

Development aid for maternal, newborn and child health doubled over 5 years

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Health experts will today call for a greater prioritization and targeting of aid to save the lives of mothers, newborns, and children in poor countries.

The amount of official development assistance (ODA) to maternal, newborn and child health (MNCH) in [developing countries](#) doubled between 2003 and 2008, but its ratio to overall aid for health remained static. The US, UK, EU, GAVI and the Global Fund have made the largest absolute increases, while Spain and a number of small bilateral donors including New Zealand and Belgium have made significant percentage increases, but support from many others has stagnated or fallen, and in some cases fluctuated significantly from year to year.

Catherine Pitt, Research Fellow at the London School of Hygiene & Tropical Medicine, and colleagues have contributed an article to a special issue of the *Lancet* looking at the achievement of the Millennium Development Goals. They analysed the amount of aid targeted at MNCH for 2007 and 2008 and updated previous estimates for 2003-2006. They found that in 2007 and 2008 \$4.7 billion and \$5.4 billion (constant 2008 US\$), respectively, were disbursed in support of MNCH activities in all developing countries. These amounts reflect a 105% increase between 2003 and 2008, but reflected no change relative to overall ODA for health, which also increased by 105%.

The USA and the UK were already the biggest donor countries to this sector in 2003, and remained so in 2008, surpassing the World Bank.

The USA more than tripled its 2003 contribution of \$260 million to \$913 million, and the UK more than doubled what it gave in 2003 (\$206 million) to \$419 million in 2008. The European Union also increased funding from just \$49 million in 2003 to \$263 million in 2008.

Catherine Pitt comments: "Concentration of funding amongst just a handful of donors makes it that much more important that the leading donors continue to honour their funding commitments despite the economic downturn."

97% of the global burden of maternal and child deaths are born by just 68 countries, which have been identified as the priority countries for the Countdown to 2015 Initiative (www.countdown2015mnch.org), which tracks progress towards MDGs 4 and 5. These 68 priority countries received \$3.4 billion in 2007 and \$4.1 billion in 2008, representing 71.6% and 75.6% of all MNCH disbursements, respectively.

The authors write: 'Despite signs that targeting might be improving, ODA was still not found to be highly targeted to countries with the highest rates of maternal and child mortality, which is consistent with findings from previous studies.' They found that some recipient countries - like Djibouti and Equatorial Guinea - received far more aid per birth and per child than countries with lower incomes and higher mortality rates, while countries like Niger and Chad are losing out - they are amongst the poorest countries in the world but received far less aid per birth than many countries with higher incomes and better health. Other countries, like Papua New Guinea, also experienced enormous fluctuations in aid from one year to the next, making it very difficult to plan and deliver effective health services.

The authors conclude, 'The increases in ODA to maternal, newborn, and [child health](#) during 2003-2008 are to be welcomed, as is the somewhat improved targeting of ODA to countries with greater needs. Nonetheless, these increases do not reflect increased prioritisation relative to other

health areas'.

Provided by London School of Hygiene & Tropical Medicine

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