



BACKGROUNDER FOR MEDIA

UK PARLIAMENTARY INQUIRY ON MATERNAL HEALTH 16 OCTOBER 2007, 10:30AM, COMMITTEE ROOM 6, PALACE OF WESTMINSTER, LONDON

Director of the Partnership a key witness for new Inquiry

On 16 October, the UK Parliament will launch an Inquiry into maternal health, and the status of UK support for this global development priority. The Director of the Partnership for Maternal, Newborn & Child Health, Dr Francisco Songane has been invited to provide testimony to the International Development Committee conducting the Parliamentary Inquiry which will continue its hearings until January 2008.

Dr Songane has in-depth experience of the realities women and children face in developing countries without access to basic health care. During his nearly 30-year career after training as an obstetrician, he worked in district, provincial and central hospitals in Mozambique and served as Minister of Health from 2000-2004.

Dr Songane has been a pillar of global political advocacy for maternal and child health, serving as a Board Member for the Global Alliance for Vaccines & Immunization and the UN Millennium Task Force 4. Since 2006, Dr Songane has been leading the Partnership, an alliance of over 180 organizations--UN agencies, governments and civil society organizations--committed to achieving Millennium Development Goals (MDGs) 4 and 5 on reducing child and maternal deaths.

Scale of the global maternal health problem

Every minute of every day, a woman dies from complications in pregnancy or childbirth. The world's maternal mortality ratio (the number of maternal deaths per 100,000 live births) is declining too slowly to meet Millennium Development Goal (MDG) 5, which aims to reduce maternal deaths by three quarters by 2015.

While an annual decline of 5.5% in maternal mortality ratios between 1990 and 2015 is required to achieve MDG 5, figures released by WHO, UNICEF, UNFPA and The World Bank this month show an annual decline of less than 1%. In 2005, 536 000 women died of maternal causes, compared to 576 000 in 1990. Ninety-nine per cent of these deaths occurred in developing countries.

UK financial contribution to maternal health in context

The UK has been a leading contributor to global maternal and newborn health, disbursing US\$62 million in 2004. This was an increase of 11% compared to 2003, according to a study published by the London School of Hygiene and Tropical Medicine in the medical

journal *Lancet*¹. Nonetheless, UK funding for maternal health remains extremely modest in comparison with the US\$3 billion in funding the UK contributed to HIV/AIDS from 2004-2007².

According to the Lancet study, the UK's maternal and newborn health contribution is equivalent to US\$1 per person a year. This is much lower than other European countries such as Norway (US\$2 per person) and Ireland (US\$1.8 per person).

Nonetheless, the British people gave more per person for maternal health than US citizens (US\$0.2), Japanese (US\$0.2) or Italians (US\$0.1). Maternal health development assistance funds provided through DFID - the UK's Department for International Development - supports life-saving interventions such as training of midwives, promotion of emergency obstetric care for pregnancy complications and supporting countries to retain direly needed health personnel.

Global funding shortfall for maternal, newborn and child health

If the world community is to meet the MDGs 4 and 5 for reducing child and maternal deaths, donors must dramatically increase funding for health services and programmes. According to a 2007 study published by the World Health Organization³, an additional US\$5 billion is needed per year to provide basic health care for mothers and their newborns. Yet, as of 2004, only US\$0.5 billion--less than one-tenth of what is needed--was made available by major donors.

New funding of US\$1 billion by Norway and US\$125 million by the Netherlands announced last month have provided a boost to the cause of maternal and child health. Nonetheless, decent health services will not be achieved without much greater investment by all donors, including the UK.

DFID produced its most recent Maternal Health Strategy in 2004 which defined priority action to raise the profile of maternal health, scale up evidence-based interventions, address wider social and economic barriers to maternal health and develop and apply new knowledge.

For more information on the Inquiry, visit: <http://www.parliament.uk/indcom/>

For more information on the Partnership, visit: <http://www.pmnch.org>

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¹ Powell-Jackson et al (2006) Countdown to 2015: tracking donor assistance to maternal, newborn, and child health. *Lancet*.

² UK, DFID, Taking Action: The UK's strategy for tackling HIV and AIDS in the developing world, accessed on 10-15-2007 www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf.

³ Johns et al (2007) Estimated global resources need to attain universal coverage of maternal and newborn health services. WHO Bulletin.