

## Secretary-General's Global Strategy for Women's and Children's Health

**NEW COUNTRY COMMITMENTS****BURUNDI**

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.

**CHAD**

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**

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 centres 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**

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.

## **GUINEA**

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.

## **KYRGYZSTAN**

The Government of Kyrgyzstan commits to ensure that 100 % of the population of reproductive age have choice and access to modern contraception with at least 3 modern methods of family planning; 100% free medical care for pregnant women and under-fives; ensure at least 80% of births take place at a health facilities and 90% of health facilities have access to centralized water supply system. Kyrgyzstan will ensure that 95% of health facilities with antenatal services provide both HIV testing PMTCT; 35% family medicine centers provide the standard package of youth-friendly health services; and that 70% of children receive evidence-based services within integrated management of childhood illness.

## **THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**

The Lao People's Democratic Republic commits to provide free deliveries in order to ensure access to the most vulnerable; produce 1500 new midwives by 2015 by upgrading existing staff and training and recruiting new staff; and increase immunization from 67% to 90% by 2015. Lao PDR will also increase the proportion of couples with access to modern contraception and the proportion of births attended by a skilled attendant.

## **MADAGASCAR**

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.

## **MONGOLIA**

Mongolia commits to implement a policy on increasing salaries of obstetricians, gynecologists and pediatricians by 50%; increase financial allocation to national immunization program; improve provision of micronutrients to children under 5; ensure reproductive health commodity security; and increase the number of health facilities for women and children, including the construction of a new Women's and Children's Health Centre in Ulaanbaatar.

## **MYANMAR**

Myanmar commits to ensure 80% ante-natal care coverage; 80% of births attended by a skilled attendant; 70% access to emergency obstetric care; and 80% coverage for PMTCT as well as its integration with MCH. Myanmar will also ensure universal coverage for the expanded immunization; increase the proportion of newborn who receive essential newborn care at least two times within first week of life by 80%; increase contraception prevalence to 50%; reduce unmet need for contraception to under 10%; improve ratio of midwife to population from 1/5000 to 1/4000; and develop a new human resources for health plan for 2012-2015.

## **PAPUA NEW GUINEA**

PNG commits to improve midwifery education and register 500 new midwives by 2015; increase number of obstetricians from 17 in 2011 to 40 in 2020; improve access to drugs and equipment necessary for maternal newborn and child health; introduce maternal health audits in all districts; and develop comprehensive plans to improve existing health services in all four regions of the country by 2015.

## **SENEGAL**

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.

## **SAO TOME AND PRINCIPE**

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%.

## **TAJIKISTAN**

Tajikistan commits to ensure that by 2015, 85% of midwives are trained in provision of emergency obstetric care; at least 85% of maternity facilities apply the clinical protocols approved by the ministry of health; youth friendly health services are expanded from pilot to nationwide implementation; and 50% of the needs of women of reproductive age in modern contraceptives are covered from the budget. Tajikistan will also develop an accreditation policy for maternity institutions and ensure that 90% of maternity hospitals are certified.

## **TOGO**

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)

## **VIET NAM**

Viet Nam commits to increase rate of pregnant women with access to PMTCT services from 20% to 50%; increase the rate of people with disabilities who had access to RHC services from 20% to 50%; increase rate of pregnant women received antenatal care (at least three visits during 3 trimesters) from 80% to 85%; increase the rate of couples who received pre-marital counseling and health check from 20% to 50%; and the rate of women giving birth with trained health workers from 96% to 98%.