

DFID launches consultation on maternal, reproductive and newborn health

Under the headline “Choice for women: wanted pregnancies, safe births - Help us shape UK Government policy on reproductive, maternal and newborn health in the developing world” – DFID has launched an online, interactive consultation on their new business plan for their work on maternal, reproductive and newborn health in pursuit of Millennium Development Goal five.

The consultation has several elements, and is inviting the widest participation from civil society, and includes a ten-minute online survey, opportunities to sign up for email updates, download resources on maternal, reproductive and newborn health, and the option to send detailed comments on the business plan.

The document states that DFID’s ultimate aim in this area of work is “to improve women’s control of their reproductive lives and to save mothers’ and newborn lives”. The draft business plan includes sections on inequalities, rights, empowerment and choice, neglected and sensitive issues, working with multilaterals, non-state actors, service delivery models, fragile states and humanitarian situations, knowledge, research and innovation, and further ideas. Each section has background information, and is inviting specific comments.

The consultation will last for 12 weeks and will close on 20 October 2010. It can be accessed here

www.dfid.gov.uk/Working-with-DFID/Consultations/Choice-for-women-rdfa

G8 Commits \$5 billion to Maternal and Child Health

The G8 undertook to mobilize \$5 billion of additional funding for disbursement over the next five years, with the objective of generating a greater collective effort by bilateral and multilateral donors, developing countries and other

stakeholders to accelerate progress on MDGs 4 and 5. The G8 launched and endorsed the *Muskoka Initiative*, a comprehensive and integrated approach to accelerate progress towards MDGs 4 and 5 to significantly reduce the number of maternal, newborn and under five child deaths in developing countries. The *Muskoka Initiative* is focused on achieving significant progress on health system strengthening in developing countries facing high burdens of maternal and under-five child mortality and an unmet need for family planning. The Initiative includes elements such as: antenatal care; attended childbirth; post-partum care; sexual and reproductive health care

and services, including voluntary family planning; health education; treatment and prevention of diseases including infectious diseases; prevention of mother-to-child transmission of HIV; immunizations; basic nutrition and relevant actions in the field of safe drinking water and sanitation. The initiative drew mixed reaction from civil society organizations; the emphasis on maternal, newborn and child health was welcomed, while the omission of safe abortion information, education and services was seen as a significant omission. More information on the *Muskoka Initiative* can be found here

http://g8.gc.ca/wpcontent/uploads/2010/07/declaration_eng.pdf



General Pediatric Ward - District Hospital Moulavibazar

UN Creates Single New Agency, UN Women, to Deal with Rights of Women

The United Nations General Assembly resolution to establish *UN Women* was agreed to on 30 June and formally adopted by the General Assembly on 2 July. The UN previously had four separate entities dedicated to women's issues which will be combined in the new single entity focused on gender equality and the empowerment of women: the UN Development Fund for Women (UNIFEM), the Division for the Advancement of Women (DAW), the International Research and Training Institute for the Advancement of Women (INSTRAW), and the Office of the Special Adviser to the UN Secretary-General on Gender Issues and Advancement of Women (OSAGI).

Bringing these agencies together, coordinating their work more and mainstreaming gender throughout the UN system should allow the UN and governments to deliver more effectively on many of their commitments and obligations to advance gender equality, women's empowerment and women's human rights. The establishment of *UN Women* is a result of years of negotiations between UN Member States and advocacy by the global women's movement. The new Gender Equality Entity will accelerate progress in meeting the needs of women and girls worldwide. *UN Women* will be headed by an Under-Secretary General, who will consolidate the four existing UN bodies on women, to increase operational capacity at the country level and gain increased funding for work on women's empowerment and advancement.

More on *UN Women* can be found here www.unwomen.org

UN SG Joint Plan of Action for Women's and Children's Health

The UN Secretary-General has initiated greater efforts for women and children's health. Governments will be asked to make additional commitments to achieve the MDGs by 2015 at the September 2010 UN High-Level Plenary Meeting on the MDGs. The Joint Effort – supported by UN Secretary General Ban Ki-moon and other development partners -- builds on previous discussions within the UN and regional commitments and plans, seeking to

revitalize existing commitments, secure new commitments and ensure accountability for delivering results. The Draft UN SG Joint Plan of Action for Women's and Children's Health is at the core of this global effort, and over the summer months, Civil Society has been contributing to the Plan. The UN SG Joint Plan of Action for Women's and Children's Health will be presented at the Leaders' Summit for the Millennium Development Goals on the 22 September 2010. More on the Plan can be found here www.who.int/pmnch/activities/jointactionplan/en/index.html

Women Deliver

Women Deliver, a global conference which brought together 3,400 advocates, policymakers, development leaders, health care professionals, youth, advocates, and media from 146 countries, was held in Washington DC in June, 2010. The conference's theme was "Delivering solutions for girls and women." On the eve of the G8 Summit, participants called on governments worldwide to invest an additional \$12 billion or more in women's health and family planning services, to protect the hundreds of thousands of women who still die in pregnancy and childbirth each year. Conference participants from 146 countries celebrated the announcement at the gathering of \$1.5 billion in new grants from the Bill and Melinda Gates Foundation, and a consultation into a UN SG Joint Plan of Action for Women's and Children's Health by Ban Ki-moon, Secretary General of the United Nations. On the closing day of the Conference, Women Deliver founder and President Jill Sheffield said "We will take our energy to the G8/G20 meeting in Canada this month, to the African Heads

of State meeting, to the UN summit on the MDGs in September". "The world leaders face a planet overflowing with difficult problems. But here is one major challenge they can meet. The women of the world have delivered for their countries. Now is the time for the leaders of the world to deliver solutions for women." Featured speakers at the conference included UN Secretary-General Ban-Ki Moon; musician and AIDS activist Annie Lennox; Melinda Gates; Joyce Banda, vice president of Malawi; Michelle Bachelet, former president of Chile; Kathleen Sebelius, U.S. Secretary of Health and Human Services; and many more. More than 800 speeches and presentations were given at the six plenaries and 120 breakout sessions. The heads of five UN agencies, plus the Secretary-General of the United Nations, attended. Thirty countries, UN agencies, the World Bank, corporations, and foundations helped support Women Deliver. More information on the Women Deliver conference, speeches by a range of speakers including Hillary Clinton, and outcomes can be found here www.womendeliver.org/updates/entry/top-5-highlights-from-the-women-deliver-2010-conference

Countdown to 2015 Decade Report (2000-2010)

A highlight of the Women Deliver Conference was the launch of the 2010 Countdown to 2015 Decade Report (2000-2010). Countdown is a collaborative effort that collects and analyzes data from the 68 countries that account for at least 95% of maternal and child deaths, and tracks coverage levels for the health interventions



New mother, Luthfa with her baby Shaown, Parchakra, Moulavibazar

proven to reduce maternal, newborn, and child mortality. The Report concludes that achieving MDGs 4 and 5 is still possible by the deadline year 2015, but only a dramatic acceleration of political commitment and financial investment can make it happen. The Countdown to 2015 for Maternal, Newborn, and Child Survival reviewed progress between 1990 and 2010 found that 19 countries studied were on track to meet MDG 4; in 12 countries progress had decelerated since 2000. Progress towards reduction of neonatal deaths has been slow, and maternal mortality remains high in most Countdown countries, with little evidence of progress. Wide and persistent disparities exist in the coverage of interventions between and within countries, but some regions have successfully reduced longstanding inequities. Coverage of interventions delivered directly in the community on scheduled occasions was higher than for interventions relying on functional health systems. There is a significant gap in coverage for interventions immediately surrounding birth, such as the presence of a skilled attendant, ensuring the early initiation of breast feeding and an early postnatal visit to check on the health of the mother and newborn. Although overseas development assistance for maternal, newborn, and child health has increased, funding for this sector accounted for only 31% of all development assistance for health in 2007. Evidence from several countries has shown that rapid progress is possible and that focused and targeted interventions can reduce inequities related to socioeconomic status and sex. However, much more can and should be done to address maternal and newborn health and improve coverage of interventions related to family planning, care around childbirth, and case management of childhood illnesses. A summary of the Countdown Report findings can be found here www.countdown2015mnch.org/documents/2010report/CountdownReportPagesi-10.pdf

Gates Foundation to invest \$1.5 billion to support maternal and child health programmes

Also at the Women Deliver conference, Melinda Gates urged global leaders to make women's and children's health a top priority, and announced that the Gates Foundation will invest \$1.5 billion over the

next five years to support maternal and child health, family planning, and nutrition programmes in developing countries.

"The world must come together to save women's and children's lives," said Gates. "In poor countries, pregnancy and childbirth often end in tragedy. Our goal must be to build a world where every birth brings joy and hope for the future."

To help advance a comprehensive approach to women's and children's health, Gates announced that the Gates Foundation will invest \$1.5 billion from 2010 until 2014 to support innovative projects addressing family planning; health care for pregnant women, newborns, and children; and nutrition.

This new pledge will add to the foundation's spending in other areas that affect women's and children's health – such as developing and delivering children's vaccines, and preventing pneumonia, diarrhoea, malaria, and HIV&AIDS.

A significant portion of the new funding will support programmes in India, Ethiopia, and other countries that have relatively high rates of maternal and child mortality. The foundation is providing initial grants totalling \$94 million in India and \$60 million in Ethiopia, with additional grants to be announced over the coming year. The grants will primarily fund non-governmental organisations and research institutions, and will be closely coordinated with government programmes.

The new grants will support a variety of projects, including efforts to:

- Support the development of comprehensive, integrated programmes, for example, by training front-line health workers to provide multiple services
- Develop and introduce interventions that could have a major health impact, such as simplified antibiotics for newborn infections and more cost-effective treatment for post-partum haemorrhage
- Conduct social and behavioural research on promoting lifesaving practices such as immediate, exclusive breastfeeding and skin-to-skin contact to keep newborns warm
- Develop effective strategies to expand the availability and use of voluntary family planning services in poor urban areas
- Rigorously evaluate innovative programmes, and share effective strategies with other countries

More on the Gates pledge can be found here www.gatesfoundation.org/press-releases/Pages/women-deliver-2010-100607.aspx



Manifesto for Motherhood Coalition urges UK parliamentarians to support MNCH

In June the *Manifesto for Motherhood Coalition* wrote to all new MPs to inform them about their role in ensuring that every pregnancy is wanted, every birth safe and every child healthy. Concerted action still needs to be taken to achieve Millennium Development Goals 4 and 5, particularly in Sub Saharan Africa, South Asia and fragile states where progress has been slowest. Including reminders of global promises and consensus on maternal, newborn and child health issues, the document includes key facts and figures on MDGs 4 and 5, and demands for important forthcoming events, including the MDG summit in September.

Advocates called for MPs to commit to the following actions in their first hundred days in parliament:

- Honour your commitment to spend 0.7% of GNI on overseas aid from 2013 and scale up financing for maternal, newborn and child health.
- Place maternal, newborn and child health at the heart of health system strengthening.
- Increase UK funding for the realisation of sexual and reproductive health and rights including access to family planning and safe abortion services.
- Provide continued international leadership on progressive financing for health care and support countries that wish to remove user fees to improve access for millions of women and children.

For more information about these issues and to learn more about what you can do, where and when please see the attached Manifesto for Motherhood.

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UK General Election – what next for MNCH?

The UK Coalition Government that emerged after the May 2010 General Election has appointed a Ministerial team committed to maternal, newborn and child health, with a renewed emphasis on the importance of family planning. Secretary of State for International Development Andrew Mitchell, together with Minister of State Andrew Duncan, and Parliamentary Under-Secretary of State Stephen O'Brien – all Conservative MPs – have experience in international development issues; Andrew Mitchell was the Shadow Secretary of State for International Development, and has identified family planning, malaria and education as key priorities for DFID. Alan Duncan was Shadow Secretary of State for International Development from 2004-5, while Stephen O'Brien has been Chairman of the All Party Groups on Malaria, and Tanzania, and Vice Chairman of the All Party Aid Trade & Debt Group. While the Policy and Health briefs fall within areas that Stephen O'Brien leads on, maternal health is known to be an issue where the Secretary of State takes a personal interest.

In Mitchell's first speech as Secretary of State – in Washington DC on 25th June, he emphasized the importance of placing women at the heart of development, and spoke about what he called "the most off-track of the MDGs: maternal health" "In Britain, we want to make a serious contribution to tackling this tragedy. Today, at the G8, our Prime Minister, David

Cameron, is working with Prime Minister Harper and other G8 leaders to ensure the world delivers on its commitments to cut the number of women and children dying during pregnancy and childbirth in some of the world's poorest countries.

The Prime Minister will argue today that it is indefensible in this, the twenty first century that for so many women, pregnancy and childbirth should represent a death sentence or at least, a morbid lottery. Or that the risk to a woman of dying in the UK due to a pregnancy-related cause at some point during her lifetime is 1 in 8,200 while in Niger, it is 1 in 7."

Mitchell also drew attention to a new initiative he has launched which will allow UK health professionals to share their skills with birth attendants, doctors, nurses and midwives across the developing world. This new five million pound fund will encourage partnerships that can pilot new techniques, such as live internet link-ups or the use of mobile phones for emergency referrals or operations.

The text of Mitchell's Washington speech can be found here www.dfid.gov.uk/Media-Room/Speeches-and-articles/2010/Placing-women-at-the-heart-of-development

More information about the Partnership fund for maternal health can be found here www.dfid.gov.uk/Media-Room/Press-releases/2010/British-Nurses-Doctors-And-Health-Workers-To-Join-Global-Fight-To-Reduce-Maternal-Deaths

Latest maternal mortality figures: celebrate but accelerate

Latest global maternal mortality estimates suggest that there were 342 900 maternal deaths worldwide in 2008, down from 526 300 in 1980. More information on this analysis can be found here <http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610605181.pdf?id=40bade4753939e7f:36512588:129c4d42271:-25661279043836314>

Civil society had been concerned that the drop in maternal mortality figures could lead to reduced investment in maternal health. *The Lancet's* Richard Horton advocated an alternative, more positive response to these figures. "What Hogan et al have shown is that programmes to reduce fertility rates, increase individual incomes, expand maternal education, and widen access to skilled birth attendants are having a measurable effect—saving the lives of women during pregnancy. Two decades of concerted campaigning by those dedicated to maternal health is working. Even greater investment in that work is likely to deliver even greater benefits. Women have long delivered for society, and, slowly, society is at last delivering for women. This is a moment to celebrate—and accelerate. This comment can be found here [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60547-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60547-8/fulltext)

Forthcoming events in 2010

August

Maternal Health Task Force: New Delhi, India

August 30 – September 1

<http://maternalhealthtaskforce.org>

September

UN MDG Summit: New York

20-22 September

www.un-ngls.org/spip.php?page=mdg2010

Global Congress of Maternal and Infant Health: Barcelona

22-26 September

www.globalcongress2010.com/index.php?option=com_content&view=article&id=46&Itemid=53&lang=en

November

Fourth World Congress on Child and Adolescent Rights: Puerto Rico

15-18 November

www.childrightscongress.org

December

World Aids Day

December 1st 2010

www.worldaidscampaign.org/en/World-AIDS-Day

Websites to watch in 2010

www.amnesty.org

www.commat.org

www.countdown2015mnch.org

www.hifa2015.org

www.interactworldwide.org

www.ippf.org

www.maternityworldwide.org

www.rcm.org.uk

www.savethechildren.org.uk

www.unicef.org.uk

www.wcf-uk.org

www.whiteribbonalliance.org

www.who.int/pmnch/en

www.womendeliver.org/index.htm

www.wvi.org

<http://march.lshtm.ac.uk/index.html>

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