

MILLENNIUM DEVELOPMENT GOALS UNDER THE H4+ FOCUS



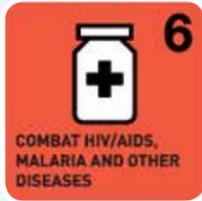
MDG 3
Promote gender equality and empower women
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015



MDG 4
Reduce child mortality
Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate



MDG 5
Improve Maternal Health
Target 5.A: Reduce by three quarters the maternal mortality ratio
Target 5.B: Achieve universal access to reproductive health



MDG 6
Combat HIV/AIDS, malaria and other diseases
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

H4+



UN Photo by Mark Garten



UN Photo by Tim McKulka

www.everywomaneverychild.org/h4plus



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H4+

WORKING TOGETHER TO IMPROVE WOMEN'S AND CHILDREN'S HEALTH

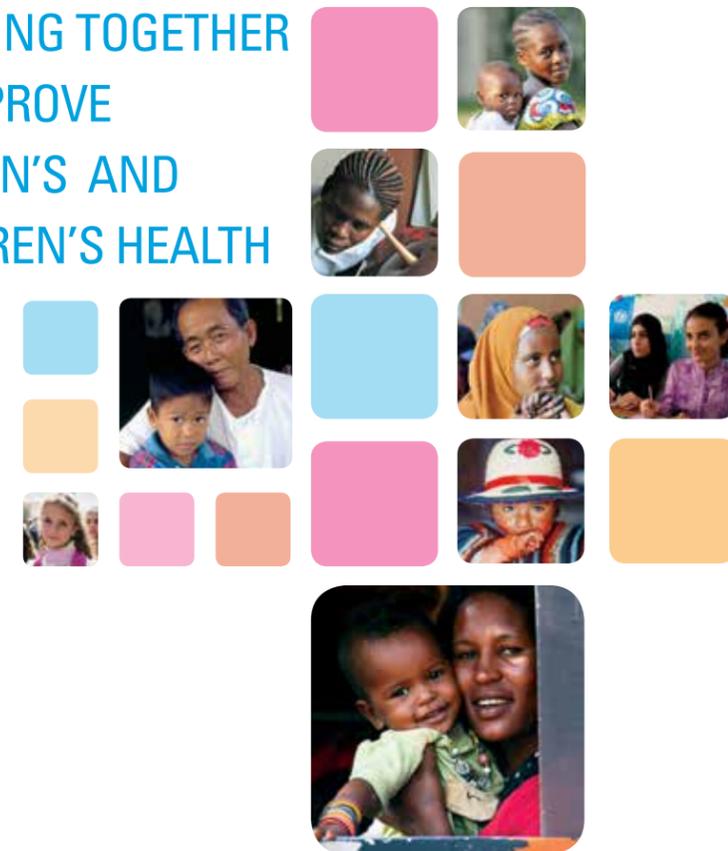


Photo by UNFPA



H4+

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WHO WE ARE

In a joint effort to improve the health and save the lives of women and children, United Nations and related agencies and programmes UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank are working together as the H4+.

As the lead technical partners for the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*, the H4+ supports the *Every Woman Every Child* movement and aims to accelerate progress towards achieving Millennium Development Goals (MDGs) 4 and 5 by 2015.

The Global Strategy for Women's and Children's Health

Launched by UN Secretary-General Ban Ki-moon in 2010, *The Global Strategy* presents a concrete plan to improve women's and children's health and accelerate progress towards the health Millennium Development Goals. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery.

WHAT WE DO

The H4+ supports the implementation of the UN Secretary-General's *Global Strategy for Women's and Children's Health* by:

- **Mobilizing** political support
- **Building** technical capacity at the regional and country levels to address reproductive, maternal, newborn and child health issues
- **Focusing** on the most vulnerable women and children
- **Ensuring** universal access to an integrated, essential package of health services
- **Addressing** root causes of morbidity and mortality, such as gender inequality
- **Engaging** other sectors such as education, nutrition, water and sanitation, culture and human rights
- **Strengthening** collaboration with partners
- **Sustaining** momentum for reproductive, women, adolescent and child health beyond 2015

Together, these efforts result in enhanced impact of programmes and positive developments in countries that are not on track to achieve MDGs 4 and 5.

HOW WE DO IT

Each of the six H4+ partner organizations contribute unique expertise to the field of reproductive, maternal, newborn and child health, including adolescent reproductive health.

Harnessing the collective power of each partner's strengths and capacities, the collaborative nature of the H4+ allows for coordinated and streamlined efforts on the ground.

As part of its mission to address women, newborn and child mortality and morbidity, the H4+ aims to tackle the root causes of these issues, which include gender inequality, limited access to education for girls, violence against women, and child marriage. It also works towards the elimination of parent to child transmission by ensuring linkages with HIV and AIDS programmes. The work of the H4+ also contributes to MDGs 3 and 6.

The H4+ is proud to be collaborating with a variety of partners, including international development agencies, governments, academic institutions, foundations and the private sector.

Thanks to dedicated funding from development partners, including government donors, the H4+ has prioritized and scaled up work in a select group of countries with the highest rates of maternal, newborn and child mortality.

WHY WE DO IT

No woman should die giving life. No child should die of preventable causes.

Yet, every day 800 women lose their lives in pregnancy or childbirth—287,000 each year. The vast majority of these deaths occur in developing countries.

MDG 5 IMPROVE MATERNAL HEALTH

And in 2012 alone, about 6.6 million children died before reaching their fifth birthday. The highest risk is in the first 28 days of life, when roughly 45 per cent of under-five deaths occur.

Maternal and child mortality are inextricably linked. When women are healthy and can choose when to marry, when to have children, where to have them and how many to have, their chances—and their children's chances—of survival improve dramatically.

Babies whose mothers die before they are just six weeks old are more likely to die themselves before their second birthday than those whose mothers survive.

These deaths are unacceptable, particularly because they are preventable.

Scaling up access to quality reproductive, maternal, newborn and child health care and to life-saving medicines and supplies would prevent most deaths during pregnancy and childbirth.

MDG 4 REDUCE CHILD MORTALITY