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Contacts:

Marshall Hoffman, H&H Worldwide, +1 703 533-3535, +1 703 801-8602 (mob); marshall@hoffmanpr.com

Nils Hoffman, H&H Video, + 703 967-1490; nils@hoffmanpr.com

For UK and Europe: Juliet Heller, H&H Bureau Chief: juliet@julietheller.co.uk

\$20.6 billion to help women, newborns, young children and adolescents

Funding secured to recover health and social services lost to COVID-19

The COVID-19 pandemic is threatening three decades of improvement in health and social services for women, newborns, children and adolescents.

The well-being of this vulnerable group is being more affected than others due to disruptions to essential health, nutrition and social services since the pandemic, according to senior health experts at The Partnership for Maternal, Newborn & Child Health (PMNCH), a global alliance of more than 1,000 organizations, hosted by the World Health Organization (WHO).

In a huge effort to restore crumbling services for women, newborns, children and adolescents, a group of high income, low- and middle-income countries and foundations are making pledges of \$20.6 billion to protect this group. \$6.6 billion (32%) of the total pledge is from money committed by low and middle-income countries themselves, including Afghanistan, India, Kenya, Liberia, and Nigeria. An additional \$14 billion (68%) is from official development assistance and grants given by Germany, Canada, Sweden, UK, USA and the Bill & Melinda Gates Foundation.

Recent WHO data from 105 countries show that 90 percent of countries have experienced disruptions to health services, with low- and middle-income countries reporting the greatest difficulties.

Some of the most frequently disrupted services include those related to: immunization services (facility-based services: 61 percent and outreach facilities: 70 percent,) and family planning and contraception services: 68 percent.

The maternal mortality ratio has dropped by 38 percent worldwide between 2000 and 2017. Still about 25,000 women were dying every month during and following pregnancy and childbirth, in 2017. Similarly, while the mortality rate for children under 5 years of age has been cut by 60 percent since 1990, about 5.2 million children under five were still dying every year from preventable causes before the pandemic.

According to early estimates of the indirect impact of COVID-19 on child and maternal mortality, more than 2 million additional child and maternal deaths are estimated over 12 months (2020-2021) above the pre-pandemic level because of disruptions to essential health and nutrition services.

Adding to the pain of the pandemic itself is a forecast of at least a 5 percent contraction of the global economy. Recent forecasts also indicate that global poverty is on the rise for the first time since 1998, with an estimated 47 million women and girls being pushed into extreme poverty. This will increase the total number of women and girls living in extreme poverty to 435 million, with projections showing that this number will not revert to pre-pandemic levels until 2030.

As of November 2020, 2.8 million children and adolescents have contracted COVID-19 in 87 countries. That is more than 10 percent of the 25.7 million infections in these countries.

Recent UNESCO data show that in April, 1.5 billion students were affected by educational institutions closures in 195 countries this year, leading to loss of school meals and critical impacts on child nutrition.

“The health and well-being of women, children and adolescents are now at great risk, with inequities compounded by narrowing access to essential health services such as antenatal care, skilled assistance at childbirth, postnatal care, immunizations and family planning. Our concern is that resources — insufficient to begin with— are being diverted away to respond to the COVID-19 pandemic,” explains Helen Clark, Chair of PMNCH and former Prime Minister of New Zealand.

“These findings show how weak our health systems are at protecting women, newborns, children and adolescents, and how much basic primary health care matters in saving lives and protecting rights,” she adds.

PMNCH has issued a 7-point [Call to Action](#) in response to the devastating effects of COVID-19 on the health and well-being of women, children and adolescents. It calls on leaders to protect and prioritize their rights and health during the COVID-19 response and recovery by strengthening political commitment, policies and financing for vital health services and social protections, particularly for the most vulnerable.

Countries have responded to this call with these financial and policy commitments to prevent the COVID-19 pandemic from becoming a lasting crisis.

The commitments will be launched on December 11 at “Lives in the Balance”, a global online summit to take stock of how COVID-19 is impacting the progress towards Universal Health Coverage (UHC). The event, co-hosted with PMNCH with UHC 2030 and the CORE Group, is held on the eve of UHC Day on December 12 (www.livesinthebalancesummit2.org).

\$20.6 billion in funding to help women, newborns, children and adolescents

Country pledges increase investment in:

- Maternal, newborn, child, and adolescent health care and well-being;
- Health systems strengthening;
- Nutrition, food security and social protection programs;
- Sexual and reproductive health and rights.

Taking into account the indirect effects of the pandemic on women and adolescent girls, some prioritize policies, programs or services to address gender equality and gender-based violence. These country commitments spanning multiple sectors will contribute to the realization of the Call to Action, helping to ensure women, adolescents and children can access health services and priority social protections throughout the COVID-19 crisis and recovery periods.

\$16.1 billion (78%) are new commitments to address COVID-19, \$2.2 billion (10.8%) are new commitments not linked to COVID-19, and \$2.3 billion (11.2%) are commitments to protect existing RMNCAH commitments/budgets.

PMNCH Call to Action

PMNCH issued a 7-point agenda for action in July 2020 to urge governments to protect and promote the health and rights of women, children and adolescents through strengthened political commitment, policies and domestic resource mobilization and financing, supported by ODA, for:

1. Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services, supplies, and information and demand generation including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention, and mental health;
2. Advancing sexual and reproductive rights and gender equality;
3. Quality care, including respectful and dignified care, and effective community engagement and redress mechanisms;
4. Recruitment, training, equal and fair pay, and safe working conditions, including protective personal equipment, for frontline health workers, notably midwives and nurses;
5. Social protections, including food and nutrition security, for marginalized and vulnerable groups and enhanced data to better understand and address disparities experienced by adolescents, refugees, the internally displaced, migrants, indigenous communities, persons living with disabilities, among others;
6. Functional, safe, and clean toilet and hand washing facilities and quality potable drinking water, with a particular focus on healthcare centers, schools, and centers for refugees and internally displaced persons; and
7. Prevention of violence against women, children and adolescents through education and protection programs.

“This funding will ensure women, children and adolescents can access health services and priority social protections throughout the COVID-19 crisis and recovery periods,” says Helen Clark of PMNCH.

Here are the individual pledges (*full text: www.pmnch.org*):

- **Afghanistan** –\$176.6 million during 2020-2023 to combat the challenges of COVID-19 and to improve the health and well-being of women, children and adolescents.
- **India** –\$2 billion during 2020-2021 to strengthen all levels of care in response to the pandemic and to ensure essential public health functions with an enhanced focus on women, children and adolescents and the most vulnerable.
- **Kenya** –\$2.2 billion during 2021-2022 for the provision of universal health coverage to guarantee quality and affordable healthcare, with additional funding committed under the post COVID-19 Economic Recovery Strategy for inequality, social cohesion and social protection.
- **Liberia** –\$10.65 million in 2021 to improve the health and well-being of women, children and adolescents, by supporting and building the capacity of health services providers, providing safe and accessible drinking water, sanitation and hygiene as part of the COVID-19 incidence management system, and guaranteeing availability of critical life-saving equipment and medicines to ensure access to quality health care to women, children and adolescents.
- **Nigeria** –\$2.3 billion during 2020-2028 for strategic interventions that protect the reproductive, maternal, newborn, child, adolescent and elderly health and nutrition through access to family planning services; immunization; and nutrition programmes.
- **Canada** –\$2.89 billion during 2019-2024 as global COVID-19 response, placing gender equality and empowerment of women and girls at the centre of this response through investing in equitable and affordable access to testing and vaccine; including strengthening and ring-fencing of \$ 937 million as funds for SRHR; new and dedicated funding for prevention of violence against women; and ensuring access to reproductive health commodities and meaningful youth engagement.
- **Germany** –\$5.3 billion bi- and multilateral contributions to meet the challenges of the COVID-19 pandemic during 2020-2022; including \$120 million to ensure globally fair, equitable and transparent access to COVID-19 vaccines; and \$210 million to protect the health and rights of women, children and adolescents, by sustaining health systems with a focus on the needs of women and girls in the context of sexual and reproductive health through multi-lateral agencies and Global Financing Facility (GFF).

- **Sida (Sweden)** –\$ 165.67 million additional funds to the COVID-19 crises and allowing for flexibility in existing funding in 2020-21, \$ 53 million dedicated for protecting Sexual and Reproductive Health and Rights services and promoting gender-responsiveness in the COVID-19 crisis through integrated efforts in health, health system strengthening, and ensuring access to maternity care, contraception and safe abortion care during and after the pandemic.
- **United Kingdom** –Up to £1.3 billion (\$1.7 billion) of new funding to tackle the health, humanitarian, and socio-economic impacts of COVID-19; and committed up to £500 million (\$665 million) for COVAX, in support of equitable access to COVID-19 vaccines during 2020-2021.
- **United States of America** –\$1.3 billion for the global fight against COVID-19 to improve public health education; protect healthcare facilities; and increase lab, surveillance, and rapid-response capacities in more than 100 countries in 2020. This includes delivery of diagnostics and treatment tailored to countries’ needs, and measures to ensure safe delivery of essential maternal and child health and nutrition through improved WASH and infection prevention control in healthcare facilities.
- **The Bill and Melinda Gates Foundation** –\$1.75 billion during 2020-2021 to support the global COVID-19 response efforts to accelerate the search for effective coronavirus vaccines and treatments to ensure that once available, they can be delivered quickly and affordably. In addition to new response efforts, the foundation will continue its support to protect the health and well-being of women and children, including by strengthening primary healthcare systems and improving the quality of care provided through essential health service.,

“As important as this \$20.6 billion is, it only will partially solve the problem of providing basic essential services for women, newborns, young children and adolescents,” says Rajesh Bhushan, Secretary, Health and Family Welfare, Government of India. “Comprehensive efforts and collective advocacy are needed to ensure availability of substantially enhanced financial resources for this noble cause”, he adds.

Consider these facts:

- Even before the COVID-19 pandemic, the child mortality rate under age five was three times higher in 36 countries classified as fragile by the World Bank, compared to non-fragile countries.
- In the least developed countries, the maternal mortality ratio, defined as the number of maternal deaths per 100,000 live births, was more than 40 times higher than in Europe.

New and Better Financing Ideas

“While we have achieved dramatic reductions in child and maternal mortality over the last 30 years, large inequities still persist across and within countries and are only worsening as a socio-economic consequence of COVID-19,” says Anuradha Gupta, Deputy CEO of GAVI, the Vaccine Alliance, and Chair of the PMNCH Strategy Committee.

“Women and girls, in particular, are being disproportionately affected simply by virtue of their gender. The global community needs to come together to deliver financing strategies that are equity enhancing, targeting the most vulnerable who have been hardest hit.”

Besides the added funding, all health experts agree, that health funds must be spent better. Pre-COVID-19 evidence over the past 10 years finds that an estimated 20-40 percent of health expenditure is wasted globally due to inefficiencies and corruption.

To improve the efficiency of health financing, the Global Financing Facility (GFF), a joint UN and World Bank initiative, prioritize spending through the development of investment cases, encourages results-based financing, and help coordinate and track spending through instruments such as the Resource Mapping and Expenditure Tracking tool.

These efforts generate greater precision in delivering the interventions that will help the most women, newborns, children and adolescents, including through the current COVID-19 crisis.

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