

Cost and impact of scaling up maternal and child health interventions

High-level Meeting for Saving the Lives of Mothers and Children: Accelerating Progress towards Achieving MDGs 4 and 5 in the Eastern Mediterranean Region

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Objective



Show the likely health impact and financial resources required to scale up coverage of selected Reproductive, Maternal, Newborn and Child health interventions in ten high burden countries



Methodology

Scenario A: Accelerating rates of implementation

- Coverage substantially increased above current rates
- Up to double the coverage that would be achieved if current trends continued to 2015

Scenario B: Maximum rates towards the MDGs

- Ambitious targets towards universal coverage



"Best buys" for maternal and child health

- Family planning
- Skilled birth attendance and antenatal care
- Child vaccines including rotavirus and pneumococcal vaccines
- Integrated management of childhood illnesses
- Essential child health nutrition interventions
- Water and sanitation



How many lives can be saved?

Additional number of maternal lives saved annually

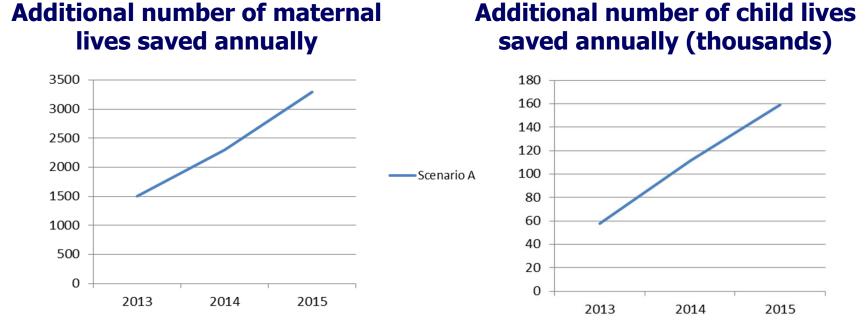
Total: 1.000,000 Total: 19,000 Total: 7,000 Total: 330,000 Scenario A Scenario B



Additional number of child lives

saved annually (thousands)

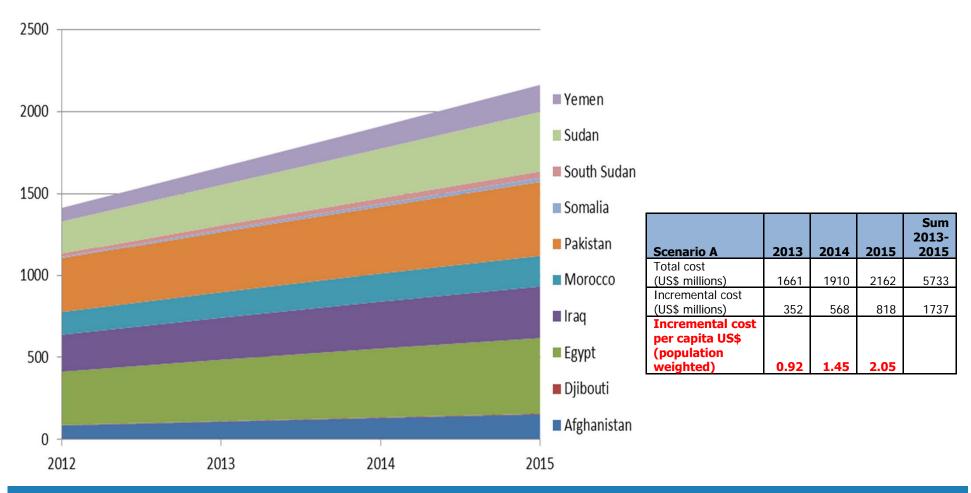
Scenario A: More than 330,000 lives of mothers and children could be saved in the 10 countries



Scenario A (10 countries)	2013	2014	2015	Sum 2013-2015
Incremental Child lives saved, 0-4 years (thousands)	57.8	111.1	158.9	327.8
Incremental Maternal lives saved (thousands)	1.5	2.3	3.3	7.0



Scenario A: a 1% to 6% increase in total per capita health spending in the 10 countries

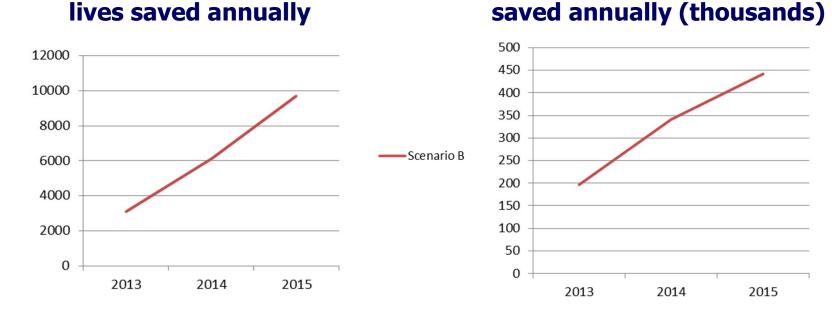


¹¹¹ Incremental cost and health impact is estimated in comparison to what would have been the cost and health outcomes if current coverage was kept unchanged but with a growing population.



Scenario B: More than 1,020,000 lives of mothers and children could be saved in the 10 countries

Additional number of maternal

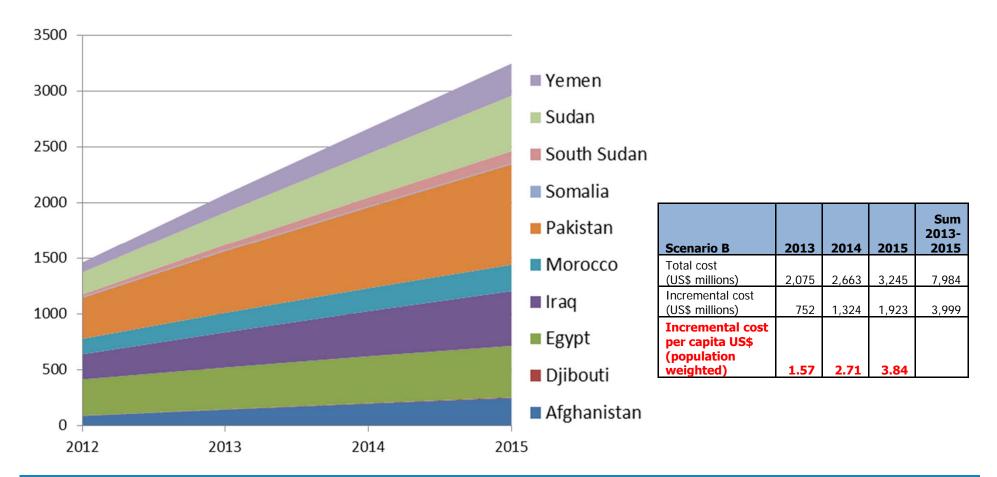


Scenario B	2013	2014	2015	Sum 2013-2015
Incremental Child lives saved, 0-4 years (thousands)	196.0	340.6	442.2	978.8
Incremental Maternal lives saved (thousands)	3.1	6.1	9.7	18.9



Additional number of child lives

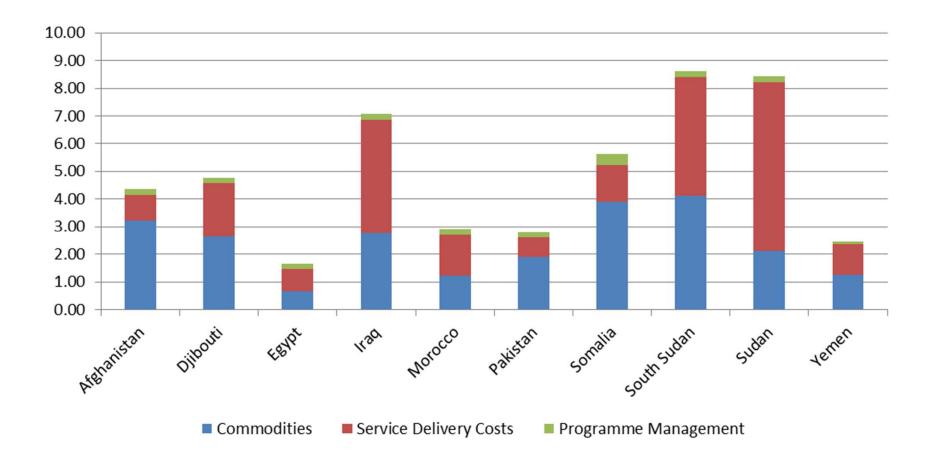
Scenario B: a 2% to 13% increase in total per capita health expenditure in the 10 countries



III Incremental cost and health impact is estimated in comparison to what would have been the cost and health outcomes if current coverage was kept unchanged but with a growing population.



Scenario B: Breakdown of additional cost required per capita in 2015 by category (US\$)

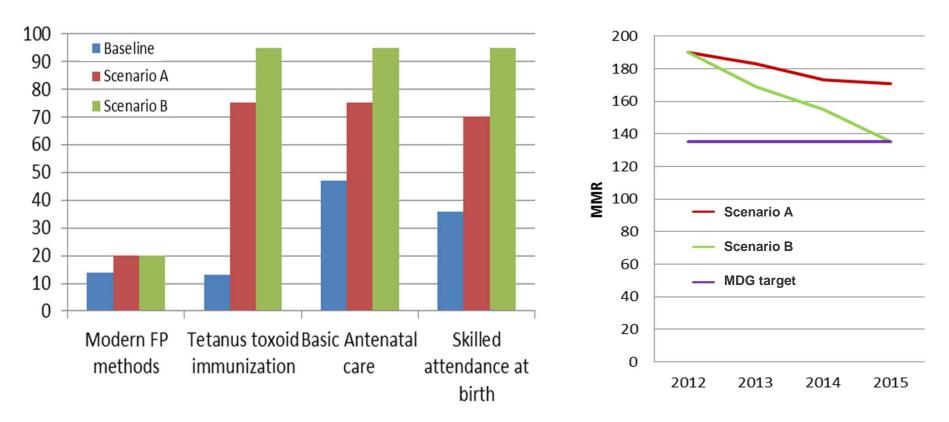




Country example: Yemen reducing maternal mortality

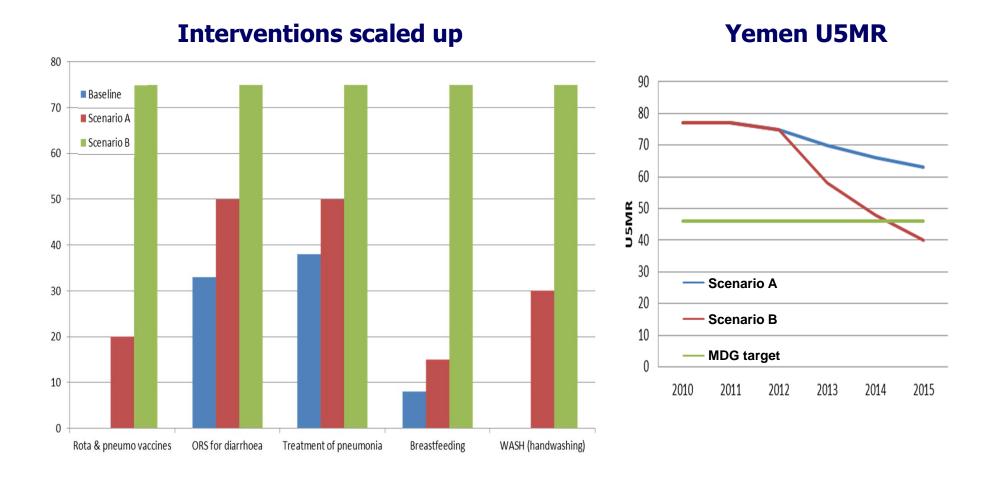
Interventions scaled up

Yemen MMR



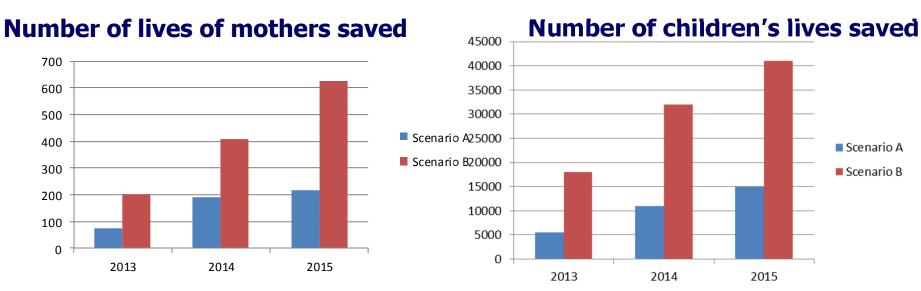


Country example: Yemen reducing child mortality





Country example: Yemen Maternal and child lives saved and cost



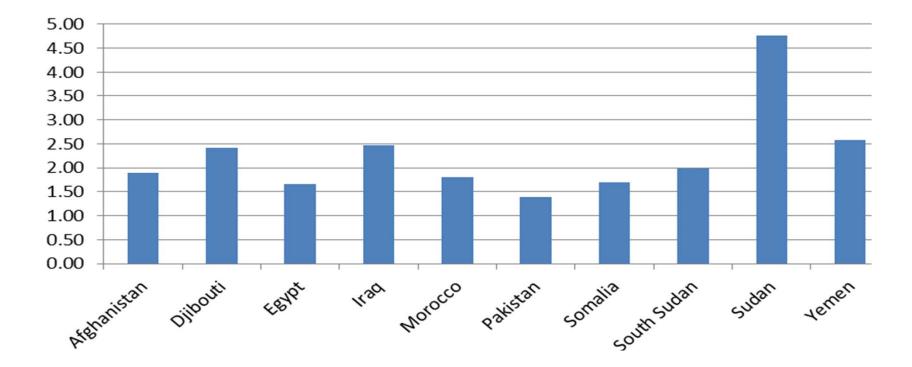
Estimating costs of each scenario (maternal and child):

Scenario A (US\$)	2013	2014	2015	Sum 2013-2015
Incremental cost (millions)	39	60	88	187
Incremental cost per capita	1.22	1.81	2.57	
Scenario B (US\$)	2013	2014	2015	Sum 2013–2015
Incremental cost (millions)	79	136	198	413
Incremental cost per capita	2.44	4.09	5.79	



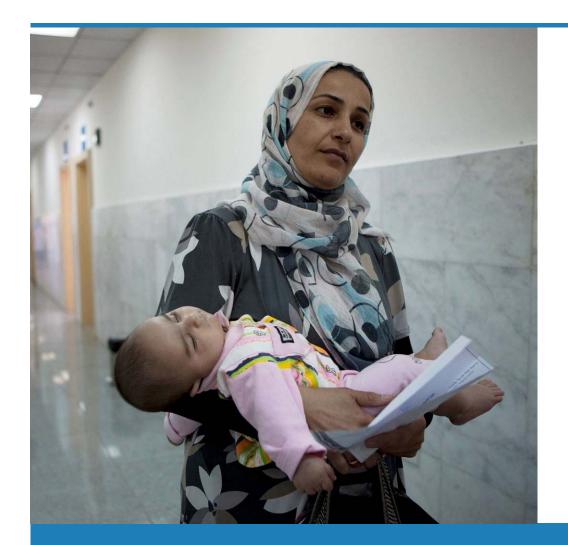
Cost of Scenario B = an additional US\$4 billion between now and 2015

Additional average cost per capita US\$ 1.6 in 2013 increasing to US\$ 3.8 by 2015





Key messages



- A modest increase in investment could prevent 330,000 more children and 7000 more mothers from dying before end 2015
- Extending MNCH services towards universal coverage would save almost 1 million more children's lives and 20,000 more mother's lives and accelerate progress towards MDGs 4&5



Thank You



