

Women and children first: reaching the MDGs on maternal and child health

TAKE ACTION:

This month we will be visiting our newly elected MPs to speak to them about the important contribution they can make to saving the lives of women and children around the world:

- Contact your newly elected MP's office immediately after the election and ask to book an appointment at their first constituency surgery.
- Go along to the surgery, taking a copy of the One Campaign's 'Thought Book' to demonstrate the UK public's commitment to international development.
- Speak to your MP about the dire health situation for women and children across the developing world, and the failure of the international community to step up to the plate on the Millennium Development Goals relating to maternal and child health.
- Ask your MP to write to the new Prime Minister, asking him to strongly support maternal and child health at the upcoming G8 summit, through promoting proven, cost-effective interventions including sanitation, community health-workers, and the full replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Introduction

You will be reading this action sheet just days before the UK General Election, which is widely expected to cause the biggest shake-up in the UK Parliament for a generation. With hundreds of new MPs expected to enter Parliament, we have a big job ahead of us educating them about the challenge of ending poverty, and the effective solutions that RESULTS promotes.

We need to make the argument for development to these new MPs, demonstrating how in an interconnected world we have to care about what happens in the poorest countries, and showing how and where UK aid makes a difference. See Background Sheet 1 for ideas of arguments you can use. We also need to demonstrate the high level of support for development among the UK public. To help with this, we have joined with the One Campaign, who have a large supporter base across the UK. They have produced a 'Thought Book', which is a light-hearted document illustrating the UK public's development concerns. How to use this is discussed further in Background Sheet 1.

A key opportunity for development

One of the most significant opportunities for the UK to make a difference to international development this year is the G8 summit to be held in Muskoka, Canada on June 25-26. The Chair of the G8 in 2010, Canada's Prime Minister Stephen Harper, has announced that 'Canada will champion a major initiative to improve the health of women and children in the world's poorest regions. Members of the G8 can make a tangible difference in maternal and child health and Canada will be making this the top priority in June.'

What is the current health situation for women and children?

In 2008, 343,000 women died from complications related to childbirth or pregnancy – which means nearly a thousand women a day. And almost 9 million children under the age of 5 die every year, equivalent to 24,000 every day. Most of these deaths are preventable – with children, the causes of a huge proportion of deaths are curable diseases like diarrhoea, malaria, and pneumonia, in addition to hunger, which was estimated by [UNICEF](#) to underlie up to 50% of all under-five deaths in 2008. Almost all maternal deaths could be prevented by access to emergency care during pregnancy, childbirth and the few weeks afterwards, according to [DFID](#). Universal access to a set of 23 simple interventions such as vaccination, safe water and sanitation, breastfeeding, insecticide-treated nets, clean deliveries and micro-nutrients (vitamin A and Zinc) is estimated to be able to prevent over 60% of child deaths. We know how to prevent these deaths, but we are not yet doing it.

For decades there has been international agreement that we need to tackle these issues. Millennium Development Goal (MDG) 4 commits us to reduce by two thirds the percentage of children under 5 dying by 2015, and MDG 5 commits us to two targets on maternal health: to reduce by three quarters the percentage of women dying due to pregnancy and childbirth, and to ensure universal access to reproductive healthcare, both by 2015.

But despite this agreement, progress is lagging. We are only 1/3 of the way to reach MDG 4 on child health,

despite being ⅔ of the way through the time allotted. And we are even further off-track towards MDG 5 on maternal mortality. Maternal deaths dropped by a yearly average of 1.3% between 1990 and 2008 according to a recent paper from the [Lancet](#), which although encouraging remains far short of what is needed. Progress is also not universal. In some countries, for example Malawi and Zimbabwe, maternal deaths are actually increasing due to the impact of HIV/AIDS, conflict and deteriorating health systems.

Why should maternal and child health be a priority?

The first argument for why maternal and child health should be a priority is a moral argument: it is simply not right that lives are scarred and ended at moments that should be the highlights of life – the birth of a new child, and its first years.

Secondly, strong families are the basis for a strong society. When mothers die, their children are disadvantaged for life, particularly in the developing world where social safety nets are weak or non-existent. A recent [study](#) showed that on average children who lost their mother before the age of 15 had a year's less schooling and were 2cm shorter than otherwise similar children. Children's health and education are permanently damaged by losing a mother, leading to a less productive adult population across a country as a whole.

What more needs to happen?

The Canadian initiative on maternal and child health that is proposed for the G8 summit is a good step forward, but it is crucial to ensure that the initiative is as strong as possible. This means firstly that all members of the G8 provide concrete contributions to getting MDGs 4 and 5 back on track. Maternal health coalitions estimate that an additional \$30 billion is needed between 2009 and 2015 and the UK as an international leader in development must set a good example, committing additional funds to a strong package of interventions.

But in addition, the overall initiative has to contribute to and strengthen those 23 initiatives and interventions that we know to work the best for child health, along with community and primary healthcare to tackle maternal mortality. And it must ensure that the funds pledged are delivered in an effective manner. One of the most effective and transparent bodies working in international development is the Global Fund to Fight AIDS, Tuberculosis and Malaria. This body has saved 4.9 million lives in the six years from its creation in 2002 to

2008, by delivering strong programmes to provide health-workers, vaccinations, medicines and public health programmes that we know work.

The Global Fund was set up to support reaching MDG 6, which is to halt and start to reverse the spread of the three major killer infectious diseases: HIV/AIDS, Tuberculosis and Malaria. Recently the Global Fund released research showing that its impact on maternal and child health has also been impressive. HIV/AIDS, Tuberculosis and Malaria all have enormous direct and indirect effects on child and maternal health, every year killing 1.1 million women aged between 15 and 59, and 1.2 million children below the age of 5.

The Global Fund has enabled major expansion of key services to save the lives and health of women and children, including:

- Anti-Retroviral Therapy (ARVs) to control HIV: 2.5 million people were receiving ARVs through the GF at the end of 2009; in 2008, 60% were women
- Prevention of mother-to-child transmission (PMTCT) of HIV – in 2009 alone, 345,000 pregnant women received PMTCT treatment through GF; the GF has prevented 82,000 new HIV infections in children since 2003
- Provision of insecticide-treated nets – 104 million distributed by the end of 2009, saving at least 254,000 lives of children under 5
- From 2004 to 2009, the Global Fund provided 4.5 million basic care and support services to orphans and other vulnerable children.

The Global Fund also makes crucial contributions to health-systems strengthening, including primary and community healthcare, which are absolutely central to preventing maternal mortality.

Why should the G8 maternal and child health initiative contribute to the Global Fund?

Because the Global Fund is not explicitly focused on MDGs 4 and 5 there is a danger that funding for this crucial initiative which is already saving so many women and children's lives will be overlooked at the G8 summit. But the Global Fund is in a resource crisis. Because its programmes and processes have been so successful, demand from developing countries for grants from the Global Fund more than doubled between 2007 and 2009. In 2009 the Global Fund was unable to provide funding for all high-quality proposals that were submitted.

The Global Fund Board say that if demand was to be sustained at the same level as for the previous round, an additional \$20 billion would be needed between 2011 and 2013 to meet demand and continue current programmes. However, it is more likely that demand will again increase. It is essential that donors step up to the mark and ensure that the Global Fund's vital funding is sustained. This message must be contained in the outcomes of the Canadian G8 summit to ensure that the Global Fund's contribution to maternal and child health is protected and enabled to expand.