Remarks on "Opportunities for Innovation: Stakeholder Perspectives and Proposals"

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Health governance is a complicated matter, as we've seen in our deliberations so far this morning. Adding in the high-level politics of the G8 doesn't obviously simplify things – but Canada's hosting of the G8 offers an important opportunity to move the ball on a wide range of issues, including health. Prime Minister Harper has indicated that the G8 can help to "maintain international attention on the social dimensions of development – health, education and the critical areas of maternal and childhood wellbeing." [1] In these brief remarks, I'll spell out what is to be done in maternal and child health – and offer a modest proposal for social innovation that would enable Canada to move things forward in an important way.

First, let me offer an observation on why the G8 should take health seriously among the many other issues on the leaders' plates. As WHO Director-General Margaret Chan has noted, "a world that is greatly out of balance in matters of health is neither stable nor secure." [2] This insight provides an imperative for the G8 to address critical health challenges in a systematic and sustainable way. Investments in health are not luxuries to be shelved until more pressing financial and environmental issues are resolved: health, as a global public good that provides the foundation for stronger and more secure societies, must be a central focus for collective action.

[1] Stephen Harper, "The 2010 Muskoka Summit," in *The G8 2009: From La Maddalena to L'Aquila,* ed. by John Kirton and Madeline Koch (London: Newsdesk Media, 2009). http://www.g7.utoronto.ca/newsdesk/harper-2009.html

[2] Margaret Chan, "The impact of global crises on health: money, weather and microbes," Address at the 23rd Forum on Global Issues, Berlin, Germany, March 18, 2009. http://www.who.int/dg/speeches/2009/financial_crisis_20090318/en/

Nowhere is this conviction – or the potential benefits in terms of lives saved – more evident than in the case of maternal and child health. There is already encouraging momentum to move on improving maternal and child health outcomes, which was one of the 2009 commitments of the G8.[3]

I don't have to explain to this audience why this is such a critical area for intervention in this area of global health. A child dies unnecessarily every 3 seconds around the world and a woman every minute of complications from pregnancy or childbirth. Of the more than 500,000 women who die each year, 99% are in developing countries. The disparity in outcomes is striking and unacceptable: a woman in Niger faces a 1 in 7 chance of dying in her lifetime of complications from pregnancy or childbirth, while her counterpart born in Sweden faces only a 1 in 17,400 chance of the same outcome.[4]

As important, there is a strong correlation between women's health and access to education, income, and decision-making positions, as these factors can increase health risks for women. Gender-based violence is also another factor that clearly affects women's health status. Similarly, the illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community.[5]

Thanks to an active global coalition – the Partnership for Maternal, Newborn and Child Health and the Maternal Mortality Campaign, among others — we now have a consensus of what needs to be done to ensure that "every pregnancy is wanted, every birth safe and every newborn and child is healthy" by 2015.[6]

In a nutshell, we require political leadership and community mobilization; effective health systems that can deliver a package of key interventions along the continuum of care[7]; the removal of barriers to care (e.g., user fees); skilled and

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[3] 2009-151: "We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning." See "G8 Commitments on Health, 1975-2009," compiled by Jenilee Guebert, G8 Research Group, University of Toronto, December 16, 2009. http://www.g7.utoronto.ca/evaluations/g8-commitments-health-to-2009.html

[4] WHO, UNFPA, UNICEF, World Bank, "Joint Statement on Maternal and Newborn Health: Accelerating Efforts to Save the Lives of Women and Newborns," September 25, 2009. http://www.who.int/mediacentre/news/statements/2008/s10/en/index.html

[5] World Health Organization, *Women and Health: Today's Evidence, Tomorrow's Agenda* (Geneva, Switzerland: WHO, 2009).

[6] Partnership for Maternal, Newborn and Child Health, "Consensus for Maternal, Newborn and Child Health" (Geneva, Switzerland: November 2009). http://www.who.int/pmnch/topics/maternal/consensus_12_09.pdf

[7] These include access to family planning and reproductive health services; the availability of skilled birth attendants; access to emergency obstetric care and interventions to deal with the common complications

motivated health workers in the right place at the right time; and accountability for results throughout the system. Thanks to efforts like Countdown to 2015, we can measure progress toward Millennium Development Goals 4 and 5.[8] And with the focused efforts of the High Level Task Force on Innovative International Financing for Health Systems (led by Gordon Brown and Robert Zoellick), we also have pledges of an additional $5.3 billion for maternal and child health. However, in the four months since their statement of support for "Healthy Women, Healthy Children: Investing in Our Common Future," we still haven't seen much progress toward the additional $30 billion that the experts estimate we'll need to meet the goals of MDGs 4 and 5 (to reduce by two-thirds the mortality rate of children under 5 and to reduce by three-fourths the maternal mortality rate, both by 2015).[9] While they have certainly "talked the talk," the G8 leaders have not yet "walked the walk."

This leads then, to four recommendations for action, and to a final (modest) proposal. The G8 should:

- Consolidate their support for the various global coalitions addressing MCH issues and coalesce around one core effort, with relevant monitoring and evaluation capabilities (this would be a cross between the Partnership for Maternal and Child Health and Countdown to 2015).
- Pursue aggressively the innovative financing mechanisms offered by the High-Level Task Force last September to ensure that sufficient resources actually are available by 2015 to support the needed maternal and child health interventions.
- Adopt a limited set of clear, robust and readily measurable progress indicators to track just how much child mortality and maternal mortality rates are changing in key partner countries.
- Establish effective leadership structures to catalyze action at the national level. These should be inclusive; should coordinate advocacy, resource mobilization and organize action; should be led by one person who is accountable for outcomes; and focused on an agreed national plan built on shared understanding of best practices.[10]

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of pregnancy and childbirth; and adequate child nutrition. For a more detailed analysis of an integrated package of interventions, see Zulfiqar A.Bhutta et al., "Interventions to address maternal, newborn, and child survival: what difference can integrated primary health care strategies make?" *The Lancet* 372 (September 13, 2008: 972–89; see also, Countdown to 2015, *Tracking Progress in Maternal, Newborn and Child Survival: The 2008 Report* (New York: UNICEF, 2008) http://www.countdown2015mnch.org/reports-publications/2008report/2008reportdownloads .

[8] Countdown Coverage Writing Group, "Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking coverage of interventions," *The Lancet* 371 (April 12, 2008): 1247–58.

[9] "Healthy Women, Healthy Children: Investing in Our Common Future," Special Event during the UN General Assembly, September 23, 2009. http://www.internationalhealthpartnership.net//CMS_files/documents/un_general_assembly_meeting_outcome_document_EN.pdf

[10] These recommendations are taken from a paper on "National Leadership on Maternal Health" prepared by Lord Nigel Crisp for a meeting of the Maternal Mortality Campaign at No. 10 Downing Street on September 1, 2009.

And, finally, to bridge the gap between the best intentions and effective action, the G8 should bring in civil society — including NGOs, universities and the private sector — as true partners, rather than seeing them merely as supplicants or potential donors. This is fully consistent with new trends in global governance. Indeed, one might argue that the G8 is an anachronism in an increasingly interdependent world in which transnational networks of non-state actors play an important role in shaping and delivering on the policy agenda.[11]

There is some precedent for this enhanced role of civil society in the High-Level Task Force model, where broad civil society consultations were held in London, Johannesburg and Abuja when the committee was preparing its report last year.[12] This would be an important innovation for G8 meetings and compliance activities. Now, all too often, civil society is consulted after the fact, if at all. The metaphor that comes to mind is that NGOs have their noses pressed against the glass as the G8 leaders review progress and make new commitments in such vital health areas as maternal and child health.

But the G8 leaders should not miss the important opportunity to rely on the expertise, commitment, reach and passion of civil society leaders at the international, national and community levels. With their help as part of the consultation process, and by collaborating with key NGOs, academe and the private sector in rolling out new maternal and child health interventions, the G8 would find themselves in the enviable position of having strong allies to help achieve key maternal and child health goals – and a greater likelihood that their commitments will be met before the G8 gathers again in 2011.

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[11] See, for instance, Anne-Marie Slaughter, *A New World Order* (Princeton, New Jersey: Princeton University Press, 2004).

[12] "Process for Civil Society Engagement with High Level Task Force on Innovative International Financing for Health Systems," February 11, 2009. http://www.internationalhealthpartnership.net//CMS_files/documents/engagement_of_civil_society_in_t_EN.pdf