Speakers of African Parliaments Adopt Resolution on Declaration of Commitment to Prioritize and Increase Budget Support to Maternal, Newborn and Child Health

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Johannesburg, South Africa, October 25 – African Speakers of Parliaments and Presidents of Senate have unanimously adopted a landmark resolution on a Declaration of Commitment to prioritize parliamentary support for increased policy and budget action on Maternal, Newborn and Child Health in African countries.

The milestone Declaration of Commitment was adopted at the 3rd Pan African Speakers Conference 17th – 18th October, which was convened by the Pan-African Parliament (PAP) in Midrand, Johannesburg, South Africa. In the communiqué issued at the end of the conference, the Speakers committed to ***"prioritize policy and budget support for implementation of African Union Summit Decisions, in particular the … Kampala July 2010 Summit Declaration on the Summit theme of "Actions on Maternal, Newborn and Child Health Development in Africa."***

The commitment is the first of its kind by African Speakers of Parliament, and marks a significant milestone in accelerating progress in Africa towards the attainment of the Millennium Development Goals (MDGs) 4 and 5 on Child and Maternal Health, respectively. It also promises high-level parliamentary support to hasten implementation of the ***Africa Parliamentary Policy and Budget Action Plan on Maternal, Newborn and Child Health***, agreed by Chairs of Finance and Budget committees of national parliaments in October 2010.

Presiding over the adoption of the resolution, the Pan-African Parliament President Hon. Dr. Moussa Idriss Ndélé emphasized that *"Parliamentary support is crucial for successful implementation of African Union Summit Decisions and African development priorities.*"

In July 2010, the African Union heads of states and governments made far-reaching commitments towards maternal and infant health at a high-level summit held in Kampala, Uganda.

The landmark commitment by African Speakers will contribute towards ending the preventable tragic annual death of over 4 million African children under the age of 5; the annual death of an estimated 189,000 African women due to child birth related complications, and injury of millions more due to poor health care; and avoidable tragedy of an estimated 370,000 African children born with HIV every year.

Thanking the Speakers of Parliament and the Pan-African Parliament for their milestone action on Maternal and Child Health, Mr. Rotimi Sankore, Secretary of the Africa Public Health Parliamentary Network, stated in his presentation during the Speakers conference that: *"We look forward to working with parliaments on accelerated action to end the tragedy of an estimated over 45 million deaths of African children under the age of 5 years over the last decade since the Millennium Declaration in 2000; an estimated death of at least 1.9 million women from child birth related causes in the same period; and the birth of an estimated 3.7 million children born with HIV. While there has undoubtedly been significant progress over the past decade, this level of mortality indicates that the progress is not yet fast enough, and we all need to work more urgently to implement African and global targets."*

In his presentation to the Speakers of Parliament during their conference, the Africa Regional Director of the United Nations Population Fund (UNFPA) Mr. Bunmi Makinwa underlined UNFPA's commitment to strengthen its work with, and enhance capacity of the Pan African Parliament and country parliaments in implementing MNCH programmes stating: "*We will work more closely with the Pan African Parliament and your respective national parliaments to intensify the commitment and financial support to Maternal, Newborn and Child Health Development in your respective countries."*

Mr. Makinwa also called on the Speakers of Parliament to *"become champions of the AU Campaign for Accelerated Reduction of Maternal and Child Mortality (CARMMA) in your respective countries and constituencies; and Increase budgetary allocations to health in your respective parliaments*." *[To date CARMMA, which is the African Union Commission, led campaign to create awareness and remove policy, resource and cultural barriers that inhibit access to Maternal and Child Health Services has been launched in 36 African Countries].

Global health experts and campaigners welcomed the commitment of African Speakers and reiterated that parliaments have a significant role to play in strengthening policy and budgetary support towards maternal and infant health in Africa.

Dr. Carole Presern, Director of The Partnership for Maternal, Newborn &Child Health, commended the Speakers' Declaration of Commitment as *"an important step by African parliamentary leaders towards saving and improving lives of millions of African women and children. This also underscores the positive role that parliaments can play globally in saving the lives of women and children thatdie from preventable causes."*

This Declaration of Commitment by Speakers of Parliament is based on the resolution to the Speakers from the 5th Session of the 2nd Pan African Parliament held on 3rd-14th October, in Midrand, Johannesburg, South Africa, urging speakers of Parliament in the continent to prioritize the implementation of Maternal, Newborn and Child Health programs.

The Africa Public Health Parliamentary Network, the United Nations Population Fund (UNFPA), and the global Partnership on Maternal Newborn & Child Health (PMNCH) worked closely with the Pan African Parliament in the lead-up to this Speakers Commitment.

***Note for Editors: See end of commitments list below for contacts**

***African commitments to the UN Secretary-General's Global Strategy for Women and Children's Health** (in alphabetical order)

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 6.2% 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.

Burundi commits to increase the allocation to health sector from 8% in 2011 to 15% in 2015, with a focus on women and children's health; increase the number of midwives from 39 in 2010 to 250, and the number of training schools for midwives from 1 in 2011 to 4 in 2015; increase the percentage of births attended by a skilled birth attendant from 60% in 2010 to 85% in 2015. Burundi also commits to increase contraception prevalence from 18.9% in 2010 to 30%; PMTCT service coverage from 15% in 2010 to 85% with a focus on integration with reproductive health; and reduce percentage of underweight children under-five from 29% to 21% by 2015.

Cameroon commits to implement and expand the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), re-establish midwifery training to train 200 midwives a year, and pilot a performance-based financing and a voucher system in order to promote access to maternal and child care services. Cameroon further commits to increase the contraception prevalence from 14% to 38%; the proportion of HIV+ pregnant women access to antiretrovirals from 57% to 75%; and the vaccine coverage from 84% to 93%. Cameroon will increase to 60% the proportion of health facilities offering integrated services; increase to 50% the proportion of women with access to Emergency Obstetric Care (EmOC) services; offer free malaria care to children under 5; ensure free availability of mosquito-treated nets to every family; increase funding to paediatric HIV/AIDS; strengthen

health information systems management and integrated disease surveillance.

Chad commits to increase health sector spending to 15%; provide free emergency care for women and children; provide free HIV testing and ARVs; allocate of US$10million per year for implementation of the national roadmap for accelerating reduction in MNC mortality; strengthen human resources for health by training 40 midwives a year for the next 4 years, including creating a school of midwifery and constructing a national referral hospital for women and children with 250 beds; and deploying health workers at health centres to ensure delivery of a minimum package of services. Chad also commits to pass a national human resources for health policy; increase contraception prevalence to 15%; ensure 50% of the births are assisted by a skilled birth attendant; and increase coverage of PMTCT from 7% to 80%, and pediatric HIV coverage from 9% to 80%.

Central African Republic commits to increase health sector spending from 9.7% to 15%, with 30% of the health budget focused on women and children's health; ensure emergency obstetric care and prevention of PMTCT in at least 50% of health facilities; and ensure the number of births assisted by skilled personnel increase from 44% to 85% by 2015. CAR will also create at least 500 village centers for family planning to contribute towards a target of increase contraception prevalence from 8.6% to 15%; increase vaccination coverage to 90%; and ensure integration of childhood illnesses including pediatric HIV/AIDS in 75% of the health facilities.

Comoros commits to increase health sector spending to 14% of budget by 2014; ensure universal coverage for PMTCT by 2015; reduce underweight children from 25% to 10%; increase contraception prevalence rate from 13% to 20%; and the births that take place in health facilities from 75% to 85%. Comoros will also accelerate the implementation existing national policies including the national plan for reproductive health commodity security, the strategic plan for human resources for health, and the roadmap for accelerating reduction of maternal and neonatal mortality.

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.

Côte d'Ivoire commits to ensure the provision of free health services for all pregnant women during delivery, including free caesarian-sections, for women affected by obstetric fistula, and for children under 5. Côte d'Ivoire also commits to rehabilitate maternity centres, provide insecticide-treated mosquito nets for women and children under 5; to strengthen the integrated management of childhood illnesses programmes; and to integrate HIV and Sexual and Reproductive Health, and community involvement in health management, including training health workers to ensure the provision of family planning at the community level.

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 AVRs to 20,000 more people living with HIV/AIDS.

Djibouti commits to increase the health budget from 14% to 15%. In terms of service delivery, the Government will ensure that all pregnant women will have access to skilled personnel during childbirth. For this purpose, the Government will increase the number of trained midwives and nurses and will increase access to emergency obstetric care services nationally to 80%. A package of integrated emergency obstetric and newborn care and reproductive health will also be delivered in health services. This will be achieved by ensuring that all health centers are upgraded to deliver a package of emergency obstetric and newborn care and reproductive health services by upgrading them and ensuring that appropriate staff are posted and maintained in those centers. Contraceptive prevalence will be increased to 70%. The mobile health services will be extended to cover all areas of the country and will adopt a mix of outreach services, home visits and community based interventions. The government commits to implement Integrated Management of Childhood Illnesses in all health centers. Vaccine coverage will be 100%. Malnutrition will be addressed through a comprehensive multi-sectoral package in order to reduce the prevalence of stunting to 20% and that of wasting to 10%. Djibouti commits to decrease the HIV/AIDS prevalence to 1.8% in 2015 and to ensure that all pregnant

HIV-positive women receive antiretrovirals.

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 morality from 101 to 68 (per 100,000) by 2015.

The **Gambia** commits to increase the health budget to 15% of the national budget by the year 2015; and to implement its existing free maternal and child health care policy, ensuring universal coverage of high quality emergency maternal, neonatal and child health services. Special attention will be accorded to rural and hard-to-reach areas. Efforts will be intensified to increase the proportion of births attended by skilled professionals to 64.5%, ensure reproductive health commodities security, scale up free Prevention of Mother-to-Child Transmission (PMTCT) services to all reproductive health clinics and ensure universal access to HIV prevention, treatment, care and support services, including social protection for women, orphans and vulnerable children. Furthermore, The Gambia will continue to maintain the high immunization coverage for all antigens at 80% and above at regional levels, and 90% and above at national levels, while seeking to increase access of all children, particularly in the most vulnerable communities, to high impact and cost-effective interventions that address the main killers of children under five.

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%.

Guinea commits to establish a budget line for reproductive health commodities; ensure access to free prenatal and obstetric care, both basic and emergency; ensure provision of newborn care in 2 national hospitals, 7 regional hospitals, 26 district

hospitals, and 5 municipality medical centres; and introduce curriculum on integrated prevention and care of new born and childhood illnesses in health training institutes. Guinea also commits to secure 10 life-saving essential medications in at least 36 facilities providing basic obstetric care and 9 structures with comprehensive obstetric care by 2012; ensure at least three contraception methods in all the 406 centres of health in the public sector by December 2012; and include PMTCT in 150 health facilities.

Guinea-Bissau commits to increase financial spending from 10% to 14% by 2015 and to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA); to ensure accessible comprehensive emergency obstetric and neonatal care in all regions, and to provide around-the-clock referrals. Guinea-Bissau also commits to ensure that each health center has access to basic Emergency Obstetric Care (EmOC), including strengthening the technical capacity of 95% of theEmOC facilities; increasing the proportion of women giving birth in health facilities from 35% to 60%; ensuring that 75% of the pregnant women are covered by health mutual funds, and that 90% of the most vulnerable are covered by state funds. In addition, Guinea-Bissau also commits to reduce the unmet need for family planning to 10% and to increase contraceptive prevalence from 10% to 20%; to increase pre-natal consultations to 70%, postnatal consultations to 30%, and to reduce the proportion of underweight children from 24% to 10%; and to integrate Prevention of Mother-to-Child Transmission in 90% of the maternity care centers.

Kenya will recruit and deploy an additional 20,000 primary care health workers; establish and put into operation 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.

The Government of **Lesotho** is committed to meeting the Abuja Declaration Target of 15% expenditure for health, compared to the current 14% expenditure. The Government abolished user fees for all the health services at Health Centre level, while it has standardized user fees at hospital-level. The country has developed the National Health Sector Policy and its Strategic Plan which puts women and children at the centre. The National Reproductive Health Policy and its Strategic Plan also focus on women and children. These documents have been disseminated and their implementation is closely monitored. The Reproductive Health Commodity Security Strategy is in place and ensures that 90% of the women and men in the reproductive

age group have access to commodities. The Lesotho Expanded Programme on Immunization Policy has been disseminated in 2010, focusing on under-five children. The Infant and Young Child Feeding Policy focuses on nutrition of children.

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.

By 2015, **Madagascar** commits to increase health spending to at least 12%; ensure universal coverage for emergency obstetric care in all public health facilities; increase births assisted by skilled attendants from 44% to 75%; and double from 35% the percentage of births in health facilities. Madagascar will also address teenage pregnancy by making 50% of primary health care facilities youth-friendly; reduce from 19% to 9.5% the unmet need of contraception by strengthening commodity security; increase tetanus vaccination for pregnant women from 57% to 80%; and institute maternal death audits.

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.

Mauritania commits to increasing expenditure on health to 15% by 2015, and including a budget line on reproductive health commodities with a focus on contraceptives; to increase contraception prevalence from 9% to 15%, constructing 3 more schools of public health, increasing access to Emergency Obstetric and Newborn Care in all regional and national hospitals; to increase the proportion of births assisted by skilled personnel from 61% to 75%; and increasing the proportion of health centers offering PMTCT services to 75%. Mauritania further commits to increase proportion of vaccinated children, institute in all districts a program of integrated management of childhood illnesses, and improve the management of human resources including providing incentives for staff to work in isolated areas.

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.

Niger commits to increase health spending from 8.1% to 15% by 2015, with free care for maternal and child heath, 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 pro-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.

Rwanda commits to increasing heath sector spending from 10.9% to 15% by 2012; reducing maternal mortality from 750 per 100,000 live births 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%.

Sao Tome and Principe commits to increase the percentage of the general budget for health from 10% to 15% in 2012; increase the ratio of births attended by a qualified health personnel from 87.5% to 95%; reduce the percentage of inadequate family planning service delivery from 37% to 15%; increase the geographic coverage of PMTCT services from 23% to 95%; increase the percentage of pregnant women receiving ARVs from prenatal centres from 29% to 95%; and increase the prevalence of contraception from 33.7% to 50%.

Senegal commits to increasing its national health spending from 10% of the budget currently to 15% by 2015. It also proposes to increase the budget allocated to MNCH by 50% by 2015. The country commits to improving coordination of MNCH initiatives by creating a national Directorate for MNCH, reinstating the national committee in charge of the implementation of the multi-sectoral roadmap for the reduction of maternal and child mortality and to accelerate the dissemination and implementation of national strategies targeting a reduction of maternal mortality. Through these efforts the government hopes to offer a full range of high impact MNCH interventions in 90% of health centers, increase the proportion of

assisted deliveries from 51% to 80% by increasing recruitment of state midwives and nurses and increasing contraceptive prevalence rate from 10% to 45%, among others.

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.

The **Republic of South Sudan** commits to increase the percentage of government budget allocation to the Ministry of Health from 4.2% to 10% by 2015; to increase the proportion of women delivering with skilled birth attendants from 10%- 45%, through the construction of 160 Basic Emergency Obstetric Care facilities by 2015 and training of 1,000 enrolled/registered midwives by 2015; and to establish 6 accredited midwifery schools or training institutions/colleges; increase the contraceptive prevalence rate from 3.7% to 20%, and increase the percentage of health facilities without stock-out of essential drugs from 40% to 100%. South Sudan also commits to reduce the prevalence of underweight among children under five from 30% to 20%; increase the percentage of fully-immunized children from 1.8% to 50%; and increase the percentage of under-fives sleeping under bed nets from 25% to 70%. Finally, South Sudan will develop and implement a range of national policies that will strengthen its response to women and children's health, including policies on national family planning, on provision of free reproductive health services, especially Emergency Obstetric care services, on decentralization of budgeting, planning, management of health services, and on adolescent sexual and reproductive health and rights.

Sudan commits to increase the total health sector expenditure from 6.2% in 2008 to 15% by 2015. Sudan commits to guarantee immediately free universal access to Maternal and Child Health (MCH) services including Immunization, Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Nutrition, Antenatal Care (ANC), delivery care, post-natal care, and child spacing services to target all women and children. Sudan also commits to train and employ at least 4,600 midwives focusing on states with the highest maternal mortality ratios and the lowest proportion of births attended by trained personnel. This will increase the percentage of births attended by trained personnel from 72.5% to 90%, increase quality universal

access to Comprehensive Emergency Obstetric and Neonatal Care, and advocate for the elimination of harmful traditional practices like early marriage and Female Genital Mutilation/Cutting.

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%.

Togo commits to ensure 95% coverage of vaccination for children under 5, and to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

Uganda commits to ensure that comprehensive Emergency Obstetric and Newborn Care (EmONC) services in hospitals increase from 70% to 100% and in health centers from 17% to 50%; and to ensure that basic EmONC services are available in all health centers; and will ensure that skilled providers are available in hard to reach/hard to serve areas. Uganda also commits to reduce the unmet need for family planning from 40% to 20%; increase focused Antenatal Care from 42% to 75%, with special emphasis on Prevention of Mother-to-Child Transmission (PMTCT) and treatment of HIV; and ensure that at least 80% of under 5 children with diarrhea, pneumonia or malaria have access to treatment; to access to oral rehydration salts and Zinc within 24 hours, to improve immunization coverage to 85%, and to introduce pneumococcal and human papilloma virus (HPV) vaccines.

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.

ENDs.

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