

Symposium on Maternal Health in Developing Countries
(What should be done to Meet the Millennium Development Goals?)
(Tokyo, 11-12 May 2003)

Opening Statement
by

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Partners,
Ladies and Gentlemen,

Let me at the outset say how delighted we are in UNICEF to have joined hands with Japan's Ministry of foreign Affairs (MOFA) to organise this important symposium in collaboration with JICA and with the support of UNFPA, IMCJI and JOICFP.

It is equally a great pleasure to see all the partners who have been working incessantly to save women's lives over the years come together in this gathering to share valuable lessons of what worked, sharpen approaches and devise strategies to help achieve a significant decline in maternal mortality rates in the years ahead.

This objective is about achieving one of the eight UN Millennium Development Goals (MDGs) and "*A world Fit for Children*" target that the world over must strive to achieve. But it is also about realising one of the most fundamental human rights enshrined in the UN Conventions – and one that has been blatantly violated.

More girls and women die from the complications of pregnancy and childbirth in developing countries than from any other cause.

The latest estimated number of annual maternal deaths for the world tops 515,000. Of these deaths, more than half (272,000 or 53 per cent) occurred in Africa, 42 per cent (217,000) in Asia, 4 per cent (22,000) in Latin America and the Caribbean, and less than one per cent (2,900) in the more developed regions of the world.

1 in 16 women in developing countries – against 1 in 4,085 in industrialised countries – risk dying from the complications of pregnancy and child bearing during their lifetime. For every woman who loses her life from such complications, 30 more suffer injury and disability.

These are tragic deaths -- so unnecessary, so outrageous and so unacceptable. They are also preventable, in view of what we have learned from the experiences of many countries.

In England and Wales, improvements in nutrition and sanitation in the late 1800s and the provision of antenatal care in the 1930s did not lead to reductions in maternal mortality ratios. A dramatic decline occurred only when antibiotics, banked blood, and surgical improvements were introduced in the 1940s.

More recent evidence comes from Honduras which reduced its maternal mortality ratio by almost 40 percent in seven years. (from 182 to 108 maternal deaths per 100,000 live births). Honduras invested in setting up EmOC services, and ensuring that women are able to reach health facilities.

In Egypt (which will be discussed in this Symposium), the work of UNICEF, the government and partners has succeeded in reducing maternal deaths by more than 50 percent over a period of eight years. The strategies which the government of Egypt pursued focused on improving the quality of emergency obstetric care, providing family planning, and training traditional birth attendants to refer women with obstetric complications.

From these countries' experiences, we have learned that:

- Access to emergency obstetric care (EmOC) is absolutely central to preventing maternal deaths. Without health facilities to provide life saving services, women with complications will die, and maternal mortality ratios will not decline. Governments and the international community must thus focus their women's life saving efforts on making such quality services available and accessible as a matter of urgency.
- A skilled attendant at delivery is highly desirable; in case of an emergency, the skilled attendant must have immediate access to a health facility which provides emergency obstetric care.
- A functioning referral system is indispensable to ensure that a woman in need reaches a health facility in time.

With these central and vital requirements in place, we must work on and strengthen other measures such as making sure that a woman in a village is able to get to a hospital in time; community awareness and mobilisation to create demand for services; antenatal care; providing information to women and their families regarding the danger signs of pregnancy; providing other nutrition and TT immunisation services: family planning and combating the underlying causes for maternal mortality such as early marriage, home violence and gender discrimination.

What must however be stressed over and over again is the compelling evidence that EmOC is central to preventing maternal deaths and disabilities; and we are morally bound to provide this evidence, to make it well known, and to demand that this valuable knowledge be acted on and put to practice.

Women have the right to quality obstetric care; the right to life saving blood and drugs supplies; and the right to a qualified skilled attendant during her pregnancy and delivery – and governments must bear the responsibility for providing such services, supplies and care.

In the South Asia Region, UNICEF, in partnership with governments and AMDD, has applied these lessons remarkably well. Supported by UNICEF, South Asia's countries have been implementing the Women's Right to Life and Health (WRLH) initiative since the year 2000. Focused and evidence-based, the initiative's strategy is anchored to the vital role of emergency obstetric care in preventing maternal deaths.

The WRLH initiatives in Bhutan, Bangladesh, India, Pakistan, Nepal, and Sri Lanka are starting to show appreciable results that are saving women's lives and attracting the attention of the governments and donors alike.

In Bhutan, for instance, the government has increased the coverage of emergency obstetric care. As a result, the case fatality rate -- or the number of women dying from obstetric complications -- has declined from 2 percent to 1.3 percent.

In the Sindh, Pakistan, health facilities providing emergency obstetric care have increased and improved their services. As a consequence, there have been more births in these facilities and less maternal deaths.

In Bangladesh, the treatment of obstetric complications has increased by 100 per cent.

Encouraged by these and similar results, UNICEF -- in partnership with AMDD and also Japan -- has started working on emergency obstetric care in Afghanistan (last year) and this year -- in partnership with AMDD -- in four Francophone countries in the West and Central African Region: Benin, Chad, Mali, Guinea Conakry and in East Africa in Uganda.

The Ministries of Health of Benin, Chad, Guinea Conakry, and Mali have incorporated nationwide needs assessments on health facilities' capacities to provide EmOC in their work plans for this year. That UNICEF and AMDD were able to convince the Ministries of Health of the importance of pursuing EmOC as a key strategy is an encouraging development. This is an encouraging sign of accountability and programme sustainability.

In Uganda, the preliminary results of the UNICEF/AMDD-supported needs assessment on EmOC were presented to the Ministry of Health, donors, and development partners. The needs assessment clearly showed the absence of life-saving services. As a response to this, the Ministry of Health and donors agreed that the provision of EmOC should be the first step in reducing maternal deaths.

UNICEF intends to expand this work in South Asia, West and Central Africa, East and Southern Africa, and North Africa; and will continue to engage our partners -- AMDD, WHO, UNFPA, the World Bank, Japan Ministry of Foreign Affairs, JICA, and other international agencies, and professional groups -- to create a strong forward momentum.

The Government of Japan has been a strong partner in the effort to operationalise safe motherhood activities in South Asia. Japan was one of the first countries to come forward with assistance to Afghanistan, supporting the Transitional Authority and UNICEF to establish

emergency obstetric care services in regional and provincial facilities across the country to address the extremely high levels of maternal mortality among Afghan women (1600 maternal deaths per 100,000 live births). Collaboration between the government of Bangladesh and UNICEF has resulted in Japan's considerable investment in surgical instruments and equipment for more than 200 comprehensive and basic emergency obstetric care facilities. This is a commendable contribution towards consolidating our maternal mortality and morbidity reduction efforts in the region, and we are grateful for it.

We have seen the power stemming from such partnerships that have supported and transformed national policies; supplemented national efforts and resources; equipped health facilities; provided supplies; and strengthened the technical capacities of the health providers.

The time has come for us – all the partners assembled here – to take aggressive steps, ratchet up our efforts, allocate resources and strengthen our collaboration with the governments and communities to achieve the MMR Millennium Development Goal.

This symposium marks an important step in this direction; and UNICEF pledges to continue to accord top priority to this objective, and to partner closely with all of you to meet this challenge.

Thank you.