



Policy Brief

## Maternal, Newborn and Child Health at the G8

June 11, 2010

G8 Research Group

At the Muskoka Summit on June 25-26, 2010, each G8 member will contribute funds to improve maternal, newborn and child health through existing instruments, such as training healthcare workers, improving vaccination, nutrition and clean water, and strengthening healthcare systems. Canada is willing to contribute up to CA\$1 billion, on condition that others follow with similar donations. The G8 will also ask other countries and non-governmental organizations to contribute. The Bill and Melinda Gates Foundation will contribute US\$1.5 billion over the next four years. These moves will help the world reach the fourth and fifth Millennium Development Goals (MDGs) by their 2015 deadline. Canadian prime minister Stephen Harper, as host, will thus realize his goal, announced in January 2010, to “champion a major initiative to improve the health of women and children in the world’s poorest regions.”

Past G8 performance on maternal and child health has improved since the 1996 Lyon Summit, when leaders emphasized “the usefulness of indicators capable of measuring progress ... in areas such as extreme poverty, infant, child and maternal mortality.” At the 2007 Heiligendamm Summit, they committed “to work towards the goal of providing universal coverage of PMTCT [prevention of mother-to-child transmission] programs by 2010,” to meet the “needed resources for pediatric treatments in the context of universal access, at a cost of US\$1.8 billion till 2010” and to increase efforts in “maternal and child health care and voluntary family planning, [at] an estimated US\$1.5 billion.” At L’Aquila in 2009, they agreed to “accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning.”

However, recent progress has been modest. According to the Global Consensus on Maternal, Newborn and Children’s Health, an additional US\$30 billion is needed to accelerate progress on MDGs 4 and 5. In the summer of 2009, Harper announced that maternal and child health would be discussed at Muskoka, and in January 2010 he called it the summit’s “signature focus.” In Halifax in April 2010, G8 development ministers agreed to build on cost-effective, evidence-based interventions, focusing on countries with the greatest need while continuing to support those making progress, supporting national, locally supported health policies, improving coordination of development efforts, improving accountability and strengthening monitoring, reporting and evaluation. The G8 strategy strives for a “continuum of care,” including antenatal care, post-partum care, family planning (including contraception), reproductive health, treatment and prevention of diseases, PMTCT, immunization and nutrition.

At Muskoka, the G8 will create a basket of initiatives with each member contributing where it best can. Money will be invested in community-based care, nutrition and innovative research. Individual members are free to allocate funds for abortion in poor countries through bilateral aid.

---

Key Contacts: Professor James Orbinski, Co-director, Global Health Diplomacy Program  
james.orbinski@utoronto.ca • 416-946-8920  
Professor Stanley Zlotkin, Dalla Lana School of Public Health, Hospital for Sick Children  
stanley.zlotkin@sickkids.ca • 416-813-6171  
Professor Lisa Forman, Comparative Program on Health and Society  
lisa.forman@utoronto.ca • 416-946-8721  
University of Toronto Media Relations Hotline  
media.relations@utoronto.ca • 416-978-0100

Key Source: G8 Information Centre • [www.g8.utoronto.ca](http://www.g8.utoronto.ca) • [g8@utoronto.ca](mailto:g8@utoronto.ca)