Delivering on health workers, food security and vaccines for all: how the G8 can save more children’s lives in 2011

As world leaders prepare to meet for the G8 Summit in Deauville, Save the Children has set out four priorities that the G8 should adopt in order to save more children’s lives:

1. Increase the number of health workers: support an event on health workers at the UN General Assembly and help to close the global health worker shortage
2. Deliver on food security and nutrition commitments: fully fund the L’Aquila Food Security Initiative and invest in communities at highest risk of food insecurity and malnutrition
3. Scale up access to vaccines: make new commitments at the GAVI pledging conference to fill the financing gap for vaccines
4. Reduce inequity: monitor the G8’s efforts to reach the poorest and most vulnerable women and children

Just one year ago, Canadian Prime Minister Stephen Harper put maternal, newborn and child health (MNCH) at the top of the G8 agenda in Muskoka. This focus on MNCH galvanised unprecedented commitments from the G8 and beyond to accelerate progress on the two Millennium Development Goals (MDGs) that are most off-track - the goals to reduce child mortality by two-thirds and to reduce maternal mortality by three-quarters by 2015. Despite significant progress, this year 8 million children will die before reaching their fifth birthday from largely preventable causes. Four in ten of those deaths are babies less than one month old. Furthermore, more than 350,000 mothers will die during pregnancy and childbirth. These tragedies will not be reversed unless the G8 delivers on the promises it made at Muskoka as well as those made on the closely related issues of nutrition and food security at L’Aquila in 2009.

Global leaders have recognised that the health of women and children is key to economic growth and progress on all development goals. The UN Secretary General’s ‘Every Woman, Every Child’ strategy has recently made the case that investing more in women’s and children’s health is not only the right thing to do but builds stable, peaceful and productive societies. It reduces poverty but also stimulates greater productivity: maternal and newborn deaths result in an estimated US$15 billion in lost productivity each year. Child malnutrition also undermines the economic growth of a developing country. Malnutrition in a population reduces gross domestic product by an estimated 3-6% and costs billions of dollars in terms of lost productivity and healthcare spending. It also reduces the impact of prior investment in health and education, affecting the future economic and development potential of the country.

The final countdown towards the MDG deadline has begun. There is still much work to be done to improve the health and nutrition of the world’s women and children and so it is crucial that G8 leaders do not switch their focus away from MNCH, nutrition and food security.

Putting plans into action: Securing the legacy of L’Aquila and Muskoka

In the 2010 Muskoka Initiative the G8 committed to prevent 1.3 million under-five deaths; prevent 64,000 maternal deaths; and enable 12 million couples to access family planning. The Initiative helped lay the foundation for the successful launch of ‘Every
The success of the Muskoka and L’Aquila Initiatives depend on world leaders living up to their commitments and ensuring that promises translate into impact on the ground. This year, G8 members must outline exactly how they intend to deliver on their commitments to both Initiatives and produce a clear plan for achieving them by 2015 including measurable indicators. This should be closely aligned with the accountability framework being created for the ‘Every Woman, Every Child’ strategy. Funding to fully implement both initiatives must also be forthcoming. The pledges made to the Muskoka Initiative, totalling $5 billion over five years, fell well short of what is needed from the G8 to meet the MDGs on maternal, newborn and child health. Furthermore, only $6.5 billion has been disbursed or allocated towards the $22 billion pledged in L’Aquila for the Food Security Initiative to be made available by 2012.

**Priorities for the French G8**

The G8 Summit this year is an important milestone for securing successful outcomes at other key events in 2011, namely the GAVI pledging conference in June and the UN General Assembly (UNGA) in September. To building on the successes of Muskoka and L’Aquila, Save the Children recommends the G8 focus on four priorities when they meet in France this spring:

1. **Commit actions to close the 3.5 million health worker gap**
   
   There is a critical shortfall of 3.5 million health workers in the poorest countries, without which life-saving vaccines, essential delivery and postnatal care, and access to treatment for pneumonia, diarrhoea and malaria cannot be provided. In short, the ambitions of the Muskoka Initiative and ‘Every Woman, Every Child’ will not be realised without addressing the critical shortage of doctors, nurses, midwives and community health workers, and improving distribution and task shifting. Strong health workforces are also essential for meeting G8 commitments on infectious diseases such as HIV, tuberculosis and malaria as well as addressing the growing burden of non-communicable diseases.

   A clear statement from G8 members on the critical role of health workers would be an important step to securing further political momentum to close the health worker gap. G8 leaders should support an event at the UN General Assembly in September, one year on from the launch of ‘Every Woman, Every Child’, to enable developing country and donor governments to make public statements as to how they will work together to close the health worker gap by both empowering and supporting existing health workers, and recruiting new ones. The G8 should support specific commitments on health workers to be made at the UNGA in September and in support of the commitment made at L’Aquila to increase health workforce coverage towards the WHO threshold of 2.3 health workers per 1,000 people by setting specific targets for the number of health workers that it will help to train and support.

   G8 members should also commit to address the 3.5 million shortfall by supporting countries to raise additional resources to pay health worker salaries where appropriate and to support the removal of structural barriers such as inflexible IMF policies that hinder the recruitment, training and retention of health workers.

2. **Deliver on food security and nutrition commitments**

   Malnutrition is an underlying factor behind one-third of child deaths, and is the result of a range of factors not least an inability to purchase nutritious food, compounded by rising food prices in the poorest parts of the world. With food prices around the world at an all time high and in order to avoid the dramatic consequences of the 2007-08 food price crisis, it’s incumbent on the G8 to follow through on commitments and financial pledges to tackle food insecurity and malnutrition. As of April 2010 only one-third of the $22 billion pledged to the L’Aquila Initiative had been translated into commitments. Further, the Muskoka Accountability Report indicated that G8 pledges for nutrition-specific interventions are less than 3 per cent of total bilateral commitments. The G8 must not only ensure that the L’Aquila Food Security Initiative is fully funded with greater emphasis on small scale farmers but they must also address the current imbalance of funds by making necessary and urgent investments in nutrition, safety nets and nutrition sensitive agriculture programmes targeting those communities at highest risk of food insecurity and malnutrition.

   Beyond filling the funding gap for food and nutrition security, the G8 must also show leadership in combating food price volatility and its devastating impact on the ability of the poorest and most vulnerable to secure nutritious diets. This can be done through a comprehensive commitment to minimize the use of export bans as a response to rising food prices; the establishment and
enforcement of mechanisms to impose transparency within the food commodities marketplace; the enactment of reliable international grain reserve policies and the scaling up of surveillance and contingency planning immediately in anticipation of further national price inflation.

The Scaling Up Nutrition (SUN) initiative is moving forward with unprecedented political backing and collaborative efforts from UN, donors, developing countries, multilaterals, philanthropic foundations, civil society and private sector all working together to tackle unacceptable rates of malnutrition. The G8 must align their efforts towards reducing malnutrition behind the SUN Framework which sets out a two pronged approach: direct nutrition interventions and nutrition-sensitive development interventions through food security, agriculture and other critical sectors such as social protection.

3. Pledge funding to vaccinate an additional 4 million children a year

Vaccines have a crucial role to play as part of an integrated approach to reducing child mortality. The World Health Organization estimates that 4 million more children a year could be saved by 2015 if 90% of children in the poorest countries were immunised against major diseases such as measles, tetanus and diphtheria, and with two new vaccines for pneumonia and diarrhoea.

The G8 should commit to working with other governments, the private sector and international institutions to ensure a successful outcome of the Global Alliance for Vaccines and Immunization (GAVI) pledging conference, which takes place in London two weeks after the G8 summit. GAVI has a $3.7 billion funding gap that must be bridged to ensure that both new and existing vaccines get to the children that need them most. Up to one quarter of GAVI’s resources are invested in health system strengthening efforts so more funding for GAVI will not only increase access to life-saving vaccines, but will also help countries overcome institutional bottlenecks and barriers that constrain productivity and progress in providing child and maternal health services.

At Deauville, G8 governments should announce their financial commitments to GAVI and work with the private sector to reduce prices for new vaccines so that even more children can be immunised. The G8 should also encourage GAVI to take further steps to strengthen health systems and to reduce inequity in immunisation coverage to ensure that vaccines reach the children who are consistently missed by current vaccination efforts due to poverty, geography, ethnicity or other factors, and who may be at greatest risk of disease.

4. Monitor the G8’s efforts to reach the poorest and most vulnerable women and children

The MDGs are aggregate targets and therefore mask inequality within and between countries. The majority of the Millennium Development Goals could be achieved statistically whilst leaving the poorest and most vulnerable behind. For example, MDG 4 to reduce child mortality by two-thirds could be achieved without changing the situation of the children with the greatest needs. Ensuring the hardest to reach have equal access to services is not only a matter of justice but make sound economic sense. Key findings of a 2010 study by UNICEF showed that an equity-focused approach could aver an estimated 60% more deaths in a low-income high child mortality country than the current approach.

As part of the Deauville Accountability Report, we would like to see the G8 track its efforts to reach the poorest and most marginalised women and children as part of the Muskoka and L’Aquila initiatives and other related commitments. In the final communiqué, the G8 should make a clear commitment to reducing inequity both within and between countries and also call on the multilateral agencies that it supports to improve efforts to also increase efforts to help the most vulnerable and hard to reach mothers and children and to track their progress on this.

In the ‘Every Woman, Every Child’ strategy, many developing countries expressed their commitment to make healthcare for mothers and children free at the point of use. As part of efforts to remove structural barriers that prevent the poorest from accessing healthcare, the G8 should commit to help countries that choose to remove user fees for health ensure replacement for those resources and find alternative and sustainable sources of financing.

---

1 UN, Secretary-General Ban Ki-moon, Global Strategy on Women’s and Children’s Health, 2010.
2 UN, Investing in Development: A Practical Plan to achieve the MDGs, 2005.
4 Ibid.