





A new Global Investment Framework for Women's and Children's Health

On behalf of the Study Group for the Global Investment Framework for Women's and Children's Health











Why an investment framework?

- Recommendation by independent Expert Review Group
- An opportunity to bring various RMNCH initiatives together









Global action plan for prevention and control of pneumonia (GAPP)

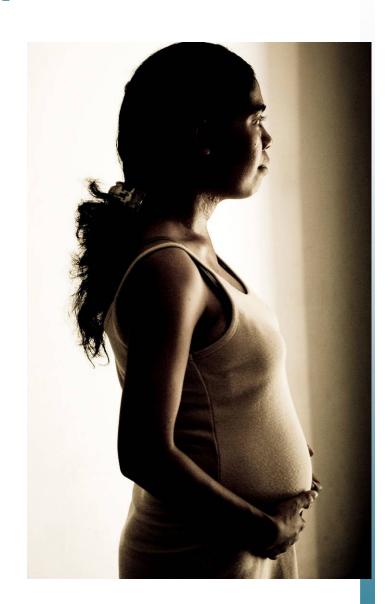






What is new?

- Estimating the effects of investment on RMNCH across the continuum of care, including e.g., family planning, and stillbirths;
- Extending the time-frame to 2035;
- In addition to cost and impact, analyzing the economic and social returns on investment.



Conceptual framework

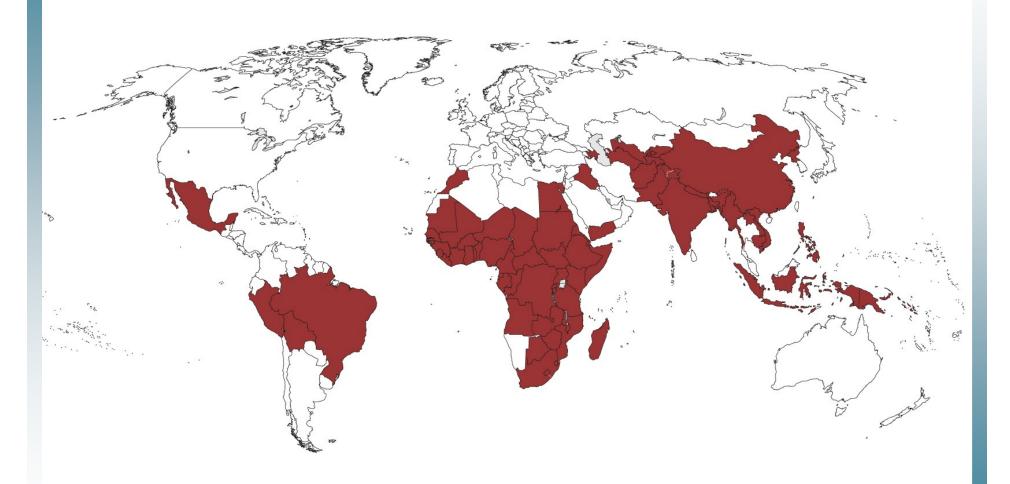
Existing health systems and service delivery, current levels of health expenditure, epidemiological and demographic STRATEGIC AND EQUITABLE INVESTMENTS **HEALTH & NUTRITION WIDER SOCIETAL** transitions, changes in the level and distribution of wealth, food security, climate change, migration and conflict IN KEY ENABLERS AND INTERVENTIONS **GAINS GAINS KEY ENABLERS INTERVENTIONS** Reaching all **Policy enablers** Socio-economic with effective Laws, policies and development interventions and political commitment for Increased human responsive services: equitable access capital and education Increased employment, Women and Lives saved productivity and income adolescent girls Maternal. **Health system enablers** per capita Prevention of unintended newborn, child, Improving management Social value of pregnancy and birth stillbirths averted of health workers, improved health through contraception commodities, financing and reproductive health Reduced health and data for care costs Healthy life decision-making Reduced illness, **Enhanced political** disability, Mothers and newborns and social capital and stunting Community engagement Empowered women and girls, Effective care during Knowledge transfer and and stronger communities pregnancy, birth and demand generation and societies postnatal period **Environmental** gains Innovation through reduced Infants and children Research and population pressure Child health, nutrition development, on resources and development implementation science

Cross-cutting issues

Social determinants of health including education, living environment, roads, transport and gender, as well as equity and human rights

75 Countdown to 2015 countries

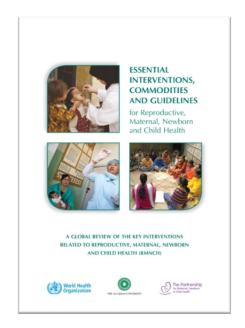
Accounting for > 95% of maternal and child deaths worldwide



^{*} South Sudan excluded due to data limitations

Six packages with 50 interventions for which health outcomes can be modeled

- 1. Modern family planning methods
- 2. Maternal and newborn Health
- 3. Malaria
- 4. HIV/AIDS
- 5. Immunization
- 6. Child health

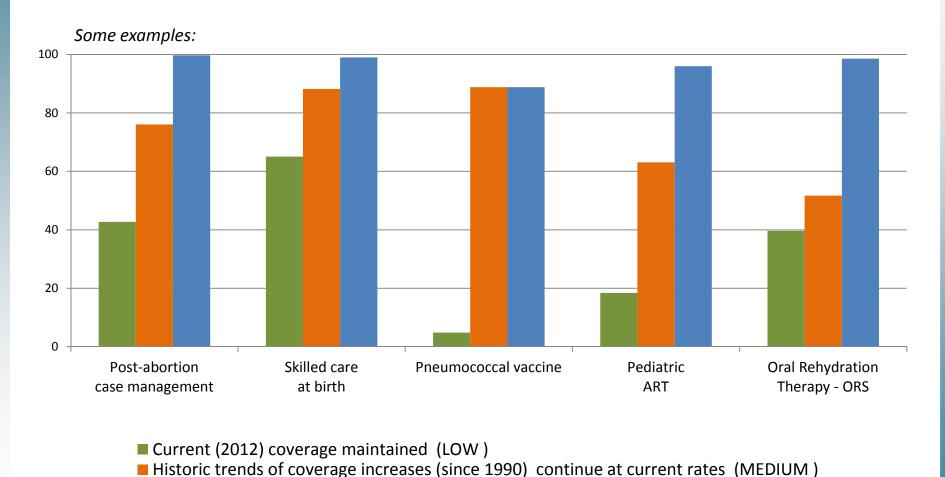


PMNCH, WHO, Aga Khan University (2011)

The analysis does not include water supply, sanitation and hygiene, girls' education, gender empowerment, and food fortification.

Shifting gear to accelerate progress...

Intervention Coverage (%), 74 Countdown countries, 3 scenarios



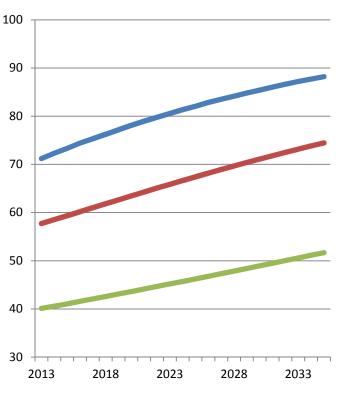
Note: pneumococcal vaccine predictions for Medium and High are based on GAVI forecasts.

Accelerated scale-up (HIGH)

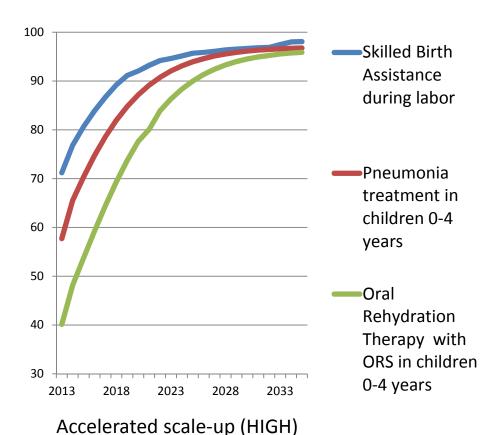
Shifting gear to accelerate progress...

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Some examples:



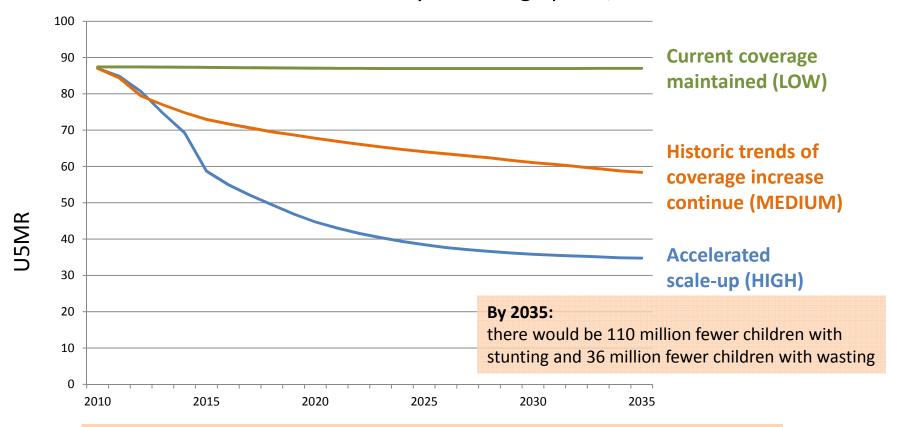
Historic trends of coverage increases continue (MEDIUM)



...would bring significant reductions in child mortality

Average under-five mortality rate (74 countries)

Deaths in children under five years of age per 1,000 live births



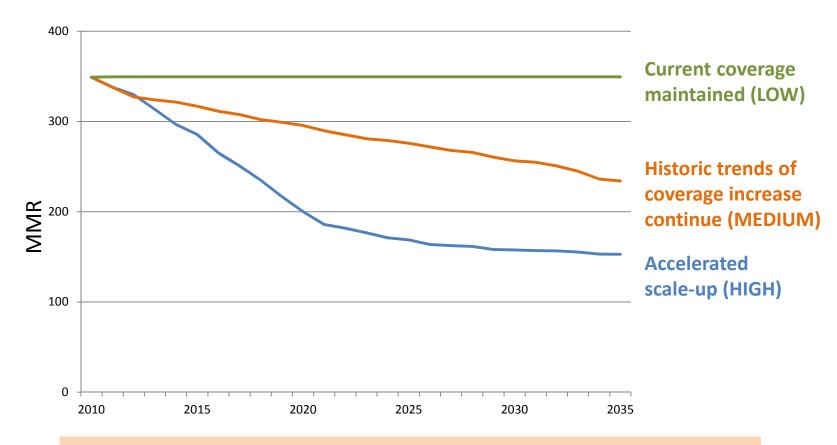
The HIGH scenario would prevent (2013-2035):

- Close to 150 million child deaths, of which 60 million newborn deaths
- More than 32 million stillbirths

...and maternal mortality

Average maternal mortality ratio (74 countries)

Deaths per 100 000 live births



The HIGH scenario would prevent (2013-2035):

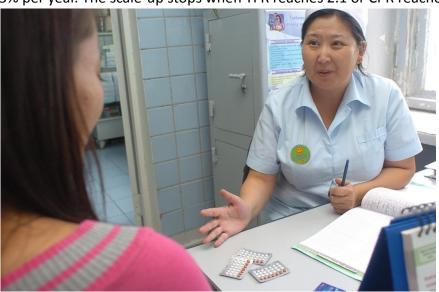
More than 5.3 million maternal deaths

Investments in family planning contribute significantly to overall reduction in mortality



Reducing unintended pregnancies through increasing access to contraceptives* would avert 54% of total preventable** maternal deaths and 47% of preventable** child deaths

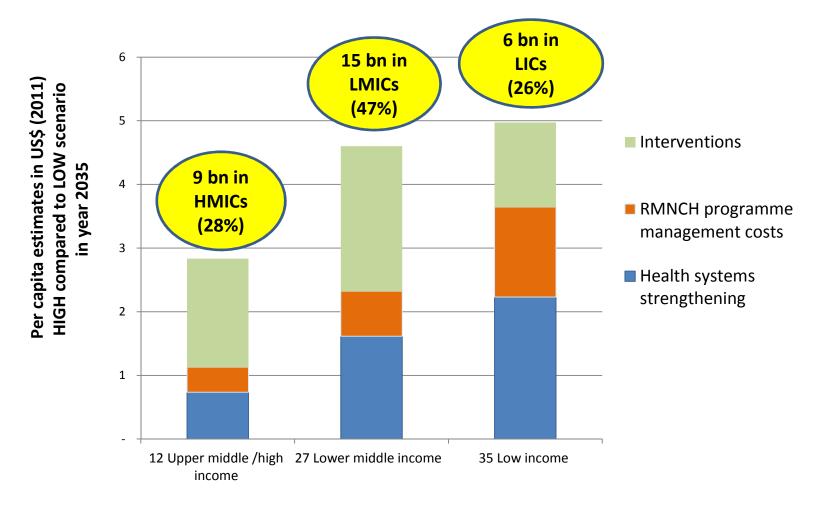
* Family planning through contraceptive use increases based on "best performer" trends, with the rate of growth restricted to a maximum of 3% per year. The scale-up stops when TFR reaches 2.1 or CPR reaches 85%. ** in our model, high compared to low scenario





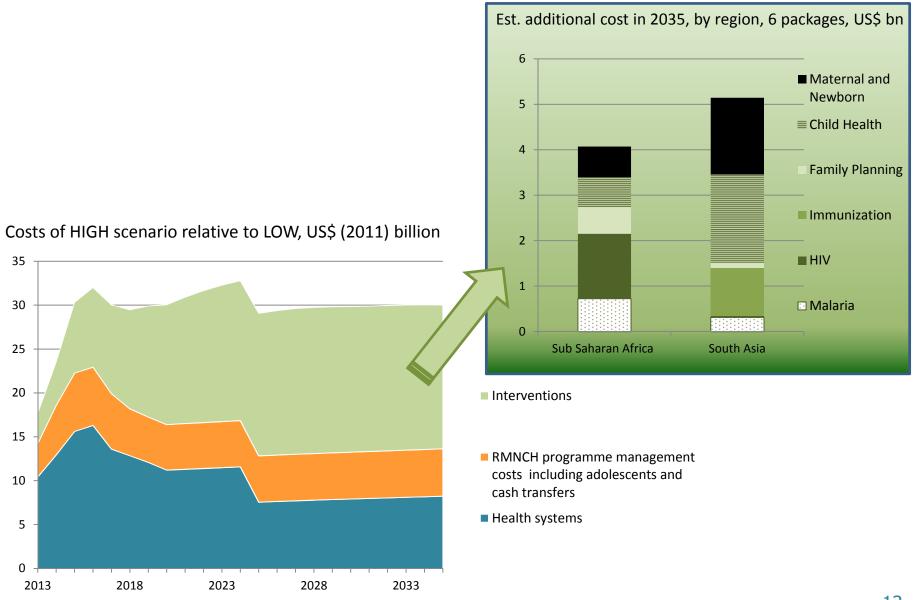
Investment is substantial but affordable

An additional average US\$ **30 billion** /year, equivalent to US\$ **5**/ capita /year (average 74 countries)*

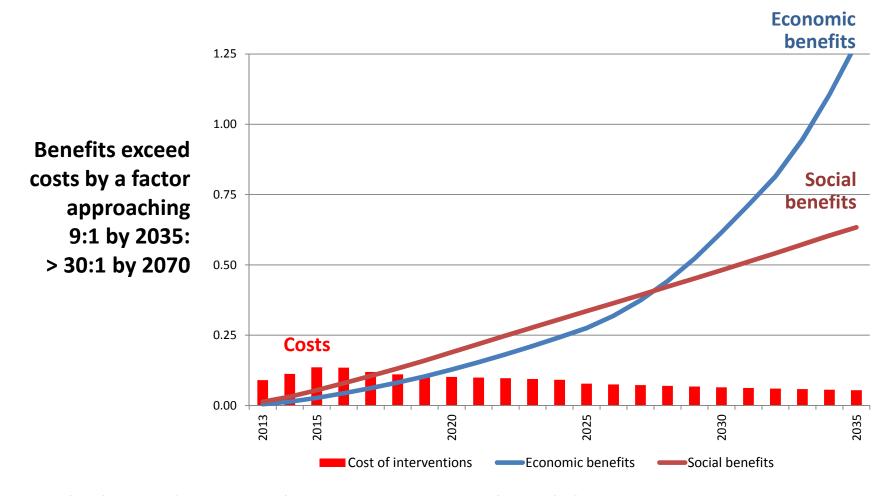


^{*} All costs expressed in 2011 US\$

Investment needs differ across countries



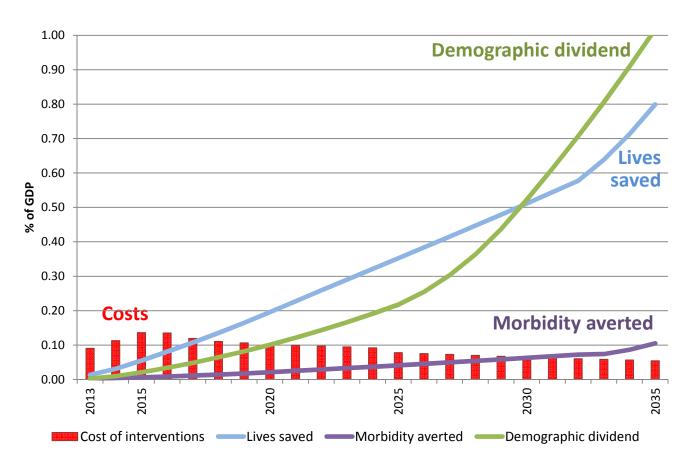
There are strong economic and social benefits



Benefits (by type) and cost of interventions, share of GDP (%), to 2035: high scenario relative to low scenario; 74 countries total.

These benefits derive from lives saved, morbidity averted and the demographic dividend from reducing unwanted pregnancies

by a factor approaching 9:1 by 2035: > 30:1 by 2070



Benefits (by source) and cost of interventions, share of GDP (%), to 2035: high scenario relative to low scenario; 74 countries total.

Making a strong investment case at country level



The investment framework can serve as a **guide to countries** to optimize investments in women's and children's health over the next two decades

WHO and partners provide technical support to countries for the development of **national strategies, policies and plans** that identify high impact interventions to improve women's and children's health, as part of sector wide health plans.

Countries are supported to use the OneHealth Tool for linking national health plans to **impact estimates**, a resource envelope and a budget.



The costs are affordable. The returns are high.

The time is now.