



PRESS RELEASE

Leaders commit new finance to tackle women's and children's health in the developing world

NEW YORK, 23 September 2009: An innovative health financing taskforce set up by world leaders twelve months ago is today announcing a series of new financing measures worth US\$5.3 billion to save millions of women and children in developing countries, whose lives are under increased threat during the global economic crisis.

10 million more women and children will get access to free health care following today's announcements.

The innovative financing proposals will build on progress that has been made over the past ten years to improve the quality of health for millions of the world's poorest people, but now faces the threat of being reversed as a result of the global downturn.

The meeting, co-chaired by UK Prime Minister Gordon Brown and World Bank President Robert Zoellick, marks the culmination of a year's work by the Taskforce on Innovative Financing for Health Systems, launched by Brown and Zoellick last year, and the agreement reached this year to a Global Consensus on Maternal, Newborn and Child health. The meeting will highlight the need for stronger, better financed health systems, and better access to health services for women and children.

Government and business leaders are expected to announce support for a number of recommendations:

- A US\$1 billion expansion of the International Finance Facility for Immunisation (IFFIm)
- A new mechanism for making voluntary contributions when buying airline tickets, expected to raise up to US\$3.2 billion by 2015
- US\$515 million for results-based funding programmes for health
- US\$360 million worth of debt conversions – Debt2Health



- Launch of a VAT tax credit pilot scheme called De-Tax, expected to raise up to US\$220 million a year in VAT resources
- The commitment to explore a second Advance Market Commitment for life-saving vaccines
- New commitments by leaders of Nepal, Malawi, Ghana, Liberia and Sierra Leone, to expand access to health services. This is expected to result in 10 million more people having access to free health services. Donors will announce new financing to support these commitments.

Gordon Brown told international leaders that there were two roadblocks to progress on maternal and child health: a lack of resources, and the presence of user fees. Speaking at the meeting of 700 global delegates, entitled *Healthy Women, Healthy Children: Investing in our common future*, UK PM Gordon Brown said:

“We cannot let mothers and children die through lack of finance and through the persistence of user fees. The US\$5.3 billion raised by the Taskforce, and the leadership of the countries mean that today is an historic step towards the goal of universal health care in Asia and Africa”.

World Bank President, Robert Zoellick underlined the importance of creating new income streams to improve health care for mothers and children saying that the launch of new financing initiatives to help generate the income and the systems will ultimately stem the unnecessary and preventable deaths of women and children around the world.

Stressing the need for a list of new funding measures from which countries could choose their preferred options, President Zoellick said:

“Innovation can be the key to making significant progress on reaching the MDGs, strengthening health systems, and improving millions of lives – especially the lives of women and children. A good example is our partnership with the GAVI Alliance, the Global Fund, and the WHO to develop a platform to coordinate and channel aid to health systems – including funds from some of the innovative financing mechanisms identified today”.

Prime Minister Jens Stoltenberg of Norway, initiator of the World Bank’s Health Results Innovation Trust Fund, emphasized the need to focus on



results by helping countries achieve national health plan goals, especially child malnutrition and child and maternal mortality by giving money based upon results.

Prime Minister Jens Stoltenberg of Norway said:

“The results focus will ensure that women and children will be at the centre of attention in the new effort”.

Joint host of the meeting at the UN the Partnership for Maternal, Newborn & Child Health (PMNCH), today supported the Taskforce’s recommendations, and Flavia Bustreo the Director said:

“While significant progress has been made, a child still dies every three seconds, and a woman dies every minute from complications of pregnancy or childbirth. Urgent action is needed if we are to achieve the promise of the Millennium Development Goals. Greater and new sources of funding are vital, and the Taskforce recommendations go some way to mobilising those finances. It is also crucial that governments in both developed and developing countries fulfil all of their prior funding commitments. The Partnership is committed to accelerating progress and halting these millions of preventable deaths, and we will continue to hold leaders accountable for their commitments.”

Detail of Announcements

- \$1bn for a cash injection into health systems through the International Financial Facility for Immunisations (with £250m from UK, £150m from Norway and £130m from Australia).
- Six CEOs from the tourism and travel industry launch a scheme to raise over \$3bn by 2015 through voluntary contributions with online travel bookings.
- £250m for a new fund to reward high-performing health programmes with contributions from UK and Norway.
- Launch of a VAT credit pilot scheme in Italy to generate up to €200m in 2010.
- Commitment by GAVI, the Global Fund, the World Bank and WHO to rationalise funding for health systems through a single funding stream to be in place in 7 countries in 2010.



- US\$360 million worth of debt conversions – Debt2Health.
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Country commitments to health as follows:

- **Nepal** – doubling access to free and safe deliveries for (over a million) more pregnant women
- **Burundi** – providing (as opposed to promising) free health care to all children under 5 and pregnant women (1.4 million children and 200,000 pregnant women)
- **Malawi** – extending free health services through government and church-run hospitals to reach 860,000 more people, including 80,000 more free births
- **Sierra Leone** – launching a new health plan to bring in free health care for women and children
- **Ghana** – bringing free health care within reach for millions more by abolishing annual premiums and shifting to a single, one-off lifetime payment, with exemptions for pregnant women, children up to eighteen and the elderly
- **Liberia** – committing to make the suspension of user fees permanent and providing free health care for all, with the help of adequate donor finance

(Ends. Notes for editors follow)



NOTES FOR EDITORS

Factsheets and more information available at:
www.internationalhealthpartnership.net/en/taskforce.html

About the Taskforce

1. The Taskforce was established in September 2008 to make recommendations on the mix of innovative international financing mechanisms needed to deliver the extra resources required to meet the health Millennium Development Goals.
2. The Taskforce is committed to promoting international support for their recommendations to ensure they are implemented.
3. The Taskforce met in Doha in December 2008, in Downing Street, London in March 2009 and in Paris in May 2009 and is meeting at the UN General Assembly on 23rd September 2009.
4. The Taskforce report: *More Money for Health and More Health for the Money*; Working Group 1 report: *Constraints and Costs* and Working Group 2 report: *Raising and Channelling Funds* are available at www.internationalhealthpartnership.net/en/taskforce.html

Taskforce Members

1. **Prime Minister Gordon Brown** (United Kingdom) (co-chair)
2. **Robert Zoellick** (President of the World Bank) (co-chair)
3. **President Ellen Johnson-Sirleaf** (Liberia)
4. **Prime Minister Jens Stoltenberg** (Norway)
5. **Tedros Adhanom Ghebreyesus** (Health Minister, Ethiopia)
6. **Bernard Kouchner** (Foreign Minister, France)
7. **Giulio Tremonti** (Finance Minister, Italy)
8. **Heidemarie Wieczorek-Zeul** (Development Minister, Germany)
9. **Stephen Smith** (Foreign Affairs Minister, Australia)
10. **Margaret Chan** (Director-General of the World Health Organization)
11. **Graça Machel** (President and Founder, Foundation for Community Development, Mozambique)



12. **Shigeru Omi** (Special Assistant to Minister of Foreign Affairs, Government of Japan)
13. **Bert Koenders** (Development Cooperation Minister, Netherlands)

Phillippe Douste-Blazy (United Nations Secretary General's Special Adviser for Innovative Financing for Development) and Special Adviser to the Taskforce

About the Partnership for Maternal, Newborn and Child Health

The Partnership is an international alliance of some 280 governments, donors, non-governmental organizations, health care professionals, academics, and multilateral agencies. Its mission is to support the global health community to work successfully towards achieving MDGs 4 and 5 by advocating for national, regional and global political commitments, and by raising funds to reduce maternal and child mortality. It enhances partners' interactions and uses their comparative advantages to: (1) build consensus on and promote evidence-based, high-impact interventions and deliver them through harmonization; (2) contribute to raising US\$ 30 billion (for 2009-2015) to improve maternal, newborn and child health through advocacy; and (3) track partners' commitments and measurement of progress for accountability. www.pmnch.org

For more information

see <http://www.internationalhealthpartnership.net/en/taskforce>

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