



World Health
Organization

Department of
Making Pregnancy Safer



Report

Meeting of Women Parliamentarians
Maternal and Newborn Health and Survival

London, United Kingdom
13-14 March 2007



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This publication is a report of a meeting of women parliamentarians in London, on 13-14 March 2007. It does not necessarily represent the decisions or policies of the World Health Organization. The statistics and data presented by the speakers are not necessarily identical to those published by WHO due to different methods of data mining.

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Meeting of Women Parliamentarians

The *Meeting of Women Parliamentarians* on 13-14 March 2007 in London focused on maternal and newborn health and survival. The WHO Department of Making Pregnancy Safer (MPS) organized this two-day meeting together with the Parliament of the United Kingdom of Great Britain and Northern Ireland (United Kingdom), the Commonwealth Secretariat, and the Royal College of Obstetricians and Gynaecologists (RCOG). They invited key women parliamentarians from 20 developing and developed countries to promote investment and methods that will accelerate progress on maternal and newborn health and survival. The meeting took place the week before British Mother's Day on Sunday 18 March 2007, to highlight the importance of mothers to their families and to society as a whole.

Promoting maternal and newborn health and survival

The meeting provided an opportunity for participants to share their experiences and debate maternal and newborn health issues. It aimed at raising awareness and creating a common understanding of key policies and interventions to improve maternal and newborn health. The central goal was to encourage parliamentarians and government health officials to continue to raise the issue of women's health-care needs at the highest

levels and to commit to allocating budget funds and development assistance to meet these needs. The meeting was also meant to build a network for future communication and cooperation.

Discussion among the participants focused on strategies for improving maternal and newborn health and survival. The parliamentarians shared information about maternal and newborn health in their home countries and discussed the quality and availability of and the access to national health care systems. As a key message, the representatives highlighted that maternal health was not only about doctors and medical interventions, but also about politics and investment, since it was essentially influenced by gender politics and budget allocations. As a result of the discussions, the participants jointly urged governments to increase development assistance for maternal and newborn health and survival. They signed a *Global Plan of Action* outlining a six-pronged strategy for improving the health of mothers and their babies.

By working with women members of parliament across the globe, WHO and its partners aim to ensure that women and their newborns get the health care they need during pregnancy and delivery as well as immediately after the birth.

The Global Plan of Action

The participants of the London Meeting, who were members of parliament from all over the world, agreed on a *Global Plan of Action* to reduce maternal and newborn ill-health, among the poor in particular, in order to achieve Millennium Development Goals (MDGs) 4 and 5.

We call for a universal right to health for mothers and their babies by ensuring that...

- **skilled care** is provided for all women during pregnancy, childbirth and the postnatal period;
- **communities** are involved in strengthening health delivery systems and partnerships;
- **global networks** are created to share information on the nature and effects of maternal and perinatal health services;
- **infrastructure** is provided, including buildings, roads, and transport systems as well as human resources, supplies and equipment;
- **safe pregnancy and motherhood** are promoted by reducing unsafe abortion, anaemia, eclampsia, haemorrhage, obstructed labour, HIV/AIDS and malaria in pregnancy; and
- **governments take the lead** in fighting maternal and newborn mortality and morbidity.

Background

Maternal mortality worldwide

Every single day, 1500 women die from complications during pregnancy or childbirth. In the last decade, more than 7 million mothers died. At present, about 300 million women suffer from motherhood-related disabilities. Every year, 3.7 million babies die within the first 28 days of their life and another 3 million are stillborn. Despite this, maternal and newborn health remains a largely neglected public health issue.

Maternal and newborn mortality reflect the global inequity between rich and poor, and the numbers are evidence of limited economic means and deficient health services. But these deaths and disabilities are preventable with evidence-based, affordable and cost-effective interventions. Millions of lives could be saved using the knowledge we have today. The challenge is to transform this knowledge into action.



With the right policies, right strategies, and appropriate investment, maternal and newborn death and illness can be reduced. While there are many solutions, gaps continue to exist in investment and coordination. There is a need to build awareness around interventions that work and maximize the use of resources destined for needy countries. Unless programmes and budget allocations change, the numbers of maternal and newborn deaths will not decrease.

Millennium Development Goals

Local programmes and activities designed to improve the health of mothers and children have existed for decades. Global initiatives however only began to focus on maternal and infant health in the last ten years. The most important of these was the Millennium Declaration. The Millennium Development Goals (MDGs) set internationally agreed development targets to be achieved by 2015.

Three of the eight MDGs are directly related to health: MDG 4 aims at reducing child mortality, MDG 5 promotes improving maternal health, and MDG 6 underscores the priority of combating HIV/AIDS and malaria. Improving maternal and infant health

is closely linked to the progress made in the control of these diseases. In recent years, the HIV/AIDS pandemic has caused serious setbacks in the gains made at every level, including the area of maternal and infant health. Without preventive treatment, babies can be infected with HIV through mother-to-child transmission. Malaria infection also poses a major threat to pregnant women and to their unborn children.

Many countries have made good progress in reducing the mortality rate of children under the age of five. Nevertheless, in 43 countries, levels of maternal and newborn mortality have stagnated or even increased. In sub-Saharan Africa in particular, it will take many years to attain MDGs 4 and 5 at the current pace.

Need for joint action

To bring about change, civil society, governments and the international community need to redouble their efforts to promote maternal and newborn health and survival. In order to accelerate the progress towards achieving MDGs 4, 5 and 6, joint action is needed. The task is huge, but not insurmountable.

Day One

Opening and welcome

United Kingdom

Ms Cherie Blair

Wife of Prime Minister Tony Blair



Ms Cherie Blair, wife of British Prime Minister Tony Blair, welcomed the guests to the United Kingdom. As the meeting on maternal health was taking place one week before Mother's Day, it would receive considerable recognition, she said. "As a mother of four, Mother's Day is something I greatly look forward to."

She made a direct reference to the reason for the meeting: "Too many mothers die in childbirth and too many become mothers too early." As a lawyer for international human rights, Ms Blair highlighted the fundamental rights of mothers to health and safe motherhood. She urged the parliamentarians to return to their governments and work on improving the health of women and children. She advocated promoting better and more effective programmes for water supply and hygiene, contraception and education. Ms Blair said that it would not take much to improve the health of women and children.

She closed her plea by wishing the parliamentarians a productive meeting, and a happy Mother's Day to each and every mother in the world.

United Kingdom

Ms Sally Keeble

Member of Parliament



Ms Sally Keeble, Member of the British Parliament, chaired the two-day meeting. She declared that the 2007 Mother's Day campaign would take the message about reducing maternal and newborn mortality all around the world.

The Chair underlined the key objectives of the conference. The governments represented around the table should increase their commitment to maternal and newborn health. Action should be taken to stop the deaths of thousands of mothers and millions of newborns every year.

Ms Keeble made introductions around the table and highlighted the forthcoming Mother's Day. Some of the participants – British ministers, international members of parliament, key representatives of major nongovernmental organizations and various partners – were also mothers themselves. She pointed out that the meeting was an excellent opportunity to improve maternal and newborn



health by working in partnership with donor countries, which were also represented.

WHO

Dr Elizabeth Mason

*Assistant Director-General a.i., Family and Community Health
Director, Department of Child and Adolescent Health, WHO*



Dr Elizabeth Mason, Director of WHO's Department of Child and Adolescent Health, talked about maternal mortality worldwide. Instead of being a time to rejoice, childbirth was a tragedy for more than 500 000 women each year. Every day, 1500 women died in pregnancy or childbirth; every year 3.7 million babies did not survive their first month of life. She stressed that a woman's lifetime risk of maternal death

varied widely between countries. In developing countries, 1 in 75 women died from pregnancy-related complications, compared to 1 in 7300 in developed countries, Dr Mason said.

Investment needed

health at the centre of national development plans and demand greater investment from their governments. Thirdly, developed countries had to stick to their promise to allocate 0.7% of their GNP to development assistance. At the moment, many countries were lagging behind, Dr Mason said.

Finally, Dr Mason stressed how important this meeting was for reaching a consensus on key issues of maternal and infant health. It gave an opportunity to women parliamentarians from 20 countries to make a difference. "Mothers and babies are precious. We cannot afford to allow them to die," she said.

Ethiopia

Ms Liya Kebede

WHO Goodwill Ambassador for Maternal, Newborn and Child Health



Ms Liya Kebede, WHO Goodwill Ambassador for Maternal, Newborn and Child Health, thanked Ms Sally

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