



POLICY REPORT

CHILD AND MATERNAL HEALTH SPENDING IN AUSTRALIA'S FOREIGN AID PROGRAM

COMPASSION AUSTRALIA | JUNE 2011

*it shouldn't end
at the beginning.*

COMPASSION AUSTRALIA

Compassion is an international Christian child advocacy and development organisation working in more than 26 countries around the world to foster the holistic development of children. Through its Global Partner Alliance, Compassion currently serves around 1.2 million beneficiaries, and works with advocates on behalf of children in over 50 countries across Australasia, Asia, Africa and the Americas.

Alongside Compassion's child development programs, which commence with pre-natal care and education for pregnant mothers and continue with support for children throughout childhood to university, Compassion also seeks to undertake and support advocacy, education and awareness initiatives that highlight the needs, neglect, nurture and potential of

children. Though Compassion is entirely funded through private sponsors and donors and does not receive any government [ANCP] funding, Compassion strongly supports international aid and development funding [formally referred to as 'Official Development Assistance' [ODA]] as a vital, integral part of the global community's efforts to eradicate child poverty and injustice and support the healthy development of children and families throughout the world. Compassion is also an active participant of the Micah Challenge coalition.

'Speak up for those who cannot speak for themselves; defend the rights of the poor and needy'

—Proverbs 31:8

ACKNOWLEDGEMENTS

This report was compiled in 2011 for Compassion Australia as part of the 'i believe it shouldn't end at the beginning' campaign. It is an update of and includes some material from its 2010 '5 Million More: What Will It Take?' report written on behalf of Compassion by Dr Steve Francis and DJ Konz.

Every effort has been made to ensure the accuracy of this information at the time of publication.

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CONTENTS

Executive Summary	3
The Issue: Child Mortality	5
The Issue: Maternal Mortality	8
Millennium Development Goals	10
Simple Solutions	13
Australian Government Child and Maternal Health Programs	14
Global Momentum for Child and Maternal Health Programs	18
The 2011/12 Federal Foreign Aid Budget	20
Policy Proposals	24
Independent Review of Aid Effectiveness	28
References and Recommended Resources	30
Conclusion	31
Child Survival Program Story	32



EXECUTIVE SUMMARY

it shouldn't end at the beginning ... but it does.

Every day 22,000 children die, most from entirely preventable causes.

This policy report focuses on the issues of child and maternal mortality and calls upon the Australian Government to take further action to help address unnecessary and preventable child and maternal deaths as a matter of urgency. The report analyses Australia's current and predicted future foreign aid expenditure on child and maternal health programs.

Compassion Australia welcomes the continued bi-partisan support for increasing foreign aid to 0.5 per cent of Gross National Income [GNI] by 2015/16; increasing Australia's Official Development Assistance (ODA) in line with this commitment is making a positive difference for millions of people living in poverty around the world. However, Compassion Australia calls for an increase in focus and sectoral spending on health within its ODA budget.

Over the coming five years, funding for the basic health and infectious diseases sector (primarily programs that focus on child and maternal health) is budgeted to decline as a proportion of Australia's foreign aid program from its current estimated proportion of 13.27 per cent in 2011/12 to 9.66 per cent in 2015/16. This decrease comes despite commitments from the Australian Government to the new 'Global Strategy for Child and Maternal Health' and the formation of a new international alliance (including Australia) on child and maternal health. Put simply, Australia is not putting its money where its mouth is in regards to child and maternal health.

Like the Australian Government, Compassion Australia supports the Millennium Development Goals (MDGs) as

the key organising framework for Australia's international aid expenditure with a central focus on poverty reduction. Compassion would argue specifically for an increased emphasis on funding for child and maternal health initiatives to address significant lags in achieving MDG4 on child mortality and MDG5 on maternal health. As this report outlines, such an emphasis is in line with strong evidence that health spending is highly effective in saving and improving lives, has a good return on investment and is developmentally effective.

Compassion Australia Policy Proposals

1 Immediate proposals (2012/13 federal foreign aid budget):

Make development assistance for health funding, particularly for child and maternal health programs, a flagship priority in Australia's official development assistance program by:

- Rapidly increasing spending on development assistance for the entire health sector to \$1200 million for the 2012/13 foreign aid budget
- Increasing spending on child and maternal health aid to \$520 million for 2012/13 foreign aid budget
- Increasing health (now including WaSH – Water, Sanitation and Health – spending), as a proportion of Australia's aid program, to 20 per cent (equal to education) for the 2012/13 foreign aid budget and maintain the current allocation to child and maternal health (estimated to be approximately 40 per cent).

EXECUTIVE SUMMARY

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Compassion Australia Policy Proposals

2 Medium-term proposals (to be achieved by 2015/16 federal foreign aid budget):

Ensure Australia takes a global leadership role in financially supporting and promoting child and maternal health programs by:

- Increasing the Australian Government's financial commitment for the Global Strategy for Women's and Children's Health to \$2.5 billion over the next five years
- Increasing health sector spending to 25 per cent of Australia's ODA budget (20 per cent to basic health and infectious disease programs and 5 per cent to WaSH programs) of Australia's foreign aid program by 2015/16
- Increasing WaSH funding to \$500 million by 2015 and ensure that at least half of this is spent on sanitation and hygiene, as water, sanitation and hygiene (WaSH) plays a crucial role in child and maternal health
- Taking a leadership role within the new International Alliance with the US, UK and Gates Foundation supporting maternal and newborn health.

THE ISSUE: CHILD MORTALITY

Child Mortality

Child mortality refers to the number of children who die before they reach the age of five.¹ Child mortality is a quiet, global human tragedy. Unlike major natural disasters, wars or other causes of mass casualties, it rarely makes the headlines. This is because it strikes insidiously one by one: a newborn dying from complications in childbirth because no medical care is available; a two-year-old succumbing to pneumonia because their immune system is compromised by chronic hunger; a four-year-old weakened by malaria dying from diarrhoea because her parents have to quench her thirst with unsafe drinking water.

Yet one-by-one, 22,000 children die every day, the vast majority from diseases and other causes readily preventable.² This amounts to the world losing one child—with all their dreams and hopes and human

potential—every four seconds. The scale of this devastation is deceptive; it surpasses, every day, the death toll from the 2011 Japanese tsunami / earthquake and every ten days the 2010 Haiti earthquake. It is the equivalent of a sizeable Australian country town being wiped from the map every day, or the combined populations of Melbourne and Sydney being obliterated every year, largely from one major underlying cause: poverty. At Compassion, we believe that one preventable child death is one too many; it shouldn't end at the beginning.

'Why is it that a child's death amounts to a tragedy, but the death of millions is merely a statistic?' —Patrick McDonald, Founder, Viva Network

THE FACTS

- it shouldn't end at the beginning ... but it does. Every day 22,000 children die, the majority from entirely preventable causes.
- Globally, 43 per cent of deaths of children under five are attributed to five diseases: pneumonia, diarrhoea, malaria, HIV/AIDS and measles. In Australia, these diseases account for just two per cent of deaths of children under five.
- Many things we take for granted in Australia, such as literacy education, training in childcare, pre-natal care and the presence of skilled birth attendants, would see the number of child deaths in developing countries plummet if widely available.

1. World Health Organisation [WHO], 'World Health Statistics 2011'.

2. United Nations Inter-agency Group for Child Mortality Estimation, 'Levels & Trends in Child Mortality: Report 2010'.

THE ISSUE: CHILD MORTALITY

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Preventable diseases³

Child mortality does not have to be the global tragedy that it is; most child deaths are preventable. In the developing world, 43 per cent of under-five deaths are attributed to five diseases: pneumonia, diarrhoea, malaria, HIV/AIDS and measles. In Australia, these diseases account for just two per cent of deaths of children under five.

- **Pneumonia** – an infection of the lungs mostly caused by viruses or a bacterium spread by direct contact. It is the primary cause of all under-five deaths but can be prevented by immunisation, adequate nutrition and addressing environmental factors, and often treated by antibiotics and proper healthcare. It kills an estimated 1.6 million children every year, three-quarters of which occur in just 15 countries. Although often readily treated, less than 20 per cent of children suffering from pneumonia access effective treatment.
- **Diarrhoea** – a symptom of gastrointestinal infection, caused by a variety of bacterial, viral and parasitic organisms. It is commonly spread through contaminated food, drinking water, or direct contact. Incredibly, diarrhoeal diseases kill 1.5 million children every year but can be treated with safe, cost-effective treatments such as antibiotics, anti-parasitic medications, and Oral Rehydration Salts [ORS] combined with zinc supplements.
- **Malaria** – caused by the parasite Plasmodium through infected mosquitoes. In 2008, it caused almost one million deaths, mostly among African children [one African child dies every 30 seconds from malaria]⁴. If not treated early enough, it becomes life-threatening by disrupting the blood supply to vital organs. Insecticide-treated bed nets are a simple, low-cost preventative measure, while drug-interventions often provide effective treatment
- **HIV/AIDS** – human immunodeficiency virus [HIV], a retrovirus that infects immune system cells and destroys or impairs their function. The most advanced stage is acquired immunodeficiency syndrome [AIDS]. It can be transmitted through sexual intercourse, transfusion of contaminated blood, contaminated needles or from mother to child in pregnancy, childbirth or through breastfeeding. Almost 1200 children are infected with HIV every day; in over 90 per cent of cases the virus is transmitted from mother to child, preventable through antiretroviral treatment [ART], as well as safer delivery and feeding practices. The number of children receiving ART increased from approximately 75,000 in 2005 to 355,000 in 2009. Similarly, in 2004 only 10 per cent of pregnant women with HIV received ART to prevent mother-to-child transmission; by 2008 it had reached 45 per cent.
- **Measles** – a highly contagious viral disease transmitted through droplets from the nose, mouth and throat that mostly affects children. In 2008 nearly 450 people died from measles every day—164,000 for the year—yet it can be effectively

3. All statistics from United Nations Inter-agency Group for Child Mortality Estimation, 'Levels & Trends in Child Mortality: Report 2010' unless otherwise noted.

4. United Nations Inter-agency and expert group on MDG indicators, 'Millennium Development Goals Report 2010'.

Preventable diseases³ ...continued

prevented by immunisation. Because of widespread vaccinations between 2000 and 2008, measles deaths dropped by a staggering 78 per cent.

Malnutrition

It is estimated that malnutrition is the underlying cause of 53 per cent of all under-five deaths, including those attributed to the five preventable diseases discussed above⁵. Even when it does not kill, malnutrition can leave children mentally and physically impaired, affecting brain and physical development leaving children unable to reach their full potential.

Child Mortality Hot-spots

The levels of child mortality continue to remain at their highest in sub-Saharan Africa, where one child in every eight dies before the age of five. In developing regions, generally, it is one child in every 15, compared with Australia where it is one child in every 250. Of the 31 countries with a child mortality rate of at least one child dying per 10 live births before the age of five, 30 are located in sub-Saharan Africa, along with Afghanistan. When the total number of child deaths is analysed (rather than child mortality ratios) it is obvious that child mortality is increasingly concentrated in just a few countries. Approximately half of global under-five deaths in 2009 occurred in only five countries: India (21 per cent), Nigeria (10 per cent), Democratic Republic of Congo (6.9 per cent), Pakistan (5.7 per cent) and China (4.3 per cent).

5. United Nation's Children's Fund [UNICEF], 'The State of the World's Children 2011'.

THE ISSUE: MATERNAL MORTALITY

Maternal Mortality

Giving birth is one of the most dangerous things a woman can do in the developing world. Thousands of mothers die and thousands more are left disabled; this has a devastating impact on families, communities and nations. The number of women dying during pregnancy and child-birth has declined significantly in recent years, but every day approximately 1000 women still die due to complications during pregnancy. These complications include severe bleeding after childbirth, infections, hypertensive disorders and unsafe abortions.

Neonatal Mortality

Previously we noted that 22,000 children die before reaching the age of five. Of these child deaths, almost 40 per cent occur in the first month of life (the neonatal period)⁷. These first four weeks are the most critical in a child's fight for survival. Even among these deaths, most occur during the first week of life, and for every baby that dies in the first week, another is dead at birth.

Neonatal deaths and stillbirths can result from poor maternal health, inadequate care during pregnancy, inappropriate management of complications during pregnancy and delivery, poor hygiene during and just after delivery and lack of newborn care. Of neonatal deaths, around 26 per cent (or around 10 per cent of all child deaths) are caused by severe infections, many of which are a result of pneumonia and sepsis, a blood-borne bacterial infection treatable with antibiotics.

Tragically, in many societies, neonatal deaths and stillbirths are so common they are accepted as if there is little alternative. Many communities have adapted to this situation by not recognising the birth as complete, and

THE FACTS

- Each year there are at least 340,000 maternal deaths worldwide, largely preventable through the presence of skilled birth attendants during childbirth and access to basic healthcare⁶.
- Each day there are approximately 1000 women who die due to complications in pregnancy. Of this 1000, on average 570 live in sub-Saharan Africa, 300 in South Asia and five in high-income countries⁶.

6. World Health Organisation [WHO], United Nation's Children's Fund [UNICEF], UNFPA [United Nations Population Fund], the World Bank, 'Trends in Maternal Mortality: 1990-2008'.

7. United Nation's Children's Fund [UNICEF], 'The State of the World's Children 2011'.

Neonatal Mortality ...continued

thus not naming the child, until he or she has survived the first few crucial weeks or month. A couple of basic steps can greatly reduce the number of neonatal deaths:

- Quality care during pregnancy
- Safe delivery by a skilled birth attendant
- Strong neonatal care, including immediate attention to breathing and warmth, hygienic cord and skin care, and early initiation of exclusive breastfeeding.

While various factors contribute to the high number of neonatal deaths across the developing world—such as a woman’s societal status, her nutritional state at conception, and how many children she had and when—a woman’s education continues to be a leading factor. Lack of education can result in inadequate cord care, leaving a baby wet or cold after birth, not receiving medical care when it is needed, feeding a baby incorrect foods or allowing harmful cultural practices to be undertaken.

The implementation of specific child and maternal health programs and women’s education programs can have a major positive impact on child health, particularly neo-natal health.

***‘Investing more in women’s and children’s health is not only the right thing to do; it also builds stable, peaceful and productive societies’
—Global Strategy for Women’s and Children’s Health***

MILLENNIUM DEVELOPMENT GOALS

Compassion Australia’s concern for and campaigning on child and maternal mortality stems from the high value we place upon children and mothers. Similarly, their importance to the global community is reflected in the Millennium Development Goals however it is important to note the lagging progress in achieving the

relevant Millennium Development Goal targets. Child and maternal health have not yet reached half their MDG targets with less than five years to go; significant and effective funding and programs are urgently required to meet the critical child and maternal health MDG targets.

MDGs Progress Graph fig.1

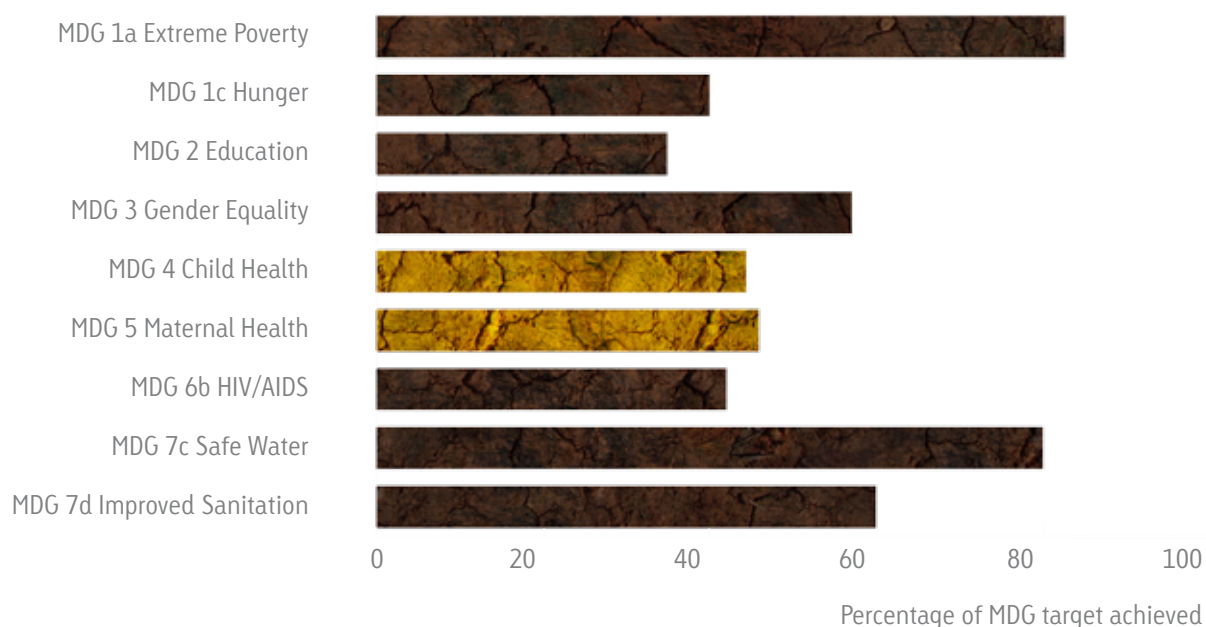


Figure 1. All data sourced from United Nations Inter-agency and expert group on MDG Indicators, ‘Millennium Development Goal Report 2010’ unless otherwise specified

MDG 1a—Extreme Poverty - proportion of population living on less than \$1.25 / day

MDG 1c—Hunger - proportion of the population undernourished

MDG 2—Education - net enrolment ratio

MDG 3—Gender Equality - Gender disparity in primary and secondary education

MDG 4—Child Health - Child mortality rate

MDG 5—Maternal Health - Maternal Mortality Rate

MDG 6b—HIV/AIDS - proportion of people receiveing ART treatment

MDG 7c—Safe Water - proportion of people with access to clean water

MDG 7d—Improved Sanitation - proportion of people with access to improved sanitation

Adopted by all member states of the United Nations in 2000 with a 15-year timeline, the Millennium Development Goals (MDGs) are concrete, numerical benchmarks for tackling extreme poverty⁸. Since their inception, these goals have galvanised unprecedented global efforts to meet the needs of the world's poor. MDG4 on child mortality and MDG5 on maternal

mortality focus on the need to prioritise children and mothers within broader efforts. Significant research shows that these two MDG goals are the furthest behind the specified 2015 targets; an increased focus and prioritisation within development programs is needed for these 2015 targets to be achieved.



Target: Reduce child mortality by two-thirds between 1990 and 2015

Progress:

- Child deaths are falling but not fast enough to meet MDG4. Of the 67 countries that the United Nations defined as having high child mortality rates, only 10 are currently on track to meet their individual MDG target.
- The total number of under-five deaths dropped from 12.5 million in 1990 to 8.1 million in 2009.
- While under-five mortality rates have dropped by 22 per cent in sub-Saharan Africa, high fertility rates means the number of children who died actually increased between 1990 and 2015.⁹



Target: Reduce maternal mortality by three-quarters between 1990 and 2015

Progress:

- The number of women dying due to complications during pregnancy and childbirth has decreased by 34 per cent from an estimated 546,000 in 1990 to 358,000 in 2008.
- The MDG target of reducing the maternal mortality ratio by 75 per cent between 1990 and 2015 requires an annual decline of 5.5 per cent. The decline that has been achieved since 1990 translates into an average decline of just 2.3 per cent.
- Ten out of 87 countries with maternal mortality rates equal to or over 100 per 100,000 in 1990 are on track with an annual decline of 5.5 per cent between 1990 and 2008. At the other extreme, 30 countries have made insufficient or no progress since 1990.¹⁰

8. United Nations Millennium Development Goals, <http://www.un.org/millenniumgoals/>

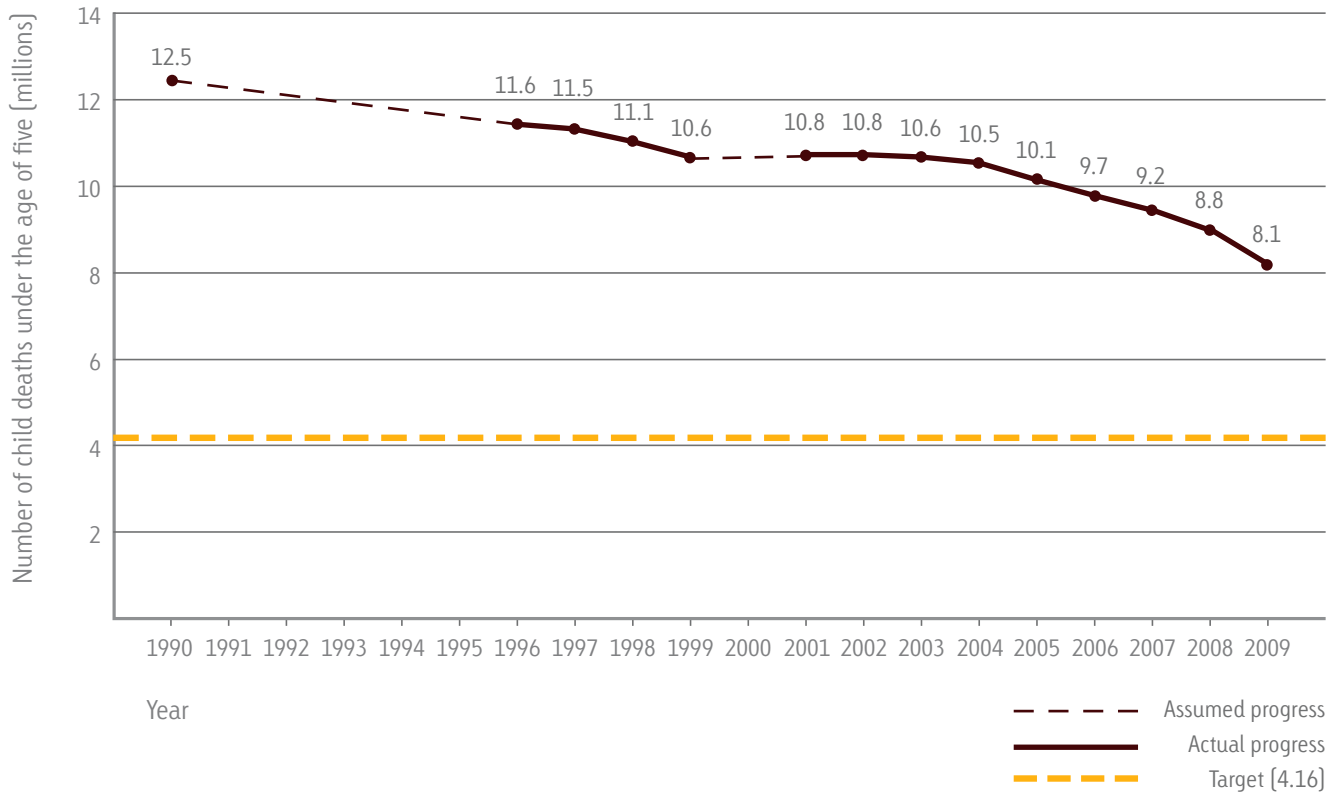
9. Statistics from United Nations Inter-agency Group for Child Mortality Estimation, 'Levels & Trends in Child Mortality: Report 2010'.

10. Statistics from World Health Organisation [WHO], United Nation's Children's Fund [UNICEF], UNFPA [United Nations Population Fund], the World Bank, 'Trends in Maternal Mortality: 1990-2008'.

MILLENNIUM DEVELOPMENT GOALS

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Child Mortality Progress Chart fig.2



Child Mortality Progress by Regions fig.3

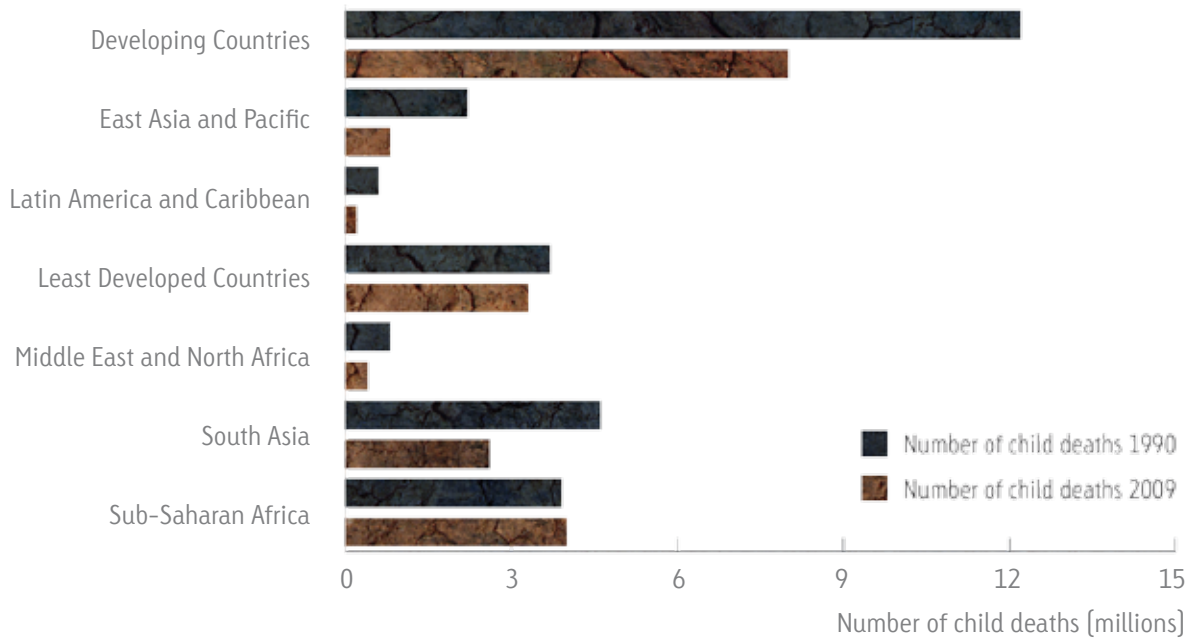


Figure 2. All data sourced from United Nations Children's Fund (UNICEF) - State of the World's Children 1995-2011

Figure 3. All data sourced from UNICEF, 'State of the World's Children 2011'

SIMPLE SOLUTIONS

Improving child and maternal survival requires an integrated approach. However, effective, high-impact, low-cost solutions and strategies are already known and being effectively employed in many contexts and communities around the world. Such solutions include¹¹:

- Ensuring full coverage of immunisation programs
- Scaling up vitamin A supplementation
- Pursuing exclusive breastfeeding for children under six months of age, and breastfeeding plus appropriate complementary feeding for children aged six months to two years
- Providing adequate nourishment for children of poor families despite the food shortages and rising prices
- Promoting hand-washing and treatment of drinking water
- Targeting the underlying socio-economic causes of child mortality, such as mothers' access to reproductive health, education and employment

- Training mothers in providing a safe home environment and age-appropriate development opportunities.

Successful programs combine treatment of illness with prevention and education measures in the household and broader community. These programs empower local communities to become part of the solution for child survival. Active engagement of local community members, such as health workers, are important strategies commonly supported through non-government organisation (NGO) programs. At a systemic level, the development of an effective continuum of care to deliver integrated services from pregnancy through to adolescence is essential. [Compassion's Child Survival, Child Sponsorship and Leadership Development Programs are an example of such a life-stage continuum program. See Page 32 for more information].

11. United Nations Department of Public Information, 'Fact Sheet – Goal 4: Reduce Child Mortality'.

AUSTRALIAN GOVERNMENT CHILD AND MATERNAL HEALTH PROGRAMS

To help address child and maternal mortality, and in line with the Millennium Development Goals, the Australian Government has invested in a number of child and maternal health programs in recent years. Below is a synopsis of some of those programs and their effectiveness.

Bi-lateral programs¹²

East Timor

Australia's foreign aid program has helped to reduce infant deaths by a quarter from 2003 to 2009, and the percentage of births attended by skilled health personnel increased from 35 per cent in 2008 to 47 per cent in 2009. In 2011/12, Australia will provide support to deliver basic health services, particularly to women and children. The program will support the East Timor Government's mobile health clinics that aim to provide health services in every Timorese village at least once a month, along with the expansion of family planning services from four to eight of East Timor's 13 districts.

Partnerships in Africa and the Middle East

As part of the 2011/12 federal foreign aid budget, the Australian Government committed an additional \$462.6 million over four years to expand Australia's development partnerships in Africa and the Middle East. This funding included a new program to improve maternal health in eastern Africa (Ethiopia and Southern Sudan) by training over 300 new midwives. Another new project in southern Africa will provide access to safe water and sanitation to 1.2 million people.

Papua New Guinea

Health outcomes in Papua New Guinea [PNG] are very low, particularly for children and women. PNG has a high maternal mortality rate, in part because only 37 per cent of births occur at health facilities. While child survival rates in PNG have improved in the past decade, progress has recently stagnated, and MDG 4 is unlikely to be achieved.

The Australian Government provides more than 70 per cent of the official development assistance that Papua New Guinea receives. In 2009, Australia's foreign aid program funded vaccinations against measles for 900,000 children¹³. In 2011/12, Australia will target this foreign aid to reducing maternal deaths and improving maternal health. The program includes the distribution of maternal health emergency equipment to district hospitals and health centres in rural PNG and drug kits to all health centres and aid posts across the country. Australian support will also improve access to obstetric and gynaecology services and improve the capacity of midwifery schools to train competent midwives.

12. All information sourced from Australian Federal Treasury, 'Budget Australia's International Development Assistance Program 2011/12 – An effective aid plan for Australia: Reducing poverty, saving lives and advancing Australia's national interests' unless otherwise specified

13. AusAID, 'Annual thematic performance report 2009: health'

Multi-lateral programs¹⁴

United Nations Development Agencies

Working in Health

UN Children’s Fund [UNICEF] – Total funding in 2011/12 foreign aid budget = \$34.1 million

- UNICEF focuses on five primary areas of child survival and development: basic education and gender equality; HIV and children; child protection from violence, exploitation and abuse; and policy advocacy and partnerships for children’s rights. Australia’s contribution here is valuable.

World Health Organisation [WHO] – Total funding in 2011/12 foreign aid budget = \$23.0 million

- WHO focuses on improving the quality of health service delivery and progressing health-related MDGs. Health outcomes for women and children are improved by assisting countries to recruit and manage human resources for maternal and newborn health-care services and by providing wider access to skilled and quality care for pregnant women and newborns.

UN Population Fund [UNFPA] – Total funding in 2011/12 foreign aid budget = \$15.0 million

- UNFPA programs focus on three core programs of reproductive health, gender equality and population and development strategies.

Global Health Programs

Global Alliance for Vaccines and Immunisation [GAVI] – Total funding in 2011/12 foreign aid budget = \$5.0 million

- GAVI is a public-private partnership created to save children’s lives and protect people’s health by increasing access to immunisation in poor countries. The Australian Government has committed \$60 million to GAVI over three years from 2011 to 2013—a welcome increase. With Australia’s funding support, approximately 50,000 deaths are estimated to be prevented by 2013 through the provision of vaccines and immunisation.

The Global Fund to Fight AIDS, Tuberculosis and Malaria – Total funding in 2011/12 foreign aid budget = \$10.0 million

- The Global Fund is a public-private partnership created to address the costs of HIV prevention and treatment and to make headway with other major infectious diseases, such as malaria and tuberculosis. The Australian Government has committed \$210 million to the Global Fund over three years from 2011 to 2013. With Australia’s funding support, by 2013, the Global Fund will provide HIV treatment for an estimated 28,000 people, tuberculosis treatment for 35,000 people and the distribution of 1,050,000 bed nets for the prevention of malaria worldwide.

14. All information sourced from Australian Federal Treasury, ‘Budget Australia’s International Development Assistance Program 2011/12 – An effective aid plan for Australia: Reducing poverty, saving lives and advancing Australia’s national interests’ unless otherwise specified





GLOBAL MOMENTUM FOR CHILD AND MATERNAL HEALTH PROGRAMS

The global community has recognised the importance of Millennium Development Goals 4 and 5 to the success of all development efforts. There is also widespread recognition that both are at significant risk of not being achieved before the MDG deadline in 2015. Consequently, a number of new global initiatives were established in 2010 that focus on child and maternal health, a trend described by the Institute of Health Metrics and Evaluation in the United States:

*'It is no exaggeration to call 2010 the year of maternal and child health. The need to reduce maternal and child mortality was the subject of high-level discussions around the world in 2010, with more planned in 2011.'*¹⁵

First, in September 2010 the United Nations Secretary-General Ban Ki-moon announced a new Global Strategy for Women's and Children's Health. The strategy represents a joint initiative between public, private and NGO sectors to scale-up and prioritise a package of interventions focused on improving women's and children's health. Compassion Australia commends the Australian Government's support of this strategy and commitment to invest A\$1.6 billion into child and maternal health over the next five years. However, we note that this commitment does not include any new funding; rather, it re-emphasises existing expenditure.

Second, in September 2010 the Australian Government also established a new international alliance in collaboration with the UK, US and the Gates Foundation

in support of child and maternal health. This, again, is a commendable step towards prioritising better health outcomes for the poorest and most vulnerable women and children within Australia's aid program¹⁶. However, there is more work to be done for the Australian Government to match advocacy actions with substantial additional financial commitments to child and maternal health in ways such as those proposed in this document.

*'We now have an opportunity to achieve real, lasting progress because global leaders increasingly recognise that the health of women and children is the key to progress on all development goals' —UN Secretary-General Ban Ki-moon*¹⁷

Child and Maternal Health: effective development practice

A significant reason for greater global emphasis on child and maternal health development programs is the effectiveness of such programs. The Maternal, Newborn and Child Health Network for Asia and the Pacific, of which AusAID is a constituent, stated in a recent publication:

*'Child and maternal health is an investment in social justice, social stability and economic productivity.'*¹⁸

The study further asserts that child and maternal health programs make economic sense, as healthy mothers and children make for a productive and robust workforce

15. Institute for Health Metrics and Evaluation [IHME], 'Financing Global Health 2010: Development assistance and country spending in economic uncertainty'.

16. AusAID, 'International alliance supporting maternal and newborn health'

17. United Nations Secretary-General Ban Ki-Moon, 'Global Strategy for Women's and Children's Health'

18. Maternal, newborn and child health network for Asia and the Pacific, 'Investing in maternal, newborn and child health'.

that can contribute to a nation's economic wealth.

USAID has estimated that preventable global maternal and newborn deaths slow growth and lead to global productivity losses of US\$15 billion each year¹⁹.

In 2008, the Copenhagen Consensus also highlighted the importance of child and maternal health development programs. The Consensus drew together a panel of eight of the world's most distinguished economists to consider a series of proposals that confront 10 contemporary global challenges. Of the top 10 proposals chosen, seven are directly related to child and maternal health; a proposal to provide micronutrient supplements for children (vitamin A and zinc) was voted to be the most effective. Other child and maternal health proposals that ranked in the top 10 included expanded immunisation coverage for children, a community-based nutrition program and a program supporting the reproductive role of women. The dominance of child and maternal health proposals in the Copenhagen Consensus amongst other contemporary issues, including conflicts, air pollution and global warming, underscores the considerable value placed on child and maternal health programs by leading economists.

19. USAID, 'USAID Congressional Budget Justification FY2002'.

THE 2011/12 FEDERAL FOREIGN AID BUDGET

Compassion Australia welcomes the Australian Government's continued commitment to increase the official development assistance budget outlined in the May federal budget. Though still well short of the international aid target of 0.7 per cent GNI, this increase keeps Australia on track to reach its own previous commitment of 0.5 per cent of Gross National Income [GNI] by 2015/16.

Accordingly, Australia's total foreign aid program for the 2011/12 financial year is projected to increase by \$486 million to reach a total of \$4.836 billion. As a proportion of GNI, this increase represents a rise from 0.33 per cent of GNI in 2010/11 to 0.35 per cent of GNI in 2011/12 and maintains the Australian Government's commitment to 0.5 per cent by 2015/16. It also means that Australia is now ranked 14th of 23 Organisation of Economic Co-operation and Development [OECD] Development Assistance Countries [DAC] in the proportion of gross national income spent on foreign aid. During the foreign aid budget announcement, Minister for Foreign Affairs The Hon Kevin Rudd stated that the foreign aid program 'had been effectively quarantined from spending cuts'. While acknowledging economic challenges facing Australians, Compassion Australia commends and encourages this support for programs that help millions of people in the global community living in devastating and entrenched poverty.

Graph shows nominal economic growth estimates. These estimates were only available until 2012/13 financial year. A nominal growth rate of 5.5 per cent was assumed after this point.

Australia's foreign aid program is poised to continue to grow significantly over the coming years. In the 2011/12 budget, the Government detailed how it plans to increase Australia's ODA/GNI ratio to 0.5 per cent by 2015/16²⁰. To reach this target the Government expects to increase Australia foreign aid to:

- 0.38 per cent of GNI in 2012/13
- 0.42 per cent of GNI in 2013/14
- 0.46 per cent of GNI in 2014/15
- 0.50 per cent of GNI in 2015/16

Assuming these foreign aid targets are reached, 2011/12 will remain the smallest aid increase for the next four years, with the increase needing to be much more significant in successive years from now until 2015. Figure 4 below shows the expected yearly increases in current dollars based on nominal economic growth estimates provided by the Treasury²¹.

Aid Budget Increases fig.4

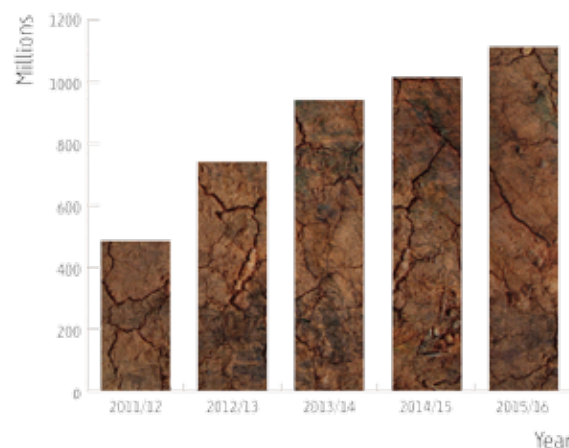


Figure 4. All data sourced from Budget: Australia's International Development Assistance program 2011/12

20. Australian Federal Treasury, 'Budget Australia's International Development Assistance Program 2011/12 – An effective aid plan for Australia: Reducing poverty, saving lives and advancing Australia's national interests'.

21. Australian Federal Treasury, 'Budget 2011/12'.

How Does it Affect Children and Mothers?

Education

The largest new project for the 2011/12 foreign aid budget is a basic education program in Indonesia costing \$498.2 million over four years. This new program aims to improve education by building 2,000 schools and training 10,000 teachers to directly benefit 300,000 students. The program will also deliver small-scale rural infrastructure and provide community development grants to 80,000 poor villages. Though perhaps not often impacting directly on under five or maternal mortality, education is vital to long-term child development (literacy is a key long term factor in improving child and maternal health), and Compassion Australia supports this new program. We are encouraged by the Australian Government's new priority on basic education programs rather than solely focusing on the provision of tertiary scholarships.

Water, Sanitation and Hygiene (WaSH)

A new WaSH initiative costed at \$441 million over four years was announced in the 2011/12 foreign aid budget. It will provide safe water, basic sanitation and improved hygiene practices for over four million people across East Asia, South Asia and Africa. With a number of WaSH projects finishing up in the middle of the year, there will be a drop in WaSH spending from \$173 million in 2010/11 to \$117 million in 2011/12. After this, however, spending will increase, rising to \$271 million in 2013/14 and \$351 million in 2014/15. Previously, WaSH spending has been classified as infrastructure spending and coupled in the same sector as roads and bridges. This year, AusAID appropriately re-classified it as health spending. This will better reflect the fact that WaSH spending is one of the most significant and beneficial forms of public health expenditure available.

Health

The following quote comes directly from the 2011/12 Federal foreign aid budget papers:

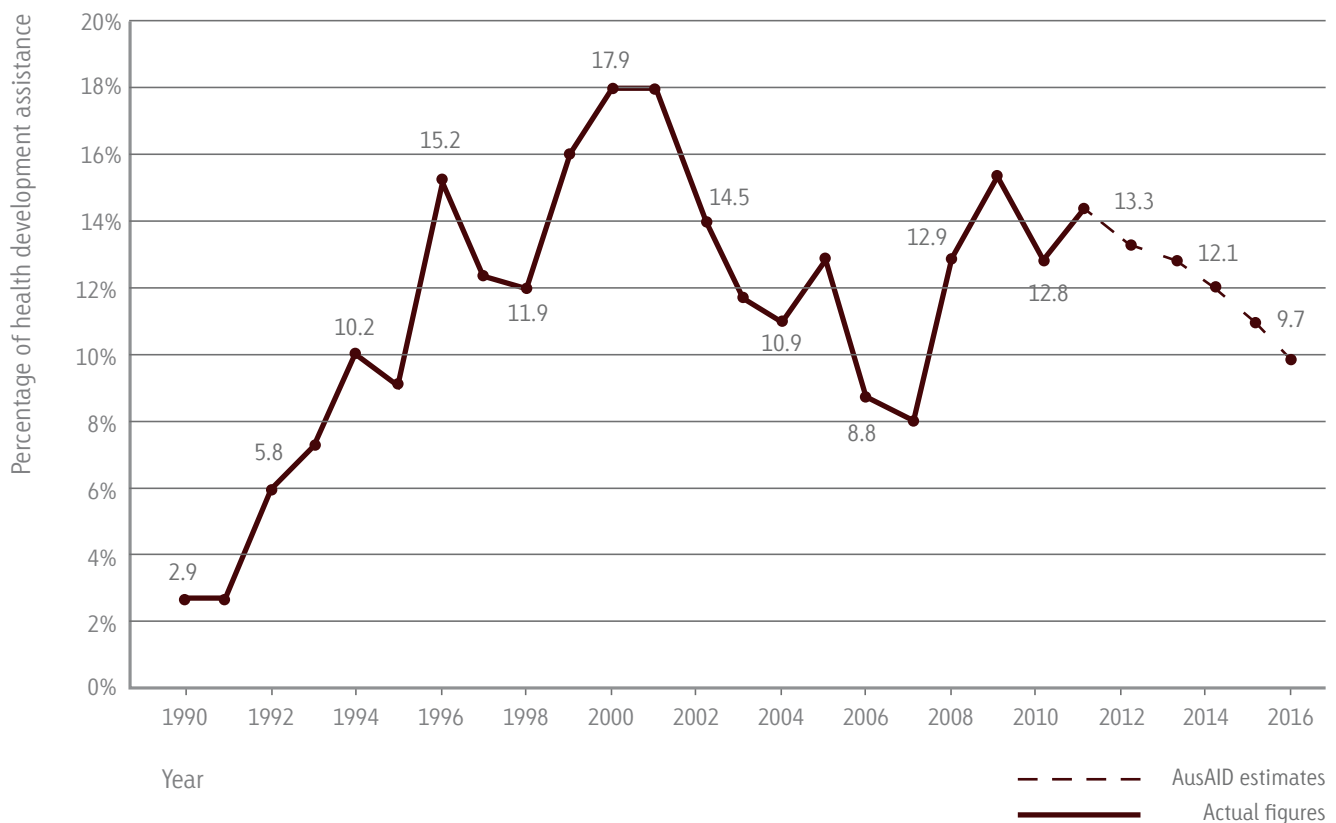
*'Healthier populations are more productive and children free of disease are better able to learn and therefore break out of poverty. Reflecting the centrality of health to development, four of the seven MDGs are health related. According to various Harvard University studies, 30 to 50 per cent of Asia's economic growth from 1965 to 1990 can be attributed to reductions in infant and child mortality and falling fertility rates ... Health is a high priority for our aid program. We will continue to work with our partner countries to prevent infant deaths, ensure women do not needlessly die in childbirth, and address regional and country level health problems such as HIV and infectious diseases.'*²²

Despite such commitments above, as well as the global push for child and maternal health programs and advocacy work from NGOs like Compassion Australia and Micah Challenge, there continues to be a lack of significant focus and investment into health within Australia's foreign aid program. The 2011/12 foreign aid budget reveals the actual estimate for 2010/11 health aid funding increased significantly above the budget estimate (to \$634 million from \$555 million). Despite a proposed increase in dollar terms in health spending for the coming financial year, the amount to be spent on the basic health and infectious diseases sector (primarily programs that focus on child and maternal health) is budgeted to decline as a proportion of Australia's foreign aid program—from 14.54 per cent in 2010/11 to 13.27 per cent in 2011/12 and then to a measly 9.66 per cent by 2015/16. This reflects a long-term decline in the sector as shown in Figure 5 (on next page).

22. Australian Federal Treasury, 'Budget Australia's International Development Assistance Program 2011/12 – An effective aid plan for Australia: Reducing poverty, saving lives and advancing Australia's national interests', p.86–87.

THE 2011/12 FEDERAL FOREIGN AID BUDGET *...CONTINUED*

Development assistance for health as a proportion of Australia's total development assistance 1990–2008 *fig.5*



In simple terms, too many children and mothers continue to die from causes now readily preventable with adequate health program funding in target nations. In spite of this, Australia has been reducing in real terms what it spends directly on health programs in favour of increasing other sectoral spending as seen in Figure 5. This runs contrary to global trends and growing consensus about the effectiveness of health interventions in reducing child and maternal deaths,

further evident by Figure 6. When the proportion spent on development assistance for health is calculated against total national income, Australia ranked 13th out of 23 OECD DAC countries in 2008²³.

The Australian Government is yet to sufficiently fund child and maternal health programs and honour its commitment to make child and maternal health a ‘high priority’²⁴ in our foreign aid program.

Figure 5. All data sourced from Institute for Health Metrics and Evaluation ‘Financing Global Health 2010: Development assistance and country spending in economic uncertainty’ and AusAID estimates

23. Institute for Health Metrics and Evaluation [IHME], ‘Financing Global Health 2010: Development assistance and country spending in economic uncertainty’.

24. Australian Federal Treasury, ‘Budget Australia’s International Development Assistance Program 2011/12 – An effective aid plan for Australia: Reducing poverty, saving lives and advancing Australia’s national interests’, p.87.

Development assistance for health as a proportion of total national income 2008 fig.6

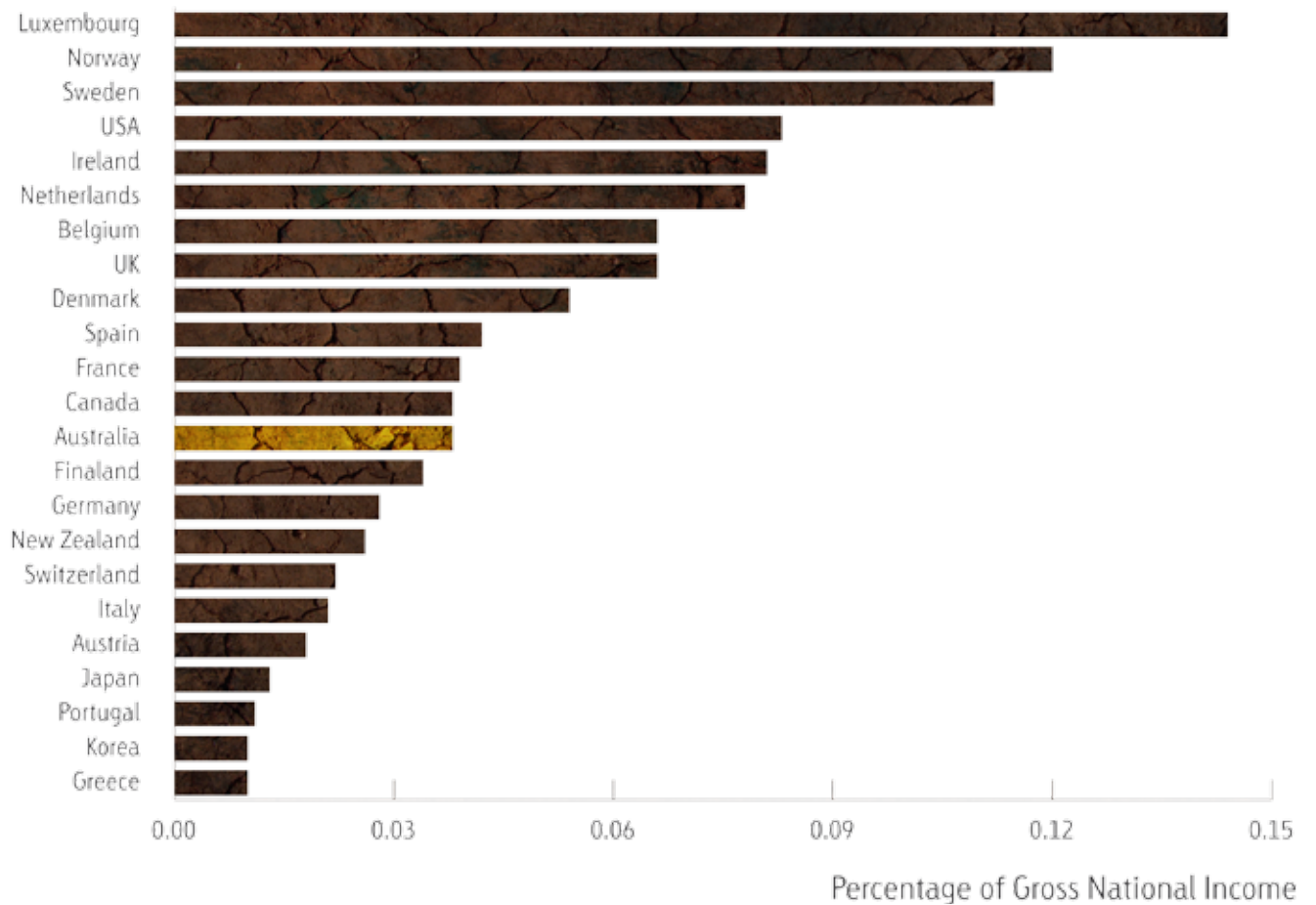


Figure 6. All data sourced from Institute for Health Metrics and Evaluation, 2010, 'Financing Global Health 2010: Development assistance and country spending in economic uncertainty.

POLICY PROPOSALS

In light of the continued high global rates of child and maternal mortality, the global momentum and the effectiveness of child and maternal health programs, Compassion Australia proposes the following policy initiatives to the Federal Government and Opposition Parties:

Immediate proposals (2012/13 federal foreign aid budget)

Make development assistance for health funding, particularly for child and maternal health programs, a flagship priority in Australia's official development assistance program by:

- Rapidly increasing spending on development assistance for the entire health sector to \$1200 million for the 2012/13 foreign aid budget
- Increasing spending on child and maternal health aid to \$520 million for 2012/13 foreign aid budget

- Increasing health (now including WaSH – Water, Sanitation and Health – spending), as a proportion of Australia's aid program, to 20 per cent (equal to education) for the 2012/13 foreign aid budget and maintain the current allocation to child and maternal health (estimated to be approximately 40 per cent).

How can it be achieved?

These policy proposals align closely with those proposed by Micah Challenge Australia, Make Poverty History, and other NGOs including World Vision Australia. They represent Australia's 'fair share' of development assistance required globally for health. Australia's reasonable contribution has been calculated to be approximately two per cent of total global assistance required, as Australia represents approximately two per cent of OECD national income.

THE POLICY ASKS

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While the proposed increases may appear substantial, the scale-up could be effectively achieved within the suggested timeframe. The rapid expansion can be largely channelled through multilateral organisations including the United Nations Children’s Fund [UNICEF], the United Nations Population Fund [UNFPA], the World Health Organisation [WHO], the Global Fund and the GAVI Alliance, which already possess the capacity to utilise increased aid dollars. This focus on supporting existing multilateral programs—many of which are experiencing funding deficits—mitigates many of the challenges of rapidly up-scaling bilateral programs. The potential to rapidly increase health funding was evident in the 2010/11 financial year, where health spending was initially budgeted at \$555 million, but is now estimated to end at \$634 million, primarily due to Australia increasing its commitment to the replenishment of the Global Fund to fight AIDS, tuberculosis and malaria.

Development assistance funding for health should be predictable in the long-term to conform to the Paris Declaration of Aid Effectiveness²⁵. Consistency and predictability contributes to sustainable development outcomes by allowing time for new infrastructure to be established, developing capacity within institutions and partners and building widespread awareness and acceptance of development goals²⁶. We therefore propose that all commitments to health spending should be made with a medium to long-term focus.

‘There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace.’ —Kofi Annan, former Secretary-General of the United Nations

25. Paris Declaration on Aid Effectiveness, <accessed 27 May 2011 <http://www.oecd.org/dataoecd/30/63/43911948.pdf>>

26. AusAID, ‘Annual Review of Development Effectiveness 2009: Improving basic services for the poor’.

POLICY PROPOSALS

...CONTINUED

Medium-term proposals (to be achieved by 2015/16 federal foreign aid budget)

Ensure Australia takes a global leadership role in financially supporting and promoting child and maternal health programs by:

- Increasing the Australian Government's financial commitment for the Global Strategy for Women's and Children's Health to \$2.5 billion over the next five years
- Increasing health sector spending to 25 per cent of Australia's ODA budget (20 per cent to basic health and infectious disease programs and 5 per cent to WaSH programs) of Australia's foreign aid program by 2015/16

- Increasing WaSH funding to \$500 million by 2015 and ensure that at least half of this is spent on sanitation and hygiene, as water, sanitation and hygiene (WaSH) plays a crucial role in child and maternal health
- Taking a leadership role within the new International Alliance with the US, UK and Gates Foundation supporting maternal and newborn health

How can it be achieved?

A core objective of Australia's overseas development program is developing health programs to assist women and children in developing countries²⁷. Similarly, the Australian Aid White Paper²⁸ called for significant increases in investment for health, primarily to

THE POLICY ASKS

Ensure Australia takes a global leadership role in financially supporting and promoting child and maternal health programs by:

- Increasing the Australian Government's financial commitment for the Global Strategy for Women's and Children's Health to \$2.5 billion over the next five years.
- Increasing health sector spending to 25 per cent of Australia's ODA budget (20 per cent to basic health and infectious disease programs and 5 per cent to WaSH programs) of Australia's foreign aid program by 2015/16.
- Increasing WaSH funding to \$500 million by 2015 and ensure that at least half of this is spent on sanitation and hygiene, as water, sanitation and hygiene (WaSH) plays a crucial role in child and maternal health
- Taking a leadership role within the new International Alliance with the US, UK and Gates Foundation supporting maternal and newborn health.

27. AusAID, 'Health: Annual Thematic Performance Report 2006-07'

28. AusAID, 'Australian Aid: Promoting Growth and Stability: A white paper on the Australian Government's Overseas Aid Program'

strengthen health systems and deliver better programs for women and children. While some positive changes have been realised, there remains a large funding gap for child and maternal health programs. Compassion Australia believes the Australian Government can and should help address this gap by committing new funding to the Global Strategy for Women's and Children's Health, and increasing health sector spending according to the proposals listed above. These proposals represent Australia's fair share towards achieve MDG4 and MDG5 and would position Australia as a global leader in the field.

The Australian Government could recognise how many child deaths are attributed to poor water, sanitation and hygiene. It is estimated to cost US\$70 billion per year to reach the MDGs for water and sanitation²⁹. Australia's fair share of these costs, calculated by Australia's proportion of wealth, is around A\$500 million per year by 2015/16³⁰. Compassion Australia welcomes the new WaSH initiative announced in the 2011/12 budget and calls for it to be expanded according to the policy proposals above to meet our international fair share.

The new International Alliance that supports maternal and newborn health provides Australia with a great opportunity to promote improved basic health systems. The International Health Partnership [IHP] promotes an effective health system by mobilising donor countries

and other development partners around a single country-led national health strategy guided by the Paris Declaration on Aid Effectiveness³¹ and the Accra Agenda for Action³². The Australian Government can support the new International Alliance through both bilateral and multilateral partnerships to encourage other developing countries to join the IHP. In addition, the Australian Government can also encourage other donor countries to join the IHP or use the IHP framework to co-ordinate their development assistance for health³³. These actions would promote comprehensive and universal coverage of primary health-care systems and should engage local community workers.

'Through the alliance we will further extend the reach and impact of our aid to ensure better health outcomes for the poorest and most vulnerable women and children' —The Hon Kevin Rudd announcing the new International Alliance supporting maternal and newborn health

29. Guy Hutton and Jamie Bartram, 'Regional and Global Costs of Attaining the Water Supply and Sanitation Target (Target 10) of the Millennium Development Goals'.

30. WaterAid, 'Sanitation, Hygiene and Water for All: A call to action'

31. Paris Declaration on Aid Effectiveness, <accessed 27 May 2011 <http://www.oecd.org/dataoecd/30/63/43911948.pdf>>

32. Accra Agenda for Action <accessed 27 May 2011 <http://www.oecd.org/dataoecd/30/63/43911948.pdf>>

33. Aligned to Make Poverty History's 'Nine steps to achieving the Millennium Development Goals for health in our region' report.

INDEPENDENT REVIEW OF AID EFFECTIVENESS

In November 2010, the Australian Government established an independent panel to review the future direction of Australia's aid program; it examines the current systems, policies and procedures for the aid program to maximise effectiveness and efficiency. Compassion made a submission asking for an increased sectoral focus on child and maternal health programs. Our submission can be found on the Independent Review of Aid Effectiveness website (www.aidreview.gov.au; submission number 82) and on Compassion Australia's website (www.compassion.com.au).

The focus of our submission was the urgent need to expand spending on child and maternal health development programs and health funding in general. 119 other submissions also stated that a focus on health programs is required. Below is a small selection of quotes from those submissions, including from individuals, NGOs and international organisations:

'Health should be elevated as a second 'flagship' sector of the Australian aid program. The achievement of the health-related MDGs by 2015 – particularly MDGs 4 & 5 covering child and maternal health respectively – is currently off-track... health is an area of considerable Australian expertise both within the aid program itself, and more broadly in public health and medical research expertise within the country'
—Micah Challenge Australia

'A particular focus should be on MDG4 and the achievement of reduction in child mortality. This is an excellent whole-of-community measure of the impact of other strategies. It will only be achieved where maternal education is valued, health service

access is guaranteed, gender equality is assured, maternal and child health services—including immunisation provision – are of an acceptable standard and coverage, and basic sanitation and safe water provision occurs and reaches the most vulnerable.' —Mr Peter D Massey (James Cook University) and Professor David N Durheim (University of Newcastle)

'Limited progress on child and maternal health is largely the result of lack of investment and difficulties in ensuring well trained and motivated health workers across countries. Progress is occurring—child deaths are being reduced by around half a million each year—but we must and can do better.'

—Anglican Public Affairs Commission

'Ensuring good health is a critical ingredient in the fight against poverty.' —GAVI Alliance

'We ask the review panel to closely consider the economic, social and developmental opportunities that an increased commitment to supporting child and maternal health programs offer: ultimately, reducing preventable child and maternal deaths and improving the health and well-being of children, families and communities globally.'
—Compassion Australia

Compassion is hopeful that the report by the Independent Review of Aid Effectiveness will recommend an increased focus on child and maternal health funding as a major priority for Australia's foreign aid program into the future.



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United Nations Inter-agency group for Child Mortality Estimation: United Nations Children's Fund [UNICEF], World Health Organisation [WHO], The World Bank and United Nations DESA/Population Division, 2010, Levels & Trends in Child Mortality: Report 2010, New York, USA.

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World Health Organisation [WHO], United Nations Children's Fund [UNICEF], United Nations Population Fund [UNFPA] and the World Bank, 2010, Trends in Maternal Mortality: 1990-2008, Geneva, Switzerland.

RECOMMENDED RESOURCES:

The following resources have been produced / supported by Compassion Australia and contain further information regarding development assistance policy proposals:

- Compassion Australia child advocacy report, 2010, Five Million More: Achieving MDG 4, Newcastle, Australia. Access available at http://www.micahchallenge.org.au/assets/pdf/Five_Million_More_-_COMPASSION_report.pdf
- Micah Challenge Australia, 2010, The world we want to see, Sydney, Australia. Access available at http://www.micahchallenge.org.au/assets/pdf/report2010_final_webversion.pdf
- Compassion Australia, 2011, Compassion Australia Submission to Independent Review of Aid Effectiveness, Newcastle, Australia. Access available at <http://www.aidreview.gov.au/publications/sub-compassion.pdf>
- Micah Challenge Australia, 2011, Submission to Independent Review of Aid Effectiveness, Sydney, Australia. Access available at http://www.micahchallenge.org.au/assets/pdf/Micah_Challenge_Aid_Review_Submission.pdf

The following resources provide further information on the global efforts of child and maternal health programs:

- Every woman, Every child – a global effort bringing together governments, philanthropic institutions, the United Nations, civil society, NGOs, the business community, health-care workers and professionals, academic and research institutes that support the Global Strategy for Women's and Children's Health. Visit www.everywomaneverychild.org
- The Partnership for Maternal, Newborn and Child Health – supports the global health community to work successfully towards achieving MDGs 4 and 5 by promoting evidence-based high-impact interventions and means to deliver them. Visit <http://www.who.int/pmnch/en/>

CONCLUSION

Compassion Australia supports the Millennium Development Goals (MDGs) as the key organising framework for Australia's international aid expenditure, with a central focus on poverty reduction. We ask both the Australian Government and Opposition to introduce policy changes, which provide new and expanded funding commitments to child and maternal health initiatives in order to address the ongoing significant lags in achieving MDG4 on child mortality and MDG5 on maternal health. An increased commitment to supporting child and maternal health programs offers increased economic, social and human development, improving the health and well-being of children, families and communities globally.

Reducing needless and preventable child and maternal deaths is both developmentally expedient and, perhaps even more importantly, a moral and human imperative.



because

life shouldn't end at the beginning.

Child Survival Program

STORY

Compassion recognises the high risk of morbidity and mortality of many infants and nursing mothers throughout the world. Compassion's Child Survival Program is dedicated to seeing children survive and thrive, through the health and education of mothers and caregivers and a range of critical interventions for children from pregnancy to age 3. The Child Survival Program is a crucial contributor to the reduction of child deaths, and the improvement of maternal health, in 17 developing nations. The program aims to reach the most vulnerable children in the critical first few years of their life, assisting their mothers / caregivers in a home-based program incorporating health care, literacy and education, nutrition support and child development interventions (including socio-emotional and cognitive development activities). The program addresses life-threatening issues like malnutrition, pneumonia, diarrhoea, malaria, HIV, as well as poor hygiene practices, and much more. Compassion is motivated by the Christian faith to see children not only survive, but reach their God-given potential.

1

Liloy Alliance Child Survival Program, Philippines:

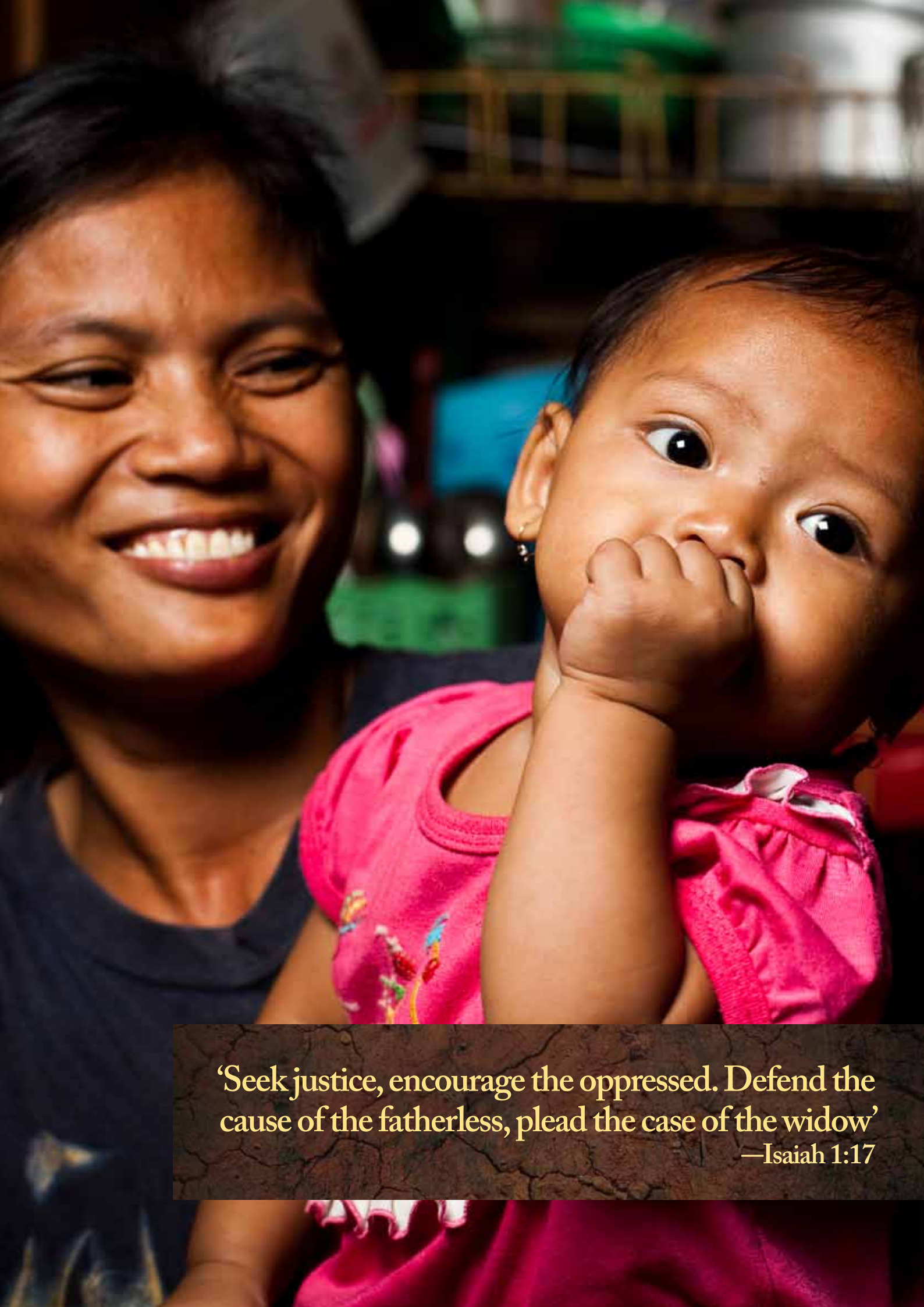
Liloy Alliance Child Survival Program is located in the coastal community of Baybay, south-west of Dipolog City, Philippines. This community suffers from a series of health problems including malnutrition, respiratory illness, gastroenteritis and urinary tract infections. The primary needs of mothers and their children are suitable housing, proper sanitation, balanced nutrition, access to medical facilities and health care. Compassion's Child Survival Program has partnered with the local church and is meeting these needs. The Program is providing life-changing support to mothers to help them overcome these challenges and give their children the very best start to life.

Compassion recognises that the issues of child and maternal mortality that affected the two Peruvian boys and the community of Liloy Alliance in the Philippines are commonplace throughout the developing world. Our holistic child development programs – which start with the Child Survival Programs and continue through childhood and adolescence with the Child Development through Sponsorship Program and Leadership Development Program, supporting a total of around 1.2 million beneficiaries worldwide- cannot reach all who are in need. That is why Compassion, both in Australia and across the world, also actively advocates to governments, organisations (particularly local church communities) and the general public on behalf of children.

2

The story of two Peruvian boys:

Twins Jean Carlo and Jean Pier Taco were just toddlers when they first met Compassion. The boys, who live in Peru, were so malnourished that each weighed less than seven kilograms. They could barely hold their heads up, they couldn't walk and they rarely talked. Compassion's Child Survival Program worked for months with the boys and their mother, nurturing their physical and intellectual development. Today, Jean Carlo and Jean Pier are six years old and thriving, with the threat of child mortality far behind them.



*‘Seek justice, encourage the oppressed. Defend the
cause of the fatherless, plead the case of the widow’
—Isaiah 1:17*



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