

**Motion to Make the Issue of Maternal and Child Health a Priority Topic at the 2010 Spring G8/G20 Meetings—Debate Adjourned**

**Hon. Sharon Carstairs**, pursuant to notice of December 1, 2009, moved:

*That the Government of Canada make the issue of maternal and child health a priority topic of G8/G20 discussions at the meetings scheduled in Canada in Spring 2010 in order that nations work in a united way to increase investments aimed at reducing global maternal and newborn morbidity and mortality.*

**Hon. Senator Carstairs address to Senate**

“Honourable senators, this morning, parliamentarians from all parties gathered together to meet with representatives of the Partnership for Maternal, Newborn and Child Health on the important topic of maternal and child health. Senator Keon, Senator Pépin, Senator Fraser and I, as well as perhaps others who I did not notice in the room, were among those who attended. This issue is one of the many addressed in our Standing Senate Committee on Social Affairs, Science and Technology's Subcommittee on Population Health, ably chaired by Senator Keon.

Honourable senators, the G8 and G20 are meeting in Canada next spring. These meetings give the government the opportunity to raise the important issues of maternal and child health. This issue is of significant importance to all countries, but particularly to emerging economies and the Third World.

I think it is necessary to put these concepts in perspective. Millions of mothers and children around the world die each year during pregnancy, childbirth or childhood for want of access to adequate care or trained health care professionals. Honourable senators, we are not speaking of one or two children — tragic though the death of any child is — nor are we speaking of hundreds. I am speaking of millions.

(1640)

Each year, more than half a million women die in pregnancy or childbirth, and almost 10 million children die before their fifth birthday, almost 40 per cent of those in the first month of life. Recent research finds that at least two thirds of these deaths could be prevented with proven, cost-effective interventions that could and should be available to every woman and child. By expanding access to these interventions and integrating maternal, newborn and child health efforts, an estimated 6 million deaths of women and children could be prevented each year. Given the scope of this challenge, no individual country, organization or agency can address it alone, and this is why the meetings of the G8/G20 can set new directions.

The Partnership for Maternal, Newborn and Child Health is a global health partnership launched in September 2005 to accelerate efforts toward achieving the Millennium Development Goals 4 and 5. MDG 4 focuses on reducing child morbidity and MDG 5 on maternal well-being. This partnership is the result of a merger of three existing partnerships: The Partnership for Safe Motherhood and Newborn Health, the Child Survival Partnership and the Healthy Newborn Partnership. The partnership's aim is to intensify and harmonize national, regional and global action to improve maternal, newborn and child health.

The partnership joins together the maternal, newborn and child health communities, encouraging unified and effective approaches that promise greater progress than in the past. The partnership is made up of a broad constituency of about 260 members representing partner countries; the United Nations and multilateral agencies; non-governmental organizations; health professional associations; bilateral donors and foundations; and academic and research institutions.

With only six years left until 2015 — the target set for the Millennium Development Goals — it is evident that enormous scaling up will be required in maternal and newborn child health. Of the 68 countries targeted under these goals, 15 are on track to reach their goals, but 25 have made no progress at all. While acknowledging the progress achieved by some partners and countries in different areas, the partnership community strives to focus on the following key objectives in 2009-2011: First, to build consensus on and promote evidence-based, high-impact interventions and the means to deliver through harmonization; second, to contribute to raising US \$30 billion for 2009-2015 to improve maternal, newborn and child health through advocacy; and third, to track partners' commitments and measurement of progress for accountability.

To best support global action for MDGs 4 and 5 and to streamline contributions by its broad membership, the partnership identified six priority action areas where the partnership and its members are focusing in 2009-2011. These areas are: maternal, newborn and child health knowledge management system; MNCH core package of interventions; essential MNCH commodities; strengthening human resources for MNCH; advocacy for increased funding and better positioning of maternal, newborn and child health in the development agenda; and tracking progress.

Child mortality in most countries has been decreasing in past decades. However, both neonatal and maternal mortality have remained largely the same. Neonatal mortality accounts for almost 40 per cent of the estimated 9.7 million deaths of children under 5 years and for nearly 60 per cent of deaths of infants under 1 year. These statistics mean that a child is about 500 times more likely to die in the first day of life than at one month of age. The largest absolute number of newborn deaths occurs in South Asia, and India contributes one quarter of the world total. However, the highest national rates of neonatal mortality occur in sub-Saharan Africa.

A common factor in these deaths is the health of the mother. Each year, more than 500,000 women die in childbirth or from complications during pregnancy. Babies whose mothers have died during childbirth have a much greater chance of dying in their first year than those whose mothers remain alive. In the developing world, 99 per cent of maternal and newborn mortality occurs where more than 50 per cent of women still deliver without the assistance of skilled health personnel. This statistic is a powerful statement about inequity and access to quality care.

Direct obstetric cases of hemorrhage, infection, hypertensive disorders of pregnancy and complications of unsafe abortion cause 80 per cent of maternal deaths. For every woman who dies from complications related to childbirth, approximately 30 more suffer injuries, infections and disabilities that are usually untreated and ignored, and can result in lifelong pain and social and economic exclusion. Most of these complications can be predicted and prevented.

All pregnant women are at risk and can develop complications at any time during pregnancy, delivery and after delivery. However, women and families can learn how to avoid unplanned pregnancies, and if pregnant, they can learn the importance of receiving antenatal care and how to identify danger signs, plan for emergency referrals and choose safe birthing options. When problems arise and referral is timely, complications can be treated in health facilities that are adequately equipped with supplies and medications, and fully staffed with competently trained health workers.

Improving the health and nutrition of mothers-to-be and providing quality reproductive health services are pivotal to addressing many underlying causes of child mortality.

With close to 50 per cent of all newborn deaths occurring within 24 hours of delivery and up to 75 per cent in the first week post-partum, strategies must centre on a continuum of care approach. This approach includes improving access to antenatal care during pregnancy, improved management of normal delivery by skilled attendants, access to emergency obstetric and neonatal care when needed, and timely postnatal care for both mothers and newborns. In addition to strengthening the links between the different levels of care in health facilities, the continuum of care also refers to strengthening the links between the community and health facilities.

It is a myth to assume that high-cost neonatal care hospital units are the only way to treat sick newborns. There is evidence proving that a large proportion of newborn death and disease can be reduced by implementing simple, low-cost interventions during delivery and in the vulnerable days and weeks post-partum, both in the facility and at home. These essential interventions include drying the newborn and keeping the baby warm; initiating breastfeeding as soon as possible after delivery and supporting the mother to breastfeed exclusively; giving special care to low-birth-weight infants; and diagnosing and treating newborn problems like asphyxia and sepsis.

The majority of essential interventions are home care practices that families can provide themselves. Families can also use the help of a community health worker, who can be present at delivery to care for the newborn, and visit within the first 24 hours and again one to two additional times during the first week. With more than 50 per cent of newborn deaths occurring at home, the long-term goal of training sufficient numbers of skilled attendants to be present at all births will not be a reality in many countries for many years to come. Experts estimate that providing these essential interventions at scale — over 90 per cent coverage — in the community and in health facilities can reduce the neonatal mortality rate by 70 per cent.

Honourable senators, Canada can take a leading role at the meetings of the G8/G20. Economic development is dependent on maternal and child health. It is estimated that \$15 billion is lost

each year as a result of maternal and child health failures. This is the largest health inequity in the world. For example, in Afghanistan, one out of eight women dies in childbirth. In Canada, it is one in 11,000.

I had a complicated second pregnancy that resulted in my spending six months in bed, and the last six weeks of the pregnancy in hospital. Because I lived in Canada, both my child and I survived. Millions of mothers and children are not so lucky. Canada can lead. I urge honourable senators to support this motion to encourage our government to take that leadership role at the meetings of the G8/G20.”

(On motion of Senator Jaffer, debate adjourned.)

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