



**EVERY WOMAN
EVERY CHILD**

**2011 Commitments to advance the
*Global Strategy for Women's & Children's Health***

September 20, 2011

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EVERY WOMAN EVERY CHILD

Summary of commitments to advance the *Global Strategy for Women's & Children's Health 2011*

Every Woman Every Child is a collective effort by global leaders to tackle one of the biggest challenges our world faces. In the 21st century, women and children should not be dying when we have the tools and resources to save them. Rapid improvement in women's and children's health is essential to reduce poverty and achieve the Millennium Development Goals.

Launched by the UN Secretary-General Ban Ki-moon in September 2010 during the Millennium Development Goals Summit, *Every Woman Every Child* puts into action the *Global Strategy for Women's and Children's Health* which aims to save 16 million lives by 2015.

Over the past year, remarkable progress has been made. Funding has increased, policies improved and services strengthened on the ground. But more must be achieved.

From countries committing to salary increases for their health workers, to companies funding research on neglected medicines and diagnostics, new partners have answered this call. Over 100 new commitments have been made in the past year, doubling the number of partners working to advance the *Global Strategy for Women's and Children's Health*. In addition to increased financial investment, these include immeasurable, but invaluable, commitments such as policy change, advocacy work, or the investment of specialist knowledge to develop innovative solutions.

The dedication of resources is an important start. It is scaling up and ensuring the sustainability of these investments that will create change for women and children for generations to come. That is why *Every Woman Every Child* emphasizes the need for innovation in developing solutions to improve women's and children's health.

This document outlines how partners are stepping up to close the gap and achieve our goals for 2015. A growing and diverse network dedicated to improving the lives of women and children is working to deliver **more health for the money**, through a more efficient use of resources, and **more money for health**. Today's first meeting on the implementation of the Global Strategy represents the continued, upward and unprecedented level of the dedication of local and global leaders to this effort. Following through on the recommendations of the *Commission on Information and Accountability for Women's and Children's Health*, resources, actions and results will be measured and tracked to ensure commitments are delivered. Together, we can and will ensure a new era for the health of women and children worldwide.

Better health for the world's women and children will be delivered through the following additional commitments:

GOVERNMENTS (33)

Burundi*

Burundi commits to increase the allocation to the health sector from 8% in 2011 to 15% in 2015, with a focus on women's and children's health; increase the number of midwives from 39 in 2010 to 250, and the number of training schools for midwives from 1 in 2011 to 4 in 2015; increase the percentage of births attended by a skilled birth attendant from 60% in 2010 to 85% in 2015. Burundi also commits to increase contraception prevalence from 18.9% in 2010 to 30%; Prevention of Mother-to-Child Transmission service coverage from 15% in 2010 to 85% with a focus on integration with reproductive health; and reduce the percentage of underweight children under-five from 29% to 21% by 2015.

Cameroon

Cameroon commits to implement and expand the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), re-establish midwifery training to train 200 midwives a year, and pilot a performance-based financing and a voucher system in order to promote access to maternal and child care services. Cameroon further commits to increase the contraception prevalence from 14% to 38%; the proportion of HIV+ pregnant women access to antiretrovirals from 57% to 75%; and the vaccine coverage from 84% to 93%. Cameroon will increase to 60% the proportion of health facilities offering integrated services; increase to 50% the proportion of women with access to Emergency Obstetric Care (EmOC) services; offer free malaria care to children under 5; ensure free availability of mosquito-treated nets to every family; increase funding to paediatric HIV/AIDS; strengthen health information systems management and integrated disease surveillance.

Central African Republic*

Central African Republic (CAR) commits to increase health sector spending from 9.7% to 15%, with 30% of the health budget focused on women and children's health; ensure emergency obstetric care and Prevention of Mother-to-Child Transmission (PMTCT) in at least 50% of health facilities; and ensure the number of births assisted by skilled personnel increase from 44% to 85% by 2015. CAR will also create at least 500 village centers for family planning to contribute towards a target of increase contraception prevalence from 8.6% to 15%; to increase vaccination coverage to 90%; and ensure integration of childhood illnesses including pediatric HIV/AIDS in 75% of the health facilities.

Chad*

Chad commits to increase health sector spending to 15%; provide free emergency care for women and children; to provide free HIV testing and antiretrovirals; allocate US\$10 million per year for implementation of the national roadmap to accelerate a reduction in maternal, newborn and child mortality; strengthen human resources for health by training 40 midwives a year for the next 4 years, including creating a school of midwifery and constructing a national referral hospital for women and children with 250 beds; and deploy health workers at health centres to ensure delivery of a

minimum package of services. Chad also commits to pass a national human resources for health policy; increase contraception prevalence to 15%; ensure 50% of the births are assisted by a skilled birth attendant; and increase coverage of Prevention of Mother-to-Child Transmission (PMTCT) from 7% to 80%, and pediatric HIV coverage from 9% to 80%.

Comoros*

Comoros commits to increase health sector spending to 14% of the budget by 2014; ensure universal coverage for Prevention of Mother-to-Child Transmission by 2015; reduce underweight children from 25% to 10%; increase contraception prevalence rate from 13% to 20%; and increase the number of births that take place in health facilities from 75% to 85%. Comoros will also accelerate the implementation of existing national policies including the national plan for reproductive health commodity security, the strategic plan for human resources for health, and the roadmap for accelerating reduction of maternal and neonatal mortality.

Côte d'Ivoire

Côte d'Ivoire commits to ensure the provision of free health services for all pregnant women during delivery, including free caesarian-sections, for women affected by obstetric fistula, and for children under 5. Côte d'Ivoire also commits to rehabilitate maternity centres, provide insecticide-treated mosquito nets for women and children under 5; to strengthen the integrated management of childhood illnesses programmes; and to integrate HIV and Sexual and Reproductive Health, and community involvement in health management, including training health workers to ensure the provision of family planning at the community level.

Djibouti

Djibouti commits to increase the health budget from 14% to 15%. In terms of service delivery, the Government will ensure that all pregnant women will have access to skilled personnel during childbirth. For this purpose, the Government will increase the number of trained midwives and nurses and will increase access to emergency obstetric care services nationally to 80%. A package of integrated emergency obstetric and newborn care and reproductive health will also be delivered in health services. This will be achieved by ensuring that all health centers are upgraded to deliver a package of emergency obstetric and newborn care and reproductive health services by upgrading them and ensuring that appropriate staff are posted and maintained in those centers. Contraceptive prevalence will be increased to 70%. The mobile health services will be extended to cover all areas of the country and will adopt a mix of outreach services, home visits and community based interventions. The government commits to implement Integrated Management of Childhood Illnesses in all health centers. Vaccine coverage will be 100%. Malnutrition will be addressed through a comprehensive multi-sectoral package in order to reduce the prevalence of stunting to 20% and that of wasting to 10%. Djibouti commits to decrease the HIV/AIDS prevalence to 1.8% in 2015 and to ensure that all pregnant HIV-positive women receive antiretrovirals.

France

France made a substantial commitment to the *Global Strategy for Women's and Children's Health* in 2010, and during 2011 it has been greatly strengthened. France has allocated EUR 19 million per year to the World Health Organisation, UNFPA, UNICEF and UN Women in support of their joint initiatives on women's and children's health. In addition, the increase of the French contribution to the GAVI Alliance for the period 2011-2015 amounts to EUR 100 million, and the increase of its contribution to UNAIDS amounts to EUR 60 million per year. 100% of the contribution to GAVI and 46% of the contribution to UNAIDS - a total of EUR 47 million per year - directly supports MDG4 and MDG5. Finally, France, through its international development agency, will allocate EUR 48 million per year towards national and multi-country projects to improve the development of health systems.

Gambia

The Gambia commits to increase the health budget to 15% of the national budget by the year 2015; and to implement its existing free maternal and child health care policy, ensuring universal coverage of high quality emergency maternal, neonatal and child health services. Special attention will be accorded to rural and hard-to-reach areas. Efforts will be intensified to increase the proportion of births attended by skilled professionals to 64.5%, ensure reproductive health commodities security, scale up free Prevention of Mother-to-Child Transmission (PMTCT) services to all reproductive health clinics and ensure universal access to HIV prevention, treatment, care and support services, including social protection for women, orphans and vulnerable children. Furthermore, The Gambia will continue to maintain the high immunization coverage for all antigens at 80% and above at regional levels, and 90% and above at national levels, while seeking to increase access of all children, particularly in the most vulnerable communities, to high impact and cost-effective interventions that address the main killers of children under five.

Guinea*

Guinea commits to establish a budget line for reproductive health commodities; ensure access to free prenatal and obstetric care, both basic and emergency; ensure provision of newborn care in 2 national hospitals, 7 regional hospitals, 26 district hospitals, and 5 municipality medical centres; and introduce curriculum on integrated prevention and care of newborn and childhood illnesses in health training institutes. Guinea also commits to secure 10 life-saving essential medications in at least 36 facilities providing basic obstetric care and 9 structures with comprehensive obstetric care by 2012; ensure at least three contraception methods in all the 406 centres of health in the public sector by December 2012; and include Prevention of Mother-to-Child Transmission (PMTCT) in 150 health facilities.

Guinea-Bissau

Guinea-Bissau commits to increase financial spending from 10% to 14% by 2015 and to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA); to ensure accessible comprehensive emergency obstetric and neonatal care in all regions, and to provide

around-the-clock referrals. Guinea-Bissau also commits to ensure that each health center has access to basic Emergency Obstetric Care (EmOC), including strengthening the technical capacity of 95% of the EmOC facilities; increasing the proportion of women giving birth in health facilities from 35% to 60%; ensuring that 75% of the pregnant women are covered by health mutual funds, and that 90% of the most vulnerable are covered by state funds. In addition, Guinea-Bissau also commits to reduce the unmet need for family planning to 10% and to increase contraceptive prevalence from 10% to 20%; to increase pre-natal consultations to 70%, postnatal consultations to 30%, and to reduce the proportion of underweight children from 24% to 10%; and to integrate Prevention of Mother-to-Child Transmission in 90% of the maternity care centers.

Guyana

Guyana commits to improve the contraceptive prevalence rate from 34.5% to above 60% by increasing the method-mix at national and regional levels, including by promoting long-term methods and emergency contraceptives; and further integrating family planning in community-based activities, as well as gender-based violence and teen mothers initiatives. Guyana also commits to increase Emergency Obstetric and Newborn Care (EmONC) to 100%, including by strengthening referral and transportation in Basic EmONC facilities and improving the interconnectedness of maternal health facilities to ensure access to EmONC.

Israel

Israel supports the *Global Strategy for Women's and Children's Health* by placing women's and children's health issues at the heart of its international development agenda. In 2011, in line with its ongoing partnership with the Ghanaian authorities in Kumasi, Israel built a cane water supply system at the Komfo Anokye hospital valued at USD \$50,000, in addition to supporting the training of health professionals working at the Mother and Baby units previously established by Israel, a training program valued at USD \$70,000. In spring 2011, Israel completed the construction of an emergency and trauma unit and provided the operational medical equipment and specialized training for health professionals at the Hospital Justinien in Cap-Haitien, Haiti, a project valued at USD \$720,000. Over the course of this year and next, in an effort to provide quality diagnostic and emergency services for women and children, Israel will supply equipment for diagnostic services in Freetown, Sierra Leone; an emergency trauma unit in Kampala, Uganda; three mobile medical emergency units in Guatemala; and a diagnostic center in Vinice, Ukraine, for a total value of USD \$1.3 million. Finally, this year Israel announced a USD \$100,000 contribution to UNAIDS to conduct a qualitative assessment to better understand the gender-related socio-cultural factors which amplify the barriers faced by pregnant women with HIV.

Kyrgyzstan*

The Government of Kyrgyzstan commits to ensure that 100 % of the population of reproductive age have choice and access to modern contraception with at least 3 modern methods of family planning; ensure 100% free medical care for pregnant women and under-fives; ensure at least 80% of births

take place at health facilities and 90% of health facilities have access to a centralized water supply system. Kyrgyzstan will ensure that 95% of health facilities with antenatal services provide both HIV testing and Prevention of Mother-to-Child Transmission (PMTCT); 35% family medicine centers provide the standard package of youth-friendly health services; and that 70% of children receive evidence-based services within Integrated Management of Childhood Illness.

Lao People's Democratic Republic*

The Lao People's Democratic Republic commits to provide free deliveries in order to ensure access to the most vulnerable; produce 1,500 new midwives by 2015 by upgrading existing staff and training and recruiting new staff; and increase immunization from 67% to 90% by 2015. Lao PDR will also increase the proportion of couples with access to modern contraception and the proportion of births attended by a skilled attendant.

Lesotho

The Government of Lesotho is committed to meeting the Abuja Declaration Target of 15% expenditure for health, compared to the current 14% expenditure. The Government abolished user fees for all the health services at Health Centre level, while it has standardized user fees at hospital-level. The country has developed the National Health Sector Policy and its Strategic Plan which puts women and children at the centre. The National Reproductive Health Policy and its Strategic Plan also focus on women and children. These documents have been disseminated and their implementation is closely monitored. The Reproductive Health Commodity Security Strategy is in place and ensures that 90% of the women and men in the reproductive age group have access to commodities. The Lesotho Expanded Programme on Immunization Policy has been disseminated in 2010, focusing on under-five children. The Infant and Young Child Feeding Policy focuses on nutrition of children.

Madagascar*

By 2015, Madagascar commits to increase health spending to at least 12%; ensure universal coverage for emergency obstetric care in all public health facilities; increase births assisted by skilled attendants from 44% to 75%; and double from 35% the percentage of births in health facilities. Madagascar will also address teenage pregnancy by making 50% of primary health care facilities youth-friendly; reduce from 19% to 9.5% the unmet need for contraception by strengthening commodity security; increase tetanus vaccination for pregnant women from 57% to 80%; and institute maternal death audits.

Mauritania

Mauritania commits to increasing expenditure on health to 15% by 2015, and including a budget line on reproductive health commodities with a focus on contraceptives; to increase contraception prevalence from 9% to 15%, constructing 3 more schools of public health, increasing access to Emergency Obstetric and Newborn Care in all regional and national hospitals; to increase the

proportion of births assisted by skilled personnel from 61% to 75%; and increasing the proportion of health centers offering PMTCT services to 75%. Mauritania further commits to increase proportion of vaccinated children, institute in all districts a program of integrated management of childhood illnesses, and improve the management of human resources including providing incentives for staff to work in isolated areas.

Mongolia*

Mongolia commits to implement a policy on increasing salaries of obstetricians, gynecologists and pediatricians by 50%; increase financial allocation to national immunization program; to improve provision of micronutrients to children under 5; to ensure reproductive health commodity security; and to increase the number of health facilities for women and children, including the construction of a new Women's and Children's Health Centre in Ulaanbaatar.

Myanmar*

Myanmar commits to ensure 80% ante-natal care coverage; 80% of births attended by a skilled attendant; 70% access to emergency obstetric care; and 80% coverage for Prevention of Mother-to-Child Transmission (PMTCT) as well as its integration with maternal and child health. Myanmar will also ensure universal coverage for expanded immunization; increase the proportion of newborns who receive essential newborn care at least two times within the first week of life by 80%; increase contraception prevalence to 50%; reduce the unmet need for contraception to under 10%; improve the ratio of midwives to population from 1/5,000 to 1/4,000; and develop a new human resources for health plan for 2012-2015.

Netherlands

The Netherlands endorses the *Global Strategy for Women's and Children's Health*, as the effort to ensure that women's and children's health issues have the priority they deserve in the 21st century. In 2011 the Netherlands' Parliament approved development policies focusing on sexual and reproductive health and rights including HIV/AIDS, food security, water and security and governance issues. The Netherlands directly supports efforts to improve the health of women and children through our substantial core contributions to UNICEF, UNFPA and UNAIDS. In addition, the Netherlands has allocated EUR 29 million in 2011 to the Global Programme to enhance Reproductive Health Commodities Security and the Maternal Health Thematic Fund; EUR 55 million to the Global Fund to fight AIDS Tuberculosis and Malaria; and will maintain its ongoing support to the GAVI Alliance for the period 2011-2015.

Papua New Guinea*

Papua New Guinea (PNG) commits to improve midwifery education and register 500 new midwives by 2015; increase the number of obstetricians from 17 in 2011 to 40 in 2020; improve access to drugs and equipment necessary for maternal, newborn and child health; introduce maternal health

audits in all districts; and develop comprehensive plans to improve existing health services in all four regions of the country by 2015.

Sao Tome and Principe*

Sao Tome and Principe commits to increase the percentage of the general budget for health from 10% to 15% in 2012; to increase the ratio of births attended by a qualified health personnel from 87.5% to 95%; reduce the percentage of inadequate family planning service delivery from 37% to 15%; to increase the geographic coverage of PMTCT services from 23% to 95%; to increase the percentage of pregnant women receiving ARVs from prenatal centres from 29% to 95%; and to increase the prevalence of contraception from 33.7% to 50%.

Senegal*

Senegal commits to increase its national health spending from the current 10% of the budget to 15% by 2015; and also proposes to increase the budget allocated to maternal, newborn and child health (MNCH) by 50% by 2015. Furthermore, Senegal commits to improving coordination of MNCH initiatives by creating a national Directorate for MNCH, reinstating the national committee in charge of the implementation of the multi-sectoral roadmap for the reduction of maternal and child mortality and to accelerate the dissemination and implementation of national strategies targeting a reduction of maternal mortality. Through these efforts the government hopes to offer a full range of high impact MNCH interventions in 90% of health centers, increase the proportion of assisted deliveries from 51% to 80% by increasing recruitment of state midwives and nurses, and increasing the contraceptive prevalence rate from 10% to 45%, among others.

South Sudan

The Republic of South Sudan commits to increase the percentage of government budget allocation to the Ministry of Health from 4.2% to 10% by 2015; to increase the proportion of women delivering with skilled birth attendants from 10%- 45%, through the construction of 160 Basic Emergency Obstetric Care facilities by 2015 and training of 1,000 enrolled/registered midwives by 2015; and to establish 6 accredited midwifery schools or training institutions/colleges; increase the contraceptive prevalence rate from 3.7% to 20%, and increase the percentage of health facilities without stock-out of essential drugs from 40% to 100%. South Sudan also commits to reduce the prevalence of underweight among children under five from 30% to 20%; increase the percentage of fully-immunized children from 1.8% to 50%; and increase the percentage of under-fives sleeping under bed nets from 25% to 70%. Finally, South Sudan will develop and implement a range of national policies that will strengthen its response to women and children's health, including policies on national family planning, on provision of free reproductive health services, especially Emergency Obstetric care services, on decentralization of budgeting, planning, management of health services, and on adolescent sexual and reproductive health and rights.

Sri Lanka

Sri Lanka will empower the health sector through capacity building and leadership in information and communication technology. More specifically, the Government will provide education, training, and assessment to 100,000 members of the work force using a royalty-free open source based technology platform developed by Intel. Sri Lanka will provide training and will certify the 100,000 members of the workforce on information and communication technology by 2015 and also implement a basic electronic health record for children in 5,000 schools that would enable the health sector planners to launch prioritized health programmes by 2015.

Sudan

Sudan commits to increase the total health sector expenditure from 6.2% in 2008 to 15% by 2015. Sudan commits to guarantee immediately free universal access to Maternal and Child Health (MCH) services including Immunization, Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Nutrition, Antenatal Care (ANC), delivery care, post-natal care, and child spacing services to target all women and children. Sudan also commits to train and employ at least 4,600 midwives focusing on states with the highest maternal mortality ratios and the lowest proportion of births attended by trained personnel. This will increase the percentage of births attended by trained personnel from 72.5% to 90%, increase quality universal access to Comprehensive Emergency Obstetric and Neonatal Care, and advocate for the elimination of harmful traditional practices like early marriage and Female Genital Mutilation/Cutting.

Sweden

Sweden has enhanced its commitment to the *Global Strategy for Women's and Children's Health* during 2011. Contributing to the achievement of the MDGs, especially MDGs 4 and 5, is one of the core focuses of Swedish development aid, which amounts to approximately 1% of its annual Gross Domestic Income. In 2011, Sweden has committed to allocate 500 million Swedish kroner to combat child mortality and maternal mortality and promote health, education and youth entrepreneurship. In addition the Swedish Minister for International Development Cooperation has announced that Swedish development aid has the ambition of helping save the lives of 250,000 children, as well as 50,000 women who otherwise would lose their lives due to complications arising from pregnancy or childbirth. Sweden will support, through bilateral development cooperation, efforts to strengthen national health and education systems, in order to generate better access to sexual and reproductive health. A range of different funding mechanisms are utilized and policy dialogues and external partnerships are essential to Sweden's assistance. Sweden will continue its support to UNFPA, UNICEF and UNESCO; global initiatives such as the GAVI Alliance (with \$201 million for the period 2011-2015), the GFATM; and civil society (Ipas, IPPF, MenEngage Alliance). Sweden endorses the G8 Muskoka Initiative on Maternal, Newborn and Child Health.

Tajikistan*

Tajikistan commits to ensure that by 2015, 85% of midwives are trained in provision of emergency obstetric care; at least 85% of maternity facilities apply the clinical protocols approved by the ministry of health; youth friendly health services are expanded from pilot to nationwide implementation; and 50% of the needs of women of reproductive age for modern contraceptives are covered from the budget. Tajikistan will also develop an accreditation policy for maternity institutions and ensure that 90% of maternity hospitals are certified.

Togo*

Togo commits to ensure 95% coverage of vaccination for children under 5, and to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

Uganda

Uganda commits to ensure that comprehensive Emergency Obstetric and Newborn Care (EmONC) services in hospitals increase from 70% to 100% and in health centers from 17% to 50%; and to ensure that basic EmONC services are available in all health centers; and will ensure that skilled providers are available in hard to reach/hard to serve areas. Uganda also commits to reduce the unmet need for family planning from 40% to 20%; increase focused Antenatal Care from 42% to 75%, with special emphasis on Prevention of Mother-to-Child Transmission (PMTCT) and treatment of HIV; and ensure that at least 80% of under 5 children with diarrhea, pneumonia or malaria have access to treatment; to access to oral rehydration salts and Zinc within 24 hours, to improve immunization coverage to 85%, and to introduce pneumococcal and human papilloma virus (HPV) vaccines.

Uzbekistan

Uzbekistan commits to ensure that 96% of children aged 6-59 months receive vitamin A twice a year by up to 2015; 100% coverage of pregnant women with HIV counseling; and testing and reduction of mother-to-child HIV transmission down to less than 2%. Uzbekistan also commits to improve quality of care provided to mothers and children by training 25,000 health workers up to 2015 on evidence-based modern technologies to provide reproductive health services, emergency obstetrical care, effective prenatal care, international criteria of live birth, basic care and resuscitation of newborns, breastfeeding and rational nutrition of children, integrated management of childhood illnesses in the primary healthcare and hospitals and child growth monitoring.

Viet Nam*

Viet Nam commits to increase the percentage of pregnant women with access to Prevention of Mother-to-Child Transmission (PMTCT) services from 20% to 50%; increase the percentage of people with disabilities who have access to reproductive health care services from 20% to 50%; increase the percentage of pregnant women who receive antenatal care (at least three visits during 3 trimesters) from 80% to 85%; increase the percentage of couples who received pre-marital

counseling and health check from 20% to 50%; and the percentage of women giving birth with trained health workers from 96% to 98%.

PHILANTHROPIC INSTITUTIONS & OTHER FUNDERS (3)

Elizabeth Glaser Pediatric AIDS Foundation

The Elizabeth Glaser Pediatric AIDS Foundation will leverage its programmatic expertise to advocate for the elimination of pediatric AIDS around the world. This includes advocacy for adoption and implementation of national policies that promote the use of more-effective ARV regimens for prevention of mother-to-child transmission of HIV in the countries we work; programmatic support and training for capacity building and strengthening integrated health services; support of the new Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive; and renewed efforts to improve pediatric HIV diagnosis, treatment, support and research, including greater uptake of services.

Geddes Group

World-renowned photographer Anne Geddes is committed to raising public awareness of issues surrounding the dire need to improve the health and welfare of women and children around the world. In order to accomplish this goal, Anne will lend her voice to support the *Every Woman Every Child* effort by advocating for action at key events hosted by the United Nations and *Every Woman Every Child* partners. Anne will also work to engage new audiences at non-*Every Woman Every Child* events by integrating the goals of *Every Woman Every Child* into her overall messaging surrounding global maternal health and welfare. In order to inform and facilitate the spread of information, Anne will utilize the multiple platforms at her disposal including social media, interviews and press surrounding upcoming projects. She will also encourage her fans to support specific programs that are at work to improve the welfare of women and children, specifically in the developing world. Ultimately Anne will endeavor to lend her photographic talents to provide a voice to the *Every Woman Every Child* story. Anne, who has a history of charitable commitment, will work alongside the United Nations to find strategic ways to use this voice to raise awareness and to continue to motivate people around the world to make the health of women and children a top priority.

Medtronic Foundation

The Medtronic Foundation is contributing over US \$600,000 toward global efforts to control Rheumatic Fever (RF) and eliminate Rheumatic Heart Disease (RHD). Through coordinated, innovative partnerships with Medtronic Foundation's grantees – The Public Health Foundation of India, Rwanda Heart Foundation, Bienmoyo Foundation, University of Cape Town, World Heart Federation and WiRED, Medtronic Foundation will support efforts that span the continuum of care for RHD on the country, continent and global level.

Over the short and long term, Medtronic Foundation will:

- Support partners leading in-country RHD efforts,
- Support establishment of regional RHD centers of excellence,
- Promote the exchange of best practices among countries and support global advocacy efforts,
- Identify and fund technology initiatives that will facilitate surveillance, awareness and education initiatives globally,
- Support publications and white papers to bring attention to the needs of RHD,
- Support the creation of a global repository for all information related to RHD, and
- Fund the standardization of echo diagnosis for Rheumatic Fever/RHD

Medtronic Foundation will work closely with the private sector and civil society to bring about a holistic approach to addressing this critical, yet often neglected, public health issue affecting mostly children.

UNITED NATIONS, MULTILATERAL ORGANIZATIONS & PARTNERSHIPS (12)

Countdown to Zero

Through powerful synergies, Countdown to Zero – the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive – will make significant contributions to achieving the health-related and gender-related Millennium Development Goals (MDGs) and the *Global Strategy for Women’s and Children’s Health*. Such synergies are all the more important in countries where HIV currently accounts for a significant proportion of all adult female and/or child mortality and the AIDS epidemic is impeding progress in reducing child mortality (MDG 4) and improving maternal health (MDG 5). To support the rapid acceleration of efforts to stop new HIV infections among children, significant new resources have been pledged. These include an additional US\$75 million from the United States, US\$40 million from the Bill and Melinda Gates Foundation, US\$20 million from Chevron, and US\$15 million from Johnson and Johnson. The African Development Bank is making up to US\$5 million available and the Islamic Development Bank is considering proposals for a total of US\$1.5 million.

The Global Plan was led by a high-level task team co-chaired by Michel Sidibé of UNAIDS and Ambassador Eric Goosby of PEPFAR, and included Member States, communities of women living with HIV, civil society, the private sector and philanthropic foundations. It was launched in June 2011 at the UN High Level Meeting (HLM) on AIDS. The HLM also adopted the goals of eliminating new HIV infections among children by 2015 and reducing maternal deaths.

The Elders

The Elders are pleased to contribute to the *Global Strategy for Women's and Children's Health* and the *Every Woman Every Child* effort by committing to establish Girls Not Brides: The Global Partnership to End Child Marriage. Girls Not Brides will bring together civil society organisations working to end child marriage. It will enable them to jointly raise awareness of the harmful impact of child marriage at the local, national and international levels; to learn from each other and develop better programs to address the practice; and to mobilise all necessary policy, financial and other support to end child marriage. Girls Not Brides will amplify the voices of girls at risk of child marriage and will support girls who are or have been married, all over the world. Girls Not Brides will defend the rights of girls to health and education and the opportunity to fulfil their potential.

European Parliamentary Forum on Population and Development

European Parliamentarians active in the European Parliamentary Forum on Population and Development (EPF) commit to building political support for women and children's health and rights, and specifically sexual and reproductive health and rights, by holding governments to account for their financial commitments and speaking out for the millions of vulnerable girls around the world.

The GAVI Alliance

Through the power of innovation – vaccines, public-private partnership and financing mechanisms - GAVI made a commitment to *Every Woman Every Child* in 2010 to help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world's poorest countries. Since the initial GAVI commitment in September 2010, the first ever replenishment conference was held. This resulted in an additional US \$4.3 billion from public and private donors to support GAVI's new vaccines and health systems strengthening programs and this funding will be utilized in furtherance of the very same goals articulated in *Every Woman Every Child*.

GAVI also has created a new finance leveraging mechanism, the Matching Fund, that forges partnerships between public, governmental commitments to GAVI and private corporations whose business clients or employees also commit their support. Last June, the Bill & Melinda Gates Foundation and the UK Government responded to the Matching Fund opportunity by confirming over US \$300 million in challenge grants to GAVI which can be matched by new business and philanthropic commitments – an effort that has already secured new resources from La Caixa Foundation, JP Morgan, ARK Foundation, and Anglo American.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria is fully committed to continue supporting comprehensive programs that will promote the health of women and children. AIDS, tuberculosis and malaria account for nearly 20 percent of total deaths of women and children in resource poor countries. Through its investments in AIDS, tuberculosis, malaria and Health Systems

Strengthening, the Global Fund already has had a substantial impact on efforts to reduce child mortality (MDG 4) and to improve maternal health (MDG 5). The Global Fund supports a range of high-impact HIV, TB and malaria interventions for women and children across the continuum of pre-pregnancy, pregnancy, birth and child care and has substantially contributed to the scale-up of essential services for these populations. It is estimated that 32% of total Global Fund disbursements support services for women and children. In addition, another 12% of the total disbursements contribute to MDG 4-5 through health system strengthening actions. Following its replenishment in 2010 under the leadership of Secretary General Ban Ki-moon the Global Fund expects to disburse at least USD 11 billion over the years 2011-2013 of which USD 3.5 – 4.8 billion should benefit directly the health of women and children.

Global Health Workforce Alliance

The Global Health Workforce Alliance pledges to keep women and children at the heart of its work. Analysing the impact of increased health workforce action on the areas of maternal, newborn and child health will be a key indicator for progress. The Alliance firmly commits to continue advocating for action to address the health workforce crisis -- and thereby improve the health of women and children -- at the highest political levels and across our vast network of members and partners. GHWA pledges to ensure a better health workforce availability and capacity to address reproductive, maternal, newborn and child health (RMNCH) needs in selected human resources for health (HRH) priority countries through a combination of advocacy and knowledge brokering activities at global and regional levels and the provision of direct catalytic support and targeted capacity building activities in selected countries, through its Country Coordination and Facilitation (CCF) approach.

Global Polio Eradication Initiative

The Global Polio Eradication Initiative (GPEI) commits to supporting the *Global Strategy for Women's and Children's Health*. Spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, the GPEI has reduced the incidence of polio by 99% worldwide since its 1988 launch. The GPEI commits to optimizing its 70-country, 3,300-person infrastructure to intensify efforts to finally eradicate this paralytic childhood disease and to do so in a way that also supports broader maternal and child health objectives through opportunistic, value-added health interventions for mothers and children that range from complementary interventions, such as distribution of vitamin A drops and de-worming tablets during polio campaigns, to community micro-planning initiatives, to integrated disease surveillance activities.

Inter-Parliamentary Union

The Inter-Parliamentary Union is mobilizing support for the *Global Strategy for Women's and Children's Health* within the world parliamentary community. It has launched a global parliamentary dialogue that will culminate in April 2012 with a resolution recommending parliamentary action in

support of women's and children's health. The resolution will contain a catalogue of measures that parliaments can take to improve women's and children's health significantly by, for example, allocating adequate funding, revising national health policies and overseeing improved service delivery. The IPU is also providing targeted assistance to strengthen parliament's legislative and oversight functions in countries where women and children do not have equitable access to essential health services. IPU's support for the Global Strategy aims at enhancing access to and accountability for improved health services for women and children.

Organization of the Islamic Conference

The Organization of the Islamic Conference (OIC) has taken action to meet MDGs 4 and 5 through advocacy, and its active support of health training institutions and programmes, and health delivery in the most challenging settings. The General Secretariat and relevant OIC institutions are actively engaged through the OIC-US Cooperation Framework on Mother and Child Health projects in Bangladesh and Mali; the Statistical, Economic and Social Research and Training Centre for Islamic Countries Health Programme; and the Committee on Scientific and Technological Cooperation. OIC provides support to health professional training through the nursing diploma and bachelors degree programme housed at the International Islamic University in Uganda (IUIU) and a programme in medicine and nursing held at the International Islamic University Malaysia (IIUM). The IUIU has also established a nursing school to train Ugandan and East African country nurses. The OIC will aim, in collaboration with partners, to support the operation of field hospitals in conflict areas around the world. OIC will continue its support to the Global Fund to Fight against HIV/AIDs, Tuberculosis and Malaria, through fund raising and religious fatwa efforts.

The Partnership for Maternal, Newborn & Child Health

The Partnership for Maternal, Newborn & Child Health (PMNCH) pledges to be an effective catalyst for transforming into action the commitments made to advance the *Global Strategy for Women's and Children's Health*. To do so, PMNCH's 400+ members commit to enable its seven constituency groups (government, donor/foundation, UN/multilateral, private sector, NGO, health care professional association, and academic and research training) to:

- uphold shared principles for advocacy, action and accountability, including a core set of indicators integrated into country monitoring and evaluation mechanisms, so all partners are mutually accountable for the commitments and results agreed to in the *Global Strategy for Women's and Children's Health*;
- broker multi-stakeholder processes to ensure inclusiveness and participation, and harmonization of existing efforts to ensure complementarity between partners' work;
- play a central role in the operational workplan of the *Every Woman Every Child* effort, including specific responsibilities for advocacy aligned with Global Strategy goals, mobilizing new commitments and promoting implementation of existing commitments;

- play a key role in the workplan of the *Commission for Information and Accountability for Women's and Children's Health*, including working closely with the independent Expert Review Group. PMNCH will advocate for key findings and recommendations of the Commission and contribute to the accountability process through the publication of the 2011 PMNCH report on Global Strategy commitments; and
- monitor and report regularly on progress towards this commitment.

Stop TB Partnership

The Stop TB Partnership commits to advocating and mobilizing political support for the *Every Woman Every Child* effort. Reducing illness and deaths from tuberculosis (TB) is essential to improving maternal and child health. In many low- and middle-income countries women and children, like other vulnerable groups, lack access to accurate diagnosis and high-quality treatment of TB. Over the next five years at least 3 million women and half a million children will die from TB, even though it is a curable illness. The Partnership will accelerate the downward trend in maternal and child mortality by advocating for improved access to TB prevention, diagnosis and treatment, especially in pregnant women; mothers; women and children living with HIV; and those whose vulnerability to TB is heightened by poverty or social isolation. Stop TB Partners will ensure there is a special focus on saving the lives of women as they implement the [Global Plan to Stop TB 2011-2015: Transforming the fight towards Elimination](#) and the Partnership's initiative to save a million lives among people living with HIV by preventing and treating TB by 2015.

United Nations Global Compact and United Nations Foundation**

The United Nations Global Compact and the United Nations Foundation have partnered to support the Secretary General's *Global Strategy for Women's and Children's Health* and will launch an *Every Woman Every Child* Task Force within the Global Compact LEAD. The *Every Woman Every Child* Task Force is being created to focus on new and effective private sector engagements to support progress toward Millennium Development Goals 4 & 5 (related to children's and women's health, respectively). The Task Force will be a dynamic and proactive leadership forum for collaboratively leveraging the private sector's strengths. The aim is to develop collaborations through the exploration of holistic, cross-cutting and cross-industry initiatives resulting in integrated solutions for global women's and children's health challenges.

CIVIL SOCIETY/NON-GOVERNMENTAL ORGANIZATIONS (41)

34 Million Friends of the United Nations Population Fund

As always, 34 Million Friends of the United Nations Population Fund (www.34millionfriends.org) will continue to urge grassroots support (with one dollar or more) for the United Nations Population Fund both in the USA and abroad. UNFPA is at the very core of MDGs 3, 4, and 5 and thus at the very



core of the Global Strategy. The ultimate vision of 34 Million Friends is to educate US citizens and the world at large about the centrality of gender equality in all realms but particularly in the areas of education and health to any hope for people and the planet. Between now and November 15, co-founder Jane Roberts will be giving over 20 talks on the subject of "Women Population and the Millennium Development Goals" to university and civic groups. This campaign has garnered over US \$4.2 million and 34 Million Friends send a check to UNFPA every quarter.

Action for Global Health

In collaboration with other networks and organisations, Action for Global Health (AfGH) commits to track the amount of Official Development Assistance that is allocated to health, including maternal and child health, by European donors. AfGH will advocate for more and better aid to the health sector to increase universal access to healthcare, particularly for women, girls and children, who face key barriers in achieving their sexual and reproductive health and rights and the right to health because of user fees, a shortage of health workers and reproductive health supplies, and a lack of access to comprehensive sexual education or an enabling environment.

Africa Coalition on Maternal, Newborn and Child Health

The Africa MNCH Coalition commits to innovative and targeted advocacy over the next four years towards: improved domestic resources, budgeting and policy; political commitments, monitoring, accountability; and innovative partnerships. Advocacy will focus on both the health sector and on social determinant sectors which impact strongly on maternal, newborn and child health (MNCH), but which are not covered by health sector budgeting and policy. These include clean water, sanitation, hygiene, nutrition and food security, gender equality, and improved civil registration. The Africa MNCH Coalition also commits to strengthening advocacy for specific proven interventions such as immunization and human resources for health. The Africa MNCH Coalition further commits that all our advocacy efforts will include the millions of Refugees and Internally Displaced Persons, especially vulnerable women and children, whose plight is a blight on the progress of the African continent. This new approach emphasizing improved policy and budgeting in key social determinant sectors is based on the landmark August 2011 Africa Integrated MNCH Advocacy Strategy, developed with the African Union Commission and a cross-section of partners. The Strategy integrates cross cutting- issues impacting MNCH, and importantly includes both alignment of the *Global Strategy for Women and Children's Health* with African MNCH Frameworks for more effective and integrated implementation at continental and country-level, and promotion of African ownership and accountability.

African Medical and Research Foundation

The African Medical and Research Foundation (AMREF), in partnership with its donors and sponsors, will be investing an additional US \$20 million per year in maternal and child health programmes, in 20 countries in Africa, including the training of 600 new midwives annually, retraining of 5,000 existing midwives to update their skills in saving lives of mothers and newborns,

and up to 10,000 community health workers to help families provide care to mothers and children at home, and link effectively with health facilities when needed. This new commitment also includes considerable expansion of service delivery in direct community interventions. All this will enable AMREF to reach an additional 0.5 million women of reproductive age and 1.5 million children with health-enhancing interventions that will contribute to progress towards MDGs 4 and 5.

The Akaa Project, Inc

The Akaa Project, Inc, active in the community of Akaa in the Yilo Kobo district of the Eastern region of Ghana, commits that by 2015, an international collaborative model for improving maternal, infant and child morbidity and mortality will be in place, with preventative efforts and improved health care delivery aimed toward reducing illness, preventing malnutrition and stunted growth. Teaching will reinforce health care protocols by the World Health Organization. The community will soon be drilling of a bore hole to minimize parasitic infection, reducing malnutrition and a host of other illnesses. Families within Akaa and its greater community will have access to high quality health care services by qualified health care providers or by capable health care workers trained to provide excellent care. High level midwifery skills will be available for prenatal care and to avert preventable complications. This model will require the active involvement of academic and health care institutions globally. Clinical experiences and mentorships will offer students experience in meeting the health care needs of mothers, infants and children. Efforts will be made to offer adolescent females academic and job opportunities to prevent risky lifestyles. Since this area is challenged by HIV infection, major efforts will be made toward preventing transmission, alleviating stigma, developing widespread screening and offering anti-retrovirals to forestall disease and enhance wellbeing. Also, by 2015, the majority of sexually active community members will have access to barrier methods of contraception. Funding sources for the above outcomes will be thoroughly explored.

American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is a US-based not-for-profit membership organization of 62,000 pediatricians, and pediatric medical and surgical specialists. The AAP is dedicated to the health of all children, and has a long-standing commitment to child survival programs and to helping achieve the MDGs. The AAP commitment to *Every Woman Every Child* is through the delivery of training and technical assistance and through scale-up of the Helping Babies Breathe® (HBB) program. HBB is designed to ensure child survival and prevent birth asphyxia by strengthening the skills of birth attendants through use of a high quality evidence-based zero/low literacy practical educational program which teaches birth attendants in MDG countries how to care for newborns at birth. HBB focuses on the "Golden Minute®," the first minute after birth, during which time most babies with asphyxia will respond to simple interventions, including stimulation and low-technology room-air resuscitation. The AAP will expand and enhance implementation of HBB in collaboration with its partners, USAID, Save the Children, the National Institute for Health and Human Development, and Laerdal Global Health. AAP's efforts through HBB will reach more than 1 million

children, their mothers, and families. The 2011 estimated contribution of this commitment is US \$13 million.

Caring & Living as Neighbours

CLAN (Caring & Living as Neighbours) commits to ongoing advocacy efforts and grassroots community development action on behalf of children and adolescents, so as to protect and promote their international human rights to health, most particularly in the context of the unacceptably high burden of preventable disability and death caused by chronic health conditions and non-communicable diseases (NCDs) in developing countries. Identifying children who are living with the same chronic health condition as members of a distinct community, CLAN utilizes a strategic framework for action (CLAN's 5 pillars) to engage a range of partners to work with these communities to help the children enjoy the highest quality of life possible.

Using the September 2011 UN High Level Meeting (HLM) on NCDs as a springboard for future action, NCD Child (a project managed by CLAN) will collaborate with a range of stakeholders to run an international Conference on Children, Adolescents and NCDs in March 2012. The conference will focus on reviewing the UN HLM Political Declaration, and developing a comprehensive policy roadmap capable of guiding future international efforts to redress the many global inequities associated with NCDs and other chronic health conditions that currently impact on the health and wellbeing of children and adolescents.

D-Tree International

D-tree International is a leader in the development of mobile health (mHealth) tools for use by health workers in low income countries. Working together with Etisalat, D-tree is collaborating to improve the quality of health services provided to women, men and children in Tanzania. Through its subsidiary, Zantel, Etisalat is providing improved access to z-pesa outlets and innovative technology to facilitate payments which will be used to pay community birth attendants and transport providers who assist women in reaching health facilities for delivery. This is part of a broader collaboration wherein D-tree combines its expertise in developing mHealth decision support applications with Etisalat's experience in providing the technological backbone for scalable mobile solutions and will include projects in treatment of children with severe acute malnutrition as well as other maternal and child health areas. The D-tree International commitment focuses on working closely with the private, government and NGO sectors in operating countries to national sustainability and impact; making its intellectual property freely available so that its impact can be most widely leveraged; ensuring that its work is focused on helping those most in need and in particular on the rights and needs of poor women and children throughout the world.

EngenderHealth

EngenderHealth commits to building the capacity of health care professionals and programs in underserved communities of Africa and Asia, to protect the ability and right of women and

adolescents to make free and informed decisions about their sexual and reproductive health. We do this by: training providers to effectively counsel clients seeking family planning, HIV/AIDS, and maternal health services; educating communities about their sexual and reproductive health and available services; promoting the widest possible range of quality family planning methods to offer options for individuals and couples to meet their reproductive intentions; and strengthening the ability of implementing partners to incorporate informed choice into routine supervision and program monitoring. Safeguards for informed and voluntary decision making are particularly important for the most vulnerable members of society, especially women and girls. We are pleased to undertake efforts that will improve the quality of and use of sexual and reproductive health services, which contributes directly to MDGs 3, 4 and 5.

Every Mother Counts

Every Mother Counts is committed to increasing education and support for maternal, newborn and child health. Every Mother Counts seeks to engage new audiences to better understand the challenges and the solutions while encouraging them to take action to improve the lives of families through the improved health of girls and women worldwide. Alongside the organization's Founder, Christy Turlington Burns, Every Mother Counts will continue to scale up these efforts through its website, numerous media platforms, public engagements, and corporate partnerships.

FHI 360

FHI 360, a global development organization with forty years of research and programmatic experience in the areas of maternal health and family planning in developing countries in Africa, Asia and Latin America, commits to supporting the *Global Strategy for Women's and Children's Health* by including a gender focus in the majority of its US Government proposals, with special emphasis on women and girls. Through the launch of its new proposal design manual and other internal tools, FHI 360 plans to set up a process for measuring the number of proposals with gender-disaggregated data in 2012.

Global Alliance for Improved Nutrition (with DSM and Herbalife)

The Global Alliance for Improved Nutrition (GAIN) is an alliance driven by the vision of a world without malnutrition. GAIN's commitment to *Every Woman Every Child* is the launch of its new Future Fortified campaign – which seeks to help millions of women and children around the world gain access to the essential nutrients they need to lead healthy and enriched lives. GAIN's Future Fortified campaign seeks to increase sustainable access to essential nutrients for 50 million pregnant and lactating women and children through innovative, market-based approaches by 2015, helping ensure women are well nourished for a safe and healthy pregnancy and children get the nutrients they need for proper physical and mental growth. In response to the emergency in the Horn of Africa, GAIN and its partners, DSM and Herbalife, have committed to jointly provide 20 million packets of micronutrient powders to reach 400,000 women and children in Ethiopia over a 6 month period to address their critical nutrient gap and support long term health and development.

Further, The Goldsmith Foundation and GAIN have contributed vitamin and mineral Premix to fortify 15 million servings of food assistance to reach up to 300,000 people in partnership with the World Food Programme.

Health Alliance International

Health Alliance International, a US NGO, commits a total of US \$21,780,000 over the next 3 years towards the attainment of MDGs 4 and 5. These funds will be used to provide technical and managerial support to Ministries of Health in Mozambique, Timor-Leste and Cote d'Ivoire to strengthen their programs and systems for maternal and newborn care, Prevention of Mother-to-Child Transmission of HIV, and family planning. In each country the geographic scope is regional; the source of funds is from bilateral agencies (US and Australia), the World Health Organization, and private foundations. Beneficiaries are 510,000 women of reproductive age and 347,200 young children including newborns. These programs directly address the first three goals of the Global Strategy, providing support for country-led health plans, integration of maternal and child health and reproductive health services, and strengthening of health systems and the capacity of health workers.

International Association of Infant Massage, Australia

The International Association of Infant Massage, Australia (IAIM Australia) expresses its strong support to working collaboratively and making a meaningful contribution to the *Every Woman Every Child* effort, through the *Global Strategy for Women's and Children's Health*. IAIM Australia commits to improving women's and children's mental health and physical well-being by strengthening the capacity of communities to support, protect and restore early relationships between women and their babies. We will achieve this by:

- Developing and distributing relevant, evidence-based resources for primary, secondary and tertiary health and early childhood services;
- Increasing access to the IAIM program for people working with marginalized and at risk families;
- Advocating for increased use of evidence-based education to support positive touch, infant massage and other forms of responsive interaction to strengthen the mental health of women and infants, and to reduce infant mortality and morbidity;
- Increasing access to the IAIM program for women and babies who have been traumatised;
- Advocating for and actively supporting improved data collection and further research in the IAIM program, and contributing to improved interpretation and dissemination of this research.

International Baby Food Action Network

The International Baby Food Action Network (IBFAN), a network of 250 not-for-profit, non-governmental organizations in 166 developing and developed countries, commits to advocate on behalf of the *Global Strategy for Women's and Children's Health's* goal to increase the number of

infants who are exclusively breastfed for the first six months, by 21.9 million by 2015, an increase of about 40% from current numbers. From a policy perspective, IBFAN will advocate implementation of legal measures based on the International Code of Marketing of Breastmilk Substitutes (the Code); support country-level assessment of the Global Strategy for Infant and Young Child Feeding (2002) through the World Breastfeeding Trends Initiative, and bridge the gaps in implementation. IBFAN will also advocate for enhancing 'maternity entitlements', for example, paid maternity leave in order to afford mothers and babies the opportunity for 6 months of exclusive breastfeeding, breastfeeding breaks for women returning to work, etc. From a service delivery perspective, IBFAN will support monitoring of the Code, and national and regional level training of health workers in breastfeeding and infant and young child feeding counselling. IBFAN is actively seeking new funding partners to support this commitment; we do not accept support where a conflict of interest may be present.

International Council for Control of Iodine Deficiency Disorders

Across the globe, the International Council for Control of Iodine Deficiency Disorders (ICCIDD) will strive to ensure that every pregnant, lactating and child-bearing age woman, as well as every child, has access to optimal iodine to allow full realization of their individual mental and physical development potential. ICCIDD will advocate with governments, citizens, and development agencies at national, regional and global level for a strong and sustained commitment to optimal iodine nutrition and a world virtually free from iodine deficiency disorders. This will be done primarily through the strategy of universal consumption of iodized salt using a multidisciplinary approach that involves all relevant partners.

International Diabetes Federation

The International Diabetes Federation commits to increase recognition of the linkages between diabetes and related non-communicable diseases (NCDs) and women and children's health, support the integration of diabetes into existing health systems and maternal and newborn child health initiatives, and empower girls and women to prevent diabetes in current and future generations.

International Federation of Pharmaceutical Manufacturers and Associations

The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) represents leading research-based pharmaceutical companies and national industry associations worldwide. IFPMA already plays a leadership and advocacy role within the research based pharmaceutical industry in promoting awareness and encouraging engagement vis-à-vis women's and children's health. IFPMA commits to continue to advocate for policies to support access to medicines and support increased attention, engagement, and collaboration in these important global health areas within and with the global pharmaceutical industry. As part of this commitment IFPMA will publish a special publication, "Women's & Children's Health Partnerships for the Developing World," which contains a selection of access, education, and capacity building programs addressing women's and children's health, to which IFPMA members conduct or contribute. In low and middle income countries, the industry works to reduce mortality and morbidity, and to improve access to health care

and medicines by supporting a large number of philanthropic or not-for-profit partnership programs. IFPMA member companies have more than 200 projects in place, worth an estimated US \$9.2 billion that address the health-related Millennium Development Goals. Nearly half of these programs focus on women and children's health, and their number has been growing over the last several years.

John Snow, Inc.

With support from multilateral organizations, the US government, other bilateral development assistance agencies, and private foundations, John Snow, Inc. (JSI) implements a broad portfolio of maternal, newborn and child health (MNCH) activities valued at approximately US \$531 million. JSI is dedicated to sharing its long-standing body of MNCH technical expertise and the results of our work to help improve the health of women and children worldwide. To demonstrate our support to the *Every Woman Every Child* effort, we at JSI are proud to commit to the following:

- Train over 20,000 health workers to provide quality MNCH services in 14 countries and support them with the training of MNCH managers in supportive supervision;
- Engage and empower communities in 14 countries through the training and support of over 350,000 community-based health volunteers;
- Improve the quality of health data, increase evidence-based decision making, and respond to the growing demand for information-driven health services planning and management in over 50 countries; and
- Identify opportunities in over 50 countries to apply our core competency in public health supply chain management to the essential products for MNCH.

Junior Chamber International

JCI (Junior Chamber International) commits to reaching our goal of raising US \$10 million by 2015 to combat malaria through the JCI Nothing But Nets campaign in partnership with the United Nations Foundation. JCI members in 115 countries are raising awareness about malaria and raising funds for the purchase and distribution of nets, as well as working on the ground in Africa to assist national distributions. Members have raised more than US \$800,000 to date. At the 2011 JCI Global Partnership Summit, members reaffirmed our dedication to advancing the MDGs with a firm commitment for every JCI National Organization to run at least one MDG-focused project in the next year.

Management Sciences for Health

Management Sciences for Health (MSH) announces a five-year, US \$200 million commitment to improve health systems and family planning services in Afghanistan, Democratic Republic of Congo (DRC), and Haiti. In partnership with local and national governments, and with funding from USAID (in Haiti), MSH will continue to strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities. In Afghanistan, MSH will continue to work with the Ministry of Health to build its management, leadership, and public health technical capacity the

central level and in 24 provinces. In DRC, MSH will continue to unite diverse health providers under a strategy to fully implement the minimum and complementary health service packages. In addition to our field work in the selected countries, MSH is committed to educating US members of Congress and other policymakers on the unique needs of women and children in these fragile states through advocacy and communication activities.

March of Dimes

The March of Dimes commitment to *Every Woman Every Child* is a new global awareness and advocacy campaign to increase international attention to and funding for research and programs to reduce the tragic toll of death and disability caused by preterm birth. The March of Dimes and the World Health Organization estimate that 13 million babies are born prematurely each year, and one million of these children die before their first birthday. The centerpiece of our campaign is the first-ever annual World Prematurity Day to be held on 17 November 2011. Partners in this initiative are the European Foundation for the Care of Newborns and Infants, based in Germany and representing 18 countries across Europe; Little Big Souls, based in Nigeria; and the National Preemie Foundation of Australia. Additional participating organizations are being identified in Asia, the eastern Mediterranean, sub-Saharan Africa, and Latin America to be welcomed into the global network in 2013. Each organization will determine the specific recommendations that are appropriate for their own country. We have created an international community of interested parents, professionals, NGOs, hospitals, donor organizations, and others at www.facebook/worldprematurityday.

Marie Stopes International

Inclusive of commitments made through the Hand to Hand Campaign, MSI pledges that the voluntary family planning and quality reproductive healthcare it provides globally during 2011-2015 will have the long term health impact of preventing 29 million unwanted pregnancies, 8 million unsafe abortions and 80,000 maternal deaths. These health outcomes will be achieved by significantly expanding MSI's direct service delivery and through partnerships with governments, private sector providers and other agencies.

mothers2mothers

As its commitment to the *Every Woman Every Child* effort, mothers2mothers will strive to double the percentage of HIV+ pregnant women we serve by 2015, growing our reach from 20% to 40% of the global population of pregnant women living with HIV.

ONE

ONE will contribute to the Global Strategy through our issue advocacy as well as by mobilizing political support, engaging new constituencies and promoting accountability. ONE will utilize its 2.5 million members, social networks (blog, facebook, twitter, youtube), partnerships, and spokespeople to raise continued awareness of maternal and child health issues. Specific attention will be channeled toward efforts to end mother-to-child transmission of HIV and to save children's lives

through improved access to new and underutilized vaccines. ONE will also continue to hold politicians and governments accountable for pledges made in support of maternal and child health. Specifically, we will focus on ensuring that the US \$4.3 billion in new pledges for the GAVI Alliance are made real by 2015, and that global ODA for health is maintained or increased. We will advocate for the development of country plans to eliminate mother-to-child transmission of HIV in high-burden countries. We will also work to educate 2012 US presidential candidates about development issues including maternal and child health, and secure their support for these issues 'on the record'.

PATH

Program for Appropriate Technology in Health (PATH), with support from BHP Billiton Sustainable Communities, commits US \$25 million over the next five years to improve the health and development of children under the age of two in South Africa and Mozambique. By strengthening local health and development systems, improving services, and changing behaviors, PATH's work will increase access to maternal-child health and survival programs for a population of approximately 4 million people and support both countries in their efforts to meet their commitments under the Millennium Development Goals (MDGs). Specifically, the Window of Opportunity Project focuses on improving the health and development of children less than two years old in four districts in South Africa and one district in Mozambique. Using a participatory approach aimed at building community ownership and capacity, the Window of Opportunity project will be working in partnership with local health and social services departments, as well as with nongovernmental and community-based organizations, to tailor its activities to local needs and capacities for improving child health and development.

Pathfinder International

Pathfinder International commits to work with The Nature Conservancy and Frankfurt Zoological Society to raise at least US \$250,000 to launch an integrated family planning and maternal and child health program in the extremely remote villages surrounding Mahale Mountains National Park in Tanzania. The project will launch in 2012 and we anticipate continuing for at least five years with additional funds raised. This project is focused entirely on the hardest-to-reach women and children without access to the government health system. The main focus is family planning, along with prenatal care, delivery and postnatal care, newborn care, immunizations and adolescent reproductive health. This will be done through training of health personnel and of additional community health workers to conduct home visits, and substantial improvements to existing health facilities, to the benefit all women of reproductive age, children, and adolescents seeking maternal, newborn and child health and contraceptive services. Pathfinder International promises to develop and test innovative approaches; integrate essential services for the most vulnerable; educate, engage and mobilize communities to seek their own solutions; track progress through monitoring and evaluation; strengthen local capabilities to scale up interventions; and advocate for increased attention and government investments to women's and children's health, especially family planning.

We will coordinate with government and community organizations and introduce available technologies, such as mobile phones, where appropriate.

Planned Parenthood Federation of America

Planned Parenthood Federation of American (PPFA) commits to supporting our in-country partners in Africa and Latin America to reach 2 million people with sexual and reproductive health information, supplies and services, especially family planning, by 2015. Through our partnerships, PPFA helps local groups cultivate capacities necessary for institutional sustainability, including the flexibility to act amidst emerging reproductive health problems, technologies and policies. Recognizing that the largest generation the world has ever seen is entering their reproductive years, we will expand projects focusing on young people, especially using social media, to reach an additional half a million adolescents with information and access to services when the need them. Our goal is to help create the healthiest generation ever.

Population Council

The Population Council will conduct social science, public health, and biomedical research in reproductive health, HIV, and poverty, gender, and youth to improve people's lives. It designs health products and supports service delivery programs and policies responsive to people in developing countries.

In support of this initiative, the Council is committed to:

- Bringing new contraceptives, microbicides, and multipurpose technologies appropriate to the needs of vulnerable women, children, and men in developing countries to market; and engaging with pharmaceutical companies to license, register, manufacture, and/or donate Council technologies and devices to expand choice in developing countries.
- Using research to identify service delivery problems that affect women's and children's health; conducting operations research and economic analyses to test the feasibility and effectiveness of solutions to these problems; and providing program managers and policy makers with the information and capacity to expand coverage and improve service quality.
- Seeking to reduce inequities related to poverty, ethnicity, age, HIV status, gender, and sexual orientation; and, helping adolescents reach a successful, productive adulthood through expanded access to innovative products, services, and interventions.

We will focus on about 20 countries. The estimated financial commitment will be US \$10 million annually for three years.

Population Services International

Population Services International (PSI) is pleased to make a commitment to the following by 2015: provide 12.3 million individuals with contraceptives per year; distribute a total of 4.2 billion male condoms, 158 million cycles of oral contraceptives, 26 million female condoms, 32 million

injectables, 11 million doses of emergency contraception, 3.5 million IUDs and 460,000 hormonal implants between 2011 and 2015. We see the successful achievement of our commitment as having a significant impact on the lives and well-being of women and families across the developing world. Specifically, these 12.3 million family planning users per year will prevent 3 million unintended pregnancies and avert 14,000 maternal deaths each year. In addition, we commit to advocate for the improvement of women and children's health and access to quality and affordable life-saving products over the next five years, and to disseminate information and research findings about proven-effective reproductive health services.

Reproductive Health Supplies Coalition

The Reproductive Health Supplies Coalition commits, through its HANDtoHAND Campaign, to reduce unmet need for family planning by 100 million additional users of modern contraception by 2015. In the last 12 months, the following organizations have made HANDtoHAND Pledges of financial, program and/or policy support to the *Global Strategy for Women's and Children's Health: Advance Family Planning*, APROFAM, Bayer Pharma, CIES-UNAN, CLAE, Crown Agents, DFID, Ipas, Merck MSD, MSI, PAI, PATH, Pathfinder, Population Council, PRISMA, UN Foundation, UNFPA, USAID and WomanCare Global. The pledges include increases in contraceptive prevalence of at least 2 percentage points per year in over 45 countries, greater access to affordable commodities through price reductions, and over US \$215 million in new financing for reproductive health. More information on individual pledges is available at <http://www.rhsupplies.org>.

The Rotarian Action Group for Population and Sustainable Development

The Rotarian Action Group for Population and Sustainable Development (RFPD) commits to offer the methodology and findings of its pilot project to reduce maternal and newborn mortality, implemented between 2005 and 2010, to Rotary's worldwide network of clubs. By implementing this comprehensive approach including quality assurance in obstetrics in 10 selected general hospitals in the states of Kano and Kaduna, Nigeria, RFPD reduced the average maternal mortality ratio (MMR) by 60%, from 1,790/100,000 to 710/100,000, within two years. Together with Rotary Clubs and supported by The Rotary Foundation, RFPD is preparing the scaling up of the 'Kano and Kaduna model' in other states of Nigeria and the German government has offered to co-fund this scaling up with 1 million Euros. RFPD offers advice to all Rotary Clubs worldwide on how to adapt, implement and scale up this successful approach to reduce maternal and newborn mortality in other developing regions/countries and provides a comprehensive set of indicators for an adequate and effective monitoring and measuring of progress. Interested stakeholders are invited to join RFPD's efforts. This comprehensive approach leads to improvements of health systems in developing countries, saves lives of mothers and their newborns and strengthens families and communities. The methodology and results are published in the International Journal of Gynecology and Obstetrics and will be published in detail on www.maternal-health.org.

Sesame Workshop

Sesame Workshop is the world's leading educational media non-profit organization, reaching millions of children and families in over 150 countries worldwide. The organization's mission is to maximize the educational power of media to help all children reach their highest potential. Sesame Workshop's commitment to *Every Woman Every Child* is the expansion of our health-related work in Latin America, Africa and Asia in 2011-2012. Over the life of the program, it is estimated that expansion of our work in these three priority regions will: reach millions of additional children and mothers with a particular focus on vulnerable populations in both rural and urban settings; result in measurable changes in knowledge, attitudes and behaviors in target populations related to prevention of non-communicable diseases (NCDs) and infectious diseases such as HIV/AIDS and malaria; build capacity in health education with local partners; lead to social marketing campaigns focused on increased awareness around the critical need for early prevention of NCDs and infectious diseases; result in evidence-based innovations in the use of media and new technologies to promote healthy habits in developing countries targeting women and children; and enable progress and mobilizing media to help meet the Millennium Development Goals (MDGs).

Together for Girls

Together for Girls commits to utilizing its research, advocacy and in-country program efforts to improve the health and well-being of women and children. A global public-private partnership dedicated to eliminating sexual violence against children, particularly girls, Together for Girls focuses on three pillars: conducting and supporting national surveys on the magnitude and impact of violence against children, particularly focused on sexual violence against girls; supporting coordinated program actions in response to the data; and leading global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions. In addition, developing and strengthening the capacity of individuals and institutions is an important cross-cutting element of the partnership. Working with governments and civil society, the Together for Girls model builds on existing programs and platforms wherever possible to integrate the issue of sexual violence into social welfare, health, education, and justice programs. Together for Girls is currently active in Tanzania, Kenya, Zimbabwe, Swaziland, Malawi, Haiti, the Philippines, Indonesia and Vietnam. These efforts will continue and expand in the upcoming years, increasing awareness of the magnitude of the problem, and the significant consequences to individuals, communities and society.

WaterAid

Diarrhoea, caused by lack of access to safe drinking water, adequate sanitation and hygiene practices, kills 4,000 a day, every day. It is the biggest cause of under-five mortality in sub-Saharan Africa. The absence of these basic services continues not only to risk the lives of women and children, but also has a crucial impact on the quality of their lives, on their levels of poverty, on educational attainment, and on life opportunities. WaterAid, through our direct work and partnership with civil society, government, international organisations, academic institutions and the media, aims

to ensure access to improved sanitation, hygiene and safe drinking water for a further 25 million people by 2015. By influencing the policies and practices of governments and service providers we hope to reach a further 100 million people. WaterAid will: promote and secure poor people's rights and access to safe water, improved hygiene and sanitation; support governments and service providers in developing their capacity to deliver safe water, improved hygiene and sanitation; and advocate for the essential role of safe water, improved hygiene and sanitation in human development.

WaterHealth International

WaterHealth International is the leader in providing scalable, safe and affordable clean water solutions to underserved and impoverished communities through innovative business models. On a yearly basis, our facilities purify over 100 million liters of water, which is received by over 4 million people – a number that is growing as our business models expand along with the geographic areas in which we operate. We currently have operations in India, Ghana, and the Philippines – reaching nearly 4 million people with clean water. Our very existence and success thus far is demonstrative of the true potential of utilizing private sector strengths for public health successes. WaterHealth's commitment to *Every Woman Every Child* is the expansion of WaterHealth programs to the Global Strategy's priority countries of Bangladesh, Nigeria and Liberia in 2011-2012. Over the life of the program, it is estimated that such expansion into these priority countries will result in: improved access to clean water to 3 million people; drastically lowering the incidents of child diarrhea and other water borne diseases; employing over 250 people (job growth); and enabling progress to meeting the Millennium Development Goals (MDGs) in these countries.

Water.org

For the past two decades, Water.org has strived to develop and drive market-based and scalable models that can more effectively address water and sanitation needs at the base of the economic pyramid. Water.org is committed to taking this approach to the next level by expanding and scaling its WaterCredit initiative in India to reach a minimum of 800,000 people, of which more than half are women and children, with clean water and sanitation by 2016. This approach, Water.org's initial commitment to *Every Woman Every Child*, will empower thousands of households to gain access to critical financial services to meet their own water and sanitation needs over-time, and improve their well-being. More than 90 percent of WaterCredit loan recipients will be women.

Women and Children First (UK)

Women and Children First (UK) commits to working with partners in Africa and Asia to mobilise communities to reduce maternal and newborn mortality rates through cost-effective and scalable community based interventions. Women and Children First (UK) also commits to keeping up the pressure on donor and national governments to achieve optimal reproductive, maternal, newborn and child health outcomes and to increase political commitment and action to support progress towards Millennium Development Goals (MDGs) 4 and 5 in low and middle-income countries.



Women's Health and Education Center

The Women's Health and Education Center (WHEC) aims to improve women's health through education and advocacy, particularly in developing countries. WomensHealthSection.com, launched in cooperation with the UN, provides information on everyday issues associated with women's health. This e-learning initiative is active in 220 countries, linked to 30,800 courses in the developing world, and receives 25,000-30,000 visitors per day. As a web-enabled platform, it allows for multiple forms of collaboration worldwide. WHEC will cover the costs of the research and development of our e-learning initiative. Continuing medical education services will be provided free to the countries identified by the UNDP as Least Developed Countries. WHEC remains committed to providing health education and advocacy regarding improving neonatal health outcomes. We will also provide evidence-based medical information to in-country partners and health care providers in Africa and Latin America, to reach 3 million people with reproductive health information, especially family planning, by 2015. WHEC will continue its commitment to create health-promoting schools, recognizing that adolescents find themselves under strong peer pressure to engage in high risk behavior. The spread of HIV/AIDS among adolescents is growing phenomenon, while the traditional problem of sexually transmitted diseases (STDs) continues to increase. WHEC will continue to emphasize: self-esteem; family planning; the importance of postponing the first pregnancy; and the ability to withstand peer pressure.

World YWCA

As a global movement leading change in our communities, reaching 25 million women and girls in 125 countries, we commit to:

- mobilise political support, engaging new constituencies and promoting accountability to women and girls.
- advocate for and monitor the implementation of key global commitments on women and children's health especially on reproductive health, HIV and violence related actions through our member associations.
- deliver effective interventions; programmes and services to women's sexual and reproductive health and rights through provision of safe and empowering spaces for women and girls in 20 countries.
- contribute US \$2 million dollars through the Power to Change Fund in five years, as well as through individual programmes of our YWCA member associations.
- provide an estimated 1 (one) billion hours of time in the next five years through volunteer work in communities in 100 countries through provision of care; support, counselling, information and accompaniment.

Youth Coalition for Sexual and Reproductive Rights

The Youth Coalition for Sexual and Reproductive Rights (YCSRR) commits to continue promoting the sexual and reproductive health and rights of adolescent girls and young women, in order to help



ensure full and unconditional access to comprehensive sexuality education, and quality sexual and reproductive health services, including emergency contraception and safe abortion services. We will advocate at the international level; support the capacity of youth who are advocating for sexual and reproductive rights; and generate knowledge about adolescent girls' and young women's health and rights.

BUSINESS COMMUNITY (15)

Bristol-Myers Squibb Foundation

In 1999 Bristol-Myers Squibb and the Bristol-Myers Squibb Foundation launched Secure the Future (STF), the first and largest private commitment to help address the HIV epidemic in sub-Saharan Africa. STF's initial commitment of US \$100 million in the five southern most African countries has now exceeded US \$165 million and is present in over 20 African countries. A major element of STF was the development of the first network of Children's Clinical Centers of Excellence on the continent in partnership with the Baylor College of Medicine and country governments. BMS has also invested in the human resource needs of these centers by establishing the first Pediatric AIDS Corps to help treat but also train local health care professionals. The sites now see over 97,000 children and parents through the centers and network of satellite clinics. Another component of Secure the Future is the establishment of a South to South, Technical Assistance Program (TAP) on community based care. BMS Foundation's commitment includes establishing a new clinical center of excellence in Kisumu, Kenya; incorporating breast and cervical cancer training into our Technical Assistance model in South Africa and Lesotho (a five year, US \$2 million commitment) and an increase of TAPs efforts on PMTCT and OVC care and support in Swaziland and Democratic Republic of the Congo.

Dow Corning

Dow Corning will provide US \$5 million in unrestricted support over five years to the United Nations-led Global Alliance for Clean Cookstoves. Providing global leadership and grassroots assistance where possible, Dow Corning commits technical, human and financial resources to making a difference in solving one of the world's leading environmental, health and social problems – traditional cook stoves and open fires that serve as the primary means of cooking and heating for nearly three billion people in the developing world. Additionally, Dow Corning will integrate employee participation into this transformational effort through its Dow Corning Citizen Service Corps. In this way, Dow Corning scientists, engineers and business professionals will work with Alliance partners and in the field on specific projects designed to facilitate adoption of cleaner cooking technology; educate women regarding the benefits of using clean cookstoves; and facilitate development of a viable global cookstove industry. Smoke from traditional cookstoves kills nearly two million people annually, with women and young children most at risk from acute and chronic diseases such as

pneumonia, heart and lung disease, COPD, accidents and the dangers to personal safety associated with fuel gathering for the family fire.

GE

Through GE's US \$6 billion commitment in September 2010, GE Healthcare is committed to helping achieve the Millennium Development Goals 4 and 5 to reduce child mortality and improve maternal health. Protecting the health of mothers and babies in rural areas is GE's foremost priority in rural health. GE Healthcare's goal is to continuously develop innovations that help clinicians and healthcare providers deliver high-quality healthcare at lower cost to more people around the world, particularly in rural areas. GE Healthcare's rural health strategy is driven by technology and innovation; designing healthcare equipment that can address health needs in remote and underserved areas, through a diverse portfolio of maternal-infant care products, which ranges from ultrasound, fetal monitoring devices, baby warmers and phototherapy devices, and offers midwives effective tools that support a continuum of care from conception to childbirth and infant care. Developing regions such as sub-Saharan Africa are where GE's commitments come face to face with the greatest need. The company is striving to enable greater access to high-quality healthcare for more people at an affordable cost. To this end, GE Healthcare is expanding its maternal-infant care portfolio to offer more products to over 80 lower-income countries. Included already are safety-tested, affordable and easy-to-use infant care products that provide warmth for newborns, phototherapy to treat jaundiced infants and incubators for babies. By providing effective, high-quality and easy-to-use products, with basic education, we believe we can make a major difference in the region.

Hewlett Packard

As the world's largest information technology company, Hewlett Packard (HP) shares an urgent goal with the UN Secretary-General: to improve healthcare and quality of life for millions of women and children around the world. Social innovation at HP is an exciting, dynamic and targeted initiative within the company's Global Citizenship strategy. Based on the concept of creating shared value, it connects economic progress with societal needs. Social Innovation at HP centers on the belief that the same passion, energy and culture of innovation that makes HP successful commercially can also be used to make a profound and positive social impact in the world. Through its global health initiatives, HP is collaborating with leading health authorities to reinvent processes, modernize systems, and develop solutions that dramatically expand access, improve care, and save lives. HP's commits to continue applying the skills of its people (more than 320,000), its technology assets, and its customer and stakeholder partnerships to develop innovative solutions that address the root causes of critical global challenges such as infant HIV, maternal health, unemployment and poverty. For example, HP has partnered with the Clinton Health Access Initiative and the Kenya Ministry of Health on the Early Infant Diagnosis (EID) project. The goal is to leverage technology solutions to improve testing and treatment for more than 120,000 infants exposed to HIV in Kenya each year. In 2010, HP provided over US \$45 million to support its Global Social Innovation efforts and commits to

continue applying its human, technical, intellectual, and financial assets to develop transformative solutions and enable healthy lives, active minds and hope for millions.

Intel Corporation

Intel Corporation is pleased to announce support and commitment towards the United Nations Secretary-General's *Every Woman Every Child* effort. We firmly believe in this effort and that in the 21st century, all women and children must have access to quality healthcare. A strategic imperative for better access to healthcare will include empowered front-line healthcare workers with educational tools, computer literacy skills, and the latest computer and internet technologies. Intel plans to collaborate with governments, private industry, development community, and academia to launch in-country programs that help address the educational needs of at least one million front-line healthcare workers by 2015. We plan to share our healthcare expertise, industry standards leadership, and education tools to enhance computer literacy and health education for healthcare professionals and healthcare students. We need to foster a collaborative business environment where public-private partnerships can thrive and provide the innovation needed to create new sustainable business models that deliver "more health for the money". Intel is very excited about the opportunity to assist countries in achieving the important United Nations Millennium Development Goals for child mortality and maternal health.

Johnson & Johnson

In September 2010, Johnson & Johnson made a five-year commitment in response to the United Nations' *Global Strategy for Women's and Children's Health* to achieve the Millennium Development Goals focused on women's and children's health by 2015. Our commitment seeks to increase life expectancy and quality-of-life and, by the year 2015, we aim to be reaching at least 120 million women and children per year in 50 countries through partnerships. As one of the first private sector leaders to answer the Secretary-General's call for increased resourcing, attention, innovation and progress for women's and children's health, Johnson & Johnson recognizes the important role of integrated approaches and comprehensive collaborations to support sustainable progress towards MDGs four and five working closely with and through the United Nations. The newest efforts in delivering on our commitment is also the first-ever corporate partner to a joint (H4+) UN program, a 4-year partnership with UNFPA, UNICEF, the World Bank, WHO and UNAIDS (collectively known as the H4+ agencies). The program's aim is to help reducing maternal and infant mortality in Tanzania and Ethiopia by building healthcare capacity and training skilled birth attendants.

LifeSpring Hospitals of India

LifeSpring Hospitals of India is an expanding chain of maternity hospitals that provides high quality health care to lower-income women and children in India. By using a market-based approach, LifeSpring fills the void of high quality maternal and child health care at affordable rates for India's low-income population. LifeSpring's unique existence and expanding operations is demonstrative of the true potential of private sector solutions to dire public health needs – perhaps most powerfully in

the area of maternal health and childhood vaccinations. Both of these areas are exactly and exclusively what LifeSpring Hospitals has focused on since their first hospital in 2005. Since then, LifeSpring has expanded to 12 other hospitals in India – safely and successfully delivering over 11,000 babies and serving over 150,000 customers – all of whom come from poor, urban, areas of India. LifeSpring Hospital commits to expanding their maternal health hospital network to 100 new facilities between 2011 and 2015 in 7 cities in India, aiming to reach out to 60 million people and delivering more than 100,000 babies. LifeSpring Hospitals is a member of UNDP’s Business Call to Action.

Merck

Merck, a global healthcare leader, commits to joining global partners to save the lives of women during pregnancy and childbirth and is making this fight part of its mission for the long-haul. Merck for Mothers (www.merckformothers.com) starts with a 10-year, US \$500 million initiative to help reduce maternal mortality by 75%. Merck will apply its scientific and business expertise to make proven solutions more widely available, develop new game-changing technologies and improve public awareness, policy efforts and private sector engagement for maternal mortality.

‘Merck for Mothers’ will work to improve the quality and supply of diagnostic, prevention, and treatment interventions for post-partum hemorrhage and pre-eclampsia. In addition, the company will strengthen medical education for skilled birth attendants, develop sustainable models for health delivery and expand access to family planning, a critical life-saving solution. Merck will collaborate with partners to develop game-changing maternal health technologies for widespread use in resource-poor settings starting with an assessment of more than 30 existing promising technologies. The initiative will be guided by input from an internal steering committee and an external advisory board and will utilize an independent organization to monitor and evaluate its efforts. Merck is known as MSD outside the United States and Canada.

Nestlé

As the world’s leading nutrition, health and wellness company, Nestlé makes considerable investments designed to enhance the quality of life of its employees, consumers, suppliers and the communities in which it operates. Overall, Nestlé maintains nearly 300 business-related activities and programmes which directly support the MDGs – particularly related to women’s empowerment and health, nutrition, water, sanitation and hygiene, and community development, especially in rural areas. This unique engagement experience with the Millennium Development Goals (MDGs) is based on Nestlé’s fundamental business philosophy of Creating Shared Value whereby healthy communities, lead to healthy economic systems for growth and development.

Nestlé’s commitment to *Every Woman Every Child* is anchored in continuing and scaling up a host of programmes, including the expansion of Nestlé Healthy Kids Global Programme (HKP) to 51 new countries at the end of 2011. HKP has been designed to address today’s complex health

challenges, such as poor nutrition and obesity, by teaching school-age children the value of good nutrition and physical activity. Each programme has been developed in collaboration with national health and education authorities, and child nutrition experts, to address the specific needs of children in target areas. In 2010, alone, HKP reached 3.35 million children.

Nigerian Private Sector (WellBeing Foundation and Tony Elumelu Foundation with Chellarams Group, Dangote Group and Dangote Foundation, Diamond Bank, Family Care Association, Friends of the Global Fund Africa, Guaranty Trust Bank, KPMG, MON Global Communication, MTN and MTN Foundation, OANDO, Ojora Group of Companies, Phillips Consulting, Stormberg Power Ltd, Stronghold Support Services, Think Africa Foundation, Zenith Bank)

The WellBeing Foundation of Nigeria has assumed a leadership role in catalyzing and securing private sector commitments and creating new partnerships for maternal newborn and child health (MNCH). The WellBeing Foundation's commitment to *Every Woman Every Child* has been the development of new collaborations for MNCH efforts in Nigeria focusing on strategic grant-making, thus far securing new financial, advocacy and corporate social responsibility commitments from a range of Nigerian business and philanthropic leaders. Programmatically, the WellBeing Foundation commitment focuses on the development and scaling up of programs that will immediately show verifiable impact on the survival of mothers and children. Among these programs is the adoption of a contextually and regionally attractive Millennium Development Goals (MDGs)-related communication policy for harmonized messaging and coordinated advocacy efforts on MNCH. Furthermore, WellBeing Foundation commits to the development and deployment of integral tools that will enhance, track, monitor and evaluate universal uptake of beneficial and essential public health provision for women and children – through the scaling up and modernization of personal health records for all women and children in Nigeria. The WellBeing Foundation commits to US \$2.5 million per year to support this Nigeria-led, Nigeria-managed, Africa-focused, Africa-impact, private sector-driven effort.

As its commitment to *Every Woman Every Child*, up to US \$250,000 of The Tony Elumelu Foundation's (TEF) existing impact investing capital will be allocated to provide equity or debt capital to start-up and early stage companies seeking to commercialise innovative solutions related to improved maternal and child health care delivery. The primary focus will be Nigeria in year one, but with an eye for opportunistic investments elsewhere in Africa where appropriate. TEF will leverage internal business development talent and experience as well as provide access to networks to provide additional technical assistance support to build sustainable companies. Other investors with an interest in the space will be welcome to co-invest or partner with TEF in other ways to make this effort a success.

Novartis Foundation for Sustainable Development

Novartis and the Novartis Foundation for Sustainable Development (NFSD) have been contributing to the realization of the MDGs since their launch in 2000. NFSD has committed to the achievement



of the Millennium Development Goals (MDGs) through a variety of healthcare programs as well as through efforts to bring different stakeholders together to build effective health partnerships. One such project, developed in partnership with WHO, IMCI Computerized Adaptation and Training Tool (ICATT), is the newest example of such a commitment. ICATT is an innovative e-learning software targeted at reducing under five mortality by globally scaling up training in Integrated Management of Childhood Illness (IMCI) after successful testing in Tanzania, Peru and Indonesia. In 2011, the NFSD and the WHO decided to continue collaboration in order to develop a similar training tool for Integrated Management of Pregnancy and Childbirth (IMPAC) in order to contribute to the achievement of MDG 5. The tool will thus be called IMPACTT (Integrated Management of Pregnancy and Childbirth Training Tool) and comprise training modules in pregnancy care, childbirth, newborn care, postnatal maternal care and postnatal newborn care. The first module on Essential Newborn Care will be ready for testing by the end of this year.

Novo Nordisk**

Novo Nordisk commits to *Every Woman Every Child* through the Early Origins of Health Initiative, which is committed to advancing the prevention of non-communicable diseases (NCDs) with a focus on improving maternal, newborn and child health. The overarching aim is to give a healthy start to life by supporting pregnant women and their children during the 'first 1000 days' – the nine months of pregnancy and up to the first two years of childhood. The Early Origins of Health Initiative will design and demonstrate efficacious interventions that will improve health outcomes for the mother and unborn child, and explore solutions that can potentially spur new approaches to preventing non-communicable diseases. The Early Origins of Health Initiative will prototype an intervention in South Africa during 2012-2013. The Early Origins of Health Initiative brings together private sector partners with core competencies in areas such as of nutrition, diabetes, healthcare and hygiene.

Pfizer

Pfizer commits through ongoing programs and partnerships to support the UN Secretary-General's *Every Woman Every Child* objectives by helping address health priorities in the following areas: infant immunization for the prevention of pneumococcal disease; education, training and advocacy programs on maternal and infant health; development of intermittent preventative treatment for malaria in pregnant women; infant and young child nutrition; healthcare system capacity building; and sustainable commercial models for products addressing the needs of women and children in developing countries. One of the primary ways Pfizer supports the health priority of infant immunization for the prevention of pneumococcal disease is by acting as a major supplier to the Advanced Market Commitment (AMC). In 2010, Pfizer entered into a 10-year agreement with UNICEF to provide up to 300 million doses of Prevenar 13 to infants and young children in the poorest countries of the world at a deeply discounted price. Other Pfizer initiatives include supporting the needs of women and children in developing countries by working with institutional buyers, which purchase medicines in bulk and distribute them to some of the world's neediest

patients; and training nurses who provide primary and secondary prevention services to women and children in disadvantaged populations.

Safaricom

Safaricom, the leading provider of converged communications solutions in Kenya, commits to closely collaborate through a Kenya mobile health (mHealth) partnership with the Kenyan Government, Civil Society Organisations such as World Vision Kenya, Care Kenya, NetHope, mHealth Alliance, and others to develop the needed enterprise architecture for mHealth solutions at national scale. It further commits to provide integrated mHealth solutions to 20,000 community health workers with an initial focus of reaching 1.5m pregnant women in Kenya with mHealth services; provide an affordable and convenient saving option for healthcare during their pregnancy and post natal care that suits their economic status, using its M-PESA solution that currently has over 14 million users; support the Government of Kenya with its mobile based District Health Information System expansion for community health workers, connecting them to quality health service providers via virtual call centres manned by medical professionals and access to health information on their portal and via SMS based solutions. The Safaricom leadership team will also encourage other African business, especially mobile phone providers in other countries in Africa, to make similar commitments to the UN Secretary-General's Global Strategy.

Vestergaard Frandsen

Vestergaard Frandsen commits support to the UN Secretary-General's *Every Woman Every Child* effort to improve women's and children's health. The company's contribution comes through its ongoing LifeStraw Carbon For Water programme, a ten-year project that has brought safe water to 880,000 homes in western Kenya through an initial investment of USD 30 million. This means that more than 2 million women and nearly 800,000 children under the age of five now have markedly improved chances of avoiding the waterborne illnesses that threaten their lives and thereby impede broader development.

Through LifeStraw Carbon For Water, Vestergaard Frandsen provides free products (LifeStraw Family water filters) and services (education, training, repair, and replacement) that will help move the population of Kenya's Western Province closer to achievement of several of the Millennium Development Goals. The project ensures that women and children have safe drinking water and thereby supports maternal and child health along the entire length of the WHO's continuum of care. In addition, through partnerships with the UN, the Kenyan government, and local stakeholders, Vestergaard Frandsen is achieving gains for women and children's health in western Kenya, and will continue to do so over the next ten years of the LifeStraw Carbon For Water project.

HEALTHCARE WORKERS (2)

Council of International Neonatal Nurses

The Council of International Neonatal Nurses (COINN) remains committed to providing education and advocacy regarding improving neonatal health outcomes. We commit to supporting the education of those nurses that take care of neonates by linking resources already available with our regional network partners in over 60 countries and developing other materials on areas such as common and emerging neonatal infections that are impacting Millennium Development Goal 4 (child mortality). Our advocacy will engage and contribute to the adoption of policies related to supporting maternal-child health and decreasing risky behaviors, and, when possible, providing spokespersons on maternal-child health issues.

Edna Adan University Hospital

Since our referral hospital was opened in Hargeisa in 2002, we have cared for women with unimaginable obstetrical complications. The maternal mortality rate (MMR) among women admitted to our hospital is now 390/100,000, or 25% of the national average, estimated at 1,600/100,000. The Global Strategy has given the Edna Adan University Hospital an additional incentive to work even harder towards further improving the health of our women and children. The initial reduction of 75% of the MMR of women treated in our hospital was brought about by training more midwives and having a 24/hour readiness to deal with emergencies. We believe a MMR of 150/100,000 is achievable and have set ourselves this goal. Having pioneered the training of nurses and midwives in the region, we are also even more committed to further improving and accelerating our Midwifery Training programmes. We will continue to monitor, supervise and guide our past graduates while training 1,000 Public Health Midwives during the coming six years.

ACADEMIC & RESEARCH INSTITUTIONS (9)

Centre for Health and Population Studies, Pakistan

The Centre for Health and Population Studies, Pakistan (CHPS) commits to try to bridge the gap between research generation and policy formulation. We will try to ensure that evidence generated in Pakistan in the field of maternal, newborn and child health reaches the policy makers. This work is underway, including through consultations with stakeholders. Potential priorities include:

- annual professional events to focus on and disseminate health evidence, e.g., conferences;
- strengthening of Pakistani institutes to offer courses on advocacy, abstract writing, journal paper writing, etc;
- review of medical curricula to add research capacity development at undergraduate levels;
- public advocacy events, e.g. marathons;

- use of print and electronic media as effective dissemination methods.

Global Student Forum

The Youth at School (Y@S) represented at the GSF2011 (Edinburgh, September 8th, 2011) commit to raise awareness, among at least 30,000 of our peers and 300,000 members of our wider communities in Scotland, of the avoidable mortality among mothers and babies in low-income countries and of the Global Strategy, and to fund-raise for charities working directly to reduce this unacceptable burden. We commit to being part of the global community of Y@S and to add our voice to those of our peers in low-income countries in calling for action to ensure adolescent girls can avoid early pregnancy, and mothers and babies can remain alive and healthy.

Institute for Tropical Medicine, Antwerp

The Institute of Tropical Medicine, Antwerp (ITM,A) is an academic institution which purpose is to carry out and promote research, education and services mainly in the fields of tropical medicine and health care in low and middle income countries (LMIC). ITM,A commits to promoting women and children's health through engaging in the training of the current and next generation of global health professionals, conducting research for reducing suffering and death from health problems and contributing to policy development. Every academic year, with financial support from Belgian cooperation, we train 12 participants from low and middle-income countries (LMIC) in a full MPH course in Reproductive Health, and a further 6 participants in a 2-month short course in Reproductive Health; and we will recruit and coach two PhD candidates on a maternal and neonatal/child health topic. By 2012, ITM,A commits to setting up a new Research Center in Women's & Child Health. It will involve more than 15 highly experienced researchers coming from various disciplines such as obstetrics, pediatrics, public health, social sciences. This new center will focus on evidence-based interventions for reducing morbidity and mortality of women and children and on maternal and children health policy evaluation research.

International Federation of Medical Students' Associations

The International Federation of Medical Students' Associations commits to work with key stakeholders in learning institutions to review the content on reproductive, maternal, newborn, child health (RMNCH) of medical curricula in 10-12 countries by Sept 2012, and further high burden countries by 2015. The aim would be to identify areas to strengthen in the curricula to optimise learning on local and national RMNCH and health systems needs, and on the global consensus on essential RMNCH interventions. Country reports will be produced and used to advocate for and inform improvements in the education of future medical professionals to improve women's and children's health. This commitment will be carried out in collaboration with the academic, research and training and health care professional training constituencies of the Partnership for Maternal, Newborn & Child Health (PMNCH). Together with these constituencies, the IFMSA also commits to raise awareness among medical students in high-income countries of the burden of poor health

borne by women and children in low-income countries and of the Global Strategy, advocating for inclusion of at least one session on these issues in every undergraduate curriculum by 2014.

Medsin Aberdeen

Medsin Aberdeen commits to raise awareness among the constituency of medical students at the University of Aberdeen of the *Global Strategy for Women's and Children's Health* for achieving Millennium Development Goals 4 & 5. By September 2012, we commit to have held at least 2 awareness-raising events. We also commit to liaise with University teaching coordinators to advocate for inclusion in the medical curriculum of information on the Millennium Development Goals 4 & 5 and the *Global Strategy for Women's and Children's Health*.

Royal College of Obstetricians and Gynaecologists

The Royal College of Obstetricians and Gynaecologists is committed to reducing maternal and newborn mortality. We draw on the experience of our global network of members to make an effective contribution to improving sexual and reproductive healthcare. Some of our projects are delivered in partnership with the Liverpool School of Tropical Medicine who have extensive experience of management and delivery of courses. Our work involves:

- Advocacy – to raise awareness of maternal health at local/global levels
- Technical assistance – capacity development through training, exchange programmes and setting of standards and guidelines that can be adapted locally
- Strategic programme work – working with governments and international organisations to improve quality of care/assistance with monitoring and evaluation.
- Fellowship programme – sending trained doctors to specific sites, for between 3-months/1 year, where along with midwives, anaesthetists and paediatricians build capacity by structural development, training of healthcare workers, development of risk assessment, triaging and referral capability.
- Outcome assessment – develop the appropriate audit capability to assess maternal and child morbidity and mortality. This is important to support the ongoing aid provision.

The ultimate aim is to capacity build with a sustained local workforce with the appropriate training, network structure and facilities with an increasing reduced need for external input.

Royal Medical Society, University of Edinburgh

The Royal Medical Society (RMS) commits to raise awareness among our members of medical students at the University of Edinburgh of the *Global Strategy for Women's and Children's Health* for achieving Millennium Development Goals 4 & 5. By 1st September 2012, we commit to have held at least one awareness-raising event. We also commit to advertising the Global Strategy through links on our website and to promote our support at RMS events run throughout the year.

RTI International**

RTI is an independent non-profit research institute. Staff of more than 2,800 provide research and technical expertise to the public and private sectors in more than 40 countries. A major focus of RTI's international work is in health research; health technology development; health systems and policy; and monitoring and evaluation. RTI's commitment is through the creation and implementation of the MANDATE initiative.

MANDATE is an initiative, funded by the Bill & Melinda Gates Foundation, to inform the development of effective technologies to improve maternal and neonatal healthcare in low resource settings. More than 98% of global maternal and neonatal deaths occur in low resource settings. Delivering innovative and appropriate technologies across the continuum of care--including technologies for frontline workers to use in homes, communities and first level clinics--may improve pregnancy outcomes and reduce mortality. The MANDATE Model will allow users to analyze each condition, and associated prevention, diagnostic, and treatment interventions, to ascertain the impact on lives saved for mothers and newborns. MANDATE's mission is to inform resource allocation decisions by foundations and the larger global health community by providing an interactive model to assess the conditions and technology improvements with the greatest potential for reducing maternal and neonatal mortality in low-resource settings, with an emphasis on home and community settings.

University of Aberdeen

The University of Aberdeen commits in the period up to 2015 over US \$500,000 of institutional resources to sustain its Immpact unit dedicated to improving maternal and newborn health. Immpact will support at least 10 low-income countries to identify maternal and newborn health research priorities, to generate new evidence to improve and assure the quality of care at birth received by mothers and babies, and to utilise this evidence in policy and programme decision-making. Immpact will work with global and bi-lateral agencies in the implementation of the COIA recommendations, particularly with regard to maternal and perinatal death audits and quality improvement. Immpact will spearhead an initiative (Y@U) with the Partnership for Maternal, Newborn & Child Health to engage the youth constituency at universities in the global North and South in mobilising support and promoting accountability for keeping mothers and babies alive and well.

*Announced May 19, 2011 at the World Health Assembly (Geneva)

**Announced June 22, 2011 at New African Connections (Oslo)

Additional endorsements have also been made by the International Pediatric Association (IPA) and the School of Medicine, University of Zambia.

