

The \$30 billion 'price tag' for improving maternal, neonatal and child health is inadequate

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The Partnership for Maternal, Newborn and Child Health, an international alliance of groups working on maternal and child health argues that \$US30 billion of additional funding is needed to save the lives of over 10 million women and children by 2015, but this estimate is misleadingly low because it leaves out crucial service delivery costs.

The reasons for, and the implications of, this serious financial underestimate are discussed in a Policy paper by Marco Schäferhoff and colleagues from the Evidence to Policy initiative (E2Pi) based in Berlin, Germany, and University of California San Francisco, USA, and published in *PLoS Medicine*.

The authors argue that omitting the costs to scale up the system-wide components involved in programs to improve maternal, neonatal, and [child health](#) (MNCH)—such as the human resource cost necessary to allow programs to function effectively—is a serious oversight and risks raising false expectations about the funding needed for impact. They recommend that the US\$30 billion "price tag" for improving MNCH be updated before the September 2010 Millennium Development Goals (MDG) Summit in New York. An updated price tag would give donor governments a more realistic picture of what is required to reduce maternal, newborn, and child deaths and successfully achieve MDG targets 4 & 5 (the child and maternal health targets).

The authors conclude that there are two things that they can say with certainty: "First, the current level of aid devoted to MNCH is inadequate, providing only a fraction of the total resources required to achieve the child and maternal health MDGs. Second, donors are not living up to their promises—in 2010, Africa will receive only about US\$12 billion of the \$25 billion pledged by the G8

at Gleneagles." The authors continue: "Scaling up to reach MDGs 4 and 5 means urgently fixing these shortfalls."

More information: Schaferhoff M, Schrade C, Yamey G (2010) Financing Maternal and Child Health—What Are the Limitations in Estimating Donor Flows and Resource Needs? *PLoS Med* 7(7): e1000305. [doi:10.1371/journal.pmed.1000305](https://doi.org/10.1371/journal.pmed.1000305)

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