

## INVITATION FOR THE PRESS - TUESDAY 7 APRIL AFTERNOON

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### HEALTH FACILITIES SITE VISIT IN ADDIS ABABA FOR PARLIAMENTARIANS

Visit co-organized by the Ministry of Health and the WHO Country Office & facilitated by The Partnership for Maternal, Newborn & Child Health (PMNCH).

#### Background

In analysing the latest OECD data on overseas aid ("*Donors fall behind on pledges*", The Financial Times, 30 March 2009), the paper claimed that "[...Italy, current G8 chairman, is falling far behind its pledge to raise aid [...] Its giving fell 1.4 percent in 2008...]".

An initiative by several partners (Italian NGO ONDa -Osservatorio Nazionale sulla Salute de la Donna / National Observatory for Women's Health-, the World Health Organization and The Partnership for Maternal, Newborn & Child Health) led to a group of Italian women parliamentarians to develop and present a draft bill in the Italian parliament asking the government to increase its ODA, targeting particularly reproductive health and maternal, newborn and child health, through investment in health systems and human resources for health.

This case study was presented on Tuesday by Senator Barbara Contini (on behalf of Senator Rossana Boldi who lead the process) to hundreds of Parliamentarians meeting during a special session on maternal, newborn & child health at the 120<sup>th</sup> IPU Assembly in Addis Ababa, Ethiopia.

The draft bill asks, among other things, the provision of financial budget support to countries with insufficient progress towards the Millennium Development Goals 4 & 5<sup>1</sup>.

Ethiopia is one of the 68 priority countries which jointly suffer the 97% of the global burden of maternal, newborn and child health, and where despite the progress achieved on MDGs 4 & 5, a lot remains to be done, particularly in improving the constraints of the health systems and insufficient human resources for health.

**WHO:** Dr Tedros Adhanom, Exc Miniter of Health, Ethiopia and Co-Chair of The Partnership for Maternal, Newborn & Child Health. Dr Nehemie, WHO Country Office Representative a.i., Parliamentarians from the following delegations: Italy, Canada, Philippines, Spain joined the site visit to two health facilities in Addis.

This visit will follow the special session on the Countdown to 2015 and Maternal, Newborn & Child Health during the IPU 120<sup>th</sup> Assembly, following the presentation by Sen Contini on Italy's draft bill in Parliament for increased ODA targeted to MNCH.

**WHERE:** The hospital Yekatit 12 and the Bole health centre are two examples of health facilities in Addis that provide services based on the principle of continuum of care- however, only a small percentage of the population in the country has access to facilities like these. In Addis, 40% of deliveries are attended by skilled birth attendants. The Ministry of Health is currently carrying out a needs assessment for planning purposes, which will highlight the gap for investment in health facilities; it has also recently launched a training programme for professionals for emergency obstetric care; these activities fit in current governmental plans for the improvement of maternal, newborn & child health and progress of MDGs 4 & 5.

#### Schedule:

##### The visit will follow the following events, scheduled during the IPU Assembly

12:00 - 13:00	Countdown and MNCH session at the IPU Assembly (Room 1, UNCC)
13:00 - 13:30	Point of press - questions and answers with journalists in the session

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<sup>1</sup> The Millennium Development Goals 4 and 5 are to reduce under-five infant mortality rate and improve maternal health respectively by 2015.

**Addis- Site visit:**

<b>Time</b>	<b>Activity</b>
13:30 - 14:15	Reception/lunch at the UNCC Cafeteria (for the session participants)
<b>14:15</b>	<b>Meeting point – UNCC ENTRANCE – bus will be awaiting</b>
14:15 - 14:45	Travel to Bole Health Center
14:45 - 15:45	Visit the Health Center
15:45 - 16:15	Travel to Yekatit 12
16:15 - 17:15	Visit the Hospital Yekatit 12
17:15 - 17:45	Travel back to UNCC/Hotels

**Background:**

With a high maternal mortality of approx. 670 per 100 000 live births and a neonatal mortality rate of 51 per 1000 live births<sup>2</sup>, Ethiopia MNC mortality rates are among the highest in the world, due to a range of socio-economic, political and demographic factors. Many of these deaths are preventable. In 2000 less than 30% of women attended antenatal care and less than 10% delivered with a skilled attendant or in a health facility. Out of the expected 2.9 million deliveries a year, 2.6 million are likely to occur at home with assistance of traditional birth attendants (26%), relatives (58%), or alone (6%). 3.5 % of these women are likely to receive any postnatal care (Ethiopia DHS 2000). Research shows that the lack of formal health services and access contribute greatly to the poor statistics.

**Hospital Yekatit 12** - this hospital has recently open a new neonatology unit. The hospital has been profiled by the Ministry as a best practice. Visit to the pediatrics section, and discussion about the delivery of services, and working of the continuum of care between maternal care, delivery and neonatal care.

**Bole Health Care center** – It is a center with also good practices in the continuum of care, as it integrates antenatal care, assisted delivery, postnatal care, as well as good interventions such as PMTCT, antiretroviral treatment and child immunization.

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<sup>2</sup> Countdown to 2015, Ethiopia 2008 Country profile.