lizing sizeable resources to support specific programmes and integrated approaches to health-service delivery. The increased political will and commitment evident in low-income, middle-income and donor countries to accelerate progress on maternal and child health is significantly enhancing collaboration and cooperation and creating a global compact.

**Financial flows for maternal, newborn and child health**

Greater political and institutional commitment to maternal newborn and child health is reflected in sharply rising aid flows to these areas. The latest estimates indicate that global official development assistance to maternal, newborn and child health rose by 64 per cent between 2003 and 2006. Specifically, funds apportioned to child health rose by 63 per cent, while those assigned to maternal and newborn health increased by 66 per cent. Disbursements for maternal, newborn and child health from GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria rose by 200 per cent over the same period.

**Figure 5.3**

Nutrition, PMTCT and child health have seen substantial rises in financing


**IMCI:** Integrated Management of Childhood Illness

**MNCH:** maternal newborn and child health

**PMTCT:** prevention of mother-to-child transmission of HIV