

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

United Nations Secretary-General Ban Ki-moon



With just five years left to achieve the Millennium Development Goals (MDGs), 2010 presents us with a historic opportunity. The “Global Strategy for Women’s and Children’s Health” sets out how we can work together to save women and children. Over the past year, leaders from government, international organizations, business, academia, philanthropy, health professional associations, and civil society have come together to develop this strategy, recognizing that the health of women and children is key to progress on all development goals.

The Global Strategy is ambitious. It calls for all partners to unite and take real action – through enhanced financing, strengthened policy and improved service delivery. Most importantly, the strategy is achievable. We know what works, and we know what needs to be done. Now is the time to act – together and decisively.

Saving the lives of women and children

Every year around 8 million young children die of preventable causes, and more than 350,000 women die from preventable complications related to pregnancy and childbirth. These unacceptable deaths can and must be avoided by ensuring that all women and children get the prevention, treatment and care they need. They must have access to family planning, vaccines, and proper nutrition, as well as prevention of and treatment for pneumonia, diarrhea, HIV/AIDS, malaria, tuberculosis and non-communicable diseases.

Significantly improving and sustaining women’s and children’s access to an affordable package of life-saving health interventions will require strengthened health systems with sufficient skilled health workers at their core. All the partners involved will need to integrate, working across diseases and sectors. Their work needs to be backed up by a concerted effort to promote human rights, gender equality and poverty reduction.

> Focusing on the most vulnerable

The Global Strategy focuses on women and children when they are most vulnerable. In the poorest areas of the world, pregnant women and newborns are at the greatest risk of death or injury during childbirth and the first few hours and days afterwards. Adolescents are also vulnerable, for example, to violence and sexually-transmitted infections, including HIV. We must make sure they’re given control over their life choices, including their fertility. We must also focus on equity of access and outcomes, making sure we reach those who are especially disadvantaged and marginalized.

> Saving 16 million lives by 2015

Reaching the global targets for MDG 4 (a two-thirds reduction in under-five mortality) and MDG 5 (a three-quarters reduction in maternal mortality and universal access to reproductive health) would mean saving the lives of 4 million children and about 190,000 women in 2015 alone. In addition, a significant proportion of countries would advance the control of deadly diseases such as malaria, HIV/AIDS and tuberculosis.

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In the world's 49 poorest countries, where the need for external assistance is greatest, we can make incredible progress between 2011 and 2015. Among much else, we can:

- Prevent the deaths of more than 15 million children under the age of five, including 3 million newborns
- Prevent 33 million unwanted pregnancies
- Prevent 570,000 women dying of complications relating to pregnancy or childbirth, including unsafe abortion
- Protect 88 million children under five from stunting
- Protect 120 million children from pneumonia

Working together to achieve progress

> **Uniting to support country-led health plans**

All partners have an important role to play: governments and policymakers, donor countries and philanthropic institutions, the United Nations and other multilateral organizations, civil society, the business community, health workers and their professional associations, and academics and research institutions.

Working together in support of country-led health plans, partners must integrate services that are currently delivered by separate programs where it makes sense to do so. We can coordinate efforts to address issues that affect the health of women and children, such as water and sanitation, nutrition, human rights, gender equality and women's empowerment.

> **More health for the money**

The Global Strategy focuses on doing more of what has been proven to work, such as integrating and scaling-up cost-effective, evidence-based interventions and services. Another aspect of this is the development and scaling-up of innovative approaches to financing, to product development and to delivering high-quality health services more efficiently. Health systems, with sufficient skilled health workers, must be strengthened to deliver services and sustain results. To support this, funding should be long-term and predictable, and managed so that it flows rapidly to services and programs for those who need them most.

> **More money for health**

Increased efficiency will yield major benefits. But investment in women's and children's health must also increase significantly between now and 2015. To achieve the health MDGs in the 49 lowest-income countries alone, we must invest an additional US\$26 billion (US\$19 per capita) in 2011, building to an additional US\$42 billion (US\$27 per capita) in 2015. The direct costs of programs relating to reproductive, maternal, newborn and child health – including the health-systems costs supporting their delivery – account for almost half of this additional investment.

All funders can and should do more to bridge the gap. High-income countries should meet their current commitments, and make additional long-term, predictable contributions. The 49 lowest-income countries should ensure that, as their economies grow, they invest more in women's and children's health and improve service delivery. Other low- and middle-income countries

should continue to invest in their own health sectors, with external assistance as required. They should also forge partnerships with each other, exchanging expertise and providing support for the lowest-income countries.

The Strategy also outlines how others can contribute. Foundations and civil society organizations should make significant additional contributions of financial, human and organizational resources. The private sector can spur innovation, reduce product prices, increase donations, and partner with others to improve the systems for delivering products and services. United Nations and multilateral agencies and funders – such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria – can ensure that more funds are channeled to women, adolescents and children. And multilateral development banks can give more in grants, credits and soft loans.

> Clear accountability

Across all work to improve women's and children's health, accountability for commitments, actions and results are key. The foundation of accountability is national leadership and country ownership. To promote this, partners must collectively support improvements in national monitoring and evaluation data (availability and quality), as well as supporting community-based monitoring.

Countries' current reporting burden must be reduced, while international mechanisms are strengthened and harmonized, improving reporting on global and national progress, donor disbursements, and civil society contributions. Commitments made as part of the Global Strategy – including those through the UN system – should be tracked every two years.

> Action

All partners have a role to play. This Global Strategy provides clear actions for all to take – locally, nationally, regionally and globally. Together, we must rapidly translate this strategy into concrete action and measurable results for women and children, reversing decades of underinvestment and neglect, and delivering the promise of health and life.

The Global Strategy for Women's and Children's Health was developed under the auspices of the United Nations Secretary-General with the support and facilitation of The Partnership for Maternal, Newborn & Child Health. Please see the Global Strategy for Women's and Children's Health for a full list of contributors.

Healthier lives for women and children

In the 49 lowest-income countries, we can ensure that in 2015:

- 43 million new users have access to comprehensive family planning
- 19 million more women give birth supported by a skilled health worker, with the necessary infrastructure, drugs, equipment and regulations
- 2.2 million additional neonatal infections are treated
- 21.9 million more infants are exclusively breastfed for the first six months of life
- 15.2 million more children are fully immunized in their first year of life
- 117 million more children under five receive vitamin A supplements
- 85,000 more quality health facilities and up to 3.5 million more health workers are available

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I call on everyone to play their part. Success will come when we focus our attention and resources on people, not their illnesses; on health, not disease. With the right policies, adequate and fairly distributed funding, and a relentless resolve to deliver to those who need it most – we can and will make a life-changing difference for current and future generations.

Ban Ki-moon

