More money for health, more health for the money

Every year, over half a million women – 1,500 every day – die of complications during pregnancy and childbirth, and 99 per cent of these deaths occur in developing countries. 10,000 newborn babies die every day because their mothers do not have access to skilled care.

The Millennium Development Goals (MDGs) for health have focused efforts to save women's and children's lives, but rapid progress towards these MDGs requires the world to more than double its current annual health spending, from US$31 billion in 2008, to US$67–76 billion in 2015.

Additional funding for health-care services will, each year, save the lives of 4 million children and infants, and more than 750,000 adults, including 322,000 women who would otherwise die in childbirth – the focus of concern behind the new Consensus on Maternal, Newborn and Child Health.

As co-chairs of the Taskforce on Innovative International Finance for Health Systems, UK Prime Minister Gordon Brown and World Bank President Robert Zoellick are rallying world leaders and mobilising finance and international influence to improve health care across the developing world. The Taskforce's support for new and existing ways of providing finance for health will help raise significant additional resources each year to help poor countries build more effective health systems and save lives.

The catalytic effect of improving health services for women and children is extremely important. Better health systems will not only save lives now, but in the longer term will ensure that more women and children remain healthy so they can participate fully in the sustainable development of their countries.

Here we show how two countries, Ethiopia and Nepal, have made great strides in improving health services offered to women and children, and how global efforts on maternal and child health are being strengthened through the Consensus for Maternal, Newborn and Child Health.

THE FACTS

Mother…

- Every minute, a woman dies during pregnancy or childbirth in the developing world.
- Most maternal deaths can be prevented.

… and child

- A child born in a developing country is over 13 times more likely to die within his or her first five years than one born in an industrialised country.
- One child dies in the developing world every three seconds.
- Between 1990 and 2006, around 27 countries in the developing world made no progress in reducing the incidence of deaths in childhood.

The Millennium Development Goals for health

MDG 4: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

MDG 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate and achieve universal access to reproductive health.

Antonio Fiorente

Distributing mosquito nets in areas where malaria is endemic can halve the number of deaths from the disease.

Ethiopia: growing health in rural communities

Ethiopia's Health Extension Programme (HEP) has rapidly deployed over 30,000 trained Health Extension Workers – two for each village across the country, and a near doubling of Ethiopia's health workforce in only three years. Using social mobilisation and an innovative 'model family' approach, they are helping to propagate healthy behaviours and to improve access to, and the use of, basic health services. HEP covers disease control and prevention, family health, hygiene and environmental sanitation, and health education and communication.

Antonio Fiorente

Ethiopia's village Health Posts, staffed by government-employed full-time Health Extension Workers, provide basic prevention and health-promotion-focused services.

Most Health Extension Workers are locally recruited young women – high school graduates who have received a year of intensive training. As women, they are more trusted by local women who are the primary beneficiaries of their services, especially mothers. Their engagement as full-time, salaried civil servants marks an important move away from volunteerism – a key to HEP's success and sustainability.

MEASURES OF ETHIOPIA'S SUCCESS

- DPT3 immunisation (against diphtheria, pertussis and tetanus) coverage increased from 50% in 2002 to 85% in 2008.
- Child (under-five) mortality fell from 204 per 1000 live births in 1990 to 119 per 1000 in 2007. The HEP is designed to ensure Ethiopia achieves MDG 4.
- Antenatal care coverage rose steadily from 50% in 2005 to 60% in early 2009, and postnatal coverage increased from 16% to 28% over the same period.
- Maternal mortality declined from 871 per 100,000 live births in 2000 to 671 per 100,000 live births in 2005.
- Contraceptive use has increased from 27% to 58% in the last five years.
- More than 155,000 Ethiopians are receiving antiretroviral therapy (ART) to combat HIV and AIDS – over half of those eligible for treatment. Fewer than 1000 were receiving ART in 2005.
- Use of HIV counselling and testing services has risen dramatically, with 8.8 million people tested by the end of 2008 and over 5.8 million in 2009 alone.
- With over 20 million malaria bednets distributed to keep mosquitoes away, malaria deaths have halved in just three years.

Antonio Fiorente

Families can access basic health services at Ethiopia's village Health Posts.

HEP is at the heart of Ethiopia's efforts to strengthen its health system. The health information and referral system that Health Extension Workers are helping to develop at the community level is key to ensuring a continuum of care – and accelerating improvements in the health of mothers and children. Major government-led infrastructure development is also underway, and huge investments are being made in training health professionals, particularly mid-level cadres. In addition to 15,000 village Health Posts, Ethiopia aims to create over 3,200 Health Centres, at least one-third of them providing comprehensive emergency obstetric care, and 16 blood banks ensuring adequate blood supplies to deal with post-partum haemorrhage – the leading cause of maternal deaths.

Can Ethiopia achieve MDG 5? 'It is clearly an enormous challenge,' Ethiopia's Minister of Health, Dr Tedros Adhanom Ghebreyesus, has acknowledged; 'but one that I believe can still be achieved, considering the ambitious targets we have set for providing universal access to primary health care through our HEP, the still largely untapped potential of our health extension workers and the notable gains we have already made through our integrated "health systems strengthening" approach to service delivery. Our conviction that we can do it is greatly strengthened by the commitment of our government and the sustained support of all our partners.'

'Our conviction that we can do it is greatly strengthened by the commitment of our government and the sustained support of all our partners'

HE Dr Tedros Adhanom Ghebreyesus
Minister of Health, Ethiopia

Antonio Fiorente

The confidence that women and children have in the Health Extension Workers, who are mainly locally-recruited women who have been thoroughly trained, is a key to the success of the village Health Posts.

Nepal: better health for women and children

Over the past decade, Nepal has made real progress in improving the health of women and children. These gains have been hard won, in the context of deep poverty and a 10-year civil war from which Nepal has only recently emerged. But despite these challenges, the results speak for themselves: in the past decade the number of women dying in pregnancy and childbirth has declined by at least a third, and in the last fifteen years deaths of children under five have decreased by at least a half. The number of births attended by trained professionals has increased significantly, and fertility rates have declined by a third since 2001.

Arjun Bahadur Kumal

Nepal's new Health Sector Strategy focuses particularly on women and children.

How has Nepal achieved this? Over the past 10 years, there has been a concerted, government-led effort to strengthen Nepal's health systems. And in 2007, the Interim Constitution of Nepal established access to health care as a right for all Nepali citizens. New policies, including reduced user fees, and free essential services for poor people, have increased access to health services. In particular, the *Aama* programme has, since January 2009, provided free services to cover delivery of babies in all public health institutions across the country. Putting these new policies into practice has been made possible by an increasing government health budget and strong support from donors, in accord with the principles of the International Health Partnership.

In the last fifteen years deaths of children under five have decreased by at least a half

But the journey is not over yet. In Nepal one woman dies in pregnancy every four hours, five out of a hundred children die before their first birthday and more than one-third of children are severely malnourished. Nepal's ambition is to tackle these problems by widening access to health services for the most needy – poor women and children. A new five-year Health Sector Implementation Plan is currently being designed by the government, in consultation with civil society and donor partners. A central part of the plan will be to improve the governance of the sector. The plan will have an explicit focus on the needs of poor and excluded people, and will continue to help save the lives of women, newborn infants and children across the country.

THE CONSENSUS FOR MATERNAL, NEWBORN AND CHILD HEALTH

The Consensus for Maternal, Newborn and Child Health was agreed in 2009 by a range of countries, organisations, and individuals, including heads of state and government, international health agencies, under the umbrella of the Partnership for Maternal, Newborn and Child Health (PMNCH). The G8 endorsed it with a clear and positive reference in their 2009 declaration

The Consensus calls for accelerated and bold action at global, national and sub-national levels in order to make progress toward MDGs 4 (reduce child mortality) and 5 (improve maternal health). The Consensus recognises the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions to accelerate progress on the ground.

The five pillars of the consensus are the agreed needs

1. for political leadership and community engagement and mobilisation
2. for effective health systems that deliver a set of high quality interventions in key areas along the continuum of care:
   - comprehensive family planning – advice, services, supplies
   - skilled care for women and newborn infants during and after pregnancy and childbirth, including antenatal care, quality care at birth, emergency care for complications, postnatal care, and essential newborn care
   - safe abortion services (when abortion is legal)
   - improved child nutrition and management of major childhood diseases;
3. to remove barriers to access, with quality services for women and children being free at the point of use where countries choose to provide it.
4. for skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations; and
5. to accept accountability for credible results.

The Taskforce on Innovative International Financing for Health Systems

Members of the Taskforce on Innovative International Finance for Health Systems

Prime Minister Gordon Brown (United Kingdom) (co-chair)
Robert Zoellick (President of the World Bank) (co-chair)
President Ellen Johnson-Sirleaf (Liberia)
Prime Minister Jens Stoltenberg (Norway)
Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia)
Bernard Kouchner (Foreign Minister, France)
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Healthy women Healthy children

Investing in our common future

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