Partnership for Maternal, Newborn & Child Health (PMNCH) 2014 Partners’ Forum
Media Roundup
30 June – 1 July 2014
Media coverage as of 10:00PM, EST 8 July, 2014

COVERAGE REPORT- 159 original articles, 83 pick-ups

US and Europe (23 original, 27 pick-ups)

- TheJournal.ie (Ireland): Child mortality decreases – but at least 18,000 children dying every day. Aoife Barry. 30 June 2014.
- Inter Press Services (Italy): Looking to Africa’s LDCs to Learn How to Save the Lives of Millions of Mothers and their Babies. Nqabomzi Bikitsa. 30 June 2014.
  - Pick-Ups: Independent European Daily Express
- Inter Press Service (Italy): Maternal deaths due to HIV a grim reality. Miriam Gathigah. 27 June 2014.
- NRK (Norway): Prime Minister Solberg visits Africa. 3 July 2014.
- Europa Press (Spain): UNICEF denuncia que un millón de niños muere cada año en sus primeras 24 horas de vida y pide al mundo que se involucre. [UNICEF claims that one million children die each year in its first 24 hours of life and asks the world to get involved]. 2 July 2014.
- ISGlobal (Spain): Forum to Accelerate Further Improvements in Maternal, Newborn and Child Health, Anna Lucas. 1 July 2014.
- The Conversation (UK): Women’s groups save mothers and babies. Audrey Prost. 2 July 2014.
- Guardian (UK): Mandela’s widow, Graça Machel, speaks of her loss for the first time. 27 June 2014.
- Associated Press (US): UN efforts on maternal health programs are ineffective: analysis (29 June 2014)
  - International Pick-Ups: Jakarta Post (Indonesia)
Select Local U.S. Pick-Ups: Daily Star (Arizona), San Francisco Chronicle (California), Sacramento Bee (California), Monterey Herald (California), Stamford Advocate (Connecticut), Washington Times (DC), Post Bulletin (Minnesota), Charlotte Observer (North Carolina), WRAL (North Carolina), NewsOK (Oklahoma), Knox News (Tennessee), Houston Chronicle (Texas), Deseret News (Utah), Seattle Post-Intelligencer (Washington), and local FOX affiliates in several states (Alabama, Florida, Georgia, Minnesota, Oklahoma, Texas)

- Amanpour on CNN (Global): Graça’s grief: ‘There were times where I would wake up and I wouldn’t know what to do’. Mick Krever. 30 June 2014.

Africa- Excluding South Africa (50 original, 8 pick-ups)

- Ghana Broadcasting Corporation (Ghana): Health Inequalities. 30 June 2014.
- Ghana Broadcasting Corporation (Ghana): Female Central. 2 July 2014.
- Ghana News Agency (Ghana): World Challenged to ensure every woman and child Live. 30 June 2014.
- SPY Ghana (Ghana): World Cup teams made progress in reducing childhood mortality. 27 June 2014.
  - Pick-Ups: AllAfrica (1 July 2014)
• **The Star (Kenya):** [Donors pledge more health funding with a caution](http://allafrica.com/stories/201407070662.html). John Muchangi. 7 July 2014.
  o *Pick-Ups:* [AllAfrica](http://allafrica.com) (7 July 2014)
• **The Star (Kenya):** [First Lady's Beyond Zero drive may get UN funding](http://allafrica.com/stories/201407070660.html). John Muchangi. 7 July 2014.
  o *Pick-Ups:* [AllAfrica](http://allafrica.com) (7 July 2014)
• **The Nation (Malawi):** [Government to increase health budget](http://allafrica.com/stories/201407010663.html). Edyth Kamalame 1 July 2014.
  o *Pick-Ups:* [AllAfrica](http://allafrica.com) (2 July 2014)
• **Leadership (Nigeria):** [MDGs: New Roadmap To Save 140,000 Women, 250,000 Newborns Released](http://allafrica.com/stories/201408070113.html). Abiodun Oluwarotimi. 8 July 2014.
• **Premium Times (Nigeria):** [Children more likely to die in Nigeria than in any other country participating in World Cup](http://allafrica.com/stories/201407030320.html). Tobore Ovuorie. 29 June 2014.
  o *Pick-Ups:* [AllAfrica](http://allafrica.com) (1 July 2014)
  o *Pick-Ups:* [AllAfrica](http://allafrica.com) (2 July 2014)
• **Politico (Sierra Leone):** [Sierra Leone’s health in crisis, with 500 days to MDG deadline](http://allafrica.com/stories/201407020153.html). Umaru Fofana. 1 July 2014.
• **Citizen (Tanzania):** [Brazil wins world cup health scorecard](http://allafrica.com/stories/201406300263.html). Songa wa Songa. 30 June 2014.
• **Citizen (Tanzania):** [Dar’s mixed bag at global meet](http://allafrica.com/stories/201406300262.html). Songa wa Songa. 30 June 2014.
• **Citizen (Tanzania):** [Leaders urge sustained action to end mother, child deaths](http://allafrica.com/stories/201406300261.html). Songa wa Songa. 1 July 2014.
• **Citizen (Tanzania):** [Tanzania tumbles in child deaths battle](http://allafrica.com/stories/201406300260.html). Songa wa Songa. 1 July 2014.
• **Citizen (Tanzania):** [End child marriage to cut maternal deaths, urges forum](http://allafrica.com/stories/201406300259.html). 2 July 2014.
• **Citizen (Tanzania):** [Secrets behind success of top 10 winning countries](http://allafrica.com/stories/201406300258.html). 2 July 2014.
• **Guardian (Tanzania):** [MDGs 4, 5 are achievable with political will – report](http://allafrica.com/stories/201407020152.html). Kenneth Simbaya. 2 July 2014.
• **Guardian (Tanzania):** [African countries can achieve MDGs](http://allafrica.com/stories/201407020151.html). 3 July 2014.


The Herald (Zimbabwe): Towards elimination of maternal and child deaths, Roselyne Sachiti. 3 July 2014.


Africa Science News (Regional): GSK, Save the Children offer $1M award for healthcare innovations, Isa Chuki. 2 July 2014.

Panapress (Regional): Graca Machel returns to work after mourning Mandela, 29 June 2014.

Star Africa (Regional): Leaders call for better healthcare for women, children, APA. 2 July 2014.

Star Africa (Regional): Stop needless deaths of women, children – Machel, APA. 1 July 2014.

South Africa (19 original, 8 pick-ups)

Business Day: SA to miss target to decrease child and maternal deaths, Andile Makholwa. 1 July 2014.

eNCA: Graça Machel chastises world leaders over child mortality, 30 June 2014.


Independent: Graça aims to fulfill Madiba’s last wish, 28 June 2014.

IOL News: Norwegian PM visits Liliesleaf farm, Peter Fabricius. 2 July 2014.

IOL News: Madiba’s widow thanks world for support, Laura Lopez Gonzalez. 1 July 2014.

Mail & Guardian: Yay for SA’s child health policies, nay for outcomes, Gugulethu Ndebele. 30 June 2014.

SABC: Machel makes first public appearance after Madiba’s passing, 30 June 2014.


SABC: Graça Machel returns to work ‘inspired by Madiba’, 27 June 2014.

SAnews.gov: SA, Norwegian allies meet, 1 July 2014.


Asia (31 original, 4 pick-ups)

BDNews24 (Bangladesh): Lancet lauds health success, 1 July 2014.

Times Live: Mandela’s widow emerges from mourning, Juliette Saunders, 27 June 2014.

Times Live: Graça: R12 a year can save three million lives, Poppy Louw. 1 July 2014.
• Daily Star (Bangladesh): The partnership for maternal, newborn and child health. Tareq Salahuddin. 6 July 2014.
• Caixin Media (China): 国际会议聚焦全球妇幼健康 [Partners’ Forum focuses on MNCH]. 1 July 2014.
• Caixin Media (China): 中国被评为妇幼健康高绩效国家 [China among best performer in MNCH]. 1 July 2014.
• Caixin Media (China): 国际会议聚焦全球妇幼健康 [International conference focused on global maternal and child health]. 1 July 2014.
• Economics Daily (China): 我国进入妇幼健康高绩效国家行列 [China has entered the ranks of the National Maternal and Child Health High Performance]. 3 July 2014.
• People.cn Media: 第三届妇幼健康合作伙伴论坛在南非约翰内斯堡召开 [The Third PMNCH Partners’ Forum was held in Johannesburg, South Africa]. 1 July 2014.
• Phoenix Weekly (China): “没有哪个孩子是为了死去而降生” [“No child is born to die”]. 1 July 2014.
• Shanghai Daily (China): Universal access drives China’s reproductive health improvements. Tian Ying, Mou Xu and Li Jingya. 1 July 2014.
• Health Site (India): How can we reduce healthcare inequity in India? Nirmalya Dutta. 1 July 2014.
• Health Site (India): Imagine a world without newborn and maternal deaths. Nirmalya Dutta. 30 June 2014.
• Health Site (India): Brazil has already won the World Cup! Nirmalya Dutta. 27 June 2014.
• Hindu (India): Finally, neonatal mortality prevention gains attention. R Prasad. 30 June 2014.
• Hindu (India): MDG 4 & 5: ‘All ten fast-track countries did work outside health as well.’ R Prasad. 30 June 2014.
• Hindu (India): More education among women helps reduce maternal and child mortality in Bangladesh. R Prasad. 30 June 2014.
• Hindustan Times (India): How to save 3 million babies from dying. Sanchita Sharma. 30 June 2014.
• Hindustan Times (India): Nepal, Bangladesh beat India in mother and child care. Sanchita Sharma. 30 June 2014.
• IBN Live (India): Agenda for Child and Mother’s Health in India. 1 July 2014.
• Pharmabiz.com (India): Sandoz joins with UN’s Every NewBorn Action Plan to combat cause of child mortality worldwide. 1 July 2014.
  - Pick-Ups: [Viet Nam News](https://example.com) (2 July 2014)

**Latin America (19 original, 33 pick-ups)**

- Agência Minas (Brazil): [Taxa de mortalidade infantil em Minas é melhor que a nacional e a meta pactuada para 2014](https://example.com) [Child Mortality rate in Minas Gerais is better than the national rate and the MDG], 27 June 2014.
- Correio de Uberlândia (Brazil): [Em Minas, taxa de mortalidade infantil reduz para 12,4 em 2013](https://example.com) [In Minas, child mortality rate has reduced to 12.4 in 2013], 30 June 2014.
- Gazeta de Alagoas (Brazil): [Gol de Placa](https://example.com) [What a goal – article on the World Cup score card], 29 June 2014.
- Globo.com (Brazil): [Brasil é quarto mais lento na redução da mortalidade materna, revela estudo](https://example.com) [Brazil is one of the slowest countries on reducing maternal mortality, says study], (01 July 2014).
  - Pick-Ups: GGN Luis Nassif Blog (1 July 2014)
- Hildergard Angel Blog (Brazil): [A Copa do Mundo já está no papo... das criancinhas do Brasil](https://example.com) [The World Cup is already ours...the babies from Brazil], Hildergard Angel. 30 June 2014.
- Jornal Agora (Brazil): [Taxa de redução de mortalidade infantil em Minas supera índice nacional](https://example.com) [Child mortality rate reduction in Minas is higher than the national one], 28 June 2014.
- O Debate: [Redução da mortalidade materna no Brasil ainda é baixa](https://example.com), (30 June 2014)
- O Estado de S. Paulo (Brazil): [Brasil tem queda significativa na mortalidade até 5 anos](https://example.com) [Brazil has significant reduction on under-five child mortality] (26 June 2014)
  - Pick-Ups: Exame; Diário de Pernambuco; Paraná Online; DCM; Diário do Comércio; R7; A Cidade; Rede Nutri; MS Atual; Folha Metropolitana; Diário da Região; Bonde;
- O Estado de S. Paulo (Brazil): [Mortalidade materna cai 1,7% no Brasil](https://example.com) [Maternal mortality drops only 1.7% per year in Brazil], Ligia Formenti. 30 June 2014.
  - Pick-Ups: Jornal de Brasília; Diário da Região; EM; Exame; Agora MS; RicMais; O Diário; BOL Notícias;
- O Estado de S. Paulo (Brazil): [No Brasil, 64% das mortes de crianças com menos de 5 anos acontecem no 1º mês](https://example.com) [In Brazil, 65% of under-five children deaths happen in the first month of life]. Ligia Formenti. 30 June 2014.
  - Pick-Ups: R7; BOL Notícias; RedeTV!; MSN; Diário do Brejo;
- O Estado de S. Paulo (Brazil): [Ministério da Saúde afirma que reforçou as ações da Rede Cegonha](https://example.com) [Ministry of Health says that reinforced initiatives of the Stork Network in the country], Ligia Formenti. 30 June 2014.
  - Pick-Ups: Diário de Pernambuco; Diário do Grande ABC; Diário da Região; Hoje em Dia; Esquenta Cidade;
- O Estado de S. Paulo (Brazil): [Cesarianas evitam redução da mortalidade materna, diz especialista](https://example.com) [C-sections avoid decrease of maternal mortality, says expert]. Ligia Formenti. 1 July 2014.
- O Estado de S.Paulo (Brazil): [ONU definirá metas sustentáveis para os países](https://example.com) [UN will define sustainable goals for countries], Ligia Formenti. 7 July 2014.
- O Tempo: [Mortalidade materna ainda é alta no país](https://example.com) (1 July 2014)
• OPAS/OMS Brazil portal [WHO portal] (Brazil): Brasil já é campeão da Copa do Mundo em redução de mortalidade infantil [Brazil is already the Champion of the World Cup in child mortality reduction]. 26 June 2014.
• Portal TV Cultura (Brazil): Brasil reduz morte infantil de até cinco anos em 80% [Brazil reduces under-five child mortality in up to 80%]. 26 June 2014.
• Repórter Diário (Brazil): Mauá quer reduzir mortalidade infantil em 24%. Tiago Oliveira. 1 July 2014
• Veja.com (Brazil): Redução da mortalidade materna no Brasil é uma das menores do mundo [Maternal mortality reduction in Brazil is one of the lowest in the world] (30 June 2014)
  o Pick-Ups: Portal PE10; Nação Ruralista;
• Zero Hora (Brazil): Número de óbitos maternos precisa ser reduzido à metade no Brasil [Number of maternal deaths must be reduced by half in Brazil]. Kamila Almeida and Vinicius Fernandes. 01 July 2014.

Op-eds (6 original, 3 pick-ups)
• The Nation (Malawi): Bravo govt for reducing child deaths, but do more. Aminu Magashi. 8 July 2014.
  o Pick-Ups: Mail & Guardian (1 July 2014).

Partner Blogs (11 original)
• Girls’ Globe: The Road to PMNCH. Diane Fender. 29 June 2014.
• London School of Hygiene & Tropical Medicine: First Estimates Of Newborns Needing Treatment For Bacterial Infection Show 7 Million Cases (26 June 2014)
• UN Foundation: Big News in Support of the Millennium Development Goals. Emily Ross. 1 July 2014.
• UNICEF Connect: Every newborn deserves a chance to live. Dr. Kim Eva Dickson. 30 June 2014.
• Voices of Youth: CRF Tanzania Young Reporters reflect on their experience covering the PMNCH Partners’ Forum. Children’s Radio Foundation. 1 July 2014.
A STUDY OF maternal and child health in developing countries gives an insight into the challenges faced by women and babies.

The Lancet study: Countdown to 2015 and beyond, looks at the health agenda for women and children.

The end of 2015 will signal the end of the Millenium Development Goal era, so Countdown to 2015 has focused its 2014 report on how much has been achieved in intervention coverage for mothers, infants and children.

Progress being made
It says that progress has accelerated over the past decade in most of the 189 countries it looked at, but some of the biggest gaps are in family planning, interventions for newborn mortality, and case management of childhood diseases.

Here’s some of what they found in the Countdown countries:

- Progress in reduction of mortality and undernutrition is accelerating – but not quickly enough.
- Child mortality has decreased substantially since 1990
- About 18,000 children are dying every day, mostly in disadvantaged population groups
- The main causes of post-neonatal child deaths are preventable infectious diseases such as pneumonia, diarrhoea and malaria.
- There has been an increase in the percentage of child deaths occurring in the first four weeks of life.
- Newborn deaths account for a median of 39 per cent of all under-five deaths
- Neonatal deaths and stillbirths can be significantly reduced by increased investment in quality care around the time of birth.
- Africa is the region with the highest mortality and (with a few exceptions) the slowest rates of reduction
- Unsafe abortion exacts a high toll of avoidable maternal deaths, which could be averted through programmes and policies that support women’s access to affordable and high quality family planning, and antenatal, delivery, and postnatal care.

Nutrition
The research also looked at undernutrition, and found that in the Countdown countries:

- Nearly half of all deaths to children under five are due to undernutrition – that’s three million deaths each year.
- Stunting is a big indicator of the quality of a child’s life.
- In 42 of the 62 countries with available data, 30 per cent or more children are stunted.
- To target this, nutrition-specific interventions for women and children are needed, as well as efforts to combat food insecurity and women’s low social status, and improving access to safe water and sanitation facilities.
Countries with higher levels of intervention coverage tend to have lower levels of child mortality, and vice versa.

According to the study, adoption rates are high for some policies such as oral rehydration salts and zinc for management of diarrhoea, postnatal home visits in the first week of life, and specific notification of maternal deaths.

But “crucial gaps remain”. Fewer than half of Countdown countries have adopted policies in the areas of:
- Access to contraception for adolescents
- Maternity protection in accordance with Convention 183,25
- Regulation of the marketing of breastmilk substitutes.

Many of the countries face severe health workforce shortages, which also impacts on the care available to women and babies.

There are also “massive inequalities” in intervention coverage and health outcomes, and the report says unless these are improved, progress is likely to be curtailed.

Inter Press Services: Looking to Africa’s LDCs to Learn How to Save the Lives of Millions of Mothers and their Babies
Nqabomzi Bikitsha
30 June 2014

JOHANNESBURG, Jun 30 2014 (IPS) - Every year, three million newborn babies and almost 6.6 million children under five die globally, but if the rest of the world looked towards the examples of two of Africa’s least-developed countries (LDCs), Rwanda and Ethiopia, they would perhaps be able to save these children.

At the 2014 Partners’ Forum being held in Johannesburg, South Africa from Jun. 30 to Jul. 2 – hosted by the Partnership for Maternal, Newborn and Child Health (PMNCH), the South African government and other partners - significant commitments in finance, service delivery and policy were announced that could put an end to these deaths. In total, there were 40 commitments from stakeholders, governments and the private sector who are committed to ending child and maternal mortality were revealed at the forum today.

It was noted that while remarkable progress has been made in reducing maternal and child mortality rates globally, over the last two decades the reduction in the rates of newborn deaths has lagged behind considerably.

Africa’s Fast-Track Countries That Have Made Significant Progress in Saving Women and Children

ETHIOPIA
- Reduced under-five mortality by 47 percent between 2000 and 2011 to from 166 to 88 per 1,000 live births
- Although Ethiopia still has one of the highest maternal mortality rates in Africa it has reduced by 22 percent from 871 in 2000 to 676 per 100,000 live births in 2011
• Expanded community-based primary care for women and children through the deployment of close to 40,000 Health Extension Workers

• Achieved near parity in school attendance by 2008/09: at 90.7 percent for girls and 96.7 percent for boys from 20.4 percent and 31.7 percent respectively in 1994/1995

RWANDA
• Achieved under-five mortality reduction of 50 percent between 1992 and 2010 from 151 to 76 per 1,000 live births
• Reduced maternal mortality by 22 percent from 611 to 476 per 100,000 births between 1992 and 2010 (and by 55 percent from 2000 to 2010 from an increase to 1,071 to 476 per 100,000 live births)
• Increased coverage of skilled birth attendance from 31 percent in 2000 to 69 percent in 2010
• In 2013, women constituted 64 percent of parliamentarians, the highest percent in the world

*Sources for all statistics are official national data, and international data, as agreed at country multistakeholder policy reviews.

However, Rwanda and Ethiopia were among 10 countries across the globe listed as having made significant progress in reducing child and maternal mortality rates, according to a new global action plan launched at the forum.

The Every Newborn Action Plan (ENAP) provides evidence on the effective interventions needed to end preventable stillbirths and newborn deaths. It also outlines a strategy to prevent 2.9 million newborn deaths and 2.6 million stillbirths annually.

These countries invested in high-impact health interventions, including immunisation, family planning, education and good governance.

Tedros Adhanom Ghebreyesus, Ethiopian Minister of Foreign Affairs, told IPS that multi-sectoral investments, and not just direct investments in the health sector, would help reduce maternal and child mortality.

“If we don’t invest in agriculture, water and sanitation as well as the health sector then any gains we make in reducing child and maternal mortality will be futile.
“Community-based health care workers helped reduced Ethiopia’s mortality rates for mothers and children.”

According to the ENAP, newborn deaths account for 44 percent of all under-five deaths worldwide, and investments in quality care at birth could save the lives of three million women and children each year.

“Now is the time to focus on action and implementation, to ensure more lives are saved,” said Graça Machel, co-chair of the PMNCH.

“Other countries have made progress and others have not, we need to learn from them, so we keep momentum.”

Accompanying the launch of the ENAP, was the launch of Countdown to 2015 report titled “Fulfilling the Health Agenda for Women and Children”, which serves as a scorecard of gains made in maternal and child health.
According to the report, which studied the progress of 75 countries in child and maternal mortality efforts, substantial inequities still persist.

“The theme of the Countdown report is ‘unfinished business,’” said Machel. “Too many women and children are dying when simple treatment exists.”

Over 71 percent of newborn deaths could be avoided without intensive care, and are usually a result of three preventable conditions: prematurity, birth complications and severe infections.

Dr. Mariame Sylla, United Nations Children’s Fund (UNICEF) regional health specialist, told IPS that countries needed to learn from one another.

“Community-based approaches, where governments bring health services to the people and people to the services, have shown to be effective,” she told IPS.

“Monitoring of results is also very important to ensure accountability in the health sector.”

Dr. Aaron Motsoaledi, South Africa’s Minister of Health, said “having professional midwives would also help new mothers understand motherhood better and help reduce mortality rates among women and children.”

However, Ethiopia’s Minister of Foreign Affairs pointed out that “these efforts are are simple but often hard to deliver.”

“Least-developed countries like Ethiopia were able to make strides in curbing child and maternal mortality through their political will,” Dr. Janet Kayita, health specialist for maternal, newborn and child health for UNICEF, told IPS.

But she pointed out that “Ethiopia’s key to success, was not just about the leadership making the decision to reduce child and maternal mortality rates, but also organising at community level.”

“Ethiopia is one of the few LDC’s to institutionalise quality improvement in the health sector, using the mechanism of rewarding good quality health services and holding accountable those not performing.”

Inter Press Service: Maternal deaths due to HIV a grim reality
Miriam Gathigah
27 June 2014

An African proverb says that every woman who gives birth has one foot on her grave.

Sadly, this is still true today, especially within the context of the AIDS epidemic.

In spite of the huge advances in the prevention of mother to child transmission of HIV (PMTCT) in Africa, experts are concerned that these have not matched other pillars needed to eliminate maternal mortality caused by HIV and AIDS.
Preventing unintended pregnancies among women living HIV, as well as providing contraceptives for women who need them are some of the missing pillars. Another is making motherhood safer for all women.

Pregnant women with HIV die at much higher rates than women without HIV, Mary Pat Kieffer, senior director at Elizabeth Glaser Paediatric AIDS Foundation in Malawi, told IPS. The risk of pregnancy-related death is six to eight times higher for HIV positive women than their HIV negative counterparts.

Studies have shown that HIV increases maternal mortality directly from the progression of the HIV disease itself, and indirectly through higher rates of sepsis, anaemia and other pregnancy-related conditions.

This is bad news at a big scale. In South Africa alone, up to 310,000 HIV positive women gave birth in 2012, and 110,000 in Mozambique, says the Joint United Nations Programme on HIV/AIDS (UNAIDS).

While all HIV positive women, whether on antiretroviral therapy (ART) or not, are more vulnerable to sepsis and anaemia because of their compromised immune system, Kieffer says that ART does boost the immune system that protects women from infections.

Another problem is that women become infected with HIV during pregnancy at higher rates compared to women who are not pregnant, alerts Kieffer.

Experts attribute this to biological changes in the woman’s reproductive tract, including the increased blood volume and hormonal changes.

In southern African countries, “as many as five percent of pregnant women who tested HIV negative during their second trimester of pregnancy become infected with HIV later in pregnancy or during breastfeeding,” Kieffer told IPS.

Rethinking PMTCT

While ART for prevention of mother to child transmission of HIV is key to reducing maternal mortality, “fighting HIV is about more than pushing ARVs into health systems,” says Kieffer.

In South Africa, where nearly two out of 10 persons aged 15-49 are HIV positive, in spite of universal PMTCT coverage, HIV still accounted for six out of 10 maternal deaths in 2012, according to UNAIDS.

In Lesotho, with an HIV infection rate of 23 percent, four out of 10 maternal deaths are attributed to HIV related complications. In Malawi it is three maternal deaths out of ten, with an HIV infection rate of 11 percent.

Naseem Awl, an HIV specialist with UNICEF in Lesotho, told IPS that “much work remains to be done besides the provision of medicines, and one is ensuring women deliver in a health facility.”

UNICEF statistics show that in Eastern and Southern Africa only four out of 10 pregnant women deliver their babies with the assistance of a skilled health professional.
In Lesotho, while nine out of 10 pregnant women attend at least one antenatal visit, more than half do not deliver in the care of a skilled birth attendant. Mozambique has a similar pattern – and up to 110,000 HIV positive women gave birth here in 2012.

Kieffer believes there is a need to rethink PMTCT, “not just as a way to keep the infant from acquiring HIV but as an essential part of maternal and child health care for all women.”

Sheurges an improvement of health services delivery and health staff attitudes.

“A good number of health workers believe that HIV positive women have no right to get pregnant,” she says. The consequence is that many women show up late for antenatal care or deliver at home.

Protecting young women

Addressing unwanted pregnancies among young women aged 15-24 years is yet another pillar, because they are two to four times more likely to be infected with HIV than men of the same age.

The highest incidence for HIV lies in the 19-24 age group, “when people are sexually active and may not have a single partner. It is also when most women become pregnant for the first time,” says Kieffer.

The two major causes of death for young women are complications of childbirth and HIV, according to the United Nations Population Fund. Because their bodies are not fully mature, they experience more problems with a pregnancy and are at higher risk of HIV infection.

“Young women lack experience with the health system, they may discover their pregnancy late and be afraid to go to the clinic,” Kieffer explains. “They are less emotionally mature and less likely to have a partner that they can rely on for emotional support, either for the pregnancy or the HIV.”

She adds that health workers may not treat young women with care or lack the time to give the extra attention, information and support they need.

Meanwhile, staggering needs for contraceptives present other challenges. In Lesotho, the unmet need for family planning is 23 percent. In Mozambique, 29 percent, says UNAIDS.

Even where contraceptives are available, “ART clinics are overcrowded and overwhelmed, and have resisted putting emphasis on family planning because they did not have the capacity,” says Kieffer.

Dr Chewu Luo, senior adviser on HIV at UNICEF, told IPS that the new ART involving only one pill per day for pregnant women living with HIV will “have a serious impact on AIDS-related maternal and child deaths.”

In addition, the integration of maternal and child health services will result in more women and children reached sooner, and more mothers’ lives saved, she told IPS.

By strengthening all the pillars needed to improve maternal health, the African proverb about mothers having a foot on their graves will become history instead of a grim reality.
Tuesday arrived Solberg South Africa, and one of the first on the agenda was a visit to Liliesleaf, the farm where a number of members of the African National Congress (ANC) organized much of the struggle against apartheid. The place north of Johannesburg is today a museum.

- This has been an emotional visit, the Prime Minister said.

See video of the meeting at the top of the article.

Solberg were partly to meet Andrew Mlangeni, who sat 26 years in prison on Robben Island with Nelson Mandela.

- I was 26 years and four months in prison. It was worth it. But when we were released in 1989, I thought it was a waste of time to keep us in jail. It happened in 1994, would happened 20 to 40 years earlier. When did South Africa have been in a better situation today, on par with other countries in the Western world, says Mlangeni.

Erna Solberg visit in Africa include South Africa, Malawi and Rwanda, and Foreign Minister Brende is also along for the ride. In South Africa, will meet Prime Minister Mandela's widow, Graca Machel, and participate in an international meeting.

See also: Erna lashed out against Labor

The prime minister will attend an international meeting that will contribute to the MDG of strengthening maternal and child health.

Nordlys: Møtte enken til Mandela [Met widow of Mandela]

During the day met the Norwegian prime minister both Mandela's widow, Graca Machel and Nelson Mandela several friends in South Africa.

Machel's leading conference Partnership for Maternal, Newborn and Child Health and is a member of the promoter group of the MDGs with Solberg.

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Solberg were partly to meet Andrew Mlangeni, who sat 26 years in prison on Robben Island with Nelson Mandela.
- I was 26 years and four months in prison. It was worth it. But when we were released in 1989, I thought it was a waste of time to keep us in jail. It happened in 1994, would happened 20 to 40 years earlier. When did South Africa have been in a better situation today, on par with other countries in the Western world, says Mlangeni.

Erna Solberg visit in Africa include South Africa, Malawi and Rwanda, and Foreign Minister Brende is also along for the ride.

**NRK:** [Erna Solberg: Afrika, Siste Meldinger](https://www.nrk.no/Erna_Solberg_Afrika_Siste_Meldinger)  
1 July 2014

[VIDEO]

**NRK (Norway):** [Prime Minister Solberg visits Africa](https://www.nrk.no/nyheter/Close)  
3 July 2014

Prime Minister Erna Solberg has this week been visiting Africa, with stops in South Africa, Malawi and Rwanda, to promote the right of children to education and healthcare, and to help intensify efforts to meet the UN Millennium Development Goal on poverty reduction.

‘Giving children and young people a good education and access to healthcare are two of the most important things we can do to raise the standard of living in poor countries. Population growth in Africa is high. The large numbers of children and young people are these countries’ most important resource when it comes to future social and economic development,’ Ms Solberg said.

Erna Solberg co-chairs the UN Secretary-General’s MDG Advocacy Group with President of Rwanda Paul Kagame. Together with other members of the MDG Advocacy Group, Ms Solberg will visit three African countries to discuss what can be done to achieve the MDGs and to encourage both the authorities and other national and international actors to seek out new partnerships and develop innovative solutions in order to step up efforts to reduce poverty. There are just under 550 days remaining before the 2015 deadline for achieving the eight MDGs on education, health, gender equality and sustainable development.

Minister of Foreign Affairs Børge Brende will also took part in the visit to South Africa and Malawi. ‘Many countries in Africa have seen substantial economic growth and development in the past decade. This has provided great opportunities for creating jobs and reducing poverty and inequality. A greater focus on education, not least for girls and other vulnerable groups, is a crucial part of this work, and an area that Norway is now giving particular priority to,’ Mr Brende said.

On Tuesday 1 July, Prime Minister Solberg met Graca Machel in South Africa. Ms Machel is Nelson Mandela’s widow, and like her deceased husband, is an active champion of democracy and human rights. Ms Solberg participated in the 2014 Partnership for Maternal, Newborn and Child Health Partners’ Forum in Johannesburg, which will be chaired by Ms Machel. In South Africa, Ms Solberg and Mr Brende will also meet two of the veterans of the struggle against apartheid.

‘Nelson Mandela and the ANC’s fight against apartheid have been a huge source of inspiration to the global fight for freedom, democracy and human rights. Leaders all over the world have a responsibility to move these efforts forward,’ Ms Solberg said.
On 1–2 July, Ms Solberg, Mr Brende and members of the MDG Advocacy Group visited Malawi to look more closely at the support Norway is providing to education, with its focus on education for girls and health workers. Mr Solberg and Mr Brende were scheduled to meet Malawi’s newly elected President, Peter Mutharika, and representatives of Norwegian NGOs.

Today, on 3 July, Ms Solberg and President of Rwanda Paul Kagame will chair the Advocacy Group’s first meeting in Africa. Ms Solberg will also visit the Rwandan parliament to participate in an international conference for women parliamentarians.

‘Rwanda holds the world record when it comes to the participation of women in parliament. The country has been praised for the gender equality in politics and in primary schools that it has achieved during the last 20 years since the genocide in 1994. I look forward to learning more both about what Rwanda has achieved and about what Rwanda can do to meet the challenges it is facing in terms of human rights and democracy,’ Ms Solberg said.

In Rwanda, Ms Solberg will lay a wreath in memory of those killed in the genocide in 1994. She will conclude her visit by opening the first large-scale solar power plant in East Africa. The plant was built by the Norwegian company Scatec Solar in partnership with the Norwegian Investment Fund for Developing Countries (Norfund), among others.

TV 2: Solberg besøkte Mandela-minnesmerke [Solberg visited Mandela Memorial]
Kristoffer Thoner and Siw Borgen
1 July 2014
Original in Norwegian – the below is a rough Google Translation into English

Prime Minister Erna Solberg started today on his three-day tour of southern Africa. And first on the agenda was a meeting with South African history and two of them fought alongside Nelson Mandela in the fight against the apartheid regime.

On Lilienleaf outside Johannesburg worked Mandela and the supporters into hiding with the planning of the struggle for freedom.

- It is both impressive and feeling crowded to be here. Here the most prominent personalities in the struggle against apartheid lived and worked, says Prime Minister Erna Solberg to TV 2

This year marks 20 years since apartheid regime fell, but major problems plague South Africa still.

- It's very high crime, and here here still high infant mortality. There are also a lot left in efforts to improve the quality of education, says Erna Solberg.

Foreign Minister Brende is also part of the journey.

TV 2 is Erna Solberg in Africa

Prime Minister Erna Solberg traveling this week on a tour of southern Africa. It’s her first big trip to Africa. The journey begins in South Africa and continues to Malawi and Rwanda.

The main purpose is closing in on the work of the UN Millennium Development Goals. Prime Minister Erna Solberg leads UN advocate group for the MDGs with Rwandan President Paul Kagame.
In addition, it is expected that the prime minister will focus on women's right to education worldwide. This is Erna Solberg of the heart in foreign policy, and the government has promised a new white paper that more aid should go to the education of women in poor countries.

- It is important for the Norwegian government to support reforms in South Africa to get young people into work. It is important to reduce inequalities in the country, says Brendeseter to TV 2

The meeting with Nelson Mandela's followers were the first stop of Africa tour, which will take the Norwegian prime minister to three countries in as many days. After South Africa's Malawi trip before the trip ends in Rwanda Thursday.

- The main purpose of the trip is to put extra pressure on the 500 last days of work on the MDGs, Solberg said to TV 2

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**El Pais; Salud materno-infantil: un progreso lento y todavía insuficiente [Maternal and child health: slow progress and still insufficient]**

Anna Lucas

June 30 2014

*Original in Spanish – the below is a rough Google Translation into English*

Input, remember the numbers. Despite progress, millions of women and children suffer and die every day from causes that are easily preventable and treatable: 300,000 women still die during pregnancy, childbirth or the immediate aftermath. 6.6 million children under five die every year.

Progress is especially slow in reducing maternal mortality (Millennium Development Goal (MDG) number five: improving health mother) and neonatal (MDGs Four: reducing child mortality): There has been a reduction in maternal mortality of 47% compared to the level of 1990, an improvement, but too slow when you consider that the target for 2015 was a reduction of 75%. 2.9 million neonates (first 28 days of life) die each year.

Every year there are 2.6 million stillbirths (those who die in the last three months of pregnancy or during labor).

Every day 15,000 children are born and die without being registered. At least 200 million women and girls have access to planning services family to make informed decisions say about the number of children and how to avoid or space pregnancies. Therefore, 15 months met the horizon that marked the Millennium Development Goals (MDGs), we know that MDG 4 and MDG 5 is not met.

In this context and in support of the initiative Every Mother, Every Child, led by the Secretary General of the UN, is celebrated for two days in Johannesburg meeting of the Partnership for Maternal, Newborn and Child (PMNCH, for its acronym in English), where more than 800 world leaders and health experts are discussing strategies to promote and accelerate improvements in maternal health, neonatal and infant and review new data.

The report released today on the Countdown 2015 initiative, which measures levels of coverage of health interventions proven to reduce maternal, newborn and child mortality, shows that large differences persist in the 75 countries that account for most maternal and infant deaths. Thus, more than half of mothers and children belonging to the poorest 20% of the population in those countries,
receives only two or fewer of the eight basic interventions considered for the prevention or treatment of the most common causes of death maternal and child, such as vaccines, professional delivery care, treatment of pneumonia and diarrhea, or access to family planning. By contrast, in almost all countries of the Countdown 2015, the vast majority of women and children from wealthier population groups receive most or all of these eight key interventions. It is encouraging to see that some countries like Bolivia, Cambodia and Niger are beginning to expand the coverage of these interventions programs for disadvantaged populations. An indispensable approach if you want to achieve real progress in reducing inequalities. To combat this inequity, especially manifest and that impedes progress in the field of maternal and child health, is high on the agenda of the conference.

Moreover, in the PMNCH Forum are also producing commitments financial support and political support for the implementation of the new plan of action for neonatal health Every Newborn Action Plan, promoted by WHO to establish a roadmap to 2035 to improve health maternal and newborn, also in the framework of Every Mother, Every Child, through cost-effective interventions neonatal care, improved health systems and promote research to produce new, effective and affordable interventions for pregnant women and infants.

In her first public appearance after the death of Nelson Mandela, Graça Machel, president of PMNCH, said: "Although the world has made remarkable progress in improving health and enhancing opportunities in the past 14 years, women and children still do not have adequate coverage. We must ensure that all women, adolescents, children and infants, no matter where they live, are able to exercise their rights to health, education, and realize their potential."

The General Assembly of the United Nations in September will be the next event in which continue to advocate that the development framework arising post-2015 health and rights of women and children not only remain on the agenda but are addressed as a priority.

Europa Press (Spain): UNICEF denuncia que un millón de niños muere cada año en sus primeras 24 horas de vida y pide al mundo que se involucre [UNICEF claims that one million children die each year in its first 24 hours of life and asks the world to get involved]
2 July 2014.
Original in Spanish – the below is a rough Google Translation into English

Over 2.9 million babies die each year in their first month of life and a million, do not survive the first 24 hours, according to UNICEF data presented Wednesday at the Forum in Johannesburg that has submitted a plan global action for the world to be involved in maternal and child health.

Although the number of deaths of children under five has fallen worldwide - over 12 million in 1990 to 6.6 million in 2012 - the mortality of newborns has stalled, and now represents a lower percentage higher than in 1990, from 33 to 44 percent.

The Action Plan, developed between UNICEF and the World Health Organization and hosted by the former first lady of South Africa and promoter of children’s rights Graça Machel, seeks to address this gap by establishing a roadmap for governments and posing innovative ways to strengthen the strategies of health sector.

One of the key recommendations of the Plan is the inclusion of children with indicators of different countries. The nearly 3 million newborns who die and 2.6 million are born and dead, are usually
absent in the statistics of their countries. Neither his birth nor their deaths are recorded, so there is little accountability for their lives.

According to UNICEF, the implementation of the Plan could reduce 70% of neonatal deaths, but it depends on the will of governments. However, the UN agency are optimistic, because the plan includes the methods they used in some countries have very positive results.

"For example, in Rwanda there has been during the last 10 years the highest rate of reduction of child mortality in sub-Saharan Africa. If we use the same methods worldwide, in 2035 a child born in Cameroon have the same chances of survival that a child born in the United States," said the head of global health programs UNICEF, Mickey Chopra.

For senior adviser to UNICEF on maternal and newborn Kim Eva, "countries should take the lead to ensure that simple these measures and proven to promote newborn survival was running locally. This will ensure every mother and every baby, even those living in remote communities can receive the quality care they need to help them survive," said.

In recent weeks, governments, civil society and the private sector have made commitments to support programs for newborns, as contributions of half a million dollars from the United States, Canada, the Bank Islamic Development, Johnson & Johnson, GSMA, the Bill and Melinda Gates Foundation, and others.

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ISGlobal (Spain): Forum to Accelerate Further Improvements in Maternal, Newborn and Child Health
Anna Lucas
1 July 2014

Despite improvements in women’s and children’s health over the last decade, women in developing countries still face significant health inequities in terms of access to and quality of care. Almost 300,000 women die of pregnancy- or childbirth-related complications every year, and close to three million newborns do not reach their second week of life. These inequities, together with strategies aimed at accelerating further improvements in women’s and children’s health, were analysed at the 2014 Partner’s Forum of the Partnership for Maternal, Newborn & Child Health (PMNCH) held in Johannesburg, South Africa on June 30 and July 1.

On the first day of the forum, Dr. Clara Menéndez, Director of ISGlobal’s Maternal, Newborn and Reproductive Health Initiative, and Khatia Munguambe, social researcher at the Manhiça Health Research Centre (CISM) in Mozambique, participated in the parallel session entitled "Better data for better policy making, programming and accountability." As Clara Menéndez explained, "Millions of people are born and die outside health facilities, without being registered, and less than 3% of the almost 7 million under-5 deaths are medically certified." She added that many health programmes and policies were designed and implemented on the grounds of estimations and stated that one of the best ways of bridging the equity gap was to improve the collection of data on maternal and child morbidity and mortality.

The 2014 Partner’s Forum brought together over 800 world leaders and health experts, including academics, researchers, donors, health professionals, and representatives of multilateral organisations, nongovernmental organisations, associate countries, and the private sector. The
The Conversation (UK): Women’s groups save mothers and babies
Audrey Prost
2 July 2014

Gadagadei village, in the state of Odisha, is inhabited by Juangs, one of a number of tribal groups in India that are counted as being particularly vulnerable. It is remote, surrounded by forests, and has poor communication and transport links. With limited access to services, Gadagadei village – and many others like it – has suffered the death of newborns and mothers who might otherwise have been saved.

Not all strategies to prevent newborn deaths have to be high-tech. Community interventions that promote simple preventive practices and encourage families to seek treatment at the right time are just as important. Early and exclusive breastfeeding, keeping babies warm, and taking prompt action when faced with a health problem, for example, can make all the difference. Postnatal home visits and participatory women’s groups have been so successful in cutting maternal and newborn deaths that they are being recognised in the World Health Organisation and Unicef’s Every Newborn Action Plan, which renews commitment to reducing newborn deaths and stillbirths.

New impetus is certainly needed: 2.9m newborns die every year, another 2.6m are stillborn, and 289,000 women die annually from complications of pregnancy and childbirth. Most of these deaths occur in low and middle-income countries and, crucially, most can be prevented. Progress has been steady but slow: mortality in children under five fell by almost a half between 1990 and 2012, while mortality in newborn infants fell by 37%. And many of these deaths occur among the poorest families in rural settings like Gadagadei.

A series of studies in India, Bangladesh, Pakistan and Ghana have shown that postnatal visits can reduce neonatal mortality by supporting families to adopt essential newborn care practices and linking them with health facilities when required. And Gadagadei village was one of the villages included in a randomised controlled trial of participatory women’s groups led by Ekjut (in India) in partnership with University College London.

These groups involve a cycle of meetings supported by a female facilitator, in which women identify and prioritise common maternal and newborn health problems, decide on locally appropriate strategies, before putting them into action and then evaluating the results. In the case of Gadagadei, maternal malaria and low birth weight were two key problems facing the mothers and babies.

Once they had identified these problems, they mobilised the community to fill in small bodies of stagnating water where mosquitos could breed, and conducted peer education to encourage community members to sleep under bednets. They created a childbirth fund to pay for transport and treatment in the event of an emergency, such as when a woman became infected with malaria. They established a village drug depot, so that group members and other women could access drugs to prevent malaria, and other drugs such as iron tablets and oral rehydration solution, to address its consequences.

The group also recognised the role of nutrition in preventing the birth of small babies and ensuring good growth. Members established a collective kitchen garden, where they grew seasonal fruits and
vegetables for consumption by pregnant women and new mothers. Men also began attending the women’s group meetings. This led them to understand that pregnancy and childbirth were not necessarily only women’s concerns, and to them showing their support by volunteering to perform in a street play about the issue to the entire village and outside visitors.

Initially women in the Gadagadei village group didn’t show much interest in attending because they were busy with daily chores. Discussions about mother and child health were thought unimportant because problems in pregnancy and childbirth are considered routine. But eventually, they began to realise just how many lives could have been saved.

Through collective problem-solving and action, these types of groups have been able to bring down newborn deaths in Gadagadei and many other villages, showing that women are not just passive recipients of health messages, but that their active engagement can make a real difference to survival.

This is backed by research conducted by a number of organisations linked here and over the past decade in places including Nepal, Mumbai, Bangladesh, and Malawi. This has shown that in rural areas where more than 30% of pregnant women attended group meetings, newborn deaths fell by 33% and maternal deaths by 49%.

UCL research estimates that with at least 30% of pregnant women participating, such groups could prevent an estimated 36,600 maternal deaths and 283,000 newborn deaths if scaled up in countries with medium to high mortality rates. Reaching every mother and every newborn starts with a plan, and women must be at the centre of it.

Thanks to Suchitra Rath and Nirmala Nair (Ekjut) for sharing the story of Gadagadei village. The research described in this article was led by the Perinatal Care Project (Bangladesh), MIRA (Nepal), Ekjut (India), SNEHA (Mumbai, India), MaiMwana and PACHI (Malawi), in collaboration with UCL.

Guardian: **Mandela's widow, Graça Machel, speaks of her loss for the first time**
David Smith
27 June 2014

She talks of their love, her grief and how she censored the media so he would not read bad news about his beloved ANC

As Nelson Mandela's coffin was slowly lowered into the ground in the hills close to where he grew up, his widow, Graça Machel, crumpled with grief. There would, as is customary, be six more months of mourning. But on Friday, Machel broke her silence to describe the pain of losing her "soul mate" and "best friend".

In her first interview since Mandela's death last December at the age of 95, Machel spoke of his "peaceful" last moments and expressed gratitude to the world for its outpouring of support. She also revealed how in recent years she censored his TV and newspaper reading to protect South Africa's first black president from bad news that could have led to disillusionment with the direction of his beloved African National Congress (ANC).

"If you can imagine how millions of people felt this sense of loss, then you can imagine what it means for me," Machel, 68, told the Guardian. "That huge presence, filling every detail of my life, every detail of my life full of him. And now, it's pain, it's emptiness and it's actually searching now – at a certain point you even search yourself, who I am now after this experience. It's like something
has changed inside you as well. Of course, you don't go through this kind of experience and you remain exactly the same.

"So when I say I'm searching who I am, it's that kind of reconnection with the person I was before, the person who went through that experience which is fulfilling, but also it is now painful. And now to reconnect and say what next, what am I going to do, how am I going to be part of the thousands of millions of people who are trying to work for a better world. I'm still in that process, actually. The grieving for him is still going to be with us for I don't know how long."

Machel looked composed as she spoke in a book-lined room at Johannesburg's Saxon Hotel, a luxury oasis where 20 years ago the anti-apartheid hero sought sanctuary to finish his autobiography, Long Walk to Freedom. Speaking of Mandela, she slipped between the past and present tense. The official mourning period now over, she will throw herself back into frontline activism on Monday at the Partnership for Maternal, Newborn and Child Health Partners' Forum. Children's health was a cause close to Mandela's heart. Asked if he was pained by media reports of violence against children in South Africa, Machel replied: "Let me be honest with you. From certain years to now, I protected Madiba [his clan name] against that. I didn't want him to be aware of all the things which were happening because, knowing him, he would be really aggrieved, he would suffer, but he wouldn't be able to do much.

"So why, after he has given so much, why? When there were things which were really outrageous in newspapers like babies being raped, etcetera, etcetera, I would find a way to remove the newspapers from him."

The biggest disaster since Mandela's retirement after one presidential term in 1999 was the police massacre of 34 striking mineworkers in 2012, the subject of an continuing commission of inquiry. Machel reflected: "We were already in a period where he would be well and unwell. He did see, he was aware that it was happening but not in its depth, and again I want to take the blame and whoever wants to castigate me for that, because I didn't want him to get into that purpose, no.

"Sometimes it would be three newspapers we'd remove, sometimes it was TV; I would screen the news to know what I should let him see this and not see that, because I just felt it was time for us to protect him and to give him peace."

Machel noted that the ANC "changed him" and "made him" and he was forever loyal to the party. Asked if he lost faith in its current leaders, she answered: "That's what I'm trying to say: we protected him. At a certain point Madiba was not aware of things, not because he wouldn't want to, but because we didn't want him to be engaged so it doesn't disturb him unnecessarily because at that time he wouldn't be able to engage."

Last year president Jacob Zuma and other ANC leaders were criticised for visiting a palpably ailing Mandela and posing for the cameras. Machel reflected: "The moment was not right, and because those who have seen the pictures, it was clear he was not communicating with them. So it was not right to expose him to that kind of a situation."

Mandela's second marriage to Winnie Madikizela-Mandela did not survive his 27-year incarceration during the struggle against apartheid. Soon after, the lonely president began to woo Machel, a former education minister in Mozambique, and even enlisted the support of archbishop Desmond Tutu. They married on his 80th birthday in 1998; she was 27 years his junior.
The last few years of his life saw increasingly frequent hospitalisations and attendant media frenzies. Maintaining a constant vigil, she appreciated the public goodwill. "Very few people living in the world will have been showered with so much love, like Madiba. We experienced that outpouring of solidarity and love and support while he was still sick, and that has helped us to carry on and to feel that no matter how he could be unwell, the world was holding him up in its hands.

"It was really very comforting. Madiba was being informed, I want people to know. As much as I could, I would inform him of letters, of SMSs, and when people would come outside our house and they would leave those messages in stones, I would make sure that at least part of it I'd tell him about. So he felt connected, he felt still part of the world during that period while he was still sick."

Close friends said Machel and Mandela's previous wife Winnie Madikizela-Mandela were both at his bedside when he died. Machel declined to elaborate, saying only: "It was peaceful, yes, definitely. It was peaceful, and that's all I am prepared to share."

"Because Madiba was sick for a long time, his passing was not a surprise, but believe me, there's no such thing as saying I saw it coming. No. When the moment comes, it's there and you start the journey absolutely as one, two, three, five minutes until you get the days. There's nothing which prepares you even if you know your beloved one is sick. Nothing prepares you for the pain of seeing him passing."

Not even being widowed once before: her first husband, Mozambican president Samora Machel, died in a plane crash in suspicious circumstances in 1986. She is the only person in the world to have been first lady of two countries. "If someone believes in destiny, it's the destiny of my life that I was loved and I loved two extraordinary human beings.

"It's different experiences. Every single person is different, so there's no way I can say, 'Oh, I've gone through this. I knew already'. Every experience is unique and you go through it the moment in circumstances and feelings which are new and fresh for that specific moment. There's no thing of saying, 'I knew it already'."

This time Machel drew strength from the legions of South Africans who gathered and sang songs and lit candles outside the couple's home in Johannesburg. "There are things which I couldn't witness because I was so overwhelmed with my sense of loss, the magnitude of loss." But I know from what I have been told that from all over the world, actually every TV station, every newspaper talked about him, mostly celebrating his life. If Madiba would have been there, and knowing who he is, he would have said thank you to all those who showered him with love, and because he can't say it, I want to say it on his behalf.

"Having this double feeling: the loss and the pain, but at the same time the warmth of people to sustain us. So please, through your newspaper, say on my behalf, on behalf of our family, thank you. We don't take anything for granted. We know it took a decision and it took feelings to express the way people did."

Machel declined to comment on recent claims that Mandela's relatives tried to freeze her out of his memorial service arrangements. She says she is grateful to the Mandela family for ending the mourning period at six months so she can return to work, starting with next week's global summit on maternal and child mortality in Johannesburg.

Of the five continents of the world, Machel notes, Africa is the one that will not meet the millennium development goals in child and maternal mortality. "Attitudes have to change, institutions have to
be sharpened, resources have to increase, and changing this thing of 'business as usual' because the attitude of 'business as usual' is the one which led us in these last 15 years not to achieve much."

Such progress, and a planned children's hospital, which she describes as Mandela's "last wish". Only once during Friday's interview did emotions threaten to overcome her: "Ever since you have seen me with Madiba, we always walked hand in hand. There hasn't been any moment where we were together we wouldn't hold each other's hand. That was the best of moments. Whether it was in privacy, whether it was publicly, it was that kind of connection of communication which we had together.

"I don't want to go into details but I just want the world to remember this is a man with whom, at least for 12 years before he fell sick, I walked hand in hand. Second, when we were relaxed, whether it's in public or whatever, there was always a broad smile on his face. And that's the comforting thing that we were there together. We shared so many moments of laughter and that human connection was very special, and to be honest that's what I miss now. This is what I miss."

PharmaTimes Online: New US filing for GSK/Theravance's Breo Ellipta
Seline McKee
30 June 2014

GlaxoSmithKline and Theravance are seeking approval in the US to market their COPD inhaler Breo Ellipta (fluticasone furoate/vilanterol) for patients with asthma as well.

The drugmakers said they have filed a supplemental New Drug Application with the FDA for the inhaled corticosteroid/long-acting beta2 agonist as a treatment for asthma in patients aged 12 years and over.

Despite medical advances, more than half of patients with asthma continue to experience poor control and significant symptoms, and the firms will be hoping that their product will help address some of this unmet need, while giving sales a nice little boost at the same time.

US officials issued Breo Ellipta with a green light in May last year for the long-term, once-daily, maintenance treatment of airflow obstruction and for reducing exacerbations in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema, while in Europe it has been approved (as Relvar Ellipta) for both asthma and COPD.

GSK/Save the Children award
In other news at GSK, the drug giant and partner Save the Children launched their second annual $1 million Healthcare Innovation Award at the Partnership for Maternal, Newborn and Child Health meeting in South Africa.

The award was set up to identify and reward innovations in healthcare that have proven successful in reducing child deaths in developing countries.

Every year 6.2 million children worldwide are still dying before their fifth birthday, and GSK and Save the Children's ambitious partnership - announced in May last year - aims to save the lives of one million children in some of the world's most vulnerable communities.
Telegraph: Nelson Mandela's widow Graca Machel breaks silence on husband’s death: ‘He was my best friend, my guide
Aislinn Laing
27 June 2014

Graca Machel pledges to dedicate her life to pursuing shared dream of building a children’s hospital, in first public words since Nelson Mandela's death

Graca Machel, Nelson Mandela’s widow, has spoken publicly for the first time since he died, saying that she had lost her “soul mate, best friend, beloved husband and guide” but pledging to dedicate her life to pursuing their shared dream of building a children’s hospital for patients from across southern Africa.

Mozambican Mrs Machel was the third wife of Mr Mandela, also known by his clan name Madiba, marrying the then president on his 80th birthday in 1998, two years after his divorce from long-term wife Winnie Madikizela-Mandela.

She has been out of the public eye for six months since his death in December following a long period of respiratory illness, but said in a statement released by her eponymous trust that she will resume her public duties on Monday.

“In December 2013, Madiba passed on and South Africa lost its father of democracy and leader, and the world lost an internationally respected icon,” she said.

“I lost my best friend, beloved husband, and guide. I have been deeply touched and comforted by the affection shown towards my family and I since Madiba’s illness through to the present moment.

“I would like to thank our family, friends, and the people throughout the world who gave me love and support during these difficult times.”

She said she planned to honour her husband’s memory by pursuing their joint objectives to fight for children’s and women’s rights.

“I was fortunate that in Madiba I found a soul mate and a fellow advocate for children and women’s rights,” she said. “I am inspired by his rich legacy that promotes justice, compassion, and solidarity,” she said.

“Children were very dear to Madiba and his last wish was to build the Nelson Mandela Children’s Hospital. This is my dream too and I wish it can be realised in my life time.”

Construction of the hospital has been long-delayed by funding struggles, and there have been reports of incompetence and mismanagement of its implementation. But Mr Mandela’s death in December appears to have prompted more donors to come forward and construction is expected to begin on Monday, to be completed in the first quarter of 2016.

When up and running, the hospital will employ around 150 doctors and 451 paediatric nursing professionals, the trust overseeing the project has said.

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Associated Press: UN and partners ask for more money to save mothers despite little proof the strategies work

Maria Cheng
30 June 2014

LONDON — In the past decade, billions of dollars have been spent trying to save the lives of mothers in developing countries using strategies — usually inexpensive drugs — deemed essential by the U.N. health agency.

Yet two large analyses of maternal health programs— including one conducted by the U.N. itself — report that the efforts appeared almost useless, raising troubling questions about why all that money was spent.

However although some critics are calling for the pricey global initiatives to be significantly overhauled, maternal health programs are still being implemented despite little proof they work, the reports suggest.

The practices mainly involve things like ensuring women giving birth get cheap drugs such as magnesium sulphate to treat labour complications or pre-emptive antibiotics for those getting a cesarean section.

Even public health officials acknowledge they were taken aback by the studies.

“Nobody could have been more surprised than I was when we got the results,” said Dr. Omrana Pasha of Aga Khan University in Pakistan, who led a study of maternal health interventions in six countries in Latin America, Africa and Asia.

“In clinical medicine, we would not prescribe a drug unless multiple trials show that it works,” she added. “The FDA won’t allow a drug to be marketed without that evidence. But things are different in public health.”

At an international meeting of U.N. partners starting Monday in South Africa, health officials are getting ready to ask donors for even more money to pour into maternal health programs. Since 2009, the U.S. has invested more than $13 billion in maternal and child survival, hoping to save lives by supporting “high-impact” health interventions.

According to the research papers, including one done in 30 countries that tracked more than 300,000 women, scientists found no link between the supposedly life-saving interventions and the death rates of women giving birth. Areas that used the interventions didn’t have better survival rates for mothers than areas that didn’t.

The two papers published last year are the biggest to assess the effectiveness of maternal health strategies, although smaller studies have previously suggested the methods help. But they gained little traction, perhaps because there doesn’t appear to be an easy fix.

Prime Minister Stephen Harper has made maternal and newborn health a major focus of Canada’s foreign aid. He hosted an international conference on the subject this spring where he pledged an additional $3.5 billion over five years toward the government’s initiative.
A spokesman for the prime minister said he can’t comment directly on the reports because he had not read them, but said there had been “real, concrete results” achieved since Harper launched the Muskoka Initiative, with funding of $2.8 billion, at the G8 summit in 2010.

“Canada is well on its way to achieving our goals under Muskoka,” said Jason MacDonald.

“Our (initiative) will save the lives of 1.3 million children and newborns, as well as more than 60,000 young mothers.”

Experts, meanwhile, are largely stumped as to why their methods failed to prevent deaths.

“We assume that if women get these things, they will be saved. But it’s too simple to say one plus one equals two,” said Dr. Marleen Temmerman, director of WHO’s maternal health department.

She isn’t convinced the interventions don’t work. She suspects there were problems implementing the strategies.

“Maybe the health facility has the medicine, but the man who has the key to the cupboard is gone,” she suggested.

Temmerman also said it would be dangerous if donors abruptly slashed their support for maternal health initiatives.

“The message is not to stop investing, it’s to invest money more wisely,” she said.

Some experts said existing plans should be adjusted.

“These essential interventions are important but they are not enough,” said Sandrine Simon, a public health adviser at Doctors of the World charity. “This is about more than buying the right medicines.”

But others said major changes were required to save more women.

“We need to be more honest and serious about past failures otherwise we will keep making the same mistakes,” said Bill Easterly, an economist at New York University. “It’s not just the fault of countries receiving aid who aren’t implementing the technology properly, it’s the fault of Western aid agencies and donors who are not trying hard enough to get it right.”

With files from The Canadian Press

Huffington Post: Integrating Health Care Systems to Save Lives
Dr. Chewie Luo
30 June 2014

Benta and Ezekiel Awino have brought their 9-month-old baby, Ronny, to Rongo District Hospital in Western Kenya for an HIV test. Here, Benta, who is living with HIV, has received quality care throughout her pregnancy. Now, both she and her baby return to the same center for follow up appointments to receive services to address the gamut of health concerns common to the region, including malaria, TB, HIV and malnutrition.
This kind of integrated health care model is only now becoming the norm in the district. Up until recently, families like the Awinos, who are living with HIV, went to one facility for HIV care and treatment, another facility for prenatal care, another clinic for their baby's routine health and yet another clinic for any illnesses.

As a result, a child who was not thriving because of underlying HIV and was presented at the sick baby clinic was unlikely to be tested because the facility was not an "HIV" clinic. Keep in mind, the journey to the clinics is almost always arduous, and the likelihood that women return, or come at all, cannot be taken for granted.

Healthy women and healthy babies build healthy communities. We all know this. But we also know that many of the systems in place to keep women and children healthy are fragmented and don't adequately address the needs of those they are built to serve.

These are the glaring inefficiencies/gaps we are considering throughout the forum of the Partnership on Maternal, Newborn and Child Health in Johannesburg at the end of this month.

Simple solutions to align what we are calling "service delivery entry points" within larger systems could make a huge difference to mothers, to the health of children around the world, and, in turn, to a more productive society.

Integrated packages of care save lives by strengthening systems to identify and address potential problems and intervene early. Combining focused interventions for women and their children in the same place, through reproductive, maternal, newborn and child health services as well as infant feeding/nutrition and early childhood services for example, can address critical gaps and create synergies in service delivery. Such interventions include those that relate to HIV, TB, malaria, syphilis, pneumonia, diarrhea and malnutrition.

The Double Dividend is one example of an initiative designed to improve maternal and child survival by aligning reproductive, maternal, newborn and child health services, as well as nutrition and HIV-related services. Infants born to untreated HIV positive mothers, whether HIV infected or not, can have a higher risk of dying than infants who are not exposed to HIV, just as untreated HIV positive pregnant adolescents and women have an increased risk of dying in pregnancy or child birth.

Women when pregnant are much more likely to visit a clinic for ANC, just as infants do for immunization and sick visits. We need to seize these precious opportunities to care for the children and their mothers holistically. There are multiple opportunities to improve linkages between maternal, newborn and child health services to address key diseases and conditions including by:

- linking staff training for various services to integrate service delivery and management;
- interconnecting public information about services;
- using many different types of services as opportunities to reach families; and
- promoting community outreach and support systems.

This not only will save lives like those of Benta and Ronny, it will also save money. The goal is to yield benefits in terms of the health of both mothers and their children through high quality and efficient interconnected systems which promote human rights and accountability.

No matter how you look at it, this way ahead is a win win.
Each of us has a role to play in helping to save newborn lives. Here’s why I believe it’s important, what some of us are doing about it, and how each of us can help.

Neonatal deaths account for 44 percent of under-5 mortality. Although we have seen incredible success in bringing down under-5 deaths, neonatal mortality rates have declined at a slower pace. This is in part because the leading causes of newborn mortality are sometimes harder to diagnose and treat than leading causes of mortality in older children under age 5.

This week, USAID is joining a global movement to give newborns a fighting chance to survive and thrive during the most perilous period of life -- during delivery and the post-natal period when prematurity, asphyxia and infection pose grave threats to their survival. Action to prevent newborn deaths is a vital element in all we are doing to end preventable child and maternal deaths -- and helping to save newborns helps us to save moms, and can enable these fragile beings to become healthy children.

For more than a year, USAID and our partners have developed the Every Newborn Action Plan, which was endorsed at the World Health Assembly in May and will be launched today at the Partnership for Maternal, Newborn and Child Health Forum. This is the first plan to unite the global community around progress toward newborn health outcomes -- it is both a historic moment and opportunity. The plan outlines a practical strategy to address newborn mortality and identifies tactics and milestones for the global community to support national and local plans and action.

This is a very exciting next step in saving the 2.9 million babies that die every year during their first month of life, and helping to avoid 2.6 million stillbirths per year.

For the past decade, USAID has played a significant role in advancing development policies, practice and strategy for newborns through collaborative research and programming to address the major drivers of mortality. Let me tell you a little more about this, and about how partnerships with governments, private sector, and other actors are helping to drive transformational results.

Through research, USAID demonstrated the efficacy of training health professionals to manage asphyxia, a leading cause of newborn mortality. The World Health Organization (WHO) estimates that 700,000 newborn babies die each year from intrapartum complications, including birth asphyxia, the inability to breathe immediately after delivery. USAID, through a public-private partnership, is supporting the implementation of this approach in 24 partner countries by rolling out training and implementation research. Learn how Helping Babies Breathe and innovative equipment -- like the NeoNatalie training simulator, bag and mask resuscitator and "penguin" suction blub -- are driving down neonatal mortality in Malawi.

And the Agency supported scaling up of chlorhexidine (CHX) in Nepal. CHX, a very low-cost antiseptic, is used to prevent umbilical cord infections in newborns, a leading cause of newborn mortality. Cutting the birth cord with unsterilized instruments, and the application of substances
such as ash, oil and cow dung by traditional birth attendants or family members, increased risk of cord infection and death.

USAID partnered with Nepal's Ministry of Health and Population to bring chlorhexidine to newborns in nearly all of Nepal's districts. At 23 cents per dose, the drug is a scientifically proven innovation that has been shown to reduce up to a third of newborn deaths. The recent World Health Assembly resolution reflects many years of work by USAID and others to advance global-level policy and inspire country-level action.

This is the second research product USAID has guided through a managed research-to-use process. The first product, oral rehydration solution and zinc, has been used as a treatment for diarrheal diseases in more than 20 USAID-supported countries. Working with the partner governments, the chlorhexidine working group and other partners, product introduction for CHX is anticipated in at least 10 countries by 2016.

To complement the strong evidence available on the impact of facility-based Kangaroo Mother Care (KMC), USAID is currently evaluating the feasibility of implementing community-based Kangaroo KMC, as an extension of supervised facility-based KMC, to help babies born with low birth weight survive. Babies who are born small are around 20 times more likely to die compared to babies who have higher birth weights; and around one-third of low birth weight babies die within the first 12 hours of delivery. Since many deliveries take place at home in partner countries, community kangaroo mother care teaches mothers and other caretakers how to practice prolonged skin-to-skin contact and provide exclusive breastfeeding while they are in their home.

And USAID is advancing simple actions, such as hand-washing with soap, that can make a drastic difference in ending preventable newborn deaths. Together with Unilever, USAID has developed a communication package to promote hand-washing with soap among caretakers of newborns.

During the Acting on the Call forum, co-hosted by the Governments of Ethiopia and India in collaboration with UNICEF and the Bill & Melinda Gates Foundation, USAID and other partners announced several new commitments to improve newborn survival.

USAID, the American Academy of Pediatrics, and pediatric associations of Nigeria, India, and Ethiopia announced the Helping 100,000 Babies Survive and Thrive partnership, a new initiative aimed at saving at least 100,000 newborn lives each year in partnership with Laerdal Global Health, Johnson & Johnson, the Government of Norway, and the Bill & Melinda Gates Foundation. This is an expansion of the Survive and Thrive Global Development Alliance, which was announced at the 2012 Call to Action.

Tore Laerdal, managing director of Laerdal Global Health and executive director of Laerdal Foundation, announced a commitment of $55 million in support of USAID's public-private partnerships, including the new Helping 100,000 Babies Survive and Thrive, and other partners' efforts to end preventable newborn and maternal deaths.

It's thanks to the passion and commitment of all these organizations and people that we can aspire to end newborn and child deaths in a generation. Please help us by joining us with your voice and your action.
The world seems to keep getting worse -- every day, the news tells us shocking stories of violence, brutality and war. And the truth is, we often blame young people for these seemingly insurmountable challenges. We blame terrorism on the unemployed young men who become radicalized extremists. We blame poverty on the uneducated young women who become pregnant and give birth to babies they can’t afford.

If you believe the news, the world's biggest problem is young people. There are currently over 1.8 billion young people in the world, with 88 percent of all adolescents living in poor countries (UNICEF 2012). Too many of these young men and women are uneducated, unemployed, and unable to access basic health services and information.

The world's biggest problem certainly is young people, but not in the way you might think. The world's biggest problem is this -- we as a global community have failed to provide young people with the basic tools and resources they need to thrive, much less create a better world.

Young people are too often denied the basic sexual and reproductive health services and information they need to protect themselves from unwanted pregnancy, sexually transmitted infections, and HIV/AIDS. And the consequences are devastating.

Worldwide, 39 percent of new HIV infections occur among 15 to 24 year olds (UNAIDS 2013). More than 16 million adolescent girls give birth every year, and childbirth is the top killer of girls ages 15 to 19 (WHO 2012). Far too few young people have access to quality family planning, safe abortion services, and the comprehensive sexuality education they need to live healthy and productive lives.

The David and Lucile Packard Foundation and the Public Health Institute are working to change these devastating realities. We have partnered to launch the Youth Champions Initiative -- an exciting new initiative to advance innovation and quality in the field of sexual and reproductive health and rights globally. In honor of the Packard Foundation's 50th Anniversary, the Youth Champions Initiative (YCI) will invest in visionary young champions who will lead the sexual and reproductive health and rights movement for the next generation.

The Youth Champions Initiative believes in the power of young people to create a better world. YCI's innovative incubator-style model will invest in youth champions -- enabling them to strengthen their leadership, develop their skills, and create innovative new strategies to improve sexual and reproductive health and rights in their countries.

We are thrilled to launch the Youth Champions Initiative during the Partnership for Maternal Newborn Child Health Partners Forum and the Healthy Women and Children +SocialGood event in Johannesburg, South Africa. During this global convening, more than 800 government leaders, civil society advocates and donors will discuss strategies to improve maternal and child health outcomes, highlighting the importance of investing in young people.

My hope is that the outcomes from Johannesburg reflect an important truth: Young people are not the world's biggest problem. If we let them, young people will be the world's most powerful solution.
Fifteen years have passed since a husband and wife team in western India challenged the notion that the deaths of thousands of mothers and millions of babies during pregnancy and childbirth are inevitable in poor and remote communities.

Drs. Abhay and Rani Bang trained a battalion of local women to deliver lifesaving care to mothers and newborns who had little access to doctors or hospitals. Their paper published in 1999 in the prestigious medical journal, The Lancet, recorded that the interventions delivered by these community-based health workers led to a 62 percent reduction in newborn mortality in only three years. Since then, more evidence has been generated suggesting that up to 75 percent of maternal and newborn deaths are preventable -- most without intensive care.

Today babies in some of the world's poorest, most remote communities are being saved through the use of low-tech interventions, such as a low-cost, hand-held device that can resuscitate babies who are not breathing at birth or an antiseptic gel that can prevent deadly infections when applied to the umbilical cord immediately after birth.

These interventions -- and a number of others -- have the potential of saving 1.9 million newborns and 158,000 mothers a year, while also averting 800,000 stillbirths, according to the latest estimates published in The Lancet last month. But the problem is this: So far no country in Africa or South Asia -- where 80 percent of maternal and newborn deaths take place -- has succeeded in delivering these high-impact, cost-effective interventions nationwide. Yet, based on the work of the Bangs and others, we know that these lives CAN be saved.

Without these interventions reaching every woman and every newborn, many deaths happen needlessly each year. But that may be about to change.

Last month, when the World Health Assembly met in Geneva, health ministers from around the world took the historic step of making maternal and newborn health and stillbirths a top global health priority. The health ministers approved the Every Newborn Action Plan (ENAP), a roadmap to help countries sharpen their plans to reduce stillbirths and maternal and newborn deaths.

Even more importantly, many countries, including India, Bangladesh, Nepal, Ethiopia, Uganda and Malawi have already taken steps to change health policies that will help ensure that proven newborn interventions are made more widely available. In Ethiopia and India, for example, trained personnel at community health posts are now allowed to use injectable antibiotics to treat severe newborn infections when a hospital referral is not possible. In both countries severe infections are among the leading killers of newborns.

Increasing access and use of such interventions, especially for those that have not been reached, will help ensure that the reductions in newborn mortality start to catch up with great global declines we've already seen in deaths to children after the first month of life. Currently, babies who die within the first month of life account for almost half (44 percent) of all deaths of children under age 5.
On Monday, ENAP will be launched with great fanfare in Johannesburg, with many notables and agencies including Save the Children joining in a global call to action.

Hopefully, this will mark the beginning of one of the world's greatest health crusades in history -- ending preventable deaths of mothers and newborns and stillbirths within our own lifetime.

Amanpour on CNN: Graça’s grief: ‘There were times where I would wake up and I wouldn’t know what to do’. Mick Krever 30 June 2014

Graça Machel, in her first TV interview after six months of mourning for her late husband, Nelson Mandela, told CNN’s Christiane Amanpour on Monday that she still has not grappled with the full meaning of “this huge loss.”

“I have to tell you that there were times where I would wake up and I wouldn’t know what to do,” she said. “Somehow he would expect me to carry on.”

“During the time of his active live, we knew that people loved him. But it was beyond my imagination to see when he got sick, people who would send us messages, people who would write, people who would pray for him.”

When he died last December, after months of grave illness, Machel did not follow the outpouring of support from around the world.

“I was consumed with my sense of loss. But I have been told that for days, every single TV station, every single radio would be talking about him, celebrating his life.”

“I wanted really to take this opportunity to say thank you. Thank you. And thank you so, so much to every single person – old and young, men and women from all over the world who really took the time to think of him, to celebrate his life, and to send him so much love.”

Sheltering Madiba

In the waning two years of his life, Machel said, she purposefully sheltered her husband from South Africa’s woes.

“I would say he was aware of – about all these things, maybe until about two years back.”

“But I decided to save him, to protect him, from getting involved and knowing in depth what was going on, because he was such a sensitive person.”

Amanpour had asked Machel whether Mandela knew about his country’s “struggle,” such as the “growing inequality” and “oppression against women.”

“How aware,” she asked, “was he that the dream still needed a huge amount of work in order to make it really come true?”

Bringing light to Mandela’s life
Mandela’s long-time personal assistant, Zelda la Grange, told CNN’s Christiane Amanpour last week that it was Machel herself who brought light to Mandela’s life.

“She brought him about to understand or to appreciate the different things in life again – beautiful music, look at the flowers, walking hand in hand in the street early in the morning or late in the afternoon. Ordinary things that we take for granted,” la Grange said.

“Well,” Machel said with a laugh, “Christiane, I’m sure you have fallen in love sometime in your life. And you know what it means? That simple connection, which you have with a human being with whom you have a special affection.”

“After coming out of jail, and with obligations he had as a head of state, it was only when he stepped down where he really began to concentrate on family matters.”

“I think because he was calm, he was not under the pressure of huge responsibility, both of us, we just enjoyed being together, spend time together as human beings. And I think that’s what he enjoyed in the sunset of his life.”

After her period of mourning, Machel is dedicating herself to Mandela’s dying cause. “In the sunset of Madiba’s life, he was confronted with an experience of a child who died because he did not have the qualified services which were required to save this boy,” she explained. “That has enacted in him a real commitment to say we cannot allow this to continue. And that’s when he started to say, we have to build a specialized hospital for children.” She is working now, as chair of the Partnership for Maternal, Newborn, and Child Health to work for women’s’ and child’s health in Africa.

Two of Africa’s greatest Mandela, of course, was not Machel’s only parter; she was also married to Samora Machel, president of Mozambique, who died in a mysterious plane crash in 1986.

“You know, Christiane, these incidents of life, which we never plan for it – it just happens. If you ask me how I ended up being loved and loving these two extraordinary human beings, I wouldn’t be able to explain. But it did happen.”

“So my response to you is really I am humble, and I would like people to expect to see in me more than that rural girl who happened to have some responsibilities in my own country and somehow globally, trying to do my best.”

“But let me tell you something: Personally, they were just my husbands. You can call them – I mean, icon; you can call whatever. But the relationship I had with them, it was the relationship of husband and wife.”

“We shared any detail of life as any other family. ... And of course I draw inspiration in those two human beings. But I’m too small. And I’m not going to try to feel that I have a special responsibility to building their legacy.”

CNN iReport: New scorecard ranks cup contenders on reducing child mortality since 1990
Tareq Salahuddin
Reducing child mortality: Among World Cup countries, Brazil leads in saving children’s lives

A new scorecard of the 32 countries competing in the 2014 World Cup shows that all have made significant progress in reducing childhood mortality since 1990, when the World Cup was hosted by Italy. However, not all countries have progressed equally. This year’s host, Brazil, leads the way with a 77 percent reduction in deaths among children under age 5 since 1990.

The ranking, “Child Mortality: What’s the Score?” is being released in the run-up to the Partnership for Maternal, Newborn and Child Health Partners Forum in Johannesburg, South Africa, on 30 June-1 July. At the conference, global leaders will call for accelerated action to improve the health of children, newborns and mothers everywhere.

“There are two main reasons for the reduction of child mortality in Brazil: expanding access to primary health care and Bolsa Família, the world’s largest cash transfer program,” said Paulo Vicente Bonilha de Almeida, child health coordinator with the Brazilian Ministry of Health. “The National Immunization Program increased immunization rates among Brazilian children, and the National Breastfeeding Policy more than quadrupled breastfeeding.”

Since 1988, Brazil’s constitution has guaranteed its citizens universal health coverage, so that they may access life-saving health services regardless of ability to pay. Bolsa Família provides cash transfers to poor families in exchange for ensuring that children receive vaccines and attend school. Today, for every 1,000 births in Brazil, just 14 children will die before their fifth birthday – down from 62 in 1990.

Tragically, not every country is doing as well as Brazil in saving children’s lives. For example, although Nigeria has reduced child mortality by 42 percent since 1990, it still has the highest rate of child deaths of all footballing nations in the 2014 World Cup. For every 1,000 births in Nigeria, 124 children will die before they reach age 5.

“The World Cup scorecard shows that when governments prioritize child health, dramatic progress can be made,” said Naveen Thacker, president-elect of the Asia Pacific Pediatric Association. “Leaders from government, civil society and the business community must unite to ensure that preventable child deaths are soon consigned to the history books.”

A major challenge to saving children’s lives is that nearly half of all deaths in children under age 5 occur in the first 28 days of life. A prevalent myth is that to save newborns, sophisticated hospitals and intensive care units are needed.

“Simple low-cost solutions could help every country dramatically reduce newborn deaths,” said Professor Zulfiqar Bhutta, co-director of the SickKids Centre for Global Child Health in Canada. “For example, wiping the umbilical cord with a disinfectant reduces deaths by half. Putting the baby onto the mother’s chest and encouraging breastfeeding also help prevent life-threatening infections.”

Voice of America (US): Newborns Face Severe Infections
Joe DeCapua
27 June 2014
A new study estimates that nearly 7-million newborns a year suffer life-threatening infections. Most go untreated. The infections include sepsis, meningitis and pneumonia.

The study, which appears in The Lancet, said most of the newborn infections – about three-and-a-half-million – occur in South Asia. Sub-Saharan Africa follows with more than two-and-a-half-million and then Latin America with 800,000.

Professor Joy Lawn, who oversaw the research, said, “These estimates aren’t just numbers. They’re guiding us to how many babies have these life threatening infections. And where are they and what should we be doing about it?”

Lawn is with the London School of Hygiene and Tropical Medicine and Save the Children. She said, “We know that almost three-million newborns die every year – so babies in the first month of life. And in trying to address those we need top focus on the biggest causes. And neonatal infection – or sepsis – is one of those main causes.”

Prior to the study, she said, little data were available on neo-natal infections around the world. As a result, 65 leading researchers from 46 different institutions were recruited to do the research.

Some infections are caused by viruses. But not as much information is available on those compared to bacterial infections. The infections caused by bacteria usually are treatable with antibiotics. Nevertheless, many go untreated because of a lack of awareness as to how serious they are.

“Around the world we still have around 40-million babies that are born at home. So these women maybe haven’t had care when they were pregnant. Maybe delivering at home in a situation that isn’t clean. And in some cultures women are even taken into the cow shed. You know, the dirtiest place because birth is considered a dirty event, so it should be done somewhere dirty. So, the babies may be exposed to infections straight away,” said Lawn.

And symptoms are not always obvious.

“An infection in a small baby – maybe they have a low temperature instead of a high temperature. Maybe they just go quiet instead of shouting at you like an older child would. So these infections can be missed by parents or even by health workers. So one of the things is just the critical need that health workers are able to asses and identify these complications -- that parents know about what to do - and that we bring care closer to home,” she said.

She said the findings of the study could help guide health program planning for clinical diagnosis and treatment.

Innovation and science could make a big difference. Professor Lawn said infected newborns must be identified, perhaps by developing new rapid diagnostic tests. And they could be treated with newer, safer and easier to use antibiotics.

On Monday, in Johannesburg, the World Health Organization, UNICEF, Graca Machel and others will unveil the Every Newborn action plan to end preventable deaths. The plan calls for 10 or fewer neonatal deaths for every 1000 live births by 2035.
AFRICA (Excluding South Africa)

30 June 2014

ACTION PLAN OUTLINES

ANN: Investments in quality care at birth can save the lives of three million babies and women globally each year. Two point nine million newborns die and there is an additional two point six million stillbirths all over the world. Every Newborn Action Plan, ENAP, at a Partners Forum in Johannesburg, South Africa launched a new global action plan, which outlines strategies to prevent maternal, neo natal and child mortality. Here is a news desk report.

LIB FILE: ACTION PLAN OUTLINES DUR (1:18 )
CUE IN:The Action Plan........
CUE OUT:.........newborn babies.
ANN: That was a news desk report.

REPORT

The Every Newborn Action Plan ENAP, was approved by Ministers of Health from all over the world at the May 2014 World Health Assembly. ENAP brings together, the latest evidence on effective interventions for a clear road map to end preventable still births and newborn deaths. It gives two specific targets for all countries to achieve by 2035. These are to reduce neo natal mortality rates to10 or fewer newborn deaths per 1,000 live births and reduce still births rates to 10 or fewer stillbirths per 1000 total births. ENAP also lays out an interim post 2015 goal, calling for a reduction to 12 or fewer newborn deaths and still births by 2030. Endorsing the ENAP, the Co-chair of the Partnership for Maternal, newborn and child health, Graca Machel said the plan demonstrates that together the vision of a world in which there are no preventable deaths of newborns or still births, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential can be achieved. The 2014 partners forum is expected to announce new financial policy and private sector commitments to save newborn lives.

Ghana Broadcasting Corporation: Global Forum on Maternal & Infant Health Calls for Accelerated
30 June 2014

More than 800 leaders and public health experts the world over are discussing strategies to promote the health of women and children and call for accelerated action to improve maternal, newborn and child health.

The two day landmark program was opened by the Chair of the Partnership for Maternal, Newborn & Child Health, and African Ambassador for Committing to Child Survival in Johannesburg, Graça Machel.

She said though the world has made remarkable progress to improve health and expand opportunities over the past 14 years, there is still much to be done.

Madam Machel said leaders must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education, and realize their full potential.
ANN: More than 800 leaders and public health experts the world over are discussing strategies to promote the health of women and children and call for accelerated action to improve maternal, newborn and child health. The two day landmark program was opened by the Chair of the Partnership for Maternal, Newborn & Child Health, and African Ambassador for Committing to Child Survival in Johannesburg, Graça Machel. She said though the world has made remarkable progress to improve health and expand opportunities over the past 14 years, there is still much to be done. Madam Machel said leaders must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education, and realize their full potential. We bring you the details.

The meeting gives experts opportunities to learn from each other’s successes and challenges, and to identify new approaches on how to promote the health of women and children. Participants will also seek financial and policy support and a range of new resources to the implementation of the Every Newborn Action Plan, ENAP a roadmap to improve newborn health and prevent stillbirths by 2035. Madam Machel said despite improvements, 289 thousand women still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday. She said the world has been slow in improving health outcomes for newborns adding that the ENAP, action plan endorsed by the World Health Assembly in May 2014 will concretise evidence to further reduce preventable newborn deaths and stillbirths. The Assistant Director-General for Family, Women’s and Community Health at the WHO, Dr. Flavia Bustreo, said the WHO remains committed to support countries and work with partners to improve maternal health. He said they are committed to improving the lives of women and children, and the reduction of maternal and child mortality remains a critical area of focus. The Chief of Health at Unicef and Co-chair of Countdown to 2015, Dr. Mickey Chopra, said there are affordable interventions that can work. He said health and well-being of the next generation, and the right of millions of children to live happy, productive lives, is at stake. He tasked delegates at the Forum to ensure that future efforts focus on countries that are making slow progress, and on poor and marginalized populations, including newborns and adolescents is advanced. Political leaders must also work across different sectors including education, skills and employment, water supply and sanitation, nutrition, energy, roads, and women’s empowerment to ensure an integrated approach to improving the health of women and children.

Norwegian Prime Minister Erna Solberg who is also Co-chair of the MDG Advocates Group, and Graça Machel, Chair of the Partnership for Maternal, Newborn & Child Health, have joined world leaders to review progress towards achieving the MDGs on women and children’s health. The meeting identified targets for healthy women and children for the post-2015 sustainable development agenda. These were high lights of the just ended Partners Forum held in Johannesburg South Africa. We bring you the details.

REPORT
The high-level panel of the MDG Advocates is a group of eminent personalities working to focus attention on the need to deliver on the vision of the Millennium Development Goals and to end poverty by 2030.

The Panel discussed several new reports released at the Forum, including the Countdown to 2015 report for 2014, which tracks progress in the 75 countries that account for the vast majority of maternal and child deaths, and the Success Factors for Women and Children’s Health report, which analyzes 10 countries that have made rapid progress toward the MDGs. Prime Minister Solberg said though much progress has been made on the MDGs more needs to be done. She said with less than 550 days to the Millennium Development Goals deadline, time is of essence to scale up efforts on behalf of women, children and adolescents. The leaders called for the new sustainable development agenda to be rights-based, equity focused and to place healthy women, children and adolescents at its core. They also called for the new framework, which will be debated by the UN General Assembly in September, to focus on ending preventable maternal, newborn and child mortality, and to ensure sexual and reproductive rights, including universal access to quality sexual and reproductive services.

The Panel previewed the PMNCH Partners’ Forum Communiqué, which will focus on working across sectors including education, infrastructure and economic development to ensure a comprehensive broad-based approach to improving women and children’s health.

**Ghana News Agency (Ghana): Global Leaders Meet in Johannesburg on Maternal and Child Health**

Linda Asante-Agyei
29 June 2014

Accra, Jun 29, GNA - With fewer than 500 days to hit the deadline for the Millennium Development Goals (MDGs), global leaders are to meet in Johannesburg, South Africa, to analyse the progress made so far.

The 2014 Partners Forum, which spans June 30 - July 2, will identify success factors and outline the remaining challenges the world must collectively overcome to improve the health, education, equality and empowerment of every woman and child.

The forum organised by The Partnership for Maternal, Newborn & Child Health (PMNCH), will witness the launch of a number of new reports, including the “Every Newborn Action Plan”, which was endorsed by the World Health Assembly and provides a concrete roadmap to reduce preventable newborn deaths and stillbirths.

Partners at the Forum will also launch the Countdown to 2015 Report for 2014, which assesses progress toward the maternal and child health MDGs, and the Success Factors for Women’s and Children’s Health Report, which spotlights 10 countries that have made considerable progress in achieving the MDGs.

In addition, the Forum will feature the Africa-focused launch of State of the World’s Midwifery 2014, which highlights progress and challenges delivering live-saving midwifery services in 41 sub-Saharan countries.

Global poverty has since 1990, been cut in half, and more mothers and children are surviving childbirth than ever before. Countries including Nepal, China, Bangladesh, Ethiopia and Rwanda have made significant progress and have provided a blueprint for the rest of the world.
But this progress has been uneven: each year nearly 300,000 mothers still die in childbirth and 6.6 million children do not live to see their fifth birthdays, including nearly 3 million newborns.

Some of the speakers for the forum would be Prime Minister Erna Solberg of Norway, Princess Sarah Zeid of Jordan, World Health Organisation Director-General Margaret Chan, Nigerian Minister of Health Professor Onyebuchi Chukwu, Philippe Douste-Blazy, Special Advisor to the United Nations Secretary-General on Innovative Finance for Development, and Christopher Elias, President for Global Development, Bill & Melinda Gates Foundation.

Ghana News Agency: Action Plan on Newborn Deaths Launched
Linda Asante-Agyei
30 June 2014

Johannesburg, June 30, GNA - A new global action plan “Every Newborn Action Plan (ENAP), has been launched here in Johannesburg to serve as the latest evidence on effective interventions for a clear road-map to end preventable stillbirths and newborn deaths.

The Action Plan, which was approved by Ministers of Health from all over the world at the May 2014 World Health Assembly, brings together the Landmark global action plan outlines strategy, to prevent 2.9 million newborn deaths and 2.6 million stillbirths annually.

To meet 2035 newborn survival goals, more than 90 countries must accelerate progress; of those, 29 countries must more than double current rates of progress in policy and private sector commitments to save newborn lives.

Launching the action plan, Ms Graca Machel, Former First Lady of South Africa and the current Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH) said investments in quality care at birth could save the lives of 3 million babies and women each year who die needlessly around the world.

The forum on the theme “Accelerating Progress; Envision the Future”, builds on two months of high level meetings held in Toronto, Prague and Washington DC, where global leaders and health experts met to discuss strategies to promote the health of women and children.

Over 800 leaders and health experts attending this two-day meeting will discuss steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health and make specific recommendations to maintain the focus on women and children within the post 2015 development agenda.

Participants will also, after the deliberations, pledge their financial and policy support as well as new resources to support the implementation of the new “Every Newborn” action plan, which serves as a road-map to improve newborn health and prevent stillbirths by 2035.

Globally, the world has been slow in improving outcomes from newborns and each year, 2.9 million newborns die within their first 28 days of life, out of these, 2.6 million are stillbirths.

According to the Lancet, 15,000 babies are born and die every day without ever receiving a birth or death certificate.
Again, 3 million maternal and newborn deaths and stillbirths in 75 high burden countries could be prevented each year with proven interventions that can be implemented for an annual cost of only US$ 1.15 per person.

Mr Machel explained that whilst maternal and child mortality rates have improved dramatically over the last two decades, newborns have missed out on this attention.

“Newborn deaths now account for 44 per cent of all under-5 deaths worldwide. The day of birth is the time of greatest risk of death and disability for babies and their mothers, contributing to around half of the world’s 289,000 maternal deaths”.

Accompanying the launch of the ENAP is a package of approximately 40 financing, policy and service delivery commitments, showcasing multi-stakeholder interest and recognition of the need to invest in newborn health.

These commitments represent a significant contribution to the Every Woman Every Child movement (EWEC) and underscore the sustained determination by the global community to ensure accelerated progress towards the Millennium Development Goals (MDGs), and women’s and children’s health in particular.

The report calls for critical attention to be given to the 29 slowest progressing countries—most of which are in sub-Saharan Africa, adding, “If current trends continue, it will be more than 110 years before an African baby has the same chances of survival as a baby born in North America or Europe. Progress in Africa has been three times slower than what has been achieved in high-income countries, even before the advent of intensive care or the new simpler interventions, such as Kangaroo Mother Care or steroid injections for preterm labour.

Ms Machel, endorsed the vision of the Every Newborn action plan and urged countries to use it as a guide and road-map to accelerate progress.

Ghana News Agency (Ghana): Countdown to world 2015 Report on health care launched
Linda Asante-Agyei
30 June 2014

A report, “Countdown to 2015”, has been launched at the ongoing two-day partners forum by the Partnership for Maternal, Newborn and Child health (PMNCH) here in Johannesburg.

The report, lunched by the former First Lady of South Africa, Ms Graca Machel, said many developing countries have taken substantive action to save women’s and children’s lives, but vast areas of “unfinished business” still needed to be addressed.

The new report summarized in 'The Lancet', said the Countdown to 2015 studied progress in 75 countries and revealed that substantial inequities persist, even in countries that have made solid gains in maternal and child health.

Many countries are still only reaching half or less of women and children with vital health interventions, and the poorest are being left behind.
The forum, being attended by over 800 health experts and public health officials, is being organized by PMNCH, a partnership of 625 organizations from across the seven constituencies, governments, multilateral organizations, donors and foundations among others.

The 75 countries covered in Countdown’s 2014 report, “Fulfilling the Health Agenda for Women and Children,” account for more than 95 per cent of all maternal and child deaths each year.

“Now is the time to make a final push on the health Millennium Development Goals 4 and 5, and to set the stage for elimination of preventable maternal and child deaths in the years beyond 2015.”

Countdown to 2015 is a global movement to track, stimulate and support country progress towards the health-related Millennium Development Goals, particularly goals 4 (reducing child mortality) and 5 (improve maternal health).

Established in 2003, Countdown focuses specifically on tracking coverage of a set of evidence-based interventions proven to reduce maternal, newborn and child mortality in the 75 countries where more than 95 per cent of maternal and child deaths occur.

It produces periodic publications, reports and other materials on key aspects of reproductive, maternal, newborn and child health, using data to hold stakeholders to account for global and national action.

The Countdown report shows that in several countries, more than half of the mothers and children in the poorest of the population receive 2 or fewer of 8 interventions, deemed essential for preventing or treating common causes of maternal and child deaths, including vaccinations, skilled birth attendance, pneumonia and diarrhea treatment, and access to family planning.

In nearly one-third of Countdown countries, more than 20 per cent of the poorest women and children receive 2 or fewer of the 8 essential interventions. In nearly every Countdown country, in contrast, a large majority of the richest women and children receives most or all of these 8 key interventions.

Some Countdown countries are targeting the poor with programmes to expand coverage of key interventions, and making real strides in reducing inequities and Countries like Bolivia, Cambodia, and Niger could serve as models for others in reducing inequality in coverage between rich and poor.

According to the report, stunting, a measure of height for age that reflects long-term hunger, illness, or poor child care, is on the average of 2.5 times higher among poor children than among children from wealthier families.

The report noted that in many Countdown countries more than 30 per cent of children are stunted, and that, nearly half of all deaths among children under age 5 or about 3 million deaths a year are attributable to under nutrition. Poor nutrition also harms a woman’s health and increases her risk of stillbirth or delivering a low-birth weight baby.

Consistent with findings from recent reports about the state of newborns and the global health workforce, the new Countdown analysis revealed that improving newborn survival and addressing the human resource crisis required urgent action.

The analysis showed that a median of 39 per cent of deaths of children under age five occurred during the first month of life in the Countdown countries, underscoring a need for improved access.
to quality skilled delivery care for mother and baby around the time of birth, when most stillbirths
and maternal and newborn deaths occur.

It also finds that only 7 Countdown countries have enough skilled health professionals to achieve
high coverage of essential interventions.

Countdown examined countries’ progress in adopting policies that enable improvements in women’s
and children’s health.

"Many countries are making important and constructive policy changes, but most Countdown
countries are lagging behind in endorsing recommended policies, as experience shows that relatively
simple policy changes can bring big results, so more action is needed," Bernadette Daelmans of the
World Health Organization, co-chair of Countdown’s Health Systems and Policies Technical Working
Group said.

According to the Countdown analysis, when the Millennium Development Goal (MDG) deadline
arrives 18 months from now, the goals related to maternal and child health will not be achieved.
Fewer than half of the 75 Countdown countries are likely to have succeeded in reducing child
mortality by two-thirds from 1990 levels (MDG target 4.A), only a small fraction will have cut
maternal death by three-quarters (MDG target 5.A), and access to reproductive health (MDG target
5.B) will not be nearly universal.

The next 18 months are, therefore, critical for accelerating progress towards the MDG targets and
for ensuring that work to achieve the next set of global goals and targets begins right now.

This will require intensified support to countries lagging behind and sustained effort in countries
where progress is happening.

Action to end preventable maternal and child deaths, by improving nutrition and coverage of
effective interventions for all population groups, must not be delayed, according to the report.

“Thousands of women and children are suffering and dying every day from causes that are easily
preventable and treatable and we cannot and must not wait for the post-2015 agenda to be finalized
to address these issues and take concerted, emphatic action to save women, newborns and children.

“We can still make real progress, right now, toward achievement of the health MDGs and we must
set a clear path toward a world free of preventable maternal and child death in the years beyond
2015,” Dr. Jennifer Bryce of Johns Hopkins University, a lead author of the report added.

Ghana News Agency (Ghana): World Leaders Challenged to ensure every woman and child Live
30 June 2014

Ms Graca Machel, Board Chairperson of the Partnership for Maternal, Newborn and Child Health
(PMNCH), has appealed to global leaders to make efforts to ensure that every pregnant mother and
newborns lived.
With about 500 days more to hit the 2015 Millennium Development Goals, Ms Machel, the wife of late President Nelson Mandela, said the world had in the past 14 years made remarkable progress to improve health and expand the opportunities.

“Despite all efforts, there is still much more to be done. Women and child have not been covered adequately and we must ensure that all women, adolescent girls, education, and realize their full potential,” she added.

Ms Machel threw the challenge to global leaders when she opened the 2014 Partners Forum on PMNCH in Johannesburg being attended by over 800 leaders and public health experts around the world.

The two-day forum will review new data and call for accelerated action to improve maternal, newborn and child birth.

Ms Machel said partnership was the heart of plan for action and there was the need to build continuous consensus to ensure that women and children are the centre of every action.

“We need to have a world in which there are no preventable deaths of newborns or stillbirths, where ever pregnancy is wanted, every birth is celebrated and mothers, babies and children thrive and reach their social and economic potential”, she added.

In a video message, Mrs Hillary Clinton, Former US Secretary of State, commended countries for the tremendous progress in reducing maternal and child deaths and urged all to accelerate the efforts to reduce it further since much could be achieved within the remaining 500 days.

UN Secretary General Ban Ki-Moon, who also gave a video message, said a world free of maternal and child deaths could be created that “will demand that we think creatively and insist on accountability”.

He said all women and children deserved equal chance and should not be denied of anything that will ensure their health and survival.

He reiterated the need for countries to accelerate actions and translate talks into fruitful actions to ensure that within the 500 days left, great achievements would have been made.

Ghana News Agency (Ghana): Health of Women and children to be centered for Post-2015 Sustainable Development Agenda
Linda Asante-Agyei
2 July 2014.

Norway’s Prime Minister Erna Solberg, has called for global focus on women and children’s health, and identification of targets for healthy women and children for the post-2015 sustainable development agenda.

Prime Minister Solberg said though globally good progress have been made on the Millennium Development Goals (MDGs), “more can and must be done within the 500 days until the MDGs deadline, and time is of the essence to scale up our efforts on behalf of women, children and adolescents.”
The Norwegian Prime Minister stated this at a panel discussion by Advocate Group of Eminent personalities at the on-going 2014 Partnership for Maternal, Newborn and Child Health (PMNCH) Partners’ Forum, in South Africa.

The Panel discussed several new reports released at the Forum, including the Countdown to 2015 report for 2014, which tracks progress in the 75 countries that account for the vast majority of maternal and child deaths, and the Success Factors for Women’s and Children’s Health report, which analyzes 10 countries that have made rapid progress toward the MDGs.

Ms Graça Machel Chair of PMNCH, said across the world, the rights of women and girls continued to be grossly violated, and the burden of poverty on women has ever been present.

“Every woman should have access to resources and gain space to assert her aspirations. Nobody should die in child birth. All girls should go to school with their brothers and master the tools for a productive life,” she added.

Dr Margaret Chan, Director-General of World Health Organsiation, called for the new sustainable development agenda to be rights-based, equity focused and to place healthy women, children and adolescents at its core.

The panel called for the new framework, which would be debated by the United Nations General Assembly in September, to focus on ending preventable maternal, newborn and child mortality, and to ensure sexual and reproductive rights, including universal access to quality sexual and reproductive services.

Since 1990, both maternal and child mortality have halved, and 50 million more children go to school each year.

But many challenges remain, and further rapid progress on health outcomes will require addressing the multiple determinants of health. For instance, every year 14 million girls are forced into marriage, and in many countries, women and girls still do not have access to adequate education.

Dr Philippe Douste-Blazy, United Nations Special Advisor on Innovative Financing for Development, noted that “we proved that Innovative Financing can help us to reach the MDGs and new partners are uniting in South Africa to commit energy and resources towards innovation and saving lives.”

Dr. Carole Presern, Executive Director of PMNCH, expressed satisfaction at events and said: “Today, we leave with renewed energy to make sure that women, newborns, children and adolescents do not die from easily preventable causes; that sexual and reproductive health and rights are respected and that everyone, everywhere should be able to look forward to a healthy, happy and productive life.”

The PMNCH, co-hosted by the government of South Africa is a partnership of 625 organizations from seven constituencies: governments, multilateral organizations, donors and foundations, nongovernmental organizations, healthcare professional associations, academic, research and training institutions, and the private sector.

The vision of the Partnership is the achievement of the MDGs, with women and children enabled to realize their rights to the highest attainable standard of health in the year 2015, and beyond.
The forum being attended by over 800 health experts and public health officials, would also be reviewing new data, and call for accelerated action to improve maternal, newborn and child birth.

The high-level panel of the MDG Advocate group of eminent personalities tasked by WHO, are working to focus attention on the need to deliver on the vision for the Millennium Development Goals (MDGs) and to end poverty by 2030.

Ghana News Agency (Ghana): Country Leadership is vital in maternal and Child Health- Forum
Linda Asante-Agyei
3 July 2014

Participants at the just ended 2014 Partnership for Maternal, Newborn and Child Health (PMNCH) Partners’ Forum, have reaffirmed that country leadership is vital in ensuring maternal and child health.

They also recognised the need to include the marginalised and under-served groups as partners in the design of policies and strategies that affect their lives.

Speaking at close of the forum, Ms Graca Machel, Chair of PMNCH, applauded the progress made in halving global maternal and child mortality since 1990, but expressed regret that the progress had been uneven for some countries, marginalised and under-served groups, including adolescents. She said: “No one should be left behind and there is no room for complacency.”

Dr Carole Presern, Executive Director of PMNCH, explained that with the remaining days of the Millennium Development Goals (MDGs) and beyond the 2015, countries should commit themselves to accelerate progress by supporting good governance and leadership at all levels of government, civil society, the private sector and the community strengthened by the use of timely reliable data and evidence for decision making and accountability.

She called for the need to share lessons as a global community on what works and what doesn’t to ensure fulfillment of the highest attainable standard of health for women, newborns, children and adolescents.

Dr Presern said: “I am happy that we leave with a renewed sense of commitment and joint accountability to achieve our goals of eliminating preventable deaths and morbidity for women, newborns, children and adolescents.”

He called for universal access to the full range of services for good sexual reproductive, maternal, newborn, children and adolescent health.

The PMNCH is a partnership of 625 organisations from seven constituencies: governments, multilateral organisations, donors and foundations, non-governmental organisations, healthcare professional associations, academic, research and training institutions, and the private sector.

The vision of the partnership is the achievement of the MDGs, with women and children enabled to realise their right to the highest attainable standard of health in the years 2015 and beyond.
The forum was attended by over 800 health experts and public health officials. Participants reviewed new data and called for accelerated action to improve maternal, newborn and child birth.

The forum witnessed the launch of “Every Newborn Action Plan,” which was endorsed by the World Health Assembly and provided a concrete roadmap to reducing preventable newborn deaths and stillbirths.

"The Countdown to 2015 Report for 2014," which assessed progress towards the maternal and child health MDGs, and the "Success Factors for Women and Children’s Health Report," was also launched as well as the “State of the World’s Midwifery 2014," which highlighted progress and challenges delivering live-saving midwifery services in 41 sub-Saharan countries.

Ghana News Agency (Ghana): FGM, possible cause of maternal deaths in northern Ghana
3 July 2014

Madam Kate Bob Milliar, National Director of the Ministry of Gender, Children and Social Protection, has said the practice of female genital mutilation could be a contributory factor to the high maternal deaths in northern Ghana.

She said a survival of female genital mutilation was prone to infections and excessive bleeding during delivery, a situation she explained, could cause complications leading to the death of a mother.

Madam Milliar made these remarks when she addressed 226 women drawn from the Wa West and Tuna/Kalba Districts in the Northern Region, at a day’s sensitisation and advocacy durbar on obstetric fistula and female genital mutilation held at Wechau.

The National Director urged women to stand against the practice of female genital mutilation, which she said, was the root cause of fistula conditions among women.

Madam Milliar reminded the people that there is a law that prohibits the practice of female genital mutilation, and those persons who carry out the cutting, when caught will be punished accordingly. She said people were still carrying out female genital mutilation in the communities, and called for the enforcement of the law in the communities to help reduce the incidence of female genital mutilation.

Mr Adamu N.S. Dasaana, Wa West District Chief Executive, said the survivals of obstetric fistula in the district have limited access to health services, including maternal and reproductive health care. He said majority of fistula cases in Ghana came from the Northern, Upper East and Upper West Regions, registering 53 cases in 2007 and 113 cases in 2012 with 92 underwent medical repairs at the Tamale Teaching Hospital, out of which 81 were successful.

He said from 2008 to date, the Upper West Region recorded 134 fistula cases, with 23 coming from the Wa West District.

The consequences of fistula are life shattering and invariably leave the survivals ashamed and ostracized, thereby deepening their poverty and magnifying their suffering.
The DCE said cultural beliefs and traditional practices prevent women from seeking care at health facilities, and delays in seeking care also prevent many women from receiving services in a timely manner.

He appealed to stakeholders, including the family, opinion leaders, traditional rulers, religious bodies, the media, and the government, as well as health practitioners, to play their roles appropriately to promote maternal health.

Miss Ibrahim Umuhera Kuurimah, a 24-year survival of female genital mutilation, who shared her experience, said she feels pains anytime she has sexual intercourse, adding that the sustained and sharp pains she endures, discourages her from making boys friends anymore.

She said she had gone out with four boys, but they all left her to her fate because she could not bear the pain. She says she is now looking for a man who would marry her for love's sake, but not for sex.

Miss Kuurimah, a former level 200 student of the University for Development Studies, has now become an advocate for the abolition of female genital mutilation in the district.

But she is faced with stiff opposition from her people, including her parents and some traditional rulers, as well as the youth.

Her parents have refused to pay her schools fees, and would only pay the fees if she stopped her advocacy agenda.

This has compelled her to stop her university education prematurely, to seek for greener pastures, to be able to continue with her education on her own.

Miss Kuurimah is now being pursued spiritually, and on one occasion, she was hit with a “local missile” that nearly caused her leg to develop elephantiasis.

According to her, with the help of some people, she has been able to treat her leg, but she still experiences pains on her sole.

But Miss Kuurimah who hails from Dorimon in the Wa West District, said despite the threats, she has vowed to use the last ounce of her energy to fight against the practice in the district.

Unless I fall dead I will continue to fight the practice to save girls from this inhuman and health-risking practice, which the people cherish just in the name of culture, she assured.

The Department of Gender of the Ministry of Gender, Children and Social Protection organised the durbar to sensitise and equip participants with relevant knowledge on obstetric fistula, and female genital mutilation.

The durbar, which was attended by some traditional rulers and assembly members, discussed the causes, prevention, and treatment of fistula, and the harmful effects of female genital mutilation.

SPY Ghana (Ghana): World Cup teams made progress in reducing childhood mortality
27 June 2014
A new scorecard of the 32 countries competing in the 2014 World Cup shows that all have made significant progress in reducing childhood mortality since 1990, when the World Cup was hosted by Italy. However, not all countries have progressed equally. This year’s host, Brazil, leads the way with a 77 percent reduction in deaths among children under age 5 since 1990.

The ranking, “Child Mortality: What’s the Score?” is being released in the run-up to the Partnership for Maternal, Newborn and Child Health Partners Forum in Johannesburg, South Africa, on 30 June-1 July. At the conference, global leaders will call for accelerated action to improve the health of children, newborns and mothers everywhere.

“There are two main reasons for the reduction of child mortality in Brazil: expanding access to primary health care and Bolsa Família, the world’s largest cash transfer program,” said Paulo Vicente Bonilha de Almeida, child health coordinator with the Brazilian Ministry of Health. “The National Immunization Program increased immunization rates among Brazilian children, and the National Breastfeeding Policy more than quadrupled breastfeeding.”

Since 1988, Brazil’s constitution has guaranteed its citizens universal health coverage, so that they may access life-saving health services regardless of ability to pay. Bolsa Família provides cash transfers to poor families in exchange for ensuring that children receive vaccines and attend school. Today, for every 1,000 births in Brazil, just 14 children will die before their fifth birthday – down from 62 in 1990.

Tragically, not every country is doing as well as Brazil in saving children’s lives. For example, although Nigeria has reduced child mortality by 42 percent since 1990, it still has the highest rate of child deaths of all footballing nations in the 2014 World Cup. For every 1,000 births in Nigeria, 124 children will die before they reach age 5.

“The World Cup scorecard shows that when governments prioritize child health, dramatic progress can be made,” said Naveen Thacker, president-elect of the Asia Pacific Pediatric Association. “Leaders from government, civil society and the business community must unite to ensure that preventable child deaths are soon consigned to the history books.”

A major challenge to saving children’s lives is that nearly half of all deaths in children under age 5 occur in the first 28 days of life. A prevalent myth is that to save newborns, sophisticated hospitals and intensive care units are needed.

“Simple low-cost solutions could help every country dramatically reduce newborn deaths,” said Professor Zulfiqar Bhutta, co-director of the SickKids Centre for Global Child Health in Canada. “For example, wiping the umbilical cord with a disinfectant reduces deaths by half. Putting the baby onto the mother’s chest and encouraging breastfeeding also help prevent life-threatening infections.”

SPY Ghana (Ghana): Public Health Experts meet in Johannesburg
30 June 2014

More than 800 leaders and public health experts from around the world opened a landmark two-day meeting in Johannesburg to review new data and call for accelerated action to improve maternal, newborn and child health. The Partnership for Maternal, Newborn & Child Health (PMNCH) 2014 Partners’ Forum was opened by Graça Machel, Chair of PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who is making her first public appearance since the end of her mourning period after the death of her husband, Nelson Mandela.
“The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done,” said Graça Machel. “Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfill their rights to health and education, and realize their full potential.”

In support of the UN Secretary-General’s Every Woman Every Child movement, the Partners’ Forum builds on two months of high-level meetings in Toronto, Prague, and Washington, DC, where global leaders and health experts met to discuss strategies to promote the health of women and children. At this Forum, leaders discussed steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health, and made specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda. Notably, participants also pledged their financial and policy support and a range of new resources to support the implementation of the new Every Newborn action plan (ENAP), a roadmap to improve newborn health and prevent stillbirths by 2035.

“We are privileged as a country to host this important meeting about the urgent need to improve women’s and children’s health. This global gathering gives us the opportunity to learn from each other’s successes and challenges, and to identify new approaches,” said Dr. Aaron Motsoaledi, South African Health Minister. The Government of South Africa is a Forum co-host, together with PMNCH, Countdown to 2015, A Promise Renewed and the independent Expert Review Group.

Despite improvements, 289,000 women still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday, including nearly 3 million newborns. At least 200 million women and girls are unable to access family planning services that would allow them to control when they have children.

The world has been especially slow in improving health outcomes for newborns. Globally, each year, 2.9 million newborns (first 28 days of life) die and 2.6 million are stillborn (die in the last three months of pregnancy or during childbirth). Recent data published in The Lancet Every Newborn Series indicate that 15,000 babies are born and die every day without ever receiving a birth or death certificate. The accompanying analysis found that 3 million maternal and newborn deaths and stillbirths in 75 high burden countries could be prevented each year with proven interventions that can be implemented for an annual cost of only US$1.15 per person.

Responding to this crisis, partners at the Forum launched the ENAP, endorsed by the World Health Assembly in May 2014. The action plan is based on concrete evidence to further reduce preventable newborn deaths and stillbirths. Signalling their support for the full and prompt implementation of the plan, Forum attendees announced 40 new commitments. These commitments are in support of the UN Secretary-General’s Every Woman Every Child movement and come from a diverse group of stakeholders, including governments, civil society organizations and the private sector.

“There is absolutely no reason for so many newborns to die every year when their lives can be saved with simple, cost-effective solutions,” said Dr. Flavia Bustreo, Assistant Director-General for Family, Women’s and Community Health at the World Health Organization. “The WHO remains committed to support countries and work with partners as the plan gets implemented, and to the accountability agenda, which includes reporting on progress achieved every year until 2030.”

New data is critical to inform discussions about changing this reality. Today, partners at the Forum released the Countdown to 2015 Report for 2014, which presents the latest assessment of progress
in the 75 countries that account for 95 percent of all maternal and child deaths each year. The report finds that in several countries, more than half of the mothers and children in the poorest 20 percent of the population still receive two or fewer of the eight interventions deemed essential for preventing or treating common causes of maternal and child death, including vaccinations, skilled birth attendance, pneumonia and diarrhea treatment, and access to family planning. The analysis shows that, in these 75 countries, a median of 39 percent of deaths of children under age five occur during the first month of life, underscoring a need for improved access to quality skilled delivery care for mother and baby around the time of birth, when most stillbirths and maternal and newborn deaths occur.

“We have affordable interventions that we know work. There’s no excuse for not bringing them to the women and children who need them,” said Dr. Mickey Chopra, Chief of Health at UNICEF and co-Chair of Countdown to 2015. “The health and well-being of our next generation, and the right of millions of children to live happy, productive lives, is at stake.”

One other report was also launched at the 2014 PMNCH Partners’ Forum: Success Factors for Women’s and Children’s Health Report spotlights 10 “fast track” countries making considerable progress in reducing maternal and child deaths, showing that rapid progress is possible despite significant social and economic challenges. The report showed the benefits of investing in high-impact interventions such as skilled care at birth, immunization, and family planning.

Delegates at the Forum emphasized the importance of ensuring that future efforts focus on countries that are making slow progress, and on poor and marginalized populations, including newborns and adolescents. Delegates also urged political leaders to work across different sectors—including education, skills and employment, water supply and sanitation, nutrition, energy, roads, and women’s empowerment—to ensure an integrated approach to improving the health of women and children.

Prime Minister Erna Solberg of Norway, Co-chair of the MDG Advocates Group, and Graça Machel, Chair of The Partnership for Maternal, Newborn & Child Health (PMNCH), joined world leaders and the reproductive, maternal, newborn and child health (RMNCH) community to review progress toward achieving the Millennium Development Goals focused on women and children’s health, and to identify targets for healthy women and children for the post-2015 sustainable development agenda.

The high-level panel of the MDG Advocates—a group of eminent personalities working to focus attention on the need to deliver on the vision for the Millennium Development Goals (MDGs) and to end poverty by 2030—met in Johannesburg at the 2014 PMNCH Partners’ Forum, cohosted by the Government of South Africa, PMNCH, Countdown to 2015, A Promise Renewed, and the independent Expert Review Group. The Panel discussed several new reports released at the Forum, including the Countdown to 2015 report for 2014, which tracks progress in the 75 countries that account for the vast majority of maternal and child deaths, and the Success Factors for Women’s and Children’s Health report, which analyzes 10 countries that have made rapid progress toward the MDGs.
“Globally, we have made good progress on the MDGs,” said Prime Minister Solberg. “But more can and must be done. With fewer than 550 days until the Millennium Development Goals deadline, time is of the essence to scale up our efforts on behalf of women, children and adolescents.”

The leaders called for the new sustainable development agenda to be rights-based, equity focused and to place healthy women, children and adolescents at its core. Leaders called for the new framework, which will be debated by the UN General Assembly in September, to focus on ending preventable maternal, newborn and child mortality, and to ensure sexual and reproductive rights, including universal access to quality sexual and reproductive services.

Since 1990, both maternal and child mortality have halved and 50 million more children go to school each year. But many challenges remain and further rapid progress on health outcomes will require addressing the multiple determinants of health. For instance, every year 14 million girls are forced into marriage, and in many countries, women and girls still do not have access to adequate education.

“Across the world, the rights of women and girls continue to be grossly violated. The burden of poverty on women is ever present.” said Graça Machel. “Every woman should have access to resources and gain space to assert her aspirations. Nobody should die in childbirth. All girls should go to school with their brothers and master the tools for a productive life.”

The Panel also previewed the PMNCH Partners’ Forum Communiqué, which will focus on working across sectors—including education, infrastructure, and economic development—to ensure a comprehensive, broad-based approach to improving women’s and children’s health. The Communiqué, which was endorsed by the MDG Advocates, called for this comprehensive response to be enshrined in specific new global development goals.

“We proved that Innovative Financing can help us to reach the MDGs” said Philippe Douste-Blazy, United Nations Special Advisor on Innovative Financing for Development. “New partners are uniting in South Africa to commit energy and resources towards innovation and saving lives.”

Dr. Carole Presern, Executive Director of PMNCH, said, “Today, we leave with renewed energy to make sure that women, newborns, children and adolescents do not die from easily preventable causes; that sexual and reproductive health and rights are respected and that everyone, everywhere should be able to look forward to a healthy, happy and productive life.”

**Capital FM (Kenya): Kidero, Ngilu launch campaign on maternal health**
Laban Wanambisi
5 July 2014

First Lady Margaret Kenyatta’s Beyond Zero campaign received a further boost after Nairobi Governor Evans Kidero and Lands Cabinet Secretary Charity Ngilu launched a month long free medical camps to support the initiative to improve maternal and child healthcare in the country. Speaking during the flagging off of a sensitization campaign for a medical camp to be held next weekend, Ngilu said it was unacceptable that 26 women continue to die every day when they are delivering.

“If women of Kenya counted in the last 50 years that we have been independent today we would not be talking about 26 women to continue dying daily. If we had two matatus killing 13 people...”
inside, I am sure the world would stop and ask why, but because it is women it is okay we can continue to be statistics,” Ngilu asserted.

Kidero lauded the President’s directive to provide free maternal health care saying his County Government has been able to reduce the number of maternal death to 41 mothers from last year’s 84.

“I would like the other leaders that our mission in life is defined by the difference we make and by the lives that we change. If we reduce and eliminate the mortality rate of mothers and children in childbirth, we will have given a better account of ourselves and we would have helped the First Lady achieved her dream,” said the Governor.

The medical camp seeks to improve the quality of health services for women and children, especially during childbirth.

Kidero said the free maternity programme that is being implemented in the country has already yielded positive results.

The Nairobi Governor added that the county government will work together with the national government to improve healthcare facilities in city hospitals. Health Principal Secretary Fred Segor urged men to take interest in safe motherhood by ensuring their wives attend antenatal clinics.

“I want to use this opportunity to encourage our men to ensure that no woman will die as she is giving birth. I would like to also appeal to our pregnant women to come to antenatal clinics because that is where we can detect any irregularities in the pregnancy,” said Segor.

Health advocates from around the world have demanded that maternal and child health are included in the next set of global goals when the millennium development goals expire next year.

The advocates, who included World Health Organisation boss Dr Margaret Chan, said most developing countries like Kenya are yet to eliminate maternal deaths.

Dr Chan was joined by Nelson Mandela’s widow Graça Machel and more than 800 leaders and public health experts at a landmark two-day meeting in Johannesburg to discuss the post-2015 health agenda.

“The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done,” said Graça Machel. “Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfill their rights to health and education, and realize their full potential.”

Kenya is among the countries that will not achieve their targets for the MDG relating to pregnancy related deaths.

About 8,000 Kenyan women die every year due to preventable, pregnancy related causes.
The MDG five calls on countries to cut by three quarters such deaths and achieve universal access to reproductive health services by 2015.

“There are still 500 days to this target. Still a lot can be done,” said Dr Chan.

Ongoing meeting, called the Partnership for Maternal, Newborn & Child Health (PMNCH) 2014, is drumming support for maternal and child health in the new global goals the United Nations is crafting to replace MDGs.

It was opened by Machel, chair of PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who is making her first public appearance since the end of her mourning period after the death of Mandela.

Yesterday, the leaders also discussed steps to assist countries that have lagged behind and made specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda.

“This global gathering gives us the opportunity to learn from each other’s successes and challenges, and to identify new approaches,” said Dr Aaron Motsoaledi, South African Health Minister.

Despite improvements, 289,000 women across the world still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday, including nearly 3 million newborns.

At least 200 million women and girls are unable to access family planning services that would allow them to control when they have children, according to the WHO.

“There is absolutely no reason for so many newborns to die every year when their lives can be saved with simple, cost-effective solutions,” said Dr. Flavia Bustreo, Assistant Director-General for Family, Women’s and Community Health at the World Health Organisation. “The WHO remains committed to support countries and work with partners as the plan gets implemented, and to the accountability agenda, which includes reporting on progress achieved every year until 2030.”

**The Star (Kenya): Donors pledge more health funding with a caution**

John Muchangi

7 July 2014

Developing countries have been challenged to be accountable with donor money given for health projects.

Norwegian Prime Minister Erna Solberg says her country was ready to increase its funding toward health and education as long as the money is spent well.

She says the country would double financial aid toward education to developing countries beginning next year.

“Donor funds are usually taxes paid by Norwegians and they are happy when the money is spent well instead of going to politicians,” she said at the Partnership for Maternal, Newborn & Child Health (PMNCH) meeting in Johannesburg.
Last year Norway allocated only 7.2 per cent of its aid budget to education, but that is expected to rise to 13.3 per cent.

Kenya receives funding from Norway mainly though the Norwegian Development Agency (Norad). Norad last year supported extensive election reforms and several peace initiatives. Solberg, who is touring three African countries, said education of girls would directly reduce maternal deaths because of delayed pregnancies.

“Globally, we have made good progress on the MDGs,” she said. “But more can and must be done. With fewer than 550 days until the Millennium Development Goals deadline, time is of the essence to scale up our efforts on behalf of women, children and adolescents.”

The ongoing meeting is drumming support for maternal and child health in the new global goals the United Nations is crafting to replace MDGs.

Mandela’s widow Graça Machel, who chairs the PMNCH, said African governments should be accountable with donor money.

“Political leadership is very important and developing countries must also commit the little they have to improve lives of their people,” she said.

The leaders were addressing the media on why maternal and child health should continue to part of any post-2015 development goals.

“Across the world, the rights of women and girls continue to be grossly violated. The burden of poverty on women is ever present.” Graça said. “Every woman should have access to resources and gain space to assert her aspirations. Nobody should die in child birth. All girls should go to school with their brothers and master the tools for a productive life.”

The meeting was also attended by Philippe Douste-Blazy, United Nations Special Advisor on Innovative Financing for Development.

He said: “We proved that Innovative Financing can help us to reach the MDGs” said “New partners are uniting in South Africa to commit energy and resources towards innovation and saving lives.”

Dr. Carole Presern, executive director of PMNCH, said, “Today, we leave with renewed energy to make sure that women, newborns, children and adolescents do not die from easily preventable causes; that sexual and reproductive health and rights are respected and that everyone, everywhere should be able to look forward to a healthy, happy and productive life.”

Kenya is likely to benefit from some of the 40 commitments made last week to support women and children health.

The commitment include financial pledges worth more than Sh17.4 billion ($200 million) which will be channeled through the UN secretary General’s Every Woman Every Child campaign.

At least 8,000 Kenyan women die every year while giving birth, according to the Ministry of Health.
The figure is one of the highest in the world but several initiatives to lower it, including the free maternity programme, might benefit from the new pledges.

First Lady Margaret Kenyatta's Beyond Zero campaign to stop maternal deaths is also expected to benefit.

UN boss Ban Ki Moon said in Nairobi recently noted he supports the first lady's campaign saying maternal deaths in Kenya are unacceptably high.

The 40 commitments were made last week in at the Partnership for Maternal, Newborn & Child Health forum in Johannesburg.

“The WHO remains committed to support countries and work with partners as the plan gets implemented, and to the accountability agenda, which includes the reporting on progress achieved every year until 2030” said Dr Flavia Bustreo, assistant head of Family, Women's and Community Health at the World Health Organisation.

Spearheaded by the UN boss, Every Woman Every Child campaign aligns partners under a common framework and set of goals based on a global strategy for women and children’s health.

Johnson & Johnson, through their US$30 million commitment, will help implement evidence-based interventions and new technologies to improve the health-knowledge of pregnant women and mothers.

Save the Children will invest at least US$100 million in maternal and newborn health annually, and through the launch of the Helping Babies Survive suite of newborn related curricula aimed at strengthening the skills of birth attendants and caregivers, the American Academy of Pediatrics has committed to reaching more than 60 countries and 1.5 million children, their mothers and families.

Most newborn deaths result from three preventable and treatable conditions, including prematurity, complications around birth and severe infections.

In Kenya, newborn deaths account for 70 per cent of all deaths of children under five, according to the 2008 demographic and health survey.

“We have a clear vision forward and these commitments set the tone for the 549 days we have left to meet the MDGs,” said Ms Nana Taona Kuo, Senior Manager of the Every Woman campaign.

Former South African First Lady Graca Machel has lamented that despite global development growth, women and children continue to die during child birth around the world.

“The world has made remarkable progress to improve health and opportunities over the past 14 years [since the launch of Millennium Development Goals]. Despite all efforts, there is still much to be done – women and children have not been covered adequately,” she said during the official opening of a two day Partners’ Forum 2014 in Sandton, Johannesburg on Tuesday.
The Partnership for Maternal, Newborn & Child Health (PMNCH) is a partnership of 625 organisations from across seven constituencies: governments, multilateral organisations, donors and foundations, NGOs, healthcare professional associations, academic, research and training institutions, and the private sector.

Machel chairs the Partnership Hosted by the World Health Organisation and launched in 2005, the vision of the Partnership is the achievement of the Millennium Development Goals, with women and children enabled to realise their rights to the highest attainable standard of health in the years to 2015 and beyond.

Machel, challenged members of the Partnership to accelerate joint action and not work in isolation. Officially opening the conference, Deputy South African President Cyril Ramaphosa commended the Partnership for steering the fight for lives of women and children globally.

“Women bring life to this world...the right to life is one that we hold sacred worldwide. The work done through this partnership is extremely important to our programs as nations – let us ensure that no woman dies while giving birth and that no child or woman should die from preventable diseases,” he said.

The conference has pooled together dignified officials, such as the Director General of the World Health Organisation (WHO) Margaret Chan and others.

The Nation (Malawi): Government to increase health budget
Edyth Kambalame
1 July 2014

Malawi has committed to increasing financial allocations for the health budget with 30 percent of it to cater for the health of women and children.

The commitment is contained in the Every Newborn Action Plan (ENAP), which was endorsed by World Health Assembly in Geneva last month and launched yesterday at the Partnership for Maternal, Newborn and Child Health (PMNCH) workshop in South Africa.

Spearheaded by United Nations Secretary General Ban Ki-moon, ENAP is a roadmap and joint action platform for reduction of preventable newborn deaths.

It aims to save three million lives globally each year by improving quality care at the time of birth, and support for small and sick babies.

Among others, Malawi has pledged to scal up high-impact maternal, newborn and child health (MNCH) interventions, strengthen the health system for MNCH, support innovation for reproductive health and MNCH as well as reduce neonatal mortality from 31 per 1,000 births to 25 per 1,000 live births by 2020.

“To achieve this goal, government will work in partnership with all relevant sectors and ministries utilising a multisectoral approach to reach 85 percent of all newborns with essential care services,” reads part of Malawi’s commitment to ENAP.
Speaking during the ENAP launch, PMNCH chairperson Graca Machel – who was making her first public appearance since her husband, fallen icon Nelson Mandela’s death – said partnerships between the civil society, governments, private sector and non-governmental organisations (NGOs), which make up the PMNCH, have helped reduce children’s deaths.

“Partnerships have helped us halve the number of children who die under the age of five from largely preventable diseases” said Machel.

Other governments that have committed to ENAP include Bolivia, Cameroon, the United States and Oman.

Daily Trust (Nigeria): Health Experts Meet on Maternal Health
Haruna Gimba Yaya
2 July 2014

More than 800 leaders and public health experts from around the world have converged on Johannesburg, South Africa for a two-day meeting to review data and work for the improvement of maternal, newborn and child health.

The meeting, which was organised by World Health Organisa-tion (WHO) and Partnership for Maternal Newborn and Child Health (PMNCH) was declared open by Graca Machel, chairperson of PMNCH and widow of late South African leader, Nelson Mandela.

Machel said the world has made remarkable progress to improve health and expand opportunities over the past 14 years since the launch of the Millennium Development Goals (MDGs), but added: “Despite all efforts, there is still much more to be done; women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, have access to health and education”.

Eagle Online (Nigeria): Nigeria, others must double efforts for survival of newborn babies – ENAP
Segun Adebowale
30 June 2014

A new global action plan, Every Newborn Action Plan, says investments in quality health care at birth will save the lives of three million babies and women each year.

This was contained in a statement signed by Rita Wallace of UNICEF in New York, United States of America and made availability to the News Agency of Nigeria in Abuja on Monday.

It stated that more than 800 leaders and public health experts would meet in Johannesburg, South Africa for two days to review new data and call for accelerated action to improve maternal, newborn and child health.

The statement said that Nigeria and 27 other countries must double their new financial, policy and private sector commitments to save newborn lives to meet the 2035 targets.
It said: “Investment in quality care at birth could save the lives of three million babies and women each year who die needlessly around the world.

“ENAP gives two specific targets for all countries to achieve by 2035, which are to reduce neonatal mortality rates to 10 or fewer newborn deaths per 1,000 live births.

“The second is to reduce stillbirth rates to 10 or fewer stillbirths per 1,000 total births.”
The statement stated that Nigeria ranked 18th with 3.2 for the acceleration factor needed to reach 2035 target.

The ranking is as follows – Somalia 10.1, Democratic Republic of Congo, 8.9, Angola, 7.0 ,Central African Republic 6.6 and Sierra Leone 6.6.

Others are Chad, 5.8, Congo, 4.9, Côte d’Ivoire, 4.8, Guinea-Bissau, 4.8, Pakistan, 4.7, Togo, 4.2, Comoros, 3.9, Mauritania, 3.8, and Swaziland, 3.8.

Afghanistan is 3.7, Djibouti, 3.3, Burundi, 3.2, Nigeria, 3.2, Papua New Guinea, 3.2, Equatorial Guinea, 3.1, Kenya, 2.6, Mali, 2.6, Ghana, 2.4, Haiti, 2.4, Sudan, 2.4, Gabon, 2.3, Guinea, 2.2, and South Sudan 2.2.

It noted that while maternal and child mortality rates had improved dramatically over the last two decades, newborns had missed out on this attention.

It said that each year globally, 2.9 million newborns (first four weeks) died and that there were additional 2.6 million stillbirths (last three months of pregnancy).

The statement stated that newborn deaths now accounted for 44 per cent of all under-five deaths worldwide.

“The day of birth is the time of greatest risk of death and disability for babies and their mothers contributing to around half of the world’s 289,000 maternal deaths.”

It quoted Ban Ki-moon, the UN Secretary-General, as saying: “The strong accountability mechanism under the Every Woman Every Child umbrella will ensure that resources and results are tracked when it comes to commitments to newborns.

“Let us do all we can to ensure a healthy start for all mothers and newborns. This will open the way for progress across the development agenda and around the world.”

It also quoted Prof. Joy Lawn of the London School of Hygiene and Tropical Medicine as saying: “The 5.5 million newborn deaths and stillbirths occurring every year make up the single largest group of deaths in the unfinished agenda of the Millennium Development Goals for the health of women and children.

“Yet they are also our greatest opportunity for major impact in a short time frame. “The Every Newborn action plan clearly lays out what needs to be done differently, and which effort and investments have the greatest impact, with a triple return on saving women, newborns and preventing stillbirths.”
IN the past decade, billions of dollars have been spent trying to save the lives of mothers in developing countries using strategies- usually inexpensive drugs- deemed essential by the United Nation (U.N.) health agency.

Yet two large analyses of maternal health programmes- including one conducted by the U.N. itself-report that the efforts appeared almost useless, raising troubling questions about why all that money was spent.

While critics are calling for the pricey global initiatives to be significantly overhauled, the programs are still being implemented despite little proof they work. The practices mainly involve things like ensuring women giving birth get cheap drugs such as magnesium sulphate to treat labor complications or pre-emptive antibiotics for those getting a cesarean section.

Even public health officials acknowledge they were taken aback by the studies.

“Nobody could have been more surprised than I was when we got the results,” said Dr. Omrana Pasha of Aga Khan University in Pakistan, who led a study of maternal health interventions in six countries in Latin America, Africa and Asia.

“In clinical medicine, we would not prescribe a drug unless multiple trials show that it works,” she added. “The FDA won’t allow a drug to be marketed without that evidence. But things are different in public health.”

At an international meeting of U.N. partners starting Monday in South Africa, health officials are getting ready to ask donors for even more money to pour into maternal health programs. Since 2009, the U.S. has invested more than $13 billion in maternal and child survival, hoping to save lives by supporting “high-impact” health interventions.

According to the research papers, including one done in 30 countries that tracked more than 300,000 women, scientists found no link between the supposedly life-saving interventions and the death rates of women giving birth. Areas that used the interventions didn’t have better survival rates for mothers than areas that didn’t.

The two papers published last year are the biggest to assess the effectiveness of maternal health strategies, although smaller studies have previously suggested the methods help. But they gained little traction, perhaps because there doesn’t appear to be an easy fix.

Experts, meanwhile, are largely stumped as to why their methods failed to prevent deaths.

“We assume that if women get these things, they will be saved. But it’s too simple to say one plus one equals two,” said Dr. Marleen Temmerman, director of WHO’s maternal health department.

She isn’t convinced the interventions don’t work. She suspects there were problems implementing the strategies.

“Maybe the health facility has the medicine, but the man who has the key to the cupboard is gone,” she suggested.
Temmerman also said it would be dangerous if donors abruptly slashed their support for maternal health initiatives. “The message is not to stop investing, it’s to invest money more wisely,” she said.

Some experts said existing plans should be adjusted. “These essential interventions are important but they are not enough,” said Sandrine Simon, a public health adviser at Doctors of the World charity. “This is about more than buying the right medicines.”

But others said major changes were required to save more women.

“We need to be more honest and serious about past failures otherwise we will keep making the same mistakes,” said Bill Easterly, an economist at New York University. “It’s not just the fault of countries receiving aid who aren’t implementing the technology properly, it’s the fault of Western aid agencies and donors who are not trying hard enough to get it right.”

Guardian (Nigeria): UNICEF moves to provide quality healthcare for rural communities
Charles Akpeji
3 July 2014

THE need for governments globally to ensure that mothers and babies, especially those in the rural communities, get the quality healthcare they need to survive, has become a source of concern to the United Nations Children’s Fund (UNICEF).

Also, the need for governments to provide the relevant tools that would facilitate the gathering of the accurate statistics of newborns, the UNICEF believed, would go a long way to accelerate the growth of such countries.

This was disclosed Wednesday by leadership of the organisation through its Head of Global Health Programmes, Dr. Mickey Chopra and Dr. Kim Eva Dickson, UNICEF’s Senior Adviser on Maternal and Neonatal Health, in a statement made available to journalists by the Communications Officer of the D-Field Office of the organisation, Samuel Kaalu.

The Guardian gathered that the decision was arrived at after the conclusion of a global forum, held last Tuesday in Johannesburg, South Africa and which focused on preventing maternal, child and newborn deaths.

They agreed that commitments made by governments, public and private sector organisations, have the much-needed potentials to transform the “outlook of newborn babies, millions of whom die each year.”

Stressing that “The Every Newborn Action Plan launched at the Johannesburg forum by former South Africa First Lady and women and children’s advocate, Graça Machel, aims to address this glaring lapse in the global child survival agenda.” Dickson beckoned on all the world leaders to embrace the action plan.

According to him, “Countries must take the lead in making sure these proven, simple steps to help newborn survival are implemented at the local level,” stating that “This would ensure that all
mothers and babies, even those in the hardest to reach communities, can get the quality care they need to help them survive.”

Making available UNICEF figures, which show that “2.9 million babies die in the first month of life”, he said that of these, 1 million do not survive the first day, making the first 24 hours of a child’s life the most dangerous. As deaths of children under five have decreased globally, from approximately 12 million in 1990 to 6.6 million in 2012, newborn deaths have stagnated and now make up a larger percentage of child deaths than they did in 1990, going from 33 per cent to 44 per cent.” Chopra is optimistic that a lot can still be put in place to save newborns from timely deaths.

According to Chopra: “I am very optimistic that progress can be made, because it has been done by some countries,” adding that “Over the past decade, Rwanda, for example, has had the fastest rate of reduction of child mortality in sub-Saharan Africa. If we used the same methods globally, by 2035, a child born in Cameroun would have about the same chance of surviving as a child born in the United States of America.”

“As we mark the 25th anniversary of the adoption of the Convention of the Rights of the Child this year, we still have much to do to ensure that even the smallest child has that most basic right, to survive,” said Dr. Chopra.

“We hope this is just the start of an unstoppable momentum towards ending preventable newborn deaths within a generation.

“Essential to action is ensuring that children, especially the smallest, are counted by their governments. The almost three million newborns, who die, and an additional 2.6 million who are stillborn, are largely absent from their countries’ statistics. Neither their births nor their deaths are registered, and so, there is little accountability for their lives, and little attention paid to why they are dying.”

The Every Newborn Action Plan, according to the statement, “was developed by UNICEF and the World Health Organisation and provides a clear roadmap on how to end preventable newborn deaths. It promotes innovative ways to strengthen health sector strategies and outlines standards for quality care and measurement of births and deaths. It also includes programmes to reach those most neglected with universally available healthcare and sets guidelines for accountability.”

It reads in part: “UNICEF says the measures being promoted in the Every Newborn Action Plan can prevent over 70 per cent of deaths happening now. The key is to get the political commitment and this is what the launch and the Forum seeks to generate.”

Commitments were said to have been made by governments, civil society organisations and the private sector, to support newborn programmes in the last few weeks.

Among the commitments made as noted by the statement “include pledges of support to newborn health worth almost half a billion dollars from the USA, Canada, the Islamic Development Bank, Johnson & Johnson, GSMA, the Bill and Melinda Gates Foundation, among others.”
A new scorecard of the 32 countries competing in the 2014 FIFA World Cup shows that all have made significant progress in reducing child mortality since 1990, a statement issued by Global Health Strategies said.

The statement, issued by Ms Emily Briskin of Global Health Strategies, New York, and made available to the News Agency of Nigeria (NAN) in Abuja on Sunday, said Nigeria had reduced the child mortality rate to 124 in every 1,000 live births.

It said while not all countries had progressed equally, Brazil, the World Cup hosts, led the way with a 77 per cent drop in the death of children under age five since 1990.

“The ranking, “Child Mortality: what is the Score?”, is being released as run-up to the Partnership for Maternal, Newborn and Child Health Partners Forum, to hold in Johannesburg, South Africa, from Monday to Tuesday.

“At the conference, global leaders will call for accelerated action to improve the health of children, newborns and mothers everywhere,” the statement said.

It stated that although Nigeria had reduced child mortality by 42 per cent since 1990, it still had the highest rate of child deaths of all football nations in the 2014 World Cup.

“For every 1,000 births in Nigeria, 124 children will die before they reach age five,” the statement said.

The statement quotes Mr Paulo Bonilha de Almeida, Coordinator, Child Health, and Brazil’s Ministry of Health, as saying that there are two main reasons for the reduction of child mortality in Brazil.

He gave the factors as expanding access to primary health care and the Bolsa Familia, the world’s largest cash transfer programme.

“The National Immunisation Programme increased immunisation rates among Brazilian children and the National Breast feeding Policy more than quadrupled breastfeeding,” the statement said.

It also quotes Mr Naveen Thacker, President-elect of the Asia Pacific Paediatric Association, as saying that “the World Cup scorecard shows that when governments prioritise child health, dramatic progress can be made.”

The statement also quotes Prof. Zulfiqar Bhutta, Co-Director of the SickKids Centre for Global Child Health in Canada, as saying that “simple low-cost solutions could help every country dramatically reduce newborn deaths.”

NAN recalls that the 2013 Nigeria Demographic and Health Survey (NDHS) shows that the infant mortality rate in the country is 128 deaths per 1,000 live births.
8 July 2014

As the deadline for the United Nations Secretary-General’s Millennium Development Goal (MDG) moves in, advocates and key supporters of the health-related MDGs have presented an Acceleration Roadmap to save an additional 140,000 women’s and 250,000 newborns’ lives and provide universal access to modern contraceptives before the end of 2015.

The Roadmap which was presented at a just-concluded meeting in Kigali, Rwanda focuses heavily on the 48 hours surrounding childbirth, when the lives of the mother and child are at greatest risk and it is possible to deliver high-impact, cost-effective interventions to both, often by the same health workers at the same time.

“The Roadmap, spearheaded by a private-public partnership, is an expression of confidence that the health MDGs can be met. It follows last January’s launch at the World Economic Forum, Davos, of the Achievement Roadmap for MDG 4, on reducing child death. The document outlined how the lives of 2.2 million children could be saved by the end of 2015” a statement posted on the website of the United Nations said.

Unveiling this, the Executive Director of the United Nations Population Funds (UNFPA), Dr. Babatunde Osotimehin, said that a coalition of United Nations agencies supporting maternal and child health had developed the new Acceleration Roadmap for MDG 5, on maternal HEALTH, to enhance support for countries’ work to improve the health of women and girls in the race to meet the MDG deadline of 2015 and beyond.

Osotimehin added that the new Roadmap provided incontrovertible evidence that investing additional resources in proven solutions would provide valuable returns for the health and well-being of women and adolescents.

“The world is reducing pregnancy and childbirth-related deaths of women faster than at any other time in history, in large part due to better-trained health workers and midwives, better-integrated health interventions, more funding and sustained POLITICAL commitment. Global maternal death has almost halved since 1990, from an estimated 523,000 women dying yearly to 289,000 in 2013, according to WHO, UNFPA, World Bank and UNICEF estimates.

“The Roadmap’s proposals represent a vision of how well-planned financing, cooperation and coordination can take the maternal health goal across the 2015 finish line and position the world for the ultimate goal of eliminating all preventable maternal and newborn deaths” the former Nigeria’s health minister said.

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Newswatch Daily (Nigeria): Women, children central to new 2030 global poverty goals
Adewale Ajibaye
7 July 2014

Prime Minister Erna Solberg of Norway, Co-chairperson of the MDG Advocates Group, and Graça Machel, Chairperson of The Partnership for Maternal, Newborn & Child Health (PMNCH), joined world leaders and the reproductive, maternal, newborn and child health (RMNCH) community to review progress toward achieving the Millennium Development Goals (MDGs) focused on women and children’s health, to identify targets for healthy women and children for the post-2015 sustainable development agenda.
The MDG Advocates are a group of world leaders and development champions selected by the UN Secretary-General to mobilize global action on the MDGs. Engaging high-level leaders from governments, civil society and the private sector, this group works to highlight the need for enhanced investment in priority areas such as health, education, gender equality and women’s empowerment, in order to accelerate progress toward the MDGs.

PMNCH is a partnership of 625 organizations from seven constituencies — governments, multilateral organizations, donors and foundations, nongovernmental organizations, healthcare professional associations, academic, research and training institutions, and the private sector. The vision of the Partnership is the achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond.

Countdown to 2015 — was established in 2005, as a global movement of academics, governments, international agencies, health-care professional associations, donors, and nongovernmental organizations, with The Lancet as a key partner. Countdown uses country-specific data to stimulate and support country progress towards achieving the health-related Millennium Development Goals (MDGs).

The high-level panel of the MDG Advocates — a group of eminent personalities working to focus attention on the need to deliver on the vision for the Millennium Development Goals (MDGs) and to end poverty by 2030, met in Johannesburg recently at the 2014 PMNCH Partners’ Forum, co-hosted by the Government of South Africa, PMNCH, Countdown to 2015, A Promise Renewed, and the independent Expert Review Group. The panel discussed several new reports released at the Forum, including the Countdown to 2015 report for 2014, which tracks progress in the 75 countries that account for the vast majority of maternal and child deaths, and the Success Factors for Women’s and Children’s Health report, which analyzes 10 countries that have made rapid progress toward the MDGs.

“Globally, we have made good progress on the MDGs,” said Prime Minister Solberg. “But more can and must be done. With fewer than 550 days until the Millennium Development Goals deadline, time is of the essence to scale up our efforts on behalf of women, children and adolescents.”

The leaders called for the new sustainable development agenda to be rights-based, equity focused and to place healthy women, children and adolescents at its core. Leaders called for the new framework, which will be debated by the UN General Assembly in September, to focus on ending preventable maternal, newborn and child mortality, and to ensure sexual and reproductive rights, including universal access to quality sexual and reproductive services.

Since 1990, both maternal and child mortality have halved and 50 million more children go to school each year. But many challenges remain and further rapid progress on health outcomes will require addressing the multiple determinants of health. For instance, every year 14 million girls are forced into marriage, and in many countries, women and girls still do not have access to adequate education.

“Across the world, the rights of women and girls continue to be grossly violated. The burden of poverty on women is ever present.” said Graça Machel. “Every woman should have access to resources and gain space to assert her aspirations. Nobody should die in child birth. All girls should go to school with their brothers and master the tools for a productive life. “
The Panel also previewed the PMNCH Partners’ Forum Communiqué, which will focus on working across sectors — including education, infrastructure, and economic development — to ensure a comprehensive, broad-based approach to improving women’s and children’s health.

The communique, which was endorsed by the MDG Advocates, called for this comprehensive response to be enshrined in specific new global development goals.

“We proved that Innovative Financing can help us to reach the MDGs” said Philippe Douste-Blazy, United Nations Special Advisor on Innovative Financing for Development. “New partners are uniting in South Africa to commit energy and resources towards innovation and saving lives.”

Dr. Carole Presern, Executive Director of PMNCH, said, “Today, we leave with renewed energy to make sure that women, newborns, children and adolescents do not die from easily preventable causes; that sexual and reproductive health and rights are respected and that everyone, everywhere should be able to look forward to a healthy, happy and productive life.”

Further reading:

**Premium Times (Nigeria): Children more likely to die in Nigeria than in any other country participating in World Cup**

Tobore Ovuorie
29 June 2014

*Nearly half of all deaths in children under age five occur in the first 28 days of life.*

Nigeria has the highest rate of child deaths among all the nations represented at the ongoing 2014 FIFA World Cup, a new scorecard of the 32 countries competing in the tournament has shown.

According to the scorecard, Nigeria has reduced child mortality by only 42 percent since 1990. For every 1,000 births in Nigeria, 124 children will die before they reach age five, the report showed. “The World Cup scorecard shows that when governments prioritize child health, dramatic progress can be made,” said Naveen Thacker, president-elect of the Asia Pacific Pediatric Association. “Leaders from government, civil society and the business community must unite to ensure that preventable child deaths are soon consigned to the history books” he added.

However, the report says all countries have made significant progress in reducing childhood mortality since 1990, when the World Cup was hosted by Italy. Yet, not all countries have progressed equally. This year’s host, Brazil, leads the way with a 77 percent reduction in deaths among children under age 5 since 1990.


At the conference, global leaders will call for accelerated action to improve the health of children, newborns and mothers everywhere.

“There are two main reasons for the reduction of child mortality in Brazil: expanding access to primary health care and Bolsa Família, the world’s largest cash transfer program,” said Paulo Vicente Bonilha de Almeida, child health coordinator with the Brazilian Ministry of Health.
“The National Immunization Program increased immunization rates among Brazilian children, and the National Breastfeeding Policy more than quadrupled breastfeeding.”

Since 1988, Brazil’s constitution has guaranteed its citizens universal health coverage, so that they may access life-saving health services regardless of ability to pay.

Bolsa Família provides cash transfers to poor families in exchange for ensuring that children receive vaccines and attend school. Today, for every 1,000 births in Brazil, 14 children will die before their fifth birthday – down from 62 in 1990, the report further revealed.

Unfortunately, like Nigeria, not every country is doing well as Brazil in saving children’s lives. A major challenge to saving children’s lives is that nearly half of all deaths in children under age five occur in the first 28 days of life.

A prevalent myth is that to save newborns, sophisticated hospitals and intensive care units are needed.

“Simple low-cost solutions could help every country dramatically reduce newborn deaths,” said Professor Zulfiqar Bhutta, co-director of the SickKids Centre for Global Child Health in Canada.

“For example, wiping the umbilical cord with a disinfectant reduces deaths by half. Putting the baby onto the mother’s chest and encouraging breastfeeding also help prevent life-threatening infections.”

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Vanguard (Nigeria): Global partners call for improved maternal, child health
Sola Ogundipe
1 July 2014

Making her first public appearance since the end of her mourning period after the death of her husband, Nelson Mandela, Graca Machel, has tasked the world to ensure that women, children and infants attain their given potential, no matter where they live in the world.

Machel, who is Chair of the Partnership for Maternal, Newborn & Child Health, PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, spoke at the opening of the PMNCH, 2014 Partners’ Forum in Sandton, South Africa.

“The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done. Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfill their rights to health and education, and realise their full potential,” she remarked.

Launching two brand new reports on maternal and child health – entitled: Countdown to 2015 Report for 2014, and Success Factors for Women’s and Children’s Health Report, she said with 500 days to the global target for attainment of the Millennium Development Goals, MDGs, a lot remained to be done to improve the fortunes of maternal and child health the world over.

Partners at the Forum, comprising more than 800 leaders and public health experts from around the world, argued for women and children to be at the centre of the post-2015 development
agenda, urgent action was needed to curb persistent health inequalities, and also to cut maternal and child mortality in the world.

The 2-day conference, which involved the review of new data and call for accelerated action to improve maternal, newborn and child health, in support of the UN Secretary-General’s Every Woman Every Child movement, builds on two months of high-level meetings in Toronto, Prague, and Washington, DC, where global leaders and health experts met to discuss strategies to promote the health of women and children. At the Forum, leaders discussed steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health, and made specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda.

The Countdown to 2015 Report for 2014, presents the latest assessment of progress in the 75 countries that account for 95 percent of all maternal and child deaths each year.

The report finds that in several countries, more than half of the mothers and children in the poorest 20 percent of the population still receive two or fewer of the eight interventions deemed essential for preventing or treating common causes of maternal and child death, including vaccinations, skilled birth attendance, pneumonia and diarrhoea treatment, and access to family planning.

New Times (Rwanda): Rwanda commended for reducing mortality rates costs.
Doreen Umutesi
2 July 2014

Rwanda has been recognised for its significant progress towards achieving Millennium Development Goals (MDGs) 4 and 5 which concern reduction of child and maternal deaths.

This was during a meeting organised by the 2014 Partners Forum that ended yesterday in Johannesburg, South Africa.

The report, released at the meeting, dubbed the Success Factors for Women’s and Children’s health report, 2014 commended Rwanda for making steady progress towards achieving these two goals.

Rwanda was specifically commended for mobilising action across the society and using data to drive decisions.

Other countries highlighted in the report are Bangladesh, Cambodia, China, Ethiopia, Lao PDR, Nepal, Peru and Vietnam.

The report is done through the Success Factors Studies, a collaboration of the Partnership for Maternal, Newborn & Child Health (PMNCH), the World Bank, World Health Organisation (WHO) and Alliance for Health Policy and System Research.

Dr Carole Presern, the Executive Director of PMNCH, said a better understanding of how some countries have been able to prevent maternal and child deaths can inform all partners’ strategies to accelerate progress for women’s and children’s health.

“Sustained political will and strong partnerships across society can save lives and set a way forward for sustainable health and development,” Dr Presern said.

Two other publications were officially launched at the 2014 Partners Forum; the ‘Every Newborn Action Plan’, and the ‘Countdown to 2015 Report for 2014.’
2015 is the year set by the United Nations for countries to meet the MDGs.

Opening the conference, Graça Machel, who chairs the PMNCH, making her first public appearance since the death of her husband Nelson Mandela, endorsed the vision of ‘Every Newborn Action Plan’.

“This plan demonstrates that together we can achieve a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential,” Machel said.

She said women and children have not been covered adequately.

“We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education,” she said.

The 2014 Partners Forum attracted more than 800 leaders and public health experts, and top on the agenda was to review new data and call for accelerated action to improve maternal, newborn and child health.

New Times (Rwanda): Rwanda: Women’s Expectations in the 2015 MDG Agenda
Naisola Likimani
3 July 2014

WITH JUST 500 days left to the 2015 Millennium Development Goal (MDG) deadline, studies show that the goals related to maternal and child health will not be achieved given the staggering figures provided by different reports.

For instance, the 75 countries covered in Countdown's 2014 report, Fulfilling the Health Agenda for Women and Children, account for more than 95% of all maternal and child deaths each year. The Countdown's 2014 report was released at the 2014 Partners Forum.

The Countdown report also shows that in several countries, more than half of the mothers and children in the poorest 20% of the population receive two or fewer of eight interventions deemed essential for preventing or treating common causes of maternal and child deaths, including vaccinations, skilled birth attendance, pneumonia and diarrhoea treatment, and access to family planning.

Women Today's Doreen Umutesi interviewed women from around the globe who attended the 2014 Partner’s Forum (June 30 - July 1, 2014) in Johannesburg, South Africa, to find out their expectations in the coming 2015 Millennium Development Goals.

My expectation in the post 2015 agenda is the need to look at where we failed in the past MDGs, and in particular, MDG 5. We need to know why it's the worst performing MDG. We must also look at women's bodies in a more comprehensive way and not just there for child bearing. They need to know their sexual reproductive rights from adolescence to pre pregnancy, to pregnancy and beyond.

We must define what we mean by sexual reproductive health because I don't think there is a common understanding on what those services entail and that way, it would be very clear for all our countries especially in Africa to implement a much more integrated and comprehensive programme.

Naisola Likimani- Kenya
Melissa Kubvoruno- Zimbabwe
It's encouraging that there is so much attention given to women, newborns and child health issues. We have achieved a lot but every time we achieve something, we reach some goals and there are new challenges and new threats that emerge. For instance violence against women is a big issue, so it affects maternal and newborn health. So I think if we address that and make it a priority we will achieve a lot.

Anjali Neyyar- India

As a young person and a woman, first, I wish the post 2015 agenda will have a big focus on addressing ways through which all countries can have skilled birth attendants. As a woman I want to be able to go to any hospital and expect skilled personnel to take care of me at the time of labour. As a young person I would like to see more focus on involving the youth in all policy making decisions because the youth bring sustainability to programmes.

Christelle Kwizera- Rwanda

I think one of the most important aspects in the post 2015 MDG agenda to me is addressing the issue of equity. We need equal treatment, equal access, equal opportunities for men, women, children and newborns. I believe that each individual no matter where they are from, deserve to have equal rights to health and happiness such as access to health care and education.

Rebecca Disler - New York (USA)

My expectation in the post 2015 MDGs is to see a goal that will facilitate women to make informed choices about their reproductive health as well as involve men in maternal and child health issues. I'm expecting the maternal and child health goals to be revisited and readdressed.

Thembi Zulu- National Department of Health South Africa

My expectation is that gender violence and sexual violence get more attention. It is important that maternal and child health get full attention too. We have to create a world in which lives are respected.

Bijoyeta Das- Journalist and photographer

MDG 5 should be readdressed in the post 2015 agenda. I think there is a gap that needs to be closed especially in regards to access to proper health facilities especially for young women. For example the older generation that accesses contraceptives are treated differently compared to the youth.

Samantha Henkeman, Moxy Communication

I think I will expect more involvement of women in drafting the post 2015 MDG agenda. Women know the challenges the community face especially in regards to maternal and child health. Women can set goals that are realistic and achievable based on the experience they have in health issues. I'm expecting more resources to be invested in maternal and child health like it was done for HIV/AIDS.

Precious Robinson- South Africa

Maternal, newborn and child health is an unfinished agenda. It's an area that needs to be focused on in 2015. We need to make sure we move towards universal coverage and ensure better health access for women and children. We need to ensure that countries, alongside partners, ensure systematic scale up of the key interventions that we already know that work. We need to make sure that there is investment in the information systems so that by 2030 we are no longer talking about estimates about maternal mortality but real updates.

Dr Neema Rusibamayila- Tanzania
Politico (Sierra Leone): Sierra Leone’s health in crisis, with 500 days to MDG deadline
Umaru Fofana
1 July 2014

She raced from the outpatient unit towards the direction of the screening centre at the Kenema Government Hospital. In her firm grip was her child who must be less than three years old. She also clutched under her armpit a plastic bottle containing chlorine – a symbol of prevention which is ubiquitous in the eastern headquarter town.

Her son was throwing up and having a running stomach. He is suspected to be suffering from the viral haemorrhagic fever, Ebola. Not sure if that’s the same boy I was told by health workers at the hospital had been throwing up and bleeding since the previous day.

Manneh, not her real name, looked worried. Such is the risk a mother would take for her child that she clutched her mobile phone between her teeth as she dashed. The wind blew off her head tie without her knowing. Torment galore!

I did not stay to find out what her son’s Ebola test result was. I had to leave Kenema to travel to Johannesburg in South Africa where I am attending a global forum. The forum has brought together more than 800 leaders and public health experts “to review new data and call for accelerated action to improve maternal, newborn and child health”.

Sierra Leone is the worst in the world, according to the latest UN World Health Organisation figures in the area of maternal health with 1,000 of every 100,000 women dying to bring a life. This grim statistic is bound to get even apocalyptic with the Ebola outbreak in the country.

According to the Medical Officer for Kenema District, Dr Mohamed Vandi, women are the hardest hit by the outbreak in part because when it broke out early this year in Guinea, a traditional healer – Sowei – across the border into Sierra Leone treated many patients who’d come with the hitherto unidentified illness. When she eventually died, because of her traditional standing and the lack of knowledge about the disease, women washed and buried her without protection. Most, if not all, of those who took part in her burial by touching her body, contracted the virus. And the knock-on effect on other women who treated those other women continues to be reverberate and has become a vicious circle for many women in and out of Kailahun.

But more women could be dying also because most nurses in the country are women. Many of them have lost their lives while trying to save other people’s lives in this daunting battle against a debilitating disease. And their corpses were badly handled by other women. And on and on and on. So you would imagine the impact Ebola has had and will continue to have on women especially pregnant ones and, inevitably, their children.

It is therefore surprising – and perhaps shocking - that at the Partnership for Maternal, Newborn and Child Health (PMNCH) forum in Johannesburg yesterday, no speech by anyone mentioned the effect of Ebola on women and children in Guinea, Liberia and Sierra Leone which are ravaged by the viral fever.

This, besides the grim maternal and child statistics that are all too associated with Sierra Leone, is perhaps a strong reason why I think the Minister of Health should have been here – or someone else in her stead senior enough to make policy statements and request for more assistance to deal with
the epidemic. No-one from the ministry is here. And no reasons given, as one of the organisers told me.

At a press conference, I asked the UN World Health Organisation’s Assistant Director-General for Family, Women’s and Children’s Health about the impact of Ebola on maternal and child survival. Her face collapsed as she started playing with her fingers as if to say “you caught me off guard”. Flavio Bustreo said “It is very important to note that women and children are most at risk [of Ebola] and especially when they are pregnant women and need specific care”. She said her organisation had “teams on the ground that are monitoring the situation especially that are linking pregnant women and children to the care that they require. The situation is especially critical in rural areas because those linkages are more difficult.”

And she is right. Rural areas especially in the east of the country which even in the best of times are in the throes of depravity and deprivation, can only be doomed at this time of the Ebola onslaught.

Maternal and newborn health has to be a priority far more than it is now. It is 500 days to the United Nations target date for the attainment of its Millennium Development Goals. Incidentally two of those eight goals are about maternal and child health. And the key emphasis here by speakers is not only access — towards which some efforts are being made in almost all developing countries. That will not change much or for long. Rather the focus in Sandton in Johannesburg is on QUALITY health care and accountability. Both bring Sierra Leone to mind and here is why:

It would be dishonest of anyone to not give credit to the Sierra Leone government for its initiative that introduced the partial free health care which removed payment of user fee or out-of-pocket expenditure. This has led to a huge increase in the numbers of women who turn up at maternal and children’s hospitals, where such are available. That notwithstanding the number of women dying daily in Sierra Leone due to child birth is shocking. The number of children lost to the same is enormous. And some of the newborns are passing away even before their first birthday. I hate statistics and I won’t bore you with any more.

On the issue of accountability leakages in the health sector even a child born three years ago knows what I am talking about. Drugs meant for mothers and children disappear. It took the donors themselves to detect the disappearance in Sierra Leone of money sent by the Global Alliance for Vaccination and Immunisation (GAVI Alliance) for the country’s children. Never mind the struggle many hospitals go through in navigating between the huge numbers of mothers and babies and pregnant women that visit, and what they can afford to give them as medication. Never mind the issue of blood for women in labour. Or even the frequent setting alight of the central medical stores without consequence.

Grim? Well imagine the number of under-aged girls who die because they are not meant to carry a pregnancy and some dirty old men sleep with them or even “marry” them. Even with our laws protecting children and women, these things happen with impunity and the victims keep becoming nothing but a statistic.

Like in most of the world, there have been appreciable outcomes for mothers and babies. However for many countries especially the most vulnerable this progress has been too slow, says Dr Mohamed Yillah of Evidence for Action/Mamaye Sierra Leone.

He says the next 500 days should be made to count meaningfully. And he asks how that will be made to happen without concrete steps rolled out by governments like Sierra Leone’s.
500 days ago it looked as if the world was coming to a standstill when it was marking the next 1,000 days to the MDG deadline. 500 days on, what has changed?! In the case of Sierra Leone it requires specific timelines to make it happen or almost. The Ebola outbreak should not be an excuse for the government to say, in 500 days time, NA D EBOLA MAKE WE NOR ABUL. Rather someone should have been at this conference from the government meeting with the movers and shakers in world health – from the UNFPA boss to his WHO counterparts – who are all here.

“Changing the trajectory of progress from a slow rising curve to that of accelerated progress that reflects wide political commitment and accountability” is a concern of Dr Yillah’s.

“We cannot continue to do more of the same. We need drastic, pragmatic approaches that ensure consequences for poor accountability from our African governments” he opines.

When I asked Gracia Marcel about some sort of incentive for governments that show action beyond rhetoric, she replied the best incentive was for governments in such poor countries that provide not only access but quality access to the health of women and children to feel good that they have made this happen.

I agree with her. But I also think some reward or punishment by donors should be encouraged for those countries that do well or those that do not.

Dr Yillah believes “African governments must commit, deliver and show accountability or face exclusion from certain catalytic resource pots” should they fail to live up. This, to my mind, is needed for countries whose leaders sit cross-legged and arms-folded towards corruption unless they want to end careers they don’t wish to go beyond their say-so.

This way we can dash to the finishing line and attain maternal, newborn health interventions for our country. Roadmaps should be crafted and implemented for the next 500 days. That way, Manneh will not have to risk her own life desperate to save her three-year-old son from a possible Ebola infection – I hope the boy survives. Or even her future child. God save the mum. God save the baby. God save the child.

**Citizen (Tanzania): Leaders urge sustained action to end mother, child deaths**

Songa wa Songa
1 July 2014

Johannesburg. Leaders and public health experts from around the world yesterday opened a landmark two-day forum here and called for accelerated action to improve maternal, newborn and child health.

The Partnership for Maternal, Newborn & Child Health (PMNCH) 2014 Partners’ Forum was opened by Graça Machel, chair of PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who made her first public appearance since the end of her mourning period after the death of her husband, peace icon and first president of post-apartheid South Africa, Nelson Mandela.
“The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done,” said Graça Machel and added: “Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education, and realise their full potential.”

In support of the UN Secretary-General’s Every Woman Every Child movement, the Partners’ Forum builds on two months of high-level meetings in Toronto, Prague, and Washington, DC, where global leaders and health experts met to discuss strategies to promote the health of women and children. At the forum, leaders will discuss steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health, and make specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda. Participants will also pledge their financial and policy support and a range of new resources to support the implementation of the new Every Newborn Action Plan (Enap), a road map to improve newborn health and prevent stillbirths by 2035.

“We are privileged as a country to host this important meeting about the urgent need to improve women’s and children’s health.

“This global gathering gives us the opportunity to learn from each other’s successes and challenges, and to identify new approaches,” said Dr Aaron Motsoaledi, South African minister for Health. Despite improvements, 289,000 women still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday, including nearly 3 million newborns. At least 200 million women and girls are unable to access family planning services that would allow them to control when they have children. Africa still has a long way to fight off bad customs.

Citizen (Tanzania): Tanzania tumbles in child deaths battle.
Songa wa Songa
1 July 2014

Johannesburg. Tanzania’s hope to achieve the Millennium Development Goal (MDG) Four on the reduction of child deaths now faces a daunting task with new reports showing the country is retreating.

Unicef’s State of the World’s Children 2014 Report, shows that Tanzania has seen a 68-percent reduction in child mortality rate since 1990, falling from 166 per 1,000 births in 1990 to only 54 in 2012.

But the Countdown to 2015 report released here yesterday at the Partnership for Maternal, Newborn and Child Health (PMNCH) forum shows that Tanzania has relaxed while other countries have tightened the fight.

The report highlights trends in child mortality in the 75 Countdown countries, Tanzania included, by average annual rate of reduction which shows that from 2000 to 2012, Tanzania did well and it was ranked in the fifth place after having reduced under-five mortality at an annual rate of 7.4 per cent. Rwanda stands tall on top of the list with 10 per cent followed by Cambodia (8.5 per cent), China (8.1 per cent), and Malawi (7.5 per cent) while at the end stand Burundi and Ghana both of which scored three per cent, Sudan (3.1 per cent), Turkmenistan (3.3 per cent) and Myanmar (3.4 per cent).
But Tanzania’s average annual rate of reduction from 2000 to 2013 was poor, seeing the country nosedive from the fifth position to 16th with a receding rate of 4.8 per cent.

As the country is overtaken by the likes of Lao People’s Democratic Republic, Equatorial Guinea and Afghanistan which are ranked third, fourth and fifth respectively, previous front runners Rwanda and Cambodia worked even harder and maintained the lead in the same positions with increased rates of 8.6 per cent and 8.4 per cent respectively.

Another report launched yesterday, ‘Every Newborn Action Plan’, with the theme ‘A Common Threat: Reaching Every Woman and Every Newborn’ puts Tanzania amongst the top 10 countries with the highest number of newborn deaths and stillbirth as of 2012, despite the achievements it had recorded by that date.

With a total number of 86,800 newborn deaths and stillbirths, Tanzania is number nine on the list and contributes two per cent to the global burden.

The action plan comes after the 67th World Health Assembly which sat in May this year where governments committed to end preventable deaths. The plan estimates that achieving high coverage of care by 2025 would prevent nearly three million deaths of women and newborn babies and stillbirths (1.9 million newborns, 0.2 million mothers 0.8 million stillbirths). The numbers comprise 87 per cent of preventable maternal and newborn deaths.

“The plan has the potential to spur progress towards the wider ambition –proposed for the post-Millennium Development Goal framework—of ending all preventable deaths of children aged under five by 2030,” reads the report in part.

Releasing the countdown report, themed ‘Fulfilling the Health Agenda for Women and Children’, the forum noted that although many developing countries have taken substantive action to save women and children’s lives, vast areas of ‘unfinished business’ still need to be addressed.

According to the report, the 75 countries covered in the countdown account for more than 95 per cent of all maternal and child deaths each year, adding that virtually in every countdown country, the wealthy receive far higher coverage of key interventions than the poor.

“Now is the time to make a final push on the health Millennium Development Goals Four and Five and to set the stage for the elimination of preventable maternal and child deaths in the years beyond 2015,” said Dr Zulfiqar Bhutta of the Hospital for Sick Children in Toronto, Canada and Aga Khan University in Pakistan who is of Countdown to 2015, adding:

“To achieve these goals, we need to do a much better job of reaching the poor, young people, indigenous groups and other vulnerable people with essential health services.”

According to the ministry of Health and Social Welfare, the government is banking on a strategic plan for accelerating the reduction of maternal and childhood deaths (2008-2015) to soldier on.

Deputy minister for Health, Dr Stephen Kebwe, who is attending the forum said some 2,439 heath workers have been trained on life saving skills for delivery care and 622 community health workers have been trained on community sensitisation pertaining to the importance of health facility, delivery, maternal care up to 40 days after delivery and home-based care.
The ministry is also implementing a project to support maternal mortality in collaboration with the African Development Bank (AfDB) in Mtwara, Mara and Tabora regions where maternal mortality rates are stubbornly high, he said.

Construction and rehabilitation of some health facilities in these regions have been made and equipment installed, he added. “To ensure there is steady reduction of deaths, 1,412 heath providers on integrated management of childhood illnesses from 11 regions and 7,361 service providers have been trained on neonatal resuscitation,” he said.

Citizen (Tanzania): Brazil wins world cup health scorecard
Songa wa Songa
30 June 2014

Johannesburg. Although Brazil is still far from the Fifa World Cup 2014 trophy, the host nation has already been declared winner of the inadvertent health version of the tournament - reduction of child deaths.

According to “Child Mortality: What’s the Score?” ranking released here last week in the run-up to the two-day Partnership for Maternal, Newborn and Child Health (PMNCH) forum that kicks off today, Brazil has beaten other countries with 77 per cent reduction in deaths among children under the age of five since 1990.

The scorecard ranks the 32 countries in this year’s World Cup. Portugal is in the second position with 76 per cent followed by Iran and Uruguay which both recorded 69 per cent reduction. in third position.

Tanzania is amongst the countries that have done well in reducing child deaths but have not been ranked because they are not taking part in the ‘Brazil 2014’. According to Unicef’s State of the World’s Children 2014 report, Tanzania has seen a 68 per cent reduction in child mortality rate since 1990, falling from 166 per 1000 births in 1990 to only 54 in 2012.

“There are two main reasons for the reduction of child mortality in Brazil: expanding access to primary healthcare and Bolsa Familia, the world’s largest cash transfer program,” said Mr Paulo Vicente Bonilha de Almeida, child health coordinator with the Brazilian Ministry of Health.

“The National Immunisation Program increased immunisation rates among Brazilian children and the National Breast feeding Policy more than quadrupled breast feeding,” he added.

But there is something worth emulating in Brazil’s success story: Since 1988, the country’s constitution has guaranteed its citizens universal health coverage, so that they may access life-saving health services regardless of ability to pay. Bolsa Familia provides cash transfers to poor families in exchange for ensuring that children receive vaccines and attend school. Today, for every 1,000 births in Brazil, just 14 children will die before their fifth birthday – down from 62 in 1990.

“The World Cup scorecard shows that when governments prioritise child health, dramatic progress can be made,” said Naveen Thacker, president-elect of the Asia Pacific Pediatric Association. “Leaders from government, civil society and the business community must unite to ensure that preventable child deaths are soon consigned to the history books.”
Johannesburg. Over 800 delegates from all over the world will converge here today and tomorrow for the third Partnership for Maternal, Newborn & Child Health (PMNCH) forum.

Participants come from health and non-health sectors, including representatives from countries, multilateral organisations, UN agencies, civil society and the private sector. Tanzania’s delegation is led by the deputy minister for Health and Social Welfare, Dr Stephen Kebwe.

The forum is hosted jointly by the government of South Africa, Countdown to 2015, A Promise Renewed, the independent Expert Review Group and PMNCH.

The forum’s key objectives are to develop a strategic vision for the PMNCH community for the post-2015 that will be set out in the Partners’ Forum Declaration, to take stock and learn lessons from the MDGs achievements to date, to inform the future and guide investment and action.

Tanzania will present at the meeting a mixed bag of success and failures in health interventions.

While it has achieved tremendous strides in reduction of under-five deaths and is certain to achieve Millennium Development Goal (MDG) Number Four, the country performed poorly in cutting preventable deaths to women that occur during delivery.

According to Tanzania country Report on the Millennium Development Goals 2010, both Mainland and Zanzibar will achieve MDG four; reduction of child mortality whereby the mainland has cut the under-five death rate (per 1,000 births) from 191 in 1990 to 81 in 2010 and the number is expected to go down to 64 by next year.

Infant mortality rate (per 1,000 births) has also gone down from 115 in 1990 to 51 in 2010 and is expected to plunge to 38 by next year.

Zanzibar has also cut the under-five deaths from 202 in 1990 to 79 in 2008 and is expected to further reduce the numbers to 67 by next year. Also, the island has reduced the infant mortality rate from 120 in 1990 to 54 in 2008 and is expected to bring the numbers down to 40 by next year.

However, with this impressive performance in reduction of deaths in under-five and newborns, Tanzania is likely to fail to meet target number five; improvement of maternal health. The mainland has only managed a meager reduction of maternal mortality ratio (per 100,000 births) from 529 in 1990 to 454 in 2010 with a tiny increase in proportion of births attended by skilled health personnel from 43.9 per cent in 1990 to 50.5 per cent in 2010 and is not expected to make to the target of 90 per cent by 2015.

On the other hand, Zanzibar has reduced deaths to women that occur during the reproductive process from 377 in 1998 and will not meet the target of bringing the deaths down to 170 by next year. Proportion of births attended by skilled health personnel in the Isles was 44.7 per cent in 1998 and will not meet the target of 90 percent by next year.
Citizen (Tanzania): End child marriage to cut maternal deaths, urges forum.
2 July 2014.

The war against preventable birth-related deaths of mothers cannot be won as long as the practice of child marriage continues, it has been explained.

Countries with high rates of child marriage typically have high rates of maternal mortality, according to a brief presented here at the Partnership for Maternal, Newborn and Child Health (PMNCH) forum by Girls Not Brides, a global partnership to end child marriage.

Therefore, countries investing tonnes of resources in the fight against maternal mortality but turning a blind eye to the practice of child marriage for whatever excuses, are wasting those resources.

“Girls who give birth before the age of 15 are five times more likely to die in childbirth than women aged 20-24,” the document reads: “Complications in pregnancy and childbirth are the leading cause of death in girls aged 15-19 in low and middle-income countries whereas 90 per cent of adolescent pregnancies in the developing world are to girls who are already married.”

According to US-based International Centre for Research on Women (ICRW), Tanzania is on the world’s top 20 counties that lead in child marriage. It ranks 20th with 21.1 per cent in a list whose top three are Niger (74.5 per cent), Chad (71.1 per cent) and Mali (70.6 per cent).

Citizen (Tanzania): Secrets behind success of top 10 winning countries.
2 July 2014.

The secrets to success of the top ten countries that emerged best performers in the reduction of child and mother deaths can now be revealed.

Bangladesh, Cambodia, China, Egypt, Lao People’s Democratic Republic, Nepal, Peru, Rwanda and Ethiopia were on Monday announced here as best practice at the third Partnership for Maternal, Newborn and Child Health (PMNCH) forum.

So what did these countries do that can be emulated by the other countries like Tanzania? According to a policy brief entitled Success Factors for Women and Children’s Health: Policy and Programme Highlights from 10 Fast-track Countries, the following were the secrets.

First is pushing for multi-sector progress in Millennium Development Goals (MDGs) Four and Five -- on child and maternal health. This includes striving to achieve the other MDGs as well including reducing poverty and hunger and improving education and gender equality.

Second is a catalytic strategy—optimising the use of resources and maximising health outcomes through effective leadership, evidence-informed decision-making and partnerships across society.

Third is the use of widely accepted principles and legal frameworks— including human rights and development effectiveness—and political and economic models to shape policies and action.
Ethiopia, one of the world’s lowest-income countries and one of the two sub-Saharan countries on the coveted list is credited with strengthening capacity to deliver proven interventions in ways that best suit local conditions.

“By prioritising community-based primary care and deploying almost 40,000 health extension workers, it found a way of delivering essential reproductive, maternal, newborn and child health interventions such as antenatal care and contraception to women and children in rural communities,” the document reads in part.

Rwanda -- another Sub-Sahara Africa country and EAC member -- made it mainly because of its result-driven financing which has helped reduce inequalities in access to maternal and child health services as well as created foundations for improved care to significantly cut mortality and morbidity.

**Guardian (Tanzania):** [MDGs 4, 5 are achievable with political will – report](http://www.theguardian.com/global-development/poverty-matters/2014/jul/02/mdgs-4-5-are-achievable-with-political-will-report)

Kenneth Simbaya
2 July 2014

Health targets are achievable even in adverse conditions, when there is strong and focused political commitment, use of robust evidence to guide policy and investment decisions in development basics such as girls’ education, clean water, and roads.

The Guardian has learnt that 10 countries, Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda and Vietnam were not deterred by their country’s economic growth or political unrest and have achieved substantial progress to achieving Millennium Development Goals number 4 and 5.

According to an advocacy booklet availed to the Guardian by Sara Bandali from Evidence for Action the 10 countries apart from demonstrating focused strong political commitment, investing in girls’ education, and other development basics they also brokered strong partnership between their governments, civil society, development partners and private sector to achieve their goals.

According to the evidence provided, these countries which are improving the health of women and children are also making progress in achieving the other MDGs.

According to the report titled Success Factors for Women’s and Children’s Health released on Monday at the 3rd Partner’s Forum Meeting taking place here, despite political and economic challenges, rapid reduction of maternal, and child mortality and dramatic improvement in reproductive health and rights are possible.

Success Factors for Women’s and Children’s Health according to a statement issued by the conference organisers is a result of a study done jointly between The Partnership for Maternal, Newborn (PMNCH), the World Bank, World Health Organisation (WHO), and the Alliance for Health Policy and Systems Research.

Other study partners are the United State Agency for International Development, Johns Hopkins University, Global Health Insights, London School of Hygiene and Tropical Medicine, University of St Gallen, Cambridge Economic Policy Associates and Mama Ye-Evidence for Action.
“A better understanding of how some countries have been able to prevent maternal and child deaths, can inform all partner’s strategies to accelerate progress for women’s and children’s health,” said Dr Carole Presern, PMNCH Executive Director.

“While every country has its own challenges, sustained political will and vision, evidence-based, high impact investments, and strong partnership across societies can save lives and set a way forward for sustainable health and development,” added Dr Presern.

The Partners’ Forum which ends today has been co-hosted by South African government, PMNCH, Countdown to 2015, a promise Renewed, and independent Expert Review Group.

Guardian (Tanzania): African countries can achieve MDGs
3 July 2014

As we count the remaining days to the 2015 deadline in the implementation of the Millenium Development Goals (MDGs) we are many a time reminded that a number of African countries are unlikely to achieve some of the more crucial goals, let alone sustain them.

Sadly but understandably this has taken the limelight and has to a great extent served to divert attention from what is possible in the adverse circumstances that many African countries find themselves in terms of implementation of the MDGs.

As such many African countries have either given up on achieving the MDGs or got into a panic over what they can possibly do in the remaining time to achieve something.

But stakeholders who have been following up on the issue, monitoring progress of each country, say there is a way where there is a will and that some countries which refused to be distracted have done wonders.

We happily learn that 10 countries, Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda and Vietnam have made substantial progress in implementing Millennium Development Goals number 4 and 5 because they were not deterred by low economic growth or political unrest.

We are told that apart from demonstrating focused strong political commitment, investing in girls’ education, and other development basics they forged strong partnership between their governments, civil society, development partners and private sector to achieve their goals.

And because of the approach, not only are they making encouraging progress in MDGs 4 and 5, but are also doing well in implementing the other goals.

The stakeholders point out that it is not too late to achieve the goals, if the other countries learn the secret of the success of the 10 countries, and adopt the strategies that can help them move forward in a more focused way.

As Dr Carole Presern, The Partnership for Maternal, Newborn and Child Health (PMNCH) Executive Director points out in the study: “A better understanding of how some countries have been able to
prevent maternal and child deaths, can inform all partner’s strategies to accelerate progress for women’s and children’s health,”.

He goes on to say: “While every country has its own challenges, sustained political will and vision, evidence-based, high impact investments, and strong partnership across societies can save lives and set a way forward for sustainable health and development.”

We quote at length the experts’ observations because the 10 countries, some of them in Africa and going through some crises or other and also facing resource constraints, are not so different from the others lagging far behind in the MDGs.

Surely one good reason must be the lack of political commitment to implementing the MDGs. For it is true that some of the countries lagging behind in implementation are more endowed than those that have made such remarkable progress.

We hope that the 10 countries have provided an invaluable lesson to those countries lagging behind, especially in Africa that they can make greater progress on any front, if they are focused, determined and truly committed to changing for the better.

Guardian (Tanzania): Africa must aim for better MDG results, says Machel
Kenneth Simbaya
4 July 2014

For African countries to achieve targets and goals agreed at global level, they need to own, domesticate and transform them to meet individual nations’ perspectives.

This was said on Sunday by Graca Machel, the wife of the late South African anti apartheid revolutionary and the first black president Nelson Mandela, when giving her comments at the Partnership for Maternal, Newborn and Child Health (PMNCH) NGO constituency pre-conference meeting held at Sandton Convention Centre here.

About 800 global health professionals, policy makers, business leaders, advocates and youth leaders gathered in Sandton City for two days to review progress and identify success factors, agree on commitment for actions to help women, newborns, children and adolescent survive and thrive in the next 500 days before MDGs come to an end in 2015 and post 2015.

According to Graca Machel who is also the PMNCH Board chair, in many cases development issues agreed at global level in New York (United Nations headquarters) and regional level in Addis Ababa (African Union headquarters), are not shared with stakeholders in individual countries’ ministries of foreign affairs, hence lacking stakeholders ownership.

She reminded NGOs that they responsibility not only to participate and monitor how agreements are transformed into national targets, but also to see how the agreements reach the millions of people they work with, so as to create engagement and ownership of the agreed targets and goals, which she said is fundamental for realisation of the goals.

Citing an example of the Millennium Development Goals (MDGs), which comes to an end in December 2015, Machel said as a result of not sharing the agreed commitments, it has been noted that other members of the government in the same government are not aware of them.
“We have many communities in our countries who have never heard about MDGs and they are coming to an end,” she pointed.

She advised delegates to the Partners’ Forum to learn from mistakes committed in handling MDGs as they move to post 2015 agenda. She recommended that 2016 be a year where by every nation has a national information pack, in which all the stakeholders are not only aware of what is going to be done, but take responsibility for the post 2015 agenda.

“To make everyone responsible, so that we learn from MDG mistakes, making sure that every single stakeholder is engaged and our governments need to make sure that they create a space for a national pack,” Machel said.

On the remaining 500 days before MDGs come to an end, she advised delegates to the 3rd Partners’ Forum meeting to make use of the remaining days to push for results they want in order to save every single life that can be saved before the MDGs deadline.

“I hope whatever you discuss, you will push and push and push to make sure that we get the best of results,” she said, adding that: “we still have space and we have to use that space to make sure that every single human being that can be saved from now up there counts.”

Kadi Toure from PMNCH secretariat in Geneva, appealed to delegates to advocate for the health of women and children at the heart of the post 2015 sustainable development framework. She said the MDGs have been very successful in stimulating progress, but more remains to be done.

Recommendations for post 2015 includes, a stand-alone health goal focused on ending preventable maternal deaths, universal access to quality sexual and reproductive health education and services, universal health coverage and focusing on equity to make sure that no one is left behind. They also include tackling nutritional issues, water and sanitation, addressing violence against women and girls according to Kadi.

Kate Eardley from World Vision told participants that PMNCH has produced a position paper on post 2015 on areas of consensus as contributed by various stakeholders.

PMNCH is an alliance of more than 625 organisations from the reproductive, maternal, newborn and child health communities. The partnership provides a platform for organisations to share strategies align objectives and resources, and agree on interventions to improve maternal and child health.

The Partners’ Forum which brought together about 800 leaders and public health experts ended yesterday with a call to leave no one behind.
The meeting, which brings together more than 650 organisations across the globe, seeks to forge a way through which maternal and child health can be eliminated within the next 500 days, when MDGs shall be accessed and reviewed. They also seek to ensure that issues affecting women and children take centre stage in the post 2015 development agenda.

Speaking in a video conference at the opening of the two-day conference, Ms Hillary Clinton, former US Secretary of State, said remarkable progress has been made over the years but urged governments to do more. “It’s unacceptable that mothers and their new borns continue to die without leaders being accountable for such deaths,” she said.

While opening the event in Johannesburg, South Africa yesterday, Ms Graca Machel, the African Ambassador for Committing to Child Survival: A Promise Renewed, said while the world has made remarkable progress to improve health and expand opportunities over the past 14 years, there is still much more that is needed to be done.

Daily Monitor (Uganda): Rwanda, Ethiopia shine at global conference for reducing maternal and Child mortality
Agatha Ayebazibwe
2 July 2014

Rwanda, Egypt and Ethiopia have been applauded for their commitment to reduce maternal and child mortality using cost effective interventions, according to a new report.

The only three African countries that have seen delegates at the just concluded Partners Conference on maternal and Child health in Johannesburg, South Africa are part of the top ten fast track countries that have succeeded in reducing maternal and child deaths by more than 50 per cent in the last twenty years.

According to the report - “success factors for women’s and Children’s health” in countries like Bangladesh 65, Cambodia 57 per cent, China 80 per cent, Egypt 75, Ethiopia, 47, Lao PDR 56, Nepal 66, Peru 70, Rwanda 50 and Viet Nam 60 per cent all reduced the deaths by investing in high impact health interventions such as quality care at birth, scaling up immunization services, and family planning.

The report also shows that these 10 fast track developing countries made significant progress across other multiple health enhancing sectors such as education, women’s politics and economic participation, access to clean water and sanitation, poverty reduction as well as partnerships.

The Minister for Health for Bangladesh Dr Zahidi Maleque told delegates that his country hit targets for both MDGs 4 and 5 through empowerment, removing boundaries for inequalities and creation of employment for the woman.

“We also worked hard to improve the medical facilities, recruited health workers and increased supplies in all health facilities. We also invested heavily in Nutrition of women and children.” said Dr Maleque.
The World Health Organisation (WHO), Partnership for maternal, new born and child Health and the World Bank who were the authors of the report recommend that investments need to be made not only in the health sectors but education of women and girls, reduction violence against women to reduce maternal mortality.

Dr Peter Waiswa, an academician from Makerere University School of Public Health said that children’s’ health in Uganda has also improved but on a rather snail pace although tremendous progress has been achieved in reduction of child deaths by almost 40 per cent. “However, when it comes to maternal health and newborns, Uganda is doing badly and is still ranked among the worst countries to be as a mother,” said Dr Waiswa.

The Herald: Maternal, child health under spotlight
Roselyne Sachiti
2 July 2014.

Over 800 leaders and public health experts from around the world who are gathered here have called for accelerated action to improve maternal, newborn and child health. The Partnership for Maternal, Newborn and Child Health (PMNCH) 2014 Partners’ Forum was on Monday opened by Graça Machel, chairperson of PMNCH and African Ambassador for Committing to Child Survival.

This was her first public appearance since the death of her husband, Nelson Mandela. “The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done,” said Machel.

“Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education, and realise their full potential.”

In support of the UN Secretary-General’s Every Woman Every Child movement, the Partners’ Forum builds on two months of high-level meetings in Toronto, Prague, and Washington DC, where global leaders and health experts meet to discuss strategies to promote the health of women and children.

At this forum, leaders discussed steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health and made specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda. Notably, participants also pledged their financial and policy support and a range of new resources to support the implementation of the new Every Newborn action plan (ENAP), a roadmap to improve newborn health and prevent stillbirths by 2035.

South Africa’s Health Minister, Dr Aaron Motsoaledi, said the global gathering gave them the opportunity to learn from each other’s successes and challenges and to identify new approaches. He said countries should focus on achieving MDG 4 and 5, which were lagging behind as the 2015 deadline approached.

Despite improvements, 289 000 women still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday, including nearly three million newborns. At least 200 million women and girls are unable to access family planning services the world over.
Assistant Director-General for Family, Women’s and Community Health at the World Health Organisation, Dr Flavia Bustreo said: “There is absolutely no reason for so many newborns to die every year when their lives can be saved with simple, cost-effective solutions.

“The WHO remains committed to support countries and work with partners as the plan gets implemented, and to the accountability agenda, which includes reporting on progress achieved every year until 2030.”

The government of South Africa is a Forum co-host, together with PMNCH, Countdown to 2015, A Promise Renewed and the independent Expert Review Group.

The Herald: **Towards elimination of maternal and child deaths**
Roselyne Sachiti
3 July 2014

IN 2010, South Africa became the first African country to host the World Cup Final. The tournament, a runaway success, was the pride and joy of the continent, and the world, too.

Four years down the line, the same tournament is taking place in South America, Brazil being the proud hosts.

The attention of all countries across the globe is focused on Brazil, which hopes to win the World Cup for a record sixth time.

But, back here in South Africa, another “world cup”, the Partnership for Maternal, Newborn and Child Health Partners’ Forum (PMNCH) is also playing out.

This is one that will shape the future of generations to come and “crying” out for world attention.

Brazil, too, has been on the map for the good reasons — they are also winning the battle to save children’s lives.

Since 1990 when the World Cup final was hosted by Italy, Brazil has reduced child mortality by 77 percent. Child mortality refers to the number of deaths among children under the age five. While some countries that took part in the tournament also fared well, others did not. Other countries have not progressed equally and deliberations on how these should up their game and start scoring have stolen the Brazil World Cup spotlight in Johannesburg, South Africa.

Over 800 leaders and public health experts from around the world attending the PMNCH currently underway here have responded by calling for accelerated action to reduce child mortality.

PMNCH chairperson Graca Machel is worried. So are South Africa’s deputy president Cyril Ramaphosa, UN Secretary General Ban Ki Moon, musician and Unicef goodwill ambassador for malaria Yvonne Chaka Chaka, among many others.

While most developing countries have taken substantive action to save women’s and children’s lives, huge areas of “unfinished business” still remain.
According to a new report, Countdown to 2015, released at the conference, substantial inequities persist, even in countries that have made solid gains in maternal and child health.

Zimbabwe, China, Mexico, Morocco, Egypt, Malawi, Cambodia, Brazil, Peru, Bangladesh, Liberia, Senegal, Uganda, Ethiopia, South Africa, Zambia, and Mozambique are some of the 75 countdown countries.

Most countries are still reaching only half or less of women and children who need vital health interventions, and the poorest are being left behind.

The 75 countries covered in Countdown’s 2014 report, Fulfilling the Health Agenda for Women and Children, account for more than 95 percent of all maternal and child deaths each year.

In virtually every countdown country, the wealthy receive far higher coverage of key interventions than the poor.

“No is the time to make a final push on the health Millennium Development Goals 4 and 5, and to set the stage for elimination of preventable maternal and child deaths in the years beyond 2015,” said Dr Zulfiqar Bhutta of Aga Khan University in Pakistan and the Hospital for Sick Children in Toronto, co-chair of Countdown to 2015.

“To achieve these goals, we need to do a much better job of reaching the poor, young people, indigenous groups, and other vulnerable people with essential health services.”

At the same time as the report’s release, The Lancet published a summary article on the report, together with Maternal Mortality in Bangladesh: a Countdown to 2015 country case study, one of a series of case studies that Countdown is conducting to explore in-depth how countries have achieved or failed to achieve progress in women’s and children’s health.

The Countdown Report shows that in several countries more than half of the mothers and children in the poorest 20 percent of the population receive two or fewer of eight interventions deemed essential for preventing or treating common causes of maternal and child deaths, including vaccinations, skilled birth attendance, pneumonia and diarrhoea treatment, and access to family planning.

In nearly one-third of Countdown countries, more than 20 percent of the poorest women and children receive two or fewer of the eight essential interventions.

In nearly every Countdown country, by contrast, a large majority of the richest women and children receive most or all of these eight key interventions.

“The good news is that some Countdown countries are targeting the poor with programmes to expand coverage of key interventions, and making real strides in reducing inequities,” said Dr Cesar Victora of the Federal University of Pelotas (Brazil), co-chair of Countdown’s Equity Technical Working Group.

“Countries like Bolivia, Cambodia and Niger can serve as models for others in reducing inequality in coverage between rich and poor.”
Stunting, a measure of length/height for age that reflects long-term hunger, illness, or poor child care, is on average 2.5 times higher among poor children than among children from wealthier families.

The report notes that in many Countdown countries more than 30 percent of children are stunted, and that nearly half of all deaths among children under age 5 — or about 3 million deaths a year — are attributable to under-nutrition. Poor nutrition also harms a woman’s health and increases her risk of stillbirth or delivering a low-birth weight baby.

“The high levels of stunting that we continue to see in developing countries, especially among the poor, is a sign of a continuing crisis that the world has yet to effectively address,” said Dr Mickey Chopra, UNICEF’s head of health and co-chair of the Countdown.

“The health and well-being of our next generation, and the right of millions of children to live happy, productive lives, is at stake.”

Consistent with findings from recent reports about the state of newborns and the global health workforce, the new Countdown analysis finds that improving newborn survival and addressing the human resource crisis require urgent action.

The analysis shows that a median of 39 percent deaths of children under age five occur during the first month of life in the Countdown countries, underscoring a need for improved access to quality skilled delivery care for mother and baby around the time of birth, when most stillbirths and maternal and newborn deaths occur.

It also finds that only 7 Countdown countries have enough skilled health professionals to achieve high coverage of essential interventions.

Countdown examined countries’ progress in adopting policies that enable improvements in women’s and children’s health. “Many countries are making important and constructive policy changes, but most Countdown countries are lagging behind in endorsing recommended policies,” said Bernadette Daelmans of the World Health Organisation, co-chair of Countdown’s Health Systems and Policies Technical Working Group. “Experience shows that relatively simple policy changes can bring big results, so more action is needed.”

According to the Countdown analysis, when the Millennium Development Goals (MDG) deadline arrives 18 months from now, the goals related to maternal and child health would not have been achieved. Fewer than half of the 75 Countdown countries are likely to have succeeded in reducing child mortality by two-thirds from 1990 levels (MDG target 4.A), only a small fraction would have cut maternal death by three-quarters (MDG target 5.A), and access to reproductive health (MDG target 5.B) would not be nearly universal. The next 18 months are, therefore, critical for accelerating progress towards the MDG targets and for ensuring that work to achieve the next set of global goals and targets begins right now. This will require intensified support to countries lagging behind and sustained effort in countries where progress is happening. Action to end preventable maternal and child deaths, by improving nutrition and coverage of effective interventions for all population groups, must not be delayed, according to the report.

“Thousands of women and children are suffering and dying every day from causes that are easily preventable and treatable,” said Dr Jennifer Bryce of Johns Hopkins University, a lead author of the report.
“We cannot and must not wait for the post-2015 agenda to be finalised to address these issues and take concerted, emphatic action to save women, newborns and children. We can still make real progress, right now, toward achievement of the health MDGs and we must set a clear path toward a world free of preventable maternal and child deaths in the years beyond 2015.”

As the Brazil World Cup reaches critical stages, discussions on maternal health are also heating, with MDG goals 4 and 5, which have been lagging behind, hopefully finally hitting the 2015 deadline net.

Africa Public Affairs (APA) (Regional): Graça Machel resumes public duties, Monday 29 June 2014

The widow of former South African president Nelson Mandela, Graça Machel will return to public life on Monday when she addresses the 2014 Partner’s Forum in Johannesburg. A statement by the Graça Machel Trust published by the local media on Saturday said the activist will return to her active role as a global advocate for women’s and children’s rights.

She has not been involved in any public event since the death of Mandela on December 5, 2013 aged 95.

Machel will address the meeting in her capacity as chairperson of the Partnership for Maternal, Newborn and Child Health which is hosting the event and as the African ambassador for children’s Dayton (DAY)organisation, A Promise Renewed.

“My priority is to continue to advocate for an expanded space for women in Africa to access better opportunities in economic, political and social spheres,” said Machel in the statement.

“I will work with others to protect the rights of children, fight for an end to child marriage, ensure we continue to make progress on child survival and development, as well as promote the attainment of quality education for all children,” she added.

About 1 000 international delegates are expected to attend the third partner’s forum co-hosted by the South African government and will focus on progress made in women’s, children’s and newborns’ health.

Africa Science News (Regional): GSK, Save the Children offer $1M award for healthcare innovations. Isa Chuki 2 July 2014

*GSK and Save the Children announced the launch of their second annual $1 million Healthcare Innovation Award at the Partnership for Maternal, Newborn and Child Health meeting in South Africa. The award was established to identify and reward innovations in healthcare that have proven successful in reducing child deaths in developing countries.*

From the 27 June – 25 August, organisations from across the developing world can nominate examples of innovative healthcare approaches they have discovered or implemented. These approaches must have resulted in tangible improvements to under-5 child survival rates, be sustainable and have the potential to be scaled-up and replicated. This year, special interest and
attention will be given to work that aims to increase the quality of, or access to, healthcare for newborns.

Last year the top prize was awarded to Friends of Sick Children (FOSC), Malawi, for their ‘bubble’ Continuous Positive Airway Pressure (CPAP) kit, which demonstrates the impact of simple, low-cost innovations. The ‘bubble’ helps babies that are in respiratory distress, often caused by acute infections like pneumonia, by keeping their lungs inflated so they can breathe more easily. A similar version is already commonly used in developed countries where they cost at least $6,000 each. This innovative low-cost ‘bubble’ CPAP adaptation can be produced for approximately $400. FOSC was granted an award of $400,000, which along with backing from the Ministry of Health in Malawi, will enable them and their partners to share this life-saving technology with teaching hospitals in Tanzania, Zambia and South Africa.

Co-chaired by Sir Andrew Witty, CEO of GSK, and Justin Forsyth, CEO of Save the Children, a judging panel, made up of experts from the fields of public health, science and academia, will award part of the overall funds to the best healthcare innovation to support further progress. The remaining funds will be made available for runners-up awards as directed by the judging panel. The award also aims to provide a platform for winning organisations to showcase their innovations and share information with others interested in improving healthcare for children in some of the world’s poorest countries.

Sir Andrew Witty, CEO, GSK said: “We are committed to working in partnership with other organisations and our work with Save the Children is a great example of how we can use our scientific expertise and reach to help improve health outcomes for people around the world. As a direct result of this award last year’s winners have already had a tremendous impact and we want to continue to support them as they develop innovations that can be scaled-up and replicated to help reduce child deaths in the world’s poorest countries.”

Justin Forsyth, Chief Executive, Save the Children said: “We know that in order to bring life-saving healthcare to the hardest to reach children, ambitious new ideas and approaches are needed. Last year’s Healthcare Innovation Award found new innovations that are saving children’s lives and can be replicated to help reach even more children. This year, we look forward to discovering more pioneering solutions that will make a bigger impact for the world’s most vulnerable children.”

While good progress has been made in recent years, every year 6.2 million children worldwide still die before their fifth birthday. Often these children are in the most remote and marginalised communities. The GSK and Save the Children Healthcare Innovation Award aims to discover and encourage replication of the best and most innovative examples of healthcare to have the biggest impact for vulnerable children.

The Healthcare Innovation Award was announced following the launch of GSK and Save the Children’s ambitious new partnership in May 2013, which aims to save the lives of 1 million children in some of the world’s most vulnerable communities. One of the most unique aspects of the partnership is the focus on working together to maximise innovations to tackle under-5 child mortality. For example, Save the Children is involved in helping GSK to research and develop child-friendly medicines, with a seat on a new paediatric R&D board to accelerate progress on innovative life-saving interventions for under-fives, and to identify ways to ensure the widest possible access in the developing world.

Recognising that innovation can take many shapes and forms, the criteria for the Healthcare Innovation Award are broad and can include approaches that focus on any aspect of healthcare, including science, nutrition, research, education or partnership working.
Panapress: Graca Machel returns to work after mourning Mandela
29 June 2014

Graca Machel, widow of former South African President Nelson Mandela, will Monday resume her public duties after ending six months of mourning following her husband’s death.

Machel will address the 2014 Partner’s Forum in Johannesburg Monday.

The Graça Machel Trust this weekend said the activist would return to her active role as a global advocate for women’s and children’s rights.

She has not been involved in any public event since the death of Mandela last December.

Machel will address Monday’s meeting in her capacity as chairperson of the Partnership for Maternal, Newborn and Child Health.

“My priority is to continue to advocate for an expanded space for women in Africa to access better opportunities in economic, political and social spheres,” she said.

Meanwhile, Machel who is the only woman on the planet who was married to two presidents – her other husband was Mozambican leader Somara Machel who died in a plane crash – has spoken out about her anguish at witnessing the death of Mandela.

In an interview with The Guardian newspaper, Machel addressed Mandela’s "peaceful" last moments and expressed gratitude to the world for its outpouring of support.

"If you can imagine how millions of people felt this sense of loss, then you can imagine what it means for me," she said. "That huge presence, filling every detail of my life, every detail of my life full of him. And now, it is pain, it is emptiness.”

On a lighter note, she said she and Mandela had enjoyed an extraordinary relationship.

“We shared so many moments of laughter and that human connection was very special, and to be honest that’s what I miss now,” she added.

Star Africa (Regional): Leaders call for better healthcare for women, children.
APA
2 July 2014

The 2014 Partnership Forum closed in Johannesburg, South Africa on Tuesday, with a renewed call to promote improved access to health for women, adolescents and children in the world. A statement released at the end of the two-day meeting hosted by the Partnership for Maternal, Newborn & Child Health (PMNCH) said world leaders wanted a new sustainable development agenda that was rights-based, equity focused and placed healthy women, children and adolescents at its core.

Norwegian Prime Minister Erna Solberg said while significant progress had been made towards attaining the Millennium Development Goals (MDG), more could still be done.
“With fewer than 550 days until the (MDG) deadline, time is of the essence to scale up our efforts on behalf of women, children and adolescents,” Solberg, who is co-chair of the MDG Advocates Group, is quoted in the statement.

The leaders called for the Post-2015 Development Agenda, which is expected to be debated by the UN General Assembly in September, to focus on ending preventable maternal, new-born and child mortality and to ensure sexual and reproductive rights, including universal access to quality sexual and reproductive services.

About 1,000 delegates from around the world attended the Forum.

The PMNCH, which is chaired by Graça Machel – widow of late South African liberation icon Nelson Mandela – is a partnership of 625 organisations representing governments, multilateral organizations, non-governmental organisations, healthcare professionals, academic and research institutions, and the private sector.

**Star Africa (Regional): Stop needless deaths of women, children – Machel.**

APA
1 July 2014

Chairperson of the Partnership for Maternal, Newborn and Child Health Forum (PMNCH), Graça Machel says lessons drawn from the implementation of the Millennium Development Goals (MDG) should be used in efforts to save women and children from needless deaths. Machel, who is the African ambassador for children’s organisation A Promise Renewed, said this when she addressed the 2014 Partner’s Forum in Johannesburg on Monday.

She said she believed more lives of women and children could be saved if a more co-ordinated approach was taken as the world strives for improved health for women and children by 2015 and beyond.

“The needless deaths of women, newborns and children must stop,” she told the conference which was officially opened by South African Deputy President Cyril Ramaphosa.

Machel urged participants to create a social pact to save every single life in every single country. “We must do more and we must do better. “We must push and push then push some more, we have 500 days (to the end of 2015), every day accounts, every action counts and every life counts”.

Machel also presented two reports, “The Countdown to 2015: 2014 Report” and “The Every Newborn Action Plan”, which are landmark reports on ending preventable newborn deaths.
SOUTH Africa is one of the countries that will miss next year’s Millennium Development Goals (MDGs) on reducing child and maternal deaths, a new study shows. The government needs to scale up its reproductive health programmes and the roll-out of antiretroviral treatment, which has helped reduce the mother-to-child transmission of HIV.

Two of the health-related MDGs require countries to reduce by two-thirds the deaths of children under the age of five and bring down by three-quarters the maternal mortality ratio between 1990 and 2015.

The Countdown to 2015 report, released on Monday at the Partnership for Maternal, Newborn and Child Health conference in Johannesburg, shows that less than half of the 75 countries studied would meet the target by next year.

Figures show that South Africa has reduced under-five child mortality from 61 per 1,000 births in 1990 to 45, but it was unlikely to meet the target of 20 by next December. It has made slow progress in cutting maternal deaths from 150 per 100,000 in 1990 to 140, against a target of 38. HIV/AIDS accounts for 17% of under-five deaths, while pneumonia accounts for 14% in South Africa. Most maternal death cases occur in teenage pregnancies. Teenagers account for 36% of maternal deaths, although they make up only 8% of the 1.2-million pregnancies SA reports every year. This was because most of them were unable to deal with the complications that may arise in pregnancy.

Health Minister Aaron Motsoaledi said inequality in health was impeding developing nations from improving health outcomes.

The study found that half the 75 countries still have a maternal mortality ratio of 300-499 deaths per 100,000 live births. Sixteen countries — all in Africa — have a maternal mortality ratio of 500 or more deaths per 100,000 live births.

"I’m arguing very strongly that 90% of healthcare systems around the world are designed for the rich, not for the poor, but we are asking for these targets from poor people," said Dr Motsoaledi.

"We want to reduce child and maternal mortality among poor people but the design of healthcare and financing is in favour of the rich, and we believe universal coverage is the only method (that will) reverse that." He said universal health coverage such as national health insurance must be advocated across the world.

A new plan was launched in Johannesburg by the Partners Forum, led by Graça Machel. The Every Newborn action plan, which was approved by health ministers from across the world at the May 2014 World Health Assembly, has two targets for countries to achieve by 2035 — lower the neonatal death rate to 10 or fewer per 1,000 live births and decrease stillbirth rates to 10 or fewer per 1,000 births.

Preventable and treatable infectious diseases such as pneumonia and diarrhoea remained the leading causes of child deaths, and coverage of treatment interventions was low in most countries. Nearly half of child deaths are attributable to undernutrition. In 42 of the 62 countdown countries with available data, more than 30% of children were stunted.
JOHANNESBURG - Former first lady Graca Machel says world leaders aren’t doing enough to deal with child mortality.

The World Health Organisation says 6.6-million children under the age of five die every year – many from preventable diseases. Machel says this is simply not acceptable.

With 500 days remaining for nations to reach the Millennium Development Goals, countries are now scrambling.

Watch the video above [online] for more on this story.

JOHANNESBURG – Former president Nelson Mandela’s widow, Graça Machel, on Monday launched a new initiative to curb health inequalities.

She launched the project along with Deputy President Cyril Ramaphosa and Health Minister Aaron Motsoaledi.

The campaign is aimed at eradicating maternal and child mortality.

Following six months of mourning, Machel returned to her role as a global advocate for women and children’s rights.

She officially opened proceedings by welcoming over 1,000 international delegates at the Sandton Convention Centre in northern Johannesburg this morning.

Machel said these types of partnerships are vital for the country’s development.

“It’s one thing to say things but another to make it a reality in all our lives.”

The global icon’s widow also took the opportunity to once again thank the world for supporting her family.

Mandela, South Africa’s first democratically elected president, passed away at his Houghton home on 5 December.
South African Health Minister Dr Aaron Motsoaledi says three issues should top the post Millennium Development Goal (MDG) agenda.

NCDs, the health of women and children, and universal health coverage must be focuses within the post-MDG agenda, says Motsoaledi, who is pictured here with former Deputy President Kgalema Motlanthe (right).

In 2000, global leaders committed themselves to meeting eight Millennium Development Goals (MDGs) by 2015, including reducing child mortality and improving maternal mortality. South Africa is unlikely to meet MDG targets to reduce maternal and child deaths by the MDG’s September deadline, according to data from the latest District Health Barometer. The Health Systems Trust publication found that about 1600 new or expecting mothers lose their lives annually. Meanwhile, almost six percent of all children born dying before the age of five years largely due to AIDS-related illnesses, diarrhoea, pneumonia, and malnutrition.

Now, with just about 500 days remaining before the MDG deadline, those working to curb the world’s high rates of maternal and child death are looking forward to the next set of international targets, which remain contested.

The world now has a preliminary draft of what have been dubbed the Sustainable Development Goals (SDGs), within which health is likely to be a cross-cutting issue. The SDGs will likely be hotly debated for the next year until United Nations member states decide the targets that will be international development’s rallying points for the next 15 years.

Speaking at the Partnership for Maternal, Newborn and Child Health (PMNCH) conference in Johannesburg yesterday, Motsoaledi said that maternal and child health must remain on the world’s agenda.

“When the post 2014 agenda was being discussed... I heard some people saying that out of the MDGs, three were health-related and that it was time to move on,” he told Health-e News. “I got very scared when I heard this.”

“As long as humanity has existed, women will be bearing children and children will be born and they all need to survive,” Motsoaledi added. “To me, this is an everlasting agenda.”

With an increasing number of developing countries experimenting with universal health coverage, or national health insurance (NHI), he said that that to must guide the world moving beyond the MDGs.

“About 90 percent of the health care systems around the world are designed for the rich and not the poor but we are asking the poor to (meet) these targets,” Motsoaledi said. “(The NHI) is the only way you can equalise (health access) between the rich and the poor.”

He added that South Africa will also be supporting the inclusion of targets or indicators related to what he called “the explosion of non-communicable diseases”.

Machel thanks world in first speaking appearance since Mandela’s death

“I wanted to take this opportunity to (say) thank you, thank you, thank you to the millions of kids who took the trouble to write notes of love and support to Madiba while he was sick” Motsoaledi’s remarks followed an opening address by Chair of the international PMNCH consortium and widow of Former President Nelson Mandela, Graca Machel.
In her first public speaking event since Madiba’s death, Machel revealed that she had not been able to watch television coverage of her husband’s death and thanked the world for its outcry of support.

“I wanted to take this opportunity to (say) thank you, thank you, thank you to the millions of kids who took the trouble to write notes of love and support to Madiba while he was sick,” said Machel, who referred to her husband’s death as one of the most humbling experiences of her life.

“When he passed, I am told – because I couldn’t watch – that literally every TV station focused on his life and legacy,” she told Health-e News. “I know if Madiba had been there he would have said thank you to every sincere gesture which was taken just to say to him, ‘you are a life we appreciate and value.’”

Concluding her remarks to a standing ovation by several hundred attendees, Machel said it was fitting that her return to public speaking mark a meeting on an issue so dear to Madiba’s heart – the health of women and children. – Health-e News Service.

Independent: Graca aims to fulfill Madiba’s last wish  
Theresa Taylor  
29 June 2014

After six months of mourning her “soulmate”, Graça Machel has announced she will return to public life.

Nelson Mandela's widow said she would return to her active role as a global advocate for women’s and children’s rights, with the aim of fulfilling Mandela’s last wish.

“I was fortunate that in Madiba I found a soulmate and a fellow advocate for children and women’s rights. I am inspired by his rich legacy that promotes justice, compassion and solidarity,” she said.

“Children were very dear to Madiba and his last wish was to build the Nelson Mandela Children’s Hospital.” She said she shared this dream and would work to have it fulfilled in her lifetime.

Since Mandela’s death, Machel and his ex-wife, Winnie Madikizela-Mandela, have been wearing black as a sign of mourning and have not been permitted to make public appearances.

A cleansing ceremony was performed in Qunu earlier this month that was attended by family to mark the end of the mourning period.

Machel said South Africa had lost its “father of democracy and leader”. She said the world had lost an internationally respected icon.

“I lost my best friend, beloved husband and guide.”

She had been deeply touched and comforted by the affection shown towards her family and herself throughout Mandela’s illness and in the wake of his death.
Earlier this month, Mandela’s former PA, Zelda la Grange, published a book in which she illustrated sensational details of the friction Machel had to endure as a member of the Mandela family and how family politics took a heavy toll on her.

“I would like to thank our family, friends and the people throughout the world who gave me love and support during these difficult times,” Machel said.

She said her priorities now involved continuing to advocate for an expanded space for women in Africa to access better opportunities in economic, political and social spheres.

“I will work with others to protect the rights of children, fight for an end to child marriage, ensure we continue to make progress on child survival and development, as well as promote the attainment of quality education for all children,” she said.

On Monday Machel will welcome more than 1 000 international delegates to Joburg as part of her role as African ambassador for A Promise Renewed at the third Partners’ Forum.

The Partners’ Forum will focus on progress made in the health of women, children and newborns, and the post-2015 development agenda.

IOL News (South Africa): Norwegian PM visits Liliesleaf farm
Peter Fabricius
2 July 2014

Johannesburg - Visiting Liliesleaf Farm, where Nelson Mandela and his comrades plotted their armed struggle against apartheid, has inspired Norwegian Prime Minister Erna Solberg in her own battle for gender equality.

Solberg and Norwegian Foreign Minister Borge Brende on Tuesday met Denis Goldberg and Andrew Mlangeni, two of the surviving Rivonia Trial accused, at the house in Sandton which was the headquarters of uMkhonto weSizwe, (MK) the armed wing of the ANC, from 1961 until 1963, when the apartheid police raided it and captured most of the MK high command.

Mandela was already in jail on a previous charge, but the evidence which the police discovered at Liliesleaf of a plot to forcibly overthrow the apartheid government brought life sentences for him and his fellow MK commanders at the Rivonia Trial which followed.

Solberg arrived in South Africa on Tuesday on the first leg of a three-nation African tour to drum up support for a final push for Africa to try to reach the international Millennium Development Goals (MDGs) by the December 31, 2015 deadline.

She and Rwanda’s President Paul Kagame co-chair the UN MDG Advocacy Group, tasked with jolting the international community to accelerate the pace of development to meet the eight MDGs, which include halving poverty, giving all kids at least a primary school education, ensuring girls get the same education as boys, and drastically reducing maternal, child and infant mortality.

Africa as a whole is unlikely to meet many of the goals, but the advocacy group hopes at least to get close.
Asked why she had made Liliesleaf Farm the first stop on her first African visit, Solberg said: “The aim of my visit is of course to focus on the Millennium Development Goals and to get more activity around them, especially girls and education.

“Women’s rights are interlinked with the struggle against apartheid. In a lot of countries in the world, if you have apartheid, it’s sex differences. You have some countries where I think women feel they are marginalised in the same way as blacks and coloureds were in the apartheid system.”

On her next stop, in Malawi, she and her government will more concretely address discrimination against girls, especially in education, which is a major problem in that country. About 14 percent of primary-school age children there are not in school and most of those are girls, according to Norwegian officials. Aggravating that problem is that 50 percent of girls under 18 are already married.

Solberg said Malawi had been one of the countries to which Norway was giving most development aid. But Norway and other Western donor nations froze their development aid to Malawi last year after the massive “Cashgate” government corruption scandal surfaced while Joyce Banda was president. However, Solberg said yesterday that Norway would now resume financing education for girls.

On Tuesday, she also meet Mandela’s widow Graça Machel and participated in the 2014 Partnership for Maternal, Newborn and Child Health Partners’ Forum in Sandton, which Machel was chairing. After Malawi, Solberg and other members of the MDG Advocacy Group are to visit Rwanda for the group’s first meeting in Africa.

IOL News: Madiba’s widow thanks world for support
Laura Lopez Gonzalez
1 July 2014

Sandton - Nelson Mandela’s widow, Graça Machel, revealed she could not bear to watch television coverage of her husband’s death as she used her first public speaking engagement since Mandela’s death to thank the world for its support.

As chairwoman of the international consortium the Partnership for Maternal, Newborn and Child Health (PMNCH), Machel opened the partnership’s two-day international conference on maternal and child health in Sandton on Monday.

She closed her opening remarks by thanking South Africa and the world for its support for her family and Mandela during his illness and after his death, which she referred to as the most humbling experience of her life.

“I wanted to take this opportunity to thank you, thank you, thank you to the millions of kids who took the trouble to write notes of love and support to Madiba while he was sick,” she said. “To the millions and millions of people who took the trouble to pray in every corner of the globe and prayed for him to be better.

“When he passed, I am told – because I couldn’t watch – that literally every TV station focused on his life and legacy.

“I know if Madiba had been there he would have said thank you to every sincere gesture which was taken just to say to him, ‘you are a life we appreciate and value’.”
Concluding her remarks to a standing ovation by several hundred delegates, Machel said it was fitting that her return to public speaking should mark a meeting on an issue so dear to Madiba’s heart – the health of women and children.

In 2000, global leaders committed themselves to meeting eight Millennium Development Goals (MDGs) by next year, including reducing child and maternal mortality.

South Africa is unlikely to meet MDG targets to reduce maternal and child deaths by the MDG September deadline, according to data from the latest District Health Barometer. The Health Systems Trust publication said about 1 600 new or expectant mothers lost their lives annually. Almost 6 percent of all children died before the age of 5 years, largely because of Aids-related illnesses, diarrhoea, pneumonia, and malnutrition.

Now, with just about 500 days remaining before the MDG deadline, those working to curb the world’s high rates of maternal and child death are looking forward to the next set of international targets, which remain contested.

The world now has a preliminary draft of what have been dubbed the Sustainable Development Goals, within which health is likely to be a cross-cutting issue. The SDGs will most likely be hotly debated for the next year until UN member states decide the targets that will be the rallying points for the next 15 years.

Speaking at the PMNCH conference, Health Minister Aaron Motsoaledi said maternal and child health must remain on the world’s agenda.

“When the post-2014 agenda was being discussed... I heard some people saying that out of the MDGs, three were health-related and that it was time to move on,” he said.

--Health-e News

**Mail & Guardian: Yay for SA’s child health policies, nay for outcomes**

Gugulethu Ndebele

30 June 2014

You can tell a lot about a country from the way it treats its women and young children. If a country really believes in equality then it will invest in their health, safety, education and empowerment. And if governments are serious about building long term prosperity and stability they will do so because our children will grow into the adults who will drive this growth.

This week, in South Africa, the spotlight will be on women and children’s health as leaders from across government, business, civil society and academia gather for the third annual Partnership for Maternal, Newborn and Child Health Forum in Johannesburg to discuss how to spur progress in this critical area. A new global action plan – Every Newborn – that aims to end the tragedy of babies dying of preventable causes in the first month of life will be launched on Monday in South Africa. It is much needed: each year, nearly three-million babies around the world do not survive the first 28 days of life.

The South African government has been a global champion of the Every Newborn action plan. The strategy focuses attention on newborns and identifies actions for improving their survival, health and development. It has already been endorsed by over 190 countries.
It is therefore an opportune moment to assess the situation of women’s, children’s and babies’ health in South Africa. There has been significant progress in reducing the number of children under the age of five dying. According to United Nations (UN) figures, between 1990 and 2012, there was around a 27% decline in the under-five mortality rate. This was principally due to the introduction and scaling up of prevention of mother-to-child transmission of HIV programmes for infected mothers. A free antiretroviral (ARV) programme for South Africans with HIV, including children, was also introduced in 2004. Studies have shown that ARV programmes have significantly impacted the increasing of life expectancy of South Africans.

But South Africa still has a way to go to achieve the UN’s fourth Millennium Development Goal (MDG) of reducing child mortality by two-thirds by 2015. According to South Africa’s 2014 “Rapid Mortality Surveillance Report”, in 2012, the under-five mortality rate was 41 per 1,000 live births; the MDG target is 20.

Addressing the unfinished business of these goals will require sustained political commitment and a continued focus on critical objectives – not only on measures to prevent HIV but also on other important causes of child mortality, including newborn mortality (the deaths of babies within 28 days of birth).

According to the report, in 2012 in South Africa, an estimated 12,000 babies did not survive their first month of life, and while there may have been no significant increase in the rates of newborn babies dying in recent years, neither has there been real progress with the newborn mortality rate showing little change since 2009.

Yet, the majority of these deaths are preventable. According to a recent Lancet study, with high coverage of quality care around the time of birth, any estimated 15,000 stillbirths, and newborn and maternal deaths in South Africa, could be prevented by 2025. The presence of a trained health worker, along with basic medicines such as antiseptics and antibiotics, vital equipment and a clean environment to work in can save lives.

There are many strong policies in place in South Africa, including a specific strategy to tackle newborn deaths. The main challenge South Africa has is implementation – to ensure all children and women across the country have access to high quality health services and health workers and tackling the underlying causes of newborn mortality such as inequality and poverty.

For too long, the tragedy of babies failing to survive the first month of life has been invisible. But we can change that. It will require governments, civil society, the private sector and communities to come together with renewed resolve and commitment to take the action needed to ensure that every woman and every child has access to the high quality care that is their right.

This week, as South African and global leaders gather in Johannesburg, we must all grasp the opportunity to show we are serious about achieving a world where no child is born to die.

Gugulethu Ndebele is the chief executive officer of Save the Children in South Africa

SABC: Machel makes first public appearance after Madiba’s passing
30 June 2014
Former president Nelson Mandela's widow, Graca Machel, has thanked the global community for the love and support shown to her while Madiba was sick and after he passed on.

She was speaking in public for the first time since the global leader died in December last year. She has described Madiba's death and the support that came with it, as a humbling experience.

Machel was addressing hundreds of delegates attending the Partnership for Maternal, Newborn and Child Health Forum in Sandton, north of Johannesburg.

Machel has thanked all the children who wrote notes expressing their love & support when Mandela was in hospital. She thanked everyone who prayed for him all over the world. Machel says they received countless messages of support when the world leader died in December.

She says while she couldn't listen or watch, she was told at every radio and television station in South Africa and the world focused on his life & legacy.

Machel says the Mandela family, will forever appreciate the love and support through that difficult period.

SABC: More new-born babies dying: Experts
Wisani Makhubele
30 June 2014

Health experts from around the world say millions of innocent lives continue be lost every year, due to pregnant women neglecting their responsibilities and a lack of political will from the leaders.

They were speaking at an event aimed at promoting awareness on new-born and maternal deaths in Sandton, north of Johannesburg.

Health Minister Aaron Motsoaledi, representatives from the World Health Organisation and civil society movements attended the event organised by children’s rights organisation Save the Children. This is part of a global plan aimed at ending new-born and maternal deaths.

According to Dr Joy Lawn from the London School of Health and Tropical Medicine, there are 5.5 million babies who die every year.

"That is 2.9 neo-natal deaths and 2.6 million still-births dying in the last three months of pregnancy." Lawn says these lives could be saved with enough investment in child care.

Health Minister Aaron Motsoaledi has urged pregnant women not to wait until it is too late. He says while maternal deaths are declining in all the nine provinces, the country still has a high level maternal mortality.

"The major causes of maternal mortality in South Africa are number one, and by far the biggest; HIV & Aids, followed by hypertension and lastly, Postpartum hemorrhage. The importance of early and good quality anti-natal services is therefore very important. We would like pregnant women, to come to anti-natal services as soon as 14 weeks and at the very latest, at 20 weeks."
Governments around the world, including South Africa, have adopted the Every New-born Action Plan, which seeks to reduce new-born and maternal deaths. Ethiopian Foreign Minister Dr Tewodros Adhanom says political intervention can go a long way in addressing these problems.

“The other important thing is financing and what we are saying in Africa is that we should not always wait for outside support. Domestic resources are key and if there is political commitment, raising of allocating domestic resources, to finance whether for new-born activities or child or maternal, will not be difficult. Whatever we ask for from the international community should be supplemented with our own resources.”

The Every Newborn Action Plan has set a target to end all preventable new-born deaths by 2035 and achieve universal coverage of key services.

SABC: Graça Machel returns to work 'inspired by Madiba'
27 June 2014

Nelson Mandela's widow, Graça Machel, is to resume her work as a global advocate for women’s and children's rights following a six-month period of mourning for her late husband, the Nelson Mandela Foundation said on Friday.

Machel will welcome over 1 000 international delegates at a meeting of the World Health Organisation's (WHO's) Partnership for Maternal, Newborn and Child Health Organisation in Johannesburg on Monday. Machel chairs the forum, and is also an African ambassador for Unicef's A Promise Renewed, an initiative that supports the UN's Every Woman Every Child movement.

In a statement issued by the foundation, Machel said that Mandela's death in December had robbed South Africa of the father of its democracy, and the world of an internationally respected icon - while she had lost "my best friend, beloved husband, and guide.

"I was fortunate that in Madiba I found a soul mate and a fellow advocate for children and women's rights," Machel said. "I am inspired by his rich legacy that promotes justice, compassion, and solidarity.

"Children were very dear to Madiba, and his last wish was to build the Nelson Mandela Children's Hospital. This is my dream too, and I wish it can be realised in my lifetime."

Her other priority, she said, was to continue to advocate "for an expanded space for women in Africa to access better opportunities in economic, political and social spheres. I will work with others to protect the rights of children, fight for an end to child marriage, ensure we continue to make progress on child survival and development, as well as promote the attainment of quality education for all children".

Machel said she had been deeply touched and comforted by the affection shown towards her and her family through Mandela's illness, his death and their bereavement.

"I would like to thank our family, friends, and the people throughout the world who gave me love and support during these difficult times."
The Mandela foundation added that while Machel had officially come out of mourning, she continued to grieve the passing of Mandela "and will issue no further statements or accept interviews with regard to her private and family life".

SAnews.gov: SA, Norwegian allies meet
1 July 2014

Pretoria - It was a meeting of old allies when Deputy President Cyril Ramaphosa met with his Norwegian counterpart, Prime Minister Erna Solberg, on Tuesday.

Solberg -- who is also attending the Partnership on Maternal, Newborn and Child Health Forum, currently underway at the Sandton Convention Centre -- paid a courtesy call to Deputy President Ramaphosa at the Union Buildings.

Their conversation was dynamic as the two talked about the weather, the historical ties and bilateral relations, and the looming Millennium Development Goals (MDGs) deadline.

Deputy President Ramaphosa was pleased to have met Solberg, whom he last met at the memorial service of former President Nelson Mandela in December.

“I attended the conference yesterday. It’s a very important conference and we are pleased that over 1 200 people from around the world are attending it. The best thing is that they chose us to be the hosts…” he said, referring to the Partnership on Maternal, Newborn and Child Health Forum, which he addressed yesterday.

Expressing gratitude that the Deputy President had made time to meet her, Solberg said the conference is important, as it will allow time to reflect on the health achievements and how far the sector is in terms of implementing the MDGs.

Deputy President Ramaphosa hoped that Norway would continue to support South Africa and other African counties as they race against the 2015 deadline for the MDGs and beyond. This comes as there are less than 500 days before the deadline for the achievement of the MDGs. “The next 500 days will be critical for us, particularly as a country, as there is still a lot of work to do,” said the Deputy President.

He extended gratitude to Norway for supporting the country during the struggle towards democracy. He said due to Norway’s unwavering support and strong solidarity then, a special and unique relationship exists between the two countries.

“We continue to value your cooperation and relationship with South Africa ... Our victory over apartheid was your victory as well. You were a good friend in times of peace and transformation.” The deputy president was referring to the fact that the Norwegian government offered moral, practical and diplomatic support to the liberation movement, the trade unions and the churches in their resistance to apartheid.

For her part, Solberg said the long history of cooperation that the two countries share should serve as a “good reminder that we should continue with our cooperation”. 
To date, trade relations between South Africa and Norway are governed by the Southern African Customs Union (SACU) - European Free Trade Association (EFTA) free trade agreement. In 2012, exports between the two countries amounted to R1.915 million, with an annual growth of 13.4%.

Norway is South Africa’s 41st export destination. In 2012, imports amounted to R735 million, thus showing a trade surplus for South Africa.

SAnews.gov: Madiba’s Dreams Come True
3 July 2014

Even when he couldn’t remember most things, the one thing that the late former President Nelson Mandela constantly asked was: “Where are we with the children’s hospital?”

And as the icon’s health continued to deteriorate in recent years, he continuously conveyed his wish for South Africa to have a state-of-the-art children’s hospital that would pay attention to the health needs of children in Southern Africa. SAnews recently caught up with Nelson Mandela Children’s Fund CEO Sibongile Mkhabela.

Just as the world prepares to celebrate Madiba’s birthday on 18 July, six months after his death, the hospital’s Trust has announced that construction has finally begun and the hospital was expected to be completed in the first quarter of 2016. Group Five had won the contract to construct the Nelson Mandela Children’s Hospital in Parktown, Johannesburg.

There could not have been a better birthday gift for the man who loved children dearly and had given up part of his salary as President to a fund he had set up to help needy children across South Africa.

On schedule for 2016

“We are very excited. This has been tata’s passion. His last activity with us was dedicating a site in which the hospital will be built. We have now broken ground. It’s exciting. We are starting and we are on schedule to open our doors in 2016,” says Mkhabela.

As seen in his many interviews throughout his presidency, children were very close to Mandela’s heart. When he spoke about children, it was a father talking more than a distinguished President. He had not seen children for 27 years when he was finally released from prison in the early 1990s. He was not there to bury his teenage son who died in the late 60s. He was also absent when his daughters grew up, and the youngest of them Zinzi was only allowed to see her father when she turned 16.

“It was a personal thing for him. His time with children was something he felt was taken away from him for a very long time. So when he established the Children’s Fund, he talked about his vision for the children of this country.

“He felt if we built a society where children are puzzled by warmth and love, we’ve got it wrong. He created an organisation that would ensure that the children are treated the way they should be
treated. He then wanted to ensure their health is taken care of - hence the idea of the children’s hospital.”

There are only four children’s hospitals in the entire African continent and for an economy of its size; Mkhabela says it’s always been “baffling” that South Africa has only one dedicated child health institution - that being the Red Cross War Memorial Children’s Hospital in Cape Town.

Canada for instance, a country with a population of less than 20 million has 19 hospitals for children and in the United States the number is believed to be close to double that.

The Nelson Mandela hospital is expected to employ around 150 doctors and 451 paediatric nursing professionals.

Explains Mkhabela: “It’s a Southern African hospital. It is important that we work in the children’s hospital as a Mandela legacy. His view was for any country or continent to be strong, it has to have its own knowledge base and having children cared for is one thing but building up on how we treat them when they sick is very important.”

Currently, the biggest issue in the agenda of the United Nations concerning children is that greater care be taken to ensure that they survive the first 1000 days of their lives. South Africa is among five countries that are least performing when it comes to child maternal survival. The paediatric healthcare system is behind all documented health-related Millennium Development Goals to reduce child mortality. The creation of a tertiary and quaternary paediatric facility is in line with the national Health Department’s ‘modernisation of tertiary services’ plan.

Road to fund-raising was no easy feat

Mkhabela says the establishment of the Nelson Mandela Children’s Hospital will further assist the government by freeing much needed funding required for primary and secondary healthcare.

“We had to be thorough in our research leading up to the establishment of this institution. From the time he dedicated the site, we spent a lot of time in building a business case making sure that all partners are on board. We had to have the national department of health on board because we will be providing tertiary services that are under their ministry.”

But it hasn’t been an easy journey for fundraisers. Initially, the project was estimated to cost around R1 billion. That figure was scaled down to around R750 million after specialists from healthcare group Medi-clinic revisited all the plans and architectural drawings for the project. Mkhabela says simply asking for money from international donors to build the hospital was not working and fundraisers had to change their strategy.

“We spent months negotiating and convincing. The response we got from funders in the US was that South Africa is a strong economy. They could not understand why we would go so far to get money for a children’s hospital. They have so many children’s hospitals, as many as the schools.

“We had to change our strategy and say South Africa has to raise 50 per cent of the money before we go back to them. So, we were no longer going outside to get funding; we were going there to ask for partnership because Mandela is not only a South Africa icon; he is a world icon..... therefore we said we are giving people an opportunity to participate in building a legacy.”
The plan proved to have worked. More than R570 million has been raised and of that amount, R100 million came from Melinda and Bill Gates Foundation founded by the US computer software billionaire.

But, it’s also worth noting that a number of funding commitments were also made at Mandela’s passing in December last year, by those who wanted to make sure that his wish for the hospital was fulfilled. The Children’s Fund, as a charity, donated R50 million. The City of Johannesburg has offered to do the gardens at the hospital and Mkhabela says that will knock off a good R20 million off the budget.

“It’s those kinds of gifts that are helping us move. We have been receiving a lot of support from all walks of life - even children themselves - have been donating towards the project,” she says.

What do children stand to gain?

But how different is a children’s hospital from other healthcare facilities?

“A children’s hospital is such an important place. Children who go there are extremely sick. In South Africa we don’t do dialysis for children. We don’t even know the number of children with kidney failure,” says Mkhabela.

At any given time, Johannesburg alone would have about 100 children awaiting heart surgery and by the time they go ahead of the queue they are already too sick and the chances of survival are already slim. The reason for this is that there are not enough ICU beds for children.

Mkhabela says Baragwanath hospital in Soweto, as huge as it is, has less than 30 ICU beds for children.

“When they are very sick, they are mixed together with the adults and as you can imagine a scenario where a child is sick and is in the vicinity of adults who are sick and struggling with machines and ventilators and as an eight-year-old, for example, you have to wake up to this. It is not good for the child.

“In a children’s hospital, you build with an understanding that when an eight-year-old is admitted, there is a family accommodation for the dads and moms who are accompanying the child. It’s part of the healing process that the child is surrounded by care givers from home all the time.”

She says the Nelson Mandela Children’s Hospital has begun recruiting nurses who are receiving training ahead of the 2016 operations. The nurses will be part of the opening during the first quarter of 2016.

Mandela family behind project

The Mandela family itself has continued to throw its weight behind the project.

Widow Graça Machel and Mandela’s daughter Zenani and grand-daughter Ndileka all sit on the hospital’s trust which is chaired by Machel. The latter was recently quoted as saying she was inspired by her late husband’s rich legacy that promotes justice, compassion, and solidarity.

“Children were very dear to Madiba and his last wish was to build the Nelson Mandela Children’s Hospital. This is my dream too - and I wish it can be realised in my life time.”
More about the hospital

Construction will include a family resource centre, a sibling activity centre and a day care centre. Accommodation for out-of-town family members will be provided to ensure support for paediatric patients on long stays.

A majority of single bed wards are included in the design to ensure privacy and specialised care. Recreation and areas for relaxation are included in the design for parents and family members. Intimidating large medical equipment will be downplayed with colourful, cheerful décor to ease patients’ anxiety while being treated.

A learning centre will also be built so that school-aged children can stay current with their studies while hospitalised.

SAnews.gov: Give Babies, Mothers a Fighting Chance.
Phulma Williams
8 July 2014

“Women give life, and the right to life is one that we all hold sacred”, highlighted Deputy President Cyril Ramaphosa last week at the Partnership for Maternal, Newborn and Child Health 2014 Forum. With less than 500 days remaining before the 2015 Millennium Development Goals (MDGs) deadline, the Forum reminded governments from around the globe that the fight against high maternal and childhood mortality is far from over.

The Countdown to 2015 report released during the Forum confirmed that fewer than half of the 75 countries studied would meet the target to reduce the deaths of children under the age of five by two-thirds by next year, and very few would have cut their maternal mortality ratio by three-quarters.

The report however indicates that South Africa has made significant progress especially in addressing childhood mortality. We have reduced under-five child mortality from 61 per 1 000 births in 1990 to 45 by 2012, against a MDG 2015 target of 20. It also points out that pneumonia and HIV/AIDS account for 17 per cent each of under-five deaths in the country.

According to the report, maternal deaths were cut from 150 per 100 000 live births in 1990 to 140 in last year. At the Partnership Forum Health Minister Aaron Motsoaledi said: “The major causes of maternal mortality in South Africa are number one, and by far the biggest; HIV and AIDS, followed by hypertension and lastly, postpartum haemorrhaging.”

The minister also stressed the importance of early and good quality antenatal services to ensure the health of both mother and baby, saying that the preference is for pregnant women to attend antenatal services from as early as 14 weeks or at the latest from 20 weeks.

Another concern is the high number of teenage pregnancies which account for 36 percent of maternal deaths, although they make up only 8 percent of the 1.2 million pregnancies reported annually.
According to Dr Jay-Anne Devjee, head of the obstetrics and gynaecology at King Dinuzulu Hospital in Durban, this is often due to the pelvises of teenagers which are not properly developed yet and “in much case they struggle to deliver naturally because their pelvises are still small.”

To address the maternal mortality rate among teenagers the Department of Health launched an extensive family-planning campaign earlier this year. As part of the campaign a new small contraceptive device known as subdermal contraceptive was made available free of charge at all public hospitals.

During the launch the Health Minister Motsoaledi, however, pointed out that the new device was not only targeted at young girls, but at all women, especially those who were advised by their doctors not to fall pregnant again following previous pregnancy-related complications.

South Africa has a number of successful initiatives in place to address maternal and childhood mortality. These include our world acclaimed antiretroviral programme, the Prevention of Mother-to-Child Transmission (of HIV) Programme; an extensive immunisation drive for children; and the African Union’s Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA).

The latter consists of eight interventions at community and health facility level. These interventions are: early and exclusive breastfeeding, resuscitation of newborns, assessment and stimulation, immediate thermal care, clean-birth areas, hand washing, kangaroo mother care and full-facility care.

Although the implementation of CARMMA has proven successful, government is constantly working with the World Health Organisation and other bodies to improve our interventions. During last week’s Partnership Forum South Africa also adopted the Every New-Born Action Plan, which aims to end all preventable newborn deaths by 2035.

In another step, the Minister of Social Development Bathabile Dlamini recently announced a nutrition initiative planned for mothers and infants. “We will provide maternal support for expectant mothers as part of the 1000 days campaign. The campaign seeks to contribute in the reduction of maternal and child mortalities through improving access to nutrition for expectant mothers and newborn children.”

Deputy President Ramaphosa also confirmed government’s commitment towards improving the health of mothers and children, by ensuring women and their newborns receive the best care, support, stimulation and nutrition.

Over the past twenty years South Africa has come a long way in addressing maternal and childhood mortality. While we acknowledge that the road ahead is still a long one, we are confident that we have the best policies in place to move the country forward and ensure the health and wellbeing of our mothers and children.

Phumla Williams is Acting CEO of the Government Communication and Information System (GCIS)

SAPA: Akunanekele abesifazane nezingane – Ramaphosa
30 June 2014.
Johannesburg - Ukuphila kahle komama nezingane zabo yikhona okumele kubeseqhulwini ekuthuthukiseni kanye nasekulinganeni kwabantu, kusho iPini likaMengameli uCyril Ramaphosa eGoli ngoMsombuluko.

"Emsebenzini owenziwa ngalokhu kusebenzisana ubalulekile ngoba uyozisa kuko zonke izinhlelo zethu, futhi imizamo yethu iyobonakala kупhela uma izingane ezizalwayo zikwazi ukwenza noma ukufezekisa lokho ezikufisayo,” usho kanje enkulumeni yakhe.

Ubekhuluma ng-esikhathi kuvulwa iWorld Health Organisation's Partnership for Maternal, Newborn and Child Health Forum, uGraca Machel angusihlalo wayo.

"Lo mhlangano ufike ngesikhathi esibaluleke lapho sisalelwe khona yizinsuku ezingaphansi kwezingu-500 ukuba sifezekise izinhlelo ze-millennium development," kusho uRamaphosa.

"Kuwo wonke amazinga abantu emhlabeni, isimo sempilo asisihle – ikakhulukazi uma abantu bephila ngaphansi kwesimo esinzima."

"Siyazi ukuthi izwekazi lethu, i-Afrika, libhekene nomthwalo odalwa yisifo se-HIV kanye nezinye izifo ezithathelanayo eziqhubekayo nokuba nomthelela kubantu bethu."

Ohulumeni kudingeka baqinisekise ukuthi imigomo yabo ihambisana nesimo sezempilo kanye nentuthuko.

SAPA: Maternal, child health key to development: Ramaphosa
30 June 2014

"The work that is done through this partnership is... key to all our future plans and programmes, because our efforts have meaning only if those who are born today do survive to achieve their full human potential," he said in a speech prepared for delivery.

He was speaking at the opening of the World Health Organisation’s Partnership for Maternal, Newborn and Child Health Forum, of which former first lady Graca Machel is chairwoman.

"This meeting comes at a critical time as you have heard, we have less than 500 days before the deadline for the achievement of the millennium development goals," Ramaphosa said.

These goals include eradication of extreme poverty and hunger, improvement of maternal health and reduction of child mortality, and the achievement of universal primary education. United Nations member states committed to achieve these by 2015.

Ramaphosa quoted from a report by the Commission on Social Determinants of Health on the link between illness and inequality.

"In countries at all levels of income, health and illness follow a social gradient -- the lower the socioeconomic position, the worse the health."

Ramaphosa said in such an inequitable world, health equity was not a problem only in developing countries.
"While we acknowledge this, we know that our continent, Africa, has had to contend with a disproportionate burden of disease due to the HIV pandemic and other communicable diseases that continue to impact our people."

Governments needed to ensure that policies reflected the link between health and development. They needed to provide the best care for women and their newborn babies.

"We must also ensure that children receive appropriate support, stimulation and nutrition."

"We must empower young people to attain their full human potential, while we secure workplaces that contribute to economic development, and where adults are able to contribute to the well-being of their families and society."

The elderly needed to be loved, supported and respected, Ramaphosa said.

The National Development Plan would help achieve health equity.

The achievement of quality health care needed to remain a priority after the 2015 deadline for the millennium development goals, Ramaphosa said.

Universal health coverage and measures to address non-communicable diseases should also be included in the post-2015 agenda, he said.

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**SouthAfrica.info: Graça Machel returns to work 'inspired by Madiba'
27 June 2014**

Nelson Mandela's widow, Graça Machel, is to resume her work as a global advocate for women's and children's rights following a six-month period of mourning for her late husband, the Nelson Mandela Foundation said on Friday.

Machel will welcome over 1 000 international delegates at a meeting of the World Health Organisation's (WHO's) Partnership for Maternal, Newborn and Child Health Organisation in Johannesburg on Monday. Machel chairs the forum, and is also an African ambassador for Unicef's A Promise Renewed, an initiative that supports the UN's Every Woman Every Child movement.

In a statement issued by the foundation, Machel said that Mandela's death in December had robbed South Africa of the father of its democracy, and the world of an internationally respected icon - while she had lost "my best friend, beloved husband, and guide."

"I was fortunate that in Madiba I found a soul mate and a fellow advocate for children and women's rights," Machel said. "I am inspired by his rich legacy that promotes justice, compassion, and solidarity."

"Children were very dear to Madiba, and his last wish was to build the Nelson Mandela Children's Hospital. This is my dream too, and I wish it can be realised in my lifetime."

Her other priority, she said, was to continue to advocate "for an expanded space for women in Africa to access better opportunities in economic, political and social spheres. I will work with others to protect the rights of children, fight for an end to child marriage, ensure we continue to make
progress on child survival and development, as well as promote the attainment of quality education for all children”.

Machel said she had been deeply touched and comforted by the affection shown towards her and her family through Mandela's illness, his death and their bereavement.

"I would like to thank our family, friends, and the people throughout the world who gave me love and support during these difficult times."

The Mandela foundation added that while Machel had officially come out of mourning, she continued to grieve the passing of Mandela "and will issue no further statements or accept interviews with regard to her private and family life".

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**Times Live: Graça: R12 a year can save three million lives**

Poppy Louw
1 July 2014

The deaths of 3 million mothers and their newborn babies (a number comparable to the population of Tshwane) in 75 high-burden countries annually could be prevented if everyone in the world donated $1.15 (about R12.20) a year.

This is the conclusion of the Every Newborn action plan report, launched at the Partnership for Maternal, Newborn and Child Health Forum, in Sandton, Johannesburg, yesterday.

The action plan, which was approved by global health ministers at the World Health Assembly in May, lists the latest evidence on interventions that could significantly reduce the number of stillbirths and newborn deaths.

Although the number of maternal and child deaths has decreased by nearly 50% since the 1990s, experts said that the number of newborn deaths and stillbirths remains too high. Newborn deaths account for 44% of all deaths under the age of five worldwide - with 2.9 million newborn deaths (first four weeks) and 2.6 million stillborn (last three months of pregnancy).

Partnership for Maternal, Newborn and Child Health chairman Graça Machel, in her first public engagement since the death of her husband, Nelson Mandela, said the action plan showed it was possible to live in a world in which newborn deaths or stillbirths were rare.

She said we could live in a world "in which every pregnancy is wanted, every birth [is] celebrated, and women, babies and children survive, thrive and reach their full potential".

She thanked the world on behalf of the family for the support it gave her and her family before, during and after Mandela’s death, adding that his “invisible hand” was guiding the drive to reduce infant mortality.

Over 280000 women worldwide die from birth complications every year. Nearly half of these deaths occur on the day of birth.

The latest figures in the District Health Barometer, compiled by the Health Systems Trust, show that maternal deaths in South Africa dropped from 189.5 per 100 000 births in 2009 to 132.9 in 2012-2013.
Other reports launched at the conference include the Countdown to 2015, Success Factors for Women’s and Children’s Health and The State of the World’s Midwifery. The conference ends today.

**Times Live: Mandela’s widow emerges from mourning**
Juliette Saunders
27 June 2014

Graca Machel has announced she is ready to resume her work for women’s and children’s rights, after six months of mourning for her “soulmate”, former president Nelson Mandela.

Madiba’s widow issued a statement this morning saying that she would resume public duties on Monday.

In her role as the Chair of the Partnership for Maternal, Newborn & Child Health and African Ambassador for A Promise Renewed, she would welcome over 1 000 international delegates in Johannesburg to a Partners’ Forum event. The meeting is co-hosted by the South African government and will focus on progress made in women’s, children’s and newborn’s health and the post 2015 development agenda.

Commenting on Mandela’s death in December 2013, Machel said: “I lost my best friend, beloved husband, and guide”.

“I have been deeply touched and comforted by the affection shown towards my family and I since Madiba’s illness through to the present moment. I would like to thank our family, friends, and the people throughout the world who gave me love and support during these difficult times”.

She continued: “I was fortunate that in Madiba I found a soul mate and a fellow advocate for children and women’s rights. I am inspired by his rich legacy that promotes justice, compassion, and solidarity. Children were very dear to Madiba and his last wish was to build the Nelson Mandela Children’s Hospital. This is my dream too and I wish it can be realised in my lifetime”.

Machel highlighted four other specific areas she wanted to focus on:
- protect the rights of children,
- fight for an end to child marriage,
- child survival and development, and
- quality education for all children.

She also pledged, “My other priority is to continue to advocate for an expanded space for women in Africa to access better opportunities in economic, political and social spheres”.

“As part of my democracy and good governance work across the African continent and internationally, I look forward to helping shape the new global development agenda. I realise these are huge tasks that lie ahead... I look forward to working with current and new partners in the achievement of these tasks”.

Machel is involved in various organisations including the Nelson Mandela Children’s Fund, The Elders, Africa Progress Panel, Millennium Development Goals Advocates, Partnership for Maternal, Newborn, and Child Health and High Level Panel on Global Education.
British Medical Journal, the Lancet has published Bangladesh’s success story in cutting 40 percent maternal deaths in the previous decade and says it can be a lesson for countries lagging behind.

Researchers who wrote the Bangladesh chapter in this prestigious journal released on Monday also look into what explains this reduction.

Maternal deaths decreased to 194 per 100,000 births in 2010 from 322 in 2001 in Bangladesh.

“We used to speculate the factors behind this reduction, but here we showed it analysing data,” Prof Shams El Arifeen, one of the authors, told bdnews24.com.

He said the decrease had been “the result of factors within and outside the health sector”.

The journal said “this finding holds important lessons for other countries as the world discusses and decides on the post-MDG goals and strategies”.

It says that the experience also provides “a strong rationale” for Bangladesh in the way of its “broader development agenda” for providing improved maternal health.

The authors say they reviewed the experience of Bangladesh as part of a series of in-depth country case studies commissioned by ‘Countdown to 2015’, a multi-disciplinary, multi-institutional collaboration established in 2005.

The Lancet is a key Countdown partner.

It studied the progress in 75 countries, finding substantial inequities persisting even in those that have made considerable gains in maternal and child health.

The Lancet says several factors influenced Countdown’s decision to select Bangladesh for this in-depth analysis of the country’s progress in the improvement of maternal health.

First, Bangladesh is one of the nine countries, the Countdown studied, that are on track to achieve the MDG 5 target.

Second, it says, “Bangladesh is unique among low-income and middle-income countries in having valid, nationally-representative household survey-based statistical evidence of progress towards MDG”.

Third, the reduction in maternal mortality has been accompanied by important changes in other indicators of maternal health and socioeconomic development.

“These factors render Bangladesh an ideal real-world setting for the study of the driving forces behind large changes in risk of maternal mortality at a population level,” according to The Lancet.
The researchers used data from the 2001 and 2010 Bangladesh Maternal Mortality Surveys to measure changes in the maternal mortality ratio and from these and six Bangladesh Demographic and Health Surveys (BDHSs) to measure changes in factors potentially related to such change.

“The key contribution to this decrease was a drop in mortality risk mainly due to improved access to and use of health facilities”.

During this period, fertility decreased and the proportion of births associated with high risk to the mother fell, income per head increased sharply and the poverty rate fell, and the education levels of women of reproductive age improved substantially.

The researchers also estimated that 52 percent of maternal deaths “that would have occurred in 2010 in view of 2001 rates were averted because of decreases in fertility and risk of maternal death”.

United States Agency for International Development (USAID), UK Department for International Development, Bill & Melinda Gates Foundation funded the research.

But the funders’ of the study had no role in the “study design, data collection, data analysis, data interpretation, or writing of the paper,” authors clarified.

Daily Star (Bangladesh): The partnership for maternal, newborn and child health
Tareq Salahuddin
6 July 2014

More than 800 leaders and public health experts from around the world opened a landmark two-day meeting in Johannesburg to review new data and call for accelerated action to improve maternal, newborn and child health. The Partnership for Maternal, Newborn & Child Health (PMNCH) 2014 Partners' Forum was opened by Graça Machel, Chair of PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who is making her first public appearance since the end of her mourning period after the death of her husband, Nelson Mandela.

"The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done," said Graça Machel. "Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfill their rights to health and education, and realise their full potential."

In support of the UN Secretary-General's Every Woman Every Child movement, the Partners' Forum builds on two months of high-level meetings in Toronto, Prague, and Washington, DC, where global leaders and health experts met to discuss strategies to promote the health of women and children. At this Forum, leaders discussed steps to assist countries that have lagged behind in efforts to improve reproductive, maternal, newborn and child health, and made specific recommendations for how to maintain the focus on women and children within the post-2015 development agenda. Notably, participants also pledged their financial and policy support and a range of new resources to support the implementation of the new Every Newborn action plan (ENAP), a roadmap to improve newborn health and prevent stillbirths by 2035.
Despite improvements, 289,000 women still die every year from complications at birth and 6.6 million children do not live to see their fifth birthday, including nearly 3 million newborns. At least 200 million women and girls are unable to access family planning services that would allow them to control when they have children.

The world has been especially slow in improving health outcomes for newborns. Globally, each year, 2.9 million newborns (first 28 days of life) die and 2.6 million are stillborn. Recent data published in The Lancet Every Newborn Series indicate that 15,000 babies are born and die every day without ever receiving a birth or death certificate. The accompanying analysis found that 3 million maternal and newborn deaths and stillbirths in 75 high burden countries could be prevented each year with proven interventions that can be implemented for an annual cost of only US$1.15 per person.

Caixin Media: 中国被评为妇幼健康高绩效国家 [China among best performer in MNCH]  
1 July 2014  
Original in Chinese – the below is a rough Google Translation into English

China's existing 880 million women and children, has the world's largest groups of women and children, China's maternal and child health has been the focus of world attention.

June 30, the third Maternal, Newborn and Child Health Partnership Partnership Forum held in Johannesburg, South Africa. Forum announced the "success factors of maternal and child health report" in 144 low and middle income countries, there are 10 high-performing countries, including China.

The report issued jointly by the World Bank, the World Health Organization and other international organizations, the report analyzes 144 middle-income countries 20 years of health data, selected in reducing maternal and infant mortality rates of 10 high-performing countries, including China, Bangladesh, Cambodia, Egypt, Ethiopia, Laos, Nepal, Peru, Rwanda and Vietnam.

According to a report published information, in 2013, Chinese children under five mortality rate was 12 ‰; while in 1991 the figure was 61 ‰.

The report notes that with the rapid decline in this figure are two reasons: First, China expanded the coverage of antenatal and effective interventions; Second, China's rapidly improving socio-economic conditions, reducing the incidence of child mortality disease.

2013, China maternal mortality rate of 23/100000, 1991 this figure was 80/100 000. The report notes that the rapid decline in this figure is mainly due to the extensive coverage of a modern health system, including prenatal testing as an inevitable requirement, as well as a general increase in the level of community service.

The report also noted that the Chinese government investment in health is also significantly increased: in 1995, China's annual investment of $ 53 per person health; 2012, this figure increased to $ 480, with an average annual growth rate of 13%.

"In the past two decades, China has developed a more active and effective policies and programs, including the establishment of three medical monitoring network, collection, health insurance coverage and other health data." Said the WHO Representative Office in China Liu Shujun
June 30, Johannesburg, South Africa, the third Maternal, Newborn and Child Health Partnership Partnership Forum held nearly 800 international leaders and public health experts attended the meeting. Wei, deputy director of Chinese Women and Children Division Planning Commission also attended the meeting, she called for in his speech to accelerate the pace of global action to improve women's, children's and neonatal health.

The forum is organized by the World Health Organization and other agencies and government of South Africa hosting the theme was to discuss how to help the country to improve the health conditions of women and children behind health.

The forum also "every woman, every child" initiative of UN Secretary-General Ban Ki-moon supported the initiative aims to mobilize and strengthen global action to improve the health of women and children around the world.

Conference released data that 289,000 women worldwide die each year due to postpartum complications, there are 6.6 million children die before the age of five, of which 300 million were newborns. In addition, at least 200 million women and adolescent girls can not get contraception, and thus unable to avoid unwanted pregnancies opportunities.

In terms of improving the health of newborns, global progress is particularly slow. On a global scale, there are 2.9 million neonatal deaths within 28 days after birth each year, and 2.6 million newborns during the last three weeks of the mother during pregnancy or perinatal maternal deaths directly. The world's most authoritative medical profession academic journal "The Lancet" magazine "Every newborn series feature" recently released data show that worldwide there are 15,000 babies are born every day after death, they do not even have access to birth or death certificate. However, the corresponding results of the analysis also found that, as long as the effective medical interventions to aid each year to avoid the 75 high maternal and infant mortality three million women and newborn death in the country, while the annual per capita cost of these medical interventions only $ 1.15.

"There are so many newborn lives each year the saving can be obtained through a simple, cheap and effective medical interventions, which we should not give herself any reason." World Health Organization for the Family, Women and Children's Health Services Assistant Director-General, Dr. Flavia said.

In this forum, leaders from various countries believe that the country should be ordered to help improve their health conditions of women and children behind in health, maternal and child health issues and recommended as a core post-2015 global development agenda. Participants committed to provide financial, policy and support resources for the specific implementation of the "Action Plan for each newborn," the. "At present, there are many women and children around the world without access to basic medical services. Regardless of their place of residence in which corner of the world, we must ensure that all women, adolescent girls, children and newborns can fully enjoy the right to health and the right to education , and thus make them more likely to have a life. "President Nelson Mandela Mrs. Graça Machel said at the opening ceremony.
In 144 low and middle income countries, China maternal and child health outcomes in the forefront.

June 30, the third Maternal, Newborn and Child Health Partnership Partnership Forum held in Johannesburg, South Africa, deputy director of China's State Planning Commission, Maternal and Child Health Services Division Wei Wang Qiaomei invited participants at the meeting to share China's "reduced maternal mortality rates, the elimination of neonatal tetanus, "project experience.

New financial reporters that China has developed rapidly maternal and child health care system has to provide active, full life cycle of continuous health care services for women and children. The project on the one hand through health education and social mobilization to improve the delivery of rural people to the hospital conscious, on the other hand to the hospital delivery of rural women to provide economic benefits. It reducing maternal mortality, elimination of neonatal tetanus is very useful. 2013 National hospital delivery rate was 99.5% in rural areas reached 99.2%.

Wei Planning Commission, according to data released by China's national maternal mortality rate in 2013 dropped to 23.2/10 million and infant mortality, the mortality rate of children under five dropped to 9.5‰ and 12‰.

These three indicators at the forefront in developing countries, further narrowing the gap with the developed countries, the mortality rate for children under 5 years ahead of schedule to achieve the UN Millennium Development Goals. World Health Organization certified announced that China achieved the elimination of maternal and neonatal tetanus.

According to information released by Guardian Planning Commission, China's total of 3,044 maternal and child health agencies, family planning technical service institutions 35,300, 495 maternity hospitals, Children's Hospital 89. Has been basically established in urban and rural primary health care institutions based, medium-sized comprehensive medical institutions and related research and teaching institutions for technical support for maternal and child health care service system.

System to protect more and more women and children to enjoy high-quality maternal and child health services. 2013, the Chinese system management rate of maternal, prenatal examination rate of 89.5% and reached 95.6% of children under the age of 3 systems management rate, children under 7 years of health management rate of 88.96% and 90.7%, respectively.

Wangqiao Mei said the Chinese in terms of institutions, laws, national planning and service system has increased efforts to protect the health of women and children, the implementation of maternal and infant health programs and "two cancer" screening, PMTCT and other major public health projects.

For the different stages of pregnancy, pregnancy, newborns, China started to implement a series of major public health service projects, including national free pre-pregnancy health checks, addition of folic acid to prevent neural tube defects in the project, neonatal screening programs, prevention of thalassemia control projects, tens of millions of childbearing families benefited.
Number of maternal, newborn and child deaths a year? Whether the high cost of life-saving to the elusive?

June 30, Johannesburg, South Africa, the third Maternal, Newborn and Child Health Partnership Partnership Forum held nearly 800 international leaders and public health experts attended the meeting. China Guardian Planning Commission deputy director of the Women and Children Division 王巧梅 also attended the meeting, she called for in his speech to accelerate the pace of global action to improve women, children and newborn health.

The forum is organized by the World Health Organization and other agencies and government of South Africa hosting the theme was to discuss how to help countries improve health conditions behind maternal and child health status.

The forum also "every woman, every child" initiative of UN Secretary-General Ban Ki-moon supported the initiative aims to mobilize and strengthen global action to improve the health of women and children around the world.

Conference released data that 289,000 women worldwide die each year due to postpartum complications, there are 6.6 million children die before the age of five, of which 300 million were newborns. In addition, at least 200 million women and adolescent girls can not get contraception, and thus unable to avoid unwanted pregnancies opportunities.

In terms of improving the health of newborns, global progress is particularly slow. On a global scale, there are 2.9 million neonatal deaths within 28 days after birth each year, and 2.6 million newborns during the last three weeks of the mother during pregnancy or perinatal maternal deaths directly.

The world's most authoritative medical profession academic journal "The Lancet" magazine "Every newborn series feature" recently released data show that worldwide there are 15,000 babies are born every day after death, they do not even have access to birth or death certificate.

However, the corresponding results of the analysis also found that, as long as the effective medical interventions to aid each year to avoid the 75 high maternal and infant mortality three million women and newborn death in the country, while the annual per capita cost of these medical interventions only $ 1.15 .

"There are so many newborn lives each year the saving can be obtained through a simple, cheap and effective medical interventions, which we should not give herself any reason. " World Health Organization for the Family, Women and Children's Health Services Assistant Director-General, Dr. Flavia 布斯特雷奥 said.

In this forum, leaders from various countries believe that the country should be ordered to help improve their health conditions of women and children behind in health, maternal and child health issues and recommended as a core post-2015 global development agenda. Participants committed to provide financial, policy and support resources for the specific implementation of the "Action Plan
for each newborn," the. "At present, there are many women and children around the world without access to basic medical services. Regardless of their place of residence in which corner of the world, we must ensure that all women, adolescent girls, children and newborns can fully enjoy the right to health and the right to education, and thus make them more likely to have a life. "President Nelson Mandela • • Mrs. Graça Machel said at the opening ceremony.

Caixin Media (China): 妇幼保健中国经验: 推动社会救助和卫生普查 [MCH Chinese Experience: Promoting social assistance and health survey]
1 July 2014
Original in Chinese – the below is a rough Google Translation into English

In 144 low and middle income countries, China maternal and child health outcomes in the forefront.

June 30, the third Maternal, Newborn and Child Health Partnership Partnership Forum held in Johannesburg, South Africa, deputy director of China's State Planning Commission, Maternal and Child Health Services Division Wei Wang Qiaomei invited participants at the meeting to share China's "reduced maternal mortality rates, the elimination of neonatal tetanus," project experience.

新近报导 that China has developed rapidly maternal and child health care system has to provide active, full life cycle of continuous health care services for women and children. The project on the one hand through health education and social mobilization to improve the delivery of rural people to the hospital conscious, on the other hand to the hospital delivery of rural women to provide economic benefits. It reducing maternal mortality, elimination of neonatal tetanus is very useful. 2013 National hospital delivery rate was 99.5% in rural areas reached 99.2%.

Wei Planning Commission, according to data released by China's national maternal mortality rate in 2013 dropped to 23.2/10 million and infant mortality, the mortality rate of children under five dropped to 9.5 ‰ and 12 ‰.

These three indicators at the forefront in developing countries, further narrowing the gap with the developed countries, the mortality rate for children under 5 years ahead of schedule to achieve the UN Millennium Development Goals. World Health Organization certified announced that China achieved the elimination of maternal and neonatal tetanus.

According to information released by Guardian Planning Commission, China's total of 3,044 maternal and child health agencies, family planning technical service institutions 35,300, 495 maternity hospitals, Children's Hospital 89. Has been basically established in urban and rural primary health care institutions based, medium-sized comprehensive medical institutions and related research and teaching institutions for technical support for maternal and child health care service system.

System to protect more and more women and children to enjoy high-quality maternal and child health services. 2013, the Chinese system management rate of maternal, prenatal examination rate of 89.5% and reached 95.6% of children under the age of 3 systems management rate, children under 7 years of health management rate of 88.96% and 90.7%, respectively.

Wangqiao Mei said the Chinese in terms of institutions, laws, national planning and service system has increased efforts to protect the health of women and children, the implementation of maternal and infant health programs and "two cancer" screening, PMTCT and other major public health projects.
For the different stages of pregnancy, pregnancy, newborns, China started to implement a series of major public health service projects, including national free pre-pregnancy health checks, addition of folic acid to prevent neural tube defects in the project, neonatal screening programs, prevention of thalassemia control projects, tens of millions of childbearing families benefited.

Economics Times (China):  我国进入妇幼健康高绩效国家行列. China has entered the ranks of the National Maternal and Child Health High Performance.
3 July 2014
Original in Chinese – the below is a rough Google Translation into English

June 30, the third by the World Health Organization Maternal and governmental institutions such as the South African-sponsored, Newborn and Child Health Partnership Partnership Forum held in Johannesburg, South Africa. Forum announced the "success factors of maternal and child health report" that in 144 low and middle income countries, there are 10 high-performing countries, including China.

The report issued jointly by the World Bank, the World Health Organization and other international organizations, the report analyzes 144 middle-income countries 20 years of health data, selected in reducing maternal and infant mortality rates of 10 high-performing countries, including China, Bangladesh, Cambodia, Egypt, Ethiopia, Laos, Nepal, Peru, Rwanda and Vietnam.

Maternal and Child Health and Family Planning Commission deputy director of the National Health Service Division Wang Qiaomei introduction, in 2013, Chinese children under five mortality rate was 12 ‰; while in 1991 the figure was 61 ‰. With the rapid decline in this figure are two reasons: First, China expanded the coverage of antenatal effective interventions; Second, China's rapidly improving socio-economic conditions, reducing the occurrence of fatal disease of children. 2013, China maternal mortality rate of 23/100000, 1991 this figure was 80/100 000. Rapid decline in this figure is mainly due to the extensive coverage of a modern health system, including prenatal testing as an inevitable requirement, as well as a general increase in the level of community service. In addition, the Chinese government investment in health is also significantly increased: in 1995, China's annual per capita health investment is $ 53; 2012, this figure increased to $ 480, with an average annual growth rate of 13%.

People.cn Media:  第三届妇幼健康合作伙伴论坛在南非约翰内斯堡召开 (The Third PMNCH Partners’ Forum was hold in Johannesburg, South Africa )
1 July 2014
Original in Chinese – the below is a rough Google Translation into English

[VIDEO]
June 30, World Health Organization Director-General Margaret Chan said the Third CHILD HEALTH Partnership Forum held in Johannesburg, South Africa, "the right even if a person did not survive, then we can talk about other rights would be meaningless." Currently, there are 289,000 women worldwide each year due to complications after childbirth deaths, 6.6 million children die before the age of five, nearly half of newborns. Among them, the situation is particularly acute in Africa maternal and child health.

Data show that 12% of the total African population of the world's population, but more than half of maternal and child deaths worldwide. Each year, sub-Saharan Africa countries have 176,000 mothers died due to complications during pregnancy and postpartum, accounting for 62% of the world; has 3.2 million children die before the age of five, of which 1/3 of the newborn.

World medical profession authoritative academic journal "The Lancet" recently released data show that in 2012, the world's highest neonatal mortality in 9 of the 10 countries in Africa, namely Sierra Leone, Somalia, Guinea-Bissau, Angola, Lesotho Congo (DRC), Mali, Central African Republic and Côte d'Ivoire. In addition, Nigeria is also one of the world's countries with the largest neonatal deaths per year, the total number of more than 26 million people.

UNICEF West and Central Africa Regional Office, Manuel told reporters in sub-Saharan Africa, more than half of women in childbirth did not get the help of trained professionals; in the Central African Republic, affected by armed conflict, public health systems across the country has been paralyzed; In Niger, more than half of women giving birth during adolescence 18 years ago ...... lack of public health infrastructure, the average low educational level, lack of government financial investment, war and conflict, malnutrition, etc. factors leading to maternal and child health in Africa the situation is not optimistic.

UNICEF Regional Office for West and Central Africa health adviser Maurice told reporters that the level of maternal and child health is directly related to the overall quality of the citizens of a country's national productivity, talent pool and future potential for economic development of African countries to improve the health of its citizens is urgent. The future, the need for African countries to strengthen national planning policy with national conditions, to increase the budget to train more health care workers and improve the level of education, and with the international community and civil society organizations, volunteers strengthen cooperation to enhance maternal and child health.

Currently, few African countries have made significant progress in improving maternal and child health level, these countries have paid great attention to the planning and conduct of national policies to improve health standards. For example, in 2011, the number of deaths of children under five years of age in Ethiopia than in 2000 decreased by 47%, mainly due to the health industry development plan of the Government in the late 1990s started, the plan to improve women and children vaccination rates, improved nutritional conditions. Over the past 10 years, Rwanda has introduced community health insurance schemes and other policies, in reducing neonatal mortality achievements are not ranked first in the world's most developed countries.

Manuel believes that China is one of the most important partners in Africa. Economic and trade exchanges between China and Africa, Chinese investment in Africa, such as helping to reduce poverty in Africa and promoting African economic development. The only economic development, health standards in order to effectively improve Africa.
Maurice also believes that China's population policy has achieved remarkable achievements of African countries to set a good example, but also to bring them enlightenment: to improve maternal and child health level is important for the economic development of a country. Ms. Gupta, vice president of the GAVI Alliance, told reporters that China has a strong R & D capability in the field of vaccines, the future, the GAVI Alliance hopes to strengthen cooperation with China to Africa to provide more and better vaccine products.

Phoenix Weekly： “没有哪个孩子是为了死去而降生” ["No child is born to die"]
1 July 2014
Original in Chinese – the below is a rough Google Translation into English

This figure shows the 32 World Cup in Brazil rankings. But please note that it is not talking football - although this is probably the hottest topic of the moment - it is concerned that the 32 countries over the past two decades in reducing child mortality achievements. Since 1990, countries around the world are taking measures to reduce their children's deaths, but the results are not the same. This year the World Cup host nation Brazil to reduce under-five child mortality rate of 77% of the score, doing my part to win the World Cup to reduce child mortality.

June 30, 2014, the Third World maternal and child health in Johannesburg, South Africa Partnership Forum opened. Discuss how to accelerate the achievement of the UN Millennium Development Goals 4 and 5 (reducing child mortality and improving maternal health) is the main purpose of this forum. Data this country 32 World Cup ranking figure from UNICEF, aims to enhance the public and policy makers concerned about the health problems of women and children.

"In Brazil, there are two main reasons prompted us to reduce child deaths: expansion of basic health services, access to, and implementation of the world's largest family allowance program Bolsa Família" Brazilian Ministry of Health officials Paulo Vicente Bonilha de Almeida said. "in addition, our national immunization planning projects to improve the immunization rates for children in Brazil, and our policy of making the country's breastfeeding breastfeeding rates increased more than fourfold."

Since 1988, the Brazilian government began to implement universal health coverage plan, the purpose is to let the Brazilian people, whether rich or poor, can get basic health services. Bolsa Família provides capital grants for poor families, to ensure that these families and children can be vaccinated wealthy school. Today in Brazil, per 1000, only 14 children in the under-five deaths. In 1990, the figure is 62.

Although the Chinese team did not have the opportunity to participate in the World Cup in Brazil, China reduced child deaths in the World Cup's performance can be considered remarkable. According to data released by China's official, since 1990, China's child mortality declined by 74 percent, second only to the top 32 in Brazil and Portugal. However, due to China's huge population base, every year there are still over 300,000 children die before their fifth birthday. [2]

Unfortunately, the results are still not satisfactory in many countries. For example, although Nigeria in the past twenty years to reduce child mortality by 42%, but its child mortality is still in first place in
the World Cup of 32 countries. In Nigeria, every 1000 children, there are 124 newborns who cannot live through his own birthday.

**Shanghai Daily (China): Universal access drives China's reproductive health improvements**

Tian Ying, Mou Xu and Li Jingya

1 July 2014

BEIJING, July 1 (Xinhua) -- While the growing number of rich urban couples increasingly opt to give birth in private clinics in China, the vast majority of rural women rely on public reproductive health services.

Fortunately, every woman in such grassroots communities has access to a reproductive health station. "China's maternal and child health network has universal coverage," or so says Wang Qiaomei, a maternal and child health chief for the National Health and Family Planning Commission.

Wang made the claim while sharing China's best practice at the concluding Partner's Forum in Johannesburg, South Africa, where a report was released praising China's development in reducing maternal and child deaths.

Compiled jointly by the World Bank, the World Health Organization and a number of other international groups, "Success Factors for Women's and Children's Health," acknowledges the role of a "comprehensive three-tier medical and health service network that extends from province to township and village level" in China.

According to China's official statistics, in 2013, the maternal mortality rate nationwide dropped to 23.2/100,000, a decrease of 56.2 percent compared to the year 2000. The rate of deaths among infants and children under four fell by 70.5 and 69.8 percent respectively in the 13 years.

Indeed, for a vast country with a vast rural population, much of it in poverty-stricken or remote areas, an effective public health system that reaches out to grassroots women and children is essential to the overall health of the groups.

Xiong Yanli, a 32-year-old woman in Lianghekou Township under Chishui City of southwest China's Guizhou Province, benefited from access to maternal health services on her ragged journey to becoming a mother.

After giving birth to a healthy baby girl in February, she felt keenly the role of the local reproductive health station, particularly as she had her first baby voluntarily aborted after it was found to have congenital defects.

In 2011, Xiong got pregnant for the first time while working as a migrant worker with her husband in the city of Chongqing. Though the reproductive health station of her hometown in Lianghekou phoned her several times and advised her to register for regular maternal check-ups, she ignored them, reckoning "there is no big deal."

That proved to Xiong's cost when her fetus was found to have a cleft lip seven months into pregnancy. For a family struggling to sustain themselves, corrective surgery for the baby was not an option. They chose an abortion.

After Xiong got pregnant again, she and her husband returned home and she registered for monthly check-ups. To her delight, they are all free. She also received folic acid as advised.
The maternal services extended all the way to the post-natal period, the new mother found. The local reproductive health station took a blood sample from her baby girl’s foot, mailing it to superior health centers for congenital disease screening, and vaccinated her girl against Hepatitis B.

Qian Xingqiong, a health worker at the Lianghekou reproductive health station, says the local birth defect screening process was expanded in 2012 from testing for five diseases to the current 30 diseases.

The health station also keeps track of the health of the township's 1,336 married women, 39 of which have gynecological diseases, and 307 children under four by door-to-door visits and telephone inquiries.

In China, there are more such maternal and child health services targeting the most underprivileged. For instance, the country provides in-hospital delivery subsidies for rural women, a project that has made a significant contribution to reducing maternal deaths and neonatal tetanus. It also provides free-of-charge breast and cervical cancer check-ups for rural women.

Despite all the achievements, China also has to battle many maternal and child health challenges, those posed by a rising migrant population for one. As public health service delivery relies on a relatively strict civil household registration system, migrant women and children often fall off of the radar of health workers with the places they are registered, and expecting mothers have to return home to enjoy free or subsidized care.

However, in a world scrambling to eliminate the injustices affecting women and children, China’s heavy investment in ensuring universal access is a take-home lesson.

Xinhua News Agency: 中国进入降低孕产妇和婴幼儿死亡率“快车道” [China on fast track of reducing maternal, child mortality]
1 July 2014
Original in Chinese – the below is a rough Google Translation into English

Johannesburg, June 30 Xinhua (Reporter Zhang Mu Chuan Xu Ying Ishida) a published June 30 in Johannesburg, South Africa study reported that in 144 low and middle income countries, China in reducing maternal and infant mortality rate has entered the “fast track”, is one of 10 high-performing countries.

This report by the World Bank, the World Health Organization and other international agencies jointly released a research report analyzes the 144 middle-income countries 20 years of health data, selected in reducing maternal and infant mortality rates of 10 high-performing countries, including China, Bangladesh, Cambodia, Egypt, Ethiopia, Laos, Nepal, Peru, Rwanda and Vietnam.

The report also pointed out that China's successful experience including team building to strengthen health workers, such as training more than 300,000 grassroots community physicians, as well as improving water and sanitation facilities.

This report is on maternal and child health Partner Forum held in Johannesburg the day released. The forum is organized by the World Health Organization and other agencies as well as the South African government, organized to discuss how to help the country to improve the health conditions
of women and children behind health. The forum also "every woman, every child" initiative of UN Secretary-General Ban Ki-moon supported the initiative aims to mobilize and strengthen global action to improve the health of women and children around the world.

Deputy director of the China National Maternal and Child Health and Family Planning Health Services Division 王巧梅 at the meeting to share with China "to reduce maternal mortality, elimination of neonatal tetanus," project experience.

Wangqiao Mei said that the project on the one hand through health education and social mobilization to improve the delivery of rural people to the hospital conscious, on the other hand to the hospital delivery of rural women to provide economic benefits. The project to reduce maternal mortality, elimination of neonatal tetanus is very useful. 2013 National hospital delivery rate was 99.5% in rural areas reached 99.2%.

Wangqiao Mei said the Chinese in terms of institutions, laws, national planning and service system has increased efforts to protect the health of women and children, the implementation of maternal and infant health programs and "two cancer" screening, PMTCT and other major public health projects.

According to Chinese Health and Family Planning Commission data, 2013 China maternal mortality rate dropped to 23.2 deaths per 100,000 people, a decrease of 56.2% compared to 2000, the infant mortality rate, the mortality rate of children under five years of age, respectively, compared to 2000 decreased by 70.5% and 69.8%. These three indicators rank the forefront of developing and developed countries, further narrowing the gap.

Xinhua News Agency (China): Slow Progress in Reducing Global Neonatal Mortality Rates 全球降低新生儿死亡率进展缓慢,
3 July 2014
Original in Chinese – the below is a rough Google Translation into English

A few days ago in the Global Action Plan released in Johannesburg, South Africa pointed out that despite the global maternal mortality rate decreased significantly in the past 20 years, the world in reducing neonatal Progress mortality was relatively slow.

2014 Maternal and Child Health Partners Forum hosted by the World Health Organization in Johannesburg in the evening on July 1 closing of the meeting issued a "plan of action for each newborn" by the World Health Organization and UNICEF co-led the development. The program is aimed at protecting the global prevention of stillbirth and neonatal health policy documents.

Plans to raise two specific objectives, namely to achieve before 2035 neonatal mortality, stillbirth rate dropped to two indicators are 10 per 1000 live births or less. There are 40 financing, policy and service commitments together with the release of this action plan to ensure the implementation of the scheme.

Under the plan, currently the world each year 2.9 million newborns died within 28 days of birth, fetal death in addition to 2.6 million in the last three months of pregnancy between. Neonatal mortality has accounted for 44 percent of children under five mortality.
Plan noted that most neonatal deaths are caused by avoidable in some cases lead to, for example, premature birth, complications and infections production. Just to provide a good service for mothers, newborns, 71% of neonatal deaths could have been avoided.

Chairman of the Forum, the widow Graca Machel Mandela said: "Many women and children around the world still lack access to basic health services, regardless of their place of residence in which corner of the world, we must ensure that all women, adolescent girls, children and newborn children can fully enjoy the right to health and the right to education."

The forum attracted 800 international leaders and global public health expert participants, was also issued a series of reports of maternal and child health. One for the 144 middle-income countries report - "Maternal and Child Health Success Factors Report" as one of the Chinese Maternal Child Health 10 high-performing countries.

Health Site (India): How can we reduce healthcare inequity in India?
Nirmalya Dutta
1 July 2014

‘All animals are equal, but some animals are more equal than other animals.’ Anyone who has read George Orwell’s cult classic Animal Farm will be familiar with this concept and it’s shocking just how unequal the access to healthcare services are in different parts of the world. And that’s one of the main focuses of The Partnership for Maternal, Newborn and Children’s Health (PMNCH 2014) — to reduce inequality.

Tuesday’s session started off with a discussion on Equity: Leave no one behind which is a major part of the post-2015 agenda. The panel for the discussion had a distinct Indian flavour with CK Mishra, Additional Secretary, Ministry of Health and Family Welfare discussing the situation in India. Of course, India’s healthcare scenario is beleaguered by a variety of problems due to the sheer size of the country’s population combined with beliefs and customs. Mishra highlighted the steps the nation has taken to improve healthcare services to all parts of society. This included prioritising geographical regions with greater problems and providing them with solutions.

He also highlighted India’s recent successes in the healthcare sector which includes eradicating polio, significantly reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) and increasing the number of institutional deliveries (mothers giving birth in hospitals). He highlighted how institutional deliveries have gone up from 40% in 2005 to 85%, and to target those that give birth at home the government has employed 200,000 midwives.

The government has learned much from their past efforts and realised most importantly that the key is to include the community in whatever they do because just building facilities wasn’t enough. The healthcare programme in India also focuses on adolescents since India’s home to 253 million adolescents which is actually equal to the total population of Europe. That’s why the focus must be on programmes that help these adolescents without alienating the community and that’s something we’ll have to figure out how to do, because one size won’t fit all in India.

What is the PMNCH?
The Partnership for Maternal, Newborn & Child Health (PMNCH) is a partnership of 625
organisations from across seven constituencies: governments, multilateral organisations, donors and foundations, non-governmental organisations, healthcare professional associations, academic, research and training institutions, and the private sector. Hosted by the World Health Organization and launched in 2005, the vision of the Partnership is the achievement of the Millennium Development Goals, with women and children enabled to realise their right to the highest attainable standard of health in the year to 2015 and beyond.

Health Site (India): Imagine a world without newborn and maternal deaths
Nirmalya Dutta
30 June 2014

It’s been 45 years since our race put a man on the moon, our smartphones now have the computing capacity to boggle our minds and the average lifespan in developed countries has gone up to 90. Basically, it’s a great time to be born, for never before have we had an environment so safe for the human race.

It’s therefore extremely sad that in this day and age, there continue to be so many maternal and newborn deaths. The numbers have gone down tremendously over the last few years but 800 mothers dying each day around the world is simply unacceptable. Of these, 99% are deaths are in developing countries, deaths which could be preventable.

And this is what the Partnership for Maternal, Newborn and Child Health (PMNCH) 2014 hopes to eradicate from this world. The landmark event is being health in Johannesburg where the who’s who of public health, politicians, the media and other members of civil society have gathered to discuss the post-2015 development agenda.

The event was inaugurated by Graça Machel, Chairperson of PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who is making her first public appearance since the end of her mourning period after the death of her husband, Nelson Mandela. ‘The world has made remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done,’ said Graça Machel.

‘Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfil their rights to health and education, and realize their full potential.’ said Hilary Clinton in her video message.

The forum also saw participants pledge their financial and policy support and a range of new resources to support the implementation of the new Every Newborn Action Plan (ENAP), a roadmap to improve newborn health and prevent stillbirths by 2035.

‘We are privileged as a country to host this important meeting about the urgent need to improve women’s and children’s health. This global gathering gives us the opportunity to learn from each other’s successes and challenges, and to identify new approaches,’ said Dr Aaron Motsoaledi, South African Health Minister.

The current scenario
Currently, 2.9 million newborns die in the first 28 days of their lives and 2.6 million are stillborn. Of these, 15,000 babies are born and die without their deaths being noted (no birth or death certificates). The data in The Lancet Every Newborn Series indicates that about 3 million maternal and newborn deaths can be prevented each year with proven interventions at an annual cost of US$1.15 per year per person.

The ENAP which is endorsed by the World Health Assembly has been promised support from different stakeholders. ‘There is absolutely no reason for so many newborns to die every year when their lives can be saved with simple, cost-effective solutions,’ said Dr Flavia Bustreo, Assistant Director-General for Family, Women’s and Community Health at the World Health Organization. ‘The WHO remains committed to support countries and work with partners as the plan gets implemented, and to the accountability agenda, which includes reporting on progress achieved every year until 2030.’

The new Countdown to 2015 Report for 2014, which presents the latest assessment of progress in 75 countries that account for 95 per cent deaths, found that more than half of the of the mothers and children in the poorest sections (20%) of the population don’t receive the health interventions required like vaccines, skilled birth attendance, etc.

The forum wasn’t all doom and gloom though and also highlighted the impact of the fast-track countries which have achieved great strides in improving their maternal and children’s health. These include Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda and Vietnam. The report showed that these fast-track countries achieved their goals despite huge social and economic challenges.

Watch this space for more updates from the forum.

Delegates at the Forum emphasised the importance of ensuring that future efforts focus on countries that are making slow progress, and on poor and marginalised populations, including newborns and adolescents. Delegates also urged political leaders to work across different sectors—including education, skills and employment, water supply and sanitation, nutrition, energy, roads, and women’s empowerment—to ensure an integrated approach to improving the health of women and children.

What is the PMNCH?

The Partnership for Maternal, Newborn & Child Health (PMNCH) is a partnership of 625 organisations from across seven constituencies: governments, multilateral organisations, donors and foundations, non-governmental organisations, healthcare professional associations, academic, research and training institutions, and the private sector. Hosted by the World Health Organization and launched in 2005, the vision of the Partnership is the achievement of the Millennium Development Goals, with women and children enabled to realise their right to the highest attainable standard of health in the year to 2015 and beyond.
Well no we’re not saying Neymar and co’s fate at the World Cup is decided, we’re just saying that as far as child mortality is concerned Brazil has fared the best among its rivals, winning the cup that really matters. Since 1990, the Brazilians have reduced their child mortality rate by 77 per cent.

The ranking, ‘Child Mortality: What’s the Score?’ is being released in the run-up to the Partnership for Maternal, Newborn and Child Health Partners Forum in Johannesburg, South Africa, on 30 June-1 July. At the conference, global leaders will call for accelerated action to improve the health of children, newborns and mothers everywhere.

‘There are two main reasons for the reduction of child mortality in Brazil: expanding access to primary health care and Bolsa Família, the world’s largest cash transfer program,’ said Paulo Vicente Bonilha de Almeida, child health coordinator with the Brazilian Ministry of Health. ‘The National Immunization Program increased immunization rates among Brazilian children and the National Breastfeeding Policy more than quadrupled breastfeeding.’

Since 1988, Brazil’s constitution has guaranteed its citizens universal health coverage, so that they may access life-saving health services regardless of ability to pay. Bolsa Família provides cash transfers to poor families in exchange for ensuring that children receive vaccines and attend school. Today, for every 1,000 births in Brazil, just 14 children will die before their fifth birthday – down from 62 in 1990.

Tragically, not every country is doing as well as Brazil in saving children’s lives. For example, although Nigeria has reduced child mortality by 42 percent since 1990, it still has the highest rate of child deaths of all footballing nations in the 2014 World Cup. For every 1,000 births in Nigeria, 124 children will die before they reach age 5.

‘The World Cup scorecard shows that when governments prioritize child health, dramatic progress can be made,’ said Naveen Thacker, president-elect of the Asia Pacific Pediatric Association. ‘Leaders from government, civil society and the business community must unite to ensure that preventable child deaths are soon consigned to the history books.’

A major challenge to saving children’s lives is that nearly half of all deaths in children under age 5 occur in the first 28 days of life. A prevalent myth is that to save newborns, sophisticated hospitals and intensive care units are needed.

‘Simple low-cost solutions could help every country dramatically reduce newborn deaths,’ said Professor Zulfiqar Bhutta, co-director of the SickKids Centre for Global Child Health in Canada. ‘For example, wiping the umbilical cord with a disinfectant reduces deaths by half. Putting the baby onto the mother’s chest and encouraging breastfeeding also help prevent life-threatening infections.’

Hindu: Bangladesh: women’s education cuts maternal, child mortality
R Prasad
3 July 2014
Bangladesh is a classic case of a low- and middle-income country achieving the unachievable which many others failed to. It reduced its maternal mortality by 66 per cent between 1990 and 2010; the reduction was 40 per cent between 2001 and 2010 alone.

These were achieved by lowering the maternal mortality rate (the number of maternal deaths per 100,000 live births) from 574 to 194 during the period 1990 to 2010. The reduction was substantial even in a short span of eight years (1990 to 1998) — 574 to 322 per 100,000 live births. As per the 2012 WHO estimates, the average annual rate of decrease was 5.9 per cent during the period 1990 to 2010, which is more than the Millennium Development Goal 5 target of 5.5 per cent or more.

What is more surprising is that the reduction in MMR (maternal deaths per 100,000 live births) was almost the same in both the urban and rural areas.

At the current rate of (MMR) reduction, Bangladesh is well on its way to reaching the MDG 5 target of 143 per 100,000 live births this year — a year ahead of schedule. India too reduced maternal mortality by 65 per cent from 569 to 190 per 100,000 live births between 1990 and 2013.

Yet, with only 4.5 per cent annual reduction in MMR, India is bound to miss the MDG 5 target of 5.5 per cent or more decrease rate before 2015.

So how did Bangladesh, one of the poorest countries in the world with the highest population density and where 75 per cent of the population lives in rural areas, achieve it? “It’s a difficult question to answer. Several different things happened and they were interlinked,” said Prof. Shams El Arifeen, Centre for Children and Adolescent Health, ICDDR, B, Shaheed Tajuddin Ahmed Sharani, Dhaka.

“If you were to highlight the factors, the status and value of women have improved. They are more educated and have access to finance. Discrimination against women has come down... there is quite a bit of evidence of that.” Education has in turn increased women’s willingness and ability to seek health care. “Education for women in the 15-24 years age group is particularly important... there is a revolution happening with 80 per cent literacy in women. It is the time when they are starting their reproductive life and having families and babies. A big factor is that the government is consistent in encouraging education regardless of which political party is in power,” he explained.

“In villages can see more girls are educated compared with boys.” One of the biggest benefits of education is seen in reduced fertility. Each individual is replacing himself. “Every couple produces no more than two children. I couldn’t have imagined this 20 years ago,” he pointed out. The family planning norm has changed. Couples used to have more children but that norm has changed. Most couples have 2 or less children. With increased use of contraceptives, fertility rate reduced by 0.7 child per women.

On average, the fertility is currently 2.3. “The desired fertility is 1.6. That gap can be reduced by reducing fertility,” he said. Besides reduced fertility, one third to one half of women who deliver are first time mothers. “Twenty years ago, each couple would have had five children,” Prof. Arifeen said.

It is known that mothers have a greater risk of dying when they have greater parity. “So we don’t see high risk deliveries happening now. There are fewer chances of maternal mortality.

There is a shift from high parity high risk to low risk low parity,” he noted. According to a paper published today (June 30) in The Lancet (Prof. Arifeen is the first author), the fertility reduction led to MMR reduction through two mechanisms. While there was 21 per cent deaths averted through
reduction in the number of births, a shift towards more younger women (aged 20-34 years) and those with fewer children delivering babies contributed an additional seven per cent reduction in MMR.

It is a “valid, nationally-representative household survey-based statistical evidence of progress towards MDG 5,” the journal notes. This is just one of the many factors that differentiate Bangladesh from India. The first survey in 2001 included 100,000 households and the second in 2010 covered 174,000 households. Bangladesh witnessed a 40 per cent reduction in maternal mortality during the period the 2000 and 2010. A three-fold increase in deliveries by medically trained healthcare providers was one of the important factors; deliveries attended by midwifery were, however, low (3 per cent).

While there has been an improved access to and use of health facilities, most often people turn to the private sector. There has been only a fair bit of investment in the public health sector. “The private sector is more expensive,” Prof. Arifeen admits.

“The problem is that the ultra-poor don’t benefit. So have to worry [about] how to provide help to that stratum. We definitely need to provide affordable care to everybody.” He does see the Indian model of more public care spending as an advantage to the socioeconomically backward class. “There is a lot to learn from India’s experience,” he admitted. “We are talking about universal health coverage. Affordable service is a part of health coverage. We must provide some sort of safety net for the poor.”

**Hindu: Finally, neonatal mortality prevention gains attention**

R Prasad  
30 June 2014

Following the approval of the Every Newborn Action Plan by the ministers last month in the World Health Assembly, a new global action was launched on June 30 in the Partner’s Forum in Johannesburg to bring in significant new financing, policy and service delivery commitments that could save the lives of newborns and mothers.

The need for such focus arises as about three million women and newborns die every year from preventable and treatable conditions like prematurity, complications around birth and severe infections. All the 194 countries that attended the World Health Assembly last month agreed to a commitment to support and implement measures that would save these lives.

“The WHO remains committed to support countries and work with partners as the plan gets implemented and to the accountability agenda, which included the reporting on progress achieved every year until 2030,” Dr. Flavia Bustreo, Assistant Director-General for Family, Women’s and Community Health at WHO said in a release.

While the number of maternal and newborn (0-27 days) deaths has shrunk significantly over the last two decades, the number of newborn deaths and still birth has been depressingly high. Nearly three million (2.9 million to be precise) newborn deaths are still seen, and another 2.6 million are stillborn globally every year.
At 779,000, India has the highest neonatal deaths in the world, and 56 per cent of all under-five year deaths in India happen during the neonatal period.

That newborn death now accounts for 44 per cent of all under-5 deaths worldwide every year is a poignant reminder of the unfinished work. Also, babies face the greatest risk of dying during the first 24 hours. First day of birth is the most risky period for both mother and newborn. In India, over 300,000 newborns deaths take place in the first 24 hours, the highest for any country. These deaths account for 29 per cent of the global total.

If death on the first day contributes to around half of world’s newborn deaths annually, 50 per cent of 290,000 maternal deaths occurring each year across the world is also during the first day of delivery. Clearly, reductions in neonatal mortality have lagged behind those of maternal, infant, and child mortality due to less attention and investment.

It is to prevent these deaths that 40 commitments have been made by the private sector, few countries, philanthropic institutions and NGOs. The private sector, which is supporting the “Every Woman Every Child” movement, is responsible for supporting 17 of the 40 commitments.

Johnson & Johnson will through its $30 million commitment “work with partners to implement evidence-based interventions and innovative technologies designed to improve the health-knowledge of pregnant women and mothers.”

Similarly, Laerdal has made a financial commitment of $35-50 million through 2017 “to develop and provide on a non-profit basis, innovative products and programs for high-interventions for saving lives at birth,” said Tore Laerdal, Chairman and Managing Director of Laerdal Global Health in a release.

The Well Being Foundation, Novartis, Pfizer, McCann Health, Merck & Co are among others who have made financial commitment from the private sector.

The Islamic Development Bank has a made a huge $90 million commitment to address one of the most neglected but very important areas – building midwifery schools, training health workers in maternal and neonatal care and establishing health information system, including birth registration. On the sub-Saharan countries would stand to benefit.

Five governments – Bolivia, Cameroon, Malawi, the United Sates and Oman -- have made commitments.

Four philanthropic institutions and other funders have pledged their support. These institutions are: Bill & Melinda gates Foundation, Sanofi Espoir Foundation, The Children’s Investment Fund Foundation and The Wellbeing Foundation.

Of the several non-governmental organisations, the Family Planning Association of India (FPA India) is one of them. It commits to promote and advocate for universal access to sexual and reproductive health services by continuing to serve the poor, marginalized, socially excluded, and the underserved.
While a majority of low- and middle-income countries (LMICs) are struggling to meet the Millennium Development Goal 4 and 5 of reducing child mortality and improving maternal health, in 2012 ten countries with similar resources were on the “fast-track” of achieving the targets, notes a June 30, 2014 Partnership for Maternal, Newborn and Child Health, WHO report.

These countries (in alphabetical order) — Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda, and Vietnam — “deployed tailored strategies and adapted quickly to change” to achieve the desired results. “Each country had a unique pathway but had certain commonalities like family planning and immunisation,” said Dr. Shyama Kuruvilla, Senior Technical Officer, Knowledge for Policy, Partnership for Maternal, Newborn and Child Health, WHO, Geneva. She is also a coordinating author of the “Success Factors for Women and Children’s Health” report.

The reason why these 10 countries are doing better than other low- and middle income countries turns the spotlight on the core issue – it was not the amount of money they spent but how they spent it that mattered. “These countries identified evidence-based high-impact interventions like immunisation, family planning and quality care at the time of birth. And these were carried out the interventions in a novel way and adapted to suit the particular country’s conditions,” she said.

As a result, the immunisation coverage shot up from 2 per cent to 85 per cent between 1985 and 2010. “They have a very good monitoring system. You need to focus on the results of investment and not just how much money is put in. These [10] countries have, what we call, a triple planning — investment, investing to sustain progress and identifying the challenges that require change,” Dr. Kuruvilla explained.

These countries did work outside health as well, like girl’s education; women’s participation in labour force and politics; rapid increase in safer water availability and sanitation; and economic development and good governance. “All the 10 countries are doing better than other countries in all these areas. We need combined progress in all areas, not just health. That’s the challenge for India,” Dr. Kuruvilla stressed.

China made universal primary education compulsory in 2000. It made nine years education compulsory for eliminating illiteracy among young people. And in 2011, the net enrolment of primary school-age children was 99.8 per cent. It achieved universal education in 2011, much ahead of 2015. “So the strongest population point is China. It achieved 99.8 per cent enrolment of children [although] the population is 1.37 billion,” she said dismissing the excuse of a large population in India standing in the way of vastly and quickly improving the health indicators.

Between 1990 and 2013, India reduced maternal mortality by 65 per cent (569 to 190 per 100,000 live births). But it still accounts for 17 per cent (50,000) of the global maternal deaths, the highest in the world. Though it brought down under-five mortality from 2.5 million to 1.4 million between 2001 and 2012, 22 per cent (the highest in the world) of deaths took place in India in 2012. Of the three million neonatal (0-27 days) deaths in 2012, 779,000 happened in India. Also, globally there were 2.6 million stillbirths the same year, of which 600,000 were in India.

In the case of Nepal, increased provision of maternal and neonatal services like free delivery scheme and cash incentives for antenatal care visits have ensured that women deliver safely and babies have
a better start to life. The number of skilled birth attendance has shot up from less than 10 per cent in 2001 to 36 per cent in 2011.

Many government strategies and policies connected to safer motherhood, neonatal health, nutrition and gender are “underpinned by principles of human rights.” Reproductive, maternal, newborn, and child health have become a political priority. Between 1991 and 2011, Nepal witnessed a 66 per cent reduction in under-five mortality (from 162 to 54 per 1,000 live births) and 80 per cent reduction in maternal mortality (from 850 to 170 per 100,000 live births). Nepal has shown that political instability is not a limiting factor. “Despite severe economical and political challenges, all these [10] countries have done well,” she added.

“There is greater participation and ownership by community and female health volunteers in Nepal,” Dr. Kuruvilla said. In the case of Bangladesh, the co-ordinated efforts by community workers and NGOs helped save the lives of many under-five children. “In Bangladesh and Nepal somebody takes leadership. We must have leadership from somewhere. The only problem [in India] is we need a critical mass. There are hundreds of NGOs but all do different things,” she highlighted.

The widespread use of mobile phone technology is playing a pivotal role in strengthening the health system in Bangladesh. Collection of real-time data on pregnant women and under-five children, text messages offering advice to registered pregnant women are sent out every week and online registration of births and deaths are driven by information and communication technology.

“The use of mobile phones has increased birth registration [in Bangladesh] from 10 per cent in 2006 to 50 per cent in 2009,” said Dr. Kuruvilla. The country is striving to make government health services fully digital by 2016; rural areas, where 75 per cent of the population lives, got connected by wireless broadband in 2012.

Between 1990 and 2011, Bangladesh witnessed a 65 per cent reduction in under-five mortality (from 151 to 53 per 1,000 live births) and 66 per cent fall in maternal mortality (from 574 to 194 per 100,000 live births).

“Bangladesh and Vietnam adopted economic programmes to employ women,” said Dr. Kim Dickson, Co-Chair of “Every Newborn Action Plan” report and Senior Adviser for Maternal and Newborn Health, UNICEF. “They [women] have more money... can help take decisions.”

Stressing on the importance of breast feeding, Dr. Dickson cited the example of Cambodia where it increased from 11 per cent in 2000 to 74 per cent in 2010. “There was a campaign focussed on media awareness, including TV soap operas,” Dr. Dickson said.

In many countries, breast feeding not being done as recommended is not unusual. “Early initiation [in facilities immediately after birth] and exclusive breast feeding for first six months are an issue,” Dr. Kuruvilla said.

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Hindu: More education among women helps reduce maternal and child mortality in Bangladesh
R. Prasad
30 June 2014
Bangladesh is a classic case of a low- and middle-income country achieving the unachievable which many others failed to. It reduced its maternal mortality by 66 per cent between 1990 and 2010; the reduction was 40 per cent between 2001 and 2010 alone.

These were achieved by lowering the maternal mortality rate (the number of maternal deaths per 100,000 live births) from 574 to 194 during the period 1990 to 2010. The reduction was substantial even in a short span of eight years (1990 to 1998) — 574 to 322 per 100,000 live births.

As per the 2012 WHO estimates, the average annual rate of decrease was 5.9 per cent during the period 1990 to 2010, which is more than the Millennium Development Goal 5 target of 5.5 per cent or more. What is more surprising is that the reduction in MMR (maternal deaths per 100,000 live births) was almost the same in both the urban and rural areas.

At the current rate of (MMR) reduction, Bangladesh is well on its way to reaching the MDG 5 target of 143 per 100,000 live births this year — a year ahead of schedule.

India too reduced maternal mortality by 65 per cent from 569 to 190 per 100,000 live births between 1990 and 2013. Yet, with only 4.5 per cent annual reduction in MMR, India is bound to miss the MDG 5 target of 5.5 per cent or more decrease rate before 2015.

So how did Bangladesh, one of the poorest countries in the world with the highest population density and where 75 per cent of the population lives in rural areas, achieve it? “It’s a difficult question to answer. Several different things happened and they were interlinked,” said Prof. Shams El Arifeen, Centre for Children and Adolescent Health, ICDDR, B, Shaheed Tajuddin Ahmed Sharani, Dhaka. “If you were to highlight the factors, the status and value of women have improved. They are more educated and have access to finance. Discrimination against women has come down... there is quite a bit of evidence of that.”

Education has in turn increased women’s willingness and ability to seek health care. “Education for women in the 15-24 years age group is particularly important... there is a revolution happening with 80 per cent literacy among women in this age group...It is the time when they are starting their reproductive life and having families and babies. A big factor is [that] the government is consistent in encouraging education regardless of which political party is in power,” he explained. “In villages can see more girls are educated compared with boys.”

Besides the obvious benefits that come with education, like greater employability and more resources in hand, education among girls has led to reduced fertility. This has had a direct impact in reducing both maternal mortality and child mortality.

As a result of reduced fertility, each individual is only replacing himself. “Every couple produces no more than two children. I couldn’t have imagined this 20 years ago,” he pointed out.

The family planning norm has changed. Couples used to have more children but that norm has changed. Most couples have 2 or less children. With increased use of contraceptives, fertility rate reduced by 0.7 child per women. On average, the fertility is currently 2.3. “The desired fertility is 1.6. That gap can be reduced by reducing fertility,” he said.

As a result of reduced fertility, one third to one half of women who deliver are first time mothers. “Twenty years ago, each couple would have had five children,” Prof. Arifeen said. It is known that mothers have a greater risk of dying when they have greater parity. “So we don’t see high risk
deliveries happening now. There are fewer chances of maternal mortality. There is a shift from high parity high risk to low risk low parity,” he noted.

According to a paper published today (June 30) in The Lancet (Prof. Arifeen is the first author), the fertility reduction led to MMR reduction through two mechanisms. While there was 21 per cent deaths averted through reduction in the number of births, a shift towards more younger women (aged 20-34 years) and those with fewer children delivering babies contributed an additional seven per cent reduction in MMR.

One more unique thing is, Bangladesh has a “valid, nationally-representative household survey-based statistical evidence of progress towards MDG 5,” the journal notes. This is just one of the many factors that differentiate Bangladesh from India. The first survey in 2001 included 100,000 households and the second in 2010 covered 174,000 households.

Bangladesh witnessed a 40 per cent reduction in maternal mortality during the period the 2000 and 2010. A three-fold increase in deliveries by medically trained healthcare providers was one of the important factors; deliveries attended by midwifery were, however, low (3 per cent).

While there has been an improved access to and use of health facilities, it is the private sector that people most often turn to. There has been only a fair bit of investment in the public health sector. “The private sector is more expensive,” Prof. Arifeen admits. “The problem is that the ultra-poor don’t benefit. So have to worry [about] how to provide help to that stratum. We definitely need to provide affordable care to everybody.”

He does see the Indian model of more public care spending as an advantage to the socioeconomically backward class. “There is lot to learn from India’s experience,” he admitted. “We are talking about universal health coverage. Affordable service is a part of health coverage. We must provide some sort of safety net for the poor.”

Hindustan Times: Nepal, Bangladesh beat India in mother and child care
Sanchita Sharma
30 June 2014

Ten countries, including Nepal and Bangladesh in South Asia, have dramatically reduced mother and child deaths within two decades despite social and political challenges.

Action in just these 10 "fast-track" countries - Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda and Vietnam – prevented 2.4 million child deaths and over 70,000 fewer maternal deaths between 1990 and 2013.

Just how these countries used data and evidence to improve healthcare delivery and save lives is documented in the report, 'Success Factors for Women’s and Children’s Health', which was released on Monday at the Partners’ Forum in Johannesburg.

Though India does not find place in the Success Factors study, it has registered some gains, bringing down infant deaths to 44/1,000 live births, from 47 in 2010 and 50 in 2009.
India is not moving fast enough to save mothers, though, with maternal deaths staying a high 212/100,000 live births, according to the Sample Registration System (SRS) data for 2007-09.

"While every country has its own challenges, sustained political will and vision, evidence-based, high-impact investments, and strong partnerships across society save lives. A better understanding of how some countries have been able to prevent maternal and child deaths can offer strategies to accelerate progress for women’s and children’s health worldwide," said Dr Carole Presern, Executive Director, Maternal, Newborn and Child Health (PMNCH).

Though mix of strategies and investments used to reduce mother and child deaths differed to meet local context and priorities across the 10 countries, some common approaches shared by all fast-track countries included high-impact health interventions such as quality care at birth, immunisation and family planning.

Simultaneously, prioritising education, women’s political and economic participation, and access to clean water and sanitation accelerated access to healthcare in all countries, as did economic development and good governance, including control of corruption.

In Bangladesh, for example, mobile technology was used to digitalise birth registration, taking it up from 10% in 2006 to over 50% in 2013.

"The government now has more updated and reliable data, and can better track who and where services are needed for more efficient delivery. The implications go beyond the health sector too – these children now have an identity and rights," says Dr Flavia Bustreo, WHO Assistant Director General.

The Success Factors study, a collaboration between Partnership for PMNCH, World Bank, World Health Organisation (WHO) and Alliance for Health Policy and Systems Research, said all 10 countries are set to meet Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health).

Best performers (Listed alphabetically)

**Bangladesh**: Reduced under-5 deaths by 65% and maternal deaths by 66% by providing immunisation, oral rehydration therapy to treat diarrhoea, and family planning services, particularly in underserved areas. Improved education for girls, road networks and access to information and communication technology.

**Cambodia**: 75% reduction in maternal deaths and 57% reduction in child deaths between 1990 and 2010 by improving immunisation, early and exclusive breastfeeding and innovative use of mass media, including using popular TV soap operas to promote exclusive breast feeding.

**China**: Lowered under-5 deaths by 80% and maternal deaths by close to 80% through improved coverage by training more than 3 lakh (300,000) community workers to become general practitioners.

**Egypt**: Lowered under-5 deaths by 75% and maternal deaths by 69% through high-impact services such as family planning and immunisation, increasing youth literacy rate from 73% in 1996 to 86% in 2007), and improving and an access to clean water and sanitation.
**Ethiopia**: Registered a 47% drop in under-5 deaths since 2000 through immunisation, quality care at birth and improved socioeconomic conditions, including roads, drinking water and sanitation, and increasing access to primary and secondary education. Ethiopia, however, still has one of the highest maternal death rates in the world at 676 deaths/100000 live births.

**Lao PDR**: Lowered under-5 child death rates by 56% and maternal deaths fell by 6.8% annually between 1990 and 2013 by improving immunisation coverage, malaria prevention and treatment, birth spacing, early and exclusive breastfeeding and improved socioeconomic conditions.

**Nepal**: Achieved a 66% reduction in child mortality and an 80% reduction in maternal deaths by increasing skilled birth-attendance at health facilities and in the community, and strong political will.

**Peru**: 70% reduction in child deaths and a 65% reduction in maternal deaths between 1991 and 2013 by addressing cultural and geographical barriers that prevented people from accessing healthcare.

**Rwanda**: Halved child deaths between 1992 and 2010 and lowered maternal death rates by 22%, from 611/1 lakh 100,000) live births to 476. From an increase in MMR to 1,071 in 2000, the period 2000 and 2010 saw a reduction of 55%. These gains were achieved by addressing a shortage health workers and improving infrastructure.

**Vietnam**: Reduced under-5 mortality by 60%, and lowered maternal deaths by 70% through increased access to immunisation, child survival and nutrition interventions as well contraceptive use and skilled birth-attendance for deliveries.

**10 worst performers (Ranked, with the worst at the top)**

- Somalia
- Democratic Republic of Congo
- Angola
- Central African Republic
- Sierra Leone
- Chad
- Congo
- Côte d'Ivoire
- Guinea-Bissau
- Pakistan

**Hindustan Times**: [How to save 3 million babies from dying](http://www.hindustantimes.com)
Sanchita Sharma
30 June 14

Each year, 5.5 million newborns die before birth or within the first 28 days of life. It's like losing the entire population of Finland each year.

Three million of these lives can be saved without intensive care, mainly though quality care around birth and treating small and sick newborns, showed data presented at Partners’ Forum in Johannesburg, where a range of organisations within government, the private sector, philanthropy,
civil society, professional associations and academia have gathered to work toward ending preventable maternal and child deaths within a generation.

While maternal and child mortality rates have improved dramatically over the last two decades, 2.9 million newborns (first four weeks) die and there are an additional 2.6 million stillbirths (last three months of pregnancy). Newborn deaths account for 44% of all under-5 deaths worldwide.

Half of all newborn deaths occur in five countries. India, with 26 million live births and 7.79 lakh (7,79,000) newborn deaths, tops the list, followed by Nigeria (2,76,000), Pakistan (2,02,400), China (1,57,000), and the Democratic Republic of Congo (1,18,000).

The Every Newborn Action Plan (ENAP) gives two specific targets for all countries to achieve by 2035: Reduce neonatal mortality rates to 10 or fewer newborn deaths per 1,000 live births; and lower stillbirth rates to 10 or fewer stillbirths/1,000 total births. ENAP also lays out an interim goal, reducing to 12 or fewer newborn deaths and stillbirths by 2030.

The day of birth is the time of greatest risk of death and disability for babies and their mothers—contributing to around half of the world’s 289,000 maternal deaths.

Most newborn deaths result from three preventable and treatable conditions: prematurity, complications around birth and severe infections.

More than 71% of newborn deaths could be avoided without intensive care, mainly though quality care around birth and care of small and sick newborns.

An additional investment of only US $1.15 (Rs 70) per person per year in 75 high burden countries would prevent 3 million deaths of women and babies.

This care requires skilled health workers, especially midwives, and essential commodities, such as steroid injections costing less than a dollar per treatment, or resuscitation devices costing under US $5 (for bag and mask resuscitator).

“This plan demonstrates that together we can achieve the vision of a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential,” said Graça Machel, co-chair of The Partnership for Maternal, Newborn & Child Health.

Critical attention is especially needed for the 29 slowest progressing countries—most of which are in sub-Saharan Africa. If current trends continue, it will be more than 110 years before an African baby has the same chances of survival as a baby born in North America or Europe.

Progress in Africa has been three times slower than what has been achieved in high-income countries, even before use of intensive care or the new simpler interventions, such as Kangaroo Mother Care or steroid injections for preterm labour.

New financial, policy and private sector commitments to save newborn lives from 40 partners -- is also being announced at 2014 Partners’ Forum.

“While more children are living past their fifth birthday than ever before, now we need deliberate, focused attention for newborns, who have been voiceless and uncounted for too long. It is both the
right thing to do and the smart thing to do," said Dr Mickey Chopra, Chief of Health, UNICEF, and Co-Chair of the Countdown to 2015.

Unsafe world for newborns

5.5 million babies die each year globally, which is like losing the entire population of Finland each year.

2.9 million newborns die within 28 days of birth and 2.6 million are stillborn each year.

3 million of these lives can be saved without intensive care, mainly though quality care around birth and treating small and sick newborns.

Half of all newborn deaths occur in five countries. India, with 26 million live births and 7.79 lakh (7,79,000) newborn deaths, tops the list, followed by Nigeria (2,76,000), Pakistan (2,02,400), China (1,57,000), and the Democratic Republic of Congo (1,18,000).

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IBN Live (India): Agenda for Child and Mother’s Health in India
1 July 2014.

The 2014 PMNCH Partners’ Forum has begun in Johannesburg. The Forum, which brings world leaders to a platform, is discussing the ways of ensuring better health care for women and children. Dr Vishwajeet Kumar, an expert on Maternal, Neonatal and Child Health is also participating in it. The programme wants to create awareness about these important issues – a task which is especially critical in the country with the highest number of newborn deaths. Dr Kumar answer's people's queries on the agenda of child and mother’s health in India.

Pharmabiz.com: Sandoz joins with UN’s Every NewBorn Action Plan to combat cause of child mortality worldwide
1 July 2014.

Sandoz announces a long-term commitment to help prevent the deaths of millions of children worldwide by supplying a key antibiotic formulation, as part of the United Nation's new Every Newborn Action Plan.

The commitment involves providing long-term global supplies of amoxicillin 250 mg dispersible tablets (DT) to developing countries via the UN Commission for Lifesaving Commodities.

Sandoz announced the commitment on the same day that the UN launched the Every Newborn Action Plan in Johannesburg, South Africa the world’s first comprehensive plan to eliminate preventable deaths of newborn and stillborn babies. More than five million children under five are
estimated to die worldwide every year, mainly in Africa and Asia, and nearly a quarter of those deaths are due to pneumonia alone, making it the single largest killer in that age range.

"Sandoz is proud to be jointly leading the response to the growing global need for this new formulation of a critical anti-infective", said Nick Haggar, Head of Western Europe, Middle East and Africa for Sandoz. "We are committed to working in partnership with all concerned to help prevent the needless deaths of hundreds of thousands of children every year. In our first year of supply, we hope to reach at least 500,000 children worldwide."

Amoxicillin is a penicillin-class, broad-spectrum antibiotic, commonly prescribed to children for treatment of pneumonia and other illnesses including bacterial infections of the ears, sinuses, throat, urinary tract, skin, abdomen and blood; it is also often used as part of the treatment regime for Severe Acute Malnutrition (SAM). In 2011, the World Health Organisation (WHO) updated its recommendations for home treatment of pneumonia, establishing dispersible amoxicillin as the newly-recommended first line treatment for pneumonia in children under five.

This commitment continues a long history of Novartis supporting child health. As part of our Malaria Initiative, Novartis and partners developed the first artemisinin-based combination therapy (ACT) specifically designed for children. Since 2009, more than 200 million pediatric antimalarial treatments have been delivered without profit to 40 countries. The Novartis Foundation for Sustainable Development supports the WHO and Swiss Tropical and Public Health Institute in developing e-learning tools to scale-up maternal and child health training for health workers. Novartis Social Ventures, business models that bring access to healthcare, medicine and health education to families in rural areas of Asia and Africa, focus on maternal and child health.

Bernama (Malaysia): Health Experts Hail Vietnam’s Maternal, Child Healthcare Achievements
2 July 2014

Health experts from around the world have hailed Vietnam for its achievements in maternal and child healthcare during a global forum held in Johannesburg, South Africa from June 30 to July 1.

Vietnam’s medical sector has succeeded in reducing maternal mortality rate to about 62 last year from 233 out of 100,000 lives in 1990, Vietnam News Agency (VNA) reported.

Under-five mortality rate stood at 23 in 2013 and 59 out of 1,000 lives in 1990.

The percentage of malnourished children under five was reduced to 15.3 percent from 41 percent during the same period.

Global leaders at the forum were particularly impressed with Vietnam’s efforts in providing health services to the population and mobilising the public to join the work.

They expressed their wish to work with Vietnam in fulfilling the United Nations Millennium Development Goals (MDGs).

Vietnamese Health Minister Nguyen Thi Kim Tien said at the forum that multi-sectoral cooperation was one of the key factors leading to successful implementation of maternal and child healthcare activities in Vietnam.
Tien attributed the progress made over the past two decades to the government's strategies to develop the health sector particularly in looking after mothers and children's welfare.

Some 289,000 women worldwide die every year from complications at birth and 6.6 million children including nearly three million newborns die before their fifth birthday.

Gorkha Patra (Nepal): Nepal achieves marvellous success in improving maternal, child health
Gita Sapkota
5 July 2014

Despite political and economic challenges, a significant reduction in the maternal and child mortality rate and the dramatic improvement in reproductive health and rights could be possible; this has been shown by Nepal during the last decade.

According to a report released at the Partnership for Maternal and Child Health (PMNCH) 2014 Partners’ Forum in Johannesburg, South Africa (June 30- July 1), at the global convention on maternal and new born, Nepal has set an example among 10 fast-track countries which succeeded to achieve the goal on maternal and child health.

Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda, and Vietnam have been able to control maternal and child deaths significantly in the past one decade.

Dr. Praveen Mishra, secretary at the Ministry of Health and Population Nepal, presented the factors leading to success in Nepal's health sector.

Dr. Mishra was invited as a consultant to present the success stories in maternal and child health sector of Nepal.

Nepal has achieved 66 per cent reduction in child mortality and 80 per cent in maternal mortality due to a progressive policy environment, increase of skilled birth attendance at health facilities and in the community and strong political will, Dr. Mishra highlighted at the programme.

The stakeholders have urged the countries to learn a lesson from fast-track countries, including Nepal as Nepal has successfully met the target even during a decade of political crisis.

More than 800 leaders and public health experts from around the world participated in the two-day meeting held here to review new data and call for accelerated action to improve maternal, newborn and child health.

The meeting was opened by Graca Machel, chair of the PMNCH and African Ambassador for Committing to Child Survival: A Promise Renewed, who was also making her public appearance since the end of her mourning period after the death of her husband, Nelson Mandela.

"The World has made a remarkable progress to improve health and expand opportunities over the past 14 years. Despite all efforts, there is still much more to be done," said Graca Machel. "Women and Children have not been covered adequately. We must ensure that all women, adolescent girls, children and newborns, no matter where they live, are able to fulfill their rights to health and education, and realize their full potential."
The programme was co-hosted by government of South Africa, PMNCH, Countdown to 2015, A Promise Renewed, and the independent Expert Review Group.

US Secretary of State, Hilary Clinton and Ban Ki Moon, United Nations Secretary General helped set the tone by video message for the deliberations to take place. The importance of partnership was echoed by both and will be the common thread linking the major themes of the forum. Mrs Clinton remarked as she spoke of progress on women’s and children’s health that “we cannot rest until these problems are solved and we cannot solve these problems alone”. The Secretary General went further to stress that “success beyond 2015 depends on us working together and forging partnerships.”

Republica (Nepal): Nepal’s MDG success lauded
Dipak Dahal
5 July 2014

Nepal has received accolades at an international conference held in Johannesburg of South Africa for significantly reducing maternal and child mortality rates.

Nepal was lauded by representatives of the two-day conference, which was jointly organized by Partnership for Maternal, Newborn and Child Health (PMNCH), World Bank, World Health Organization (WHO) and Alliance for Health Policy and System Research from June 30 to July 2, for bringing down maternal and child mortality rates overcoming political instability, conflict, economic slowdown and geographical barriers.

Nepal has already achieved Millennium Development Goal (MDG) 4 and 5 by reducing under-five mortality rate by 66 per cent and maternal mortality rate by 80 per cent since 1990. Apart from Nepal, only nine other countries have so far achieved the MDG 4 and 5, which are about child health and maternal health respectively.

"It is really commendable that these countries succeeded in bringing down maternal and newborn deaths despite all odds," Dr Carol Presem, Executive Director of PMNCH. "Nepal’s progressive policy, skilled health workers and political will power have together made it possible."

According to a report released by Partners Forum, which is a network of all organizations that jointly conducted the Johannesburg conference, Nepal has not only decreased pregnancy rate from 5.3 to 2.6 per cent since 1990 by legalizing abortion, except in a few circumstances, but also declared basic health service as free in the Interim Constitution. The report says these achievements are two of the main reasons behind Nepal’s success in achieving MDG 4 and 5.

Dr Praveen Mishra, Nepal’s health secretary, informed the international community that policies to immunize all children, increase number of Skilled Birth Attendants (SBAs) and involve communities in newborn care programs are other efforts that contributed to decline in maternal and newborn deaths.

The Johannesburg conference was organized to share success stories of those countries that achieved the MDG-4 and 5 despite political, economical and social difficulties.

Besides Nepal, countries like Bangladesh, Cambodia, China, Egypt, Ethiopia, Laos, Peru, Rwanda and
Vietnam have achieved MDG 4 and 5 before the 2015 deadline. Other 75 countries, too, are on the track toward achieving the MDG 4 and 5.

Hanoi Times (Vietnam): Global experts praise Vietnam for reducing maternal death rates
2 July 2014

Global leaders attending a health forum in South Africa from June 30 to July 1 applauded the effectiveness of Vietnam’s programmes addressing maternal, neonatal and child health issues.

The medical sector has managed to reduce the rate of maternal fatalities to nearly 62 last year from 233 out of 100,000 lives in 1990. The figures for under-five child fatalities were 23 and 59 out of 1,000 lives, respectively.

The proportion of malnourished children under five was cut down to 15.3 percent from 41 percent. Meanwhile, as many as 289,000 women still die every year from complications at birth and 6.6 million children cannot live to see their fifth birthday, including nearly 3 million newborns.

Global leaders showed their special interest in Vietnam’s experience in providing health services to the population and mobilising the people to join the work.

They also expressed their wish to work with Vietnam in fulfilling the United Nations Millennium Development Goals (MDGs).

Health minister Nguyen Thi Kim Tien delivered a speech at a special meeting of the forum, describing multi-sectoral cooperation as one of the key factors to successfully carry out maternal and child healthcare activities.

She said that the progress made over the past two decades was thanks to the Party and Government’s strategy for developing the health sector, especially in taking care of mothers and children.

On the sidelines of the forum, the minister also worked with her counterpart from the host and African health officials to seek trilateral coordination in the field as part of the South-South cooperation between Vietnam and other regional countries.

The forum attracted more than 1,000 delegates, including 27 health ministers and leading professors, who shared experience and discussed measures to help countries improve reproductive, maternal, newborn and child health as well as challenges in mobilising social sources and financial support for the work.

Hanoi Times (Vietnam): Vietnam successfully cut child and maternal deaths
2 July 2014

Vietnam cut child deaths by 2.4 million and maternal deaths by about 70,000 compared to 1990 mortality rates.
Vietnam is one of 10 nations that has successfully reduced child and maternal deaths. It cut under-five mortality by 60 percent from 58 to 23.2 per 1,000 live births between 1990 and 2012. This amounted to saving the lives of 23.4 million children.

At the same time it cut maternal mortality by 70 percent from 233 to 69 per 100,000 live births - a saving of 70,000 lives.

The country increased coverage of births attended by trained health workers from 77 percent in 1997 to 98 percent in 2012 and stunting prevalence dropped from close to 40 percent in 1999 to 25.9 percent in 2013.

The other nations were Bangladesh, Cambodia, China, Egypt, Ethiopia, Laos, Nepal, Peru, and Rwanda.

These statistics were revealed at the third forum of the Partnership for Maternal, Newborn and Childhealth that opened in Johannesburg, South Africa on June 30.

The world had made remarkable progress to improve health and expand opportunities over the past 14 years, however, there was still much more to be done, said chair of the group, Graca Machel. "Women and children have not been covered adequately. We must ensure that all women, adolescent girls, children and new-borns, no matter where they live, can have their rights to health and education fulfilled," she said.

Despite improvements, 289,000 women around the world still die every year from complications at birth. Another 6.6 million children do not live to see their fifth birthday, including nearly 3 million new-borns.

At least 200 million women and girls are unable to access family planning services that would allow them to control when they have children. In several countries, more than half mothers and children in the poorest 20 percent still receive only two or fewer of the eight interventions deemed essential for preventing or treating common causes of maternal and child death, including vaccinations, skilled birth attendance, pneumonia and diarrhoea treatment, and access to family planning, according to the Countdown to 2015 Report for 2014.

The figures underscore a need to improve access to quality of skilled delivery care around the time of birth, when most stillbirths and maternal and new-born deaths occur.

Delegates at the forum emphasised the importance of ensuring that future efforts should focus on countries that make slow progress and on poor and marginalised populations, including new-borns and adolescents. They also urged political leaders to work across different sectors, including education, skills and employment, water supply and sanitation, nutrition, energy, roads and women’s empowerment, to ensure an integrated approach to improving the health of women and children.

The two-day global forum draws more than 800 leaders and public health experts from around the world.

The Partnership for Maternal, Newborn and Childhealth is an achievement of the Millennium Development Goals, with women and children enabled to realise their right to the highest attainable standard of health in the years to 2015 and beyond.
Vietnamese Minister of Health Nguyen Thi Kim Tien has said that the country has made outstanding achievements in maternal and child healthcare.

Minister Tien made the remark at the third forum of the Partnership for Maternal, Newborn and Child Health (PMNCH) that was held in Johannesburg, South Africa, from June 30–July 1.

Vietnam cut under-five mortality by 60% between 1990 and 2012, to 23.2 per 1,000 live births. At the same time maternal mortality was cut by 70% from 233 to 69 per 100,000 live births—saving of 70,000 lives.

The country increased coverage of births attended by trained health workers from 77% in 1997 to 98% in 2012, and stunting prevalence dropped from almost 40% in 1999 to 25.9% in 2013.

Delegates to the event appreciated Vietnam’s outcomes in the work; many of them expressed their hope to co-operate with Vietnam in the field in a joint effort to reach the Millennium Development Goals (MDGs).

On the sideline of the forum, the Vietnamese minister met with her South African counterpart and representatives of health leaders from African countries to foster co-operation in the field.

The forum, which was co-sponsored by the South African Government, the United States Agency for International Development (USAID) and the United Nations Children’s Fund (UNICEF), attracted the participation of over 1,000 delegates including 27 health ministers.

The event was intended to review achievements and promote joint commitments between member countries to improve healthcare for mothers and children, particularly infants, contributing to the implementation of the MDGs.

Speaking at the opening, PMNCH Chair Grace Machel called on countries to place further priority on bettering healthcare for women and children and making it a key part of their agenda for development after 2015, when the UN members and many international organisations are expected to complete eight MDGs.

She noted that, despite improvements, 289,000 women around the world still die every year from complications at birth. Another 6.6 million children do not live to see their fifth birthday, including 2.6 million newborns, she added.

Participants at the forum shared experience and discussed solutions to help countries making slow progress and on poor and marginalised populations, including newborns and adolescents. They also approved the Countdown to 2015 Report on women and child care, and the Every Newborn Action Plan, which details a roadmap to foster the work.

Many government officials and social organisations attending the event affirmed their support for the Every Woman Every Child movement, which was spearheaded by UN Secretary-General Ban Ki-moon.
Intensification of actions in the state led to a reduction of 20.8 to 12.4 deaths per thousand live births.

Indicador the quality of access to health and living conditions of the population, reducing the infant mortality rate is one of the major objectives of governments around the world. In Minas Gerais, the challenge is faced by a multidisciplinary team that focuses care from pregnancy, to mothers ensuring full access to a network that will support the prenatal period to keep the child in the first year of life. The results have been encouraging. In 2013, the state recorded a rate of 12.4 deaths per thousand live births, below the national rate of 14 deaths, and below the agreed target for 2014, which is 12.5. The goal is to reach 12.3 in 2015.

In a paper published by the Partnership for Maternal rank in Newborns and Children, linked to the World Health Organization (WHO) entity, Brazil ranked first among the 32 nations participating in the World Cup in reducing mortality child, from 62 per thousand live births in 1990 - the year the World Cup in Italy - to 14 deaths in 2014, a reduction of 77% of deaths of children under five.

LIVE LIFE - Minas Gerais has intensified actions to reach the goal, and in 2003 launched the Viva Life Program to Reduce Child Mortality and Maternal aiming to give the correct answer in due care to all pregnant women, new mothers time postpartum women, infants and children. Major step in this direction was the establishment in 2011, Mother Mine Project, which monitors, through a call center, the care for pregnant women and children in the first year of life. "The most important and pioneering the program is the close contact with the expectant mother, her difficulties identifying and clarifying their doubts about the pregnancy in real time, which enables effective monitoring and protection," says project manager, Carla Martins.

With this monitoring, mothers take questions about the stages of pregnancy, are oriented on vaccinations and examinations that should be performed during the prenatal, receiving food and care tips, etc.. In three years of operation were registered over 184 thousand pregnant women throughout the state.

Last year, the programs were integrated to add strength to the policies and actions of health surveillance and regulation in order to readily recognize the potentially preventable maternal and child deaths and defining actions to improve outpatient and hospital care for the prevention of other deaths.

In addition, the Interdisciplinary Committee for Reduction of Death, a working group for review and verification of causes of infant deaths with defined flow between epidemiological surveillance, control and reporting of the institutions where the death occurred was created. "The State has treated the child died as a catastrophic event. Based on the identification of cases, the municipality and the service provider are notified to provide clarification on the fact. Besides creating
embarrassment to the parties, we now rely on for important data Network mapping and direction of investments," explains Carla.

**Correio de Uberlândia (Brazil):** [Em Minas, taxa de mortalidade infantil reduz para 12,4 em 2013](https://www.correio.com.br/minas/taxa-de-mortalidade-infantil-reduz-para-12-4-em-2013) [In Minas, child mortality rate has reduced to 12.4 in 2013]

30 June 2014

*Original in Portuguese – the below is a rough Google Translation into English*

Indicator of the quality of access to health and living conditions of the population, reducing the infant mortality rate is one of the major objectives of governments around the world. In Minas Gerais, the challenge is faced by a multidisciplinary team that focuses on the care of children from pregnancy, to mothers ensuring full access to a network of care that goes from the prenatal period to keep the child in the first year of life. The results have been encouraging and in 2013, the state recorded a rate of 12.4 deaths per thousand live births, below the national rate of 14 deaths, and below the agreed target for 2014, which is 12.5. The goal is to reach 12.3 in 2015.

In a paper published on Thursday (25), the Partnership for Maternal rank, Newborn and Child Health (PMNCH), linked to the World Health Organization (WHO) entity, Brazil ranked first among the 32 nations participating in the World Cup in reducing the infant mortality rate, from 62 deaths per thousand live births in 1990 - the year of the World Cup in Italy - to 14 deaths in 2014, a reduction of 77% of deaths of children under five years.

The state has intensified actions to reach the goal, and in 2003, launched the Viva Vida program Reduction of Infant Mortality and Maternal, aiming to provide the appropriate response for assistance in a timely manner to all pregnant women, pregnant women, postpartum women, newborns and children of Minas Gerais. A major step in this direction was the establishment, in 2011, the Mothers of Mines Project, which monitors, through a call center, the care for pregnant women and children in the first year of life. "The most important and pioneering program is the contact with the expectant mother difficulties identifying and clarifying their doubts about the pregnancy in real time which enables effective monitoring and protection," said project manager Living Life - Mother of Mine, Carla Martins.

Through this monitoring, the mothers take questions about the stages of pregnancy, are oriented on vaccinations and examinations that should be performed during the prenatal, receiving food and care tips etc.. In three years of operation were registered over 184 thousand pregnant women throughout the state.

**Programme invested £ 19 million last year**

In 2013, U.S. $ 19 million were paid to the Family Health Teams across the state of Minas Gerais for identification and early identification of pregnant women, stimulating the monitoring of future mothers by health teams, ensuring access to prenatal visits christmas and conducting necessary tests during pregnancy.

Pregnant women at high risk are met according to a specific protocol Centers Vibrant Life Secondary Care (CVVRS) consists of visits to gynecologists, obstetricians, nurse, nutritionist, psychologist, physiotherapist, social worker, in addition to the ultrasound examinations (doppler and obstetric, cardiotocography and electrocardiogram).
The state also offers incentives for the accreditation of new hospitals with transfer of resources so that they are best suited to the care of high-risk births. Related to these hospitals are the Houses Support pregnant and postpartum women, offering lodging, food and specialized care for high risk pregnancies and mothers who have just given birth and who require care monitoring.

Also in 2013, were made available resources for the construction of over 200 neonatal ICU beds, totaling 529 beds in neonatal ICU beds and 184 pediatric ICU. Besides specific to the deployment of five new human milk banks and 36 collection centers in Minas resources.

According to a survey by the Partnership for Maternal, Newborn and Child Health (PMNCH), an organization which has among its engineers to the World Health Organization, among the 32 countries participating in the World Cup, Brazil presented the Fall more significant in mortality among children under 5 years. The ranking used as a starting point another Cup in 1990, with headquarters in Italy. During this period, Brazil has reduced by 77% the rate of deaths of children under 5 years. In the year that Italy received the World Cup, the Brazilian rate was 62 deaths per thousand live births. Currently, it is 14 per thousand live births. The second best performance is from Portugal, which showed a 76% reduction in rates. The current mortality rate is 4 cases per thousand live births. Overall data from 32 countries show that all showed a reduction in mortality among children under 5 years, but unevenly. Ivory Coast, the last in the rankings, had a 29% drop in rates, but still presents very significant numbers. For every thousand births, 108 children do not reach the age of 5. Last month, the 5th National Monitoring Report, released by the government, had already revealed that Brazil has reached the goal of the United Nations (UN) to reduce by two-thirds mortality rates of children under five. The goal was achieved ahead of schedule, which was 2015. 's report shows that the most significant decline recorded in infant mortality occurred in the range between one and four years old. In 2013, Brazil was cited as a model to be followed in combating child mortality in a report by the NGO Save the Children. The report says that the country "is an example, where the systematic provision of immunizations, health care at the community level and improvements in public health have allowed strong improvements in child survival." It is certainly a fact worth celebrating, but there is still a way to go higher, because the level of mortality up to five years is considered. For what has been done so far, however, no doubt that the country will turn this around.

The ratio last year was: every 100 000 births, 69 mothers died in childbirth or died after giving birth complications.

A survey by the World Health Organization showed that Brazil is still back there when it comes to reducing maternal mortality. Are mothers still die during or shortly after childbirth. The study shows that Brazil is the fourth country slower in reducing maternal mortality. Rates between 2000 and 2013 from 75 countries were analyzed.
There is only one public hospital to serve the entire state of Amapá. Insufficient professional beds. One photo shows two pregnant occupying the same bed. It was taken by one of the escorts. In the same hospital the baby Andrea died in childbirth.

In Brazil, for every thousand children born last year, 14 did not survive.

The report also talks of deaths of mothers. The ratio last year was: every 100 000 births, 69 mothers died in childbirth or died after giving birth complications. The main causes: hemorrhage and hypertension.

The number is almost double the assumed target, which is a maximum of 35 deaths by 2015. Of the countries studied, Brazil was fourth, tied with Madagascar that least reduced the mortality rate of mothers. From 2000 to 2013, the decrease per year was 1.7%. The two would lose to Guatemala, South Africa and Iraq.

The study says that countries need to improve the quality of care pre-and post-delivery, better prepared and better equipment professionals. And we also need to focus on family planning policies.

Brazil has not indicated whether the goal of reducing the mortality rate of mothers will be fulfilled. But claimed that the numbers are getting better and that has been taking steps to reduce the amount of caesareans no indication that contribute to the deaths.

The Ministry of Health wants to reduce the number of cases of cesárias that reach 42% in public.

**Hildergard Angel Blog: A Copa do Mundo já está no papo... das criancinhas do Brasil [The World Cup is already ours...the babies from Brazil]**

Hildergard Angel
30 June 2014

*Original in Portuguese – the below is a rough Google Translation into English*

The World Cup is already in the bag!

In the bag, yes, hundreds of thousands of Brazilian children who had their lives saved from 1990 to today, during which there was a 77 percent reduction in child mortality by starvation in the country.

And the great news is that Brazil is first in rank "Infant Mortality - What's the Score," which is being released this weekend at the World Forum of Partners for Maternal, Newborn and Child Health in Johannesburg South Africa

The information was given first hand by an Indian health site, The Health Site correlating this Brazilian victory with the World Cup, like an "anti Cup Hunger" and reflecting the declaration by the coordinator of the child health Ministry of Health of Brazil, Paulo Vicente de Almeida Bonilha:

- There are two main reasons for the reduction of infant mortality in Brazil: the expansion of access to primary health care and the Family, the largest cash transfer program in the world.

Cup of hunger infantilVejam here the picture that no newspaper and left in the Indian Site: Brazil winning the World Cup Anti Child Hunger, followed by Portugal, Iran Click the blue words to see the box above in full, with all countries.
Indians highlight the increasing rates of vaccination among Brazilian children and the National Policy on Breastfeeding, which more than quadrupled breastfeeding in the country.

The site informs that today, for every 1,000 births in Brazil, only 14 children will die before their fifth birthday - much less than the 62 in 1990, attributing merit to the Bolsa Família, which "provides cash transfers to poor families in exchange to ensure that children receive the vaccines and attend school."

Evidently the country still has a long way to go, as well as a high mortality rate still, and only when there is reason for pride achieve the ideal level of death ZERO.

Nice to see an Indian site to highlight this Brazilian conquest and having the balcony to relate it to the "Cup", elaborating that art tees with the selections, which I reproduce here for you above.

Without discrediting the FIFA soccer, this is a World Cup that is also worth applauding standing and singing our National Anthem thrilled ... the chapel.

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**Jornal Agora (Brazil)**: *Taxa de redução de mortalidade infantil em Minas supera índice nacional*  
[Child mortality rate reduction in Minas is higher than the national one]  
28 June 2014  
*Original in Portuguese – the below is a rough Google Translation into English*

The intensification of the State led to promising results. There was a reduction in the mining rate from 20.8 to 12.4 deaths per thousand live births.

Indicator of the quality of access to health and living conditions of the population, reducing the infant mortality rate is one of the major objectives of governments around the world. In Minas Gerais, the challenge is faced by a multidisciplinary team that focuses on the care of children from pregnancy, to mothers ensuring full access to a network of care that goes from the prenatal period to keep the child in the first year of life. The results have been encouraging and in 2013 the state recorded a rate of 12.4 deaths per thousand live births, below the national rate of 14 deaths, and below the agreed target for 2014, which is 12.5. The goal is to reach 12.3 in 2015. In a paper published on Thursday (25/06), the Partnership for Maternal rank in Newborns and Children (PMNCH), an organization linked to the World Health Organization (WHO), Brazil ranked first among the 32 nations participating in the World Cup in reducing the infant mortality rate, from 62 deaths per thousand live births in 1990 - the year of the World Cup in Italy - to 14 deaths 2014 a 77% reduction of deaths of children under five. The state has intensified actions to reach the goal, and in 2003, launched the Viva Vida program Reduction of Infant and Maternal Mortality, with the aim of giving the appropriate response for assistance in a timely manner to all pregnant women, pregnant women, postpartum women, infants and children from Minas Gerais. A major step in this direction was the establishment in 2011, Mother Mine Project, which monitors, through a call center, the care for pregnant women and children in the first year of life.

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**O Debate**: *Redução da mortalidade materna no Brasil ainda é baixa*  
30 June 2014  
*Original in Portuguese – the below is a rough Google Translation into English*
Between 2000 and 2013, the death rate from complications in pregnancy and childbirth has decreased 1.7% per year, well below the global average was 3.1%.

A report by the World Health Organization (WHO) that took into account data from 75 countries indicated that Brazil had the fourth slower reduction in maternal mortality between 2000 and 2013.

During this period, the Brazilian performance was similar to Madagascar, with an average annual decrease of 1.7% in the rate of pregnancy-related mortality and childbirth. The brand is well below the average of all the nations together, which was 3.1% per year.

The data are part of a report released on Monday during the forum group Partnership for Maternal, Newborn and Child Health (PMNCH). The document took into account the countries participating in the Millennium Development Goals, a set of targets proposed by the United Nations (UN) to be met by 2015.

The report shows that few countries will reach a commitment to reduce maternal mortality. In Brazil, for example, the rate of Brazilian women who died during pregnancy, childbirth or due to complications in 2013 was equivalent to 69 per 100,000 births. This is almost double the target set in the Millennium Development Goals - to arrive in 2015 with a maximum of 35 deaths per 100,000 births. Brazil has assumed that will not meet the mark.

To get an idea, the risk of a woman dying in the countries evaluated by related to childbirth and pregnancy causes is 1 in 66. Countries with high development, the risk is 1 in 3,400. WHO data released last month showed that every hour, 33 women die worldwide due to pregnancy complications. Although it is considered high, that number is 45% lower than two decades ago.

The only countries that showed a reduction of less than Brazil's maternal mortality were Iraq, South Africa and Guatemala. Among the countries with the largest reductions are Rwanda, Cambodia, Lao and Equatorial Guinea.
presents very significant numbers. For every thousand births, 108 children do not reach the age of five.

The ranking was released four days before the completion of the PMNCH Forum, an event that will discuss mechanisms for improving the health status of children, newborns and women. "The survey shows that when governments prioritize measures for child health, significant progress can be made," said the president of the Association of Pediatrics Asia, Naveen Thacker. "Low cost measures can help reduce death among newborns," he said Zulfiqar Bhutta, the Center for Child Health Canada. Among the examples cited by him is cleaning the umbilical cord, as, according to him, can reduce deaths by half.

O Estado de S. Paulo: Mortalidade materna cai 1,7% no Brasil [Maternal mortality drops only 1.7% per year in Brazil]
Ligia Formenti
30 June 2014
Original in Portuguese – the below is a rough Google Translation into English

Brazil is the fourth country slower in reducing maternal mortality, according to a report coordinated by the World Health Organization (WHO) and published today in South Africa. The work was based on analysis of rates between 2000 and 2013 for 75 participating countries of the Millennium Development Goals.

In the period, Brazil had a performance equivalent to Madagascar, with an average annual decrease of 1.7% in maternal mortality. The brand is well below the average for the entire group, which was 3.1% per year.

In 2013, the rate of Brazilian women who died during pregnancy, childbirth or due to complications was equivalent to 69 per 100 thousand live births. This is almost double the target set in the Millennium Development Goals - to arrive in 2015 with a maximum of 35 deaths per 100,000 births. Brazil has assumed that will not meet the mark. The country, however, is not alone.

Prepared by the Partnership for Maternal, Newborn and Child Health (PMNCH), a group formed by more than 560 organizations, the report shows that few countries will reach a commitment to reduce mortality related to pregnancy and childbirth. Of the total, only 11 managed to reduce the rate at a rate of at least 5.5% per year.

To give dimension of what it means, the risk of a woman dying in the countries evaluated by related to childbirth and pregnancy causes is 1 in 66. Countries with high development, the risk is 1 in 3400.

new strategies

The report, released at the beginning of the PMNCH Forum in Johannesburg, warning about the need to devise strategies to accelerate progress in maternal, neonatal and child healths.

"We must renew and redouble our efforts in key areas where progress has been less," say the authors of the document. They reinforce the need to prevent, end of the deadline set in the Millennium Development Goals, the courage to achieve the targets decrease. The message is: the work is unfinished, but the goals are likely to be achieved. "The end of 2015 will usher in a new era of global health."
Among the items considered essential by the authors of the work are to improve access to contraception, fundamental methods to ensure family planning; the guarantee of assistance, made with professionals trained and equipped properly, both during pregnancy as the prenatal and postpartum; reducing rates of diseases such as diarrhea and pneumonia and combat high levels of malnutrition.

O Estado de S. Paulo (Brazil): No Brasil, 64% das mortes de crianças com menos de 5 anos acontecem no 1º mês [In Brazil, 65% of under-five children deaths happen in the first month of life]
Ligia Formenti
30 June 2014
Original in Portuguese – the below is a rough Google Translation into English

About 64% of deaths among Brazilian children under five still occur in the first month of life, says the report released on Monday, 30, at the Forum of the Partnership for Maternal, of Newborn and Child Health (PMNCH) in Johannesburg. It is the highest percentage recorded in the comparison made between the 75 countries analyzed in the study.

"Countries that quickly reduced infant mortality, such as Brazil, tend to show an increase in the proportion of deaths among newborns," say the authors. In the world, every year, about 2.9 million children die before reaching one month and 2.6 million still die in the first three months of pregnancy or childbirth. Given this trend, international organizations initiate a new front to try to reduce deaths in this phase of life that ensures mostly are also preventable.

Goals. The program, called Action Plan for Every Newborn (ENAP, its acronym in English), has two key goals that must be met by 2035: reduce rates of neonatal mortality for up to 10 per thousand live births and reduce the number of deaths at birth for up to 10 cases per 10 000 births.

So that measures are put into practice a plan of 40 financing will be announced during the two days of the Forum PMNCH. The estimate is that an increase in the amount of U.S. $ 1.15 per capita of the 75 priority countries budget, could prevent 3 million deaths of children and babies.

Investments, guarantees responsible for ENAP, should, especially to empower workers in healthcare, especially midwives and to purchase products and equipment with resuscitators and masks, which cost less than $ 5 but can make all the difference at the time of care baby.

O Estado de S. Paulo (Brazil): Ministério da Saúde afirma que reforçou as ações da Rede Cegonha [Ministry of Health says that reinforced initiatives of the Stork Network in the country]
Ligia Formenti
30 June 2014
Original in Portuguese – the below is a rough Google Translation into English

In a statement, the Ministry of Health reported that reinforced the shares of Stork Network to accelerate the decline in maternal, neonatal infant mortality. The system provides care for mother and child up to 2 years of life and family planning.
Among the strategies to reduce neonatal mortality, says the folder is the stimulation of breastfeeding. The ministry cited as an example to encourage the publication of an ordinance on the subject.

Another highlight was the creation of a campaign to donate milk. In 2013, 177,000 children were served by the program. Data gathered by the report show that in 2008, 41% of infants were fed exclusively until six months into breast milk. The ministry said the number of neonatal beds increased from 825 to 4,011 since 2011, when the Stork Network was created.

Equity. Besides reinforcing the need to keep the effort to achieve the goals of the Millennium Development Goal, which surpassed even the 2015 deadline, the report released today by the Partnership for Maternal, Newborn and Child Health (PMNCH) considers essential to seek equity in access. At work, we examined range of activities considered essential to health.

"In virtually all data coverage between the richest population was higher than coverage among the poorest," he informs. Authors of work ensure that this phenomenon can be changed. If there is capacity to achieve richer, you can also reach another part of the population. And cite examples from Bolivia and Cambodia, where coverage in health among underserved populations grow more than among the richest.

Goals. Eight points the Millennium Development Goals are targets set in 2000 by the United Nations (UN) and supported by 192 countries to be achieved by 2015 in all, are: to end hunger and poverty; universal primary education; promoting gender equality and empowering women; reduce child mortality; reduce maternal mortality; stop the spread and reduce the incidence of HIV / AIDS, universal treatment of the disease and reduce the incidence of malaria, tuberculosis and other diseases; quality of life and respect for the environment, including reducing by half the proportion of people without sustainable access to safe drinking water; and a global partnership for development.
currently account for 56% of births in the country "is an abuse that shows no signs that it will be
stopped, however, every year there is an average increase of 1.2% on these indicators," complete .

For him, the problem is the misconception spread by the medical profession that the cesarean
section is safer than vaginal delivery. "It is a wrong idea."

Besides increasing rates of maternal mortality, the abuse of caesareans has another negative effect:
an increase in premature babies. "We reached the mark of 12%, is one of the largest in the world," he says. Victora is convinced that one of the factors that influence this brand is the fear of the
pregnant woman go into labor and, thus, cesarean sections have to be discarded. "To avoid, doctors
usually mark the birth at 38 weeks," he says.

The relationship between cesarean section and preterm birth is also observed when analyzing the
profile of the patient and the baby. In Brazil, the frequency of premature babies is higher in the
states of São Paulo, Minas Gerais and the Federal District. And children are often born in middle
class families. "Prematurity has always been a problem of the lower classes, is related to intrauterine
growth, the risk of preeclampsia. But in Brazil occurs between women better financial conditions,
with greater access to health centers."

Abortion. The low speed of the fall in maternal mortality is also influenced by two other factors,
evaluates Victora: clandestine abortions and the low quality of care for pregnant women. He notes
that while many women have access to health services, quality of care, both in prenatal
consultations as at delivery are lacking.

"Unsafe abortion is a public health case and that's how it has to be treated. Religious beliefs should
not be part of that discussion," he argues. According Victora, one in four pregnant women in Brazil
terminate a pregnancy. "The biggest risk is faced by poor women, who without having to pay the
procedure in clinics end up using other methods or with people without necessary preparation."

The report presents an analysis of the PMNC about it. The document shows that every year about 22
million unsafe abortions are performed, 75% of them in developing countries. The paper argues that,
in places where termination of pregnancy is not permitted by law, are guaranteed support services
for women who experience complications after the completion of clandestine abortion.

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O Estado de S.Paulo (Brazil): ONU definirá metas sustentáveis para os países [UN will define
sustainable goals for countries]
Ligia Formenti
7 July 2014
Original in Portuguese – the below is a rough Google Translation into English

The United Nations (UN) aligns the final details of the plan goals that will succeed the Millennium
Development Goals, which ends in 2015 The new commitment should be broader, with more than
twice the number of goals than the predecessor:. 17 instead of eight. And this time, health will not
have so much prominence. Now it is the turn of sustainable development, following motion which
had been agreed at Rio +20.

The latest group meeting scheduled to decide the key points of the new plan occurred last week in
New York. In the same period, in Johannesburg, began another meeting to discuss the progress
made with the Millennium Development Goals in the areas of maternal and child health. But more
than a count of the targets achieved and what still needs to be improved, the event in South Africa
served to signal the effort that will be made by organizations linked to the reduction of maternal and
infant mortality that issues are kept on the agenda after 2015.

The issue is not just formal. Issues that gain notoriety are more likely to attract resources. And, in
the evaluation of the participants of the meeting, there's still time to drive. The expectation is that
the format of the new platform of the UN's work to be presented in mid-2015.

In the current model, health issues are presented as the third item: healthy living for everyone. The
objective is divided into seven fronts, most recently, even with three subdivisions. Maternal and
child mortality remain on the agenda. The goal is to first achieve a reduction of 70 deaths per 100
000 live births and end deaths that could be prevented in newborns and children up to 5 years.
But the list also has other topics: significantly reduce illnesses caused by air, land and water
pollution, halving the number of deaths caused by traffic accidents and reduce the number of deaths
from NCDs.

"When we prioritize everything, nothing is a priority," says Cesar Victora, an author of the report
that brings the balance on the 75 priority countries have achieved in the area of maternal and child
health, after commitment to the Millennium Development Goals.

Besides spraying themes, Victora warns the lack of clear goals and above all for the lack of data so
that we can make an assessment, in a second step, the advances made. "The diagnosis is essential
for treatment to be given. Program of this type, we must know the exact scale of the problem, set
goals, and from there, to set goals. Only then we will know what actually is effective, what needs
and deserves to be repeated and applied elsewhere," added the researcher and professor at the
Federal University of Pelotas.

Time frame
The goals established from 2015 should have a term of 15 years to be fulfilled. Period similar to that
granted to the Millennium Development Goals. When it was signed in 2000, 192 countries pledged
to follow the goals.

Among them were ending hunger and poverty; universal primary education; promoting gender
equality and empowering women; reduce maternal and child mortality; stop the spread and reduce
the incidence of HIV / AIDS.

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O Tempo: Mortalidade materna ainda é alta no país
01 July 2014
Original in Portuguese – the below is a rough Google Translation into English

Sao Paulo. Brazil is the fourth country slower in reducing maternal mortality, according to a report
coordinated by the World Health Organization (WHO) and released yesterday in South Africa The
work was based on analysis of rates between 2000 and 2013 for 75 countries participants of the
Millennium Development Goals.

In the period, Brazil had a performance equivalent to Madagascar, with an average annual decrease
of 1.7% in maternal mortality. The brand is well below the average for the entire group, which was
3.1% per year.
In 2013, the rate of Brazilian women who died during pregnancy, childbirth or due to complications was equivalent to 69 per 100 thousand live births. This is almost double the target set in the Millennium Development Goals - reach 2015 with a maximum of 35 deaths per 100,000 births. Brazil has assumed that will not meet the mark. Prepared by the Partnership for Maternal, Newborn and Child Health (PMNCH), a group formed by more than 560 organizations, the report shows that few countries will reach a commitment to reduce mortality related to pregnancy and childbirth. Of the total, only 11 managed to reduce the rate at a rate of at least 5.5% per year.

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OPAS/OMS Brazil portal [WHO portal] (Brazil): Brasil já é campeão da Copa do Mundo em redução de mortalidade infantil [Brazil is already the Champion of the World Cup in child mortality reduction] 26 June 2014
Original in Portuguese – the below is a rough Google Translation into English

A new ranking including 32 countries vying for the World Cup 2014 shows that all showed significant progress in reducing child mortality since 1990, when the World was based in Italy. Advances in each country, however, were not equal. Headquarters of this year's World Cup, Brazil is already the champion list, with a 77% reduction in deaths of children under five years of age since 1990's "ranking. Infant Mortality?: What's the Score " was released in preparation for the Partners Forum 2014, an event held in Johannesburg, South Africa, between 30 June and 1 July and organized by the Partnership for Maternal, Newborn and Child Health (PMNCH). Created and led by the World Health Organization in 2005, the group brings together 625 organizations concerned with child and maternal health, among governments, associations, NGOs, universities, health care professionals, research institutions and private sector representatives.

The goal of the partnership is to accelerate the achievement of the Millennium development goals (Millennium Development Goals) related to the health of women and children. During the conference in South Africa, global leaders will discuss measures to accelerate initiatives that improve the health of children, newborns and mothers worldwide.

"There are two main reasons for the reduction in infant mortality in Brazil: expanding access to primary and Bolsa Familia, the largest cash transfer program in the world health," says Paul Bonilha Vicente de Almeida, coordinator of the Children's Health Ministry Brazilian Health. "The National Immunization Program increased vaccination rates among Brazilian children and the National Program for Encouraging Breastfeeding more than quadrupled breastfeeding." Since 1988, the Brazilian Constitution guarantees its citizens universal health coverage system, ensuring access to health services even among those who can not afford it. Have the Family ensures transfer of income to poor families with the consideration that children are the vaccination day and attending school. Currently, per thousand births in Brazil, 14 children die before reaching the age of five - in 1990, were 62. Unfortunately, not every country has the same performance of Brazil in saving children's lives. It is the case of Nigeria, for example. Although the country has reduced infant mortality by 42% since 1990, still has the highest rate of deaths of children under five years among all nations vying for the World Cup 2014. For every thousand born in Nigeria, 124 children die before reaching their fifth birthday.

"Inspired in the World Cup ranking shows that when governments prioritize the health of the child, we can see significant progress," says Naveen Thacker, elected president of Asia Pacific Pediatric Association (Paediatric Association of Asia Pacific). "Government leaders, civil society and the private sector need to come together to ensure that child deaths are preventable just restricted to the history books."
More than half of all deaths of children flock in the first 28 days of life. One myth that persists is that to save newborns is necessary to have sophisticated hospitals and intensive care units prepared.

"Simple and low cost solutions could help each country to reduce considerably the number of deaths of newborns," notes Professor Zulfiqar Bhutta, a director of the Centre for SickKids Global Child Health in Canada. "For example, use an antiseptic in cutting the umbilical cord can reduce those deaths by half. Another measure which helps to prevent infections and deaths is put the baby in contact with the neck of the mother and encourage breastfeeding."

Portal TV Cultura (Brazil): Brasil reduz morte infantil de até cinco anos em 80% [Brazil reduces under-five child mortality in up to 80%]
26 June 2014
Original in Portuguese – the below is a rough Google Translation into English

In joint action with the Partnership for Maternal Newborn and Child Health (PMNCH), entity coordinated by the World Health Organization (WHO), Brazil managed to reduce by 77% the rate of deaths of children under five years of age. The number is the highest compared to all 32 countries mebro World Cup. According to the report of the research, the ranking used as a starting point the 1990 World Cup, hosted in Italy.

At the time of 1990, the Brazilian infant mortality rate was 62 deaths per thousand live births. Currently, it is 14 per thousand live births. Portugal fell by 76% - the second most important number.

The data collected in 32 countries show that falls are present in the participating countries unevenly Cup. In Africa, Ivory Coast, placed last in the balance, had 29% reduction in rates. However, per thousand births in the African country, 108 children do not reach the age of five.

The statistics were presented to four days into the PMNCH Forum, which discusses what will be the mechanism adopted to provide better living conditions for children, newborns and women from around the world. "The survey shows that when governments prioritize measures of child health, significant progress can be made," said the president of the Association of Pediatrics Asia, Naveen Thacker. "Low cost measures can help reduce death among newborns," said Zulfiqar Bhutta, co Center for Child Health Canada.

Repórter Diário (Brazil): Mauá quer reduzir mortalidade infantil em 24%
Tiago Oliveira
1 July 2014
Original in Portuguese – the below is a rough Google Translation into English

The Seade (State System of Data Analysis) provides for promotion this quarter 2013 data on child mortality in the counties. The numbers that are available today are from 2012 and show the inequality between municipalities ABC.

Maua is the city most dramatic situation. The infant mortality rate recorded in the county in 2012 was 15.8 per thousand children born. Secondly, Diadema appears with index of 13.9. At the other extreme is São Caetano, with 6.4 deaths per thousand births.
The City of Mauá is optimistic about the research that must be disclosed in the coming months. Management believes that there will be reduction in mortality in the future lifting Seade, and set a target down about 24%

"Our main goal this year is to make Mauá collaborate so that the numbers of infant mortality in the state are lower. Intend to be slightly below the index of the state Department of Health want to get to 12 or 12.5, approximately "said secretary of Health Mauá, Celia Cristina Pereira Bortoletto. The infant mortality rate in the state of São Paulo is 11.5 per thousand inhabitants.

Has been worse
Not now that Mauá leads the ranking of infant mortality on ABC. In 2010 the town was already showing with the highest rate in the region, in an even worse situation: 17.4 infant deaths per thousand births. At that time the rate in São Paulo was 11.9.

The rates have decreased significantly in Brazil in recent years. The Partnership for Maternal, Newborn and Child Health (PMNCH), linked to the World Health Organization (WHO), announced last week that the country was that the more reduced the rate of deaths of children under ten years among the 32 nations participating in the World Cup.

Since 1990 (the year of realization of another World, Italy) rate fell 77% in Brazil. At the time, the mortality rate was 62 children per thousand live births. Today is 14.

strategy
Reach a zero mortality rate is in practice impossible. But with actions taken on public health can reduce these rates further.

"There are those unavoidable cases such as malformations, which are actually babies who would certainly die anyway. But we have children who die from other causes, which we might consider avoidable," said Secretary of Health Mauá, Celia Cristina Pereira Bortoletto. "If that child chokes on milk, which dies with vaccine preventable disease," he explains.

VEJA: Redução da mortalidade materna no Brasil é uma das menores do mundo
30 June 2014
*Original in Portuguese – the below is a rough Google Translation into English*

Between 2000 and 2013, the death rate from complications in pregnancy and childbirth has decreased 1.7% per year. Average of 75 countries that are part of the UN plan targets was 3.1%.

A report by the World Health Organization (WHO) that took into account data from 75 countries indicated that Brazil had the slowest fourth reduction of maternal mortality between the years 200 and 2013. During this period, the Brazilian performance was similar to Madagascar, with an average annual decrease of 1.7% in the rate of pregnancy-related mortality and childbirth. The brand is well below the average of all the nations together, which was 3.1% per year.

The data are part of a report released on Monday during the forum group Partnership for Maternal, Newborn and Child Health (PMNCH). The document took into account the countries participating in the Millennium Development Goals, a set of targets proposed by the United Nations (UN) to be met by 2015.
The new shows that few countries will reach a commitment to reduce maternal mortality. In Brazil, for example, the rate of Brazilian women who died during pregnancy, childbirth or due to complications in 2013 was equivalent to 69 per 100,000 births. This is almost double the target set in the Millennium Development Goals - to arrive in 2015 with a maximum of 35 deaths per 100,000 births. Brazil has assumed that will not meet the mark.

Comparison - To get an idea, the risk of a woman dying in the countries evaluated by related to childbirth and pregnancy causes is 1 in 66 in countries with high development, the risk is 1 in 3,400. WHO data released last month showed that every hour, 33 women die worldwide due to pregnancy complications. Although it is considered high, that number is 45% lower than two decades ago. The only countries that showed a reduction of less than Brazil's maternal mortality were Iraq, South Africa and Guatemala. Among the countries with the largest reductions are Rwanda, Cambodia, Lao and Equatorial Guinea.

New strategies - The report warns of the need to devise strategies to accelerate progress in maternal, neonatal and child healths. "We must renew and redouble our efforts in key areas where progress has been less," say the authors of the document. They reinforce the need to prevent, end of the deadline set in the Millennium Development Goals, the courage to achieve the targets decrease. The message is: the work is unfinished, but the goals are likely to be achieved. Among the items considered essential by the authors of the work are to improve access to contraception, fundamental methods to ensure family planning; the guarantee of assistance, made with professionals trained and equipped properly, both during pregnancy as the prenatal and postpartum; reducing rates of diseases such as diarrhea and pneumonia and combat high levels of malnutrition.

Zero Hora (Brazil): Número de óbitos maternos precisa ser reduzido à metade no Brasil [Number of maternal deaths must be reduced by half in Brazil]
Kamila Almeida and Vinicius Fernandes
1 July 2014
Original in Portuguese – the below is a rough Google Translation into English

A 18-month deadline for the reduction of two indicators involving mothers and children, Brazil only able to fulfill one of the commitments made to the United Nations (UN). The targets for the reduction by two-thirds of infant mortality have been achieved. But the numbers of maternal deaths are alarming and put Brazil in the 70th position in the ranking of countries that have managed to reduce rates. Behind the country, only Guatemala, South Africa, Iraq, the Philippines and the Ivory Coast.

The report, which began to be discussed on Monday in South Africa during the forum Partnership for Maternal, Newborn and Child Health (PMNCH) also shows that Brazil is a long way to fulfill the goal of reducing by 30 maternal deaths for every 100,000 births. To be treated the Millennium Development 75 countries that make up the project, need to reduce indicators of 2013 by half. Researchers from the International Centre for Equity in Health, linked to the Federal University of Pelotas (UFPEL), Giovanny Vinicius Araujo de France and Maria Clara Restrepo Méndez, attending the meeting in Johannesburg and explain that the reduction of social inequalities were the formulas for success countries like Bolivia, Nigeria and Cambodia, which have seen their numbers decrescerem.
Those countries that focused efforts on disadvantaged populations had faster reduction of inequalities. Brazil is an example of reduction, but it was not enough for the quality care of mothers - evaluates Maria Clara, adding that economic growth of the countries that stand out as allies to education and quality of service of health also contributed to the compliance with the requirements. Among those expected to decrease maternal deaths are family planning measures, assessment of nutritional status and prenatal and postpartum care.

- No use only expand the health service. All countries that hit the goal focused on quality of care, ensuring that women have access to at least four visits before delivery and monitoring after the baby is born - France said.

Searching for improved attendance

Despite achieving the goals related to infant mortality, Brazil is still on top when the number is death of newborns, which is also linked to lack of proper care for mothers. Are 64% of all deaths among children under five years of age, occurring in the first month of life. Nadiane Lemos, state coordinator of Women's Health, says the state's highest rates of maternal mortality are in large urban centers.

- We have increasingly sought to empower the identification of risk in our sectors. We are recommending this classification to the recognized user reaches the level of care in a timely manner. From January to September 2013, 13 maternal deaths in Rio Grande do Sul were recorded, according to the Department of Health How to care, the state offers the Stork Network, in conjunction with the State Children’s Health and Women’s Health Policy. The strategy prioritizes pregnant, puerperal and pediatric consultation, linking pregnant women to referral units. The program also includes the Samu-stork.

OP-EDS

Pambazuka News (African regional): Africa: Rethinking the Role of Global Investment in Africa's Development
Yash Tandon
3 July 2014

ANALYSIS

Much hope is placed on foreign direct investment to deliver development capital for African countries. Yet FDIs are part of the global financial capitalist system, which maintains and reproduces inequality and keeps African states dependent on Western countries and financial institutions.

Africa's political leaders are under illusion to believe that foreign direct investments (FDIs) will get them out of their development crisis. This is not to dismiss FDIs but to provide a framework for an analytical and critical understanding of 'capital', how it is generated, and what its real function is.

MONEY AND CAPITAL

I am not breaking new ground in stating that capital is simply savings of the past used for production along with other factors of production such as land, labour and enterprise. It is not the same thing as money. Essentially, money is a system of credits and debts - two sides of an accountant's ledger. You create debts as you create credit.
Capital, on the other hand, is money used to add value to production. Part of this added value goes to wages, part goes to restore wasted machinery and natural resources, but a good part goes to profit accumulation.

In our times, Capitalism has reached a stage of what some call 'financialised capitalism' where finance is privileged over production, everything is collateralised and securitised, and local and national markets are destroyed to the benefit of a couple of hundred global corporations and banks.

THE SOCIAL POLITICAL COST OF FINANCIALISED CAPITALISM

The world has become more unequal over the last 50 years than over the preceding one thousand. The 2011 study by the Organisation for Economic Co-operation and Development (OECD) Divided we Stand: Why Inequality Keeps Rising revealed that globally the rich-poor gap has widened in the last decade.

Between nations this is clearly evident. But even within advanced countries - including the 'egalitarian' states such as Germany, Denmark and Sweden - the rich-poor income and welfare gap is growing. What the study does not say is that there is no possibility of 'distributive solution' within the present system, which is structurally engineered to produce inequality.

The political and social forces, even in the West, are weakening in relation to the power of global corporations and a global bankocracy.

THE ROLE OF AID AND INVESTMENTS

In this context, the role of the so-called 'development aid' is totally misunderstood or deliberately misrepresented. Aid is corruption. Why? Because it corrupts government policy. In return for 'aid' governments in Africa are obliged to surrender policy space to the 'donors' and the IMF. What can be more corrupt than that?

Aid does something else besides corrupting democratic good governance. It creates space for foreign direct investments (FDIs). FDIs are a package comprising generally of money-capital (or a credit line), production or marketing knowhow and technology. FDIs don't just drop from the sky; you have to negotiate the terms with the owners of capital.

They are usually big corporations, banks including the World Bank, who come to negotiate with you with a phalanx of financial and legal experts. Negotiations can take months, even years.

A strong country with a huge domestic market, such as China, can use its market power to negotiate a useful FDI package. But Africa is nowhere near China in negotiating such deals. Most of them are hostages to the global corporate owners of capital and technology.

The challenges to unpackage FDIs are formidable. Global corporations do not act alone. They bring the power of their mega-states to back up their negotiations. Investments are generally made within the framework of Bilateral Investment Treaties (BITs). It is now widely acknowledged, even in government circles, that BITs are an exercise in undermining the sovereignty of the capital-receiving countries.

BITs invariably provide for extra-territorial rights for the owners of capital, including, typically, protection from expropriation; free transfer of exorbitant profits and royalties; and litigation under the jurisdiction of either the capital-exporting countries or international arbitration. At the time of
writing, Uganda is being subjected to immense pressure by the U.S. government to sign a BIT. If signed, it will effectively undermine the sovereign rights of the people of Uganda.

WHAT, THEN, IS THE WAY FORWARD?

There are three possible ways out of this kleptocratic capitalist quagmire. One is at the global level; the second at the level of the relations between Africa and the rich developed countries; and the third at the local, grassroots level of ordinary people.

At the global level, it should be clear to all but the most dogmatic capitalist ideologue that the structural redistribution for global justice requires systemic transformation. Legal and institutional reform is insufficient, even misguided.

Reform within the existing system can never achieve more than marginal redistribution, since structural and social (class) inequality is intrinsic to and necessary for the survival of the existing order. Hence the whole notion of investment needs to be redefined, away from the capitalist market logic.

There is a seriously flawed logic in the mainstream notion that Africa suffers from a 'savings gap', which must be filled by aid or investments from the West. The reality is that Africa does have massive savings.

But there are various ways in which savings are drained away - among them, for example, transfer pricing by the multinationals, corruption by state and corporate officials, and other so-called illicit financial flows (IFF). These lead to little, or even negative, domestic saving in Africa. A deeper, real-life analysis should lead to the conclusion that instead of looking for aid and foreign capital, Africa should focus on plugging this hole in its savings bucket.

Finally, at the local or community level, ordinary people in the long run have to make a conscious effort to innovate ways and means of decoupling from the market-based iniquitous value system. Decoupling is not the same as autarchy.

Autarchy is neither possible nor desirable. On the other hand, globalisation is also not inevitable or desirable. At the heart of the contemporary civilizational crisis is the reductionist logic that values everything in terms of money. Everything, including the dignity of the individual - especially vulnerable women and children - is subject to the 'law of value'. Everything is commoditised.

However, in the interspaces of this globalised system there are heroic efforts by some communities to distance themselves from the system. These include innovative approaches, including production of goods and services based on exchanges without involving money.

Also, where money is needed as a medium of exchange, communities have created 'communal money' (a kind of labour voucher system) that is delinked from national currencies, which are notorious, especially in our times, to fluctuations and speculations.

CONCLUSION: WHERE IS THE PROBLEM?

The problem is at two levels - one at the structural level and the other at the level of political leadership. The first is primarily economic, the second is primarily political or to use the currently fashionable term at the 'governance' level.
At the structural level, the problem stems from the global deformation of the capitalist system. In some of the newly industrialising countries of the South - such as China, India, Brazil and Turkey - capitalism is still substantially productive and still in its early stages. They continue to depend on technology and knowhow protected in the West by intellectual property monopoly rights. But capitalism has no future in Africa.

Despite bold efforts to 'Africanise' capitalism in some countries - such as South Africa, Kenya and Nigeria - these efforts over the last fifty years have largely failed.

Admittedly, there are a couple of hundred multi-millionaire African crypto-capitalists with substantial control over some productive enterprises that operate nationally, regionally and even globally. But the rest of the economies of Africa are dominated by global corporations - especially in the mining, commodities, finance and service sectors.

The post-1980s liberalisation has decimated what little industrialisation took place in the preceding twenty years. The much vaunted 'growth' rates in Africa of 5-10 per cent is a conceptual and statistical trick played by global institutions such as the IMF and the World Bank and the ruling elites in Africa.

But if capitalism has no future, socialism is a distant goal. It is going to be a long march. Self-reliance and not aid or FDIs is the way forward. And here is where the question of democratic governance and correct political leadership becomes a critical factor.

Some of Africa's past leaders, such as Julius Nyerere, attempted to innovate original approaches to Socialism, but they have been vilified by the dogmatic 'Marxist' left, mainly in the West but also in Africa.

The leadership question therefore is critical.

- Yash Tandon is a Ugandan academic, teacher, political thinker, rural development worker, civil society activist and institution builder. He is the author and editor of numerous books and articles. www.yashtandon.com

The Nation (Malawi): Bravo govt for reducing child deaths, but do more
4 July 2014

We congratulate the Malawi Government on the strides made in reducing child deaths in the country.
According to the Countdown to 2015 report released at the Partnership for Maternal, Newborn and Child Health (PMNCH) Forum held in South Africa this week, Malawi has reduced child deaths from 244 per 1 000 live births in 1990 to 71 per 1 000 live births in 2012. This is no mean achievement.

For a country that is usually known for negative things, it is refreshing to see some positive strides, particularly now when Malawi is celebrating 50 years of independence. It is also encouraging to note that the government is committed to further reducing the figure to 25 deaths per 1 000 live births by 2020.

We call on government to keep the momentum to ensure we strive to attain the post-2015 goal.
However, government also needs to work on the weak areas as highlighted in the same report, which shows that there are substantial inequities in access to vital health care interventions for women and children in Malawi and 74 other countries globally.

The report indicates that in many of the 75 countries, over half of the mothers and children in the poorest 20 percent of the population receive two or fewer of eight interventions deemed essential for preventing or treating common causes of maternal and child deaths, including vaccinations, skilled birth attendance, pneumonia and diarrhoea treatment, and access to family planning.

Considering that the majority of Malawians are poor, and our economy agro-based, our focus now should be to ensure that the rural population has access to quality healthcare, just like their urban-based counterparts.

Key to reducing maternal and child deaths is the need to ensure well-stocked and well-staffed health facilities whose personnel are well trained even in rural and remote areas so that people have equal access to quality health care. Equally important, is the need to invest in girls’s education which helps delay early pregnancies and marriages, a good road infrastructure for easy access to health facilities as well as improved water and sanitation to reduce preventable diseases.

Equitable access to health care for all will ensure a healthy, productive nation, which will translate into a developed Malawi. Indeed, more action is needed!

Daily Trust (Nigeria): Poor Immunisation: Are the Governors aware of that?
Aminu Magashi
8 July 2014

While I was in faraway Johannesburg, South Africa last week participating at the 3rd W.H.O/PMNCH forum arguably the most strategic political health advocacy meeting in recent times and of course launching the Africa Health Budget Network to demand for more transparency and accountability in Africa. I received an anonymous mail as follows “Aminu, I want to share these few words anonymously with you. I am a senior colleague and highly placed in the development community in Nigeria. Your column seems to be the only space critically analysing health issues and calling on political leaders to take action in Nigeria.

I must commend your effort, courage and resilient in writing weekly and taking on myriad health issues in Nigeria. Please for the sake of the Nigerian children I want you to take a look at the immunisation coverage in Nigeria in the recently released National Demographic Health Survey and see for yourself and may be write about it.

Wishing you and your paper Daily Trust all the best in this onerous task of engaging policy makers.”

By all intent today I wanted to write about the Johannesburg conference with all the interesting things that happened there but after going through that mail and also reading in detail the 2013 National Demographic Health Survey (NDHS) especially the section on immunisation in Nigeria, I lost appetite and was flabbergasted as to how low the health of our children has deteriorated over the last 5 years since the 2008 NDHS.

I didn’t only read the 2013, I had to also study the 2008 report in order to do a better comparison. My article will be about stating the figures and asking questions focusing more on the governors of the states with the appalling figures. According to the World Health Organisation, a child is
considered fully vaccinated if he or she has received a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus (DPT); at least three doses of polio vaccine; and one dose of measles vaccine.

These vaccinations should be received during the first year of life. In Nigeria, BCG and Polio 0 vaccine should be given at birth, DPT and polio vaccines should be given at approximately 6, 10, and 14 weeks of age. Measles vaccine should be given at or soon after the child reaches nine months of age. It is also recommended that children receive the complete schedule of vaccinations before their first birthday and that the vaccinations be recorded on a health card given to the parents or guardians.

Overall the national average in comparison between 2008 (23%) and 2013 (25.3%) has increased by only 2%. This means only 25% of targeted children were fully immunised. 2% increase in 5 years is poor considering the billions of naira expended in immunisation programmes and project by domestic and international donor funds. It is important for us to take a step back and review our interventions with a view to understand what was working and what wasn’t working well and how best we can reinvigorate efforts.

Both the 2008 and 2013 survey have shown that the biggest problem of coverage were found in Northern Nigeria. The pattern is the same for both the 2008 and 2013 surveys which have shown that the biggest problems of coverage were found in Northeast and Northwest. Northwest had 6% and 9.6% coverage in 2008 and 2013 respectively while the northeast has 7.8% and 14.2% coverage in 2008 and 2013 respectively. The worst state in Nigeria is located in Northwest which was Sokoto with 1.4% immunisation coverage in 2013. It means only 1.4 % of the targeted children for immunisation were fully covered. I hope the new Minister of State for Health, who is from the state, Governor Wammako and his commissioner of health are aware of this scandalous poor record.

The states that bordered Sokoto States did also poorly with Kebbi 2.8% and Zamfara 2.1%. Are the governors of these 2 states aware of this development? Are they briefed by their commissioners of health and informed about the implication for the survival of children? Another state that didn’t do well in the Northwest is Jigawa States with 3.6% coverage.

Looking at the Northeast: Yobe, Bauchi and Borno have performed poorly in the 2013 survey with 6.9%, 6.1% and 9.7% respectively. Are the governors of these 3 states aware of this development? Have they been briefed by their commissioners of health and informed about the implication for the survival of children?

This poor data is a clarion call for the sitting governors to call for emergency health meetings and review performance and ask the hard questions of what is going wrong and what could be done to redress the issue.

Is Nigeria part of the ‘A PROMISE RENEWED’, which is a global movement to end preventable child deaths? I want to assume the answer is yes. What are the 2 Ministers of Health and the executive secretary of the National Primary Health Care Development Agency doing about this appalling immunisation coverage figure? Are they comfortable with this level of progress?

Under the banner of Committing to Child Survival: A Promise Renewed (APR) 176 governments including Nigeria signed a pledge, vowing to accelerate progress on child survival.

Each pledge represents a serious political commitment to save children from dying from preventable causes. Under the stewardship of the Government of Ethiopia, more than 20 sub-saharan African
leaders reaffirm their collective commitment to reduce under-five mortality rates to less than 20 deaths per 1,000 live births by 2035. Indeed the NDHS 2013 immunisation coverage is a slap on Nigeria as one of the countries that signed the APR.

**Afterposten (Norway):** Solbergs engasjement for verdens fattige. 5 July 2014.  
Original in Norwegian – the below is a rough Google Translation into English

In different ways, these three countries together a picture of contemporary Africa.

South Africa is a major economic power in the region. Today South Africa is about to become a key global player as foreign politically important. In the background is the country significant not only for the development of Africa. Therefore, it is in Norway's interest to build on the good relations with the democratic South Africa.

Malawi is one important assistance countries. Norway is strongly committed to development in Malawi, one of the world's poorest countries and perhaps one of the nations where they are furthest from achieving the so-called Millennium Development Goals. These are eight specific goals related to poverty, the international community agreed to reach the community by the end of 2015. Goals were set at the turn of the millennium after long meetings under UN auspices.

Rwanda has had a significant increase prosperity, but it is also a place where Prime Minister Solberg and her companions were reminded the world community omission. It ended in one of the most comprehensive genocide in modern times.

Solberg has a personal commitment to development assistance. Just weeks after she was appointed prime minister, she received the request of the UN Secretary General, Ban Ki-moon, to assume the position as one of the leaders of the promoter group of the MDGs. Referred she shares with Rwandan President Paul Kagame.

THERE WILL BE ONE LINE from Solberg's early political commitment to the UN mission. She led in his youth ODW, where students in the high school work one day to raise money for a selected project. - This journey summarizes the topics that was the reason I became a politician. It was that I was concerned with education and gender equality and girls' opportunities. I was very engaged in the developing world. The international injustice was - and is - too big, said Erna Solberg TV 2 during the journey.

PURPOSE OF ROUND TRIP in Africa has also been collecting experiences and make plans for the promoter group and Norway continue working for development.  
With the Prime Minister Solberg's entourage were also other members of the group.

It is no more than about 500 days until the eight UN Millennium Development Goals on education, health, gender equality and sustainable development will be achieved.

It is clear that some of the goals will not be achieved.  
There is no doubt that the UN needs all the boost world organization can get to reach the MDGs bold.

FAILURE TO REDUCE difference between the poor and rich country, which is a commitment that extends beyond 2015. UN is trying to negotiate new goals to be set forward.
When the UN Secretary General has turned to the Norwegian prime minister to be leading a promoter group, this is a recognition of the role Norway is playing an important role in the United Nations. Botanically, Role commit beyond 2015. There is a long tradition in Norway to be an active participant and strong supporter of the UN. A tradition which fortunately is bipartisan support and now with power continued by the government Solberg.

Guardian: Education is a powerful weapon, so let's arm young girls with it
Erna Solberg and Graca Machel
30 June 2014

Reducing child marriage, providing access to health services and getting more girls to stay in education will save many lives

In 1990, the Italian World Cup was played to the sound of Luciano Pavarotti’s Nessun Dorma. In that same year, 12.6 million under-fives died from largely preventable diseases, and 104 million children of primary school age were out of school.

Just six World Cups later, the millennium development goals have inspired dramatic progress for women and children. There are now six million fewer children dying before their fifth birthday each year and the number out of school has reduced by almost half. This proves that when we set our mind to a particular task we can make a real difference. As the world prepares to adopt a new development agenda, we must now ensure that no child or women is left behind.

The ongoing threats to girls need special attention. The selective abortion of girls continues at alarming levels. In childhood and adolescence, too many girls are undernourished, stunted, denied education and forced into early marriages. This creates a gender disparity that threatens to undermine stability in future generations and must be addressed by policymakers.

Every year 14 million girls are married before they turn 18. This crisis is not limited to any one country, culture, or religion. Child marriage often comes with the expectation that girls become mothers before their bodies have fully developed, which increases their likelihood of complications.

According to the World Health Organisation, 289,000 mothers die every year due to complications at birth. Many of these mothers are young girls who have consistently had their rights and dignity violated. At least 200 million women and adolescents are unable to access sexual and reproductive health services that would allow them to control when they have children and to space or limit their families.

Nelson Mandela said: "Education is the most powerful weapon which you can use to change the world." We must break down the walls that prevent all girls from receiving quality education. As their brothers depart for school, girls are often forced to stay home to work, care for their families or schooling is simply too expensive. Insecurity travelling to school, a shortage of female teachers and the lack of separate toilets also prevents girls from staying in school.

We know that if girls stay in school, their life opportunities dramatically expand. According to Unicef, for every year a girl is in primary school education her future earnings increase by 10-20%. Girls with access to education not only vastly improve their own lives but also bring positive change to their families, communities, economies, and societies.
Educated girls have children later and smaller families overall. They are less likely to die during pregnancy or birth, and their offspring are more likely to survive past the age of five and go on to thrive at school and in life. Women who attended school are better equipped to protect themselves and their children from malnutrition, deadly diseases, trafficking and sexual exploitation.

It is not just girls, though – we must educate our boys and young men to respect girls and women. If we do not address systemic discrimination, we will perpetuate a cycle of patriarchy that inhibits girls and undermines human rights and inequality. Breaking patriarchal structures and enabling girls to go to school multiplies their economic choices, and increases their voice and influence in society.

New challenges that threaten the rights of all children must be tackled so that we minimise the impact on them. Instability in Syria, which is destabilising the region, the mass kidnapping of girls in Nigeria and food shortages all impact the rights of the child.

Global citizens have shown that human rights abuses against girls transcend national boundaries. From the inspiring case of Malala's individual struggle for education, to the "Bring Back our Girls" campaign, which jolted leaders across the globe to offer Nigeria their support, people around the world are standing up for universal child rights.

With only 14 months remaining until the MDGs deadline, we must accelerate efforts to save lives and enable all girls to go to school. Special attention must be given to the poorest and most marginalised. This will lay the best foundation for setting a truly transformative new set of goals, and improve the chance of reaching them by 2030.

To make a fair world for women and children we must ensure that the goals, which will be set by September 2015, are both ambitious and achievable and all governments and partners are held to account for their successes and failures.

Because no one country, institution or business can singlehandedly solve what are truly global problems, there is simply no alternative – we must work together.

We must stay focused on providing health and education to all, by the time the 2030 World Cup kicks off, we can ensure that every child gets the best start to life – on a level playing field.

Prime Minister Erna Solberg of Norway is co-chair of the UN secretary general's MDG Advocates Group. Graça Machel is the founder of the Graça Machel Trust and member of the UN secretary general's MDG Advocates Group.

Huffington Post (US): Young People: Our Present and Our Future
Katja Iversen
7 July 2014

Nelson Mandela once said: "Whenever I am with young people, I feel like a recharged battery." I couldn't agree more, after having spent the last couple of days with a good bunch of the Women Deliver Young Leaders at the Partnership on Maternal, Child and Newborn Health (PMNCH) Partners' Forum in Johannesburg, South Africa.
When young people tell me what motivated them to advocate for girls' and women's health and rights, their stories are at once heartbreaking and inspiring. For Yemurai Nyoni in Zimbabwe, it was a 12-year-old girl named Tecla who was sold into marriage and contracted HIV. For Mary Mwende in Kenya, it was the violence of male-dominated politics that she witnessed as a child in the slums of Mombasa. When faced with injustice, these Young Leaders took action to improve the world around them -- and their stories, in turn, inspire others.

At the Partners' Forum, I watched the Young Leaders take center stage among thousands of global leaders and advocates. Together, we launched the Every Newborn Action Plan and kicked off the post-Millennium Development Goals (MDG) tour featuring President Paul Kagame, Prime Minister Erna Solberg and MDG Advocates Ambassador Graça Machel. But what inspired me the most were the young people.

Today, young people under 30 make up a staggering 40 percent of our world's population. With three billion of them, it's the largest generation of youth the world has ever seen. Many young people work hard and tirelessly to improve the health of their communities and countries. Their needs, voices and perspectives must be central in high-level, global conversations -- and at the PMNCH Forum, they were.

Over the last three days, young people showcased their remarkable contributions to sexual and reproductive health and rights. Women Deliver was proud to see 16 of our Women Deliver 100 Young Leaders participate in the Forum. Three of these Young Leaders presented on high-level plenaries alongside Joy Phumaphi, Co-chair of the Independent Expert Review Group; Carole Presern, Executive Director of the Partnership for Maternal, Newborn & Child Health; and Babatunde Osotimehin, Executive Director of UNFPA. Several Young Leaders presented on panels and during the +SocialGood event, discussing issues ranging from child marriage, education and sex, to the health and rights of adolescent girls.

These rising stars traveled to South Africa from virtually all corners of the globe - Bangladesh, Brazil, Cameroon, Chile, Jamaica, Mexico, Nigeria, the Philippines, Tanzania, Uganda, the United Arab Emirates and Zimbabwe -- to share their experiences and expertise, and call for a better future for girls and women everywhere. And I was so lucky to get to spend time with them and hear their stories.

It is no coincidence that Women Deliver has made young people a cornerstone of our programmatic work. They make change happen. Through our Young Leaders program, we provide promising and passionate young advocates with the tools, trainings and opportunities they need to make a viable difference in their own countries -- and raise their voices and spread their ideas throughout the global community.

The end result is inspiring. We've seen our Young Leaders hold their governments accountable for their commitments, launch impressive communications campaigns for sexual and reproductive health and rights, and implement projects in their communities with seed grants through our C-Exchange Youth Initiative.

Mandela also said: "When people are determined, they can overcome anything." When our Young Leaders return home after international gatherings like PMNCH, the International Conference on Family Planning, and Women Deliver 2013, they translate newfound knowledge into action.

The field of sexual and reproductive health, where I've spent over a decade, offers many rewards - but the ability to work with young people is one of the most fulfilling aspects of my work. Their
ambition is inspiring, their energy is contagious, and their innovation is changing the world as we know it. In short: they rock!

It is the world’s obligation to include their voices and take their rights and needs seriously, now and in the post-2015 development framework. Young people are our present and our future, and as they say: nothing about us, without us.

PARTNER BLOGS

Yemurai Nyoni
30 June 2014

What if there was a practice that, if ended, could improve the lives of millions of women and girls worldwide? Every year, 14 million girls are married before the age of 18 in most cases without their consent and with severe consequences for their health. Child marriage not only holds women and girls back, it holds back our efforts to make the world a safer and healthier place for everyone.

World leaders, governments and global health experts are gathering in Johannesburg for the 2014 PMNCH Partners’ Forum - a major conference on maternal, child and newborn health - to discuss the world we want by 2030. Ending child marriage must be a core theme of these discussions.

As a youth advocate from Zimbabwe, I see every day what young people can achieve when they are given the chance to decide for themselves. Ending child marriage has the potential to unlock immense gains for women and girls globally. Now more than ever, we need to make sure that it is a priority for us all.

An unacceptable practice

We have witnessed great advances in maternal and newborn child health under the Millennium Development Goals (MDGs) but the continuing practice of child marriage has prevented adolescent girls from enjoying the fruits of our efforts.

Women and girls remain at grave risk from the threat of early and forced marriage. Complications in pregnancy and childbirth remain the leading cause of death for adolescent girls in low and middle income countries (WHO, 2012). 90% of adolescent pregnancies in developing countries are to girls who are already married (UN, 2011).

Imagine being one of the 39,000 girls married off every day, forced to leave school and forgo your childhood to take up adult responsibilities before you are physically, financially, intellectually and psychologically ready to do so.

Soon, you are pressured into sexual activity and are expected to bear children. You may not even understand how your body functions yet, let alone know that you have a right to access contraception or where those services may be available. You are forced into becoming a mother while you are still a child yourself.

Childbirth is dangerous for girls. Their bodies are not ready for the toll of pregnancy, and their wellbeing is also threatened by the lack of reproductive and obstetric care in rural areas. Girls who
give birth before 15 are five times more likely to die in childbirth than women in their twenties (UNFPA, 2005).

Pushing an agenda for change

The fact that child marriage is a direct hindrance to our development efforts - having slowed down progress on 6 out of 8 MDGs - should be a core preoccupation of governments as they decide on a new development framework in the coming months.

Encouragingly, the African Union last month launched its first campaign to end child marriage across Africa, acknowledging the crippling impact of the practice on Africa's development and the need for action across the continent.

The PMNCH Partners' Forum is a chance to tell world leaders, governments and maternal health experts that the health of millions of women and girls depends on ending child marriage. So, what can governments do?

Invest in adolescent girls' health

Adolescence is a crucial moment in a girl's life, one that marks their passage into adulthood. It's important that sexual and reproductive health services address girls' needs and concerns at this stage in their lives, providing them with the knowledge they need to make their own decisions about their bodies.

Change and enforce laws

It's not enough for child marriage to be illegal. We want states to harmonise customary and civil marriage laws to ensure that no child below the age of 18 years is given in marriage. Child marriage must be made illegal across the globe and states need to be willing to do all that it takes to eliminate the practice.

Keep girls in school without exception

Child marriage is fuelled by existing social injustices experienced by women and girls including lack of prioritisation of girls' education in families. Not only is this an injustice in itself, it also leaves girls vulnerable to marriage.

Keeping girls in school significantly reduces their chances of marrying early and empowers them with the information and skills necessary for them to make economic, social and political progress. This is why girls' primary and secondary education must not be optional but made compulsory and why governments, and development agencies need to make the necessary investments to prioritise girls' education,

Work with community leaders

Communities are at the heart of ending child marriage. Religious and traditional leaders often have a hand in officiating and legitimising child marriage. We must partner with these community leaders, educating them on the dangers of child marriage and empowering them to bring positive change within their spheres of influence to end the practice.

Partner with youth
Ending child marriage should be youth focused because young people, especially girls and young women, are the victims of child marriage. Our meaningful involvement as direct beneficiaries of child marriage programs will ensure that efforts to end child marriage are well-directed and delivered in a way that does not hold us back.

I have set up "Rising Birds", a youth-led project that is pushing for the revision and the enforcement of laws to end child marriage in Zimbabwe. We should trust young people to advocate for their own rights and lead social change movements in their own communities. We are well-placed as young people in making and presenting the case to end child marriage to policy makers, traditional and religious leaders.

Protecting the rights of young women and girls at all costs

We all agree that the rights of women and girls must be protected, but it is our joint responsibility to ensure that commitments to end child marriage turn into action as we build a future for women and girls free of child marriage.

Yemurai Nyoni is a youth advocate for sexual and reproductive health from Bulawayo, Zimbabwe. Find out more about efforts to end child marriage at www.GirlsNotBrides.org or @GirlsNotBrides

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**Girls’ Globe: Commit to Deliver for Young Girls & Women in the post-2015 Agenda**

Felogene Anumo
1 July 2014

The Millennium Development Goals have been the central reference point for global development efforts and have had success in drawing attention to poverty as an urgent global priority. Though the world has made progress towards achieving the MDGs, more can and must be done, especially with regards to addressing the needs of sexual and reproductive health and rights (SRHR) of young women and girls.

The importance of adolescents’ access to SRHR is a key element to the fight against poverty.

About 1.8 billion young people are entering their reproductive years, often without the knowledge, skills and services they need to protect themselves. Among the root causes of current high rates of maternal and newborn mortality are unintended pregnancies — particularly among girls and adolescents. According to the World Health Organisation, approximately 800 women die every day in the process of giving life due to preventable causes related to pregnancy and childbirth. Many of these mothers are young girls who have consistently had their rights and dignity violated.

Despite these glaring facts and the harsh reality, most young people still lack the information and resources necessary to make healthy choices, including protection against HIV/AIDS, other sexually transmitted infections (STIs), and the development of healthy relationships. The health and social-economic consequences of teenage pregnancy are enormous. Early Parenthood is likely to affect educational achievements with significant employment and socio-economic ramifications, while health complications for both teen mother and her unborn child or infant child are very high.

**Recommendations**
As young women and girls at the 2014 PMNCH Partners’ Forum we recognise that healthy populations, particularly women, children and young people are at the centre of sustainable development and that increasingly, evidence shows that healthy well-being in adolescence shapes the entire life course of individuals.

We therefore, call on all members attending the PMNCH Partners’ forum to within their efforts, reflect the following youth and adolescent priorities in the Post 2015 Development Agenda.

- Fulfill the sexual and reproductive health and rights of young people by ensuring continuing age-appropriate sexuality education, comprehensive access to contraception and safe and legal abortion services by eliminating legal, social and economic barriers that prevent women and girls from accessing their sexual and reproductive health;
- Commit to end all forms of violence and particularly to eliminate harmful and unethical practices affecting young women and girls including forced child marriage, girl pledging and female genital cutting;
- Increase investments in social, political and environmental determinants of young people’s health these include secondary education, youth unemployment, nutrition security, social exclusion, including income inequality, sexual diversity and gender equality.
- Allow for meaningful youth engagement not only the designing but also the implementation of health programs and policies aimed at improving health outcomes.
The progress in each of these countries varies although all of the selected countries have seen immense change and positive outcomes for the health of women and children. Health interventions include immunizations, family planning services, quality care at birth. During this study, governments, ministers, health representatives and organizations initiated multi-sector approaches which included enhancing education, access to clean water and sanitation, poverty reduction, women’s political and economic participation and economic growth. Highlighted below are some of the key and integral successes of five out of the ten countries included in the report.

Key Successes

Between 1990 and 2010, the maternal mortality rate dropped in Cambodia by 5.8 percent. Cambodia initiated an amazing breastfeeding support media campaign. Positive messages related to breastfeeding were shown on television and included in a local soap opera. This program provided essential education for mothers and their families. Progress in maternal health is largely due to increased education for women and access to delivery services.

Egypt

Together with Ministry of Public Health and USAID, Egypt began a program in the upper region, called Healthy Mother, Healthy Child (1993-2009). Through this program, antenatal, obstetric, and post-natal care services were offered to women and their families. This program also provided health workers with capacity building training and improved women and children’s health through providing comprehensive services to

Ethiopia

Ethiopia’s Health Extension Program (HEP) is an innovative initiative to reduce maternal and child morbidity in the country. HEP promotes a midwifery training program, emergency obstetric care and access to family planning services. The program also trains health workers to provide basic maternal and child health services.

Lao PDR

Lao PDR initiatives have aimed to improve interventions for sexual, reproductive, maternal and child health. The focus has been primarily on creating universal coverage supported by solid interventions and coordination among all stakeholders. Data has begun to drive effective change to provide free healthcare services to mothers and children under five years old.

Nepal

In Nepal, reproductive, maternal, newborn and child health has been prioritized on the political agenda. The Local Self Government Act, aimed to improve women and children at the grassroots level. Under this Act, all people will have access to free healthcare as relegated by their specific State.

Girls’ Globe: The Road to PMNCH
Diane Fender
29 June 2014
For many women, the path to motherhood is a tumultuous journey. Women, girls and children around the world suffer from preventable complications, travel long distances, endure unnecessary trauma and often lack the care they need to deliver healthy babies. For adolescent girls, the journey begins even earlier with nearly 16 million girls between the ages of 15-19 giving birth annually. In many countries, young girls are forced to mature and have children before they are physically, emotionally and mentally able to handle the process.

Fortunately, along this road, there are women, girls, men, boys, individuals, activists and organizations working tirelessly to improve the pathway for maternal, child and newborn health. The availability and access to education, healthcare, trained medical professionals and quality services is crucial to improving the health and well-being of women, girls, children and families.

Governments, leaders, non-governmental organizations, civil society groups, grassroots initiatives and others must all work together to make sure that women and children have the care they need.

Girls’ Globe invites you to take a journey with leaders, government officials, policy makers, organizations and youth activists. This week, join Girls’ Globe as we report live from the Partners Forum in Johannesburg, South Africa. The Partnership (PMNCH) rallies the international community to make and hold commitments to improve the lives of women, children and families around the world. PMNCH is an alliance of over 500 members across research, academia, health professionals, donors, non-governmental organizations, partner countries and the private sector. During this week, Girls’ Globe will engage young people in the global conversation for sexual and reproductive health as well as maternal, newborn and child health. Several reports will be launched including the Every Newborn Action Plan, Countdown to 2015, and the Success Factors report. Stay tuned for live Google + Hangouts, engaging blog posts, Instagram interviews and more!


Nepal is more than soaring mountains with breathtaking views. We also have dry plains and hilly regions, and dealing with poverty is a challenge for communities in all these regions. Yet in the past 20 years we have slashed our high rates of maternal and infant mortality faster than other countries with comparable income levels or even wealthier than we are. What is our secret?

I can point to some ingredients of our success. One is the amma samuha, the “mother groups” that meet every fortnight to discuss local problems in every Nepalese ward, our administrative neighborhoods of up to 700 people. We asked each group to discuss various maternal health issues among themselves and then recommend one woman in their community to become a Female Community Health Volunteer (FCHV). We also began health information campaigns of posters, broadcasts and – most importantly – street campaigns and video documentaries that are popular, especially in rural areas.

We now have 49,000 FCHVs who cover all 75 districts of Nepal. Nearly half have never been to school, but because they are neighbors, they are respected and listened to. They receive no salary, only a token incentive of 4,000 rupees per year (about $40), a bicycle and a sign for their homes that proclaims they are FCHVs.
Since 1995, these dedicated women have visited every home in every community twice a year to give doses of Vitamin A to breastfeeding women and children up to age five. They also collect data on each household, and they have branched out to provide deworming pills, immunizations, family planning materials, and information on sanitation, nutrition and infant care.

The program now reaches 94 percent of all children six months to five years old, whose mortality rate has dropped from 94 per 10,000 in 1993 to 52. At least 12,000 lives have been saved. The Vitamin A program was a key effort. In 1993, we began trying to persuade pregnant and breastfeeding women and children in the Sarlahi area of southern Nepal to take supplements of Vitamin A because scientific literature shows it is essential to good eyesight and proper overall body function, especially in children. But it is found in the leafy greens, orange and red vegetables and animal liver that are not common in the Nepalese diet.

We were short of funds, but we knew that supplements were cheap and could be a great investment in maternal and child health. The problem was that people were suspicious of government assurances that these pills were a good idea.

We knew the supplements weren’t a magic bullet either. As in most low-income countries, our health care system also needed many expensive changes – better sanitation facilities, improved road access and water and power supplies, and many more trained medical personnel and emergency care facilities, just to begin – but we were determined to start somewhere. The amma samuha propelled the process and made it happen.

We also focused on increasing overall access to maternal health services. We worked to encourage women to visit health centers for pre- and post-natal checkups and deliveries. We publicized an offer of small cash incentives to cover different transportation costs – 500 rupees in the plains areas, 1,000 in hilly areas and 1,500 in the rugged Himalayan region. Mothers who came in received a set of warm clothing for themselves and one for each child.

Since 2006 we have provided skilled birth attendants at every level of the health system, with referrals to clinics for life-threatening pregnancy complications like pre-eclampsia and other emergencies. As a dental surgeon by training, I myself proposed the use of the oral antiseptic chlorhexidine for use on cut umbilical cords, and this proved so successful in reducing newborn mortality that Nepal is now manufacturing it for sale worldwide.

These were small but critical changes that created a nationwide holistic safe motherhood program, and our maternal mortality rate fell significantly, from 850 per thousand live births in 1992 to 170 in 2011.

We still have a long way to go, but Nepal is now among ten low- and middle-income countries on the “fast track” to meet the Millennium Development Goals related to reductions in child and maternal mortality by 2015.

Our experience and the key strategies we used are spotlighted in the new World Health Organization report Nepal: Success Factors for Women’s and Children’s Health: community ownership of the programs, women’s involvement, collaboration across social and economic sectors, respect for local cultures, accurate data collection, long-range and innovative thinking, and rights-based accountability, among other things.

Our interim constitution names health care as an explicit human right, for example, and recent Supreme Court rulings have therefore expanded community engagement and promoted better
service delivery. Working together with several external development partners and local non-governmental organizations, the Ministry of Health and Population is striving to make our health care programs universal, affordable, accessible and socially acceptable. Our reward has been the saving of countless human lives.

We realize we have a long way to go in reducing inequities that exist between communities, but our record shows we are on the right track. We call upon all Nepalis – and our external partners – to continue to join hands in our journey and be part of the success story.

London School of Hygiene & Tropical Medicine: First Estimates Of Newborns Needing Treatment For Bacterial Infection Show 7 Million Cases
26 June 2014

Nearly seven million babies in the first month of life (neonates) required treatment for severe bacterial infection in South Asia, sub-Saharan Africa and Latin America in 2012, according to a new study published in The Lancet Infectious Diseases. The estimates, which are the first of their kind, indicate the high burden of neonatal bacterial infections, which include sepsis, meningitis and pneumonia. Researchers developed the estimates to help guide health-programme planning for clinical diagnosis and treatment.

Following the recent Lancet Every Newborn Series, the new research was overseen by Professor Joy Lawn from the London School of Hygiene & Tropical Medicine and looks at data from 22 studies, for 259,944 neonates with 20,196 cases of possible severe bacterial infection. Of the estimated 6.9 million babies in the first month of life who required treatment for possible severe bacterial infection, 3.5 million were in south Asia, 2.6 million in sub-Saharan Africa and 0.8 million in Latin America. These estimates do not include preterm babies under 32 weeks gestation, who are particularly susceptible to infection as a consequence of their prematurity.

Although the authors highlight the lack of data available for the study, they note that their estimate of 680,000 neonatal deaths associated with these infections is consistent with other estimates based on larger datasets, which supports the accuracy of their findings. Based on their estimates, both the size of the need-to-treat population and the burden of severe bacterial infection on health-care systems is substantial in the regions they examined, and it reinforces the urgent need for more investment, innovation and action at all levels.

Professor Joy Lawn said: "Newborn deaths due to severe infection could be significantly reduced through highly cost-effective interventions such as prevention, including clean cord care and breastfeeding, innovations such as chlorhexidine cord cleansing as well as through treatment with antibiotics. "The majority of babies with neonatal infections in sub-Saharan Africa and south Asia do not even receive simple antibiotic therapy, although some countries are shifting to using community health workers to increase access to treatment. These measures are some of the crucial actions that countries will need to take in order to meet the target of ten or fewer neonatal deaths per 1000 live births in every country by 2035 as part of the United Nation’s Secretary General’s Every Newborn Action Plan" The Action Plan will be launched on 30 June in Johannesburg by Graca Machel, Nelson Mandela’s widow. This research was coordinated by Dr Anna Seale, at the KEMRI-Wellcome Trust Research Programme, Kenya, with the Centre for Tropical Medicine, University of Oxford, involving 65 investigators from 46 different institutions around the globe.
UN Foundation: Big News in Support of the Millennium Development Goals
Emily Ross
1 July 2014

We are in the middle of two important weeks for the Millennium Development Goals (MDGs) – eight goals set in 2000 at the United Nations to reduce poverty and improve lives.

Right now, a number of partners around the world are stepping action to build MDG momentum because progress on the MDGs means progress for millions of lives. Here’s a recap:

1. On June 25, the U.S. Agency for International Development (USAID) and the Governments of Ethiopia and India collaborated with UNICEF and the Gates Foundation in Washington to renew their commitment to ending preventable child and maternal deaths.

2. At the same time in Brussels, governments, the private sector, and civil society made new commitments to the Global Partnership for Education so every child can get access to the quality education he or she deserves.

3. And this week, hundreds of global health partners are in Johannesburg, South Africa for the 2014 Partners Forum, focusing on actions needed to accelerate progress on the health MDGs while laying the groundwork for a transformative post-2015 agenda that takes on new challenges.

Amid several speeches, plenaries, side-events, and meetings, here’s the news coming out of these events that you need to know:

- USAID launched an action plan to save the lives of 15 million children and nearly 600,000 women by 2020 in 24 countries.
- $28.5 billion in additional funding was pledged to the Global Partnership for Education, which will help millions of children in over 60 countries receive a quality education.
- 40 commitments were made to the Every Newborn Action Plan in support of the UN Secretary-General’s Every Woman Every Child movement at the 2014 Partners Forum. Follow the conversation online using the hashtags: #PMNCHLive and #commit2deliver.
- The Secretary-General’s MDG Advocacy Group is embarking on a three-country trip to South Africa, Malawi, and Rwanda this week to celebrate success and accelerate action on the MDGs for children. Follow the conversation online using the hashtag #AfricaRising and visit http://www.un.org/millenniumgoals/advocates/africarising.shtml.

With less than 550 days until the target date for the MDGs, efforts cannot be spared to make each day count. The substantial announcements made in the past week to the global health and education agendas have proven that partners are not backing down. In fact, they are doing quite the contrary: They are ramping up to change lives.

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UNICEF Connect: Every newborn deserves a chance to live
Dr. Kim Eva Dickinson
30 June 2014

There are moments in life that most people think of as moments of unalloyed joy. The birth of a child, for example. It is idealized in our literature, art and popular culture. It would have been long anticipated by a loving family. In some cultures, rooms and spaces are prepared for the new
addition; grandmothers and aunts and friends have baby showers, and, when the day arrives, proud fathers hand out cigars.

Unfortunately for millions of mothers and families throughout the world the experience is far different. An astounding 2.9 million babies die every year. In fact the day of birth is the most dangerous – more than four out of 10 children who die before their fifth birthday die in the first day of life.

For millions, therefore, the day of birth is a day of death. Not a day of celebration, but of mourning. Very often for the child, and almost as often for the mother – half of maternal deaths also occur during the first 24 hours.

How can the world not even notice this tragedy, you may ask? This is clearly something we should be rallying, agitating, moving mountains to stop, isn’t it?

But in fact we have tacitly accepted that babies die. So common is the expectation that many babies will not live that in many cultures children are not even given a name until they have passed the first critical days. Essentially they are not regarded as persons until they survive the dangers that are seen as inevitable. They are not even registered, and so enter and leave the world as if they had not existed.

UNICEF is determined to be part of the solution to this massive, unheeded daily disaster. This week I am in Johannesburg for one of the most exciting events I can imagine for newborns. It is the global launch of the Every Newborn Action Plan, with the help of former South Africa First Lady Graça Machel and the Government of South Africa. The launch takes place at the Partners Forum on Maternal, Newborn and Child Health.

The Every Newborn Action Plan, conceived by UNICEF and the World Health Organization, provides a clear roadmap to end preventable newborn deaths. After nearly two years of working with governments, health professionals, civil society and others, it was finally endorsed by the World Health Assembly in May of this year.

The Action Plan essentially intends to guide governments and the health sector to put into practice the preventative measures which we know will work to save newborns. Many of these are quite simple: immediate and exclusive breastfeeding; newborn resuscitation; ‘kangaroo care’ for premature babies – that is, prolonged skin-to-skin contact with the mother; and preventing and treating infections.

Governments are essential in turning around the situation of newborns. It will take more funding and adequate equipment in hospitals and health care centres. We need more skilled birth attendants – which doesn’t only mean more doctors and nurses, but also more trained midwives and community health workers.

The endorsement of the Action Plan shows that the will is there – and where there is a will, there is a way. With buy-in from the governments and the health sector, especially of the most affected countries, we have no doubt that we will see the end of preventable newborn deaths within a generation.

This is why this event is so exciting to me and to UNICEF.

We know what to do. We now have to do it.
Voices of Youth: CRF Tanzania Young Reporters reflect on their experience covering the PMNCH Partners’ Forum.
Children’s Radio Foundation
1 July 2014

Neema from Tanzania, Mwanza

"I enjoyed the trainings, they enabled me to do good interviews, on locations and audio commentaries as well as the energisers Aunty Farhana played with us. The best part of the forum was my interview with Mama Graca Machel and the hug that followed of course. I got more education on maternal and child healthcare issues. It’s been great!"

Caroline from Tanzania, Dar Es Salaam

"I also enjoyed the training, especially the new skills I got on on location interviews. I never had any knowledge on on location format. I enjoyed Alexander, the people there were friendlier then the people in Sandton. My best experience in the forum was interviewing Mr. Kebwe S Kebwe (Deputy Minister of Health in Tanzania)"

Abdul from Tanzania, Zanzibar

"I enjoyed the training, learning interview and on location formats. The visit to the Alexander clinic was also a highlight. I've also enjoyed being in South Africa. I'm also happy to have seen the Nelson Mandela statue in the square!"

Cecilia Garcia Ruiz and Sumaya Saluja
2 July 2014

The 3rd PMNCH Partners' Forum is over, yet the commitments that have been made prevail. Young people present at the forum were critical, active, and brought attention to key issues affecting adolescents and youth around the world. During the youth pre-meeting, we worked collectively to shape an outcome document, which clearly outlines specific priorities for adolescents and young people in the definition of the post-2015 agenda. During the two days that followed, we advocated to leverage political commitment and accountability.

Investing in adolescents and youth as agents of change pays. Investing in these populations ensures we will be able to reach other young people and provide a better future for the generations to come. Turning the tide on poverty, violence, discrimination and inequality requires young people to be heard, involved and engaged.
There has been a slow and gradual shift where youth participation has started to move beyond being minimal and tokenistic - *doors are opening though rooms need to be filled*. Within PMNCH, young people have pushed to be equal partners and have challenged representation, urging that those who are most affected are invited to the table as decision-makers, not as observers.

Participation does not only include the opening up of spaces for dialogue and ownership. It requires a strategy embedded within a rights-based framework that understands and equips adolescents and young people with the ability to analyze and articulate their asks and build our leadership. It requires young people to reach out to other young people but also be empowered to reach out to governments.

A call for increased investments in girls, adolescents and young people requires time, tireless effort, and consistent resources that reach those of us who are the hardest to reach, are consistently not heard, and often not counted. It requires commitments from a wide array of partners who work collectively -- but what does that look like?

- **Partnerships with Governments**, which involves enabling and listening to young people and creating priorities that are reflective of the needs and challenges of girls, adolescents and young people. This also means supporting and standing up for them at the regional and global level.
- For the **Private sector** to commit to social responsibility and invest in innovative solutions that can improve the lives of women, girls and young people.
- For **Multi-lateral Agencies** to form bridges, create access for young people at a national level, and support work at a community level and amplify young peoples' voices at national, regional and global level.
- For **civil society** to be mentors and partners, so that we can build on the past success and failures and provide collective solutions while moving forward.
- For our **Communities**: To allow girls, adolescents and young people have agency over their rights and choices, to be champions in supporting the solutions of the challenges faced by young people.

**Where we need to invest?**

Identifying the areas we need to invest in is fundamental to accelerate progress. Investing strategically in adolescents and youth requires allocating financial and human resources to build young people's capacities to advocate across all levels and amongst different stakeholders while they continue to strengthen their community-based efforts. Moreover, expertise is needed to develop monitoring and evaluation mechanisms and strategies that incorporate indicators for assessing both the results and impact their actions, and to develop SMART objectives.

Young people's realities are diverse and complex; so are the problems affecting them. Yet, the most marginalized youth are being left behind. Investing to bridge inequality gaps within and outside the youth populations is an imperative.

While accomplishments have been made to ensure girls' and women's health and rights, accountability remains a major challenge. Addressing this issue is critical, as well as ensuring young people are part of these processes as partners who are heard, involved, and engaged.