An integrated approach to health systems development is pivotal to advancing child survival and health. This family participates in the Trio por la Vida (‘Trio for Life’ programme, which promotes birth registration, breastfeeding and immunization, Venezuela.

already reach people in remote areas and could have much broader applications. In addition, health-care workers can more easily connect to primary care facilities and, if needed, to departments and referral centres in hospitals.4

Expand the evidence base
Understanding a problem is often half the solution. While the broad outlines of the situation of children around the world are clearly defined, the specifics are sometimes vague. The dearth of reliable statistics in many countries makes it difficult for policymakers to establish priorities, measure the effectiveness of programs or monitor progress. Even vital registration systems – which record key life events, including birth and death – sometimes cover only portions of a country, if they are available at all. Birth registration, in particular, is essential to protecting children’s rights and to generating accurate information about a country’s population.5

Accurate information and situation analysis on the state of health, nutrition, water, sanitation and hygiene, and HIV and AIDS among the world’s children are pivotal to formulating strategies to scale up community partnerships, the continuum of care and health systems for outcomes. The basis for data dissemination, results assessment and strategic planning in developing countries is being provided by a rich array of resources, including: household surveys, such as the Multiple Indicator Cluster Surveys; statistical reviews, such as the Progress for Children report card series produced by UNICEF; the Lancet series that have covered child, newborn and maternal survival and health; and publications assessing progress towards the Millennium Development Goals that have been produced by the United Nations Development Programme, the World Bank and the World Health Organization, among others. These initiatives are complementing national efforts across the developing world to produce, analyse and disseminate key health data and information related to maternal, newborn and child inputs and outcomes.

With increasing demands for accountability, as a result of both the MDGs and new global health initiatives, the need for a strong base of evidence is imperative. Although there is more than enough information to act, it is also true that there is still a need for more rigorous research and evaluation of what works, systematic sharing of good practices and greater sharing of new information.

Leverage resources for mothers, newborns and children
It is widely acknowledged that the poorest countries, in addition to mobilizing their own domestic resources, will require substantial help from richer nations to achieve the MDGs. According to estimates by the Millennium Project, the total official development assistance (ODA) required for the MDGs was US$135 billion in 2006, but the actual ODA delivered in 2006 totalled US$104 billion.6

These estimated figures are equivalent to about 0.5 per cent of the gross national product (GNP) of donor countries – 0.44 per cent in 2006 and 0.54 per cent in 2015, respectively. When additional costs – for major infrastructure projects, adjusting to climate change and post-conflict reconstruction, for example – are factored in, a more likely target is 0.7 per cent of donor country GNP. The irony is that this amount is completely affordable within commitments already made by donor countries. More than 35 years ago, major industrialized nations promised to allocate 0.7 per cent of their GNP for ODA.7 In 2002, the 0.7 per cent target was reconfirmed by all countries in the Monterrey Consensus.

How are we doing? Sixteen of the 22 member countries of the OECD Development Assistance Committee met the 2006 targets for ODA they set in Monterrey. But the remaining six countries must be encouraged to deliver on their promises.8

Of course, the needs of countries seeking to achieve the MDGs are different. Based on the best evidence available, UNICEF is currently developing a country-specific list of policy options for achieving the health-related MDGs for consideration by governments and their partners in maternal and child health. It is also helping countries to identify and fill gaps in financial support.

Figure 5.1
Selected financial flows to developing countries

![Figure 5.1](image-url)

*Refers to official development assistance provided by the members of the OECD Development Assistance Committee. **Estimate.