

## Offline: The future for women's and children's health



Getty/Farooq Naem

The opportunity is extraordinary. In 2013, Dean Jamison launched our Commission on Investing in Health. He concluded that the present state of knowledge enabled us to claim that it was now possible to end preventable mortality among women and children within a generation. It was an immensely motivating statement. It added energy and optimism to the end of the Millennium Development Goal era and gave a clear direction to the emerging vision for sustainable development. During the past 2 years, that opportunity has been refined and developed. First, Ole Norheim and colleagues calculated in 2014 that extending access to cost-effective and affordable interventions meant one could look forward to eliminating two-thirds of child and maternal deaths by 2030. Second, the recent Disease Control Priorities project, also led by Dean Jamison, published its strategy for women's and children's health. A team led by Bob Black showed that with existing preventive and treatment measures about half of current deaths among women and children could be avoided by 2030. In 2015, the total number of stillbirths and deaths among children under 5 and women during pregnancy and childbirth was around 8.8 million. But with packages of interventions directed towards reproductive health (mainly access to modern contraception), maternal and newborn health, and child health, one could look forward to avoiding over 4 million of those deaths annually. Bob Black and colleagues went further. They were able to attribute lives saved to community, primary care, and hospital services. As they rightly concluded, "With continued priority and expansion of essential reproductive, maternal, newborn, and child health interventions to high coverage, equity, and quality, as well as interventions to address underlying problems such as women's low status in society and violence against women, these deaths and substantial morbidity can be largely eliminated in another generation."



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There is a big "but" here. An uncomfortable truth is that the much vaunted Global Strategy for Women's, Children's, and Adolescents' Health is failing (and will continue to fail) unless the humanitarian predicament faced by women and children is made an over-riding priority. Women and children are dying needlessly because the institutions of global health refuse to

speaking out about, let alone address, weak governance, political instability, and violence. Most programmes that address women's and children's health barely even touch countries in the grip of conflict. This failure does not rest with the women's and children's health community alone. The failure affects all development efforts. Part of the problem is risk aversion by international organisations and lack of financing to grapple with these challenges. But now is the moment for all those in health leadership positions to give their political and material support to women, children, and adolescents in settings of humanitarian crisis. The biggest (and growing) inequality today is between those living in stable political settings and those enduring conflict and violence. So far, our international health institutions have failed to confront these realities. It's time they did so.

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But the approach taken by the global community—WHO, UNICEF, the World Bank, and even the specific initiatives dedicated to women's and children's (and now adolescent) health—has utterly failed to address this one critical weakness in their work. It is a fact largely ignored that 60% of preventable maternal deaths and 53% of newborn and under-5 deaths now take place in zones of conflict and displacement. The erasure of humanitarian disasters for women and children from global efforts to save lives is easy to understand. For multilateral agencies anxious to appease their member states and avoid uncomfortable political tensions with those who fund their work, it is far easier to emphasise abstract technical solutions than to hold violent, corrupt, or failed governments to account for the suffering they bring on their most vulnerable communities. The political violence one is now seeing in countries such as Iraq, Nigeria, Afghanistan, Pakistan, Syria, Somalia, Yemen, Central African Republic, South Sudan, and Cameroon (to name only some of the nations that endure high levels of maternal and child mortality and also escalating terrorism) is destroying any hope of delivering the opportunities so clearly set out by Dean Jamison, Bob Black, and others.

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