

**A special event during the United Nations General Assembly co-hosted by  
UK Prime Minister Gordon Brown and World Bank President Robert Zoellick**

**Wednesday 23 September, 3:00 p.m. to 4.00 p.m.**

Nine and a half million women and children die every year – we can save them.

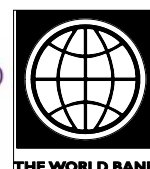
US\$5.3 billion in additional resources will be raised to support Taskforce  
recommendations, helping to save lives

## **Introduction**

Everyone has the right to health. Yet, each year, more than half a million women die in pregnancy or childbirth and some nine million children die before their fifth birthday, including nearly four million deaths from preventable and treatable illnesses such as pneumonia and diarrhoea. This is unacceptable. We have the opportunity right now to stop these unnecessary deaths. We already know what works, what doesn't, and what we need to do. For the first time we have a global 'Consensus for Maternal, Newborn and Child Health' setting out the best way to deliver progress on the ground.<sup>1</sup>

The best way to prevent avoidable deaths and illnesses on a sustainable basis is to strengthen a country's health system so that it can deliver a high-quality package of care, ideally free at the point of use for women and children. The Taskforce on Innovative International Financing for Health Systems was launched in September 2008 to help strengthen health systems in the 49 poorest countries in the world. Chaired by UK Prime Minister Gordon Brown and World Bank President Robert Zoellick, the Taskforce has identified a menu of innovative financing mechanisms to complement traditional aid and bridge the financing gaps which compromise attainment of the health-related Millennium Development Goals (MDGs). Taskforce members are supporting options from this menu. Today we will launch new initiatives

<sup>1</sup> The Consensus for Maternal, Newborn and Child Health calls for accelerated and bold action at global, national and sub-national levels in order to make progress towards Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health). The Consensus recognises the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions as follows: (i) Political leadership and community engagement and mobilization; (ii) Effective health systems that deliver a package of high quality interventions in key areas along the continuum of care; (iii) Removing barriers to access, with services for women and children being free at the point of use where countries choose; (iv) Skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations; (v) Accountability for credible results.



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to raise more money, and use money more effectively, to improve healthcare for women and children around the world.

Improving maternal, newborn and child health takes high level political commitment, and community engagement and mobilization. It takes effective health systems with skilled and motivated health workers. It requires accountability for credible results. Removing barriers to access is vital. As Taskforce members, we are committed to helping countries, that choose to make health care free at the point of use, ensure this becomes a life-changing reality for all women and children. Today, leaders will share successes in these areas, including announcing landmark commitments to expand access to free and better health services for women and children, helping to save lives in countries around the world.

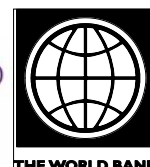
The Government of Burundi will expand the capacity of health facilities to deliver its commitment to free health services for children under 5 and pregnant women. This will include trebling purchases of essential medicines, which will benefit up to 1.4 million children and 200,000 women.

The Government of Ethiopia's innovative Health Extension Package is designed to see Ethiopia achieve the child mortality MDGs. It has already resulted in the rapid deployment of over 30,000 Health Extension Workers – two for each village across the country, and a near doubling of Ethiopia's health workforce in only three years. This package provides basic health services, delivering better health for women and children in Ethiopia, including the delivery of 20 million bednets and increasing numbers of fully immunized children (63% in 2008 compared to just 32% in 2002).

In 2010, the Government of Ghana will shift from an annual premium for its national health insurance scheme to a single lifetime payment. In addition, there will be exemptions from this single payment for pregnant women, children under -18 and the elderly, ensuring all in these groups have free healthcare (replacing existing patchy free provisions). These measures will help fulfil the Government of Ghana's strong commitment to invest in its people and ensure the poor and vulnerable are able to access the health services they need. It is estimated that by 2012, nearly one million pregnant women and 12 million children in Ghana will be accessing free healthcare. Ghana expects to achieve the MDGs covering child and maternal mortality.

The Government of Liberia will make the suspension of user fees permanent and provide free health care for all, subject to securing donor finance.

The Government of Malawi commits to improving the quality of health services over the next 5 years to prevent 20,000 children from dying each year and reduce maternal deaths by up to 2,000 women each year. It will provide access to free health services to an estimated 860,000 additional Malawians over the next 4 years, including 80,000 more mothers delivering babies safely. In addition, the Government will work to ensure universal access to anti-retrovirals by providing treatment to 363,000 people living with HIV/AIDS by 2014. Finally, Malawi will join the International Health Partnership (IHP+) in preparation for the second phase of its SWAP for launch in mid-2011.



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The Government of Nepal will further reduce financial barriers facing the poor and will quickly scale up free maternity services to meet the increased demand. This will enable 1.5 million women to have a safer delivery over the next 5 years. In addition, it will improve the governance of the sector and equity of delivery to ensure that resources get to those in need.

At the international donor conference for Sierra Leone in London in November 2009, the Government of Sierra Leone will launch a New Health Plan that will introduce a fair health care financing mechanism, including protection of women and children through abolition of fees charged for services, and will move towards universal coverage especially for safe motherhood and child health. The Government appeals to the international community to help bridge the immediate need for approximately US\$20 million a year, for the next five years, to allow the immediate abolition of user fees, and save mother's and children's lives.

The World Health Organization (WHO) will work with countries and with its partners to strengthen health systems so that all pregnant women in every district of the 40 priority countries (i.e., those with 92% of the world's maternal deaths, 93% of newborn deaths and 94% of stillbirths) have access to quality facility childbirth services by 2015. Specifically, WHO will strengthen on-the-ground collaboration with UNICEF, UNFPA, the World Bank, and others to help countries accelerate reductions nationwide of maternal and newborn mortality. To achieve this target, WHO will take concrete steps to ensure adequate levels of skilled and motivated health workers where they are needed most, as well as help design and support implementation of policies that remove financial barriers to access to quality facility childbirth services.

### More Money for Health

To support these countries and others to improve healthcare for women and children we need more money for health. Today, as heads of Governments, Agencies, Organizations, and Private Sector Companies, we recognize the role that innovative financing can play in delivering improved health results, especially for women and children. As Taskforce members, we jointly commit to mobilize an additional US\$5.3 billion for health.

Taskforce members commit to delivering the recommendations of the Taskforce, prioritizing provision of additional financing, increased predictability and sustainability of funds, and, most importantly, improved health results. We undertake to do this in the following ways:

#### *IFFIm*

Predictable financing is critical to health systems strengthening, as it allows ministries of health to plan for the long term. The International Financing Facility for Immunisation (IFFIm) is a proven innovative financing mechanism already backed by the United Kingdom, France, Italy, Spain, Sweden, Norway and South Africa. The



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IFFIm can raise money quickly and make available predictable funding streams to invest in building up the fabric of health systems. Today, the Governments of Australia, Norway, and the UK join the Netherlands' new commitment of €80 million earlier this year and commit to increase funding for the expansion of IFFIm in the amounts of AUD250 million, NOK1.5 billion and £250 million, respectively. These new commitments amount to some US\$1.0 billion, and will enable the IFFIm to generate substantial new investments in health systems now. It is now that these investments must be made to underpin the health facilities, healthworkers, equipment, drugs and vaccines that will save the lives of countless women and children.

### **AMCs**

Advance Market Commitments (AMCs) are a radical new results-based approach to funding research and development for vaccines (and potentially other health products). AMCs can incentivise pharmaceutical companies to develop and manufacture the vaccines the developing world most needs. Earlier this year Canada, Italy, Norway, Russia, the United Kingdom, the Bill and Melinda Gates Foundation, GAVI and the World Bank joined forces in launching a US\$1.5 billion AMC to accelerate availability of a new vaccine for pneumococcal diseases – one of the great killers of children in the poorest countries. Taskforce members today join with others in calling for the convening of the AMC expert committee to explore opportunities for a new AMC.

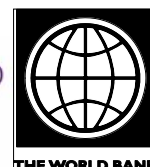
### **Results-based Funding**

Strengthening health systems is all about delivering improved health results. Results-based funding provides a 'reward' for achieving defined health outcomes, such as increases in the number of births in decently equipped clinics. One form of results-based funding is a buy-down. Buy-downs (also called "credit buy-downs" or "loan buy-downs") are a combination of an upfront loan to a developing country and donor commitment to pay off part of the loan upon successful achievement of results. Results-based approaches aim to increase efficiency and effectiveness of health systems spending and improve outcomes by rewarding improvements with grants or paying off loans.

Experience in implementing results-based programs has proven successful in a number of countries.<sup>2</sup> The Government of Norway will continue to support this work through an additional contribution of NOK 1.5 billion; the Government of the UK will join in supporting this work, contributing £100 million to results-based programmes.

The Government of Australia will provide AUD336 million over the next four years for Performance-Linked Aid to help partner governments in Asia and the Pacific implement priority reforms, a significant proportion of which is anticipated to be focused on health. Credit buy-downs and results-based financing are included as key elements of this approach.

<sup>2</sup> In Rwanda over the course of just four years, utilization of health services increased by more than 50%, with use of Insecticide Treated Nets (ITNs) increasing from 4% to 67%, use of family planning increasing from 10% to 27%, and assisted deliveries increasing from 39% to 52%. The health impact of results-based buy-downs in Rwanda has been significant, with the incidence of malaria decreasing by 62% and child mortality declining by 30%. In order to reach the health MDGs, the same results are needed in all low-income countries.



The Governments of Australia and Germany have committed to make funds available through debt conversions for health (Debt2Health). This innovative initiative will reduce the partner countries' debt service payments and enable them to invest additional financial resources for health systems through the Global Fund. The Government of Germany has committed to make up to €200 million available between 2007 and 2010; the Government of Australia is implementing an AUD75 million Debt2Health arrangement with the Indonesian Government.

### ***De-Tax***

The De-Tax is a mechanism proposed by Italy to earmark a certain share of VAT on goods and services for development, based on consumer and business choices. VAT revenues would be topped up by voluntary contributions by businesses. On the basis of the feasibility study carried out by an ad hoc Working Group, the Government of Italy will implement the De-Tax pilot project in the first quarter of 2010. It will last one year and in this time framework is expected to mobilize up to €150-200 million (in terms of VAT resources earmarked by consumers for specific development projects/programs). Voluntary contributions from businesses, difficult to estimate at this stage, will add to this figure. All the resources will be collected into a dedicated fund (the De-Tax Fund) which will finance projects and programs which strengthen health systems in poor countries. After the pilot phase, from which encouraging results are expected, the De-Tax will be implemented on larger scale.

### ***Voluntary Solidarity Contributions***

Voluntary Solidarity Contributions through electronic airline ticket sales or mobile phone contracts can raise additional funds for health on a sustainable basis with low transaction costs. The Millennium Foundation for Innovative Finance for Health is developing the first large-scale private giving initiative through Voluntary Solidarity Contributions on travel product purchases.

Today, leading representatives of the Global Travel and Tourism Industry commit to the first Voluntary Solidarity Contribution on air tickets, hotel bookings and other travel products. The launch is scheduled to take place as early as the first quarter of 2010 in the United States, United Kingdom, Spain, Germany, Austria and Switzerland, giving all travellers from these countries the opportunity to make a \$/€£2 micro-contribution when they make a travel booking, thanks to a technological solution embedded in the travel booking systems. The Voluntary Solidarity Contribution on travel products will cumulatively raise up to US\$3.2 billion by 2015 for the health-related MDGs. Funds will be channelled primarily through UNITAID, which has a proven track-record in improving access to essential drugs in developing countries.

France welcomes today's announcement, marking the completion of the negotiations with several key partners and considers this a key step towards the operational launch of the Voluntary Solidarity Contribution on travel products in early 2010. Although the Millennium Foundation resources will be entirely private when fully operational,



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France has strongly supported it with a contribution of two-thirds of the initial funds for its creation.

The Government of Australia is working with the Australian alliance 'Business for Millennium Development' and an Australian technology company to utilise emerging mobile phone technologies to increase voluntary contributions for health by businesses and individuals

### ***Solidarity Levies***

Mandatory levies and taxes can generate clear benefits in terms of resource flows, low transaction costs (estimated to be 1-3% of revenues) and sustainability. France will continue to lend strong support the Airline Ticket Levy (financing UNITAID) and is pursuing international advocacy to further include new countries to this initiative, on a voluntary basis. Jordan has recently implemented this tax and negotiations are well advanced with other partners of the Leading Group, such as Morocco.

### ***Government Capacity for improved Non-State Actor Performance***

Non-state actors play a central role in the provision of health care delivery in many poor countries, and improving results in health requires improving their performance alongside that of governments and development partners. The Governments of Australia, the Netherlands, and the UK will work with non-state actors to strengthen their performance. The World Bank lends its strong support to this work. The Government of the Netherlands will help to promote investments in health from private and other non-state actors and will continue the implementation of a €100 million plus envelope on health insurance in Africa and social franchising innovations for sexual and reproductive health services. The Government of Australia is committed to strengthening the capacity of developing countries to secure better performance, value-for-money and investment from private, faith-based, community, non-government organisations and other non-state actors.

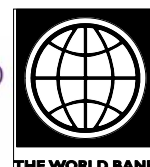
## **More Health for the Money**

More money for health is critical, but better use of existing funds is necessary for innovative financing mechanisms to deliver improved health outcomes and health equity in poor countries.

Today, leaders commit to maintain their focus on supporting developing country leadership; to use funds more effectively and efficiently; to coordinate and streamline ways of working; and to enhance their mutual accountability for health results.

### ***Improving Technical Assistance***

The World Bank will continue to implement a new "Health Systems for the Health MDGs program" to fund and implement coherent country-led health sector programs. Through this work, the Bank is increasing on-the-ground technical assistance in collaboration with partners to better support national strategies in the context of the IHP+, working with development partners and international agencies to improve its



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ability to rapidly assist and advise operations on the ground. This is a key change in the Bank's ways of doing business, as the Bank will provide additional support for analytical and policy work, and implementation to client countries and bilateral and multilateral partners, even when IDA may not be lending for health in a given country.

The Working Party on Aid Effectiveness, hosted by the OECD/DAC, is discussing how to increase the effectiveness, responsiveness and country ownership of technical assistance as part of its work program leading up to the next High-Level Forum.

The Government of the Netherlands will invest € million in the coming years for health systems research with the aim of improving health results, particularly for women and children.

### ***Health Systems Funding Platform***

The GAVI Alliance, the Global Fund and the World Bank, facilitated by WHO, are developing a health systems funding platform to coordinate, mobilize, streamline, and channel the flow of existing and new international resources. This coordination is critical to scale-up interventions to achieve all the health MDGs, particularly for women and children. Pending approval by their respective Boards, the intention is to roll-out the platform in several countries in 2010. Funds from a number of the innovative financing mechanisms identified today will flow through this platform, using the principles developed within the International Health Partnership to support country health systems and reduce transaction costs.

### ***Strong Commitment to support Maternal, Newborn and Child Health***

The Taskforce endorses the 2009 Consensus for Maternal, Newborn and Child Health and will support countries' efforts to strengthen leadership on maternal newborn and child health and increase community engagement. This includes the removal of barriers to access for all women and children, making health care free at the point of use where countries choose to provide it.

Japan highly appreciates the timeliness of this special event. Global health is a common challenge to humanity that directly affects human security, and one which the new administration of Japan intends to address ardently. It is crucial that resources and services reach those who are most vulnerable, including mothers and children. Japan will therefore continue to work to strengthen health systems, following through on its commitments last year, including training 100,000 health workers and improving 1,000 hospitals and health centres. Japan looks forward to working closely with all relevant stakeholders in the days ahead towards the achievement of the health-related MDGs.

### **The Way Forward**

Reaching the goal of improved health outcomes for all, particularly the poorest and most vulnerable requires strong and sustained commitments. Taskforce members will continue to explore new ways of raising funds for health through innovative



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mechanisms. For example, France is leading a working group to assess the technical and legal feasibility of a currency transaction levy and voluntary contributions based on international financial transactions.

Over the next year, partners will ensure their commitments are implemented. As recommended by the Taskforce, we will come together to review progress regularly at a Health and Development Forum. The first forum will be held in the second half of 2010.

Building on the work of the High-level Taskforce on Innovative International Financing for Health Systems, the Global Network of Leaders, the Leading Group on Innovative Financing for Development, and the UN Special Adviser on Innovative Financing, in the spirit of the IHP+ we commit today to invest in the future health of women and children, providing political leadership and the momentum required to deliver the health Millennium Development Goals.

