investments from the Saving Lives at Birth partners, John Snow International has pioneered the use of the antiseptic compound chlorhexidine (CHX) in Nepal as a safer, more effective alternative than existing methods for disinfecting a newborn's umbilical cord stump. Research indicates that routine use of CHX could reduce the incidence of newborn death in Nepal by 24%.
- **Protecting newborns during their first week of life:** Researchers at Rice University have developed a low-cost bubble continuous positive airway pressure device, which increased survival in pilot studies from 44% to 71%.
- **Assisting difficult births:** The BD Odón device – an experimental delivery assistance device supported by *Global Strategy* partners that is designed to be safer and easier to use in resource-limited settings than forceps, vacuum extractors or Caesarean sections – has the potential to prevent 200 000 deaths per year in sub-Saharan Africa (4 500 maternal deaths, 1 11 000 stillbirths and 95 000 newborns).
- **Preventing postpartum hemorrhage:** Efforts by Monash University to develop a heat-stable dry oxytocin delivery system through inhalation, initially supported by the Saving Lives at Birth partners, are now being accelerated through a partnership with GSK, McCall MacBain and Planet Wheeler Foundations and Grand Challenges Canada, and could save the lives of almost 20 000 pregnant women each year.
- **Enhancing diagnosis of life-threatening conditions for pregnant women and newborns:** Kenek Core™, a mobile platform of inexpensive medical sensors to enable the diagnosis and treatment of pneumonia-associated low blood oxygen in newborns and pre-eclampsia in pregnant women, could, if taken to scale, reduce maternal and child mortality by up to 30% over the next 10 years.

For many of these innovations, additional evaluation is needed to confirm their safety and efficacy, and focused implementation research will be required to translate those that prove efficacious into actual results for women and children. However, the emergence of a robust pipeline of new products is an important sign of energy and progress in the technological arena and an indication that the *Global Strategy* has helped galvanize innovative thinking.

Considerable innovation is also focused on improving diagnostic, preventive and therapeutic tools to reduce morbidity and mortality among women and children as a result of infectious diseases. *Global Strategy* partners have developed a promising new microbicide product to prevent HIV infection among women; are supporting acceleration of efforts to generate simple point-of-care tools for diagnosing HIV in newborns; and are funding development efforts for malaria control, including quick, simple diagnostics, interventions to prevent mosquito larvae from reaching adulthood, improved outdoor strategies for malaria control, and new malaria-resistant clothing and housing models.

Innovation to increase competition for affordable newborn resuscitation devices

Pricing and procurement are primary barriers to access in the neonatal bag and mask resuscitation market.

Through the efforts of the United Nations Commission on Life-Saving Commodities for Women and Children, two suppliers of newborn resuscitation devices in India, as well as one in Chinese Taipei, committed to provide detailed cost and quality assurance information on their products. Initial indications in 2014 suggest that these companies meet draft WHO product and quality specifications and could offer a discount of 30% or more on the going price for the market leader (US\$18 per unit). A technical review team of the United Nations Commission is continuing discussions with these manufacturers in 2015 to confirm quality standards and to identify possible global market shaping interventions to further reduce the price.

“Engage young people because as a constituency, we are the custodians of hope, with aspirations uncorrupted by experience. It is this generation of adolescents and youth who can imagine a world without AIDS, without the death of mothers, where men and women are given equal opportunities and where adolescent girls are protected from child marriage.”

YEMURAI NYONI,

Founding Director, Dot Youth Organisation, Zimbabwe



Building on the important technological advances of the last several years, these and the hundreds of other pipeline products indicate that the coming years may witness the emergence of many additional scientific breakthroughs for the diagnosis, prevention, treatment and monitoring of life-threatening diseases facing women and children. These robust research efforts, supported and nurtured by *Global Strategy* partners, offer additional reason for optimism that preventable maternal and child deaths can be eliminated over the next generation.

Innovation in programme implementation and service delivery

Recognizing that biomedical innovations are only effective if they are properly used at scale, the *Global Strategy* has also actively encouraged innovation in the fields of implementation science, health systems strengthening and service delivery.

The IWG has particularly worked to nurture innovations that leverage mobile communications technologies to improve health outcomes for women and children, making catalytic investments to implement 26 high-impact solutions in 16 high-burden countries. So-called ‘m-health’ has the potential to reduce loss to follow-up among patients who access maternal and child health services, increase return rates for remote diagnostic test results, prompt patients to seek the care they need (such as regular antenatal care visits), and aid clinics in their efforts to track and support patients enrolled in care. To date, the *Every Woman Every Child* m-health grants programme has surpassed its original targets and in 2015 was providing access to high-quality health services to more than 1.5 million women.



“In Kenya we have one doctor for every 10,000 patients. Bearing in mind that we have more than 25 million mobile phones and less than 450 hospitals, it goes without saying that mobile technology should be used to create effective solutions for our healthcare challenges.”

BOB COLLYMORE
CEO of Safaricom Limited

One such catalytic grant programme – the MomConnect initiative in South Africa – has now been taken to scale nationally through a strong partnership that includes the IWG grantee, Praekelt Foundation and the national health ministry.

Apart from m-health approaches, *Global Strategy* partners have also incentivized development of other innovative service models to improve outcomes for women and children. For example, a novel home-based care model piloted in Kenya by Jacaranda Health, a chain of maternity clinics in peri-urban Nairobi, is associated with an increase of 50% in the number of new mothers returning for follow-up care following birth.

The IWG has emphasized business models that both generate return on investment and promote improved health outcomes for women and children. Leveraging the penetration and brand recognition of its Lifebuoy soaps, Unilever has reached 183 million people in 16 countries with behaviour change campaigns that promote regular hand-washing, which has been shown to reduce the incidence of diarrhoea by 25% in a clinical trial in Mumbai.

Using m-health to improve outcomes for women and children in Kenya

The experience of Safaricom, a commitment maker under the Global Strategy, vividly illustrates the potential of m-health strategies to improve health outcomes for women and children. The leading provider of converged communications solutions in Kenya, Safaricom is using its Jamii Smart alerts product to send alerts and reminders to mothers and health workers regarding clinic visits, expected delivery dates, immunisation schedules and other information. As a result of this system, more mothers in Kenya are now attending more antenatal visits and are able to opt for a skilled birth procedure through micro insurance schemes.

Safaricom's HELP platform also aids health workers in making clinical decisions in real time, improving the timeliness and quality of care for women and children. A four-month study found that retention rates for patients served by health workers receiving mLearning through the HELP platform were 12% higher than the patient population generally. Having already served 30 000 families, the platform is now being scaled up to reach 300 000 families.

Innovative financing approaches

Especially in light of the trend towards a flattening of official development assistance for health, identifying models for mobilizing and sustaining essential resources is a critical priority in advancing the health and wellbeing of women and children. An emphasis on innovative financing is a core principle of the collective work of the *Every Woman Every Child* movement.

Innovative financing models have contributed to many of the gains in women's and children's health since the launch of the *Global Strategy*.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, is an innovative mechanism that pools the contributions of dozens of donors to support programmes to diagnose, prevent and treat HIV, tuberculosis and malaria in low- and middle-income countries. Nearly one-third of the Global Fund's portfolio supports initiatives that benefit women and children, and the Global Fund in recent years has intensified its collaboration with *Every Woman Every Child* to promote integration of maternal and child health into its grant programmes.

Established in 2000 as a public-private partnership, Gavi, the Vaccine Alliance has used innovative financing mechanisms to increase and front-load funding for the purchase and distribution of key vaccines. The International Financing Facility for Immunisation (IFFIm), created in 2006, uses long-term, legally binding pledges from donors to raise money in the financial markets, generating US\$5 billion to date for immunisation programmes. Separately, an advance market commitment for pneumococcal vaccines has helped speed the development and availability of vaccines to prevent a major cause of death among children.

Announced in September 2013, the Global Health Investment Fund (GHIF) is a US\$108 million impact investment fund that will help advance promising interventions to fight challenges in low-income countries, such as malaria, tuberculosis, HIV/AIDS, and maternal and infant mortality. Supported by numerous partners, including several commitment makers under the *Global Strategy*, GHIF has already made investments towards development of a new point-of-care molecular diagnostic device for tuberculosis and the establishment of a second WHO-prequalified supplier of an oral cholera vaccine.

Product (RED), which has pledged to support the *Global Strategy* by contributing to the drive for an AIDS Free Generation, is yet another example of an innovative approach to financing for health programmes that benefit women and children. Funded through special (RED) events and through a portion of the proceeds from sales of participating companies, (RED) has since 2006 raised more than US\$300 million for life-saving programmes that primarily benefit women and children in poor countries. Through mid-2014, for example, (RED) had provided antiretroviral medicines for the prevention of mother-to-child HIV transmission to more than 320 000 pregnant women living with HIV in Tanzania.

V.

**Accountability for
concrete results
for women and
children**

Summary

- > **Accountability for resources and results is a core element of the *Global Strategy*.**
- > **A time-limited commission outlined a vision and a series of concrete action steps used to monitor commitments and results, especially at country level.**
- > **Civil society plays an essential role in this accountability framework, advocating for rigorous monitoring, regular reporting and full transparency.**

Accountability – both for resources and for results – is a cornerstone of the *Global Strategy*. Grounded in human rights, the *Every Woman Every Child* movement is a mutually agreed partnership that commits diverse actors, development partners and governments to work together to realize commitments made and to hold one another accountable for results.

Realizing that the global consensus and concentration of actors under *Every Woman Every Child* was unique and that demand for greater accountability in the global health and development arena was growing, the UN Secretary-General initiated a process to determine the most effective institutional arrangements for global reporting, oversight and accountability on women's and children's health. A time-limited Commission on Information and Accountability (CoIA), co-chaired by President Kikwete of Tanzania and Prime Minister Harper of Canada and co-convened by WHO and the International Telecommunications Union, was formed in 2011.

The Commission established a vision of accountability for the *Global Strategy*: one based on continuous, transparent and independent monitoring of progress by all actors, including civil society and the private sector. This vision of accountability involves a systematic, stepwise process: identifying promises made (about policies and systems in place, resources to be committed, changes to be made, results, etc.); reporting on these periodically; identifying progress, challenges and failures; and then taking remedial action.

To implement this vision, the Commission made 10 recommendations for the generation of information to improve results, track resources and enhance oversight for results and resources. These included development of robust national systems for data collection, steps to improve the tracking of resources for women's and children's health, and better oversight of results and resources, both globally and nationally.

Importantly, the Commission placed accountability “soundly where it belongs: at the country level, with the active engagement of governments, communities and civil society”.¹⁵ Implementing the recommendations of the Commission has become a substantial programme for WHO. The Commission on Information and Accountability has published annual progress reports since 2012.

In implementing a system to drive accountability for results, the *Global Strategy* built on four key principles:

- 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; and
- Strengthening and harmonizing existing international mechanisms to track progress on all commitments made.



“The international community must now work together to ensure that the resources that have been promised are delivered in a manner that maximizes results, accountability and transparency. Making the Commission’s recommendations a reality will help ensure that our collective efforts will produce tangible results for the world’s most vulnerable people.”

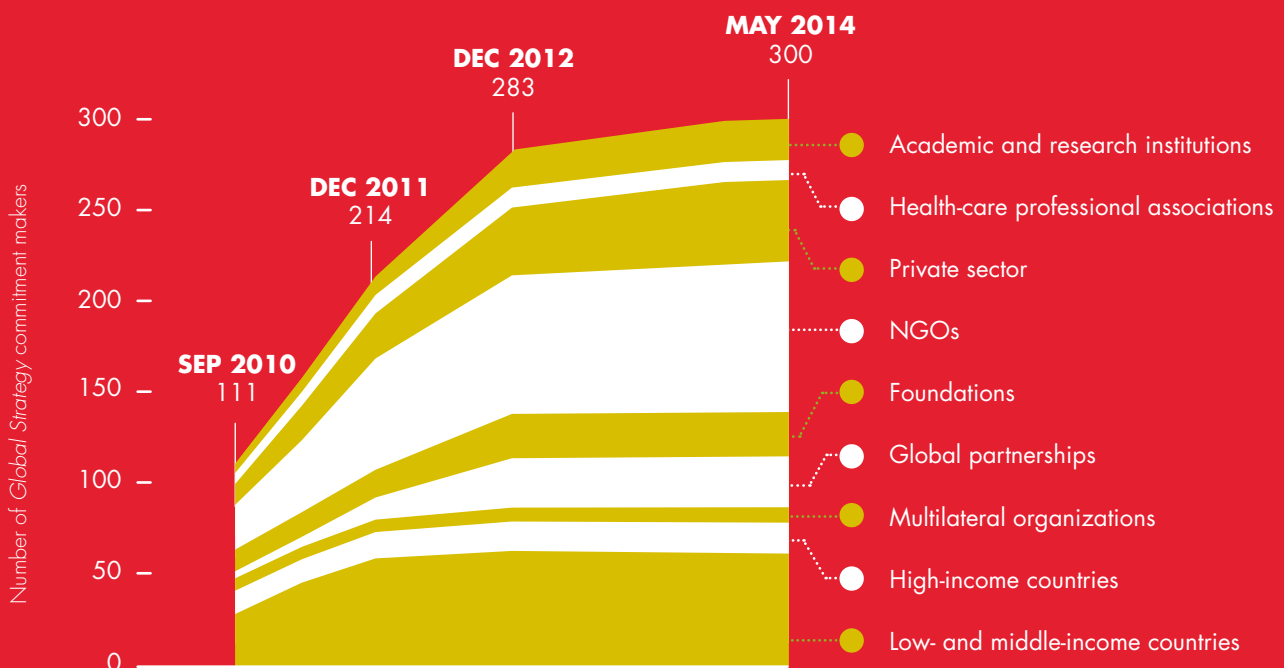
STEPHEN HARPER
Prime Minister of Canada

Identification of commitments

The first step in the *Every Woman Every Child* accountability framework is identifying the commitments made in support of achievements of MDGs 4, 5 and 6. These commitments can be financial (e.g., promises to make financial resources available), strategic or political (e.g., development of policies, services, systems, etc.), institutional (e.g., promises to take responsibility for coordination, integration, development of service delivery systems, etc.) or programmatic (e.g., train midwives, extend services, weigh babies, etc.).

The range of partners committing to take action in support of the *Global Strategy* has massively expanded since the *Strategy's* launch in 2010. Between September 2010 and September 2014, the number of partners making firm commitments in support of the *Global Strategy* more than tripled – from 111 to over 400 (Fig. 11). These commitments are freely accessible, and annual reports from 2011 onwards by the Partnership for Maternal, Newborn and Child Health (PMNCH) carefully analyse how and the degree to which they have been implemented, and how they are contributing to the goals of the *Global Strategy*.

Fig. 11 Number of *Global Strategy* commitment makers, 2010-2014



Source: *Every Woman Every Child* website.

Over time, *Every Woman Every Child* has become more rigorous and sophisticated in framing, quantifying and tracking commitments. This trend stems from realization that clarity regarding a commitment is essential to its effective monitoring.

Tracking progress

Rigorous monitoring ensures that all partners deliver on their commitments, permits timely identification of gaps and shortfalls in order for remedies to be made in a timely manner, and demonstrates how actions and investments produce concrete results.

Building robust mechanisms to track progress has been an important focus of work for the International Health Partnership (IHP+), the Commission on Information and Accountability and the *Countdown to 2015* process. In particular, these efforts have endeavoured to establish better ways of tracking inputs, outputs and health outcomes.

The accountability system for the *Global Strategy* has tracked three health status indicators, which provide direct evidence on progress towards achievement of MDGs 4 and 5, as well as eight coverage indicators, which focus on essential services in the continuum of care for women and children (See box for a list of these 11 indicators). These indicators are now used in almost all countries for tracking progress, with 40 countries implementing web-based facility information systems.

Although implementing accountability measures in countries has proved more challenging, important advances have been made at country level. Many countries have started to strengthen the case for, and resources to support better Civil Registration and Vital Statistics (CRVS) – registering births and deaths, the bedrock upon which accountability for maternal and child health outcomes is based. A growing number of countries are also implementing systems for routine review of maternal deaths (both in facilities and in communities) to identify systemic actions to avoid deaths in the future. Twenty-nine countries** have now made maternal death a notifiable event, which triggers a serious review.

** The 2014 Global Policy Survey on maternal, newborn, child and adolescent health indicates that in 29 of 61 surveyed countries, the policy specifies notification to a central authority within 24 hours of death.

Global Strategy indicators

Health status indicators

- *Maternal mortality rate (deaths per 100 000 live births)*
- *Under-five mortality, including proportion of deaths among newborns (deaths per 1000 live births)*
- *Children under-five who are stunted (percentage of under-five children whose height for age is two standard deviations from the WHO Child Growth Standards)*

Coverage indicators

- *Met need for contraception (women ages 15-49 who are married or in union)*
- *Antenatal care (percentage of women ages 15-49 with a live birth who received antenatal care by a skilled health provider at least four times during pregnancy)*
- *Receipt of antiretroviral medicines by pregnant women living with HIV*
- *Skilled attendant at birth (percentage of live births attended by skilled health professional)*
- *Postnatal care for mothers and babies (percentage of mothers and babies who received a postnatal care visit within two days of childbirth)*
- *Exclusive breastfeeding for six months (percentage of infants ages 0-5 months who are exclusively breastfed)*
- *Three doses of DPT3 (percentage of infants ages 12-23 months who received three doses of DPT3 vaccine)*
- *Antibiotic treatment of pneumonia (percentage of children ages 0-59 months with suspected pneumonia who received antibiotics)*

Ensuring accountability and transparency

As recommended by the Commission on Information and Accountability, a time-limited independent oversight body, the independent Expert Review Group (iERG), was empanelled to report regularly to the UN Secretary-General on results, resources and progress under the *Global Strategy*, with the additional charge of identifying good practices and making recommendations to further improve the accountability framework. The Expert Review Group has submitted annual reports since 2012 to the UN Secretary-General.

Civil society has been an important voice for accountability at the national and sub-national level, as citizens have an essential role to play in ensuring that governments and other stakeholders are accountable for results. By leveraging the *Global Strategy* to call attention to women's and children's health and by demanding concrete action and transparent reporting of results, civil society has advanced the *Global Strategy's* broader accountability agenda. With encouragement from civil society, Nigeria is one of the first countries to establish an independent review committee to track progress on maternal and child health. World Vision is currently rolling out its *Citizen Voice in Action* initiative in 26 countries, with plans to expand this approach to other countries in the coming years; this initiative aims to enhance community systems, with the aim of empowering citizens to hold government and other health service providers accountable to deliver results and to implement commitments under the *Global Strategy*. A 2013 review by the Commission on Information and Accountability found that many countries undertaking national health sector accountability reviews in furtherance of the *Global Strategy* lack participation in these processes by robust civil society and media groups, underscoring the need for more inclusive national responses and for long-term investments to build the capacity of civil society institutions.

More than half (52%) of commitment makers under the *Global Strategy* reported that they were supporting policies to strengthen accountability for results on women's and children's health in 2013. Stakeholders are making greater and more innovative use of existing national accountability mechanisms, such as parliamentary oversight, social accountability and the media.

“In order to meet our goals, we must track resources and meet commitments, providing transparency, credibility and efficiency. All of these efforts must be supported by a unified, global accountability structure. High-income countries must maintain their commitments and low- and middle-income countries must continue to invest in their own health infrastructure.”

JAKAYA MRISHO KIKWETE

President of the United Republic of Tanzania



VI.

Mobilizing essential resources for women's and children's health

Summary

- > **Financial commitments to the *Global Strategy* have reached nearly US\$60 billion, with more than US\$34 billion disbursed to date.**
- > **Official development assistance for health has grown modestly in recent years, but funding for reproductive, maternal, newborn and child health has sharply risen, increasing by 25%.**
- > **Domestic public sector spending on reproductive, maternal and child health rose by 50% from 2006 to 2012, with robust increases in the 49 focus countries.**

Financial resources are essential to support the scale-up of essential services for women and children and build resilient health systems. At the same time, the breadth and depth of financial commitments also provide a clear indication of political commitment to women's and children's health.

Since the *Global Strategy* was launched, the world has witnessed an considerable growth in resources for women's and children's health. This does not take into account the value of service delivery, capacity building research and development and other types of commitments that are not purely direct financial contributions.

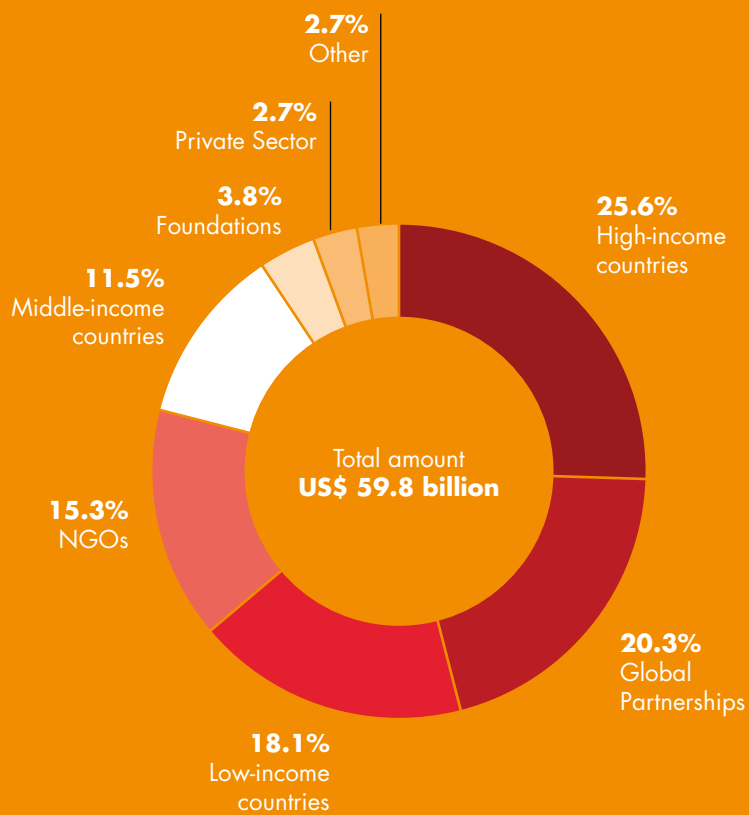
Increasing global financial commitments

Total financial commitments to the *Global Strategy* for activities relating to women's and children's health rose from US\$40 billion in September 2010 to US\$59.8 billion in May 2014^{***}, with almost \$34 billion already disbursed. (Fig. 12). As financial commitments began to rise following the launch of the *Global Strategy*, analyses found that nearly 80% of the commitments focused on strengthening health systems and service delivery for women and children. The diversity of partners making financial commitments is striking, with contributions by international donors, national governments, non-governmental organizations, philanthropic foundations and the private sector. Low-income countries account for 18.1% of financial commitments made for women's and children's health (Fig. 12).

These financial commitments are being translated into concrete increases in available resources for women's and children's health programmes in low- and middle-income countries. As of mid-2014, nearly 60% (US\$34 billion) of the US\$59.8 billion in financial commitments had been disbursed since the launch of the *Global Strategy* (Fig. 13), although the actual rate of disbursements is likely to be considerably higher due to reporting delays. Altogether, stakeholders appear to be on track to deliver on their financial commitments.

^{***} US\$59.8 billion includes all commitments by different stakeholders, including commitments that may be reported twice under a partnership by different stakeholders: For example, there could be a bilateral donor commitment to a global health partnership that is reported as a *Global Strategy* commitment by both the donor and the partnership.

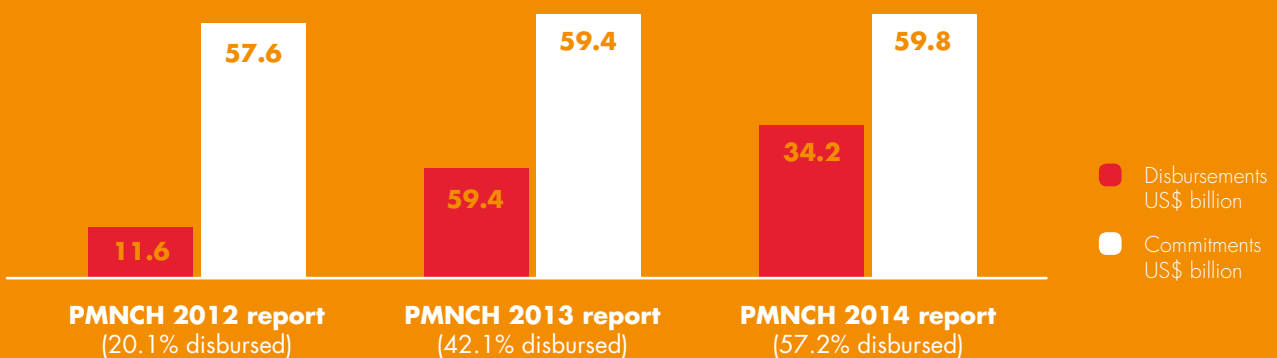
Fig. 12 Financial commitments to the *Global Strategy* have reached almost US\$60 billion



Other includes multilaterals, health care professional associations, and academic, research and training institutions.

Source: PMNCH 2014 Accountability Report (adapted with updated data)

Fig. 13 Trends in *Global Strategy* disbursements



Source: PMNCH 2014 Accountability Report

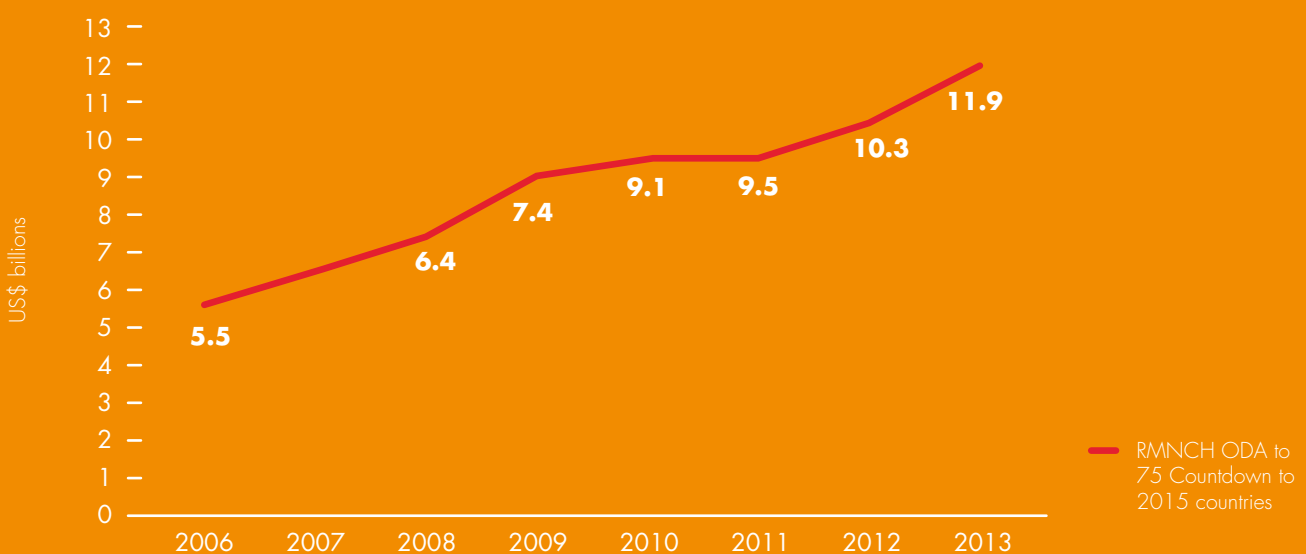
These historic increases in financial support for reproductive, maternal, newborn and child health have placed the world on an upward trajectory towards mobilizing the resources that will be required in the post-2015 era to further accelerate progress in reducing women's and children's mortality and morbidity.

Increased donor commitments for women's and children's health

Evidence also suggests that the *Global Strategy* has had a positive influence on funding decisions by international donors. In the first three years after the launch of the *Global Strategy*, official development assistance for reproductive, maternal, newborn and child health rose by 25% (Fig. 14).

The sharp increases in international financing for reproductive, maternal and child health in recent years have substantially outpaced the much more modest growth in overall official development assistance for health. Especially notable are substantial investments in high-impact components of the women's and children's health continuum that have historically been underfunded. Funding for family planning, for example, has increased steeply since the launch of the *Global Strategy* (Fig. 15), and a steady increase in donor funding has also been reported in recent years for reproductive health.

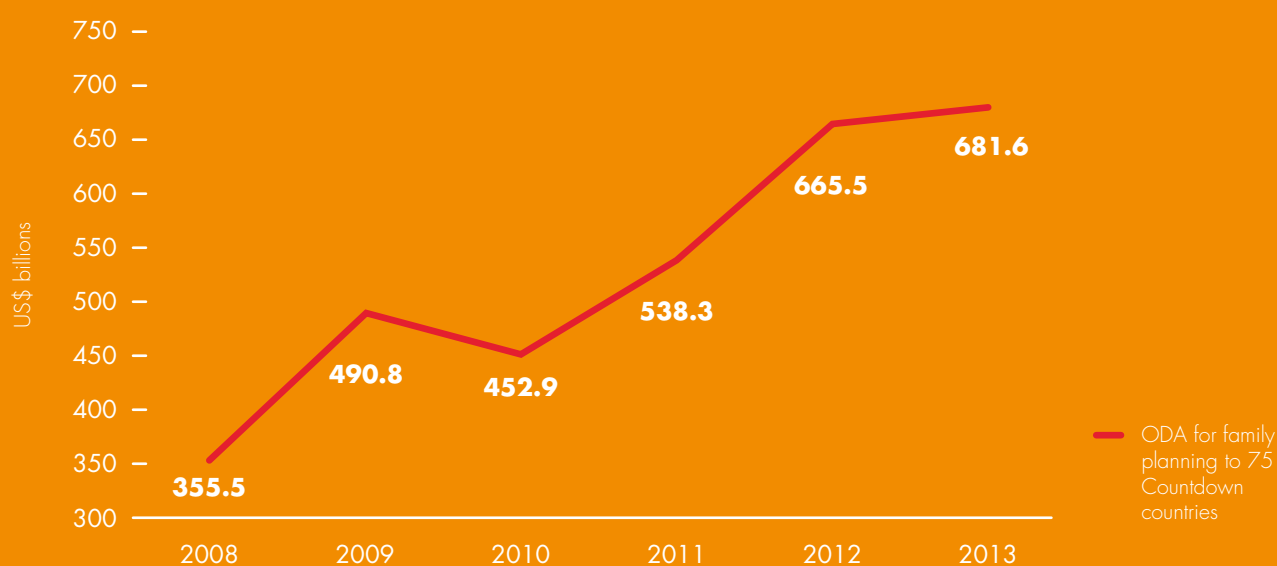
Fig. 14 Official development assistance for reproductive, maternal, newborn and child health



Source: OECD CRS.

Fig. 15 Official development assistance for family planning 75 Countdown to 2015 countries, 2008-2013

75 Countdown to 2015 countries, 2008-2013



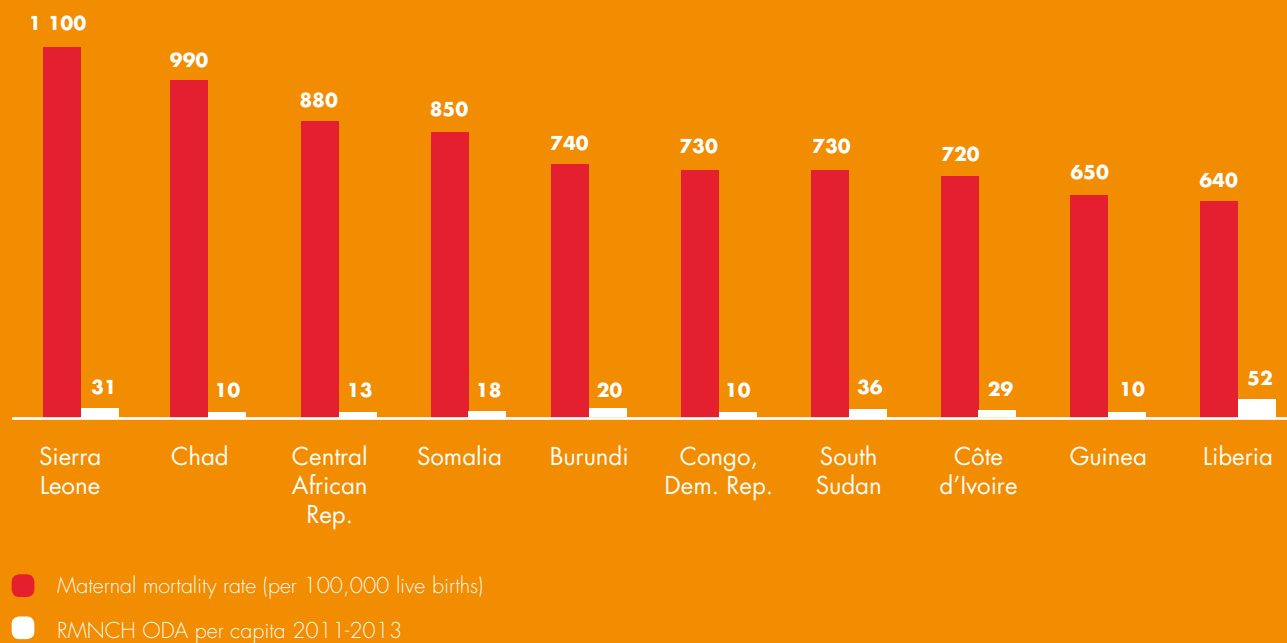
Source: CRS database.

Maintaining the commitment of the international community will be essential to closing the resource gap and accelerating progress towards ending preventable deaths among women and children and ensuring their ability to live long, healthy and productive lives. Although low- and middle-income countries overall have notably increased expenditures for reproductive, maternal and child health in recent years, the 49 *Global Strategy* focus countries likely lack the capacity to close the financing gap on their own. Moreover, even in countries with comparatively greater resources, geographic hotspots that present especially acute needs may demand continued assistance from the donor community.

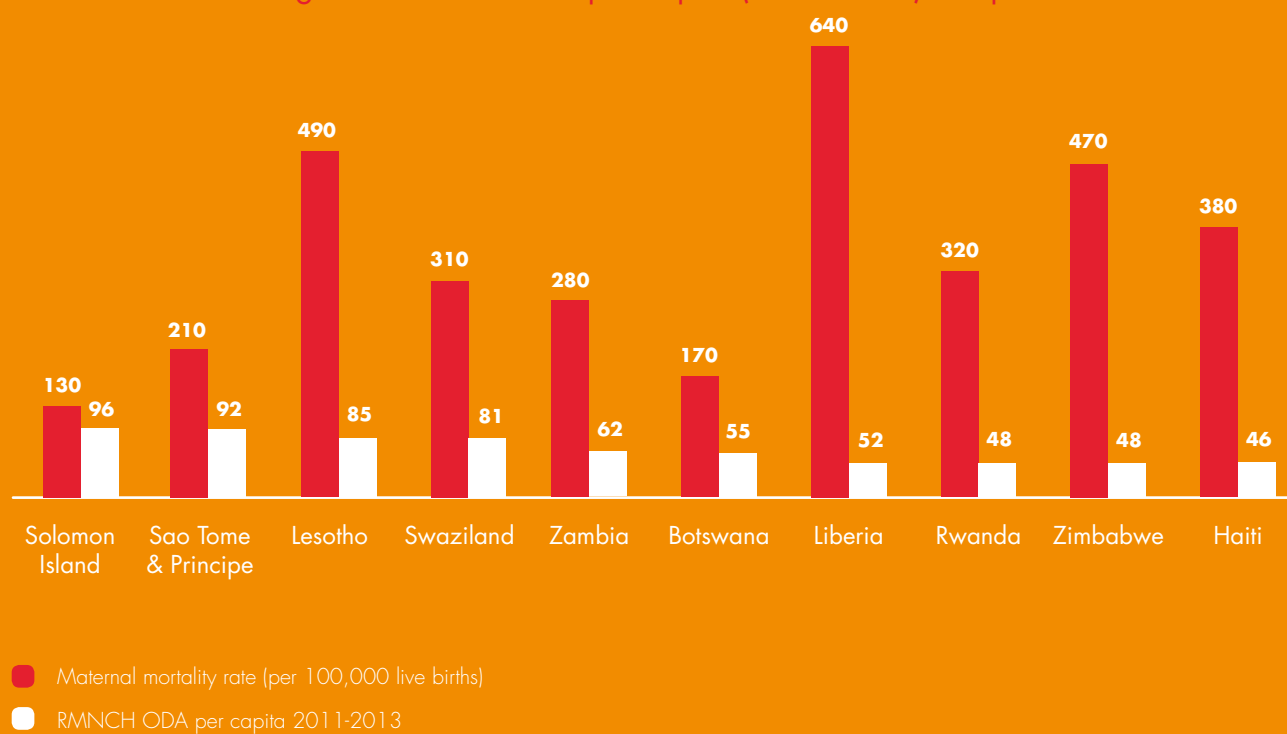
Ensuring that support reaches the most vulnerable remains a critical challenge. Several low-income countries with high mortality rates and poor access to reproductive health services receive comparatively little donor support, although there are emerging signs that equity in donor assistance may be improving. Countries with among the highest maternal mortality rates – such as Sierra Leone, Chad and Côte d’Ivoire – experienced increases in donor support for reproductive, maternal, newborn and child health in 2013 after earlier declines. However, other countries with substantial maternal mortality rates, such as the Democratic Republic of Congo and Guinea, continue to receive relatively low international assistance (Fig. 16).

Fig. 16 Geographical targeting of donor funding and countries' needs, 2011-2013

Countries with the highest MMR compared with their RMNCH ODA per capita (2011-2013)



Countries with the highest RMNCH ODA per capita (2011-2013) compared with their MMR



Source: OECD CRS & WHO, UNICEF, UNFPA, World Bank: Trends in maternal mortality, 1990-2013.

Note: There are geographic inequities when analyzing RMNCH ODA and countries' under-five mortality burden

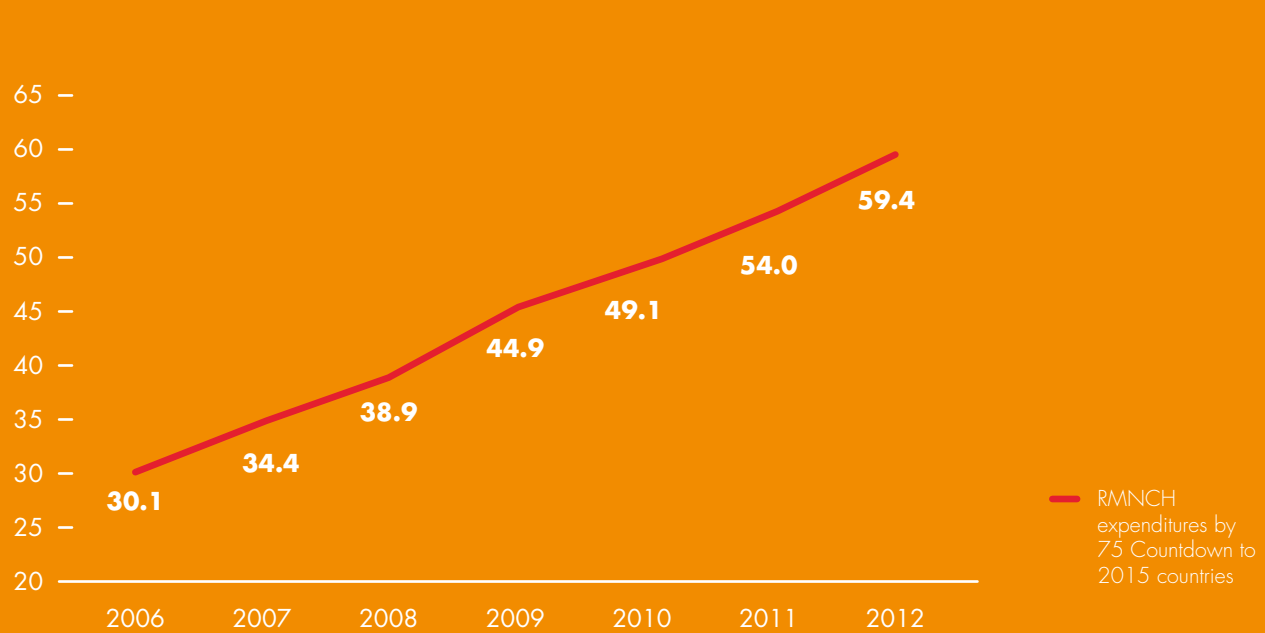
Increased spending by low- and middle-income countries

A sign of growing national commitment to women's and children's health, domestic public sector spending on reproductive, maternal and child health increased by 50% from 2006 to 2012 in the 49 *Global Strategy* focus countries and by 97% in the 75 highest-burden countries (Fig. 17). In the two years following the launch of the *Global Strategy*, domestic spending rose by more than 17% in the 49 *Global Strategy* focus countries and by 21% in the 75 highest-burden countries.

Many of the 49 *Global Strategy* focus countries are experiencing robust economic growth; in sub-Saharan Africa, for example, gross domestic product increased by more than 5% in 2014.¹⁶ As national economies grow and prosper, national governments should further increase investments in the health of women and children.

Fig. 17 Government RMNCH expenditures in the 75 Countdown to Countries, 2006-2013

Expenditure in US\$ billions



Source: GHED and CRS. Figures in 2005 prices.

“The *Every Woman Every Child* Movement helped to bring about an unprecedented amount of financing in the race to complete the health MDGs. As we look to post-2015, and what will likely be significant economic growth - - I am confident that this movement will bring to bear an even greater sense of shared responsibility to finance the needs of those who are at risk of being left behind.”

RAYMOND CHAMBERS

UN Secretary-General’s Special Envoy for Financing the Health Millennium Development Goals and for Malaria.



Donors also have a role to play in ensuring a smooth transition as eligibility for donor assistance diminishes in emerging economies. In the coming years, dozens of countries are likely to graduate from eligibility for various forms of international assistance, including the World Bank's International Development Association. Careful planning is required to avoid service disruption as responsibility for programme financing and administration transitions from donor agencies to national governments. Country compacts, which clearly define timelines, roles and responsibilities during such a transition process, offer a potentially useful model for preserving and strengthening service delivery systems over time.

Persistent challenges in financing reproductive, maternal, newborn and child health

Notwithstanding historic successes in mobilizing essential financing for women's and children's health, financial tracking highlights important challenges that need to be taken into account in efforts to ensure financial sustainability and equitable access. While national and donor governments have substantially increased their financial commitments for reproductive, maternal and child health, out-of-pocket payments by households (41%) and development assistance account for the largest share of financing (Fig. 18), despite many countries making these services nominally free or heavily subsidized.

In the broader context of limited resources in the 49 focus countries of the *Global Strategy*, these patterns suggest that outlays for reproductive, maternal, newborn and child health are likely posing significant financial burdens on vulnerable households. Further increases in household spending on reproductive, maternal, newborn and child health may be neither feasible



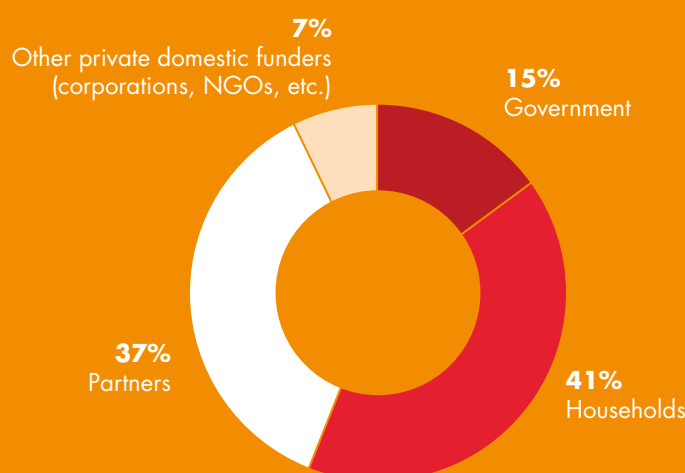
"I find what has happened (since the launch of the *Global Strategy*), in such a short time, extremely exciting and extremely promising as a model for better international health cooperation, but also as a model for good global health governance."

MARGARET CHAN
WHO Director-General

nor appropriate in many settings. The financial and practical consequences of out-of-pocket spending by financially strapped households highlight the need for additional public sector financing and for exploration of social protection models that meet health needs while minimizing household financial burdens. In addition, putting women's and children's health at the heart of growing global momentum towards universal health coverage offers new avenues to increase health and financial security for the vulnerable households in which women and children live. The persistent financing gap for women's and children's health also underscores the need for new approaches. Even as efforts are undertaken to mobilize additional resources for reproductive, maternal and child health, the focus on ensuring the quality of programmes needs to intensify. For both international assistance and domestic public sector financing, enhanced attention is needed to ensure appropriate targeting of finite funding on geographic and population hotspots where both the service gap and the return on investment is greatest.

Innovative financing models also need to be explored, including exploration of new mechanisms for financing the development and roll-out of public goods. Social bonds, national trust funds, private equity and other mechanisms offer additional potential means for complementing official development assistance and national budget outlays. In selecting models for financing reproductive, maternal and child health services, decision-makers should prioritize financing channels that maximize predictability, efficiency and equity.

Fig. 18 Resource for Reproductive, Maternal, Newborn and Child Health, by Source (SHA2011 Analysis)



Source: WHO, Accountability for women's and children's health: report on progress to May 2014.

VII.

Global Strategy

2010-2015:

Lessons Learned

Summary

- > The world needs to preserve and build on recent momentum to make even greater gains for the health and wellbeing of women and children.
- > Efforts to accelerate progress should reflect the key attributes of the *Global Strategy*, including political commitment, multisectoral partnerships, innovation and accountability.
- > As the world moves into the post-2015 era, momentum at the global level needs to be translated into rapid scale-up of essential interventions, building resilient health systems in countries and ensuring access for all.

Experience under the *Global Strategy* points towards several key lessons learned that urgently need to be taken into account as the world moves into the post-2015 era of global health and development:

- **The mobilization of strong political commitment and leadership has elevated the scale and urgency of action from partners.** The clear commitment and engagement of the UN Secretary-General, country champions and the many *Every Woman Every Child* partners has substantially raised the profile of maternal and child health on the global political agenda. The efforts to mobilize the highest-level political commitment need to be sustained and strongly supported to transition into the post-2015 era. In particular, it will be important to build stronger linkages between the *Global Strategy* and existing regional efforts such as the Africa Union's Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the maternal and child health programmes of the Organization of Islamic Cooperation, among others, in order to further strengthen regional and country-level political commitment. Increased efforts should focus on cultivating and supporting strong political champions and engaging parliamentarians and other national leaders from emerging economies and middle-income countries, which are likely to play a much larger role in global health governance in the coming years.
- **The health related MDGs and the *Global Strategy* have substantially strengthened global commitment and resolve to prevent deaths among women and children.** The identification of a limited number of clear goals has trained global attention on efforts to reduce maternal and child mortality and inspired increased investments, campaigns and innovation to protect the health and wellbeing of women and children. As MDGs 4 and 5 and elements of MDG 6 will remain unfinished at the end of

2015, renewed commitment will need to be coupled with an intensified focus on equity and a limited number of measurable targets and indicators to accelerate progress for women, children and adolescents. Building on recent momentum will be especially critical, as women's and children's health will likely be integrated into a broader health goal that will have numerous sub-targets. Redoubled efforts will especially be needed for countries and populations (e.g., adolescents) where progress has been less pronounced.

- **The *Global Strategy* has assembled an unprecedented global partnership for women's and children's health, which in turn has helped accelerate gains in preventing maternal and child illness and deaths.** The multifaceted, multi-dimensional nature of the women's and children's health challenge has been matched by the largest and most diverse global partnership ever assembled to reduce deaths among women and children. Although the private sector has already made substantial contributions under the *Global Strategy*, an even broader array of private sector partners will be required, with a particular prominence of companies from the global South, along with a commitment to ensure that the private sector can operate as a full and essential partner in the global effort to protect the health and wellbeing of women and children. To strengthen the understanding of the impact of private sector contributions under the *Global Strategy*, more systematic and rigorous reporting of results that can be shared with Member States through existing inter-governmental bodies or in countries will be needed. Further improving the transparency and reliability of reporting is an important goal in the post-2015 era.
- **The platform provided by the *Global Strategy* has improved the coordination, coherence and accountability of global efforts to protect and promote women's and children's health.** Bringing diverse partners and constituencies together under the umbrella of the *Global Strategy* and *Every Woman Every Child* movement has enabled the field to better identify and capture synergies, avoid duplication and overlap, and enhance the coherence of efforts at global and country levels. Much has been achieved by the multiple initiatives that have emerged to support the *Global Strategy* (e.g., *A Promise Renewed*, *FP2020*, *Every Newborn Action Plan*), and by working groups on innovation, commodities,

accountability, financing and the like. The next step is to optimize communication, coordination and synergies among these many initiatives, constituencies and work streams, especially their engagement with countries. In their support to countries, *Global Strategy* partners must abide by the fundamental principles of aid effectiveness: alignment with a single country plan, a single country-owned and –driven coordinating mechanism, and a single framework for monitoring and evaluation.

- **Additional innovation is needed to mobilize the resources that will be required to eliminate preventable deaths among women and children.** Although billions of dollars in new funding have been mobilized under the *Global Strategy* for women’s and children’s health, substantial additional financing will be required to reach the ultimate goal of ending preventable deaths among women and children within a generation and ensuring their health and wellbeing. The greatest success in mobilizing new resources for women’s and children’s health has occurred in the response to immunisation, HIV, malaria and other infectious diseases, which has led to the creation of some of the most important innovative financing mechanisms in global health history. However, no similar innovative financing mechanism has been established to support resource mobilization at scale for other elements of the reproductive, maternal and child health agenda. Health financing instruments in the SDG era, such as the Global Financing Facility for *Every Woman Every Child* to be launched in July 2015, will need to adapt to and leverage a rapidly changing financing landscape, including the progressive graduation of a growing number of countries from eligibility for donor assistance, the need to ensure predictability of funding flows, and an increasing emphasis on more ‘granular’ approaches to ensure the quality of investments. Efforts will also be needed to reduce the fragmentation and administrative burdens associated with multiple funding streams for women’s and children’s health. As domestic resources are likely to account for an ever-increasing share of financing for women’s, children’s and adolescents’ health, maximizing the impact of these country-level investments will be essential through a heightened focus on equity and the needs of marginalized populations. A broader and more flexible spectrum of financing approaches will be required to meet the resource needs of the women’s and children’s health agenda,

taking account of new private sector contributions as well as the potential of innovative financing models (e.g., impact investing, social bonds, loan guarantees, private equity) to complement traditional sources of financing. At the same time, maintaining and increasing official development assistance will be critical for low-income countries that lack the capacity to self-finance essential women's and children's health programmes, and official development assistance will also need to be better leveraged to mobilize additional domestic resources.

- **The global movement for *Every Woman Every Child* must now transition from piloted innovations to rapid scale-up of the promising innovations.** Through the Innovation Working Group, *Every Woman Every Child* provides an outcome-driven brokering platform to help identify and accelerate development of the most promising innovations and for bridging the gap between development, implementation and broad scale-up. In particular, *Every Woman Every Child* is ideally positioned to help link global-level innovations with national programmes that will need to implement them.
- **The accountability approach used by the *Global Strategy* provides a potentially useful model for enhancing accountability and transparency of global health and development efforts in the post-2015 era.** The *Every Woman Every Child* accountability approach has emphasized the essential importance of measurement – establishing guidelines on how commitments are identified and quantified and developing a rigorous and transparent system for tracking these commitments. In the post-2015 era, regular tracking of progress in meeting commitments should be accompanied by a greater focus on assessing the actual impact of these commitments. Accountability and reporting processes should be further strengthened to ensure regular reporting of results and outcomes across all key indicators of the *Global Strategy*. In the post-2015 era, *Every Woman Every Child* will need to continue to support the strengthening of country tracking and reporting systems, as well as create better linkages with parliamentarians. In addition, making better use of regional and sub-regional mechanisms for measuring progress and ensuring accountability will become increasingly important.



- **Building on successes achieved under the *Global Strategy*, efforts to accelerate gains for women and children in the post-2015 era should particularly aim to address persistent gaps and challenges.** The needs of adolescents, including but not limited to their access to reproductive health services and rights, should be a clearer focus of effort in the post-2015 era. Similarly, prevention of stillbirths demands greater attention and support. Food and nutrition, as well as water and sanitation, warrant a higher priority in the women's and children's health agenda, and innovation and commitment are needed to improve the ability to deliver on women's and children's health in conflict zones and fragile states. Stronger action will be needed to build and sustain a well-deployed health workforce for women's and children's health. As the Ebola outbreak has demonstrated, further strengthening of national health systems is an urgent necessity, and efforts to get to zero Ebola cases will be essential.
- **Complementing the critical focus on health, greater attention will be required with respect to social and structural factors that affect the vulnerability of women and children.** Urgent attention is needed to tackle such issues as human rights violations, gender inequality, gender-based violence, early marriage and limited educational and economic opportunities that prevent women and girls from benefiting from sexual and reproductive health and rights.
- **An intensified focus on building health systems and the capacities of communities, including on evidence-based planning and the 'quality' of services, is needed, linked to increased investments triggered by the global movement for universal health coverage.** Investments need to reach the right people with the right services but they also need to be delivered with a minimum standard of quality. This will help ensure that investments achieve their intended benefits. New resources in emerging economies need to be leveraged for maximum impact on reproductive, maternal, newborn, child and adolescent health, placing women and children at the centre of the universal health coverage agenda. Doing so will require increased emphasis on the use of data and evidence for planning, and greater attention to management at decentralized levels, particularly in districts, including monitoring the impact of strategies to improve coverage and quality in realtime, and course corrections as necessary. The trend for new

resources for universal health coverage to focus on advantaged populations in urban centres first needs to be resisted, with universalism implemented in a rolling manner with first priority given to those who need health coverage the most. Engagement of communities is also pivotal for success at global and country levels and across the pillars of the *Global Strategy*. Communities must be full and equal partners in the planning, implementation and monitoring of responses for women and children. The health and enabling interventions that will be needed to meet women's and children's health goals must be grounded in and owned by the community and specifically tailored to address the community's needs.

- **The impact of the existing *Global Strategy* on country implementation needs to be intensified, to ensure it is as influential at country level as it has been globally.** Looking towards the post-2015 era, the substantial success of the *Global Strategy* in galvanizing action at the global level must now be translated into steady progress in countries to support the transition from the MDG to SDG agenda.

VIII.

Towards ending preventable deaths among women and children:

Building on gains
to date in the
post-2015 era

Summary

- > **The global community must now unite to end preventable deaths among women, children and adolescents and ensure they have the means to live long, healthy and productive lives.**
- > **Reproductive, maternal, newborn and child health needs to remain high on the global agenda in the post-2015 era.**
- > **The momentum that has been built – and the progress in reducing illness and death in recent years – demonstrates what can be achieved when the world pulls together and stakeholders hold each other accountable for results.**

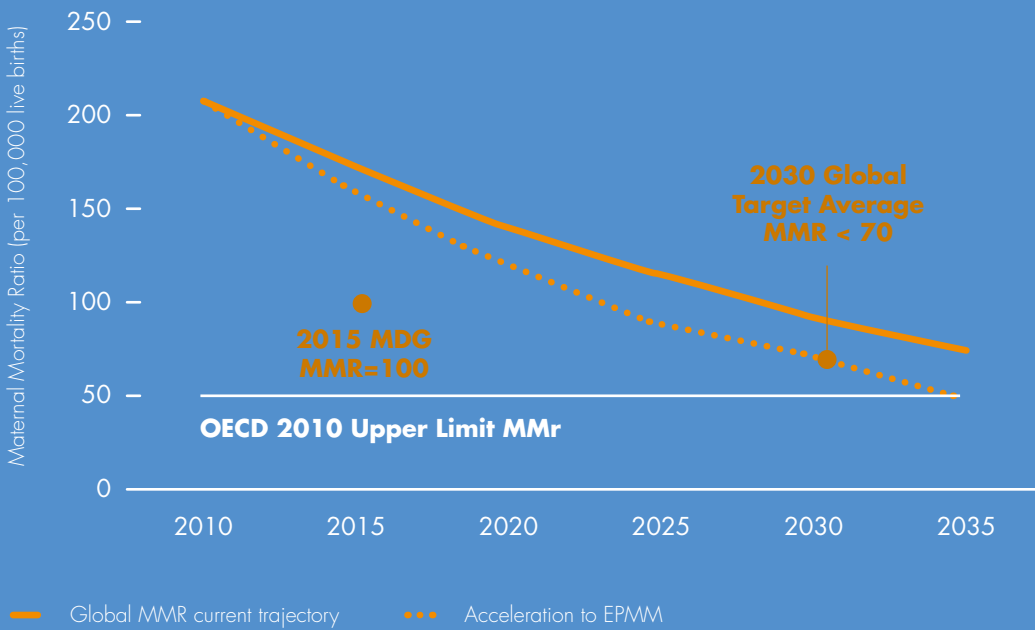
Gains achieved in 2010-2015 validate the vision of the *Global Strategy*. Sharp reductions in illness and death among women and children can be achieved. This momentum should inspire the world as it aims to achieve even more ambitious outcomes within the next generation.

Bringing an end to preventable maternal, newborn and child deaths – and ensuring the ability of women, children and adolescents to live long, healthy and productive lives – is an ambitious target, especially as MDGs 4, 5 and 6 remain unfinished. In embracing this goal, the global health community has been inspired by the historic advances in women’s and children’s health that have been made in recent years. To realize this goal, by 2030, the global maternal mortality rate will need to fall to 70 per 100 000 live births, while the under-5 and newborn mortality rates must fall to 25 and 12 deaths or less per 1000 live births in every country****.

As Figs. 19 and 20 illustrate, it will require more than merely continuing the current trajectory to reach these ultimate goals. The overall pace of scale-up for essential health and enabling services will need to accelerate. In areas where progress has been less pronounced – such as prevention of newborn deaths and still births or delivery of essential vaccinations – impediments will need to be removed. Countries where progress lags will require stronger political commitment and intensified support, and all countries will need to steadily build on the gains made to date. A particular focus on supporting countries facing humanitarian crisis and fragile states is required as 60% of preventable maternal deaths and 53% of under-five deaths are now taking place in these settings. Even as new priorities and needs emerge, donors, national governments and other partners must remain firm and steadfast in their commitments to mobilize the financial resources that will be required to end preventable deaths among women and children and ensure their wellbeing. And as efforts continue to further scale-up essential health services, renewed attention is needed for enabling non-health

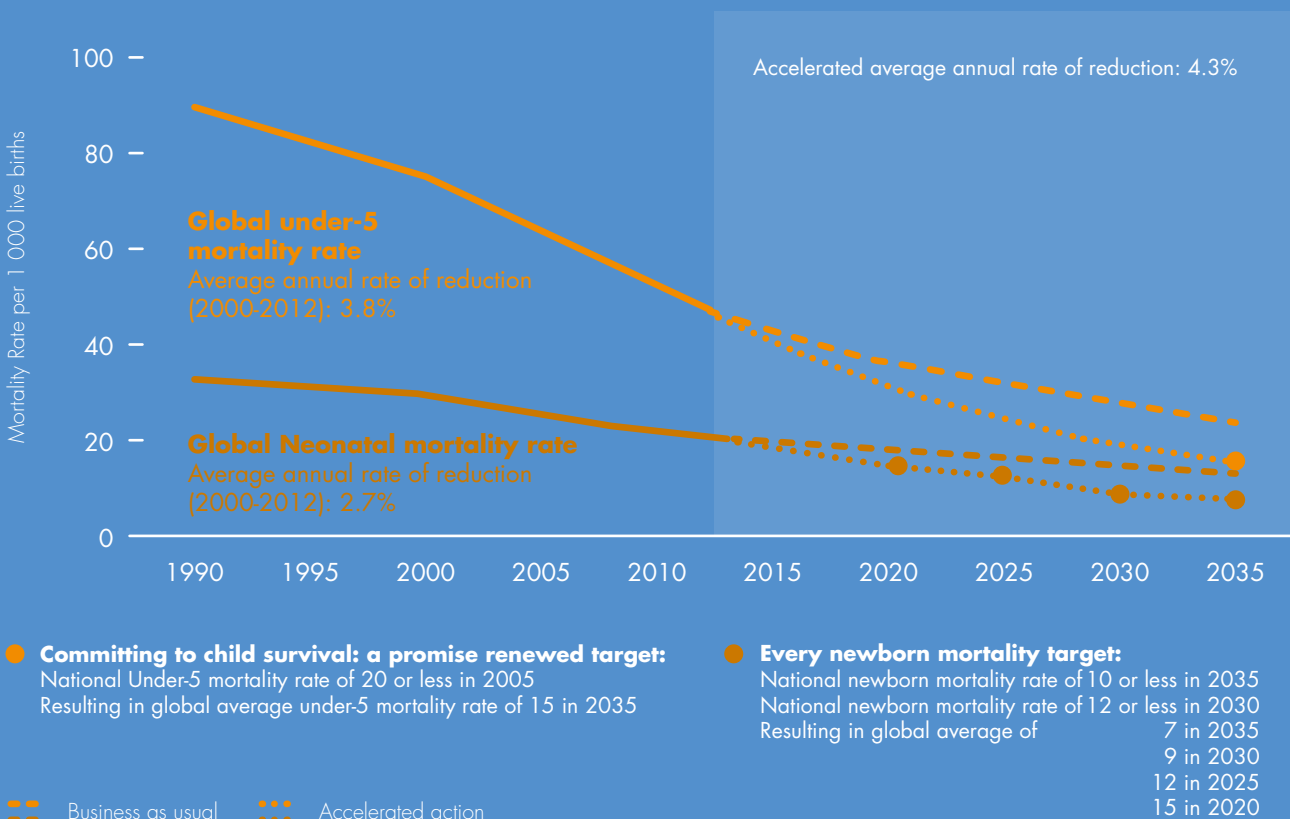
**** These new targets were agreed to at a global consultation in April 2014 with representatives from 30 countries, hosted by WHO, UNFPA, United States Agency for International Development, Maternal Health Task Force and the Maternal and Child Integrated Programme.

Fig. 19 Maternal Mortality Ratio Measurements and Projections: 2010-2035 Global & OECD Countries



Source: Ending preventable maternal deaths: the time is now, Bustreo, Flavia et al., The Lancet Global Health, Volume 1, Issue 4, e176 - e177

Fig. 20 Ending preventable newborn and child deaths



Source: The Lancet Every Newborn Series, Lawn JE et al. Lancet, 2014 (9).

interventions that address social and structural factors that increase the vulnerability of women and children, ensuring a more holistic and integrated approach in lieu of vertical programming.

Although the task ahead is considerable, we know from the experience with the *Global Strategy* that the goal of ending preventable deaths among women and children and ensuring their ability to thrive is achievable. The possibilities for even greater health gains for women and children in the coming years underscore the need for women's, children's and adolescents' health to remain high on the global health and development agenda. To transition to this even more ambitious and transformative agenda, new skill sets and more innovative partnerships will be required. The diverse partnership that the *Global Strategy* has helped assemble and the accountability principles on which it is based will be even more important as the world's ambitions for women's, children's and adolescents' health become even greater in the post-2015 era.



“In 2030, when we look back on our progress on meeting the Sustainable Development Goals, a key measure of our success will be the health and wellbeing of women, children and adolescents everywhere.”

BAN KI-MOON
UN Secretary-General



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METHODOLOGY NOTE ON CALCULATIONS

MATERNAL DEATHS AVERTED

Step 1: maternal mortality estimates

For each country, maternal mortality ratio (MMR) estimates for the years 1990, 1995, 2000, 2005 and 2013 were taken from the WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division publication: Trends in Maternal Mortality: 1990 to 2013. WHO provided 2015 MMR estimates based on projections made in 2014. These were provisional estimates and may therefore be different from the 2015 estimates to be published later this year. Estimates for the intervening years between these dates were interpolated assuming a linear trend.

Step 2: live births

For each country, estimates of the number of live births in each year 1990-2015 were taken from the UN Population Division World Population Prospects website, using the medium variant estimates.

Step 3: maternal deaths (actual)

For each country, the number of maternal deaths in each year 1990-2015 was calculated as follows:

- $MMR_y * B_y / 100,000$

- Where MMR = maternal mortality ratio, y = year and B = number of births.

Step 4: maternal deaths (counterfactual)

For each country, the number of maternal deaths that would have occurred in each 1990-2015 had the country's MMR remained at its 2010 level was calculated for each year 2011-2015 as follows:

- $MMR_{2010} * B_y / 100,000$

- Where MMR = maternal mortality ratio, y = year & B = number of births.

Step 5: deaths averted

For each country, the number of lives saved in each year was calculated by subtracting the actual number of maternal deaths for that year from the counterfactual number of maternal deaths for that year. The numbers for 2011-2015 inclusive were summed to give an estimate of the total number of deaths averted since 2010.

UNDER-5 AND NEONATAL DEATHS AVERTED

The calculations for under-5 and neonatal deaths averted followed a very similar methodology to the maternal calculations, with the following exceptions:

The estimates of the under-5 and neonatal mortality rates (deaths per 1,000 live births) were provided by UNICEF based on the Inter-agency Group for Child Mortality Estimation (IGME) for each year 1990-2015.

Rather than using the number of live births to calculate the actual and counterfactual number of deaths, the probability of dying (U5MR, IMR) was converted to a central mortality rate, and then multiplied by the population under age 5 years.

The 2010 U5MR for Haiti was adjusted to smooth out the 'spike' caused by the earthquake, since not doing so made it appear that there had been a massive decline in the U5MR between 2010 and 2015.

INTERVENTIONS AND THEIR PROGRESS OVER THE GLOBAL STRATEGY PERIOD

For each indicator, countries with at least two data points between 2000 and 2010 as well as one data point in 2011 or later were selected. Outliers were removed from the sample. The "pre-Global Strategy trend" was calculated as the slope of a linear regression line through available data points between 2000 and 2010. The "post-Global Strategy trend" was calculated as the slope of a linear regression line through the latest available data point of the pre-Global Strategy period and any subsequent data points. Average increase in coverage was calculated as the percentage difference between 2010 coverage and 2015 projected coverage. Where there was no data for 2010, 2010 was imputed based on the "pre-Global Strategy trend". 2015 projected coverage was calculated by using the linear "post-Global Strategy trend". Average acceleration in progress between the pre-Global Strategy period (2000-2010) and the post-Global Strategy period (2011-2015) was calculated by taking the percentage difference between the "pre-Global Strategy trend" and the "post-Global Strategy trend".

On behalf of *Every Woman Every Child*, the Executive Office of the United Nations Secretary-General oversaw production of this report, under the guidance of Amina Mohammed, United Nations Secretary-General's Special Adviser on Post-2015 Development Planning. Nana Taona Kuo, Senior Manager of the *Every Woman Every Child* health team in the Executive Office of the UN Secretary-General, led the development of the report, with assistance from her colleagues Megan Gemmell and Birgitte Bellsund.

Lead writers were Michael Isbell and Iain Simpson. Giacomo Frigerio and Daniela Vaccaro of Blossom oversaw the design and layout of the report.

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