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Provisional agenda item 12.1

**UNIVERSAL ACCESS TO EMERGENCY OBSTETRIC AND  
NEONATAL CARE**

**Panel discussion**

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## BACKGROUND

1. The United Nations Millennium Development Goals (MDGs) 4 and 5 aim to reduce child mortality by two thirds and maternal mortality by three quarters between 1990 and 2015. MDG 5 is the target towards which the least progress has been made so far. To meet MDG 5 an annual average maternal mortality reduction rate of 5.5% is required. In sub-Saharan Africa, the annual average reduction was 0.1% between 1990 and 2005. In the African Region, over 270 000 women and 1.12 million newborns die annually from preventable causes during pregnancy, childbirth and the postpartum period.<sup>1</sup>

2. Forty-two Member States have adopted the Road Map for Accelerating the Attainment of the MDGs related to Maternal and Newborn Health in Africa. However, in most countries, implementation of the Road Map remains very slow. Skilled birth attendance in sub-Saharan Africa remains low at 46% and only 12% of pregnant women requiring Emergency Obstetric Care actually receive it.<sup>2</sup> Pregnant women still face geographical, sociocultural and financial barriers to accessing quality health care.

3. The panel discussion will be a forum to discuss how best to ensure universal access to quality Emergency Obstetric and Neonatal Care (EmONC) services in the overall framework for implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems.<sup>3</sup>

## OBJECTIVES

4. The objectives are:

- (a) to share country experiences in implementing the Road Map and improving access to EmONC;
- (b) to identify key barriers to accessing EmONC;
- (c) to discuss ways of removing barriers to timely effective EmONC;
- (d) to make recommendations for universal access to quality EmONC.

## EXPECTED OUTCOMES

5. The expected outcomes of the panel discussion are:

- (a) EmONC experiences shared;
- (b) barriers to EmONC and ways of removing them identified;
- (c) recommendations for universal access to quality EmONC in the context of the Ouagadougou Declaration and the Algiers Declaration provided.<sup>4</sup>

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<sup>1</sup> Maternal Mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and the World Bank. Geneva: WHO; 2008.

<sup>2</sup> World Health Organization, UNFPA, UNICEF and AMDD. Monitoring Emergency Obstetric Care: a Handbook. Geneva: WHO; 2009.

<sup>3</sup> The Ouagadougou Declaration on Primary Health Care and Health Systems: Achieving better health outcomes for Africa in the New Millennium.

<sup>4</sup> Framework for the implementation of the Algiers Declaration.

## **PANEL**

### **6. Proposed panelists**

- (a) Chairperson, Minister of Health, Angola;
- (b) Alternate Chair, Minister of Health, South Africa;
- (c) Burkina Faso: to share country experience;
- (d) Sri Lanka: to share country experience;
- (e) African Society of Obstetricians and Gynecologists (SAGO): to make a presentation.

### **7. Provisional agenda**

- (a) Opening remarks and introduction of panelists (5 minutes): Chairperson.
- (b) Burkina Faso: experience in scaling up EmONC (10 minutes).
- (c) Sri Lanka: experience in scaling up EmONC (10 minutes).
- (d) SAGO: “Contribution of training institutions and professional bodies to EmONC” (10 minutes).
- (e) Discussion (60 minutes).
- (f) Recommendations and closing remarks (15 minutes).

**ANNEX****GUIDELINES FOR CHAIRING THE SESSION**

The Chairperson will introduce the panelists and the panel discussion. In introducing the panel discussion, the Chairperson will reiterate the health-related MDGs and the Ouagadougou Declaration on Primary Health Care and Health Systems. The Chairperson will then summarize the background, highlighting the objectives, the outcomes and the method of work including the timeline.

**Guidelines for the discussion**

Each presenter will have seven (7) minutes. Presenters are requested to be concise and focus on tangible achievements, key challenges and what they consider as best practice that could be shared with other countries.

The Chairperson will open the floor for the discussion which will take 45 minutes after the presentations, while ensuring that the discussion is focused on the objectives of the Panel; i.e addressing the following:

- (a) What are the major barriers and challenges to accessing Emergency Obstetric and Neonatal Care;
- (b) What are the best approaches to addressing the challenges;
- (c) What are the key recommendations for universal access to quality EmONC in the context of the Ouagadougou Declaration and the Algiers Declaration.

Each question will be discussed for 15 minutes followed by a summary by the Chairperson.

At the end of the session the Chairperson will conclude by highlighting the key action points and key recommendations of the Panel.