

Report

Parliamentarians Take Action for Maternal and Newborn Health

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Preface I

Every minute a woman dies from complications in pregnancy or childbirth. For every woman who dies, 30 more are living with disabilities acquired during pregnancy or childbirth. Every year around 4 million newborns do not survive their first month of life and 3.2 million babies are stillborn.

We know how the vast majority of these deaths can be prevented, however, half way towards our target date of 2015 we must admit that unless drastic measures are taken, the future of mothers and babies will continue to be bleak, especially in developing countries. Millennium Development Goal 5, aimed at improving maternal health, is the least likely to be met in virtually every region of the world.

At the same time we are witnessing an unprecedented commitment to global health in general and to Millennium Development Goals 4 and 5 in particular. With the power vested in them as legitimate representatives of the people, parliamentarians have a key role to play in achieving these goals. There is a lot that parliamentarians can do to improve maternal and newborn health. With the right policies, right strategies, and appropriate investment, and by strengthening the health system and focusing on primary health care, maternal and newborn mortality and morbidity can be reduced.

During the first WHO meeting with parliamentarians on maternal and newborn health and survival in London in 2007, participants agreed that maternal and newborn health is not only about doctors and medical interventions but also about politics and investment, and they came up with a *Plan of Action*. At the meeting in The Hague hosted by the Parliament of the Netherlands and jointly organized by WHO and the Inter-Parliamentary Union, the parliamentarians built on



the momentum for improving maternal and newborn health generated by the meeting in London and other recent events. They developed a roadmap for saving mothers' and babies' lives and set up a network so they could continue to share experiences and best practices and support each other's activities.

I very much hope that this report on the *Parliamentarians Take Action for Maternal and Newborn Health* conference and its outcome will inspire more parliamentarians to deliver results for the mothers and children of this world. If we all beat the drum for maternal, newborn and child survival the needless loss of women's lives in pregnancy or while giving birth, and the preventable deaths of newborns and children will become a thing of the past.

Ms Daisy Mafubelu
Assistant Director-General
WHO/FCH

Preface II

The statistics of today are frightening. There are more than half a million maternal deaths every year. Every minute eight newborn children die. That makes 3 million dead children per year. No country is exempt from this sad reality. There are, however, huge discrepancies between regions, countries and even within countries themselves, as poor and rural women are the most affected. Today, 68 countries account for 97% of maternal, newborn and child deaths, most of them in sub-Saharan Africa and in Asia.



Growing attention has been paid to maternal health and child survival in recent years. Much effort has been made at the international, regional and national levels by different actors to raise awareness, support initiatives and most importantly track the coverage of interventions. Research and monitoring capacities have significantly improved. It is now

possible to identify clearly the current situation in a country, where the gaps lie and where measures and interventions can make a significant difference in the survival of women and children. Change is therefore possible. However, for this to happen, it is crucial to strengthen and translate the political will into political and legislative acts. What could be better than to call for parliaments' support and action?

Representatives from more than 35 countries met in The Hague at the invitation of the Parliament of the Netherlands, WHO and IPU, for a conference which, I believe says it all: *Parliamentarians take action for maternal and newborn health*. This meeting provided a wonderful opportunity for members of parliament to strategize, exchange experience and good practices, and build solidarity between countries and actors. I am convinced that the members of parliament who attended returned home energized and committed, with clear ideas of the steps they can take to improve the lives of mothers and their children in their country.

The IPU was very pleased to be part of this effort. I hope that you will find this report of interest and that it will inspire you in your action to make a change in the lives of women and children around the world.

2015 is just around the corner and there is still a long way to go to meet the Millennium Development Goals. Achieving MDG 4 (Newborn) and MDG 5 (Maternal health) is possible if it

becomes our priority. There is no reason why every woman and child cannot receive the attention they require. All we need to do is to demonstrate political courage, show political will, and lead the way.

Anders B. Johnsson
Secretary General
Inter-Parliamentary Union

Preface III



I was very honoured to host the *Parliamentarians take action for maternal and newborn health* conference in the Netherlands' House of Representatives recently. Not only did the theme of the conference "speak to me" as it were, but I also sincerely believe that parliamentarians around the world should join forces to address issues of common concern. Hence it goes without saying that I am proud to

present you with the final report of the conference. But more than that, I hope it will inspire all the participants to focus once again on the desired result of the conference: a real and significant decrease in maternal mortality.

As a politician - and as a woman - I believe that childbirth survival should not be a matter of chance, but a right: a right that should be guaranteed for all women. I believe that every woman has the right to live, to give life, and to survive childbirth in so doing. I am a mother and grandmother myself and I am shocked by the sheer magnitude of the problem of mother and child mortality rates in developing countries; it

makes me angry and willing to fight. The crucial social role of women, especially in developing countries, should be recognized. It takes more than just money to achieve that. It involves a change in the mindset of politicians and society. Politicians should be at the service of all the citizens they represent, men and women alike. This support begins with equal rights for men and women. As politicians - women **and** men - we must use our knowledge and experience to achieve that goal. Together, we **can** make a difference!

I have already urged the parliamentarians of the world to join forces. I sincerely hope that the results achieved at the *Parliamentarians take action for maternal and newborn health* conference will be supported and put into practice by all the parliamentarians in their home countries. This is the only way to discuss, deal with and improve the position of women in the world, and the only way we will ever be able to make that all-important difference.

Gerdi A. Verbeet

President

House of Representatives of the *States-General*, the Netherlands



Parliamentarians take action for maternal and newborn health

Lawmakers from 32 countries met in The Hague on 26-28 November 2008 to discuss how parliamentarians could improve maternal and newborn health. The three-day conference entitled *Parliamentarians take action for maternal and newborn health* was hosted by the *States-General*, the Parliament of the Netherlands, with special support from Dutch Member of Parliament Ms Chantal Gill'ard. The meeting was jointly organized by the World Health Organization (WHO) and the Inter-Parliamentary Union (IPU). It was a follow-up to a meeting of women parliamentarians on *Maternal and newborn health and survival* held in March 2007 in London, which aimed to promote investments and interventions for reducing maternal and newborn mortality. The Hague conference brought together parliamentarians (both women and men), health officials from developing and developed countries, and representatives from international agencies and nongovernmental organizations.

Executive summary

The objective of the meeting was to create awareness of maternal and newborn health and to urge parliamentarians to raise this issue at the highest levels in their home countries. Participants were encouraged to develop a common vision for key policies that will help achieve the Millennium Development Goals on maternal and newborn health.

The conference offered participants the opportunity to report on progress and give examples of best practice in the field of maternal and newborn health. Participants from developing and developed countries were invited to exchange experiences.

As an example, the Netherlands presented its midwifery training programme and local nongovernmental organizations. Together, participants developed a roadmap of the next steps to be taken to improve maternal and newborn health. The conference also aimed to develop a network for continued discussion and support among parliamentarians, international organizations and civil society around the world.

Political power and commitment

The meeting focused on the action parliamentarians could take to reduce maternal and newborn mortality in their home countries. The participants agreed that members of parliament could use their power to:

- enact laws to ensure universal access to essential care;
- allocate budgets for maternal and newborn health;
- hold the governments accountable for implementing agreed policies;
- advocate for the achievement of the Millennium Development Goals;
- represent the voices of women and children.

In many countries, parliamentarians have become aware of the tragedy of needless maternal and newborn deaths. At the London meeting in 2007, members of parliament from 20 countries agreed on a *Global plan of action* to reduce maternal and newborn ill-health. They called for a universal right to health for mothers and their babies by ensuring access to skilled care before, during and after childbirth. They underlined that this also included infrastructure, community involvement

and global information sharing.¹ In Uganda and in other countries, parliamentarians were following up on their pledges and pushing maternal and newborn health to the top of the national agendas.

Background

Maternal and newborn mortality worldwide

Every day, 1500 women die due to complications in pregnancy and childbirth. Over the last decade, 7 million women died from pregnancy-related causes and millions more suffered from motherhood-related disabilities. Every year, 3.7 million babies die within their first 28 days of life, and another 3 million are stillborn. Sixty-eight countries account for 97% of maternal, newborn and child deaths worldwide, mainly in sub-Saharan Africa and South-East Asia.

Maternal and newborn mortality reflect the global inequity between rich and poor, and between urban and rural populations. There are not only differences across regions, but also within countries. Most deaths and disabilities could be prevented with cost-effective interventions. Millions of lives could be saved using the knowledge we have today. However, unless health system response is improved through effective programmes and budgetary allocations, the shameful numbers of maternal and newborn deaths will continue to rise.

Every year

- 180–200 million pregnancies occur around the world.
- 75 million pregnancies are unwanted.
- 50 million pregnancies are interrupted by induced abortion.
- 20 million abortions are unsafe.
- 20 million women suffer from maternal morbidity.
- 536 000 women die from complications in pregnancy and childbirth.
- 2.8 million newborns die within their first week of life.
- 3 million babies are stillborn.

Millennium Development Goals

In 2000, the international community adopted the United Nations Millennium Declaration. A total of 189 countries agreed on eight Millennium Development Goals (MDGs) to be achieved by 2015. MDGs 4, 5 and 6 are directly related to health. MDG 4 seeks to reduce newborn and child mortality, while MDG 5 aims to improve maternal health. The UN Member States agreed to reduce under-five mortality by two thirds and

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