

# Combatting infectious disease to improve maternal and child health

Increasingly, the interconnectedness of health interventions is being recognised, and calls have been made to broaden the Global Fund's mandate in an effort to boost progress towards achieving the MDGs

September's Millennium Summit in New York will assess the progress made to date towards achieving the Millennium Development Goals (MDGs) and will be accompanied by renewed calls to improve maternal health, a long-neglected area of development. The Global Fund contributes to accomplishing targets on MDG 6 'combat HIV/AIDS, malaria and other diseases'. Due to the interlinked impact of disease on the health of women and children the Global Fund also contributes to progress on MDGs 4 'reducing child mortality' and 5 'improving maternal health'. The Global Fund is committed to playing a central role in expanding the services it finances to benefit women and children.

Global Fund investments to combat HIV, tuberculosis, and malaria make a substantial contribution towards reaching MDGs 4 and 5. At the end of 2009, 2.5 million people – the majority of whom were women – were receiving antiretroviral therapy. After decades of neglect, promotion of prevention of mother-to-child transmission (PMTCT) has acquired new urgency and by the end of 2008, 45% of pregnant HIV-positive women were being reached with preventive treatment. In 2009 alone, 345 000 pregnant women received PMTCT treatment through the Global Fund. During pregnancy, women are more susceptible to malaria and outcomes for the mother and unborn child are more severe. By the end of 2009, 104 million insecticide-treated nets had been distributed. Care and support has been given to more than 4.5 million orphans and other vulnerable children and a broad range of interventions to promote sexual and reproductive health have been provided.

Despite advancements in global health, sub-Saharan Africa has the world's highest maternal mortality ratio (the rate of reduction is still well short of the 5.5% annual decline needed to meet the MDG target by 2015) and infant mortality rate. Infectious disease is a contributing factor:

- each year approximately 50 million pregnant women are at risk of exposure to malaria;
- malaria directly causes 17% of deaths among children aged 0 to 4;
- HIV is responsible for 46% of all deaths among women of childbearing age;
- women typically have less access to and control over

health information and behaviour, care and services, and resources to protect their health.

Progress in maternal and child health is to a large extent dependent on the AIDS response. A recent study published in the *Lancet*<sup>1</sup> reports the extent to which progress in reducing maternal mortality has been slowed by the ongoing HIV epidemic. According to the study there were an estimated 343 000 maternal deaths in 2008. An additional 60 000 lives could be saved each year if women received appropriate HIV diagnosis and treatment, researchers reported. The same article called for expanding the Global Fund's mandate to integrate maternal and child survival programmes into the Global Fund framework.

Further investing in the health of women and children has been identified as a crucial step towards achievement of all health-related MDGs. A reduction in the number of maternal deaths has been hindered because of a lack of funding for maternal and child health. By 2006, investments in this field represented around only 3% of the total amount of international aid, far below the amount needed to achieve the MDGs.<sup>2</sup> Having lagged on the improvement of maternal health for decades, the risk of missing MDG 5 targets has led maternal health advocates to galvanise action towards integrating maternal health with programmes to reduce newborn and child mortality.

During meetings in April this year the Global Fund Board recognised the interconnectedness of health-related MDGs recommending that new projects under Round 10 should link the health of women and children



*Prevention of mother-to-child transmission of HIV is being scaled up to improve maternal and child health*

©Malawi: The Global Fund/John Rae

This article has been written by the Communications Department at the Global Fund headquarters in Geneva.

with disease specific initiatives. The Board also encourages changes to the Global Fund grant architecture to urgently scale-up investments in maternal and child health in the context of the Global Fund's core mandate. More mothers' and babies' lives can be saved through a combination of measures that are part of the Global Fund's recommendations on how disease-specific programmes can produce a cross-cutting agenda.

- **Supporting a continuum of HIV, TB, and malaria prevention and care for women and children throughout pre-pregnancy, pregnancy, birth, and childhood**

With sustained investment, the world can reach the goal of eliminating mother-to-child transmission by 2015. The Global Fund has committed to increasing the coverage and efficacy of PMTCT programmes by seizing opportunities to reallocate unspent funds in current grants and by ensuring quality standards in new proposals.

In conjunction with the use of insecticide-treated net use, malaria prevention during pregnancy can also be achieved through intermittent preventive treatment of malaria in pregnancy. This entails doses of antimalarial drugs being given to all pregnant women whether or not they show symptoms of malaria.

- **Promoting gender equality and an enabling environment for women and girls**

Activities to address gender inequalities may include strategies to increase male involvement, offer reproductive choices to women living with HIV, and provide comprehensive treatment, care, and support for mothers and families. Addressing stigma and discrimination among family members, service providers, and communities promotes gender equality. Implementing behaviour change communication and community-based interventions can change harmful gender norms and practices.

- **Strengthening health and community systems to improve maternal and child health**

While the Global Fund and others provide funding for Health System Strengthening to address bottle-

necks through investments in human resources, infrastructure, financing, health information, and community systems, more is needed. The Global Fund is working closely with the GAVI Alliance and the World Bank on a joint funding platform called Innovative International Financing for Health Systems. This collaboration allows for a more coordinated approach to health systems strengthening and accelerates actions within countries for the MDGs on maternal and child health.

### Holistic approach to health-related MDGs

International cooperation for a more holistic approach to the health-related MDGs is high on the MDG Summit's agenda. In mid-April, the UN Secretary-General Ban Ki-moon convened a high-level consultation on how progress towards MDGs 4 and 5 can be accelerated by forging effective linkages with efforts focused on MDG 6. With Global Fund input, the Secretary-General is currently leading a Joint Effort on Women's and Children's Health with a view to taking the opportunity of the MDG Summit to make a decisive move to improve the health of women and children.

The Millennium summit comes at a decisive time for the Global Fund. Immediately after the Summit, Secretary-General Ban will chair the Global Fund voluntary replenishment meeting where countries renew their financial commitments to the Global Fund. The Global Fund has so far invested US\$11 billion in Africa helping countries to reduce maternal and child mortality through targeted interventions addressing AIDS, TB, and malaria; it has financed more than half of all PMTCT programs; and disbursements for maternal and child health total US\$5.39 billion, amounting to 54% of all Global Fund financing to date. Many opportunities exist for addressing remaining gaps in achieving maternal and child health goals by expanding service delivery and better integrating needed services with HIV, TB, and malaria services.

With its core founding principle of country ownership, its focus on results and its strict performance-based funding approach, the Global Fund has emerged as a good model for effective development financing in the 21st century. The expansion of disease programmes in synergy with programmes to improve maternal and child health – particularly PMTCT programmes – is well underway. The international community must continue to strengthen a comprehensive approach to global health through a replenished Global Fund to help attain the targets of all health-related MDGs.

#### References

1. Horton R. Maternal mortality: surprise, hope, and urgent action. *Lancet* 2010; 375: 1581.
2. Greco G, Powell-Jackson T, Borghi J, Mills A. Countdown to 2015: assessment of donor assistance to maternal, newborn, and child health between 2003 and 2006. *Lancet* 2008; 371: 1268–75.



©Kenya: The Global Fund/John Rae

Maternal health is interrelated with other MDGs, particularly health-related goals