Embargo: Hold for release until 10:30 a.m. EST, Tuesday March 10, 2015
Interviews with experts are available by phone and in person in New York City.

Contacts:
Marshall Hoffman, H&H, +1 703 533-3535, +1 703 801-8602 (mob); marshall@hoffmanpr.com
Nils Hoffman, H&H Video, +1 703 967-1490; nils@hoffmanpr.com
TV B-roll: https://drive.google.com/folderview?id=0B7HRGKIJWol-dmNuS3diMkVrVkU&usp=sharing

Millions of women & children get improved health services

Massive health program: $34 billion spent on women & children since 2010

New goal: end preventable deaths of women and young children

An ambitious 2010 initiative to improve the health of women and children around the world has turned into the fastest growing global public health partnership in history, attracting $60 billion in resources. Some $34 billion, nearly 60 percent of the total, has already been disbursed.

The *Every Woman Every Child* movement has now gathered more than 400 commitments by more than 300 partners around the world, ranging from governments and foundations to business, civil society and low-income countries themselves.

The movement stems from the *Global Strategy for Women's and Children's Health,* launched by United Nations Secretary-General Ban Ki-moon in 2010 to accelerate progress towards the Millennium Development Goals (MDGs) for health.

Every Woman Every Child has set off a major wave in attention to improving essential health care for millions of poor women and children. Major gains in the past five years include greater professional maternity care, family planning, prenatal and postnatal care, childhood vaccinations, oral rehydration therapy and improving access to drugs to prevent mother-to-child transmission of HIV.

The result of such increased care is that maternal and child death rates have fallen in every one of the *Global Strategy's* 49-targeted countries in the latest four years.

Historic levels of political and financial support have been mobilized under *Every Woman Every Child.* The movement has strengthened health systems and expanded public-private partnerships to improve the health and wellbeing of women, newborns, children, and adolescents.

Of the $60 billion that has been pledged for women and children's health, 25.6 percent comes from high-income countries, 20.3 percent from global partnerships, 18.1 percent from low-

income nations, 15.3 percent from non-government organizations, 11.5 percent from middle-income countries, 3.8 percent from foundations and 2.7 from the private sector.

"The world is currently reducing under-five and maternal deaths faster than at any time in history," says UN Secretary-General Ban Ki-moon. "If we keep up the momentum, we have a historical opportunity to eliminate preventable maternal, newborn, child and adolescent deaths."

The detailed accomplishments of the *Every Woman Every Child* movement are spelled out in ***Saving Lives, Protecting Futures***, a report on progress over the 2010-2015 period. The report documents how the key principles of *Every Woman Every Child* –strong political leadership, commitment of multi-stakeholder partners at the country level, predictable financing, accountability for resources, and innovation— led to the accelerated progress in reducing women's and child deaths and improving their health.

"The synergy between education and health is evident. Education and health are, quite simply, the drivers of change and development. Education empowers women and girls to live healthier lives and as a result, fewer children are dying. The evidence is clear, better education leads to better health outcomes. To achieve this we need sustained and coordinated investments. We need to look for new partnerships and new funding mechanisms," says Prime Minister Erna Solberg of Norway.

One of the most salient achievements is that it has brought coordination, coherence and strategic focus to joint efforts of partners from across a wide range of interests, geographies and constituencies. Prior to the 2010 launch of the *Global Strategy for Women's and Children's Health*, disparate elements worked in silos, often competing with other health communities for resources and attention.

"*The Global Strategy* and *Every Women Every Child* generated unprecedented momentum and catalyzed a coming together of many partners to overcome the most stubborn health challenges for women and children," says Margaret Chan, M.D., Director-General of the World Health Organization.

"*Every Woman Every Child* has proved that through partnership and innovation, we can achieve drastically improved results," says Babatunde Osotimehin, M.D., Executive Director, UNFPA. "We have always believed in this approach and welcome the collaboration to drive the momentum which puts women and children at the center, respects and protects their rights, including access to family planning services, so that women and girls can make informed choices in life."

"Partnership is central to the success of *Every Woman Every Child*," says Robin Gorna, Executive Director of The Partnership for Maternal, Newborn & Child Health (PMNCH), an alliance of more than 650 organizations. "*Every Woman*

Every Child has united all sectors, at local and global levels, in an unprecedented push, with a strong emphasis on accountability to ensure that actions and investments have impact." PMNCH's annual tracking report on commitments to the *Global Strategy* has been a key part of that accountability effort.

The *Global Strategy* and *Every Woman Every Child* have played an especially valuable role in bringing new attention and action to areas where progress has lagged the most, such as newborn survival, stillbirths, family planning, adolescent health, and access to life-saving commodities. This has translated into a rapid growth of global advocacy efforts and initiatives emerging since 2010, such as the Commission on Life-Saving Commodities, A Promise Renewed (APR), Family Planning 2020 (FP2020) and the Every Newborn Action Plan (ENAP).

"One of the most important lessons we have learned through the Millennium Development Goals is that to make progress we need an integrated and multifaceted approach," says Kathy Calvin, president of the UN Foundation. "Effective partnerships are not just about financing; they also tap into partner expertise, innovation, and resources to deliver results. *Every Woman Every Child* has shown that when each sector contributes its unique strengths and capacities, we can save lives."

Keys to progress

Significant improvements in key health indicators mainly in 49-targeted countries during its five-year history of *Every Women Every Child* include:

- 870,000 new health care workers.
- 193 percent increase in prevention of mother-to-child HIV treatment.
- 49 percent increase in oral rehydration therapy for treating infant diarrhea.
- 44 percent increase in exclusive breastfeeding.
- 25 percent rise in post-natal care for women.
- 25 percent rise in skilled birth attendance.

The report attributes many of the gains to the Secretary-General's ability to place the health of women and children very high on the world agenda through "sustained political advocacy," using the *Every Woman Every Child* platform of some 300 diverse partners.

A measure of this attention is that partners have since 2010 seen the *Global Strategy* as a spur to action, inspiring the creation of a large number of high-level multi-stakeholder partnerships to act upon key priorities of the *Global Strategy*, including in relation to accountability and innovation. These partnerships include:

- Commission on Information and Accountability for Women's and Children's Health (2011).
- Independent Expert Review Group (2011).
- Innovation Working Group (2011).

However, key to advancing progress to date has been country ownership of this agenda and the commitment from governments themselves. For example:

- Zambia and Zimbabwe have committed to double their spending on family planning services.
- Yemen and the Congo have pledged to make obstetric services available free of charge.
- Ghana and Haiti have pledged to provide maternal and child health services free of charge.
- Rwanda has pledged to provide family planning services in each of its administrative villages.
- Cambodia will cover at least 95 percent of the poor through health equity funds.
- Mongolia will increase by 50 percent salaries of obstetricians, gynecologists and pediatricians.
- Nepal pledged to increase skilled birth attendants by 10,000.

Similarly, international donors committed to maintain or increase support for women's and children's health in low and middle-income countries. For instance, GAVI, the Vaccine Alliance, pledged to immunize more than 700 million children against measles and rubella, preventing at least 140,000 deaths and protecting hundreds of thousands of babies from the risks of severe birth defects.

The Bill & Melinda Gates Foundation has committed more than $2.5 billion to support specific efforts to improve women and children's health. Other commitments include those from the UN Foundation ($400 million), the Ford Foundation ($100 million), the Islamic Development Bank ($90 million), The March of Dimes ($60 million), and the Bloomberg Philanthropies ($50 million).

The private sector also joined the effort, with supportive commitments from 65 companies since 2010. Merck will spend $500 million to reduce maternal mortality and Johnson & Johnson has committed $230 million to aid mothers, newborns and children.

Civil society also contributed with, for example, $1.5 billion from World Vision International to develop a family and community health care delivery model. Save the Children will contribute $2 billion. The academic and research institutions committed to develop new

preventive and therapeutic tools and to investigate social and behavioral factors that increase the vulnerability of women and children.

Innovative financing

Financing has been highly successful in areas such as AIDS, tuberculosis and malaria, and immunisation. However, there is no single joint financing mechanism for the broader reproductive, maternal and child health agenda.

Financing instruments now under development, such as the Global Financing Facility in support of *Every Woman Every Child*, to be launched in July 2015, are now seeking to reduce the fragmentation and associated administrative burdens related to multiple funding streams for women's and children's health and to support countries as they transition from foreign aid to national financing. Novel approaches will be needed, including harnessing the potential of increased private sector investments, in addition to better leveraging of official development assistance.

Galvanizing innovation

The Secretary-General's *Global Strategy* also emphasized the need for innovation. As a result, at least 1,000 innovations for improving maternal, preterm and newborn care now are in the pipeline, with the most promising being tested and scaled up for more widespread use.

Some innovations developed and supported by *Global Strategy* partners already are in use. For example:

- The use of the antiseptic chlorhexidine is being used to disinfect a newborn's umbilical cord stump. Research suggests that routine use could reduce Nepal's newborn deaths by 24 percent.
- A mobile app of inexpensive medical sensors to diagnose low oxygen associated pneumonia in newborns and pre-eclampsia in pregnant woman could, if widely available, reduce maternal and newborn mortality by as much as 30 percent over the next 10 years.
- In Kenya, Safaricom –a major communications provider– is using one of its alert systems to remind mothers and health workers about clinic visits, immunization schedules, delivery dates and other appointments, and helps health workers make real time clinical decisions. The system has improved both the timeliness and quality of care.

A global imperative

The report calls improving women's and children's health "a global imperative." In 2013, the latest data available, more than 17,000 children under 5 died daily, for a total of 6.3 million that year. Some 2.8 million died in the first 28 days of life.

Nearly eight hundred women died every day from complications of pregnancy or childbirth for a total of 289,000 that year.

Since 1990, the benchmark for measuring progress against the 2015 Millennium Development Goals (MDGs), the number of children who die before their 5th birthday has been reduced by almost half and maternal mortality declined by 45 percent.

The report notes that the majority of maternal and young child deaths are preventable, with simple and affordable solutions. These include reproductive health services, childhood vaccinations and tools to prevent pneumonia, diarrhea and dehydration, which are leading causes of child death, skilled birth attendance and adequate food and nutrition. For malaria, care, medication and bed nets are needed for prevention and treatment. For HIV, care, medication and condoms are needed for prevention and treatment.

Not surprisingly, the report shows that regions having trouble meeting their MDG goals, mostly low-and middle-income countries, account for more than 90 percent of under-5 deaths and 99 percent of maternal mortality.

More specifically, Sub-Saharan Africa and Southern Asia account for 86 percent of maternal and child deaths and five countries –India, 21 percent; Nigeria, 13 percent; Pakistan, 6 percent; Democratic Republic of Congo, 5 percent; and China, 4 percent— account for half of the world's under 5 mortality. Seven countries –India, 17 percent; Nigeria, 14 percent; Democratic Republic of Congo, 7 percent; Ethiopia 4 percent; and Indonesia, Pakistan and the United Republic of Tanzania, 3 percent each –account for more than half of all maternal deaths.

Why the *Global Strategy for Women's and Children's Health* was developed

The Secretary-General launched the *Global Strategy for Women's and Children's Health* and *Every Women Every Child* in 2010 to spur attention and support for reaching the Millennium Development Goals of reducing maternal deaths by three-quarters and the deaths of children under age five by two-thirds by 2015.

According to the report, global efforts needed to be redoubled to enable women and children not only to survive, but to thrive. The *Global Strategy* and the *Every Woman Every Child* movement grew out the overwhelming desire to solve that problem.

Accountability: A strategy cornerstone

The number of partners making firm commitments to the *Global Strategy* nearly tripled, from 111 to 300 from the launch in September 2010 to May 2014. A cornerstone of the *Global Strategy* is an accountability framework, which tracks commitments. It continually monitors and reviews resources and tracks results. Regular publication of independent accountability reports and an emphasis on "mutual accountability" of all stakeholders is core to this approach, and is proving to be an influential model for accountability in the planning of the post-2015 goals, currently underway.

"Thanks to the accountability framework, guided by the Commission on Information and Accountability, the global community was able to demonstrate better results, better tracking of financial resources and better oversight for women's and children's health within a short timeframe," says Margaret Chan, M.D., Director-General of the World Health Organization.

Moving beyond the 2015 target

With the end of 2015 in sight, the Secretary-General and the *Every Woman Every Child* movement is setting its sights on a more ambitious target: To end all preventable mortality of women and children for the first time in history.

A process is currently under way to update the current *Global Strategy* in line with the emerging targets of the post-2015 'Sustainable Development Goals' (SDGs), to be declared by the UN General Assembly in September 2015. The SDGs are expected to feature an integrated health goal, which encourages greater synergy between health issues, including the unfinished business of the MDG goals relating to maternal, newborn and child health, and relating those goals to the underlying drivers of good health, such as education, water and sanitation, nutrition and gender equity.

The progress report emphasizes the need to keep the partnerships and financial support for maternal and child health strong and reminds that *Every Woman Every Child* has been so effective because it highlights areas that have received little attention, such as survival of newborns and family planning.

An unfinished agenda

Progress has been made, but there is still much to do. The goal is to end preventable deaths of women, children and adolescents, and to improve their health and wellbeing.

Saving Lives, Protecting Futures points the way to gaps and challenges for the post-2015 period. One urgent need is to strengthen health care systems and improve universal access to care –a problem highlighted by the recent Ebola experience, in which women and children bore the brunt of poor access to trained health workers and facilities.

Improving quality care for women, children and adolescents in humanitarian and crisis settings will be a major theme of the new post-2015 *Global Strategy*, which recognizes the increasing burden of mortality carried by such settings. Globally, 60 percent of maternal deaths and 53 percent of all under-five child deaths occur in countries affected by conflict, displacement and natural disasters.

There are still other major health gaps. In the 75 countries that together account for the global burden of maternal and child mortality, only 34 percent of children received antibiotics when suffering from acute respiratory infections; in many low-income countries, an estimated 8 in 10 women with curable sexually transmitted infections received no medical care in 2014. Stillbirths – an estimated 2.6 million per year— remain an untouched issue, despite being largely preventable.

The report highlights that the *Global Strategy* has shown how much can be achieved through imaginative partnership between governments, civil society, the private sector and the international community. By bringing even more partners to the table, we can make even more progress and match our ambitions with scale.

* * *

Percentage of decrease in under five and maternal mortality rates in the 49 priority nations 2010-2013

49 Priority Countries	Under five mortality rate (per 1,000 live births)			Maternal Mortality rate (by 100,000 births)		
	2010	2013	% of decline	2010	2013	% of decline
Afghanistan	105.2	97.3	**7.5%**	500	400	**20.0%**
Bangladesh	49.1	41.1	**16.3%**	200	170	**15.0%**
Benin	95.7	85.3	**10.9%**	370	340	**8.1%**
Burkina Faso	114.4	97.6	**14.7%**	440	400	**9.1%**
Burundi	93.6	82.9	**11.4%**	820	740	**9.8%**
Cambodia	43.8	37.9	**13.5%**	200	170	**15.0%**
Central African Republic	152.6	139.2	**8.8%**	960	880	**8.3%**
Chad	160.4	147.5	**8.0%**	1,100	980	**10.9%**
Comoros	85.5	77.9	**8.9%**	750	720	**4.0%**
Congo DR	130.7	118.5	**9.3%**	380	350	**7.9%**
Côte d'Ivoire	109.3	100.0	**8.5%**	810	730	**9.9%**
Eritrea	55.6	49.9	**10.3%**	450	380	**15.5%**
Ethiopia	75.6	64.4	**14.8%**	500	420	**16.0%**
Gambia The	81.7	73.8	**9.7%**	460	430	**6.6%**

Ghana	83.2	78.4	**5.8%**	410	380	**7.3%**
Guinea	112.2	100.7	**10.2%**	690	650	**5.8%**
Guinea-Bissau	135.9	123.9	**8.8%**	600	560	**6.7%**
Haiti	174.4	72.8	**58.3%**	420	380	**9.5%**
Kenya	79.5	70.7	**11.1%**	460	400	**13.0%**
Korea DPR	31.3	27.4	**12.5%**	98	87	**11.2%**
Kyrgyzstan	30.3	24.2	**20.1%**	79	75	**5.1%**
Lao PDR	79.6	71.4	**10.3%**	270	220	**18.5%**
Liberia	81.9	71.1	**13.2%**	680	640	**5.9%**
Madagascar	63.0	56.0	**11.1%**	480	440	**8.3%**
Malawi	82.7	67.9	**17.9%**	540	510	**5.6%**
Mali	137.1	122.7	**10.5%**	600	550	**8.3%**
Mauritania	98.2	90.1	**8.2%**	360	320	**11.1%**
Mozambique	102.5	87.2	**14.9%**	540	480	**11.1%**
Myanmar	56.1	50.5	**10.0%**	220	200	**9.1%**
Nepal	45.3	39.7	**12.4%**	220	190	**13.6%**
Niger	123.5	104.2	**15.6%**	690	630	**8.7%**
Nigeria	131.1	117.4	**10.5%**	610	560	**8.2%**
Pakistan	91.8	85.5	**6.9%**	190	170	**10.5%**
Papua New Guinea	66.7	61.4	**7.9%**	240	220	**8.3%**
Rwanda	63.6	52.0	**18.2%**	390	320	**17.9%**
Sao Tome & Principe	56.7	51.0	**10.1%**	230	210	**8.7%**
Senegal	66.3	55.3	**16.6%**	360	320	**11.1%**
Sierra Leone	175.3	160.6	**8.4%**	1,200	1,100	**8.3%**
Solomon Islands	32.6	30.1	**7.7%**	140	130	**7.1%**
Somalia	159.0	145.6	**8.4%**	930	850	**8.6%**
Tajikistan	52.7	47.7	**9.5%**	48	44	**8.3%**
Tanzania	61.4	51.8	**15.6%**	460	410	**10.9%**
Togo	92.9	84.7	**8.8%**	480	450	**6.2%**
Uganda	78.4	66.1	**15.7%**	410	360	**12.2%**
Uzbekistan	46.8	42.5	**9.2%**	40	36	**10.0%**
Vietnam	25.9	23.8	**8.1%**	51	49	**3.9%**
Yemen	58.8	51.3	**12.8%**	290	270	**6.9%**
Zambia	101.4	87.4	**13.8%**	320	280	**12.5%**
Zimbabwe	96.0	88.5	**7.8%**	610	470	**22.9%**

Sources: Under 5 mortality: UNICEF, WHO, UNFPA and The World Bank;
Maternal mortality: WHO, UNICEF, UNFPA, The World Bank, UN Population Division.