



**SPECIAL SESSION ON MATERNAL, NEWBORN & CHILD HEALTH
120th IPU ASSEMBLY**

Remarks by

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Excellencies, Distinguished Guests, Friends & Colleagues, Ladies & Gentlemen...

A very warm welcome to all of you. It is a great privilege for Ethiopia to be the host of this - the 120th Assembly of the Inter-Parliamentary Union - and a great pleasure to have you visit our country. On behalf of all at the Ministry of Health and our Government, I would like to start by thanking all those who have been involved in the organization of this important event.

It is an honor to address this distinguished audience and to present the Special Session on Countdown and Maternal, Newborn & Child Health. I do so as the Minister of Health of the host country and also on behalf of the 260 members of *The Partnership for Maternal, Newborn & Child Health*, of which I am currently Co-Chair.

Over the last couple of years, the imperative of accelerating our collective efforts towards improving maternal and child health has received considerable attention among key decision-makers across the globe.

The work of the Partnership and particularly the Countdown Conference held during the IPU Assembly in Capetown last year, has been instrumental in raising the profile of this pressing issue on the global political agenda.

Many of you here have been playing an important part in this crucial global campaign in various capacities – as IPU members/ parliamentarians, as concerned citizens of your home countries, media representatives and in various other professional roles. Your continued engagement will be key to leveraging the current global momentum on maternal and child health and translating it into concrete action.

On its part, the Government of Ethiopia remains firmly committed to maternal, newborn and child health. This is evidenced by our strong engagement in a number of relevant international forums - and made more concrete by our ongoing efforts to accelerate implementation of our Health Sector Development Plan which is directly aligned with the health related Millennium Development Goals (MDGs). In fact, maternal and child health are two of the four priority areas on which our current 5-year HSDP has been focused.

At the international level, as co-chair of the *Partnership for Maternal, Newborn and Child Health Board*, my task has been to represent and translate this commitment into action by helping steer the Partnership's work to ensure that women, infants and children not only remain healthy, but thrive.

Ethiopia has also been engaged in a number of other major international initiatives. As we moved past the mid-point of our journey towards the 2015, global recognition of our slow progress on maternal and child health led to a number of new initiatives aimed at accelerating our collective efforts towards these ends. As underscored by the Countdown to 2015 campaign (*and Dr Alipui will elaborate on this*), on the whole, our progress towards MDG 4 and 5 targets-- *reducing child mortality and improving maternal health*, respectively has lagged behind our advances towards MDG6.

The launch of the Global Campaign for the Health MDGs in 2007 provided the impetus for establishing the International Health Partnership – the IHP+. Ethiopia's active engagement in this initiative from the outset has led to our country being the first to sign and start implementing an IHP compact.

Likewise, the High-Level Task Force for Innovative Financing - in which I have also been participating, has also recognized the need to mobilize additional resources to accelerate our progress on maternal and child health. These initiatives have greatly boosted aspirations and renewed our optimism about achieving the health MDGs as a whole.

But we are of course, all still acutely aware of the enormous burden of maternal, newborn and child mortality – *over 10 million deaths a year worldwide, mostly preventable, 97% of which occur in only 68 'high burden' countries, including Ethiopia*. Yet, all is not bleak. In Ethiopia, our government along with our diverse partners, has resolved to change this once and for all.

At the national level, progress is already being made through the Government-led integrated health-systems strengthening approach aimed at bringing about lasting improvements to the health of Ethiopian mothers and children.

Let me share some encouraging numbers with you:

In terms of child health, our progress on immunization coverage has been significant. As of December 2008, full immunization had exceeded 80%. And we are confident that this figure has increased considerably since then. Overall, under-five child mortality has declined by about 40% over the past 15 years. These results are encouraging. But we also know that much more needs to be done. Even with this steady decline, scores of Ethiopian children (*nearly 400,000*) die needlessly each year, mostly of preventable causes.

MDG 5 – reducing maternal mortality remains perhaps our greatest challenge.

Still, if we take a longer term view, we can appreciate that substantial progress has in fact been made in curbing maternal mortality in Ethiopia over the past decade. In 2005, the Ethiopian Demographic and Health Survey documented an improved maternal mortality rate of 673/100,000 live births as compared to 871/100,000 in 2000 and 920/ 100,000 in 1990. There has clearly been steady progress.

Yet, the overall life-time risk of maternal death in our country remains high (*about 1 in 27*).

So with the support of partners, we are currently making considerable investments in pursuit of a multi-pronged approach to accelerate our efforts towards MDG5. These measures include:

- The Accelerated Expansion of Health Centers initiative through which we aim to put in place 3,200 health centers around the country (*by end 2010*) -- up to a third of which will be appropriately staffed and equipped to provide comprehensive emergency obstetric care.
- Building of 16 blood banks around the country to ensure an adequate reliable supply of safe blood – a crucial resource, especially in the case of obstetric emergencies.
- Our efforts to expand and strengthen our human resources have also been bearing fruit. We are using the pragmatic strategy of ‘task-shifting’ in expanding and enhancing the skills of our mid-level cadres.
- Just this last Saturday, for example we formally launched a special Master of Science course focusing on integrated emergency obstetrics and surgery – an intensive 3-year program designed to provide our Health Officers with the essential skills needed to save the lives of scores of Ethiopian mothers.
- In addition, the massive deployment of HEWs – two for each village, is also already having a significant impact on the provision of services directly to women at the community level and the development of an effective referral system. HEWs are also being provided with skills to help in safe child delivery, with appropriate supervision.

These measures are expected to have a significant impact on our overall progress towards maternal health targets.

We should also bear in mind that all the MDG’s are closely interrelated. Our progress on malaria, for example, has been substantial and this will clearly have a positive impact on both maternal and child health. Likewise the significant advances being made in other allied sectors such as education will also help bolster our efforts in the health sector.

But the bottom line is this: For Ethiopia to achieve MDG5, we need to further reduce the current MMR of **671** down to **267** over the coming 5 years. ***Can this be done?*** It is clearly an enormous challenge. But one that I believe can still be achieved, considering the ambitious targets we have set for providing universal access to primary health care through our HEP and the considerable gains we have already registered through the integrated health systems strengthening approach I just described. But it will most certainly require a radical shift in the way we work at all levels.

It will also require sustaining and leveraging the strong partnerships that have been forged and mobilizing an increased and predictable flow of resources.

As our own experiences in Ethiopia have shown thus far, if we are to achieve all the health-related MDGs ***there can simply be no substitute for increased investments in an integrated health systems strengthening approach.***

Our progress on the harmonization and alignment agenda embodied in the Paris Declaration will also be key. We need to continue pushing for and working hard to put in place effective mechanisms for more sensible financing whereby funding goes towards countries' national plans and priorities. Countries must take ownership – They must be entrusted to design and implement the needed interventions as they see fit. And they must be and held accountable - for *results* rather than *the processes*.

Although overall international development assistance for health has increased in recent years, resources channeled specifically for MNC health have been relatively limited. They also tend to be irregular and often ear-marked for specific interventions. This makes planning for longer-term programmes difficult.

The sustained political commitment and leadership of governments on these matters - both at the national and global levels will thus be crucial. Parliamentarians have a key role to play in this respect. And I would suggest there are at least five specific areas of action for parliamentarians in improving the lives of mothers and children:

- representing the voices of women and children;
- creating and accelerating appropriate legislation to ensure universal access to essential care, including skilled care at birth
- overseeing government accountability to implement policies for mother and children
- providing adequate budgets for maternal, newborn and child health national policies and programs, and finally
- advocating nationally and internationally for the MDGs.

As Parliamentarians you can play an important role in international discussions as you are doing during this IPU Assembly this week, including by fostering dialogue between developing countries who are working towards the MDGs and developed nations who can support our efforts by increasing and channeling their support in a harmonized manner.

Especially given the current global economic downturn, the substantial efficiency gains that can be made through increased harmonization and alignment and supporting integrated health systems strengthening approaches will be key to accelerating our collective progress towards all the health MDGs.

I would like to conclude with a few words about the Countdown:

- Last year in Cape Town, the Countdown took place alongside the IPU and parliamentarians participated in a Special Session, similar to this one. Parliamentarians signed a commitment to act. It was then that Ethiopia committed to give continuity to the initiative by hosting this session.
- There is much that remains to be done. So, it is my sincere hope that the IPU and the Countdown will together reaffirm these commitments to bring better health to mothers and their children here in Ethiopia and throughout the developing world. Thank you.
- *I declare this Special Session open.*
