

attendance at delivery, a main indicator for MDG 5, has increased in north Africa. However, progress in south Asia has been slow and in sub-Saharan Africa has been very limited.

The past 2 years have seen rapid changes in the global architecture for health and nutrition, and many new complementary global initiatives have been announced. The International Health Partnership, the Global Campaign for the Health MDGs, and the Catalytic Initiative all promote harmonised support for one health sector plan led by governments and inclusive of all partners. The H8, an informal platform of global health leaders, promises further alignment of efforts.¹¹ The GAVI Alliance has rolled out its health system strengthening window, and the Global Fund to Fight AIDS, Tuberculosis and Malaria has shown interest in supporting systems-for-outcomes approaches.¹²

There is more money and greater political will for global health than ever before. We need to capitalise on these resources to strengthen health systems and close the huge gap for maternal and child clinical services. Several world leaders have formed a Global Network of Leaders, which is actively promoting actions to address maternal and child survival.¹³ With the engagement of Parliamentarians the political momentum for maternal, newborn, and child health will increase further.

The next Countdown meeting will be in 2010—another crucial milestone for MDG tracking. With concerted efforts a major turnaround in progress could rewrite the outcomes of many countries. The lives of mothers, newborn babies, and children living in these countries depend on the results.

*Peter Salama, Joy Lawn, Jennifer Bryce, Flavia Bustreo, Vincent Fauveau, Ann Starrs, Elizabeth Mason

UNICEF, New York, NY 10017, USA (PS); WHO, Geneva, Switzerland (EM); Family Care International, New York, NY, USA (AS); Saving Newborn Lives/Save the Children USA, Cape Town, South Africa (JL); Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA (JB); Partnership for Maternal, Newborn and Child Health, WHO, Geneva, Switzerland (FB); and UN Population Fund, New York, NY, USA (VF)
psalama@unicef.org

JB, AS, and JL have received funding for travel from the Partnership for Maternal, Newborn and Child Health (PMNCH), which itself receives funds from the Bill & Melinda Gates Foundation, the UK Department for International Development, the Norwegian Agency for Development Cooperation, Save the Children US and UK, UNICEF, UNFPA, and WHO. JB has worked as a consultant for UNICEF. PS, EM, FB, and VF declare that they have no conflict of interest. We thank Anuraj Shankar, Bernadette Daelmans, Jennifer Requejo, Tessa Wardlaw, and Monir Islam for their contributions to this Comment.

- 1 The 2008 Countdown to 2015 Working Group. The Countdown to 2015 for maternal, newborn and child health: the 2008 report. 2008. <http://www.countdown2015mnch.org/> (accessed April 1, 2008).
- 2 Bustreo F, Johnsson AB. Parliamentarians: leading the change for maternal, newborn, and child survival? *Lancet* 2008; **371**: 1221–22.
- 3 Bryce J, Terrerri N, Victora CG, et al. Countdown to 2015: tracking intervention coverage for child survival. *Lancet* 2006; **368**: 1067–76.
- 4 The Countdown Coverage Writing Group, on behalf of the Countdown to 2015 Core Group. Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking intervention coverage. *Lancet* 2008; **371**: 1247–58.
- 5 Countdown Working Group on Health Policy and Health Systems. Assessment of the health system and policy environment as a critical complement to tracking intervention coverage for maternal, newborn, and child health. *Lancet* 2008; **371**: 1284–93.
- 6 Countdown 2008 Equity Analysis Group. Mind the gap: equity and trends in coverage of maternal, newborn, and child health services in 54 Countdown countries. *Lancet* 2008; **371**: 1259–67.
- 7 Greco G, Powell-Jackson T, Borghi J, Mills A. Assessment of donor assistance to maternal, newborn, and child health between 2003 and 2006. *Lancet* 2008; **371**: 1268–75.
- 8 Madon T, Hofman KJ, Kupfer L, Glass RI. Public Health: Implementation Science. *Science* 2007; **318**: 1728–29.
- 9 McNeil DG. Child mortality at record low; UNICEF predicts further drop. *New York Times* Sept 13, 2007. http://www.nytimes.com/2007/09/13/world/13child.html?_r=2&hp&oref=slogin&oref=slogin (accessed March 17, 2008).
- 10 Masanja H, de Savigny D, Smithson S, et al. Child survival gains in Tanzania: analysis of data from demographic and health surveys. *Lancet* 2008; **371**: 1276–83.
- 11 WHO. Informal meeting of global health leaders. <http://www.who.int/dg/reports/31072007/en/index.html> (accessed March 17, 2008).
- 12 Reich MR, Takemi K, Roberts MJ, Hsiao WC. Global action on health systems: a proposal for the Toyako G8 summit. *Lancet* 2008; **371**: 865–69.
- 13 Stoltenberg J. Delivering for women and children. *Lancet* 2008; **371**: 1230–32.

Parliamentarians: leading the change for maternal, newborn, and child survival?

Political will, and the translation of that will into political and legislative action, is essential to ensuring maternal, newborn, and child survival. Recognising this necessity, the Countdown to 2015 initiative and the Inter-Parliamentary Union (IPU) are teaming up on the occasion of the IPU Assembly convening in Cape Town next week.

The Countdown to 2015 initiative focuses on the 68 countries that account for 97% of maternal and child deaths worldwide. It aims to improve accountability at the global and country level by including stakeholders from the health sector, governments, and civil society organisations.¹ A key finding of the Countdown to 2015

Panel: Parliamentarians—the champions for maternal and child health

In 2007, the UK Parliamentary International Development Committee staged a maternal health inquiry with numerous written and oral testimonies to assess reasons for the lack of progress in maternal mortality worldwide. The recent final report from this inquiry suggested the need for greater cooperation among actors to ensure more concerted action and more adequate investments to achieve the MDG relating to women's health.⁵ In his comments, the Parliamentary Committee Chair, Bruce Malcolm, called on the UK's Department for International Development to help developing countries improve data collection and extend access to free medication, as well as midwifery and obstetric care.⁶

In a similar manner, last year the Ugandan parliamentarian Sylvia Ssinabulya organised a women's caucus which sponsored a motion for Parliament to make maternal health a priority issue on the national agenda. This committed Member of Parliament, inspired by the findings and resolution at the Women Deliver conference in London in October, 2007, is planning to meet the President of Uganda to lobby him and his Cabinet to finance the roadmap for maternal, newborn, and child survival in Uganda for the next 4 years.⁷

report is that, although 16 of 68 countries are on track to achieve the Millennium Development Goals 4 and 5, many more are not progressing fast enough.² The interventions that are crucial to attaining these goals have not yet achieved a sustained and equitable coverage among the population.³ Additionally, the funding provided to maternal, newborn, and child health, although increasing in the past 4 years, is still insufficient.⁴

Hence the urgent need to mobilise members of parliament. As elected leaders, they are the most representative voices of the people. They can influence their governments' political priorities and affect the political direction of countries. They hold the purse strings and can make a significant difference in ensuring that adequate resources are provided by their governments. In short, parliamentarians can affect changes in maternal, newborn, and child health in both the north and south of the world (panel). But how have parliamentarians across the 68 Countdown countries used their role? Have they listened to the priorities of their electorate, especially the most vulnerable women and children? Have their actions been significant in determining progress in the ten best performing countries? Has their lack of engagement resulted in poor outcomes in the ten worst performing countries?

To address these issues, the IPU, representing parliaments from some 150 states, and the Partnership for Maternal, Newborn and Child Health, with a membership of almost 250 state and non-state actors, have agreed to cooperate to encourage urgent action on maternal, newborn, and child health. The IPU is the world organisation of parliaments. Established in 1889, it promotes peace and democracy, facilitates political dialogue among members of parliament, and mobilises parliamentary cooperation and action on a wide range of subjects that are high on the international agenda.

Next week's Countdown meeting in Cape Town will be an unprecedented opportunity for parliamentarians from the 68 countries to sit down with experts and policy makers to discuss the situation of women, newborn babies, and children in their own countries. It will also be a time to exchange experiences with other countries about activities that have been successful in generating the requisite political will to change the tide. During the IPU Assembly, which will bring together 1500 delegates from over 140 parliaments, the parliamentarians will first review the findings of the Countdown to 2015 report, and at a special session at the Countdown meeting they will pledge to take action over the next year, and to report back to the IPU Assembly in 2009 on the results achieved.

In other words, parliamentarians will commit to leading the change for maternal, newborn, and child survival. What could be a better legacy for politicians to bequeath?

**Flavia Bustreo, Anders B Johnsson*

Partnership for Maternal, Newborn and Child Health, CH-1211 Geneva, Switzerland (FB) and Inter-Parliamentary Union, Geneva, Switzerland (ABJ)
bustreof@who.int

We declare that we have no conflict of interest.

- 1 Salama P, Lawn J, Bryce J, et al. Making the Countdown count. *Lancet* 2008; **371**: 1219–21.
- 2 The Countdown Coverage Writing Group, on behalf of the Countdown to 2015 Core Group. Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking intervention coverage. *Lancet* 2008; **371**: 1247–58.
- 3 Countdown 2008 Equity Analysis Group. Mind the gap: equity and trends in coverage of maternal, newborn, and child health services in 54 Countdown countries. *Lancet* 2008; **371**: 1259–67.
- 4 Greco G, Powell-Jackson T, Borghi J, Mills A. Assessment of donor assistance to maternal, newborn, and child health between 2003 and 2006. *Lancet* 2008; **371**: 1268–75.
- 5 House of Commons. International Development Committee. Maternal Health. Fifth report of session 2007–08. HC 66–1. London, House of Commons, 2008.
- 6 BBC News. MPs issue maternal deaths warning. March 2, 2008. <http://news.bbc.co.uk/go/pr/fr/-/2/hi/health/7270735.stm> (accessed March 3, 2008).
- 7 Sibbald B. Ugandan government resolves to make safe motherhood a priority. *CMAJ* 2007; **177**: 244–45.