## Canada's Leadership: Delivering on Our Commitments

## IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH

Improving the health of mothers and children in the world's poorest countries is Canada's top development priority. Canada's approach recognizes the interlinked causes of maternal, newborn and child mortality and the need to focus on improving maternal and child survival across the full continuum of care, i.e. from pre-pregnancy through to childhood. Proven, effective and high-impact interventions delivered to the most vulnerable populations, and focused on accountability, underpin Canada's approach.



To date, significant global progress has been made in addressing maternal and child mortality. The number of deaths in children under the age of five globally has dropped from approximately 12 million in 1990 to roughly 6.6 million in 2012. The number of women who die each year during pregnancy or childbirth fell substantially from an estimated 523,000 deaths in 1990 to around 289,000 deaths in 2013. But despite these improvements, significant gaps remain and require continuous attention as it is unlikely that the global community will reach Millennium Development Goals 4 (reducing child mortality) and 5 (improving maternal health) by the original target date of 2015.

At the 2010 G-8 Summit, Canada spearheaded the Muskoka Initiative on maternal, newborn and child health, which raised US\$7.3 billion from the G-8 and like-minded partners. For its part, Canada committed a total of \$2.85 billion to the Muskoka Initiative for the period of 2010–2015, and at the close of 2013–2014, Canada had cumulatively disbursed a total of \$2.55 billion.

In May 2014, Canada renewed its leadership and commitment to the critical issue of maternal, newborn and child health by convening the high-level summit Saving Every Woman, Every Child: Within Arm's Reach. Prime Minister Stephen Harper announced that Canada will provide \$3.5 billion to support maternal, newborn and child health for the period 2015–2020.

Through the Muskoka Initiative, funding follows three integrated paths: strengthening health systems, improving nutrition and reducing the burden of disease. The following sections provide examples of progress achieved in maternal, newborn and child health in 2013–2014 through Canada's support.

## STRENGTHENING HEALTH SYSTEMS

Stronger health systems improve service delivery to maternal, newborn and child health at the local level through, for example, training more health workers and increasing access to adequately equipped local health centres.

In Haiti, more than 1,200 front-line health workers were trained in 2013–2014. In addition, a 200-bed provincial hospital is being built in the city of Gonaives that will include modern obstetrics and pediatrics wards. In the last three years, DFATD provided support to 17 hospitals that provided obstetric care services to 70,000 pregnant women and pediatric care services to 200,000 children under the age of five.