OVERVIEW OF MATERNAL, NEWBORN AND CHILD HEALTH
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FOR PMNCH GLOBAL FORUM
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Your Excellency, Mr. President
Hon. Ministers of Health attending this gathering
Mr Kul Gautam, Deputy Executive Director, UNICEF
Ms. Daisy Mafubela, Assistant Director General, WHO
Dr Francisco Songane, Director, The Partnership for Maternal, Newborn & Child Health
Dr Tore Godal, Special Adviser to the Prime Minister of Norway
Your Excellencies Ambassadors and High Commissioners invited for this occasion
The UN Resident Coordinator, Mr Oscar Fernandez-Taranco
Heads of Diplomatic Missions
Distinguished members of The Partnership for Maternal, Newborn & Child Health
Invited Guests
Members of the Press
Ladies and Gentlemen

I would like to thank the organizers for giving me the opportunity to address this very important Partners’ Forum gathering by presenting this overview on Maternal Newborn and Child health. Indeed, I would like to take this opportunity to commend the efforts of The Partnership for Maternal, Newborn & Child Health. We recognize the major commitment demonstrated in the historic merger of the three different global partnerships focusing on Child Survival, Safe Motherhood and Newborn Health, which was birthed in 2005.

The vision of this historic merger is encapsulated in the 2005 Delhi Declaration which has since been adopted by the 58th World Health Assembly. We commend all the development partners, professional and academic, civil society organizations, and Ministers of Health from all the continents, including Tanzania’s former Minister of Health, Anna M.. Abdullah,(MP) who signed the Delhi Declaration. It is time now to remind the Ministries of Health of their agreement and recommit countries to the principles enshrined in the Delhi Declaration. Signatories to the Declaration have committed their countries to:

- “Recognize that maternal, newborn and child health are inseparable and interdependent”. and as such to take an integrated approach to reproductive, maternal, newborn and child health to ensure a continuum of care from pregnancy through childhood.
• “Reorient national and sub national development plans and budgets to fully achieve the maternal and child health MDGs by 2015”

• Ensure the development of One National Plan, One Coordinating mechanism and One monitoring System for Maternal, Newborn and Child Health.

• And finally “Mobilize resources to finance the plan of action and identify needs for external support”.

Analyzing Recent Mortality Trends

Let us pause for a moment to put the significance of this Partnership into context. Each year, globally, 4 million babies die within the first 28 days of life, 3.3 million or even more are stillborn and 6.6 million die before their fifth birthday. Also every year, 592,000 women die due to pregnancy related complications 68,000 of these being consequences of unsafe abortion.

Although an increasing number of countries have succeeded in improving the health and well-being of mothers, babies and children in recent years, the countries that started off with the highest burdens of mortality and ill-health made least progress during the 1990s. In some countries the situation has actually worsened, and worrying reversals in newborn, child and maternal mortality have taken place.

Starting from 2004, however a small number of African countries have very interestingly begun to report significant child mortality reduction in the Demographic Health Surveys -- and Tanzania heads the list. Other countries are Madagascar, Eritrea, Malawi and Mozambique.

While this is very welcome news, we must address the issue cautiously. It is important to more closely examine the mortality reduction data and determine the factors that have contributed to this reduction so that we may have clear guidance on policies, strategies and interventions that can be strengthened for sustained impact and which can be replicated elsewhere in Africa and the world. Having quality data is a basic and important step towards addressing the MDGs, and using data to inform action is another critical step. Taking action is the most important step of all. Let us consider together some of these actions.

The Lancet series on maternal, newborn and child survival have very clearly identified evidence-based cost-effective intervention that can reduce mortality. These papers emphasize preventive and treatment interventions and the importance of considering the continuum of care from community to health facility, primary, secondary and tertiary levels and throughout the lifecycle. They key to success is universal coverage. This poses a great challenge to many of our countries, but this is what we should aim for.
Not all health reform initiatives have resulted in increasing access to the most vulnerable. We must continuously keep the issue of equity on the front burner. DHS reports across the world continue to reveal vast within-country disparities in terms of mortality rates. Ministries of Health and Governments as a whole must aim to increase awareness, accountability and commitment of district authorities to address inequities in coverage of services by:

1) Strengthening data systems to capture information on the most vulnerable;
2) Putting in place special and innovative strategies to increase financial allocations and to ensure incentives for securing there necessary service providers to address bottlenecks and gaps that restrict those at risk from accessing health care.
3) Resources from health baskets should be allocated in accordance with differential needs weighted in favors of poor populations, most vulnerable children, sparsely populate areas and areas with higher burden of disease.

Pregnancy is not an illness -- it is an everyday event. In the 21st century, women should not have to lose their lives in the process of giving birth. Yet maternal mortality ratios on the continent have remained stubbornly high. Several critical issues must be addressed if maternal mortality ratios are to be brought down We need to reposition family planning and make sure the necessary commodities to support this are in place.

There is a need to intensively promote birth spacing. Another reality is many women give birth at home without skilled attendance at labour. We need to increase demand for hospital deliveries, but we also need to make sure lives will not be at risk when they get to health facilities. First-line health workers must be upgraded rapidly to ensure skilled attendance, and health facilities must be equipped to provide essential and emergency obstetric care.

Very closely linked with the issue of maternal mortality is newborn mortality. The interrelationship between newborn health and adolescent pregnancy is also critical. Studies show that children born of teenagers have a 30% greater risk of malnutrition and other diseases that contribute to infant death. Newborn mortality contributes significantly if maternal mortality ratios are to be brought down. The effort to save newborn lives needs to start in pregnancy with helping the mother to plan for her birth -- to know the importance of immediate breastfeeding and recognition of danger signs.

Health facilities don’t need expensive equipment to save newborn lives...they need staff with the necessary skills...such as how to resuscitate babies. The health system needs to examine the existing status and strategies for post natal care. Most newborns die in the first week of life. The health sector needs to investigate what provisions are being made for mothers and babies during this first week. And as our countries seek to make the right investments in upgrading
clinical staff and facilities, we must ensure that short-term strategies are in place to support women and newborn in their homes. Families and communities have a huge role to play in saving women’s lives during childbirth and in saving newborn lives. Let us equip families and communities with the life saving skills that can help them to help themselves. Now let us examine some specific issues:

We can’t talk about reducing mortality without accelerating our drive to address the issue of HIV and AIDs. The AIDS epidemic has been the focus of international concern for more than two decades now and yet the majority of our young people and also our mothers giving birth still don’t know how to avoid it.

On average in developing countries, far too many babies become infected through mother to child transmission each year. This has the effect of raising under-five mortality by a factor of approximately 20%. Despite this reality, on average less than 10% of pregnant women receive prevention services and even fewer babies that are exposed to the virus receive prophylaxis. There is a need for greater focus and investment on preventive and integrated strategies. Some of these include provider-initiated testing, better linkages amongst ante-natal care, child health clinics, and care and treatment centres and exploring front line staff to administer antibiotics.

We must also commit greater resources to ensure public support for the growing numbers of orphans. These are the most vulnerable that need special care and protection if they are to survive.

Apart from HIV and AIDs, malaria is another area of critical area for our attention, particularly in Africa where in most countries the disease is still endemic. While our health systems tackle the challenging issue of drug resistance and to rolling out the new combination therapies, there are relatively inexpensive and effective technologies which must be given greater attention.

It is this year, 2007, that countries should have reached the Abuja target of 60% of pregnant women & 60 % of <5 children sleeping under insecticide-treated nets. But most countries are still far from this target. The majority of our pregnant women and under 5 populations are still not sleeping under an insecticide treated net. We need renewed vigor to universalize access and use of this life-saving device. Another intervention that can have a dramatic effect on reducing neonatal mortality is IPT (anti-malarial drugs given during pregnancy). Greater commitments need to be made to ensure that IPT is given to every pregnant woman and IPTi for infants.

Probably the most neglected area and silent killer when we speak of child mortality is nutrition issues. Despite the well established fact that malnutrition is an underlying cause of over 50% of child death and contributes to four-fold risk of contracting HIV, the issue of nutrition has been sorely neglected. Both preventive and curative services are currently failing the children. Up to 60% of those
admitted for severe malnutrition are often dying due to mismanagement. While recognizing that nutrition is a multi-sectoral responsibility, Ministries of Health have specific accountability for improving nutrition indicators and to consider actions that can immediately address the situation. This includes integrating nutrition support in all other health interventions, ensuring that nutrition is included in all development plans and adequately preparing of focal points at national and sub-national levels that can be held accountable for nutrition, also promote essential nutrition interventions,

In many countries, the stark reality is that the majority of children die before ever reaching a health facility, and a high number of deliveries still occur at home. In order to address this and ensure universal access to essential care, there is a need for leadership in reviving a focus on Primary Health Care, a focus which has become barely visible since the Alma Ata Declaration. We welcome the heightened acknowledgement of community health, evident in the joint WHO, World Bank, UNICEF and UNAIDS international conference on Community Health held in November 2006 in Addis Ababa.

If we want to ensure accountability and sustainability for maternal, newborn and child health strategies, we need to ensure that the strategies have a focus on community involvement. Communities need to be educated and empowered to own and participate in the planning and support for services designed to improve the health of their women, newborns and young children.

All countries need to use the latest compilation of research such as the *Lancet* series to revisit their essential health-care package for maternal and child health. It is important to ensure that intervention packages for Maternal and Child Health focus on the evidence-based, high-impact and relatively low-cost items are included. But this is not enough. These strategies and interventions need to be costed and reflected in on-budget allocations.

We know that developing countries -- and especially those in the African continent -- are suffering a serious gap in human resources. While the health sector attempts to address this issue through the development of incentive packages, emergency hiring plans, recruitment of retired health officers, upgrading of nursing officers and other creative means, strong advocacy must be made to ensure special focus on securing the necessary human resources that will be needed to deliver the package of maternal, newborn and child interventions.

Much of the efforts to address maternal, newborn and child mortality have focused on the supply side….ensuring improved coverage and quality of services. However it is known that improving these factors alone only address part of the challenge. Due to cultural beliefs, gender related power and decision-making structures and other community practices and traditions, there are many
factors at play that mitigate against appropriate maternal and child care as well as care-seeking behaviors.

Addressing these deep-rooted social and cultural-related factors demonstrates the critical need for a multisector and multi-partner approach. Partnerships within and outside of the health sector need to be broadened, and coordinating mechanisms need to be place in order to increase the army fighting for maternal, newborn and child survival. Public-private partnerships must be forged and the health sector must find more effective ways of incorporating the inputs of NGOs. The media must also be seen as a critical partner for increasing awareness, influencing perceptions and changing behaviours. National media institutions, the private media, as community media networks, need to be incorporated and supported as channels for achieving the objectives of the MNCH agenda.

MNCH is Everybody’s Business. It is on this appropriate note that I would like to close this overview.

Maternal, neonatal and child mortality are major indicators of overall national development and therefore the interest and commitment to improving survival chances should gain the central attention and support, not just of the entire health sector but of all the constituents working towards national development and poverty reduction.

We trust that this Partnership Forum will make further strides in consolidating the efforts of the Partnership and ensure that its organization, constitution and focus is strategic and focused towards facilitating tangible technical and financial support for country level efforts. All those gathered here today have great hope and confidence in the important contribution the Global Partnership will make in helping countries to sharpen their analytical work, improve their planning, increase their investments and track their progress towards the reduction of MNC related mortality.

The Partnership at the global level, and by extension the Partnerships at country level, should be fully supported to lead the efforts that can help ensure the achievement of Millennium Development Goals 4 and 5.

With this charge and mission I wish you the most productive few days of deliberation and hope that we will have left this meeting with some positive influence on the health of women, newborns and young children across the world.