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How the Global Fund Invests in Maternal and Child Health

In April 2010, the Global Fund Board adopted a decision to promote a scaled-up investment in maternal, newborn and child health (MNCH), in support of the Millennium Development Goals (MDGs), and asked the Secretariat to develop options for how the Global Fund could best do this. The Board is expected to discuss these options at its meeting on 13-15 December 2010 in Sofia, Bulgaria. One of the options that may be discussed at the Board meeting is whether the Global Fund's mandate should be expanded to explicitly cover maternal and child health.

To support these discussions, this article provides background information on the relevant MDGs and on how the Global Fund is currently contributing to maternal, newborn and child health.

The MDGs consist of eight international development goals that all 192 United Nations member states and at least 23 international organizations seek to achieve by the year 2015. A summit on the MDGs, which was held in September 2010, concluded with the adoption of a global action plan to attain the 2015 targets. (See www.un.org/millenniumgoals.) MNCH and HIV, tuberculosis (TB) and malaria are the subject of three MDGs – MDG 4 (reducing child mortality), MDG 5 (improving maternal health), and MDG 6 (combating HIV, malaria and other diseases).

MDGs 4, 5 and 6 are very much inter-linked. HIV, TB and malaria place a heavy burden on the health of women and children. HIV is the leading cause of death among women of reproductive age. HIV, TB and malaria indirectly contribute to non-pregnancy-related maternal deaths.

The Global Fund is already making a significant contribution to the achievement of MDGs 4 and 5. It does so primarily in three ways:

- by strengthening health and community systems;

- by supporting a continuum of investments for women and children; and
- by promoting gender equality and an enabling environment for women and girls.

Global Fund investments in health and community systems allow countries to expand primary care for women and children. In Malawi, for example, the Global Fund has supported the rapid scale-up of health surveillance assistants, who provide not only HIV, TB and malaria services but also supervision of traditional birth attendants, disease surveillance, family planning and nutritional advice, and community-based care.

To date, over one-third of Global Fund monies are allocated for strengthening health systems, which benefits not only the three diseases, but also the health of women and children generally. The Global Fund has invested in expanding human resources capacity, including the provision of pre-service and in-service training, support for salary payments, expansion of task-shifting approaches to make the best use of existing resources, and the development of informal cadres of health and community workers. More and more frequently, these health workers are providing services beyond HIV, TB and malaria prevention and care.

Global Fund support to community health workers, nurses and midwives, who play a critical role in providing maternal and child health services, is predominantly focused in African countries which have poor maternal and child health outcomes. In Ethiopia, for example, the Global Fund is supporting the training and deployment of 30,000 health extension workers recruited from the community. These workers are involved in scaling up not only HIV, TB and malaria services, but also reproductive and child health services, especially in rural areas; disease prevention and control; hygiene and sanitation; family health services; and health education.

Global Fund interventions to fight HIV, TB and malaria have spill-over effects on women's and children's health generally. Examples of this include providing condoms to prevent HIV and sexually transmitted infections and assist family planning; and caring for orphans and vulnerable children.

Global Fund grants fund interventions to enhance gender equity, protect women against gender-based violence, and provide social support and support for income-generating activities to vulnerable women. In Eritrea, for example, an HIV grant supports life-skills education and income-generating activities, and supports health care workers, law enforcement officials and policy makers to address gender-based violence.

The Global Fund Board has already decided that it wants to try to accelerate investments in MNCH. The question is whether it will do so through existing channels, or whether it will establish dedicated MNCH initiatives.

Some of the information for this article was taken from "Global Fund's Role as a Strategic Investor in Millennium Development Goals 4 and 5," a paper prepared for the 21st Board meeting in April 2010, available at www.theglobalfund.org/en/board/meetings/twentyfirst/documents (see GF/B21/4, attachment 1).

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