

Safe Motherhood Initiative: 20 years and counting



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APHA, 5 November 2007



Safe Motherhood Initiative Phase I: 1985-1995

- Maternal Mortality estimates released, 1985
- 1st global conference, Nairobi, 1987
- Defined "safe motherhood" –safe, healthy pregnancy and childbirth for all women
- Established SM Inter-Agency Group



Key elements of safe motherhood defined in 1987

- Family planning
- Community-based maternity care
- Obstetric care for life-threatening complications
- Social equity for women



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SMI Phase II: 1995-2005

- Cairo, Beijing, "+5s":
 - Confirmed SM as core reproductive health issue
 - Paved way for MDGs
- SM 10th anniversary, 1997:
 - Moving toward strategic consensus
 - Broader involvement, ownership



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SMI Phase II: 1995-2005

- Research, evidence, lessons learned:
 - Better data, use of process indicators
 - Involvement of health care professionals → importance of human resources
- Revisited and revised priorities:
 - Most complications can't be prevented or predicted, but can be managed
 - Most deaths at or just after delivery

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Safe motherhood and global development: Where are we now?

- Maternal mortality reduction defined as key development goal (MDG 5) – and as basic human right
- Reflect both practical and humanitarian views of maternal death
- Significant advocacy opportunity but there are challenges

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Changing global architecture: Evolution of SMI

- SM Inter-Agency Group → Partnership for Maternal, Newborn and Child Health
- MCH → SM → MNCH: MNCH: Continuum of care
- Challenge now: Keeping the "M" in MNCH



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What is the Partnership?

- Global health partnership launched Sept. 2005
- Focusing on mothers, newborns and children
- Merger of 3 existing partnerships
- Aim is to support efforts toward achieving MDGs 4 and 5



"This is a major effort, and no one agency can do it alone. Commitment and partnership are essential."

Thoraya Ahmed Obaid, Executive Director of UNFPA

Who is in the Partnership?

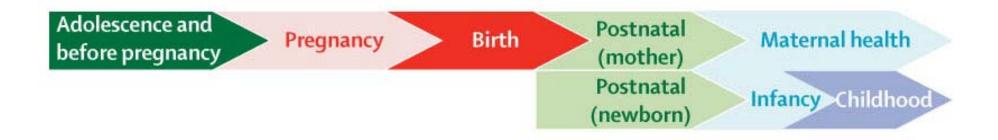
- Partner countries
- UN agencies
- Non-governmental organizations
- Health care professional associations
- Academic & research institutions
- Donors



"We affirm our commitment and renew our resolve to work together for this noble cause of our sisters' and our children's life." Smt. Sonia Gandhi, Honourable Chairperson National Advisory Council

What is the Conceptual Framework? <u>MNCH Continuum of Care – 2 dimensions</u> 1. Time – pre-pregnancy through pregnancy,

childbirth, postnatal period, childhood





Continuum of Care: Place/approach 2. Approaches for service delivery – linking household/community, outreach/ outpatient, and clinical care





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What does the Partnership do?

The Partnership aims to intensify and harmonize national, regional, global action to improve MNCH by focusing on:

- Country Support
- Advocacy
- •Effective Interventions
- Monitoring and Evaluation



"To accelerate progress, we need to integrate our efforts at the global, national and community level."

Ann M. Veneman, Executive Director, UNICEF



- Greater visibility for and commitment to MNCH
- Better coordination under country leadership
- Reduced competition & duplication
- More efficient use of resources
- Shared & agreed goals

"By working with countries to increase access to existing health care solutions, this Partnership has the potential to transform millions of lives." Dr. LEE Jong-wook,





How is the Partnership governed?

- Forum of Partners
- Working Groups
- Board
- Secretariat housed at WHO
- Funding bilateral, UN, and foundation donors



"It is clear that the MDGs simply cannot be achieved unless the different stakeholders join together at global &, even more importantly, at country level," Dr. Mushtaque Chowdhury, Deputy Executive Director, BRAC





WOMEN DELIVER Conference

20 Years of Saving the Lives of Women, Mothers, and Newborns



UNICEF/HQ04-09661/Giacomo Pirozzi

INVEST IN WOMEN – IT PAYS!



DELIVER

What is 'Women Deliver'?

- Conference to mark SMI's 20th Anniversary
- Held 18-20 October 2007, London
- High-level political meeting
- Goal: highlight links between health of women, mothers, and newborns and the health of nations

NEXAMPLE

Conference Aims

- Demonstrate that investing in women is a primary engine for economic, social and political progress
- Shape public opinion and catalyze local action
- Emphasize that deaths of women and newborns are preventable

NEXAMPLE

4 Key Outcomes

- Reframe maternal health as a development issue
- Generate political will for greater investment in women's health
- Launch/strengthen a civil society movement to demand action by donors and governments
- Forge/communicate a clear consensus on what works to save lives of women, mothers and newborns

NEXAMPLE

Who came?

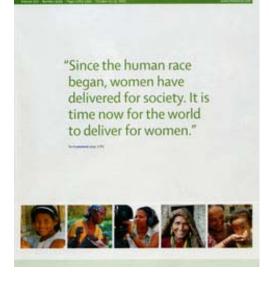
- Heads of UNFPA, WHO, UNAIDS, ILO
- Ministers of Planning, Health and Women's Affairs from 30+ developing countries
- Broad development and health community (education, nutrition, HIV/AIDS, human rights, poverty reduction)
- Health professionals, social scientists, and women's health advocates
- International NGOs and civil society organizations
- From 109 countries almost 2,000 total

Invest in women - it pays!

NEXAMPLE

What happened?

- Special issue of *The Lancet*, new maternal death estimates released
- Background paper by ICRW
- Ministers Forum issued statement
- 5 major plenary session and more than 70 simultaneous sessions
- Extensive media coverage
- Donor government announcements



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What's Next?

- Women Deliver II?
- UNGASS on maternal health?
- Follow-up at country level, by governments and civil society
- Continued global advocacy, linking Women Deliver with Partnership advocacy for Maternal, Newborn and Child Health
- "M" will not be forgotten!!



For highlights, webcasts, more info:

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www.womendeliver.org

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