



## THE PARTNERSHIP

For Maternal, Newborn & Child Health

**BOOK LAUNCH: " OPPORTUNITIES FOR AFRICA'S NEWBORNS"  
PAN AFRICAN PARLIAMENT, MIDRAND, SOUTH AFRICA, NOV 21 /06  
COMMENTS BY DR. FRANCISCO SONGANE, PMNCH DIRECTOR**

Honorable President and colleagues it is a pleasure to be here at the Pan African Parliament, our hosts for this important event. Thank you very much for offering so generously of your time during this parliamentary session. I would also like to thank the sponsors of "Opportunities for Africa's Newborns" - the large number of sponsors signals to me a growing interest and commitment to the issue of newborn health and survival. Heartfelt thanks also to the many authors who made this publication possible, and those who contributed in its review.

This publication - itself an enormous achievement by some 60 authors from Africa or working in Africa - brings to light some startling realities for Africa. The average neonatal mortality rate for sub Saharan Africa today is the same as England's at the beginning of the 20<sup>th</sup> century, about 41 deaths per 1000 live births, or Sweden in the mid 1800s. The wide disparities among African countries with similar average incomes tells us all that rapid progress is possible. However, *new approaches* to the implementation of policies and the design of programs will be crucial.

*Reaching mothers and babies at the critical time and place - the continuum of care*

In Africa, most maternal and newborn deaths occur during child birth and in the first few days of life. Many of these deaths happen at home. The *continuum of care* has been identified as a core principle and framework to underpin strategies to save lives and promote health. The continuum of care has two dimensions: the time of care giving and the place of care giving.

There is a significant gap in care around the *time* of birth, when the risks are highest for mothers and babies. Policy makers and managers of health programs are urged to address this. Services need to be integrated, and maternal care services reinforced and linked with services for newborns. Skilled attendance at delivery, prompt access to emergency obstetric care, side by side with improved newborn care services all have a critical role to play in bringing the high maternal and newborn death rates in African countries today.

There is also a gap in care at the *place* where it is most needed. An effective continuum of care strengthens linkages between the home and the first level facility and the hospital -- thus assuring appropriate care in each place. Strategies should include upgrading skills of health workers, improving household and community practices and community actions for saving lives, and strengthening health system supports. Better care must be brought closer to the home through out-reach services and improving quality of services at peripheral and district-level facilities.

If we manage to ensure skilled attendance at delivery and prompt access to emergency obstetric care when needed and proper care of the newborn, we can be certain that our systems are performing as they should. Lives will be saved, health will improve. If a country is able to offer a caesarean section closer to where the woman lives then we can deliver many other services.

The health of the newborn relies on good linkages between maternal and child health programs and minimizing delays in care for complications of childbirth and for care of the baby with illness. Newborn health is a sensitive marker of a functional continuum of care.

#### *Actions by governments and at the international level*

There is leadership within Africa. There is great potential to build on this leadership through opening dialogue on newborn health issues across borders and building the lessons learned from one country's experiences into the programs and policies of its neighbours. We can do more together than we can do alone! This is the essence of partnership. Indeed, this is what the Partnership for Maternal, Newborn and Child Health stands for -- building on complementary strengths, bringing people together and making the very most of available resources.

The content of this excellent publication offers both guidance in our policy work and benchmarks against which to measure the impacts of our efforts. So let us make this report a living document. We can do this by using it in all our work, and implementing its recommendations. Priority needs to be given to preventive approaches and ensuring the provision of known, effective interventions. Africa's newborns deserve nothing less. We are fortunate to have this launch here in the Pan African Parliament. We will count on you, Honourable President, and your distinguished peers, to help us make countries accountable.

To move forward and to face the challenges of caring for Africa's newborns, we need international solidarity and a significantly improved resource base. The global cost of scaling up essential maternal and newborn care to 2015 was estimated in the World Health Report 2005 to be \$39 billion, additional to current expenditures. This corresponds to around US\$0.22 per person per year initially, rising to \$1.18 in 2015. Consider for a moment that this is the cost of a beer or a newspaper purchased at a local shop.

Investing in maternal, newborn and child health is investing in development. With women at the centre, improvement of maternal, newborn and child health is not the mere provision of services. It is setting the foundation for better societies, for better economies. Together we can make an important difference for Africa's newborns. Let us work *together* towards a better future.

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