management of global health, as the response to severe acute respiratory syndrome proved.[5] But cooperation as a lone strategy for meeting all global-health objectives is naive when competition between states informs the dominant paradigm, realism, that has shaped relations from Whitehall to Washington for the past century. Realism in international affairs is not about seeing things as they really are, but rather refers to a philosophical doctrine that every international-relations undergraduate learns during their first semester: states are the primary agents in international affairs, states selfishly pursue their national interests, and sovereign states use laws and institutions to pursue these interests.[6] In such a framework, health is expendable when other interests, such as national security, are perceived to be at risk.

Contrast the tenets of realism with today's global-health realities: porous national borders; weak and impoverished states struggling to provide health care; the "unruly mélange" of bilateral, multilateral, and non-governmental organisations[7] standing in for states; foreign debt undermining health financing in poor nations; and multinational corporations that successfully defend patent protections for essential medicines. Global-health realities are at odds with the prevailing paradigm. International public-health professionals compound this problem if they have too little understanding of the mindsets (of which realism is only one), histories, and concomitant power structures behind foreign policy and international affairs. International public-health professionals too commonly assume that the value of good population health—to individual societies and to the global community—is self-evident and that they should not really have to work too hard to compete with other agendas.

Today's global-health gap is political. We currently do not have enough people knowledgeable and experienced in the everyday politics of international affairs working for advantages that support global-health progress. Global health needs advocates who embrace and understand international realpolitik, of which global health is but a part.[8] My argument is simple: cultivate foreign policy that helps rather than hinders improved global-health outcomes. This is distinguishable from the promotion of global-health policy,[9] which is also necessary. Some global-health victories will depend on how well international politics are played.

Susan L Erikson
Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada, BC V5A 1S6
slerikson@sfu.ca

I declare that I have no conflict of interest.

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Delivering for women and children

The *Countdown to 2015* reports in today's *Lancet* show that the progress being made on Millennium Development Goals (MDGs) 4 and 5 is in line with projections but continues to be far too slow, especially for MDG 5. The report presents the results only up to 2006, and the increase in financial resources being allocated to these neglected areas is encouraging. Nevertheless, there is no question that more is required from all parties to reach these important goals.

The number of children who die of measles each year has now been reduced by half a million since 1999. Routine immunisation coverage is above 80% for the first time in history, thanks to the efforts of the GAVI Alliance and its partners, among others. However, we need to make further progress by rapidly introducing vaccines against other major killers, such as rotavirus (which causes half a million deaths a year) and *Streptococcus pneumoniae* (which kills 800 000 children every year). This will be a key challenge for the GAVI Alliance, along with making immunisation services more widely available. In 2002, the UN adopted the target of providing life-saving vaccines to 90% of all children by 2010.[1]

Insecticide-treated bednets and other vector-control methods have proven very successful in the prevention of malaria when applied on a large scale; in some countries, hospital wards for children with life-threatening malaria are now empty. Much good work is being done by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation, and the US Special Initiative on Malaria. When combined with national efforts, the work of these organisations will soon make it possible to save most of the 1 million children who die of malaria in Africa each year.

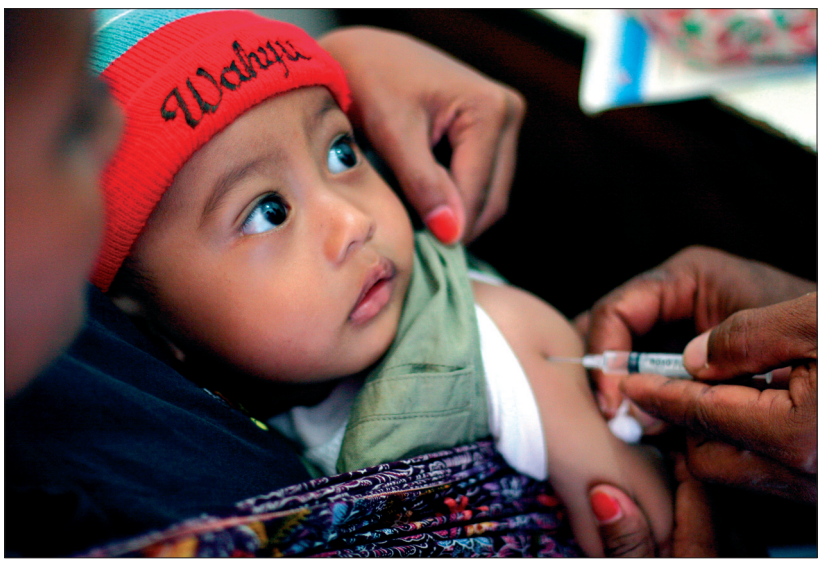
AIDS treatment is rapidly becoming more widely available, but treatment for pregnant women and the prevention of mother-to-child transmission are lagging behind. Here, key players, such as the Global Fund, UNICEF, WHO, and the President's Emergency Plan for AIDS Relief have a major task before them because 600 000 children are infected with HIV/AIDS by vertical transmission each year.

But if we continue these efforts with dedication and vigilance, we could save the lives of up to 4 million children each year.

A further 4 million newborns die annually within the first month of life, and their fate is intimately linked to their mothers' health.[2] Close to half of neonatal and maternal deaths result from complications during childbirth. In fact, the first day of anyone's life is the most decisive for survival.

A woman has the best chance of safe delivery when she is attended by a skilled midwife, nurse, or doctor. Specialist equipment and essential medicines should be available, as should transport to emergency obstetric or neonatal care if needed. Most deliveries should take place in health facilities that provide the good quality care needed; but unfortunately this is where progress has been slowest. In an ideal world, professional health workers would provide these services close to women's homes. However, this ideal is difficult to achieve, particularly where skilled people are in short supply and populations are dispersed across remote areas. Authorities must adopt new approaches to ensure that pregnant women are able to access the facilities that are available.

India is running a remarkable experiment that aims to increase greatly the number of poor women who give birth in public or private health facilities. The approach is simple: expectant mothers and their families are given money to meet transport and other expenses, and village health workers are paid a bonus for each woman they assist to a clinic. Early results have been impressive. The percentage of poor women who give birth in clinics has risen from 10–20% to 50–70% in less than 2 years in many areas. The Government is now responding to this surge in demand by improving both primary health facilities and the quality of emergency obstetric and newborn care.



UNICEF/HQ06-1800/Josh Estey

This kind of innovation linking finance to results is needed to improve maternal and newborn care. Together with the World Bank, Norway has initiated a results-based funding scheme for MDGs 4 and 5. The interest in partner countries has been overwhelming. The funding needed to respond to this urgent need should be made available. As donors, it is our duty to ensure that our support is provided in such a way that partner countries have the flexibility they need to address both short-term and long-term challenges. The shortage of health workers is clearly one of them.

In September, 2007, I launched the Global Campaign for the Health MDGs together with other world leaders.[3] This campaign encompasses several inter-related initiatives to accelerate progress on the health MDGs, and is seeking to find the best ways of achieving value for money and ensuring that the most vulnerable groups have access to essential services.

A cornerstone of the campaign is the International Health Partnership (IHP), initiated by the UK and facilitated by WHO and the World Bank, which aims to

improve the way that governments and aid agencies work together, reduce duplication, and ensure that the money goes further. The IHP global compact—signed by leaders, donors, and countries—constitutes a commitment to a new and better way of working and coordinating efforts to support national health plans. Thus the IHP is responding directly to the need for more stable financing and aid flows.

Other actions under the campaign include the Canadian-UNICEF-initiated Catalytic Initiative to save a million lives and the Providing for Health initiative led by Germany and France.[3,4]

Political commitment is needed at the highest levels of government to ensure that priority is given to the protection and promotion of the health and wellbeing of all women and children, making the necessary changes and allocating the resources needed to provide basic health services. This is why I am seeking to bring together world leaders of exceptional vision in a Network of Global Leaders.[3,4] So far this network includes nine heads of state and government (Brazil, Chile, Indonesia, Liberia, Mozambique, Norway, Senegal, Tanzania, and the UK) who have made personal commitments to improving maternal and child health in their countries and beyond. The President of Mozambique, Armando Guebuza, recently launched his Presidential Initiative for the Health of Mothers and Children, which includes giving priority to allocations for MDGs 4 and 5 in the national budget. On April 22, the President of Tanzania, Jakaya Kikwete, will launch Deliver Now for Women and Children in Dar es Salaam. This is his Government's plan for prioritising maternal and child health in Tanzania. The campaign is actively supported by civil society networks such as the White Ribbons Alliance, UN agencies, and other partners of the Partnership for Maternal, Newborn and Child Health.

The influence and actions of these leaders extend beyond the borders of their own countries. President Kikwete is currently chair of the African Union. Together with President Guebuza, he has ensured that MDGs 4 and 5 are on the agenda of the two next summits.

The President of Senegal, Abdoulaye Wade, who recently joined the network, used his strategic position as the host of the 11th Summit of the Organisation of the Islamic Conference in March to ask his peers to support a proposal to use the Islamic Development Bank's Fund for Poverty Reduction and Development for maternal and child health. President Michelle Bachelet of Chile and President Luiz Inácio Lula da Silva of Brazil will launch Deliver Now for Women and Children in Latin America later this year.

Japan will again host the G8 summit in July this year. I hope to see the same leadership that was demonstrated in Okinawa in 2000. I am encouraged by the strong commitment shown by the Japanese Government to leading the G8 effort to achieve all the health MDGs. Moreover, a day will be set aside at the UN General Assembly in September for a call to action on all the MDGs. I am truly committed to making 2008 a turning point for mothers and children throughout the world.

Jens Stoltenberg
Prime Minister, Norwegian Government, NO-0030 Oslo, Norway
Tore.Godal@smk.dep.no

I declare that I have no conflict of interest.

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