

Assessment of G8 Commitments on Maternal, Newborn and Child Health

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In January 2010, Canadian prime minister Stephen Harper announced that maternal, newborn and children's health would be the "signature focus" for the 2010 Muskoka summit. This focus was in large part because Millennium Development Goals (MDGs) 4 and 5 (relating to children's health and maternal mortality respectively) were the furthest behind in reaching their 2015 targets.

The G8's focus on maternal and children's health has grown significantly since the 1996 Lyon Summit. There, leaders emphasized "the usefulness of indicators capable of measuring progress ... in areas such as extreme poverty, infant, child and maternal mortality."

At 2007 Heiligendamm Summit, the G8 made three commitments relating specifically to maternal and children's health to be completed by 2010. The progress on these three commitments is outlined below with sections on general statistics, contributions necessary to meet targets and the investment made by each G8 country between 2007 and 2010 to achieve these targets.

As the 2010 Muskoka Summit approaches, it is important to analyze the progress made by the G8 on maternal and children's health in the past in order to contextualize the commitments that will come from the summit.

Overall, the G8 has not achieved in full the targets outlined in the three Heiligendamm commitments on maternal and children's health. However, significant progress in these areas has been made, particularly on preventing maternal-to-child transmission (PMTCT) and strengthening maternal and child health care. It is estimated that an additional investment of \$30 billion will be necessary to accelerate progress on MDGs 4 and 5 by 2015.

Commitment

Coverage of prevention of mother to child transmission programs (PMTCT) currently stands at only 11%. In the overall context of scaling up towards the goal of universal access and strengthening of health systems we will contribute substantially with other donors to work towards the goal of providing universal coverage of PMTCT programs by 2010. The cost to reach this target, as estimated by UNICEF, is US\$1,5 billion.

Background

The G8 has not reached its target of providing universal coverage of PMTCT programs by 2010.

However, according to the 2009 report, *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*, significant progress in the area of PMTCT has been made over the past several years. In 2008, **45%** of the estimated HIV-infected pregnant women in low- and middle-income countries received at least some antiretroviral (ARV) drugs to prevent MTCT, up from **35%** in 2007, **24%** in 2006, and **10%** in 2004.

In 2008, 19 countries had reached coverage rates of **80%** for HIV testing and counseling among pregnant women in need of PMTCT services. Overall, in 2008, **21%** of the estimated number of pregnant women in low- and middle-income countries were tested for HIV, compared with **15%** in 2007 and **13%** in 2006.

Contribution Necessary to Meet Target

UNICEF and UNAIDS have estimated that approximately US\$5.9 billion is needed to meet universal access targets for women and children. (Children and AIDS: The Fourth Stocktaking Report 2009, UNICEF)

The estimate includes HIV testing and counseling for pregnant women, various types of drug prophylaxis and counseling on infant feeding options.

Commitment

The G8 together with other donors will work towards meeting the needed resources for pediatric treatments in the context of universal access, at a cost of US\$1,8 billion till 2010, estimated by UNICEF.

Background

The G8 has not reached the target of universal access to pediatric HIV/AIDS treatments by 2010.

However, the number of children initiated on antiretroviral treatment has increased significantly over the past few years. While only **75,000** infected children under 15 years of age were receiving treatment in **2005**, and **198,000** in **2007**, the number had reached **275,700** by the end of **2008** – or **38%** – out of a total of **730,000** children infected with HIV and in need of treatment. This represents an increase of **39%** from the end of 2007 to the end of 2008 alone. (Children and AIDS: Fourth Stocktaking Report, 2009, UNICEF)

Contribution Necessary to Reach Target

It is estimated that US\$**649** million is needed for scaling up HIV treatment and care services for infants and children under 15 years of age. This should be regarded as a low estimate, because it includes only first-line pediatric ART and does not include early infant diagnosis. (Children and AIDS: Fourth Stocktaking Report 2009, UNICEF)

Commitment

*We will also scale up efforts to reduce the gaps, in the area of **maternal and child health care and voluntary family planning**, an estimated US \$1.5 billion.*

Background

According to a study published in The Lancet, *Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5*, there were an estimated **342,900** maternal deaths worldwide in **2008**, down from **526,300** in **1980**. More than **50%** of all maternal deaths in 2008 were in only **six** countries: India, Nigeria, Pakistan, Afghanistan, Ethiopia, and the Democratic Republic of Congo.

In general, wealthier countries have far lower levels of under-five child mortality than poorer ones – in low-income countries, the median level of child mortality in **2008** was **109 deaths per 1000 live births**, compared with **5 per 1000** in high-income countries, representing a more than 20-fold difference. (World Health Statistics 2010, WHO)

Under-five child mortality rates have fallen since 1990 in all country-income groups –

with the rate of decline generally faster in high-income and middle-income countries than in low-income countries. Median child mortality fell by almost **50%** between **1990** and **2008** in lower middle-income countries, but by only **31%** in low-income countries (World Health Statistics 2010, WHO)

Despite the increase in contraceptive prevalence, some **137 million** women still have an unmet need for contraception and another 64 million are using traditional family planning methods that are less reliable than modern methods. Overall, **29%** of women in developing countries have an unmet need for modern contraception. The highest proportion, several times the level of current use, is in sub-Saharan Africa where **46%** of women at risk of unintended pregnancy are using no method (State of World Population 2004, UNFPA)

According to the 2009 Annual MDG Report, donor funding for family planning has declined significantly from 1996 to 2006. Over this period, donor assistance for family planning programs per woman aged 15 to 49 declined by **50%** or more in most of Africa, South America, Eastern Europe, and some parts of Asia.

Contribution Necessary to Reach Target

The Global Consensus on MNCH estimates that an additional **\$30 billion** is needed between **2009-2015** to accelerate progress on MDGs 4 and 5, with annual incremental costs ranging from \$2.5 billion in 2009 to \$5.5 billion in 2015. (World Health Organization)

The PMNCH recommended that the G8 commit to a **doubling of total G8 bilateral aid** for interventions that directly support MNCH, helping to address the \$30 million gap identified in the Consensus. (World Health Organization)

The Global Consensus estimated that an investment of \$30 billion would help to prevent up to **1 million** deaths of women due to pregnancy and childbirth and save the lives of **4.5 million** newborns and **6.5 million** children. (World Health Organization)

A doubling of MNCH aid would be a significant contribution to the shortfall of **2.5 million** health care professions and **1 million** community health workers needed to reach the health MDGs, including MDGs 4 and 5. (World Health Organization)

Contributions

Canada

Investment	2007-2008	2008-2009
Reproductive Health Care	\$22.38 million	\$20.52 million
Family Planning	\$12.4 million	\$4.37 million
STD Control including HIV/AIDS	\$127.16 million	\$401.36 million

Source: CIDA Statistical Reports

Initiative	Investment
Core Funding to UNFPA for reproductive health and family planning (2001-2011)	\$115.8 million
Demand-Based Reproductive Health Services Project in Bangladesh	\$20 million

France

Initiative	Investment
Primary Health System in Morocco - Focus on improving maternal and child health care	€35 million
Access to healthcare in Mozambique with focus on ^c reducing infant mortality (2008)	
Maternal health services in the Central African Republic ^c (2008)	
Flat-rate obstetrical fees in Mauritania (2008) ^c	

c: Press release: "Mobilizing for the Millennium Development Goals," www.afd.fr/jahia/Jahia/lang/en/home/OMD-AFD/pid/5135, 22 September 2008.

Germany

Initiative	Investment
Improving Reproductive Healthcare in Developing Countries (1994 -) ^d	> €1 billion

d: Federal Ministry for Economic Cooperation and Development, Germany

Italy

Initiative	Investment
Improving Maternal and Infant Healthcare in Lebanon	EUR 1.3 million

Japan

Initiative	Investment
Portion of JICA total operating cost allocated to maternal and child health, reproductive health (MDG 4 and 5) (JICA Annual Report 2008)	\$51.48 million ^b (4%)

b: Figure not included in the JICA Annual Report; calculated independently.

Russia

Data currently unavailable.

United Kingdom

Initiative	Investment
National Reproductive and Child Health Programme in India (2005-11) ^a	£252 million
DFID contribution to Nepal Health Sector to improve maternal health (1999-2009) ^a	£200 million

a: DFID Annual Report 2009

United States

Initiative	2010 Budget	2011 Budget ^a
Maternal and Child Health	6% increase in spending	\$700 million
Family Planning		\$590 million

a. Released 1 February 2010.

General G8 Figures from the Organisation for Economic Co-operation and Development

Investment in Programs for Population/Reproductive Health (US\$millions)

	2007	2008
Canada	121.6	65.0
France	11.8	5.0
Germany	129.5	181.8
Italy	17.1	10.9
Japan	32.2	33.9
Russia	NA	NA
United Kingdom	1088.1	765.1
United States	4480.8	6151.1