



Annex I
The G8 Muskoka Initiative:
Maternal, Newborn and Under-Five Child Health³

Muskoka, Canada, June 26, 2010

- 1. Principles:** The Initiative is based on a set of core principles for long-lasting results:
 - ensuring sustainability of results;
 - building on proven, cost-effective, evidence-based interventions;
 - focussing in the countries with the greatest needs while continuing to support those making progress;
 - supporting country-led national health policies and plans that are locally supported;
 - increasing coherence of development efforts through better coordination and harmonization;
 - improving accountability; and
 - strengthening monitoring, reporting and evaluation.

- 2. Scope:** The Initiative is related to MDGs 4 and 5, as well as elements of MDGs 1 (nutrition) and 6 (HIV/AIDS, malaria). The Initiative is focused on achieving significant progress on health system strengthening in developing countries facing high burdens of maternal and under-five child mortality and an unmet need for family planning. Improving maternal and under-five child health requires comprehensive, high impact and integrated interventions at the community level, across the continuum of care, i.e., pre-pregnancy, pregnancy, childbirth, infancy, and early childhood.

- 3.** This Initiative includes elements such as: antenatal care; attended childbirth; post-partum care; sexual and reproductive health care and services, including voluntary family planning; health education; treatment and prevention of diseases including infectious diseases; prevention of mother-to-child transmission of HIV; immunizations; basic nutrition and relevant actions in the field of safe drinking water and sanitation.

- 4. Information:** Efforts to strengthen health systems must also include improved health information systems, *inter alia* vital statistics registration, regular household surveys and applied research to monitor and evaluate implementation. More and better implementation and evaluation of research will identify options to achieve results faster and more efficiently.

- 5. Innovation:** Better synthesis and sharing of innovations can help to overcome delivery bottlenecks more quickly and accelerate results. Existing innovations include novel uses of mobile phones, means of civic registration to improve vital statistics, and task shifting to make better use of scarce health workers.

³ The Muskoka Initiative was developed in consultation with expert bodies, including the United Nations, the World Health Organization, the Partnership for Maternal, Newborn and Child Health, the OECD, the G8 Academies of Science, and the Countdown to 2015. We have also consulted with the African Union and through the G8 Africa Personal Representative (APR) network.

- 6. Effectiveness:** It is critical to maximize the impact of all investments in development through improved coherence, coordination and harmonization of development efforts, and increasing the effectiveness of existing mechanisms and approaches. We are also supportive of efforts by World Bank, Global Fund and GAVI to establish, in close coordination with the WHO, a joint platform for health systems strengthening.
- 7. Mechanisms:** We are not creating new funding mechanisms. Each donor is free to choose the mechanisms they consider most effective, including multilateral agencies, civil society partners, and direct bilateral support to developing country partners.
- 8. Global Targets:**
- a) Between 2010 and 2015, the G8 will work with multiple partners throughout the global community with the objective of achieving the targets set in 2001 for Millennium Development Goals 4 and 5:
 - i) reduce by two-thirds between 1990 and 2015, the under-five mortality rate;
 - ii) reduce by three-quarters, also between 1990 and 2015, the maternal mortality ratio; and
 - iii) achieve, by 2015, universal access to reproductive health.
 - b) Reaching these overall targets requires a major, sustained global effort including developed, emerging and developing countries, foundations, international agencies, non-governmental organizations, the private sector, and other constituencies.
- 9. Indicators:** We are pleased that the WHO is working with relevant partners to identify a set of core indicators to measure progress in developing countries. These efforts should aim at harmonizing indicators and reporting requirements in order to reduce the burden of reporting on developing countries. As donors, we will work within these commonly agreed indicators. We will also support country reporting capacities and health information systems.
- 10. Methodology and Accountability:** Recognizing the importance of transparency and accountability, we will track progress on delivering commitments through our accountability reporting which, in 2011, will focus on health and food security. We have also made public the methodology used to define our baseline and commitments.