

4. Maternal and Child Health [63]

Commitment:

“We reaffirm our commitment to improving maternal health and reducing child mortality, most notably through the Muskoka Initiative for Maternal, Newborn and Child Health launched in 2010”.

- G8 Deauville Declaration: Renewed Commitment for Freedom and Democracy

Assessment:

Country	Lack of Compliance	Work in Progress	Full Compliance
Canada			+1
France	-1		
Germany			+1
Italy	-1		
Japan	-1		
Russia			+1
United Kingdom	-1		
United States	-1		
European Union			+1
Average Score		-0.11	

Background:

Lack of access to adequate maternal and child health care services remains a major problem in developing countries. However, according to the World Health Organization (WHO) “the risk of a woman in a developing country dying from a pregnancy-related cause during her lifetime is about 36 times higher compared to a woman living in a developed country”. Nonetheless, the risks associated with pregnancy and childbirth can be remedied by investing in a country’s “health systems and in the quality of care.” Addressing this issue is integral to a country’s overall development, since “lack of maternal health care” constitutes a violation of “women’s rights to life, health, equality, and non-discrimination”.³⁶⁴

While health-related initiatives have featured prominently in past G8 agendas, maternal health only became an official commitment at the 2010 Muskoka Summit. The “Muskoka Initiative” championed by Canadian Prime Minister Steven Harper, seeks to achieve the United Nations Millennium Development Goals (MDG) 4 and 5 on maternal, newborn and child health. Despite global efforts in these fields, progress remains slow.

From 2010-2015 the G8 will work to achieve MDG 4 and 5 targets set in 2000:

- i) reduce by two-thirds between 1990 and 2015, the under-five mortality rate;
- ii) reduce by three-quarters, also between 1990 and 2015, the maternal mortality ratio;
- iii) achieve, by 2015, universal access to reproductive health.

The Initiative emphasizes the importance of multilateral cooperation, particularly with the WHO and UN agencies to improve maternal and under-five health care. It also calls for

³⁶⁴ Maternal Deaths Drop Worldwide by Third, World Health Organization (Geneva, New York) 15 September 2010. Date of Access: 8 January 2012.
http://www.who.int/mediacentre/news/releases/2010/maternal_mortality_20100915/en/.

“comprehensive, high impact and integrated interventions at the community level, across the continuum of care, i.e., pre-pregnancy, pregnancy, childbirth, infancy, and early childhood.”³⁶⁵

To improve the health of women and children in the world’s poorest regions, G8 members have pledged to mobilize USD5 billion by 2015.³⁶⁶ Funding is expected to be delivered through “multilateral agencies, civil society partners, and direct bilateral support to developing country partners.”³⁶⁷

At the 2011 Deauville Summit, G8 members reaffirmed their commitment “to improving maternal health and reducing child mortality” through the continued implementation of the Muskoka Initiative.³⁶⁸ Members also discussed the individual efforts being made by each country to fulfill their commitments. In tune with the accountability dimension of the Initiative, member states have outlined the country partners and multilateral partners they will collaborate with to allocate the funding pledged.³⁶⁹

However, observers have noted that the money pledged so far by G8 countries will not be sufficient to meet MDG’s 4 and 5. It is estimated that no less than US\$30 billion is required to meet the targeted goals by 2015.³⁷⁰

Commitment Feature:

This commitment focuses on the mobilization and distribution of funding that each G8 member state has pledged to allocate to fulfill the Muskoka Initiative. Table B illustrates the unilateral financial commitment each G8 country has made and the intended period of disbursement.³⁷¹ The last column indicates the funding that each member state is expected to disburse in 2012. The country members have not outlined specific 2011-2012 distribution targets. The countries with a five year timeline to disburse the funds will be expected to distribute 20 per cent of the funding per monitoring cycle. This includes all G8 countries excluding the United States and the European Union.

To this end, full compliance requires that each G8 member concretely distributes 20 per cent or more, of the total funding pledged for the Muskoka Initiative. Moreover, since the Initiative

³⁶⁵ Muskoka Declaration: Recovery and New Beginnings, G8 Information Centre (Toronto) 26 June 2011. Date of Access: 8 January 2012.

<http://www.g8.utoronto.ca/summit/2010muskoka/communique.html#annex>.

³⁶⁶ Deauville Accountability Report G8 Commitments on Health and Food Security: State of Delivery and Results, G8 Information Centre (Toronto) 18 May 2011.

<http://www.g8.utoronto.ca/summit/2011deauville/accountability.html>.

³⁶⁷ Muskoka Declaration: Recovery and New Beginnings, G8 Information Centre (Toronto) 26 June 2011. Date of Access: 8 January 2012.

<http://www.g8.utoronto.ca/summit/2010muskoka/communique.html#annex1>.

³⁶⁸ G8 Declaration: Renewed Commitment for Freedom and Democracy, G8 Information Centre (Toronto) 27 May 2011. Date of Access: 8 January 2012. <http://www.g8.utoronto.ca/summit/2011deauville/2011-declaration-en.html>.

³⁶⁹ Deauville Accountability Report G8 Commitments on Health and Food Security: State of Delivery and Results, G8 Information Centre (Toronto) 18 May 2011.

<http://www.g8.utoronto.ca/summit/2011deauville/accountability.html>.

³⁷⁰ What Happened to the Maternal and Child Health Initiative at the 2010 G8 Muskoka Summit? G8 Information Centre (Toronto) 29 June 2010. Date of Access: 8 January 2012.

<http://www.g8.utoronto.ca/evaluations/2010muskoka/guebert-mcnh.html>.

³⁷¹ Deauville Accountability Report G8 Commitments on Health and Food Security: State of Delivery and Results, G8 Information Centre (Toronto) 18 May 2011.

<http://www.g8.utoronto.ca/summit/2011deauville/accountability.html>.

emphasizes the need for “comprehensive, high impact and integrated interventions at the community level, across the continuum of care”,³⁷² the initiatives being implemented must address all dimensions of the commitment: maternal and child health.

Funding can be distributed through bilateral, multilateral, or civil society channels, as long as it is explicitly directed at fulfilling the Muskoka Initiative and ultimately meeting MDGs 4 and 5 targets by 2015.

Analysts are aware that the compliance period does not include the second half of 2012, but as there is no detailed schedule of disbursements, the principle of even yearly payments was used to assess compliance with this commitment.

Table B: G8 Commitments to the Muskoka Initiative on Maternal, Newborn and Child Health

G8 Member	Financial commitment	Time Frame	Funding that should be released in 2012 (minimum 20%)
Canada	CAD1.1 billion	2010-11 to 2014-15	CAD220 million
France	EUR500 million	2011-2015	EUR100 million
Germany	EUR400 million	2011-2015	EUR80 million
Italy	EUR75 million	2011-2015	EUR15 million
Japan	JPY50 billion (approx. USD\$500 million)	2011-2015	USD100 million
Russia	USD75 million	2011-2015	USD15 million
United Kingdom	GBP2.1 billion (approx. US\$3.4 billion)	2010-2015	GBP420 million
United States	USD1.346 billion	Fiscal Year 2010 -2011	USD1.346 billion
European Union	USD70 million	2010-2013	USD28 million

Scoring Guidelines:

-1	Member has distributed none or less than half of the funding expected to be allocated by this date i.e. less than 20 percent and has not implemented initiatives to address all dimensions of the Muskoka Initiative.
0	Member has distributed over half the funding it has committed to this date and/or the initiatives being implemented only address one dimensions of the Muskoka Initiative.
+1	Member has distributed all the funding they have committed to this date, AND has implemented initiatives that address both dimensions of the Muskoka Initiative.

Lead Analyst: Laura Correa Ochoa

Canada: +1

Canada has fully complied with its commitment to allocate funding towards maternal, newborn and child health (MNCH), as per the Muskoka Initiative. Canada continues to support previous organizations, and is developing new initiatives to fulfill MNCH and achieve MDG 4 and 5.³⁷³

³⁷² Muskoka Declaration: Recovery and New Beginnings, G8 Information Centre (Toronto) 26 June 2011. Date of Access: 8 January 2012.

<http://www.g8.utoronto.ca/summit/2010muskoka/communique.html#annex1>.

On 13 June 2011, Beverly Oda announced a CAD15 million increase in funding over five years to the Global Alliance for Vaccines and Immunizations (GAVI) to a total of CAD65 million. This increase comes in light of CIDA's belief that "GAVI's work on immunization is at the centre of both the Muskoka Initiative and the United Nation's Global Strategy for Women's and Children's Health."³⁷⁴

Additionally, on 16 August 2011, the Canadian International Development Agency (CIDA) released its "Report on Plans and Priorities". CIDA reported that from 2011-2012, "Canada's contribution to the G8 Maternal and Child Health initiative" was CAD211.6 million.³⁷⁵

Moreover, Canada is implementing bilateral projects to allocate funding. On 20 September 2011, the Government of Canada released a list of 51 Muskoka Initiative Partnership Program (MIPP) projects which operate in 26 countries for the purpose of reducing preventable deaths within the realm of MNCH. The Canadian government "will provide up to CAD82 million for 28 projects that take a comprehensive and integrated approach to address maternal, newborn, and child health."³⁷⁶

Canada is also working with various international organizations to disburse funding in accordance with NMCH. On 20 September 2011, Prime Minister Stephen Harper announced a CAD9 million contribution to the World Health Organization (WHO) for the purpose of ensuring resources committed to the Muskoka Initiative "will yield maximum benefit and results." This funding will facilitate the implementation of the United Nations Commission on Information and Accountability for Women's and Children's Health's recommendations within donor and developing countries.³⁷⁷

Furthermore, as part of Canada's Muskoka Initiative, on 27 September 2011, Beverly Oda announced CAD18 million of funding for the Pan American Health Organization (PAHO). The funds are fuelling a three year project which focuses on 11 Latin American and Caribbean countries to address improved Health for Women, Children, and Marginalized Populations.^{378,379}

³⁷³ Canada Announces New MNCH Initiatives, The Partnership for Maternal, Newborn and Child Health (Deauville) 27 May 2011. Date of Access: 10 December 2011.

http://www.who.int/pmnch/media/membernews/2011/20110527_canada_new_initiatives/en/index.html

³⁷⁴ Canada increases support to save the lives of children in developing countries, Canadian International Development Agency(Ottawa) 13 June 2011. Date of Access: 26 December 2011.

<http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/FRA-61219928-V6H>.

³⁷⁵ Report on Plans and Priorities, Canadian International Development Agency (Ottawa) 16 August 2011. Date of Access: 27 December 2011. <http://www.tbs-sct.gc.ca/rpp/2011-2012/inst/ida/ida-eng.pdf>

³⁷⁶ The Muskoka Initiative on Maternal, Newborn and Child Health, The Office of the Prime Minister (New York City) 20 September 2011. Date of Access: 27 December 2011. <http://news.gc.ca/web/article-eng.do?nid=624189>.

³⁷⁷ Canada's Contribution to the World Health Organization: Ensuring Accountability in Global Efforts to Save Mothers and Children in Developing Countries, Office of the Prime Minister (New York City) 20 September 2011. Date of Access: 26 December 2011. <http://pm.gc.ca/eng/media.asp?id=4345>.

³⁷⁸ Canada supports the Pan American Health Organization in its efforts to save the lives of mothers and children, Canadian International Development Agency (Ottawa) 27 September 2011. Date of Access: 26 December 2011 <http://news.gc.ca/web/article-eng.do?crtr.sj1D=&crtr.mnthndVl=12&mthd=advSrch&crtr.dpt1D=&nid=625199&crtr.lc1D=14&crtr.tp1D=&crtr.yrStrtVl=2008&crtr.kw=MNCH&crtr.dyStrtVl=26&crtr.aud1D=&crtr.mnthStrtVl=2&crtr.page=1&crtr.yrmdVl=2011&crtr.dyndVl=28>.

Additionally, on 23 December 2011, Beverly Oda announced the Canadian government's partnering with 53 Canadian organizations to create "a series of new development projects." The government committed CAD111.7 million and CAD30.7 million to both large and small scale projects. These projects aim to address related aspects of the Muskoka Initiative: (1) address food security for vulnerable regions; (2) improve the health of pregnant women, newborns, and children; (3) improve the education received by children and; (4) support local entrepreneurs and enterprises in an effort to foster economic growth.³⁸⁰

In allocating its committed funds, on 24 January 2012 the Government of Canada awarded CAD1.3 million to support a maternal and child health, and disability program created at Queens University. This program, which will be executed by the International Centre for the Advancement of Community Based Rehabilitation (ICACBR), will address the link between disabilities and child and maternal health in Bangladesh.³⁸¹

Additionally, the Government of Canada is actively working with various African countries to implement the Muskoka Initiative. On 31 January 2012, Canada announced plans to train maternal and child health workers in Nigeria in partnership with the Government of Nigeria to address child and maternal health.³⁸² Similarly, on 28 March 2012, Canada donated USD36 million to Nigeria in support of its MNCH program.³⁸³

Furthermore, on 24 April 2012, CIDA committed CAD1.7 million to the University of Manitoba's Centre for Global Public Health's nutritional programs in Kenya.³⁸⁴ This program will train Kenyan women to become link workers, giving them the skills to identify at-risk

³⁷⁹ Canada supports the Pan American Health Organization in its efforts to save the lives of mothers and children, Canadian International Development Agency (Ottawa) 27 September 2011. Date of Access: 26 December 2011

<http://news.gc.ca/web/article-eng.do?ctr.sj1D=&ctr.mnthndVI=12&mthd=advSrch&ctr.dpt1D=&nid=625199&ctr.lc1D=14&ctr.tp1D=&ctr.yrStrtVI=2008&ctr.kw=MNCH&ctr.dyStrtVI=26&ctr.aud1D=&ctr.mnthStrtVI=2&ctr.page=1&ctr.yrndVI=2011&ctr.dyndVI=28>.

³⁸⁰ Minister Oda Announces Canadian Partnerships on International Development, Canadian International Development Agency (Ottawa) 23 December 2011. Date of Access: 25 December 2011

<http://news.gc.ca/web/article-eng.do?mthd=tp&ctr.page=1&nid=649109&ctr.tp1D=1>.

³⁸¹ University's International Health and Disability Program Receives \$1.3 Million, Kingston Herald (Kingston) 24 January 2012. Date of Access 29 April 2012

<http://kingstonherald.com/release/queens-bangladesh-health-programs-201037897>.

³⁸² Government of Canada to Train Maternal and Child Health Workers, SOS Children's Villages (Ottawa) 31 January 2012. Date of Access: 1 May 2012.

<http://www.soschildrensvillages.ca/news/news/child-poverty-news/pages/government-of-canada-train-maternal-child-health-workers-132.aspx>.

³⁸³ Health-Nigeria: Canadian Agency Donates U.S.D.36 million for health programme, AfriqueJet – Afrique Actualité Information 28 March 2012. Date of Access: 1 May 2012.

<http://www.afriquejet.com/health-nigeria-canadian-agency-donates-usd36-million-for-health-programme-2012032835918.html>

³⁸⁴ Nutritional Programs for Maternal and Child Health in Kenya, University of Manitoba Newsroom (Winnipeg) 24 April 2012. Date of Access: 1 May 2012.

<http://umanitoba.ca/news/blogs/blog/2012/04/24/nutritional-programs-for-maternal-and-child-health-in-kenya/>

families in need of support –within the framework of Canada’s commitment to the Muskoka Initiative.³⁸⁵

In addition, on February 2012, Canada officially launched the Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH), which the Government of Canada feels will increase the “focus on the well-being of mothers and children globally”.³⁸⁶ Composed of health practitioners and child health experts the CAN-MNCH is engaged in developing accountability within the realm of Muskoka Initiative policies.³⁸⁷

The Government of Canada further reiterated that its Muskoka Initiative funding will be used in partnership with its ten developing country partners: Afghanistan, Bangladesh, Ethiopia, Haiti, Malawi, Mali, Mozambique, Nigeria, Sudan, and Tanzania. This will be implemented multilaterally through the GAVI alliance, and the Micronutrient Initiative, and Canadian Development organizations within donor countries.³⁸⁸

Thus, the Government of Canada has been awarded a score of +1 for allocating over 40 per cent of the funding pledged at the Muskoka Summit and for implementing programs that directly aim at achieving MDG’s 4 and 5 by 2015. As of February 2012, the Canadian Government reported that it has “disbursed over CAD 228 million of its CAD 1.1 billion commitment, and nearly CAD 562 million of its CAD 1.75 billion commitment.”³⁸⁹

Analyst: Akbar Khurshid

France: -1

Although France has pledged EUR500 million to the Muskoka Initiative, it has not complied with its commitment to disburse sufficient funding to address maternal, newborn, and child health (MNCH).

On 20 September 2011, the WHO released a report outlining France’s commitments in the Global Strategy for Women’s and Children’s Health. The French Government has allocated EUR19

³⁸⁵Nutritional Programs for Maternal and Child Health in Kenya, University of Manitoba Newsroom (Winnipeg) 24 April 2012. Date of Access: 1 May 2012.

<http://umanitoba.ca/news/blogs/blog/2012/04/24/nutritional-programs-for-maternal-and-child-health-in-kenya/>

³⁸⁶ Network Promotes Maternal, Newborn and Child Health, Canadian Nurse –Published by the Canadian Nurses Association– (Ottawa) February 2012. Date of Access: 1 May 2012.

http://www.canadian-nurse.com/index.php?option=com_content&view=article&id=617&Itemid=32&lang=en&limitstart=1

³⁸⁷ Network Promotes Maternal, Newborn and Child Health, Canadian Nurse –Published by the Canadian Nurses Association– (Ottawa) February 2012. Date of Access: 1 May 2012.

http://www.canadian-nurse.com/index.php?option=com_content&view=article&id=617&Itemid=32&lang=en&limitstart=1

³⁸⁸ Delayed Answers to Oral Questions, Debates of the Senate 1st Session, 41st Parliament Volume 138, Issue 51 (Ottawa) 14 February 2012. Date of Access: 30 April 2012.

<http://www.mobinajaffer.ca/senate-chamber/senate-questions/senate-chamber-questions-2012/senate-chamber-question-tuesday-february-14-2012-response-muskoka-initiative>

³⁸⁹ Delayed Answers to Oral Questions, Debates of the Senate 1st Session, 41st Parliament Volume 138, Issue 51 (Ottawa) 14 February 2012. Date of Access: 30 April 2012.

<http://www.mobinajaffer.ca/senate-chamber/senate-questions/senate-chamber-questions-2012/senate-chamber-question-tuesday-february-14-2012-response-muskoka-initiative>

million yearly to the WHO, UNFPA, UNICEF, and UN Women “in support of their joint initiatives on women’s and children’s health.”³⁹⁰

Additionally, between 2011 and 2015, France pledged to increase its contribution to the GAVI Alliance by EUR100 million; UNAIDS by EUR60 million; and allocate EUR48 million yearly through the Agence Française de Développement (French Agency of Development) “to improve the development of health systems.”³⁹¹ The WHO commended France’s “strengthened” efforts.³⁹² However, GAVI reported that as of 30 September 2011, France had not increased its funding.³⁹³

As part of the Muskoka Initiative, France has implemented a bilateral project in Afghanistan. On 4 October 2011, the French government donated EUR5.7 million to Afghanistan to fund an improved maternal and child health programme in the province of Badakhshan.³⁹⁴

In addition, speaking at the UN General Assembly on 7 June 2011, the Minister of European and Foreign Affairs, Alain Juppé announced France’s commitment to reduce HIV/AIDS. From 2011 to 2013, France pledged a 20 per cent increase (almost EUR1 billion) for the Global Fund as well as EUR300 million for UNITAID.³⁹⁵

Furthermore, on 19 March 2012, the government of Cameroon announced its intention to provide USD1.4 million to the UN Population Fund to manage a training programme on the delivery of emergency obstetric and neonatal care that would also help prevent mother-to-child transmission of HIV. According to the French ambassador to Cameroon, Bruno Gain, Cameroon’s ability to donate such funds was due to the French Debt Relief and Development Initiative between the two countries which “mobilized” the necessary funds for this programme.³⁹⁶

Therefore, France has been assigned a score of -1 for failing to allocate less than half of its expected funding to directly achieve MDG’s 4 and 5. While France has exhibited a commitment to MNCH initiatives, its pledges by and large have yet to be translated into actual funding.

Analyst: Adrian Zita-Bennett

Germany: +1

Germany has fully complied with its commitment to maternal health.

³⁹⁰ 2011 Commitments to advance the Global Strategy for Women’s & Children’s Health, World Health Organization (Geneva) September 20, 2011. Date of access: 26 December 26, 2011.

http://www.who.int/pmnch/media/membernews/2011/20110928_ewec_commitments.pdf.

³⁹¹ 2011 Commitments to advance the Global Strategy for Women’s & Children’s Health, World Health Organization (Geneva) September 20, 2011. Date of access: 26 December 26, 2011.

http://www.who.int/pmnch/media/membernews/2011/20110928_ewec_commitments.pdf.

³⁹² 2011 Commitments to advance the Global Strategy for Women’s & Children’s Health, World Health Organization (Geneva) September 20, 2011. Date of access: 26 December 26, 2011.

http://www.who.int/pmnch/media/membernews/2011/20110928_ewec_commitments.pdf.

³⁹³ Cash Received by GAVI 2000-2011, GAVI Alliance (Geneva) 20 September 2011. Date of access: 26 December 2011. <http://www.gavialliance.org/funding/donor-contributions-pledges/>

³⁹⁴ French government provides 5.7m euro to health ministry, Pajhwok Afghan News (Kabul) 4 October 4 2011. Date of access: 26 December 26 2011. <http://www.pajhwok.com/en/2011/10/04/french-govt-provides-57m-euro-health-ministry>.

³⁹⁵ Security Council - Impact of HIV/AIDS epidemic on international peace and security - Statement by Mr Alain Juppé, Ministre d’Etat, Minister of Foreign and European Affairs, France ONU (Paris) 7 June 2011. Date of access: 16 December 2011. <http://www.franceonu.org/spip.php?article5602>.

³⁹⁶ Cameroon Government gives UNFPA US\$1.4m funding, UNFPA Africa (Yaoundé) 19 March 2012. Date of access: 22 April 2012. <http://africa.unfpa.org/public/news/pid/10244>.

On 26 May 2011, the Parliamentary State Secretary in the Federal Ministry for Economic Cooperation and Development (BMZ), Gudrun Kopp announced EUR80 million in new funds to support maternal and child health.³⁹⁷ Most of the funds are channelled through bilateral commitments with EUR60 million allocated for family planning and maternal health and EUR20 million for child health.

The German parliament committed an additional EUR14 million to GAVI, to bring its 2011 contribution to EUR20 million.³⁹⁸ A bilateral commitment within the GAVI program to Tanzania accounts for EUR14 million of that total.³⁹⁹ Germany is “planning to further increase these funds to EUR30 million in 2012.”⁴⁰⁰ At the June 2011 GAVI Alliance Pledging Conference, Germany made an assurance of USD73 million for the period of 2011-2015. The Gates Foundation plans to match the year on year increases in funding with an additional EUR14 million in 2011 and EUR10 million in 2012.⁴⁰¹

The BMZ has launched an Initiative on Rights-based Family Planning and Maternal Health to: (1) improve knowledge and acceptance of modern family planning methods; (2) to expand access to modern family planning methods; and, (3) to increase the number of births attended by health professionals.⁴⁰² In Kenya, Germany funds a health voucher program that subsidises the cost of high-quality health care for women from poor population groups.⁴⁰³ Germany also supports the Philippines’ Ministry of Education in the implementation, extension and evaluation of the Fit for School programme. The programme consists of simple interventions like daily supervised tooth brushing with fluoride toothpaste and supervised hand washing.

On 5 April 2012, the BMZ, in conjunction with the Bill and Melinda Gates Foundation agreed to work together on a family planning project in West Africa. They made a joint commitment for USD20 million, with each side providing half. According to the German Development Minister Dirk Niebel, the partnership is an important step to reduce child and maternal mortality rates throughout the developing world and achieve MDGs, “especially gender equality and the empowerment of women”.⁴⁰⁴

³⁹⁷ “Implementation of Germany’s 2010 G8 commitment is making good progress”, Federal Ministry for Economic Cooperation and Development (Berlin) 26 May 2011. Date of Access: 23 December 2011. http://www.bmz.de/en/press/aktuelleMeldungen/2011/May/20110526_pm_83_g8/index.html.

³⁹⁸ “Germany – Donor profiles”, GAVI Alliance (Geneva) 2011. Date of Access: 23 December 2011 <http://www.gavialliance.org/funding/donor-profiles/germany/>

³⁹⁹ Questionnaire: Germany, PMNCH 2011 Report on Commitments to the Global Strategy for Women’s and Children’s Health (Berlin) 3 June 2011. Date of Access: 23 December 2011. http://www.who.int/pmnch/topics/part_publications/2011_pmnch_report/en/index6.html.

⁴⁰⁰ Implementation of Germany’s 2010 G8 commitment is making good progress, Federal Ministry for Economic Cooperation and Development (Berlin) 26 May 2011. Date of Access: 23 December 2011 http://www.bmz.de/en/press/aktuelleMeldungen/2011/May/20110526_pm_83_g8/index.html.

⁴⁰¹ Donors commit vaccine funding to achieve historic milestone in global health, GAVI Alliance (Geneva) June 2011. Date of Access: 23 December 2011. <http://www.gavialliance.org/funding/donor-contributions-pledges/>

⁴⁰² Implementation of Germany’s 2010 G8 commitment is making good progress, Federal Ministry for Economic Cooperation and Development (Berlin) 26 May 2011. Date of Access: 23 December 2011 http://www.bmz.de/en/press/aktuelleMeldungen/2011/May/20110526_pm_83_g8/index.html.

⁴⁰³ German Health Annex – 2011 Accountability Report, G8 Information Centre (Toronto) 31 March 2011. Date of Access: 23 December 2011.

www.g8.utoronto.ca/summit/2011deauville/deauville/2011-accountability-health-de.pdf.

⁴⁰⁴ BMZ and Gates Foundation launch cooperation in the family planning sector, Federal Ministry for Economic Cooperation and Development (Berlin), 5 April 2012. Date of Access 3 May 2012

Additionally, during a UN Security Council debate on 24 April 2012 on “Women Peace and Security”, German Minister Counsellor Silberberg reaffirmed Germany’s commitment towards the implementation of the Cairo Programme of Action, as well as the Key Actions for the Further Implementation of the Cairo Programme of Action of the international Conference on Population and Development. The programmes seek to promote and protect adolescent girls and young women’s “reproductive rights more strongly”. He also added that “the protection of young people from early and unwanted pregnancy, sexually transmitted diseases, sexual abuse and violence should be a priority” to all member states.⁴⁰⁵

Therefore, Germany received a score of +1 for disbursing over EUR80 million towards maternal and child health, and for implementing initiatives to support this commitment.

Analyst: Aliyyah Ahad

Italy: -1

Italy has promised to pledge EUR75 million to the Maternal and Child Health Fund.

Italy has encountered challenges given the upcoming austerity measures due to the euro crisis as well as a patch of domestic political turmoil.⁴⁰⁶

On 27 May 2011, Italy announced a 3 year Bilateral Agreement with Mozambique that aims to invest EUR 30 million in health.⁴⁰⁷ Similarly, on 3 January 2012 the Italian Government announced the launch of a EUR500,000 Maternal and Neonatal Health in the District of Beira cooperation project with Mozambique. The initiative aims to provide safe healthcare access to mothers and newborns in the city of Beira, Mozambique, through the NGO Doctors with Africa CUAMM.⁴⁰⁸

Analyst: Aleksander Dhefto

Japan: -1

Although Japan has pledged USD500 million to the Muskoka Initiative, it has not complied with its commitment to allocate sufficient funding to achieve MDG’s 4 and 5 by 2015.

Following the September 2010 UN Millennium Development Goals (MDGs) Summit, Japanese Prime Minister Naoto Kan announced Japan’s Global Health Policy, or the “Kan Commitment”, to advance progress on MDGs 4 and 5.⁴⁰⁹ Under this policy, Japan commits to provide USD5

http://www.bmz.de/en/press/aktuelleMeldungen/2012/April/20120405_pm_88_gates/index.html

⁴⁰⁵ Security Council: Minister Counsellor Silberberg on Women Peace and Security, The Permanent Mission of Germany to the United Nations (New York), 24 April 2012. Accessed 3 May 2012

http://www.new-york-un.diplo.de/Vertretung/newyorkvn/en/_pr/speeches-statements/2012/20120424-silberberg-on-women-peace-and-security.html

⁴⁰⁶ 2010 Muskoka G8 Summit Final Compliance Report, G8 Research Group (Toronto), 24 May 2011.

Date of Access: 13 January 2012. <http://www.g8.utoronto.ca/evaluations/2010compliance-final/index.html>

⁴⁰⁷ Deauville Accountability Report, G8 (Deauville), 27 May 2011. Date of Access: 30 January 2012.

http://www.g20-g8.com/g8-g20/root/bank_objects/Rapport_G8_GB.pdf

⁴⁰⁸ Cooperation: project for maternal and neonatal health in Mozambique, Ministry of Foreign Affairs (Rome) 2 January 2012. Date of Access 5 May 2012.

http://www.esteri.it/MAE/EN/Sala Stampa/ArchivioNotizie/Approfondimenti/2012/01/20120103_cooperazione_Mozambico.htm

⁴⁰⁹ Address by H.E. Mr. Naoto Kan, Prime Minister of Japan at the Sixty-Fifth Session of the United Nations General Assembly (New York) 24 September 2010. Date of Access: 21 December 2011.

http://www.kantei.go.jp/foreign/kan/statement/201009/24speech_e.html

billion between 2011 and 2015. Japan's Muskoka commitment of USD500 million will be a part of this USD5 billion commitment. In the area of maternal and child health, Japan will work towards strengthening existing health systems, addressing bottlenecks, and increasing preventative and clinical interventions.⁴¹⁰

The maternal and child health portion of this Global Health Policy will be implemented through the Ensure Mothers and Babies Regular Access to Care (EMBRACE) support model, which will provide continuous care from pregnancy to the post-natal stage at facilities equipped with the necessary equipment and human resources.⁴¹¹ Some specific measures to be implemented under this model include family planning, development of human resources, facilities and equipment, and increasing immunizations.⁴¹² Japan identifies Bangladesh, Ghana, and Senegal as pilot countries for the Global Health Policy.⁴¹³ For example, in Ghana, Japan will provide funding for Multiple Indicator Cluster Surveys to identify population health needs in order to effectively plan and implement strategies.⁴¹⁴

Following the announcement of the Global Health Policy, Japan hosted the Millennium Development Goals Follow-up Meeting in June 2011 in Tokyo.⁴¹⁵ The purpose of the meeting was to provide experts with a forum to discuss policies and programs for the achievement of MDGs, as well as development policies after 2015. Japan also reiterated its commitment to continue to implement the Kan Commitment.⁴¹⁶

According to the Joint Statement of the Third Mekong-Japan Summit held in November 2011, maternal, newborn, and child health was reaffirmed to be a priority area, and Japan expressed its willingness to provide further assistance on this issue, particularly through exchanges between experts in the field and providing health training in the Mekong region.⁴¹⁷ However, "there is

⁴¹⁰ PMNCH 2011 Report on Commitments to the Global Strategy for Women's and Children's Health: Japan Questionnaire, The Partnership for Maternal, Newborn & Child Health (Geneva) 13 June 2011. Date of Access: 4 December 2011.

http://www.who.int/pmnch/topics/part_publications/pmnch_2011_quest_japan.pdf.

⁴¹¹ Highlights of Japan's New Global Health Policy 2011-2015: EMBRACE – Ensure Mothers and Babies Regular Access to Care, Embassy of Japan to Norway (Oslo) September 2010. Date of Access: 21 December 2011. www.no.emb-japan.go.jp/files/global_health_policy.pdf.

⁴¹² Japan's Global Health Policy 2011-2015, Ministry of Foreign Affairs of Japan International Cooperation Bureau (Tokyo) September 2010. Date of Access: 21 December 2011.

http://www.mofa.go.jp/policy/oda/mdg/new_policy.html.

⁴¹³ PMNCH 2011 Report on Commitments to the Global Strategy for Women's and Children's Health: Japan Questionnaire, The Partnership for Maternal, Newborn & Child Health (Geneva) 13 June 2011. Date of Access: 4 December 2011.

http://www.who.int/pmnch/topics/part_publications/pmnch_2011_quest_japan.pdf.

⁴¹⁴ PMNCH 2011 Report on Commitments to the Global Strategy for Women's and Children's Health: Japan Questionnaire, The Partnership for Maternal, Newborn & Child Health (Geneva) 13 June 2011. Date of Access: 4 December 2011.

http://www.who.int/pmnch/topics/part_publications/pmnch_2011_quest_japan.pdf.

⁴¹⁵ The Millennium Development Goals (MDGs) Follow-up Meeting. Ministry of Foreign Affairs of Japan (Tokyo) 3 June 2011. Date of Access: 23 December 2011.

http://www.mofa.go.jp/policy/oda/mdg/fm_1106/index.html.

⁴¹⁶ Press Conference by Minister For Foreign Affairs Takeaki Matsumoto, Ministry of Foreign Affairs of Japan (Tokyo) 3 June 2011. Date of Access: 7 January 2011.

http://www.mofa.go.jp/announce/fm_press/2011/6/0603_01.html

⁴¹⁷ Joint Statement of the Third Mekong-Japan Summit, Prime Minister of Japan and His Cabinet (Bali) 18 November, 2011. Date of Access: 7 January, 2011.

http://www.kantei.go.jp/foreign/noda/statement/201111/18mekong_e.html

little concrete information on what donors have done to fulfil their commitments”, towards the Muskoka Initiative.⁴¹⁸

In a policy statement published by the Ministry of Foreign Affairs on 17 February 2012, Japan once again reaffirmed their commitment to the implementation of the Kan Commitment, including a pledge of USD5 billion over the five years beginning in 2011.⁴¹⁹

Additionally, Japan has supported various maternal and child health initiatives throughout Africa. On 28 February 2012, Japan gave a USD6.8 million grant to Ghana, of which USD2.5 million is allocated to improve Ghana’s health system with a special emphasis on improving maternal and child health.⁴²⁰ Likewise, on 20 March 2012, Japan donated USD7.85 million to Nigeria under UNICEF in support of maternal, new-born and child health weeks, in particular for the eradication of polio.⁴²¹ Similarly, on 27 April 2012, Japan donated some USD14 million to Burkina Faso for the construction of health centres.⁴²²

Thus, Japan has been awarded a score of -1 for allocating less than 20 per cent of the funding pledged towards the Muskoka Initiative. While Japan has repeatedly reaffirmed its commitment to advance maternal and child health through its Global Health Policy, disbursement data regarding the pledge is not readily accessible.

Analyst: Cindy Zhou

Russia: +1

Russia has fully complied with its commitment on the Muskoka Initiative on Maternal, Newborn and Child Health.

Russia has allocated more than 20% of the funding pledged for the period of 2011-2015 and supported several specific programs and projects that address both dimensions of the Muskoka Initiative.

On 26 October 2011, the Russian Government decided to allocate US\$4.62 million for the implementation of the Muskoka Initiative on Maternal, Newborn and Child Health in 2011-2013. Funding will be allocated to the World Health Organization for implementation of the project “Strengthening Human Resources Capacity for the Control and Elimination of Malaria”.⁴²³

On 8 December 2011, the Russian Government decided to allocate a further US\$4.2 million for the implementation of the Muskoka Initiative on Maternal, Newborn and Child Health in 2011-

⁴¹⁸ ONE’s Analysis of the Deauville G8 Communique: ‘Renewed Commitment for Freedom and Democracy’, ONE International (Deauville) 3 June 2011. Date of Access: 25 December 2011. <http://www.one.org/c/international/policybrief/3853/>.

⁴¹⁹ FY2011 Priority Policy for International Cooperation, Ministry of Foreign Affairs of Japan (Tokyo) 17 February 2012. Date of Access: 3 May 2012. <http://www.mofa.go.jp/announce/jfpu/2012/02/0217-01.html>.

⁴²⁰ Ghana: Japan Gives U.S. \$6.8 Million Grant to Country, AllAfrica Global Media (Accra) 29 February 2012. Date of Access; 3 May 2012. <http://allafrica.com/stories/201202291204.html>.

⁴²¹ Nigeria: Japan Boosts Child Healthcare With U.S. \$7.8 Million, AllAfrica Global Media (Abuja) 21 March 2012. Date of Access: 3 May 2012. <http://allafrica.com/stories/201203210528.html>.

⁴²² Burkina-Faso : Don de 7,5 milliards de F CFA du Japon pour la construction des centres de santé, Afriqinfo (Ouagadougou) 28 April 2012. Date of Access: 2 May 2012. <http://www.afriqinfos.com/articles/2012/4/28/burkina-faso-milliards-japon-pour-construction-centres-sante-201489.asp>.

⁴²³ Executive Order No. 1871, Government of Russia (Moscow) 8 December 2011. Date of Access: 15 February 2012. URL: <http://government.ru/gov/results/16919/>.

2013. Funding will be allocated for implementation of the joint Russia – World Health Organization project “Improving the quality of paediatric care in the first-level referral hospitals in selected countries of Central Asia and Africa.”⁴²⁴

On 11-13 October 2011, the international forum “Ways to Reduce Infant Mortality: the Russian Experience” organized by the Russian authorities was held in Moscow. The forum is regarded to be “first step in the implementation” of a five-year scientific and educational program aimed at presenting the Russian and international experience in the reduction of infant mortality in the framework of the Muskoka Initiative.⁴²⁵ The Russian Government allocated US\$0.9 million for the organization of the forum and US\$2.2 million for the creation of a special training center in the Research Center for Obstetrics, Gynecology and Perinatology.⁴²⁶

According to the information presented by the Russian authorities in Russia’s National Report on ODA on 16 May 2012, Russia already disbursed US\$22.5 million for the implementation of the Muskoka Initiative.⁴²⁷

Russia has allocated US\$22.5 which is 30% of the funding pledged towards the Muskoka Initiative. Thus, Russia has been awarded a score of +1.

Analyst: Vitaly Nagornov

United Kingdom: -1

Thus far, the United Kingdom has not complied with its commitment to maternal, newborn and child health (MNCH) as per the Muskoka initiative.

On 13 June 2011, the British Government announced that it would provide GBP163 million a year for the next five years to support the vaccination of children. Children from the poorest countries around the world will be vaccinated against diseases such as diarrhea and pneumonia. This money will be disbursed through the GAVI.⁴²⁸

On 17 August 2011, the British Government announced a GBP25 million donation to UNICEF to support their programme in Somalia. The new monies have been pledged to help UNICEF combat starvation in Somalia by supporting 400,000 children. This donation will cover the costs associated with supplementary rations, vaccines for polio and measles, bednets, malaria testing kits, and the capacity to treat 4,000 cases of malaria.⁴²⁹

⁴²⁴ Executive Order No. 2218, Government of Russia (Moscow) 8 December 2011. Date of Access: 15 February 2012. URL: <http://government.ru/gov/results/17401/>.

⁴²⁵ About, First International Forum “Ways to Reduce Infant Mortality: the Russian Experience”. Date of Access: 15 February 2012. http://g8.oparina4.ru/en_index.php

⁴²⁶ Executive Order No. 855, Government of Russia (Moscow) 17 May 2010. Date of Access: 15 February 2012. <http://government.ru/gov/results/15263/>

⁴²⁷ The Russian Federation ODA. National Report, Russian Ministry of Finance 16 May 2012. Date of Access: 16 May 2012. [http://www1.minfin.ru/](http://www1.minfin.ru/ru/).

⁴²⁸ British aid to vaccinate a child every two seconds, Department for International Development (London) 13 June 2011. Date of Access: 30 December 2011. <http://www.dfid.gov.uk/News/Press-releases/2011/British-aid-to-vaccinate-a-child-every-two-seconds/>.

⁴²⁹ Mitchell: 400,000 children risk death through starvation in Somalia, Department for International Development (London) 17 August 2011. Date of Access: 30 December 2011. <http://www.dfid.gov.uk/News/Press-releases/2011/400000-children-risk-death-through-starvation-in-Somalia/>.

On 20 September 2011, the British Government donated GBP17 million and GBP92 million to projects in South Africa and Uganda respectively to combat maternal and newborn mortality. The funding focuses on providing women with access to contraception, family planning and the training of medical staff such as doctors, nurses and midwives among others. Mitchell stressed that “Britain is committed to driving down the numbers of women killed every year in pregnancy and childbirth. We will save the lives of 50,000 pregnant women and 250,000 newborn babies as well as giving 10 million people access to modern family planning.”⁴³⁰ This disbursement of funds goes further to fulfill the United Kingdom’s commitment to MNCH initiatives.

On 29 November 2011, the British Government announced that it would provide contraceptive supplies to the UN’s Population Fund (UNFPA) in order to combat 2 million unintended pregnancies and 220,000 unsafe abortions. International Development Minister, Stephen O’Brien said, “giving girls and women the choice to decide whether, when and how many children they have is a priority for Britain... [and that] family planning is a smart, simple and extremely cost effective investment of aid.” This donation will go to funding programs in the poorest countries of the world such as Mali and aims to save the lives of 3,700 women. The total commitment is valued at GBP35 million.⁴³¹ This disbursement of funds also reaffirms the United Kingdom’s commitment to ending maternal mortality.

The UK applauded India’s “intense and continued immunisation drives” which resulted in reducing polio cases from 741 in 2009, to zero on 2012. According to the UK Government this milestone was in part backed by the UK’s aid to India through the Global Polio Eradication Initiative.⁴³²

In addition, as part of the global strategy to eliminate infectious tropical diseases (NTD’s), the UK “will supply more than four treatments every second for people in the developing world for the next four years”. The aid will focus on four diseases: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (bilharzia) and dracunculiasis (Guinea Worm). The aid is expected to “protect more than 140 million of the world’s poorest men, women and children” from these debilitating and life-threatening diseases.⁴³³

Contributing to the GAVI Alliance Matching Fund, the UK Government pledged to match up to GBP50 million of private sector donations in the UK to help immunize millions of children

⁴³⁰ Mitchell: Britain to save the lives of thousands of pregnant women, Department for International Development (London) 20 September 2011. Date of Access: 30 December 2011. <http://www.dfid.gov.uk/News/Press-releases/2011/Mitchell-Britain-to-save-the-lives-of-thousands-of-pregnant-women/>.

⁴³¹ Britain to provide contraception to save thousands of women’s lives, Department for International Development (London) 29 November 2011. Date of Access: 30 December 2011. <http://www.dfid.gov.uk/Documents/publications1/press-releases/Britain%20to%20provide%20contraception%20to%20save%20thousands%20of%20women's%20lives.pdf>

⁴³² India passes one year without polio, Department for International Development (London) 13 January 2012. Date of Access: 3 April 2012. <http://www.dfid.gov.uk/News/Latest-news/2012/India-passes-one-year-without-polio/>.

⁴³³ UK to protect 140 million people from tropical diseases, Department for International Development (London) 21 January 2012. Date of Access: 3 April 2012. <http://www.dfid.gov.uk/News/Latest-news/2012/Britain-to-protect-more-than-140-million-in-global-effort-to-rid-the-world-of-neglected-tropical-diseases/>.

against killer diseases. The Bill and Melina Gates Foundation also committed matching up to USD50 million “by other public and private backers”.⁴³⁴

Furthermore, the Government of the UK and the Bill & Melinda Gates Foundation will host the Family Planning Summit in London in July 2012. The event is expected “to generate unprecedented political commitment and resources from developing countries, donors, the private sector, civil society and other partners to meet the family planning needs of women in the world’s poorest countries by 2020”. As part of the UK’s contribution to the UN Secretary General’s Global Strategy for Women’s and Children’s Health, the UK will prioritize supporting “national governments’ efforts to increase access to family planning in the poorest countries”. Facilitating access to “family planning information, services and supplies,” can prevent “up to a quarter of maternal deaths”. It will also help achieve “the maternal and child health Millennium Development Goals and wider development outcomes”.⁴³⁵

Additionally, UK doctors, midwives and medics will train over 17,000 health workers in Africa and Asia “to provide emergency care for mothers and newborns”. The complementary British-backed “Making It Happen” initiative “teaches lifesaving skills for dangerous pregnancies and wider health issues to local medical workers”.⁴³⁶

To date, the British government has allocated GBP350.46 million towards their commitment to support MNCH initiatives. Although the British government has allocated this amount, the new monies allocated do not meet their commitment target of at least GBP420 million for partial compliance.

Thus, the United Kingdom has been assigned a score of -1.

Analyst: Salahuddin Rafiquddin and Laura Correa Ochoa

United States: -1

The United States has not fulfilled its commitment to the Muskoka Initiative. Despite appropriating over USD 900 million, the US did not receive Congressional approval to meet their original target of USD 1.346 billion.⁴³⁷

On 6 June 2011, US Ambassador Rick Barton gave a speech to the Executive Board of the United Nations Population Fund summarizing the US strategy for achieving MDG 5. Barton mentioned American efforts to “build health systems” to improve maternal and child health but indicated

⁴³⁴ Innovative funding scheme delivers lifesaving vaccines, Department for International Development (London) 26 January 2012. Date of Access: 3 April 2012.

<http://www.dfid.gov.uk/News/Latest-news/2012/Innovative-funding-scheme-delivers-more-lifesaving-vaccines/>

⁴³⁵ Family planning: UK to host summit with Gates Foundation, Department for International Development (London) 6 March 2012. Date of Access 3 April 2012.

<http://www.dfid.gov.uk/News/Latest-news/2012/Family-planning-UK-to-host-summit-with-Gates-Foundation/>

⁴³⁶ UK medics to help save lives of more mums and babies, Department for International Development (London) 15 March 2012. Date of Access: 3 April 2012.

<http://www.dfid.gov.uk/News/Latest-news/2012/British-medics-to-help-save-lives-of-more-mums-and-babies/>

⁴³⁷ Global Health Initiative, US Foreign Assistance (Washington D.C.). Date of Access: 16 May 2012. http://www.foreignassistance.gov/Initiative_GH_2010.aspx?FY=2010#ObjAnchor

that the US was confronted with cuts to development programs in an effort to reduce their deficit.⁴³⁸

Accordingly, on 27 July 2011, the Republicans proposed a reduction of USD154 million of the budget for international family planning programs. A Republican subcommittee agreed upon a foreign spending bill which reduces the budget for family planning for countries overseas and prevents the US from funding programs that provide or advise women on abortions.⁴³⁹

Additionally, in August 2011, the US government eliminated USD5.8 million from the Afghan Safe Birth Project's budget. The Afghan Safe Birth Project provides emergency obstetric care in regions that lack sufficient healthcare professionals. This budget cut directly constrains the initiative to fund "emergency obstetric and neonatal pharmaceuticals and supplies".⁴⁴⁰

Nonetheless, on 13 June 2011, the US, along with the British government and the Bill and Melinda Gates Foundation, reaffirmed their commitment to providing children from developing regions vaccines for life-threatening diseases by contributing to the GAVI alliance. The pledges aim to prevent the deaths of 4 million children by 2015. The Path President and CEO, Dr Christopher Elias noted the US commitment of USD450 million over a period of three years will be crucial to the United States' Agency for International Development (USAID) goal of eliminating the lead causes of disease, particularly meningitis, in children in Africa.⁴⁴¹

Moreover, on 14 December 2011, the Institute for Health Metrics and Evaluation released their findings regarding the impact of the global financial crisis on development assistance. The US's development assistance for health experienced a 4 per cent growth rate between 2010 and 2011, the lowest rate in a decade, which will fail to reach the targets outlined in MDG5.⁴⁴²

On 8 March 2012, Maria Otero, the Under Secretary for Civilian Security, Democracy and Human Rights, spoke of three areas of priority in women's health: "maternal health, sexual and reproductive health and gender based violence". She spoke of the administration's partnership with the United Nation's Population Fund (UNFPA), the Global Health Initiative (GHI) and the Gates foundation in improving sexual and reproductive health, promoting gender equality and

⁴³⁸ Address by U.S Representative Rick Barton at the Executive Board of the United Nations Populations Fund, United States Mission to the United Nations (New York) 6 June, 2011. Date of Access: 22 December 2011.

<http://usun.state.gov/briefing/statements/2011/165109.htm>

⁴³⁹ GOP's Foreign Aid Cuts Could Dramatically Increase Unsafe Abortions, (United States) 7 July 2011. Date of Access: 19 December 2011. http://www.huffingtonpost.com/2011/07/27/gops-family-planning-cuts_n_911359.html

⁴⁴⁰ Afghan Women Lose in U.S. Drawdown, Bloomberg (New York) 7 August 2011. Date of Access: 19 December 2011. <http://www.bloomberg.com/news/2011-08-08/afghan-women-stand-to-lose-in-u-s-drawdown-commentary-by-coleman-lemmon.html>

⁴⁴¹ US, Britain, other donors renew commitment to vaccines, PATH (Seattle) 14 June 2011. Date of Access: 19 December 2011. <http://www.path.org/news/an110613-gavi-results.php>

⁴⁴² Global health funding slows as deadline for Millennium Development Goals nears, Institute for Health Metrics and Evaluation (Washington) 14 December 2011. Date of Access: 22 December 2011. <http://www.healthmetricsandevaluation.org/news-events/news-release/global-health-funding-slows-deadline-millennium-development-goals-nears>

challenging gender-based violence. Otero mentioned South Asia and sub-Saharan Africa as targets for the achievement for MDG5.⁴⁴³

Furthermore, on 11 April 2012, the USAID announced USD60 million for the construction or renovation of 65 health centres in Ethiopia for the next 5 years. The funding will be provided through the Ethiopian Health Infrastructure Program to increase people's access to health care.⁴⁴⁴

The Obama administration has requested USD846 million for the 2012 Fiscal Year but USD606 million was approved. The US contributed USD549 million in 2011 for maternal and child health.⁴⁴⁵

Despite their current efforts, the US was not able to secure enough funding to meet their initial commitment of USD1.346 billion in time. Thus for the Maternal and Child Health commitment, the United States has been assigned a score of -1.

Analyst: Connie Hung Yan Lo

European Union: +1

The European Union has fully complied with its commitment to achieve MDG's 4 and 5 by 2012, by disbursing over 40 per cent of funding as per the Muskoka Initiative for Maternal, Newborn, and Child Health launched in 2010.

Through 2011 the European Union continued to implement its pilot program in Uzbekistan to make "effective and inexpensive health services accessible to children and mothers".⁴⁴⁶ The EU Commissioner for Development, Andris Piebalgs affirmed that the program has entered its second phase this year, and is crucial if Uzbekistan is to achieve UN millennium Development Goals 4 and 5.⁴⁴⁷ On the 26 and 27 of November 2011, an international symposium was held in Tashkent, Uzbekistan to examine the significant progress in maternal health made in Uzbekistan as a result of this program.⁴⁴⁸

Additionally, in Bangladesh the European Union is contributing USD31 million over five years to reduce newborn death with the Maternal and Neonatal Health Initiative.⁴⁴⁹ Funding has been allocated as required, and in January 2011 the program was expanded from 4 regions to 10.⁴⁵⁰

⁴⁴³ Address by Maria Otero Under Secretary for Civilian Security, Democracy and Human Rights, Global Health and Diplomacy International Women's Day Luncheon (Washington) 8 March, 2012. Date of Access: 28 April 2012. <http://www.state.gov/j/185441.htm>

⁴⁴⁴ Ethiopia: USAID to Devote U.S 60 million to Build, Renovate 65 Health Centres (Addis Ababa) 11 April 2012. Date of Access: 28 April 2012.

⁴⁴⁵ Fiscal Year 2012 Request, Foreign Assistance (Washington) 2011. Date of Access: 22 December 2011. http://www.foreignassistance.gov/Initiative_GH_2012.aspx?FY=2012#ObjAnchor

⁴⁴⁶ 2010 Muskoka G8 Summit Interim Compliance Report, G8 Research Group (Toronto) 20 December 2010. Date of Access: 9 December 2011. <http://g8live.org/2010MuskokaG8InterimReport110202.pdf>

⁴⁴⁷ Report on European Union Pilot Program in Uzbekistan regarding Newborn and Maternal Health, UNICEF (New York) 24 November 2010. Date of Access: 11 December 2011. http://www.unicef.org/infobycountry/uzbekistan_56998.html

⁴⁴⁸ Article, Tashkent International Meeting on progress in Uzbekistan regarding MGD 4 & 5, WHO (Geneva) 13 December 2011. Date of Access: 26 December 2011. <http://www.euro.who.int/en/where-we-work/member-states/uzbekistan/sections/news/2011/12/international-meetings-in-uzbekistan-on-maternal-and-child-health-priority-actions-identified>

⁴⁴⁹ European Commission Health Annex - 2011 Accountability Report Section 3.2, G8 Research Group (Toronto) 18 May 2011. Date of Access: 9 December 2011. http://www.g20-g8.com/g8-g20/root/bank_objects/European_Commission.pdf

Moreover, on 27 May 2011, the European Union reaffirmed its commitment to maternal health at the G8 summit in Deauville, France. European Commission President Jose Barroso stated that the EU would provide support to health programs of partner countries, and would provide thematic support for the cause through GAVI. However, these commitments have not come with monetary contributions in line with the European Union's pledge of USD1.3 billion over three years. As of December 2011, the EU has provided USD46 million to promote better linkage between HIV/AIDS care and general reproductive care in East Africa.

The collective contribution of the Commission and the 27 European Union Member States amounts to USD 4 billion from 2011 to 2013.⁴⁵¹ The commission on its own is expected to have contributed USD70 million by 2013, and USD14 million by the end of 2011.⁴⁵²

On 11 January 2012, the European Commission decided to commit a further EUR52 million towards reducing maternal mortality in Ghana. This increases the total European Union aid to Ghana by 12 percent, to a total of EUR470 million between 2008 and 2013.⁴⁵³

Therefore, the European Union has been awarded a score of +1 for allocating over 40 per cent of the funding pledged at the Muskoka Summit, through initiatives that address both MDGs 4 and 5.

Analyst: Amir Khouzam

⁴⁵⁰ Report on Maternal Health Supplies in Bangladesh, WHO (Geneva) 2010. Date of Access: 26 December 2011.

http://www.who.int/pmnch/activities/commodities/201006_maternal_health_bangladesh.pdf

⁴⁵¹ European Commission Health Annex - 2011 Accountability Report Section 3.2, G8 Research Group (Toronto) 18 May 2011. Date of Access: 9 December 2011.

http://www.g20-g8.com/g8-g20/root/bank_objects/European_Commission.pdf

⁴⁵² Health Official Development Assistance Data by Country, Page. 9, G8 Research Group (Toronto) 18 May 2011. Date of Access: 9 December 2011. http://www.g20-g8.com/g8-g20/root/bank_objects/Health_ODA_1305820491.pdf

⁴⁵³ European Commission report on Millennium Development Goal 5, European Commission (Brussels) 1 January 2012. Date of Access: 26 April 2012.

http://eeas.europa.eu/delegations/ghana/press_corner/all_news/news/2012/20120111_en.htm