

# Maternal and child health at the centre of the development agenda

Global mortality rates for young children and pregnant women have almost halved since 1990, but many deaths are preventable and must be avoided



OLIVIER ASSELIN/ALAMY

## While the improvement of maternal and child health is a laudable aim in its own right, it is also a driver of sustainable economic growth

By Anthony Lake, executive director, UNICEF

**I**t is, perhaps, obvious that putting equitable investments in maternal and child health at the centre of the future global development agenda is a moral imperative. Anyone who has seen a child or woman in pregnancy die for want of a vaccine or antibiotic knows this. And it is

more than that: it is also a key to sustainable growth and prosperity for all countries.

As the recent *Lancet* commission on Global Health 2035 persuasively argues, there is an enormous pay-off from investing in health. For example, as much as 24 per cent of the economic growth in low- and middle-income

countries between 2000 and 2011 resulted from health improvements, with progress on maternal and child mortality a key contributor to this increase. The commission calls for the mobilisation of resources to forge the convergence of the child and maternal survival rates of low- and middle-income countries with those of today's high-performing upper- and middle-income countries within a generation.

In 2010, the G8 recognised the moral and the economic significance of improving maternal and child health. The G8 Muskoka Initiative on Maternal, Newborn and Child Health catalysed global action to reduce maternal and infant mortality and improve the health of mothers and children in the world's poorest countries. Now part of the United Nations secretary general's Every Woman Every Child strategy, the initiative

aims to assist developing countries in preventing 1.3 million deaths of children under five years of age and 64,000 maternal deaths between 2010 and 2015 – a key contribution to the effort to achieve the Millennium Development Goals on maternal and child health (MDGs four and five).

Globally, mortality rates for both young children and women in pregnancy have almost halved since 1990. Maternal mortality decreased from 400 to 210 maternal deaths per 100,000 live births between 1990 and 2010. Child mortality under five years old was reduced from 90 to 48 deaths per 1,000 live births between 1990 and

for the development of countries. For all children to realise their full potential and contribute productively to their communities and nations, maternal and child health needs to remain a global priority. It requires accelerated and more equitable interventions.

#### **Need for clear targets**

Equity-focused strategies are not only good news for the most disadvantaged; they spur long-term, sustainable economic growth for countries as a whole. Andrew Berg and Jonathan Ostry at the International Monetary Fund found that,

opportunity to shed light on the remaining gaps and renew this collective commitment. Getting the right metrics to measure progress will be of critical importance. As the old adage goes, what gets measured, gets managed.

The post-2015 agenda must include clear targets on ending preventable maternal, newborn and child deaths within a generation, building on the consensus of 177 countries brought together in ‘Committing to Child Survival: A Promise Renewed’, a global movement of governments, civil society and the private sector working to end preventable child deaths within a generation. Targets to assess progress towards universal health coverage are also being considered, and must include and prioritise essential maternal, newborn and child health interventions. Finally, disaggregated indicators for all targets – and potential targets on closing equity gaps – are imperative for accounting for and addressing existing inequalities.

For too long, improvements in health have primarily been seen as a dividend of economic growth. It is time to acknowledge that equitable investments in maternal and child health are important drivers of sustainable growth, and to scale them up. It is the joint responsibility and common interest of the global community. The world’s leaders have demonstrated their commitment to maternal and child health in the past. They must do so again now, as they debate the future development agenda. This is an issue that cannot wait – the future prosperity of countries will depend on healthy children born to healthy mothers today. ■

### ***A dollar invested in the health of a mother or child helps create a ladder of opportunity from which families, communities and countries can realise their ambitions***

2012. This is testimony to the commitment of donors, governments and communities. Yet, despite progress, MDGs four and five will not be achieved by 2015.

If one looks beyond global averages, entire countries are left behind – 38 have made no significant progress on child mortality. Most of these are fragile and affected by conflict but, even within countries with rapid progress, disparities are often widening. On current trends, MDG four will not be achieved until 2028 and, as a result, an additional 35 million children will die between 2015 and 2028. This is a tragedy. It is also a loss

globally, a 10-percentile decrease in inequality increases the expected length of an economic growth period by 50 per cent. Other recent studies point to the fact that measures to tackle inequalities, such as equitable investments in health and education, can induce growth.

A dollar invested in the health of a mother or child does more than improve individual well-being – a worthy goal in itself. It also helps create a ladder of opportunity from which families, communities and countries can realise their ambitions.

The current process of defining the future development agenda presents a historic



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