



PRESS RELEASE

Critical health care fails to reach most women and children in high mortality countries despite gains in fighting child killer diseases

World's health leaders and parliamentarians convene to address accelerated action to reduce maternal and child deaths

16 APRIL 2008, CAPE TOWN – Leading global health experts, policy-makers and parliamentarians are convening in Cape Town today to address the urgent need for accelerated progress to reduce maternal, newborn and child deaths, if internationally-agreed targets are to be met.

According to the 2008 report *Tracking Progress in Maternal, Newborn & Child Survival* released today, few of the 68 developing countries that account for 97% of maternal and child deaths worldwide are making adequate progress to provide critical health care needed to save the lives of women, infants and children. Parliamentarians¹ attending the 118th Assembly of the Inter-Parliamentary Union in Cape Town will join global health experts and policy makers to discuss the role they can play in accelerating action to achieve Millennium Development Goals 4 and 5 on reducing child and maternal mortality.

Over 10 million women and children still die each year from causes which are largely preventable and treatable. The majority of maternal and child deaths occur in Africa and South Asia, with sub-Saharan Africa increasingly bearing the global burden of mortality. One in five children are born in sub-Saharan Africa, yet some 50% of all child deaths globally occur in the region, as do half of maternal deaths worldwide. In Niger, for example, women face a lifetime risk of dying in pregnancy or childbirth which is as high as one in seven.

Tracking Progress in Maternal, Newborn & Child Survival uses existing data to measure coverage of key interventions and approaches proven to reduce maternal and child mortality. The 2008 report highlights the rapid progress that many of the 68 countries are making in providing vaccinations, vitamin A supplementation coverage and insecticide-treated mosquito nets to prevent major killers such as measles and malaria.

¹ *Parliamentarians committed to maternal, newborn and child health*, Inter-Parliamentarian press release, 16 April 2008. <http://www.ipu.org/press-e/cape6.htm>

Nonetheless, treatment for potentially fatal illnesses and other vital health services still fail to reach the majority of women and children according to the findings. These services are dependent on strong health systems that can provide 24-hour care within the community, at health clinics, and through a functioning referral system when more serious intervention is necessary. Access to these services is most critical at the time of birth and during the first two weeks of life which are riskiest for mother and infant.

Tracking Progress in Maternal, Newborn & Child Survival identifies a series of missed opportunities to save lives:

- **Family planning:** The unmet need for contraceptives is high. Only one-third of women in the 68 priority countries are using a modern contraceptive method – a proven means of boosting maternal and infant survival;
- **Skilled care at birth:** Only around half of women and newborns benefit from a skilled birth attendant at the time of birth, and even fewer receive care in the critical days and weeks after childbirth;
- **Clinical care for sick children:** Only about one-third of children with pneumonia – the biggest single killer of children – receive treatment;
- **Nutrition:** Undernutrition is the underlying cause of 3.5 million child deaths annually, and as many as Haiti, Turkmenistan and several countries in sub-Saharan Africa, have made demonstrable progress in reducing deaths of children under-five in the past three years. Sixteen of the 68 Countdown priority countries are now ‘on track’ to achieve Millennium Development Goal 4.

To pave the way for a well-functioning 'continuum of care', governments and their partners must address obstacles such as weak health systems, funding shortages, and inequalities in access to care. The report findings show poor families missing out twice, on skilled care at birth and on care for newborns and children when they are ill. Other barriers include armed conflict and a high HIV prevalence, which together have erased any gains in child survival in at least 12 African countries.

Overall funding from donor governments for maternal, newborn and child health has increased in recent years, with Official Development Assistance (ODA) rising from US\$2.1 billion to almost US\$3.5 billion between 2003-2006, a 64% increase. This investment has resulted in significant health gains, notably to boost immunization levels and prevent malaria. Nonetheless, health systems for maternal, newborn and child health remain grossly underfunded in relation to the needs of priority countries. Total donor funding for maternal, newborn and child health still represents just 3% of total donor aid disbursements. Most donor assistance is delivered through specific projects and only 5% has been dedicated to general budget support in recipient countries.

The Countdown findings will be discussed during a three day conference in South Africa, from 17-19 April. The Countdown findings are also the subject of a special issue of the medical journal The Lancet.

Note for editors: Countdown to 2015: Maternal, Newborn and Child Survival is a collaborative effort of United Nations agencies, non-governmental organizations, universities,

and other institutions and individuals established to track progress towards Millennium Development Goals 4 and 5, to reduce child and maternal mortality respectively.

Countdown to 2015 partners

Aga Khan University; Australian Agency for International Development (AusAID); The Basic Support for Institutionalizing Child Survival (BASICS) Project; USAID; Bellagio Child Survival Group; Department for International Development; UK (DFID); Family Care International; International Paediatric Association; Johns Hopkins University; London School of Hygiene and Tropical Medicine; The Norwegian Agency for Development Cooperation (Norad); Save the Children; The Bill & Melinda Gates Foundation; The Lancet; The Partnership for Maternal, Newborn & Child Health; The World Bank; University College London Centre for International Health and Development; United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); Universidade Federal de Pelotas; University of Aberdeen; USAID and the World Health Organization.

For video b-roll : Visit www.thenewsmarket.com/unicef to access broadcast quality footage from Nepal ("Applying Life-Saving Interventions to Save Nepalese Newborns") and Senegal ("A Rural Healthcare Center Plays Key Role in Reducing Infant and Child Mortality").

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