



Ex-Prime Minister of Norway urges the delegates at the World Health Assembly to take immediate action to save 11 million maternal, newborn and child lives each year.

Geneva- 24 May 2006 -- The former Prime Minister of Norway and the United Nations Special Humanitarian Envoy for the Horn of Africa, Mr. Kjell Magne Bondevik, has challenged Ministers of Health and their delegates at the World Health Assembly to take immediate action to save lives of 11 million mothers, newborns and children under five who die each year, mostly from preventable causes. "These figures, which exceed the number of deaths caused per year by AIDS, tuberculosis and malaria combined, are evidence of one of the starkest health inequities of our time," said Mr. Bondevik.

Mr Bondevik was speaking at a special informal briefing on the Partnership for Maternal, Newborn and Child Health (PMNCH) at this year's World Health Assembly. Last fall, the PMNCH was formed to increase funding and galvanize action needed to achieve the globally-agreed Millennium Development Goals Four and Five, which aim to reduce child mortality by two-thirds and maternal mortality by three-quarters in the next ten years, by 2015.

"Almost all of these deaths occur in developing countries and more than half in Africa," said Mr. Bondevik. "A child from Sierra Leone is 100 times more likely to die before five than a child born in Germany or Japan, with a woman's lifetime risk of dying in pregnancy or childbirth is 1 in 2800 compared to 1 in 16 in parts of Africa."

Mr. Bondevik called on politicians and decision-makers to take immediate and urgent action. "This not only represents an unacceptable disparity, but shows that we are not even meeting the first benchmark of development - keeping women and children alive. We want our world leaders to stand up for women and children." said Mr. Bondevik.

The World Health Report 2005 estimated that meeting the Millennium Development Goals for maternal and child health would require an additional US \$ 9 billion per year from now to 2015 through interventions which are known, largely affordable and based in the development and support of health systems. "If the world is to meet the goals of reducing maternal and under-five mortality by 2015, only a focused, coordinated effort can bring to women, newborns and children the health care they need during pregnancy, delivery, the early weeks of life and in childhood," said the new Director of the Partnership, Dr Francisco Songane.

The Partnership advocates for this coordination at country, regional and global level by bringing together its 83 members through the "continuum of care", an approach which

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promotes the coordination of care in time and place--from early pregnancy through childbirth, infancy and early childhood, and from home to community and health facilities--as a way to substantially increase benefits for all involved.

"We need to get out of 'Business as usual'," said Dr Tedros Adhanom Ghebreyesus, Minister of Health in Ethiopia. "Mothers and children deserve our whole commitment and the resources to really make a difference."

Other members of the Partnership spoke to the importance of the Partnership and coordinated action, including the Ministers of Health from Bolivia, Dr Nila Heredia, and the Deputy Executive Director of the Bangladesh Rural Advancement Commission, Dr Mustaque Chowdhury. "We the NGO's believe in partnership," said Dr Chowdhury. "The MDGs cannot be achieved unless different stakeholders join hands together. In this, effective partnership is not only desirable but necessary."

"The health architecture has become ever more complex and fragmented with the emergence of more and more health initiatives and partnerships," according to the representative from the Department of International Development United Kingdom, Dr Stewart Tyson. said Dr Tyson. "The Partnership, by merging three existing initiatives, sends a strong signal of harmonization, of reducing duplication of effort and the demands on countries."

The Partnership has 83 members and is made up of leaders from member countries, donor agencies, United Nations agencies including the World Health Organization, professional associations, academic institutions and non-governmental organizations*.

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* The Partnership for Maternal, Newborn & Child Health unites developing and donor countries, UN agencies, professional associations, academic and research institutions, foundations, and NGOs to intensify and harmonize national, regional and global progress towards the UN Millennium Development Goals 4 & 5.

Members include:

Academy for Educational Development (AED); Aga Khan University; All India Institute for Medical Science (AIIMS); Averting Maternal Death and Disability (AMDD); Bangladesh Rural Advancement Commission (BRAC); Basic Support for Institutionalizing Child Survival (BASICS); Bill & Melinda Gates Foundation; Canadian International Development Agency (CIDA); Columbia University; Commonwealth Secretariat; Council of International Neonatal Nurses (COINN); Department for International Development, UK (DFID); Gesellschaft für Technische Zusammenarbeit, Germany (GTZ); Emory University Rollins School of Public Health; Enfants du Monde, Switzerland; Family Care International (FCI); Federal University of Pelotas, Brazil; Federation of Asia and Oceania Perinatal Societies (FAOPS); Futures Group; Government of Bangladesh; Government of Bolivia; Government of Cambodia; Government of Ethiopia; Government of India; Government of Italy; Government of Mozambique; Government of Nepal; Government of Nigeria; Government of Pakistan; Government of Tanzania; Government of Uganda; Gynuity Health Projects; Institute of Child Health, International Perinatal Care Unit, UK; International Centre for Diarrhoeal Disease Research, Bangladesh: Centre for Health & Population Research; Initiative for Maternal Mortality Programme Assessment/University of Aberdeen (IMMPACT); International Association for Maternal and Neonatal Health (IAMNEH); International Confederation of Midwives (ICM); International Council of Nurses (ICN); International Federation of Gynecology and Obstetrics (FIGO); International Pediatric Association (IPA); International Planned Parenthood Federation (IPPF); International Union Against TB and Lung Disease; IntraHealth International, Inc.; Ipas; Joint United Nations Program on HIV/AIDS (UNAIDS); JHPIEGO/ACCESS Project; John Snow International; Johns Hopkins University; Karolinska Institutet, Sweden; Latin America Maternal Mortality Initiative; London School of Hygiene and Tropical Medicine; Midwifery Society, Royal College of Nursing, UK; National Committee for Maternal Health, Pakistan; National Institute for Health, Global Maternal and Neonatal Research Network, US; Nigerian Partnership for Safe Motherhood; Obstetric Fistula Working Group; Population Council; Program for Appropriate Technology in Health (PATH); Regional Prevention of Maternal Mortality Network, Ghana; Reproductive Health Response in Conflict Consortium (RHRC); Safe Motherhood Network of Nepal; Save the Children, Saving Newborn Lives Initiative; Society for Education, Action, and Research in Community Health, India (SEARCH); Society of Obstetricians and Gynaecologists of Canada (SOGC); Swedish International Development Cooperation Agency (SIDA); The Manoff Group; The Task Force for Child Survival and Development; The White Ribbon Alliance for Safe Motherhood; The World Bank; United Nations Children's Fund (UNICEF); United Nations Population Fund (UNFPA); US Agency for International Development (USAID); US Coalition for Child Survival; US Department of Health and Human Services Centers for Disease Control and Prevention, Department of Reproductive Health (CDC); Women and Children First; Women's Global Health Imperative; Women's Health and Action Research Centre, Nigeria; World Health Organization (WHO).