

PRESS RELEASE

COUNTDOWN TO 2015 CONFERENCE CALLS FOR MAJOR INVESTMENT IN HEALTH SERVICES TO PREVENT 10 MILLION MATERNAL AND CHILD DEATHS EACH YEAR

Parliamentarians commit to intensify action and monitor progress

19 April 2008, Cape Town – A three day conference on tracking global progress to reduce maternal, newborn and child deaths has concluded today with a call for scaled up investment in basic health services and human resources to reduce the preventable deaths of over 10 million children and women each year.

The call was made by the Ministers, Parliamentarians and participants in the three day *Countdown to 2015* gathering convened to assess progress in providing essential health services for women and children in the 68 developing countries which account for 97% of maternal and child deaths worldwide. According to the 2008 report *Tracking Progress in Maternal, Newborn & Child Survival* released here, few of the 68 countries are making adequate progress to reach Millennium Development Goals (MDGs) 4 and 5 on reducing maternal and child mortality.

Parliamentarians who participated in joint sessions with the Countdown conference added their voices of support. The delegates attending the 118th Assembly of the Inter-Parliamentary Union have committed to scaled up action to reach the MDGs 4 and 5, and agreed to review progress at their next Assembly to be held in Addis Ababa, Ethiopia in April 2009.

Participants in the Countdown conference agreed to hold their next gathering in 2010, vowing to accelerate country action, monitoring of donor investments in maternal, newborn and child health and data gathering.

In the statement issued today, the Ministers, Parliamentarians and conference participants committed themselves to an intensive effort to:

- Sustain and expand successful efforts to achieve high and equitable coverage of effective and high-impact interventions that save lives and improve the health of mothers and children, and thereby contribute to the fight against poverty;
- Integrate efforts to address undernutrition with broader maternal and child health strategies;
- Support initiatives to stop early marriage, early childbirth and other harmful practices, to keep adolescent girls in schools and to promote good health-seeking behaviour among them;
- Strengthen primary health care, linked to the achievement of measurable results;
- Invest in strengthening health systems, including efforts to improve the quality, accessibility, affordability and coverage of essential health services, with a particular focus on priority periods within the continuum of care and strengthening links with interventions addressing HIV/AIDS;
- Invest in infrastructure development and human resources in relation to ethical recruitment and training of health workers, particularly skilled attendants, at all levels, assuring a committed and motivated health workforce;
- Allocate more resources to research, monitoring and evaluation for maternal, reproductive, newborn and child health, and strengthening use of data to guide implementation;
- Address inequities in coverage of care among different geographic, socioeconomic, age and gender groups;

- Hold governments, financing institutions and international organizations accountable for making adequate resources available to achieve MDGs 4 and 5, and other health-related MDGs;
- Ensure predictable, long-term financing for reproductive, maternal, newborn and child health which reflects countries' priorities and plans.

The final Countdown to 2015 conference Statement of Commitment is attached.

Note for editors: Countdown to 2015 for Maternal, Newborn and Child Survival is a collaboration among individuals and institutions to track coverage for health interventions needed to reach the Millennium Development Goals (MDGs) 4 and 5. For more information visit: <http://www.countdown2015mnch.org>

Countdown to 2015 partners are: 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.

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**Statement of Commitment
Concerning Maternal, Newborn and Child Survival
by Participants in the Countdown to 2015 conference
Cape Town, April 17-19, 2008**

We, the Ministers, parliamentarians and all participants at the *Countdown to 2015* Conference in Cape Town, South Africa, April 17 - 19, 2008

Recalling the 1994 International Conference on Population and Development in Cairo; the 1995 World Conference on Women in Beijing, and the Delhi Declaration on Maternal, Newborn and Child Health of April 2005;

Building on the first *Countdown to 2015* Conference in London in December 2005, which launched a concerted effort to scale up country action to achieve MDG 4 on reducing child mortality; and acknowledging that progress towards MDG 5 – improving maternal health – is not sufficient in many countries;

Concerned that almost 10 million children and newborns die every year from largely preventable diseases and conditions, and more than half a million women die annually from the complications of pregnancy and childbirth;

Recognizing that first-time adolescent mothers, particularly poor, marginalized, disadvantaged girls, bear the highest risks of maternal morbidity and mortality;

Recognizing the enormous economic and social burden that results from poor reproductive, maternal, newborn and child health and the barrier this constitutes to development and alleviation of poverty;

Recognizing the impact of underdevelopment, poverty, HIV/AIDS, gender inequity, and conflict on the health of women and children;

Taking note that:

Progress in countries in reducing maternal, newborn and child mortality represents a major success for governments, stakeholders, civil society and development partners, and these efforts should continue and be intensified;

Greater investments in basic infrastructure and human resources are key to improving health services and stronger programming, guided by local evidence, is needed to reduce deaths of women and newborns around the time of childbirth, taking into account the different delivery strategies needed across the continuum of care;

The maternal, newborn and child continuum of care must cover the period from adolescence through pre-pregnancy, pregnancy and childbirth, and from birth until the age of 5 years;

Adequate nutrition, and food security, water and sanitation should be a priority at all levels and in particular at the family level, given their strong relationship to overall health, productivity and ultimately to social and economic development;

Communities need to be involved, informed and empowered about maternal and child health needs, utilize services, and demand accountability;

Reducing maternal, newborn and child deaths on a sustained basis will require a functional and reliable health system that can deliver preventive, promotive curative services through an integrated approach. New and ongoing initiatives must contribute to strengthening health systems while focusing on achieving measurable outcomes;

All new initiatives must strengthen collaboration with partners in line with national programmes, and comply with the Paris Declaration;

Maternal, newborn and child mortality reduction also requires interventions to keep adolescent girls in school, stop child marriages, promote gender equality, livelihood skills, positive health-seeking behaviours, and address the unmet need for contraception,

To achieve the health-related MDGs requires a strong focus on Africa south of the Sahara, South Asia, and other countries with high mortality in other regions;

Policy, programmatic, financing and investment efforts that address inequities are needed now, supported by strong monitoring for continuous improvement. Special attention needs to be given to meeting the needs of marginalized and vulnerable groups, including the poor, rural populations and adolescent girls;

Mobilization of additional resources by governments and their development partners is necessary to make sufficient progress towards the health-related MDGs;

Investing in local research, monitoring, evaluation and dissemination of findings will contribute to the knowledge base needed to accelerated progress;

Affirming that the achievement of the MDGs must be based on a strong commitment of all governments, organizations, and partners to protecting the human rights of women, children and adolescents.

Commit ourselves to an intensive effort to:

- data gathering, and achieve high and equitable coverage of effective and high-impact interventions that save lives and improve the health of mothers and children, and thereby contribute to the fight against poverty;
- Integrate efforts to address undernutrition with broader maternal and child health strategies;
- Support initiatives to stop early marriage, early childbirth and other harmful practices, to keep adolescent girls in schools and to promote good health-seeking behaviour among them;
- Strengthen primary health care, linked to the achievement of measurable results;
- Invest in strengthening health systems, including efforts to improve the quality, accessibility, affordability and coverage of essential health services, with a particular focus on priority periods within the continuum of care and strengthening links with interventions addressing HIV/AIDS;
- Invest in infrastructure development and human resources in relation to ethical recruitment and training of health workers, particularly skilled attendants, at all levels, assuring a committed and motivated health workforce;
- Allocate more resources to research, monitoring and evaluation for maternal, reproductive, newborn and child health, and strengthening use of data to guide implementation;
- Address inequities in coverage of care among different geographic, socioeconomic, age and gender groups;
- Hold governments, financing institutions and international organizations accountable for making adequate resources available to achieve MDGs 4 and 5, and other health-related MDGs;
- Ensure predictable, long-term financing for reproductive, maternal, newborn and child health which reflects countries' priorities and plans.

We call upon all leaders to champion reproductive, maternal, newborn and child health to ensure political priority and investment to achieve MDGs 4 on child mortality and MDG 5 on maternal health. We must all play our part and lead the change to improve the lives of women, newborns and children.