

Every Woman, Every Child

Hosted by United Nations Secretary-General Ban Ki-Moon

September 22nd 2:30-4:00 p.m.

Summary of Commitments for Women's and Children's Health

With only five years left until the 2015 deadline to achieve the Millennium Development Goals, UN Secretary-General Ban Ki-moon officially launched a global effort on women's and children's health in New York on April 14, 2010. The Global Strategy for Women's and Children's Health, developed by a wide range of stakeholders, sets out how we can work together to improve the health of women and children.

All partners have an important role to play: governments and policymakers, donor countries and philanthropic institutions, the United Nations and other multilateral organizations, civil society, the business community, health workers and their professional associations, and academic and research institutions. Over the past year, leaders from these fields have worked together to develop the Global Strategy.

The Global Strategy for Women's and Children's Health, launched today, September 22nd, at the 'Every Woman, Every Child' special event during the MDG Summit, spells out what we need to do to accelerate progress. It calls for a bold, coordinated effort, building on what has been achieved so far - locally, nationally, regionally and globally. It calls for all partners to unite and take action – through enhanced financing, strengthened policy and improved service delivery.

Since the Joint Effort on Women's and Children's Health was launched in April 2010, many partners have come forward with ambitious pledges to do more for women's and children's health. This summary sets out how partners will contribute to achieving better health for women and children around the world, contributing to some of the Global Strategy's key outcomes. These include saving 16 million lives by 2015, preventing 33 million unwanted pregnancies, protecting 120 millions of children from pneumonia and 88 million children from stunting, advancing the

control of deadly diseases such as malaria, HIV/AIDS, and ensuring access for women and children to quality facilities and skilled health workers.

Together, our pledges will ensure **more health for the money**, through better and more focussed use of all available resources. They also represent **more money for health**. Today's launch represents a major step towards filling the gap between the investment needed and what is currently provided for women's and children's health – with an estimated US\$40 billion in funding committed over the next five years.¹ This funding will be measured and tracked to ensure accountability for commitments, actions and results.

In the days, weeks and months ahead – all partners are challenged to build on this initial set of commitments, highlighted below.

Better health for the world's women and children will be delivered through the following commitments:

Governments

Afghanistan will increase public spending on health from \$10.92 to at least \$15 per capita by 2020. Afghanistan will increase the proportion of deliveries assisted by a skilled professional from 24% to 75% through strategies such as increasing the number of midwives from 2400 to 4556 and increasing the proportion of women with access to emergency obstetric care to 80%. Afghanistan will also improve access to health services - strengthening outreach, home visits, mobile health teams, and local health facilities. Afghanistan will increase the use of contraception from 15% to 60%, the coverage of childhood immunization programs to 95%, and universalize Integrated Management of Childhood Illness.

Australia supports the UN Secretary-General's Global Strategy for Women's and Children's Health as a firm platform for putting the health needs of women and

¹ This figure includes the percentage of new commitments to the Global Fund to fight AIDS, Tuberculosis and Malaria, set out in this document, which are directly attributable to women's and children's health. Significant further pledges are expected.

children back into the centre of the development agenda. Recognising the need for increased effort on women's and children's health, Australia will invest around US\$1.5 billion (A\$1.6 billion) over the five years to 2015 on interventions evidence shows will improve maternal and child health outcomes. These will include expanding access to family planning and vaccination services, and funding skilled health workers (including midwives), health facilities and supplies. Financial support committed in 2010 includes an additional US\$79.5 million (A\$85 million) for the Pacific and Papua New Guinea and US\$131 million (A\$140 million) for Eastern Africa. Australia's strong focus on Indonesia, South Asia and effectively performing international organisations will also continue. [on current projections subject to annual budget processes]

Bangladesh commits to: doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 24.4%) through training an additional 3000 midwives, staffing all 427 sub-district health centres to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centres as centres of excellence for emergency obstetric care services. Bangladesh will also reduce the rate of adolescent pregnancies through social mobilization, implementation of the minimum legal age for marriage, and upgrading one third of MNCH centres to provide adolescent friendly sexual and reproductive health services. Bangladesh will halve unmet need for family planning (from the current level of 18%) by 2015; and ensure universal implementation of the Integrated Management of Childhood Illness Programme.

Benin will increase the national budget dedicated to health to 10% by 2015 with a particular focus on women, children, adolescents and HIV; introduce a policy to ensure universal free access to emergency obstetric care; ensure access to the full package of reproductive health interventions by 2018; and increase the use of contraception from 2.2% to 15%. Benin will also step up efforts to address HIV/AIDS through providing ARVs to 90% of HIV+ pregnant women; ensuring that 90% of health centres offer PMTCT services; and enacting measures against stigma and discrimination. Benin will develop new policies on adolescent sexual health; pass a law against the trafficking of children, and implement new legislation on gender equality.



Burkina Faso has met the 15% target for health spending, and commits to maintain spending at this level. Burkina Faso will also develop and implement a plan for human resources for health and construct a new public and private school for midwives by 2015. This is in addition to other initiatives being pursued which will also impact on women's and children's health, including free schooling for all primary school girls by 2015, and measures to enforce the laws against early and forced marriage, and female genital mutilation.

Cambodia will ensure that 95% of the poor are covered by health equity funds by 2015, and develop a new policy to ensure availability of emergency obstetric care at the district level. Cambodia will improve reproductive health by increasing the proportion of deliveries assisted by a skilled birth attendant to 70%; increase the proportion of couples using modern contraception to 60%; and increase the number of health facilities offering safe abortion/post abortion services. Cambodia will further seek to increase attendance at ante-natal clinics to 90% and attendance at post-natal clinics to 50%.

As Chair of the G8, **Canada** made maternal, newborn and child health a priority for the G8 Muskoka Summit in June 2010. At the Muskoka Summit, Prime Minister Stephen Harper committed C\$1.1 billion in new and additional funding for women's and children's health as part of the Muskoka Initiative. Prime Minister Harper also confirmed renewal of existing resources of C\$1.75 billion, meaning Canada will provide C\$2.85 billion for MNCH by 2015. Canada will focus its efforts on improving the services and care needed to ensure healthy pregnancies and safe delivery, and placing a particular emphasis on meeting the nutritional needs of pregnant women, mothers, newborns and young children. Canada will work to increase access to the high-impact, cost-effective interventions that address the leading killers of children under the age of five.

Canada will also commit an additional \$540 million over three years to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This is in addition to a total of \$978.4 million that Canada has committed and disbursed to the Global Fund since 2002.

China will continue to increase its domestic investment in women and children's health, through new policies and measures, and additional financing. New reforms now being implemented will provide basic health care insurance for all. There are

also new measures which especially benefit rural women, including free breast and cervical cancer screening, hospital birth-delivery subsidies, and free folic acid supplements. Additional measures include free hepatitis B vaccination for all children under 15 years old, a national immunization program covering all children, and free services to prevent mother-to-child transmission of the HIV virus for all pregnant women. The government will also reimburse 90% of medical expenses for rural children who have congenital heart disease or leukaemia.

Congo commits to reducing maternal mortality and morbidity by 20% by 2015 including obstetric fistula, by introducing free obstetric care, including free access to caesarean sections. Congo will also establish a new observatory to investigate deaths linked to pregnancy; and will support women's empowerment by passing a law to ensure equal representation of Congolese women in political, elected and administrative positions.

The **Democratic Republic of Congo** (DRC) will develop a national health policy aimed to strengthen health systems, and will allocate more funds from the Highly Indebted Poor Country program to the health sector. DRC will increase the proportion of deliveries assisted by a skilled birth attendant to 80%, and increase emergency obstetric care and the use of contraception. The government will increase to 70% the number of children under 12 months who are fully immunized; ensure that up to 80% of children under 5 and pregnant women use ITNs; and provide AVR to 20,000 more people living with HIV/AIDS.

Ethiopia will increase the number of midwives from 2050 to 8635; increase the proportion of births attended by a skilled professional from 18% to 60%; and provide emergency obstetric care to all women at all health centres and hospitals. Ethiopia will also increase the proportion of children immunized against measles to 90%, and provide access to prevention, care and support and treatment for HIV/AIDS for all those who need it, by 2015. As a result, the government expects a decrease in the maternal mortality ratio from 590 to 267, and under-five mortality from 101 to 68 (per 100,000) by 2015.

France announced 500 million euros for the period 2011-2015 to support the Muskoka initiative. Furthermore, France announces this week an increase by 20 %

of its contribution to the Global Fund to fight AIDS, TB and Malaria over the period 2011-2013 (1.080 billion euros as compared to 900 million euros for the previous triennium).

Germany is developing a new initiative on Voluntary Family Planning with resources to be made available for family planning and reproductive health and rights as part of Germany's ongoing annual commitment in the area of mother and child health of 300m euros per year and Germany's commitment made in June at Muskoka of an additional 400m euros over the next five years.

Ghana will increase its funding for health to at least 15% of the national budget by 2015. Ghana will also strengthen its free maternal health care policy, ensure 95% of pregnant women are reached with comprehensive PMTCT service and ensure security for family planning commodities. Ghana will further improve child health by increasing the proportion of fully immunized children to 85% and the proportion of children under-five and pregnant women sleeping under insecticide-treated nets to 85%.

Haiti will create a financial mechanism to ensure free maternal, newborn and child health services, and develop a plan for human resources in health by 2015. Haiti will also provide emergency obstetric care in 108 health institutions constructing, rehabilitating or equipping facilities as necessary. Haiti will further reduce unmet need for family planning from 38% to 10% by improving commodity security and making services more youth-friendly.

India is spending over US \$ 3.5 billion each year on health services, with substantial expenditure on services aimed towards women's and children's health. Currently, India is focusing on strengthening its efforts in the 235 districts that account for nearly 70% of all infant and maternal deaths. Between now and 2015, India will provide technical assistance to other countries and share its experience, and will support the creation of a platform for global knowledge management to oversee the dissemination of best practices.

Indonesia will ensure all deliveries will be performed by skilled birth attendants by 2015. This universal access intervention is aimed at reducing the maternal mortality ratio from 228 per 100.000 live births in 2007 to 102 per 100.000 live births in 2015.

In 2011, at least one and a half (1.5) million deliveries by poor women will be fully funded by the government. Central Government funding for health in 2011 will increase by USD 556 million compared to 2010. This fund will be available to support professional health personnel and to achieve quality health care and services in 552 hospitals, 8,898 health centres and 52,000 village health posts throughout Indonesia.

At the Plenary of the MDG Summit **Japan's** Prime Minister will launch its new Global Health Policy, which places a special focus on maternal, newborn and child health.

JAPAN will unveil details of its commitment at 2:30pm ET, 22 September. It will be posted online at that time. <http://www.un.org/en/mdg/summit2010/>

Kenya will recruit and deploy an additional 20,000 primary care health workers; establish and operationalize 210 primary health facility centres of excellence to provide maternal and child health services to an additional 1.5 million women and 1.5 million children; and will expand community health care, and decentralize resources.

Liberia will increase health spending from 4% to 10% of the national budget and will ensure that by 2015 there are double the number of midwives trained and deployed than were in the health sector in 2006. Liberia will provide free universal access to health services including family planning and increasing the proportion of health care clinics providing emergency obstetric care services from 33% to 50%. Liberia will increase the proportion of immunized children to 80%, and address social determinants of ill-health through increasing girl's education, and the mainstreaming of gender issues in national development.

Malawi will strengthen human resources for health, including accelerating training and recruitment of health professionals to fill all available positions in the health sector; expand infrastructures for maternal, newborn and child health; increase basic emergency obstetric and neonatal care coverage to reach World Health Organization standards; and provide free care through partnerships with private institutions.

Mali commits to create a free medical assistance fund by 2015 and to reinforce existing solidarity and mutual funds for health, and extend the coverage of a

minimum package of health interventions. Mali will implement a national strategic plan for improving the reproductive health of adolescents; and will strengthen emergency obstetric care, introducing free caesarean and fistula services, also by 2015. Mali will promote improvements in child health through free vitamin A supplements, and increased screening for and management of malnutrition, and through the extension of the Integrated Management of Childhood Illness Programme. Mali will also distribute free insecticide-treated bed-nets to women making second ante-natal visits, and remove taxes on other ITNs.

Mozambique commits to increase the percentage of children immunized aged under 1, from 69 to 90 percent by 2012 and to increase the number of HIV+ children receiving ARTs from 11, 900 to 31,000 by 2012. Mozambique will also increase contraceptive prevalence from 24 to 34 % by 2015 and will increase institutional deliveries from a level of 49% to 66% by 2015. Mozambique also commits to establish a centre for the treatment of obstetric fistula in each province by 2015.

Nepal commits to recruit, train and deploy 10,000 additional skilled birth attendants; fund free maternal health services among hard-to-reach populations; and will ensure at least 70% of primary health care centres offer emergency obstetric care. Nepal will also double coverage of PMTCT; reduce unmet need for family planning to 18%, including by making family planning services more adolescent friendly and encouraging public-private partnerships to raise awareness and increase access and utilization. Nepal will work to improve child health and nutrition through rolling out the Community Based Integrated Management of Childhood Illnesses Programme from 27 districts to all 75 districts in the country; maintaining de-worming and micro-nutrient supplementation coverage at over 90%; and implementing effective nutrition interventions (using innovative programs such as cash transfers to pregnant and lactating women and other community based interventions).

Niger commits to increase health spending from 8.1% to 15% by 2015, with free care for maternal and child health, including obstetric complications management and family planning. Niger will train 1000 providers on handling adolescent reproductive health issues, and to address domestic violence and female genital mutilation (FGM). Niger will reduce the fertility rate from 3.3% to 2.5% through



training 1500 providers of family planning, and creating 2120 new contraception distribution sites. Niger will further equip 2700 health centres to support reproductive health and HIV/AIDS education, and ensure that at least 60% of births are attended by a skilled professional. Niger will additionally introduce new policies that support the health of women and children, including legislation to make the legal age of marriage 18 years and to improve female literacy from 28.9% in 2002 to 88% in 2013.

Nigeria endorses the Secretary General's Strategy on women's and children's health, and affirms that the initiatives is in full alignment to our existing country-led efforts through the National Health Plan and strategies targeted for implementation for the period 2010 – 2015, with a focus on the MDGs in the first instance and the national Vision 20 – 2020. In this regard, Nigeria is committed to fully funding its health program at \$31.63 per capita through increasing budgetary allocation to as much as 15% from an average of 5% by the Federal, States and Local Government Areas by 2015. This will include financing from the proposed 2% of the Consolidated Federal Revenue Capital to be provided in the National Health Bill targeted at poor women's and children's health services. Nigeria will work towards the integration of services for maternal, newborn and child Health, HIV/AIDS, Tuberculosis and Malaria as well as strengthening Health Management Information Systems. To reinforce the 2488 Midwives recently deployed to local health facilities nationwide, Nigeria will introduce a policy to increase the number of core services providers including Community Health Extension Workers and midwives, with a focus on deploying more skilled health staff in rural areas.

Norway will increase its contribution to the Global Fund for AIDS, Tuberculosis and Malaria by 20% for the next 3 years, making a total contribution in 2011-13 of USD 225 million. This is in addition to the commitment made in June as part of the Muskoka initiative of USD \$500 million for the period 2011-2020.

Rwanda commits to increasing health sector spending from 10.9% to 15% by 2012; reducing maternal mortality from 750 per 100,000 live births¹ to 268 per 100,000 live births by 2015 and to halve neonatal mortality among women who deliver in a health facility by training five times more midwives (increasing the ratio from 1/100,000 to 1/20,000). Rwanda will reduce the proportion of children with chronic

malnutrition (stunting) from 45% to 24.5% through promoting good nutrition practices, and will increase the proportion of health facilities with electricity and water to 100%.

Sierra Leone will increase access to health facilities by pregnant women, newborns and children under five by 40% through the removal of user fees, effective from April 27 2010. Sierra Leone will also develop a Health Compact to align development partners around a single country-led national health strategy and will ensure that all teachers engage in continuous professional development in health.

Tanzania will increase health sector spending from 12% to 15% of the national budget by 2015. Tanzania will increase the annual enrollment in health training institutions from 5000 to 10,000, and the graduate output from health training institutions from 3,000 to 7,000; simultaneously improving recruitment, deployment and retention through new and innovative schemes for performance related pay focusing on maternal and child health services. Tanzania will reinforce the implementation of the policy for provision of free reproductive health services and expand pre-payment schemes, increase the contraceptive prevalence rate from 28% to 60%; expand coverage of health facilities; and provide basic and comprehensive Emergency Obstetric and Newborn care. Tanzania will improve referral and communication systems, including radio call communications and mobile technology and will introduce new, innovative, low cost ambulances. Tanzania will increase the proportion of Children fully immunized from 86% to 95%, extend PMTCT to all RMNCH services; and secure 80% coverage of long lasting insecticide treated nets for children under five and pregnant women. Tanzania will aim to increase the proportion of children who are exclusively breast fed from 41% to 80%.

The **UK** is currently re-orienting its aid programme to put women at the heart of its development efforts and is focusing rigorously on results, including a review of all bilateral and multilateral aid programmes to maximise impact on mothers and babies. The UK's new Business Plan for Reproductive Maternal and Newborn Health will set out how the UK aims to increase efforts up to 2015 'to double the number of maternal, newborn and children's lives saved. It is anticipated that UK aid will save

the lives of at least 50,000 women in pregnancy and childbirth, a quarter of a million newborn babies and enable 10 million couples to access modern methods of family planning over the next five years.

To achieve this ambitious goal, the UK will double its annual support for Maternal, Newborn and Child Health by 2012, and sustain that level to 2015. The UK will provide an annual average of £740 million (US\$1.1 billion) for Maternal, Newborn and Child Health from 2010 to 2015. This means that over this period the UK will spend an additional £2.1bn on Maternal, Newborn and Child Health. This commitment adds an additional £1.6bn to the commitment of £490m the UK made for 2010 and 2011 at the Muskoka Summit.

Yemen will enforce the ministerial decree to provide free contraceptives to all women of reproductive age, and free deliveries, and will endorse a safe motherhood law to minimize harmful practices. Yemen will expand Reproductive Health services to reach 85% of all health facilities, focusing expansion in rural areas, and increase by 20% the percentage of health facilities that provide basic and comprehensive Emergency Obstetric and Neo-Natal Care services. Yemen will increase security on essential drugs and contraceptives through improving the logistics management system, ensuring full cost coverage of reproductive health commodity security, maintaining the full cost coverage of routine vaccines and assuring financial sustainability of new vaccines according to GAVI's co-financing policy.

Zambia commits to: increase national budgetary expenditure on health from 11% to 15% by 2015 with a focus on women and children's health; and to strengthen access to family planning - increasing contraceptive prevalence from 33% to 58% in order to reduce unwanted pregnancies and abortions, especially among adolescent girls. Zambia will scale-up implementation of integrated community case management of common diseases for women and children, to bring health services closer to families and communities to ensure prompt care and treatment.

Zimbabwe will increase health spending to 15% of the health budget or \$20 per capita and establish a maternal, newborn and child survival fund by 2011 using the same approach as the successful Education Transition Fund (ETF) led by the Ministry



of Education, Sports, Arts and Culture and administered by UNICEF. The fund has raised US\$50 million in the first year for the ministry's priorities, and contributed to donor coordination and harmonization. Zimbabwe will abolish user fees for health services for pregnant women and for children under the age of 5 years by the end of 2011; and will strengthen the Maternal and Newborn Mortality audit system - piloting a new system in two provinces in 2011 before expanding nationwide in 2012.

USA: The commitments detailed in this document build on important recent efforts, notably President Obama's Global Health Initiative (GHI), a \$63 billion initiative to help partner countries save lives and achieve sustainable health outcomes. Through the GHI, the United States will scale up efforts and achieve significant results in maternal and child health and family planning. The GHI sets out ambitious targets for improving maternal and child health to inspire an intensive effort, and will: reduce maternal mortality by 30 percent across assisted countries; reduce mortality rates for children under 5 by 35 percent across assisted countries; reduce child under-nutrition by 30 percent across assisted food insecure countries, in conjunction with the President's Feed the Future Initiative; double the number of at-risk babies born HIV-free, from a baseline of 240,000 babies of HIV-positive mothers born HIV-negative during the first five years of PEPFAR; and reach a modern contraceptive prevalence rate of 35 percent across assisted countries.

Muskoka Initiative

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

The **US, UK, Australia and Gates** have formed a new alliance, to work together in partnership at the global level and with selected high-need countries in sub-Saharan Africa and South Asia to accelerate progress in reducing unintended pregnancies, reducing maternal and neonatal mortality, and addressing key elements of MDGs 4 and 5 where progress has been especially slow. The alliance will work to help 100 million more women satisfy their need for modern family planning by 2015.

Philanthropic Institutions & Other Funders

The **BBC World Trust** commits \$30 million over the next 5 years. The Trust will scale up its work in Africa and Asia to help build the capacity of local communities to use media and communications to improve health. The Trust is committed to developing pioneering new approaches to health communications using the power of new media and communications technology.

The **Bill & Melinda Gates Foundation** commits \$1.5 billion over the next 5 years to improving women's and children's health. Through a partnership with Boston's Children's Hospital the Bill & Melinda Gates Foundation will additionally provide \$2.4 million to support the development of a neonatal HIV vaccine. The Bill & Melinda Gates Foundation also commits \$50 million over the next five years for improving nutrition and health in south eastern Mexico and Central America through a partnership with the **Fundación Carlos Slim** and **Salud Mesoamerica**, both of which organisations commit an additional \$50 million each.

The **Centre for Infectious Disease Research in Zambia (CIDRZ) "Women First"** commits \$3.5 million and commits to raise an additional \$6.5 million. In partnership with the **Ministry of Health in Zambia**, CIDRZ is creating a centre for treatment, research and training on women's health in Africa, including treatment for preventing mother-to-child transmission of HIV/AIDS, treating children living with AIDS and tuberculosis, and cervical cancer. Additionally the Centre of Excellence for Women's Health will include a pharmacy and community centre to teach women

life and job skills. CIDRZ has received support from the **Fisher Foundation of Detroit**, **ASHA** and individual and small foundation donors to support this effort.

The **Children's Investment Fund Foundation (CIFF)** commits to supporting the Global Strategy through new multi-year investments on a national scale prioritizing child survival, educational achievement, and nutrition and hunger issues through efforts in the deworming of schoolchildren, prevention of mother-to-child transmission of HIV/AIDS, achievement in early childhood education, reduction of neonatal mortality and severe acute malnutrition.

The **David and Lucille Packard Foundation** commits \$120 million over the next 4 years to ensure that family planning and reproductive health information and services are more accessible to all. It will support new funding initiatives that promote women's leadership at global, regional, national and local levels to revitalize political will and build new momentum to support increased investment in reproductive health and improved reproductive health outcomes for couples in Bihar, India. The Foundation has also partnered with the **Bill and Melinda Gates Foundation** to support a new, Advance Family Planning, initiative that seeks to revitalize political and financial commitments in nine countries through African women leaders and their networks.

EMpower commits \$328,000 in 2011 to support new grants in India and Nigeria, EMpower will make grants to Jabala Research Organization (India), Navsarjan Trust (India), Nishtha (India), Vacha (India), Girls Power Initiative (Nigeria), and KIND (Nigeria).

The **Ford Foundation** commits an estimated \$18 million per year for the next 4 years to help the UN address key global health priorities, including strengthening sexual and reproductive health and rights through comprehensive sexuality education and an evidence-based public discourse - supporting visionary people and organizations working to ensure that young people are empowered to have access to the information and services they need.

The **John D. and Catherine T. MacArthur Foundation** commits \$28,300,000 between 2010 and 2011 to support reductions in maternal mortality in India,



Mexico, and Nigeria, including to help reduce deaths from postpartum haemorrhage and eclampsia, as well as to support key maternal health research and advocacy.

Global Fund for Women commits \$2 million over the next 2 years towards advancing health and sexual and reproductive rights in over 40 countries in the Americas, Asia and Oceania, Middle East, North Africa, and Sub-Saharan Africa.

Grand Challenges Canada commits, with funding from the Government of Canada, to the launching of a grand challenge in maternal and child health.

Medtronic Foundation commits to support key planning and advocacy activities on a global scale, to ensure that the UN General Assembly Special Session on Non-Communicable Diseases (UN Summit), taking place in September of 2011, is successful in catalyzing global efforts toward NCDs, especially with regard to the care and treatment of the most vulnerable populations including women and children. To do so, Medtronic will fund activities of the NCD Alliance and two of its federations (World Heart Federation and International Diabetes Federation), to ensure that they are able to: 1) Advocate for a strong, unified civil society NCD movement 2) Mobilize global public support to influence the UN Summit to adopt key outcomes; 3) Define a global plan for NCDs and share innovative solutions and best practice; 4) Make the business case for investing in NCDs; 5) Promote health systems & solutions for NCD prevention & treatment."

Planet Wheeler Foundation will commit \$5.6m towards a scientific study to determine whether the power of mass media can be harnessed to save children's lives on an unprecedented scale. The project will be implemented in partnership with the Wellcome Trust. A model developed by Development Media International (DMI) and the London School of Hygiene and Tropical Medicine (LSHTM) predicts that child mortality can be reduced by 10% to 20% in most developing countries simply by broadcasting radio and television messages on all key life-saving behaviours. If these impact and cost-effectiveness predictions could be proven to rigorous scientific standards, in a real-life setting and implemented in 10 countries over 10 years, the model predicts some 2.2 million lives could be saved.



The **TY Danjuma Foundation** commits \$5 million over the next 5 years in Nigeria: in grants to women and children's health initiatives under its Community Health Initiatives Programme; to support the strengthening of maternal health care centres, train hospital personnel, donate medical equipment and provide technical support to health centres in rural communities; to support the organisation of consultative meetings and capacity building training to strengthen the grantees and other partner organisations effectiveness in the area of maternal and child health; and to identify and forge collaborations with other philanthropic organisations working in similar areas of intervention.

The **UN Foundation** commits (with its partners) \$400 million over the next 5 years in support of the Global Strategy (including \$200m announced in June 2010). Through our campaigns and partnerships, including the **HAND to HAND Campaign**, UNF's commitment will help the UN address key global health priorities including childhood immunizations, malaria prevention, holistic health for adolescent girls, access to reproductive health supplies and services, clean cook-stoves, and improving maternal and other health outcomes through mobile technologies.

The **Women's Funding Network** and the **International Network of Women's Funds** jointly commits \$7 million for the next year on behalf of 12 women's funds that make health focused grants in high burden countries. The two networks will strengthen health systems for women and children through investments and grants in women-led solutions that address health and wellness as a part of a holistic approach to fostering communities, countries and nations that thrive. The Networks are committed to ensuring that up to 70 percent of grants made by women's funds reflect a health component. The networks foundation partners include: African Women's Development Fund, American Jewish World Service, Bangladesh Women's Foundation, Mama Cash, Mary's Pence, Nirnaya Trust, Spark,Tewa, The CIDRZ Foundation, Women of the Evangelical Lutheran Church, Women Win, and World Young Women's Christian Association.

The United Nations and other Multilateral Organizations



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

The **Global Fund to fight AIDS, Tuberculosis and Malaria**: 1. The Global Fund, a major international channel for development assistance for health, is contributing to the improvement of maternal and child health through its support of a range of HIV, TB and malaria interventions for women and children across the continuum of care, The Global Fund is committed to intensifying its contributions to maternal, newborn and child health (MNCH) and will continue to augment its investments in order to accelerate progress toward the health related MDGs in general and MNCH in particular. 2. To date, The Global Fund has provided direct support to MDGs 4 and 5 with contributions of at least US\$ 4.4 billion, and this figure is expected to increase substantially in the 2011-2013 period subject to the outcome of the Global Fund's upcoming replenishment conference and Board discussion on deeper involvement in MCH.

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

The **World Bank** will focus on women's and children's health in 35 countries, particularly in East Asia, South Asia, and Sub-Saharan Africa, which face challenges in achieving the MDGs because of high fertility and poor child and maternal nutrition and disease. This will expand the reach of the World Bank's results-based programs by more than \$600 million to scale up essential health and nutrition services and strengthen the underlying health systems which are essential to sustain better health results over the years.

This is in addition to other World Bank commitments to help countries achieve the MDGs such as significantly increased financing for agriculture and education, which will also benefit women's and children's health.

Civil Society/Non-Governmental Organizations

Amnesty International will advocate for equal and timely access to reproductive healthcare services for all women and girls and campaign for greater accountability for violations of reproductive health rights.

BRAC commits to raise \$700 million over the next five years in support of programmes and projects in Bangladesh and other countries.

CARE commits \$1.8 billion over the next 5 years to expand successful maternal & newborn health programs to more than 30 countries by 2015, to empower girls and women to increase gender equity and to link health systems and communities in systems of mutual accountability; adopting innovative approaches to secure service provision for the hard-to-reach.

DKT International commits through the **HAND to HAND Campaign** to increase new users of family planning from 19 million couples to 25 million couples and increase of 6 million users by 2015 and sell 3 million condoms, 250 million oral contraceptives and 60 million injectable contraceptives and 500,000 IUDs by 2015.

Family Care International (FCI) commits to advocate for the political will and investment to significantly expand funding for effective maternal, newborn, and

child health services, and for their integration with disease-specific interventions and broader health systems strengthening , to push for and facilitate the active engagement of civil society in health and development policy and programs at the global, national, and community levels, and demand that all stakeholders are held accountable for fulfilling their commitments.

FHI commits through the **HAND to HAND Campaign** to galvanize the community's contribution to the Global Strategy and endorse the Coalition's ambitious new goal of achieving 100 million new users of contraception in low-income countries by 2015. FHI is committed to the quality assurance of contraceptive commodities and its quality assurance program to help ensure the safe use of a wide range of contraceptive methods. Success at meeting this challenge will address the family planning needs of 80% of women in these countries, and reduce by 110,000 the number of women who die giving birth.

Global Alliance to Prevent Prematurity and Stillbirth commits to develop and uphold a Code of Conduct that puts forth standards of excellence for all repositories to be upheld in partnership with countries where repositories are being established; collaborate with its Research Harmonization Committee to developing repositories in consideration of efforts to enhance national capacity of the country's healthcare and research sectors; work collaboratively with the local community to develop innovative approaches to engagement in research; evaluate the effectiveness of upholding the Code of Conduct and identify areas for further enhancement of operations in each country on an annual basis. Engage cross-sectors (nutrition, water, sanitation) in such efforts with the resolve of conducting the most comprehensive research to achieve improved birth outcomes. Share best practices in research at a conference in 2012 for all organizations and publish a case statement outlining the critical need for strategic investments in pregnancy and post-birth scientific research where large health gains can be achieved through the development of new, low-cost, high-impact innovations and develop a global advocacy campaign to catalyze funding to promote the utilization of new science, technology and tools to advance research and development on pregnancy and early life.



The **Global Health Council (GHC)** commits to create political will, mobilize communities to help educate and mobilize communities on women and children's health issues, increase the engagement with the private sector by identifying increased opportunities for public-private partnerships and organizing roundtable meetings and relevant initiatives to bring partners together and GHC will prioritize and advocate for women and children's health .

The **Global Leaders Council for Reproductive Health (GLCRH)** commits \$1,846,669 over the next 2 years. The Global Leaders Council commits to create an expert working group to produce policy briefs on the linkages between reproductive health and development outcomes including gender equity, MDGs, economic development, global security and climate change. The GLCRH will convene the Aspen Population and Global Health Roundtable Series at the Aspen Institute in Washington, DC; to host a Population, Health and Development track at the Aspen Ideas Festival in Aspen, CO; and to mobilize political will and financial resources necessary to achieve universal access to reproductive healthcare by 2015.

International Budget Partnership commits to explore and share best practices in the field of the generation and publishing of comprehensive and meaningful maternal health budget information, continue to support the active participation, involvement, and monitoring by civil society of health and development budgets, at the global, national, and local levels, feed relevant examples of health budget monitoring and expenditure tracking of the IBP's partner organizations into the monitoring effort of the Global Strategy for Women's and Children's Health.

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

IntraHealth International commits by striving for ways to offer an integrated package of services for women and their families that addresses their most relevant

health needs, continue to support increased capacity of the health workforce, support improvements – large and small – within the health systems and supports high quality, evidence-based and integrated services that can be offered at multiple levels of the system, with a focus on ensuring that services come closer to the communities where the world’s population lives and where the majority of deaths of women and newborns occur.

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

The **Reproductive Health Supplies Coalition** commits, through its launch of the **HAND to HAND Campaign**, to achieve 100 million new modern contraceptive users by 2015 thereby fulfilling the family planning needs of 80 percent of women in low- and middle-income countries of the developing world. The Reproductive Health Supplies Coalition is leading the effort for the Global Strategy among its members organization by encouraging them and the broader health and development communities to commit resources, scale up services, provide supplies and advocate reaching this goal.

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

Susan G. Komen for the Cure Global Health Alliance commits \$500,000 through the expansion of the their Middle East Partnership Initiative to broaden the focus for

women's cancers and women's health and include a financial commitment and a health services commitment to the NGOs working in the Middle East to improve women's health by addressing issues of breast and cervical cancer in an integrated health care system.

The **US Coalition for Child Survival** commits by pledging continued efforts to promote and achieve specific Congressional legislation to assure on-going development of a US strategy to improve women's and children's health.

White Ribbon Alliance for Safe Motherhood and its members in 148 countries commit to the Global Strategy by engaging local, national, regional, and global organizations and individuals to ensure MNCH is a priority issue for all governments and hold governments accountable to their financial, policy, and implementation commitments through 2015

Women Deliver commits to keeping up the pressure to improve women's and children's health over the next five years, tracking commitments made and ensuring the global spotlight stays on those who have power to help keep girls and women alive and healthy. Working with 15,000 advocates around the globe, Women Deliver will certify that governments, policy-makers, health systems, foundations, civil society organizations and international agencies understand that the time for action is now, and to standing ready to help anyone turn good new ideas into reality on the ground. Women Deliver will convene a global conference in 2013 to celebrate successes and launch the final push to 2015 and pledges to keep delivering new hope for girls, women and children for as long as it takes to meet their needs.

World Vision International commits \$1 billion in support of a family and community model of health care delivery, focusing on a health and nutrition strategy, the prevention of mother-to-child transmission of HIV/AIDS and HIV/STI screening of children.

In addition to the above commitments, the following organizations have expressed their endorsement of the Global Strategy for Women's and Children's Health: **34 Million Friends of UNFPA, Academy for Educational Development, Advance Family Planning, JHU Bloomberg School of Public Health, African Medical and Research**



Foundation (AMREF), Africa Public Health Alliance & 15 Percent Plus Campaign, Amnesty International, Amhara Development Association, Azad India Foundation, Catholic Medical Mission Board(CMMB), Centre for Development and Population Activities (CEDPA), Center for Health and Gender Equity (CHANGE), ChildFund International, Children’s Project International, EngenderHealth, FHI, German Foundation for World Population (DSW,), Global Alliance to Prevent Prematurity and Stillbirth, Gram Bharati Samiti (GBS), Guttmacher Institute, Health Alliance International, Ibis Reproductive Health, International Budget Partnership(IBP), International HIV/AIDS Alliance (Alliance), International Paediatric Associations (Ipas), International Women’s Health Coalition, IntraHealth International, Japanese Organization for International Cooperation in Family Planning (JOICFP), Live Alive Foundation Nigeria, Management Sciences for Health, March of Dimes Foundation, Mothers 2 Mother, Nari Unnayan Sangstha, Nestlé, Partners in Health, Pathfinder International, Project Concern International (PCI), Project C.U.R.E., RESULTS International, Safe Motherhood Program, Dept of Ob/Gyn, Reproductive Sciences, Univ. of California, Space Allies, US Coalition for Child Survival, VSO United Kingdom, Women & Children First UK, Women And Health Alliance (WAHA)

The Business Community

Beckton Dickinsen commits to be a participating partner in ‘Together For Girls,’ with UNICEF, UNAIDS, UNFPA and UNIFEM, private sector organizations and the US government to help the UN drive forward solutions towards ending sexual violence against girls.

The **Body Shop** commits over \$2.25 million for their initiative, ‘Stop the Sex Trafficking of Children and Young People’, developed in partnership with ECPAT International, and launched in 60 countries. The Body Shop will launch in December 2010 the first of 3 annual campaigns in partnership with UNAIDS.

GE Healthcare commits, as part of GE’s \$6 billion ‘healthymagination’ global program, to expand its Maternal-Infant Care portfolio by 35%, offering targeted technologies to over 80 countries in order to increase local access to care and



improve maternal & newborn survival in low and middle-income countries; included are safety tested, affordable and easy-to-use infant care products that provide warmth for newborns, phototherapy to treat jaundiced infants and incubators for premature babies, development of very simple warmers, respiratory and phototherapy devices for developing nations at dramatically reduced cost and a novel method for providing portable oxygen to mothers in childbirth and to newborn babies.

GlaxoSmithKline commits to provide 200 million doses of a de-worming treatment for children; keep profit margins on drugs sold in low income countries to no more than 30% of the US profit margin; and to reinvest 20% of the profits made on these drugs in low income countries into infrastructure in those countries.

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

Johnson & Johnson commits \$200 million over the next 5 years for a package of commitments called 'Every Mother, Every Child' that aims to help as many as 120 million women and children each year. Every Mother, Every Child aims to increase life expectancy and quality-of-life for women and children in the developing world. Johnson & Johnson is committed to providing more than 15 million expectant and new mothers in Bangladesh, China, India, Mexico, Nigeria, and South Africa with free mobile phone messages on prenatal health, reminders of clinic appointments and calls from health mentors over the five-year program. Johnson & Johnson will also donate 200 million doses, each year, of mebendazole, a treatment for intestinal worms in children. Johnson & Johnson is also committed to researching and developing a drug for tuberculosis with a new mechanism of action in 40 years, antiretrovirals to treat HIV and potentially prevent HIV transmission from pregnant women to their infants, as well as new technologies that may, in the future, prevent the transmission of HIV between adults. Johnson & Johnson is also committed to



extending current commitments to peer education programs that have been successful in preventing mother-to-child transmission of HIV; reducing a life-threatening condition in infants caused by lack of oxygen at birth (birth asphyxia); and upgrading existing health care facilities to accommodate more women at risk of fistulas.

LG Electronics commits to investing in Bottom of the Pyramid (BOP) communities in Kenya and Ethiopia through a partnership with the **World Food Program's Partnership of Hope – Africa**. Through this partnership, LG Electronics is committed to poverty alleviation and reducing hunger through sustainable development.

Merck commits an estimated \$840 million over the next 5 years through their HIV prevention and treatment, childhood asthma programs and donation of HPV vaccine, GARDASIL[®], to organizations and institutions in eligible lowest income countries to enable countries to develop capacity to implement vaccination programs. Merck and **Qiagen** are also committed to increasing access to HPV vaccination and HPV DNA testing in some of the most resource-poor areas of the world through up to five million doses of GARDASIL and HPV DNA tests to screen an additional 500,000 women. The two companies will also support the development and implementation of sustainable best practice models for cervical cancer reduction in low-income, high disease burden countries.

Novo Nordisk commits to continue to work towards improving the health of women and children with a specific focus on screening, treatment and care for gestational diabetes and will develop a partnership-based programme, as part of a long-term commitment to sustainable improvement in health, through which the company will campaign for universal screening for gestational diabetes; support the development of new evidence and platforms for action by addressing critical research gaps; mobilise key stakeholders at national and global levels to promote change with a positive health impact for women and the next generation; engage key partners in exploring and co-creating innovative solutions targeting women, diabetes and pregnancy.

Pfizer commits an estimated \$200 million over the next 5 years. Through its programs and partnerships, Pfizer will help the UN address key global health



priorities, including infant immunization for pneumococcal disease, education, training and policy programs on maternal and infant health, malaria treatment and malaria treatment for pregnant women, programs and partnerships that empower women and girls women and girls to deal successfully with issues of HIV/AIDS, malaria, maternal mortality and education, reducing maternal death and serious injury associated with uncontrolled bleeding after childbirth, and nutrition, first aid and healthy living for elementary school children.

SingleHop commits by fighting IP theft and human abuse such as child pornography, and empowering women. Through its AbuseShield.org site, SingleHop will mobilize the online community to report illegal, inhumane, and malicious content and help authorities and hosting companies around the world keep track of and eliminate such content.

TMA Development, Training & Consulting (Egypt) commits by pledging, in cooperation with the **Egyptian Ministry of Social Solidarity**, to help eradicate illiteracy among Egyptian women and to empower them towards earning and making a better life.

ViiV Healthcare commits \$47 million between 2010-2015, and an additional \$31 million through to 2020 to tackle mother to child transmission of HIV (MTCT). ViiV Healthcare has targeted 80% of the Positive Action for Children Fund's support to sub-Saharan Africa to respond to where the global burden of MTCT is greatest. The Fund is an important part of ViiV Healthcare's overall mission to deliver advances in treatment and care for people living with and communities affected by HIV.

Health-Care Workers

The **Health Care Professionals Associations (HCPA)** of the **Partnership for Maternal, Newborn and Child Health** collectively commit \$15 million in in-kind commitments over the next five years through support to Ministries of Health, District governments, UN agencies and Bi-laterals in 25 countries across Africa, Asia and Latin America. The **International Federation of Gynaecology and Obstetrics**, the **International Confederation of Midwives**, the **International Council of Nurse**,

and the **International Paediatric Association** are committed to continuing their close collaboration with the Council of International Neonatal Nurses, the International Pharmaceutical Federation, and the World Federation of Societies of Anaesthesiologists. The HCPAs are also committed to working with policy and implementing agencies to improve quality and to extend coverage of the key 22 Countdown supported interventions in these high-burden countries by at least 20% over the next five years.

Academic and Research Institutions

Institute for Global Health of Barcelona, ISGlobal commits to engage in an inclusive and participatory process, advocate for this process and help develop and promote a multi-disciplinary and coordinated global research agenda in the context of the Global Strategy in Europe and internationally that can be actionable by donors and the academic community. This work will help to develop a common strategy for indicators and benchmarks for donors and governments to monitor progress, develop a common strategy to inform and allocate resources more effectively and equitably, promote research in political & economic areas and its translation into useful information for discussion with policy makers to develop tools that are specific to improve women's and children's health status, such as microbicides and vaccines and test if these products can benefit those that need them the most. CRESIB and ISGlobal will host the 2011 biannual meeting of Federation of the European Societies for Tropical Medicine and International Health (FESTMIH)¹ under the motto 'Global Change, Migration and Health' We will use this event and other upcoming forums where we are active to promote Women's and Children's health among academia and researchers.

A number of other academic and research Institutes across Europe, Asia, North America, and Africa have already enthusiastically endorsed the Global Strategy. In response to the Secretary-General's call for action, they have indicated their intention to promote women and children's health through conducting research for reducing illness and death, engaging in the training of the current and next generation of global health professionals, and contributing to policy development over the coming years. They include: **University of Aberdeen, Aga Khan University,**



University of Ghent, International Center for Diarrhoeal Disease Research in Bangladesh, London School of Hygiene and Tropical Medicine, John Hopkins Bloomberg School of Public Health, Osaka Medical Center and Research Institute for Maternal and Child Health, Royal College of Obstetricians and Gynaecologists, Consortium of Universities of Global Health representing 60 leading North American member Universities and their university partners in low and middle income countries in Africa, Asia and North America, and researchers at the **University of Toronto** and the **All India Institute of Medical Sciences**.

ⁱ RDHS 2005