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**SHARING BEST PRACTICES IN SCALING UP INTERVENTIONS FOR REDUCING
MATERNAL AND NEWBORN MORTALITY**

Panel discussion

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BACKGROUND

1. The WHO, UNICEF, UNFPA and World Bank maternal mortality estimates for 2005 revealed that more than half of the maternal deaths worldwide (270 000 out of 536 000) occur in sub-Saharan Africa. In the same region, newborn mortality is the highest in the world, estimated at 45 deaths per 1000 live births. The decline of maternal mortality between 1990 and 2005 in sub-Saharan Africa was only 0.1% per year. In order to contribute to the reduction of maternal mortality towards achieving Millennium Development Goal number 5 there is need for a decrease of at least 5.5% per year.
2. The main issues and challenges related to these high levels of maternal and newborn mortality include weak health systems, poor community participation and inadequate allocation of resources for maternal and newborn health.
3. To address this situation, African countries have developed national Road Maps or plans for accelerating the attainment of MDGs related to maternal and newborn health focused on increasing availability and access to skilled birth attendance and improving community participation. In addition, WHO supports countries in their efforts to prevent unwanted pregnancies and to increase the low contraceptive prevalence rates through repositioning family planning in reproductive health programmes.
4. However, to ensure impact on maternal mortality levels, there is need to intensify efforts and implement strategies for improving the provision of and access to quality maternal and newborn health services, including family planning services; strengthening the referral system; strengthening district health planning and management; advocating for increased commitment and resources for maternal and newborn health and family planning services; fostering partnerships; promoting the household-to-hospital continuum of care; and empowering communities.
5. Experience of countries such as Botswana, Mauritius and Mozambique showed that political commitment and long-term planning and investment in maternal and newborn health can make a difference and lead to the reduction of maternal and newborn mortality.

OBJECTIVES

6. The objectives of the panel discussion are to:
 - (a) share experiences in scaling up maternal and newborn health (MNH) interventions;
 - (b) identify the critical health system factors requiring priority action;
 - (c) define roles and responsibilities for governments and partners in scaling up MNH interventions;
 - (d) recommend the way forward for scaling up essential maternal and newborn health interventions.

EXPECTED OUTCOMES

7. The expected outcome of the panel discussion is a report to the Regional Committee. The report will:
- (a) identify key health system factors for scaling up MNH interventions, mainly the increase of the availability and access to skilled birth attendance;
 - (b) provide recommendations on best strategies to address bottlenecks for scaling up MNH interventions in countries.

PANEL

8. Proposed panelists:
- (a) Chairperson: Minister of Health (to be determined)
 - (b) Alternate Chairperson: Minister of Health (to be determined)
 - (c) Experts from Mozambique and Uganda and one from a country outside of the Region (Egypt, India, Sri Lanka or Tunisia)
 - (d) Health System Expert – DSD/Regional Office
9. Provisional agenda:
- (a) Opening remarks and introduction of panelists (5 minutes): Chairperson
 - (b) Mozambique experience in scaling up essential MNH interventions (10 minutes)
 - (c) Uganda experience in scaling up MNH interventions (10 minutes)
 - (d) Experience in scaling up essential MNH interventions from another WHO Region (10 minutes)
 - (e) The implementation framework for scaling up essential health interventions in the context of MDGs (10 minutes): DSD
 - (f) Discussions (60 minutes)
 - (g) Recommendations and closing remarks (15 minutes).