

CARE International Policy Recommendations

G8 Summit

Muskoka, Canada, 25-26 June 2010

CARE International supports the Canadian government's **prioritization of maternal, newborn and child health (MNCH) at the upcoming G8 Summit**. G8 leaders have an opportunity to tackle one of the most basic human challenges the world faces – **assuring the survival of its children and mothers**. G8 nations must adopt and take decisive action to implement a bold plan on maternal, newborn and child health and must come to the G8 prepared to reach an agreement that includes concrete funding commitments, goals and timelines, and measures for accountability and tracking results. The G8 initiative on MNCH should accelerate progress towards Millennium Development Goals (MDGs) 4 and 5, which are the most significantly off-track, and catalyze the needed global action at the upcoming MDG Summit in September.

Recommendations

1. CARE International, in partnership with other international organizations that work on maternal, newborn and child health programs, calls on G8 nations to **commit to a doubling of resources to US\$4 billion annually to accelerate progress on MDGs 4 and 5**. These investments would leverage the US\$30 billion in total global funding needed by 2015 to support MNCH interventions. This funding should be additional to other existing aid funding and programs.
2. The **G8 initiative on MNCH should cover the following priorities**:
 - **Be comprehensive and cover the full 'continuum of care' and integrate/link with other health and development issues.** To be comprehensive, the initiative must cover the broad spectrum of healthcare services that connect home to community, to clinic, to hospital and back again, and throughout the lifecycle from adolescence and pre-pregnancy, pregnancy, birth and during the newborn period to five years. It must also support community-based approaches that integrate or link MNCH with sexual and reproductive health and family planning, nutrition, micro-finance, education and HIV/AIDS in a coordinated strategy.
 - **Focus on ensuring access for the poor and most vulnerable 20 percent of people.** Interventions must address the extreme inequality in access to quality health services by focusing on the most vulnerable and by removing barriers to women accessing services, including cost, transportation, discrimination and cultural beliefs.
 - **Focus on empowering women and girls.** Women and girls are often the most vulnerable to poverty, poor health and social marginalization due to their social position and existing gender inequalities, and do not have the resources, or power needed to change their situation. Evidence has shown that by empowering women, you can increase their access to health and other services; improve their lives, the well-being of their children and the economic stability of their communities; and make governments more accountable to their needs.

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- **Must commit to accountability and tracking results.** The MNCH initiative needs to provide for regular reports on the progress made in implementing the G8 commitments, including measurable results/impacts and any needed midcourse corrections. This should be part of the next G8 Accountability Reports, following up on the Hokkaido Toyako and L'Aquila G8 Summits' efforts for greater transparency and accountability.
 - **Invest in strategies focused on promoting civil society participation and mobilization.** Even when measures are taken to improve healthcare facilities and services, there are additional barriers such as cost, discriminatory behaviors of health workers, and lack of understanding of their health rights that often prevent women from seeking or utilizing health services. An active and informed civil society can overcome these barriers by educating women and the broader community about their health rights, demanding improvements in policies and services, monitoring and reporting on the quality of health services and holding governments and decision-makers accountable to their commitments.
 - **Engage communities as a core partner in all stages of program design, implementation and evaluation.** Communities understand the barriers to improving health, such as structural, social norms, and gender inequities, and know best what will work in their specific country context to overcome them. It is through working in conjunction with the people in the community that real and lasting change can be made.
3. G8 governments must **give priority to the world's poorest regions**, giving special attention to responding to the **needs in Africa**, in line with the pledges made at Gleneagles and in support of the commitments and ongoing efforts of African countries, including in the context of the African Union.
 4. **Significant funding should be earmarked for civil society organizations** that are already providing maternal and child health interventions, and have the experience working with ministries of health, local officials and community members to deliver cost-effective interventions at the community level.

Background

Maternal mortality is nothing short of an epidemic. Worldwide, hundreds of thousands of women die from complications during pregnancy or childbirth each year – that's one woman dying nearly every minute of every day. And millions more are left with life-altering disabilities. In some countries, one in seven women dies in pregnancy or childbirth. These women aren't dying because the health community doesn't know how to prevent their deaths; they are dying because the world is failing to help.

We don't have to wait for a medical breakthrough to save women's lives. We know how to prevent 90 percent of all maternal deaths: women must have access to life-saving interventions such as skilled care during pregnancy and birth; quality emergency obstetric care; immediate post-partum care for the mother and newborn; and voluntary family planning education, information and services all within a functioning health system. What is needed now are the financial resources and political will to make progress.

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Of all the Millennium Development Goals, the world has made the least progress in achieving the targets set for goals 4 and 5: reducing maternal and child mortality and achieving universal access to reproductive health. A recent study released in the medical journal *The Lancet* suggests that global maternal deaths are declining – and while the news is encouraging, the truth is that the number of women who will die this year in pregnancy or childbirth – whether that is 350,000, 450,000 or 550,000 – is far too high. And in fact many countries, particularly in sub-Saharan Africa and Southern Asia, have made little or no progress at all in reducing maternal mortality. Significant investment is needed if MDGs 4 and 5 are to be achieved by the 2015 deadline.

CARE's response

With more than 50 years of experience implementing maternal and child health projects, and working with a global coalition of public and private partners, CARE is well positioned to scale up various interventions that have proven to save women's lives. Our goal is to make pregnancy and delivery safer for more than 30 million women in Africa, Asia and Latin America by 2015.

CARE is in a unique position to improve maternal and newborn health at the local, national and global levels. CARE works directly with women and communities, empowering them with services and information while affecting policies to ensure that safe pregnancy and birth are a basic human right. CARE currently has more than 25 projects in 20 countries already underway delivering the technical interventions proven to save women's lives: emergency obstetric care, skilled care at birth and post-partum care, family planning, institutional capacity building, community mobilization, policy advocacy and women's empowerment, among others.

Some key results:

- In Tanzania, Rwanda and Ethiopia, CARE increased access to and utilization of emergency obstetric care and cut fatality rates in emergency obstetric care facilities by 30 percent to 50 percent.
- In Peru, CARE strengthened community capacity to address maternal health risks resulting in a 50-percent reduction in maternal mortality in the remote project area and a doubling of women accessing health services and treatment for obstetric complications in health centers. The Peruvian Minister of Health established new national clinical guidelines for obstetric emergencies based on those developed through CARE's project.
- In India, CARE advanced a 10-year program in nine states – one of the largest non-governmental organization (NGO) public health programs in the world – to strengthen the quality and coverage of maternal and child health services, and to improve maternal and child survival in more than 90,000 villages.
- In Kenya, over a five-year period, CARE increased the number of health facilities providing the minimum preventing mother-to-child transmission package from 27 to 63; the uptake of counseling and testing for pregnant mothers increased from 86 percent to 96 percent; and the uptake of prophylactic anti-retroviral by HIV-positive mothers in antenatal care increased from 69 percent to 97 percent.

Countries where CARE implements maternal and child health programs or supports government maternal and child health programs:

Africa: Sudan, Ethiopia, Tanzania, Mozambique, Mali, Ghana, Kenya, Sierra Leone, Uganda, Rwanda, Malawi, Madagascar, Zimbabwe, Burundi, Democratic Republic of Congo

Latin America: Peru, Haiti, Nicaragua, Honduras, Ecuador, Bolivia

Asia: India, Bangladesh, Nepal, Cambodia, Laos

Caucasus: Republic of Georgia

Women and children reached through CARE's maternal and child health programs: 15 million

Founded in 1945, CARE is a leading aid organization fighting global poverty. In nearly 70 countries, CARE works with the poorest communities to improve basic health and education, enhance rural livelihoods and food security, increase access to clean water and sanitation, expand economic opportunity, and help vulnerable people adapt to climate change. Women are at the heart of CARE's efforts, because experience shows that a woman's achievements yield dramatic benefits for her entire family. CARE also provides lifesaving assistance during emergencies, and helps rebuild communities after the disaster has passed.

CARE International is an independent, non-political, non-religious federation comprised of 12 member organizations: CARE Australia, CARE Canada, CARE Denmark, CARE Deutschland-Luxemburg, CARE France, CARE Japan, CARE Nederland, CARE Norge, CARE Österreich, CARE Thailand/Raks Thai Foundation, CARE UK, and CARE USA. www.care-international.org