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Madam,

**Meeting of Women Parliamentarians: Maternal and Newborn Health and Survival
13-14 March 2007, London, United Kingdom**

We have the honour to inform you that the World Health Organization (WHO) and Parliamentarians from the United Kingdom of Great Britain and Northern Ireland (United Kingdom) are organizing a two-day meeting to share experiences between policy-makers and planners, and to increase advocacy to boost investments and significantly improve progress on maternal and newborn health and survival.

By fostering these partnerships, and to facilitate implementation and the continuum of care approach, the objective of the meeting is to more effectively promote cost-effective maternal and newborn health interventions and, thus, empower communities, particularly women. Parliamentarians from the United Kingdom have kindly agreed to co-organize this meeting to create awareness and support for maternal and newborn health initiatives and to enable key women parliamentarians from developed and developing countries to review and discuss how the challenge of urgent progress and action can be achieved.

The meeting will gather women parliamentarians from developed and developing countries as follows: Australia, the People's Republic of Bangladesh, the Kingdom of Belgium, the Republic of Bolivia, the Republic of Botswana, the Federative Republic of Brazil, the Kingdom of Cambodia, Canada, the Kingdom of Denmark, the Arab Republic of Egypt, the Republic of Finland, the Federal Republic of Germany, the Republic of India, the Republic of Indonesia, Ireland, the Republic of Italy, Japan, the Republic of Kenya, the State of Kuwait, the Kingdom of the Netherlands, New Zealand, the Federal Republic of Nigeria, the Kingdom of Norway, the Islamic Republic of Pakistan, the Republic of the Philippines, the Portuguese Republic, the Kingdom of Spain, the Republic of Sudan, the Kingdom of Sweden, the Republic of Tajikistan, the United Republic of Tanzania, the Republic of Uganda, United Kingdom, the United States of America and the Socialist Republic of Viet Nam, as well as the European Parliament.

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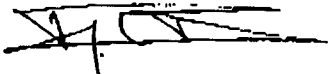
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We would be grateful if you could convey this letter to the appropriate person in your Government to identify a woman parliamentarian to whom we should forward the invitation for this meeting.

The working language of the meeting will be English. Interpretation can be made available upon request. The concept paper, as well as the draft agenda, are enclosed for your information.

We look forward to hearing from you as soon as possible.

Please accept, Madam, the assurance of our highest consideration.



Joy Phumaphi
Assistant Director-General
Family and Community Health



Sally Keeble
Member of Parliament
United Kingdom



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Draft CONCEPT NOTE

Meeting of Women Parliamentarians Maternal and Newborn Health and Survival (In Commemoration of UK Mother's Day)

London, United Kingdom, 13-14 March 2007

The World Health Organization (WHO) and Parliamentarians from the United Kingdom of Great Britain and Northern Ireland (United Kingdom) are organizing a two-day experience-sharing meeting between parliamentarians from north and south to promote investments and methods that can improve progress on maternal and newborn health and survival. The meeting will work to identify cost-effective, implementable solutions, that are in keeping with a continuum of care approach, to maternal and newborn health challenges.

Parliamentarians from the United Kingdom have kindly agreed to co-organize this meeting which will enable key women parliamentarians from developed and developing countries to review and discuss how progress can be made. It will also be a platform from which the case can be made for increased development assistance for improvements on maternal and newborn health and survival.

The Challenges

In the last decade, over 7 million women have died from complications during pregnancy and childbirth and millions more suffered short and long term disabilities. But still, maternal and newborn health remains a largely neglected public health issue. Every single day, more than 1600 mothers die from complications caused by pregnancy and childbirth. Moreover, at present, a staggering 300 million women suffer from long or short term illness as a direct or indirect result of pregnancy and childbirth. Four million babies die within the first 28 days of life and another 3.3 million are stillborn. And 600,000 newborns are infected with HIV each year, mainly through mother-to child transmission.

Maternal and newborn mortalities are evidence of the global disparity and inequity between rich and poor, deficient health and nutrition services and lack of economic opportunities. These deaths and disabilities are preventable with evidence based, affordable and cost effective interventions. However, without effective and necessary programmes and budget allocations and improved health system response, the shameful numbers of maternal and newborn mortality and morbidity will continue to rise. While there are a myriad of solutions, gaps continue to exist in investment and coordination, building awareness around interventions that work and maximizing the use of resources flowing to needy countries.

The Millennium Development Goals (MDGs) have set internationally agreed development targets to be met by 2015. These goals have underlined the importance of improving health, and particularly the health of mothers and children (MDGs 4 & 5). Improving the health of mothers and children is a priority that builds on decades of programmes, activities and experiences. What is new in the last decade however, is the focus on Maternal and Newborn health by a number of global initiatives such as

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the ICPD, ICPD +5 and the Millennium Declaration.

Without addressing the issue of maternal and newborn health and survival which is closely linked with maternal health and survival, MDG 4 and 5 may not be achieved. Despite well intended initiatives, the reality is that levels of maternal and newborn mortality remain high in many countries. Whatever progress had been made, the HIV/AIDS pandemic has caused serious set backs in the gains achieved, affecting every level of the health care system including seriously aggravating the human resource crises.

Malaria infection during pregnancy poses a major threat to the mother and her unborn child. The 6th Millennium Development Goal further reinforces the priority given to mothers' and children's health in combating HIV/AIDS and Malaria. Without addressing HIV and Malaria in pregnancy, MDG goal 6 cannot be achieved.

Although many countries have made good progress in reducing under-five mortality rates; in 43 countries, the maternal and perinatal mortality has stagnated or reversed. At the current pace, it would take many years to attain MDG 4 and 5 in sub-Saharan Africa. For this to change, governments, civil society and the international community will need to redouble efforts to promote maternal and newborn health and survival. We now have a unique opportunity to address these key problems and accelerate progress towards MDG goal 4, 5 and 6.

The need of joint action

The number of countries with well articulated health workforce policies and strategic plans within the context of national health policies is increasing, and support from partners to implement such plans is on the rise. Country capacities to implement proven interventions require strengthening the role of the health sector and intersectoral collaboration. Intercountry support teams have improved the quality and cost-effectiveness of support by leveraging a broader pool of expertise, cross-fertilization and collaboration across programmes and country experiences, and increased the ability to respond and increase the implementation rate of programmes in order to obtain timely expected results.

Developing Countries such as Botswana, China, Costa Rica, Cuba, Malaysia, Sri Lanka and South Africa have demonstrated that providing access to skilled care during pregnancy, childbirth, postpartum and postnatal period for every pregnant woman and her newborn is possible. With the right policies, right strategies, and appropriate investments, maternal and newborn mortalities and morbidities can be reduced, and the health and well-being of mothers and newborns improved. By working with women members of parliament across the globe, WHO and its partners hope to ensure women and newborns get the health care they need during the critical period surrounding pregnancy, birth and immediate postpartum period. WHO Making Pregnancy Safer (MPS) and the UK Parliamentary Ministers for Health and Development, are inviting women parliamentarians and partners to this two-day meeting, to provide an opportunity for input and contribution and to build a common understanding and consensus. The meeting will help delegates to build a network for sharing experiences and for supporting each other's efforts to increase budgetary allocations, investment and development assistance and scale up proven interventions in countries.

The conference will build on regional maternal and child survival strategies developed by WHO and its partners and advocate for evidence based cost-effective interventions in maternal and newborn care. The prevention and management of malaria and HIV particularly in pregnancy will also be addressed.

Overall the conference will consider how to improve and integrate national maternal and newborn health plans through: developing and reviewing human resource plans to ensure to cater to the needs of the population; improving training and building the capacity of health institutions; identifying opportunities for increased budget allocations and scaling up efforts to achieve universal coverage.

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Backed up by the Millennium Development Goals, the World Health Report 2005 dedicated to mothers and children, The Lancet series on maternal and newborn health, and the launch by WHO of a new department "Making Pregnancy Safer (MPS)", development partners now have an unique opportunity to move forward and act with all the determination and commitment needed to accelerate progress towards the MDGs. The task is huge, but not insurmountable. It calls for stakeholders to join forces, to divert from partial, inefficient solutions and instead, conclude on how our different strengths and capacities can add to an entirety that is more than the sum of its individual parts.

WHO's response

Since the inception of the Safe Motherhood initiative almost two decades ago, much more is known today about what works to make pregnancy safer, and equally important; what does not work. The lessons learnt have equipped us with valuable knowledge which is guiding WHO in the Global Strategy to make pregnancy safer through an improved health system response.

WHO/MPS Strategy has four strategic directions:

1. Building a conducive, social, political and economic environment to support timely actions in countries.
2. Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care for every birth.
3. Building effective partnerships across relevant programmes and partners for coordinated actions in countries.
4. Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners.

The guiding principal of the strategy is the *close collaboration with countries and development partners that focus efforts at the country level to achieve universal coverage of skilled care at every birth within a continuum of care*. The continuum of care ensures an unbroken chain of care with access to skilled care right through pregnancy and childbirth, and management of complications and emergencies including postpartum care and contraceptive counseling starting from home up to referral facilities.

Skilled care at *every birth* has been identified as a crucial prerequisite which all other interventions depend on to successfully address maternal and newborn morbidity and mortality.

Objectives of the meeting:

1. To create awareness and a common understanding and vision of key policies and interventions for countries to achieve the MDGs, in particular for maternal and newborn health and survival
2. To share experiences from developing and developed countries and to foster debate on maternal and newborn health
3. To urge parliamentarians and government health officials to continue to raise the issue of women's health care needs to the highest levels and to commit to providing budgetary allocations and development assistance to meet these needs
4. To develop a network for continued discussion and support by pulling together existing initiatives and commitments and knowledge sharing on new and innovative ways of working together



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Department of Making Pregnancy Safer (MPS)

Family and Community Health Cluster (FCH)

**Meeting of Women Parliamentarians
Maternal and Newborn Health and Survival**
London, United Kingdom, 13-14 March 2007

Draft Agenda

14:00-15:00 Opening Plenary (House of Commons)

Welcome notes and introduction: Master of Ceremonies

Sally Keeble, Honourable MP Labour

5 minutes

UK Secretary of State for Health or Minister for Children (TBA)

5 minutes

Welcome address: Joy Phumaphi, Assistant Director-General, WHO/FCH

5 minutes

Briefing on Maternal and Newborn Health: The global and regional situation

Dr Monir Islam, Director, WHO/MPS

5 minutes

Dr Margaret Chan, WHO Director-General

5-7 minutes

Keynote speaker to be decided

7-10 minutes

Keynote speaker to be decided

7-10 minutes

Liya Kebede, WHO Goodwill Ambassador for Maternal, Newborn and Child Health

7-10 minutes

15:00-16:00 Photo opportunity and press interviews (Health MPs from UK, signing of card to commemorate UK Mother's Day)

Tea / Coffee Break

16:00-18:00 Setting out the Challenges: Presentations from Countries

The magnitude of the problem, current situations and support needs (TBD)

18:00-19:00 Break

19:00-20:30 Reception and Dinner (House of Commons)

Keynote speaker to be decided

08:30-12:00 Site visits: St Thomas Hospital, Save the Children, Royal College of Midwives, meeting with UK Minister for Children, King's Fund

12:00-13:00 Lunch and Presentation - Royal College of Obstetricians and Gynaecologists

13:00-13:30 Break

13:30-14:45 Role played by Parliamentarians in MNH - Presenters: Sweden, Norway, UK and 3 developing countries (TBA)

14:45-15:00 Coffee/Tea

15:00-16:45 Presentations from Partners: Addressing expectations from countries - TBA

16:45-18:00 Group discussions and recommendations

18:00-18:30 A shared vision for a way forward - Conclusions

18:30-18:45 Closing remarks: Joy Phumaphi, ADG/FCH

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