



THE PARTNERSHIP

For Maternal, Newborn & Child Health

ADDRESS: Dr. Francisco Songane 27 September 2006

I come to this event with great hope and excitement.

Almost twenty years ago in Nairobi, the Safe Motherhood Initiative was launched to save the lives millions of women who die from pregnancy-related causes. We have the heard the statistics today. The numbers of women dying in child birth has not changed: one woman dies every minute of every day from complications related to pregnancy or childbirth--99 percent of these deaths occur in developing countries.

Over the past 20 years, different perspectives and solutions to the high rate of maternal mortality have been put forward. Evidence has been debated. And commitment to solutions has not always been consistent.

Today , we have a landmark effort among maternal health colleagues and researchers. It is a very important moment in bringing together all the information on the causes and circumstances of maternal deaths. These scientific articles shed light on how to address the grey areas which have hampered investment and commitment to solutions on maternal mortality for a long time. They provide a clear path of solutions--action which can and must be taken now.

The first and main recommendation is to provide to all women giving birth a basic obstetric package provided by a skilled attendant or mid-wife in a health centre or small maternity ward close to her home. It is the skilled attendance with the availability of basic equipment and medicines that matters. The functions performed in the that space--no matter how small it is--are the key. The services must be friendly and affordable to all.

By saving these women, we save not only a mother—but perhaps, the whole family. The mother is the central figure in maintaining the health of her family. The newborn's life is far more secure if his mother is also alive, as are the lives of her other young children. We must ensure “the continuum of care” links care from the mother to that of her newborn and young children under five.

In many poor countries, about 60% of all interventions in health centres are related to maternal and child health care. If we succeed in properly addressing these problems, we will be making tremendous progress in the consolidation of services. This means that by improving maternal health care in developing countries, we can begin not only to save maternal, newborn and child lives, but also to set standards for functioning health systems. Maternal and child mortality indicators (including the newborn) are a mirror of how countries-- and all of us--commit to improve socioeconomic conditions and overcome poverty.

There is still much to do, more evidence to produce. However, this series clearly points the way forward with a clear message for action. Scaling-up to full coverage of essential life-saving services for maternal care will require significant new funds and commitment: it has been estimated an additional 1\$ billion US dollars are needed in 2006, increasing to 6.1 billion by 2015. This will address only the basics.

National governments must make a strong commitment to take this new research and its recommendations and reflect it in their strategies and allocation of resources. Donors must also commit and provide the needed additional resources so that together, we can make a difference and stop this situation where half a million mothers die needlessly every year-- women who could have lived long, productive lives.

Decision makers and governments--both donors and developing countries-- must decide: What is the life of a mother from developing country worth?

In fact, I believe the real question is: How can we afford to not invest in mothers?

We believe investment in women and mothers is critical. It will not only save mothers' lives, but much more: By saving the lives of half a million women who die each year from pregnancy-related causes in developing countries, we also stand to save a significant number of the 3.3 million stillborn and 4 million newborns who die every year, as well as millions of young children under five. Giving birth in a safe, professional environment should no longer be a privilege for the rich---it is a right to which all women should have access.

Let us take stock of the past 20 years: We have not made "motherhood safer"--as promised in Nairobi in 1987. In fact, the present rate of maternal deaths is the same-- or worse, in some parts of the world like Africa. Decision-makers must take these recommendations and act now to ensure that every delivery is a safe delivery-- and that mothers everywhere must not pay with their lives, when giving birth.

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