



World Health
Organization

Parliamentarians Take Action for Maternal and Newborn Health and Survival

Report on WHO/IPU meeting, Kampala, the Republic of Uganda, 23-25 November 2009

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Compilation: Alice Duffil
Editing: Marie-Agnes Heine
Design: Duke Gyamerah
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Parliamentarians take action for maternal and newborn health

Parliamentary representatives from 32 countries came together in Kampala, Uganda on 23-25 November 2009 to continue international discussion on how parliamentarians can contribute to the improvement of maternal and newborn health. The three-day meeting was the third annual event under the *Parliamentarians Take Action for Maternal and Newborn Health and Survival* series of international discussions hosted by the World Health Organization (WHO). The series was first launched in 2007 in response to interest expressed by parliaments to enhance governmental capacity to advance the health of mothers and babies. At the invitation of the Ugandan Parliament, the Kampala meeting aimed to build upon discussions held by parliamentarians from developing and developed countries in the previous two years. The inaugural meeting in London in March 2007 aimed at promoting parliamentary action on investment and interventions to reduce maternal mortality and putting maternal and newborn health and survival on the government agenda. The second meeting, held in The Hague in 2008, identified parliamentary strategies to achieve Millennium Development Goals (MDGs) 4 and 5 set by the United Nations in 2000. These goals aim to reduce the maternal mortality ratio by three quarters, to achieve universal access to reproductive health, and to reduce the under-five child mortality rate by two thirds between 1990 and 2015. The Kampala meeting brought together male and female parliamentarians, health officials from developing and developed countries and representatives from international agencies and non-governmental organizations.

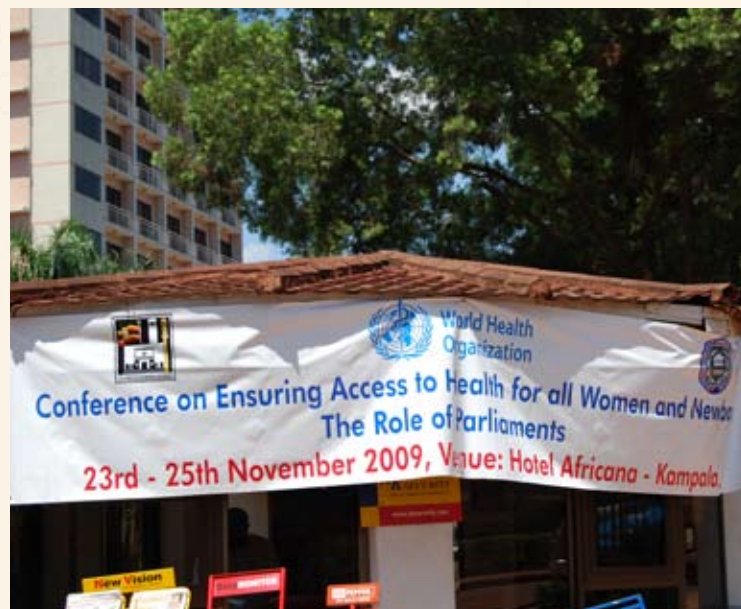
Executive summary

The objective of the meeting was to build awareness of the challenges facing maternal and newborn health in many developing countries and to urge parliamentarians to raise the issue at the highest level in their home countries. Participants were encouraged to develop a common vision for governmental policies that will help to achieve the MDGs on maternal and child health.

The Kampala meeting also presented an opportunity to review progress made since the 2008 meeting in The Hague. Parliamentarians from the countries represented discussed their achievements and best practices to collectively map out the next steps for each country and to strengthen effective parliamentary cooperation nationally and internationally. Host country Uganda showcased its achievements in reaching targets for MDG 6 (Combat HIV/AIDS malaria and other diseases) and its action plan to replicate the same success for MDGs 4 and 5. Rwanda's health insurance scheme was also highlighted as an effective country-based action to help reduce maternal mortality. Meeting representatives also resolved to develop a network for discussion among parliamentarians, international organizations and civil society around the world.

Political power and commitment

Discussion at the conference focused on the role of parliamentarians in efforts to meet the health-care needs of pregnant women, mothers and babies at various levels in their home countries. Participants also reviewed ways to secure necessary funds for maternal and newborn health interventions, showcasing the Ugandan and Rwandan experiences as models for other countries.



Parliamentarians attending the Kampala meeting agreed on the following key discussion objectives:

- Creating a common awareness and understanding of key policies and interventions needed for countries to achieve MDGs 4 and 5;
- Reviewing progress made and/or setbacks encountered in participants' countries;
- Sharing experiences from developing and developed countries;
- Fostering global debate on maternal and newborn health;
- Strengthening international and national political will and commitment;
- Facilitating cooperation and solidarity among members of parliament worldwide.

Over the past few years, closer attention has been directed to the role of parliaments and their members in achieving progress for the health and survival of women and babies. Parliamentarians in many countries are aware of the tragic health crisis facing many women and newborns, and have subsequently taken action to find solutions to the situation.

At the 2007 London meeting, which was jointly hosted by WHO and the Parliament of the United Kingdom, parliamentarians agreed on the need to make maternal and newborn health a key national and international priority. In 2008, participants at The Hague meeting adopted a road map for members of parliament to take action on maternal and newborn health. The Dutch Parliament joined WHO and IPU in hosting this second event in the series.

Background

Maternal and newborn mortality worldwide

Every year, approximately 358 000 women die due to complications during pregnancy and childbirth. In the last decade, over 7 million women died from pregnancy-related causes and millions more suffered motherhood-related disabilities. Every year, 4 million babies die within their first 28 days of life and another 3.3 million are stillborn. And every year, 600 000 newborns are infected with HIV, mainly through mother-to-child-transmission. Despite this, maternal and newborn health remains a largely neglected public health issue.

Data analyses and studies of maternal and newborn mortality worldwide reveal a global disparity and inequity in healthy childbirth between rich and poor, and between urban and rural populations. Differences not only occur regionally, but also within countries themselves. Most maternal and newborn deaths and disabilities are preventable with cost-effective interventions. However, the appalling numbers of maternal and newborn mortality and morbidity will continue to rise until these interventions are implemented, with necessary budget allocations and improvements in national health services.

Millennium Development Goals

In 2000, the international community adopted eight key thematic targets - the United Nations eight Millennium Development Goals (MDGs) - to halve the world's poverty by 2015. MDGs 4, 5 and 6 are directly related to health. MDG 4 aims to reduce child mortality, while MDG 5 seeks to improve maternal health and achieve universal access to productive

health. MDG 6 is aimed at combating HIV/AIDS, malaria and other diseases and is a goal closely linked with maternal and child health. Under the United Nations MDG initiative, the 189 Member States committed to reduce under-five mortality by two thirds and maternal mortality by three quarters and to achieve universal access to reproductive health between 1990 and 2015.

While many countries have made progress in reducing under-five mortality, maternal and perinatal mortality rates have stagnated or even increase in 43 countries¹. The HIV/AIDS pandemic has caused serious setbacks, with the overwhelming majority of HIV transmission related to sexual intercourse, pregnancy, childbirth and breastfeeding. Malaria infection during pregnancy also poses a major threat to the mother and her unborn child. MDG 6 emphasizes the need to prioritize the health of women and children in combating HIV/AIDS and malaria and to ensure that both sexual and reproductive health initiatives and initiatives for the prevention and treatment of HIV/AIDS and malaria must be mutually reinforcing.

At the current pace, it will take many years to attain MDG 4 and 5 in sub-Saharan Africa and South Asia. Governments, parliaments, civil society and the international community need to redouble their efforts and join forces internationally to reach global maternal and newborn health and survival targets by 2015.

¹ The World Health Report 2005: Make every mother and child count. World Health Organization, Geneva

Day One

Opening plenary

Uganda

Ms Rebecca Kadaga

Deputy Speaker of Parliament, Uganda



Ms Rebecca Kadaga welcomed participants to the third meeting of the *Parliamentarians Take Action for Maternal and Newborn Health and Survival* series, and the first to be hosted by a developing country. As host of the meeting, Ms Kadaga urged all parliamentarians to evaluate what their governments had done to overcome basic barriers to improving maternal health.

"We have gathered here to discuss how quickly a mother can reach help. Are the roads there? Are the facilities there? We want to examine the first port of call," she stressed.

WHO

Dr Joaquim Saweka

WHO Representative, Uganda Country Office



Dr Joaquim Saweka praised the efforts of the Ugandan Government in achieving its MDG 6 target for combating HIV/AIDS and called for similar efforts to improve the health of women and newborns. "Under your commitment and leadership, history could be repeated for MDGs 4 and 5," he said, addressing directly the President of the

Republic of Uganda, Yoweri Kaguta Museveni, who was present during the opening session of the meeting.

There is an urgent need for drastic measures to be taken by all countries represented to reverse the bleak outlook for mothers and babies worldwide. Of all the MDGs, MDG 5 is the least likely to be met and parliamentarians must assess the progress made towards improving maternal and newborn health at a governmental level and address the obstacles hindering the process. According to Dr Saweka, universal coverage of skilled birth attendance can be achieved through boosting trained personnel by 330 000 additional midwives. The most effective intervention to reduce newborn mortality is the provision of programmes that offer a continuum of care for both mother and baby before, during and after birth.

Breaking down barriers

Governments must oversee and maintain accountability for maternal and newborn health-related policies, including monitoring the delivery of health services. Parliamentarians should be encouraged to use their legislative powers to facilitate better access for mothers and babies to essential health care. Among the global support for maternal and newborn health, Dr Saweka highlighted the Task Force on Innovative Financing for Health Systems, an initiative of the International Health Partnership (IHP+). In September 2009, the Task Force had announced new financial commitments totalling US\$ 5.3 billion to help prevent millions of women and babies in developing countries from losing their lives at childbirth.

In the face of the global economic crisis, Dr Saweka reiterated the request of WHO Director-General Dr Margaret Chan to take urgent action, both within the health sector and beyond, "to improve the health and lives of girls and women around the world from birth to older age." Despite pressures to cut health

and social sector spending, governments need to increase investment in this priority area for global health.

IPU

Mr Martin Chungong

Director, IPU Division for the Promotion of Democracy



Mr Martin Chungong called on parliamentarians to “pool their resources and energies” to make sure all countries fulfil the objectives of MDGs 4 and 5. Every woman should be in a position to decide about the timing of her childbirth and the spacing of her children. She also should be aware of her health needs and know when to seek medical attention. He quoted IPU Secretary-General Mr Anders Johnsson

who underlines that, “sustainable change will require a collective response in which we all have a role to play.” Referring to the identification of seven pillars of action at the 2008 meeting in The Hague, Mr Chungong emphasized the importance for all sectors of society to have access to adequate healthcare. “This conference will focus precisely on access,” he said. Pregnancy should not be synonymous with a death sentence for women.

Taking action worldwide

to data collection and monitoring have enabled better understanding of the current situation, identification of gaps and appropriate actions at both national and international levels. “Change is, therefore, possible,” Mr Chungong underlined.

Address by the President of the Republic of Uganda

Mr Yoweri Kaguta Museveni

President of the Republic of Uganda



President Museveni talked about the belief of the Ugandan Parliament in the importance of having a simple focused plan of action. Using Uganda as an example, the President set out steps to be taken to achieve tangible changes in the maternal and newborn health situation at a national level. He pointed out that it is necessary to

- adopt a simple and adequate distribution of health units, split by sub-counties;
- focus on the range of personnel needed in each unit including medical assistants, a midwife and two nurses;
- ensure adequate supply of drugs and equipment;

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