



SPECIAL EVENT ON PHILANTHROPY AND THE GLOBAL PUBLIC HEALTH AGENDA

23 February 2009, United Nations, New York
Conference Room 2,
3:00 p.m. – 6:00 p.m.

ISSUES NOTE

Improving the Health Outcomes of Women and Girls



United Nations Office for Partnerships



Background

Effectively addressing the global challenges embodied in Millennium Development Goals (MDGs) 3, 4, 5, and 6, namely to promote gender equality and empower women, reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases is a prerequisite for poverty reduction. Currently, more than 500,000 women die during pregnancy and childbirth each year, equivalent to 1 death every minute, while 3.3 million babies are stillborn, and 3 million die within a week of birth. Almost 7 million child deaths occur after 28 days, equivalent to 1 death every 3 seconds. At least two-thirds of these deaths could be prevented through better care, access to services and improved nutrition.

Over 10 million women and children still die each year from causes which are largely preventable and treatable. According to the 2008 report *Tracking Progress in Maternal, Newborn and Child Survival*, few of the 68 developing countries that account for 97 per cent of maternal and child deaths worldwide are making adequate progress to provide critical health care needed to save the lives of women, infants and children. The majority of maternal and child deaths occur in Africa and South Asia, with sub-Saharan Africa increasingly bearing the global burden of mortality. One in five children are born in sub-Saharan Africa, yet some 50 per cent of all child deaths globally occur in the region, as do half of maternal deaths worldwide.

Some progress has been made in increasing access to HIV prevention and treatment, providing vaccinations, vitamin A supplementation coverage and insecticide-treated mosquito nets to confront major killers, such as AIDS, measles and malaria. However, this progress has been uneven within and among regions and countries, and treatment for potentially fatal illnesses and other vital health services still fail to reach the majority of women and children. These services are dependent on strong health systems that can provide 24-hour care within the community, at health clinics, and through a functioning referral system when more serious intervention is necessary. Access to these services is most critical at the time of birth and during the first two weeks of life, which are riskiest for mother and infant.

To strengthen links across the continuum of care, governments and their partners must address obstacles, such as weak health systems and policy, funding shortages, availability and affordability of drugs, including paediatric ARTs, and inequalities in access to care. Service packages, such as antenatal, childbirth and postnatal care must be strengthened to include effective lifesaving interventions. Coverage gaps must also be addressed in the key basics of family planning, skilled care during childbirth, postnatal care, and management of childhood illness. In addition, health outcomes need to be counted. Quality data needs to be collected frequently and used locally. Timely data for standard indicators are essential for good decision-making and to assess quality, as well as coverage of key interventions.

Against this background, there is a growing awareness of the need to more explicitly highlight the close inter-relation between women's rights, economic empowerment, adolescent health development and maternal and child health. The former are often crucial determinants for the ability of women and girls to access health information and services and more important causes for women's ill health than, for example, malnutrition. Strengthening the linkage between HIV/AIDS and reproductive health is also crucial in delivering care for women and girls. Women's empowerment is vital for achieving progress in maternal health, both newborn and child, in contributing to ending violence against women and in social and economic development.

Health outcomes for women and girls and the MDGs

Improving health outcomes for women and girls demands accelerated action across MDGs 3, 4, 5 and 6. More specifically, it requires increased attention to MDGs 4 and 5 on reducing child mortality and improving maternal health - now recognized as less likely to be attained. While rapid progress on reducing child mortality (MDG 4) is possible, and further analysis of those “well-performing” countries identified in *Countdown 2015* is underway, no country in sub-Saharan Africa is likely to achieve rapid progress. In fact, the 10 countries with the least progress are in sub-Saharan Africa and most reflect contextual factors that threaten maternal, newborn and child health, including high HIV prevalence (8/10) and conflict environments (2/10). Progress toward improving maternal health (MDG 5) reflects a similar pattern with 12 of 13 countries with the highest maternal mortality rates in the region and identical contextual factors.

Countdown 2015 also identifies a series of missed opportunities to save lives:

- *Family planning*: The unmet need for contraceptives is high. Only one-third of women in the 68 priority countries are using a modern contraceptive method.
- *Skilled care at birth*: Only around half of women and newborns benefit from a skilled birth attendant at the time of birth and even fewer receive care in the critical days and weeks after childbirth;
- *Clinical care for sick children*: Only about one-third of children with pneumonia – the biggest single killer of children – receive treatment;
- *Nutrition*: Under-nutrition is the underlying cause of 3.5 million child deaths annually;
- *Prevention of mother-to-child transmission of HIV (PMTCT)*: All 68 priority countries are considered to need antiretroviral treatment for HIV-positive pregnant women to prevent mother-to-child transmission. However, despite the increasing trends in coverage, the PMTCT rate is still under 25 per cent about half of the countries¹.

Overall, only 16 of the 68 *Countdown* priority countries are now “on track” to achieve MDG 4. In this context, it is clear that resources for maternal, newborn and child health must increase dramatically. Aid has increased by 3 per cent from 2003 to 2006, and this investment has resulted in significant health gains, notably to boost immunization levels and prevent malaria. Nonetheless, health systems for maternal, newborn and child health remain grossly under-funded in relation to the needs of priority countries. Total donor funding for maternal, newborn and child health still represents just 3 per cent of total donor aid disbursements. In general, improving health outcomes for women and girls will require broader public health interventions and upstream interventions, such as investing in adolescent health and development as well as women’s socioeconomic well being and empowerment.

Current United Nations system response

¹ *2008 Report on the Global AIDS Epidemic*. Only 18 per cent of pregnant women in developing countries received an HIV test in 2007, and, among those testing positive, only 33 per cent received antiretrovirals (ART) to prevent mother-to-child transmission (which is almost 20 per cent increase since 2005) and even fewer – 12 per cent - were assessed for their own needs for ART. Of particular concern, young women represent nearly two-thirds of all new HIV infections among young people (aged 15–24) in developing countries. Twelve out of 15 million children orphaned by AIDS live in sub-Saharan Africa, with girls more likely than boys to drop out from school and at a higher risk of being subjected to violence and abuse.

The establishment of The Partnership for Maternal, Newborn and Child Health (PMNCH) has galvanized a multi-stakeholder and action-oriented approach to scaling up interventions for the achievement of MDGs 4 and 5, while raising awareness of the inextricable linkages with MDGs 3 and 6 for women and girls, as well as that of MDG 1 in eradicating poverty and hunger. A more holistic and comprehensive approach via the strengthening of health systems was also a major message of the July G8 Summit in July 2008, under the presidency of the Government of Japan and endorsed by the new informal “H8” grouping. Meanwhile, on the 30th anniversary of the Alma Atta Declaration, the World Health Report 2008 - *Primary Health Care - now more than ever* – launched by the WHO Director-General and UNICEF Executive Director, calls for a return to primary health care as a more holistic approach to health to overcome current inequities and inefficiencies in global health.

Questions for consideration:

- What are the specific and innovative ways the philanthropic and foundation community can engage in the campaign to improve health outcomes for women and girls?
- Would these include *pro-bono* services, management expertise, in-kind services, or other mechanisms to help accelerate progress in this field?
- What should be the respective roles and responsibilities of the philanthropic community, the private sector, civil society and international organizations in scaling up the response?
- What are the initiatives that have worked best on the ground?
- How can the use of technology be employed to scale up interventions, particularly in the context of the current global financial crisis in the shortage of health workers and data capture?
- How can we promote concrete initiatives by the philanthropic community and initiate new partnerships that would accelerate progress in addressing MDGs 4, 5, and 6?
- While donor funding has increased in recent years, much more is needed. What is the best mechanism for increased resource mobilization?
- With MDGs 4, 5 and 6 as a stated priority of the United Nations Secretary-General and the “H8” grouping, how can the philanthropic community work in harmony with other relevant actors, including governments and civil society organizations?
- How can we broaden the range of stakeholders involved in the work of the United Nations Economic and Social Council (ECOSOC) and what can be expected in terms of support for the global health agenda at ECOSOC 2009?

Further reading

“Unequal, unfair, ineffective and inefficient - Gender inequity in health: Why it exists and how we can change it”, *Final Report to the WHO Commission on Social Determinants of Health*, September 2007

“Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking coverage of interventions”, Countdown Coverage Writing Group, *The Lancet*, April 2008

“Mind the gap: equity and trends in coverage of maternal, newborn, and child health services in 54 countries”, Countdown 2008 Equity Analysis Group, *The Lancet*, April, 2008

“Assessment of donor assistance to maternal, newborn and child health between 2003 and 2006”, Giulia Greco, Tim Powell-Jackson, Jo Borghi, Anne Mills, *The Lancet*, April 2008

“Innovative finance for women and children”, Comment, *The Lancet*, September 2008

“First Year Report”, *The Global Campaign for the Health Millennium Development Goals*, September, 2008

“World Health Report 2008 - *Primary Health Care – now more than ever*”, *WHO*, October 2008