

**KEYNOTE ADDRESS BY THE PRESIDENT CONAMA, PROF OMONI, AT THE  
OPENING CEREMONY OF THE REGIONAL MATERNAL AND NEWBORN  
CARE FORUM – SNOWCREST HOTEL, ARUSHA, TANZANIA ON AUGUST  
19<sup>TH</sup> 2013**

**Prioritizing Maternal and Child Health Interventions in Africa**

The Honourable Deputy Minister for Health, Ministry of Health and Social Welfare, Tanzania

The Permanent Secretary, Ministry of Health and Social Welfare, Tanzania

The Maternal and Child Health Advisor, USAID EA

The Director General, East Central and Southern Africa Health Community (ECSA-HC)

The Deputy Director, Regional Center for Quality of Health Care

Partners 'Survive and Thrive' initiative

Country ministry of health representatives

Regional and national health professional associations/networks representatives

Distinguished delegates

Ladies and Gentlemen

All protocol observed

On behalf of the Confederation of African Midwives Associations (CONAMA) it is indeed an honour for me to take the floor and address this Forum. As a dedicated advocate for the survival and continued good health of mothers and children in Africa, I am delighted to be part of this important Forum. I would like to express my appreciation to the Government of Tanzania, specifically the Ministry of Health and Social Welfare for accepting to have the Forum held in Arusha, Tanzania.

I am also honored to share the room with remarkable people who play vital roles in their various capacities to strengthen the quality of health care for women and children in the region. Thank you all and let's continue to work together to address maternal and newborn issues on our continent.

I would like to thank USAID for funding this worthy cause. Thank you.

I want to thank the Regional Center for Quality of Health Care and the East Central and Southern Africa Health Community for convening this important forum and for all the preparations that have been made in creating optimal conditions for the Forum. The Forum aims to strengthen the capacity of regional and national health professional associations to address maternal and newborn health issues in the Region. As sub-Saharan African health systems grow and strengthen, it is essential that health professionals are well trained, and

supported to embrace continuous learning and a continuous pursuit of high quality clinical care and patient experiences. Health professional associations are now seen as a key means to encourage and enable this life-long learning, and to amplify advocacy calls for enhanced knowledge, employment support and professionalism across medical, nursing and allied health workers.

Regrettably, children and mothers in sub-Saharan Africa continue to bear the brunt of global child and maternal death. Our region has 10 percent of the world's population and yet accounts for 48% of the world's under-five mortality. Statistics reveal that majority of the under-five deaths occur largely from preventable diseases such as pneumonia, diarrhea preterm birth complications and birth asphyxia. The WHO estimates that approximately 800 women globally, die every day from pregnancy or childbirth related complications. Africa accounts for 60% of global maternal mortality with 56% of the deaths in Sub-Saharan Africa. Many of the complications such as severe bleeding, infections, eclampsia, obstructed labour and the consequences of unsafe abortions can be avoided, as the health-care solutions to prevent or manage complications are well known. The impact of maternal deaths on children is enormous with evidence showing that infants whose mothers die are more likely to die before reaching their second birthday than infants whose mothers survive.

The need to accelerate progress in maternal and child survival has been emphasized in various global and regional efforts such as ICPD, the Africa Reproductive Health Strategy 2007-2015, Maputo Plan of Action, the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the USAID 'Survive and Thrive' Global Development Alliance . The 2012 Health Ministers Conference (HMC), passed resolution ECSA/HMC56/R2 calling for action on Delivering Maternal and Child Health.

The African Head of State joined forces with other World leaders at the Millennium Summit and committed to reducing national under-five mortality rates by two-thirds and reducing maternal mortality by three quarters by the year 2015. Approximately 500 days remain until December 31, 2015, the deadline for the Millennium Development Goals (MDGs). Taking stock of the progress in this regard, the 2013 Countdown to 2015 report indicated that most countries in the African region have either made insufficient progress to meet these goals or have made no progress in this direction.

The global number of deaths in children under five years of age has dropped from nearly 12 million in 1990 to approximately 6.9 million in 2011. In sub-Saharan Africa however, the under-five mortality rate remained above 100

deaths per 1,000 live births in 2011. The number of women who die each year from causes related to pregnancy or childbirth dropped substantially from 543,000 deaths in 1990 to around 287,000 deaths in 2010. Over fifty countries reduced maternal mortality during 2000-2010 at a faster rate than during the previous decade, showing that the pace of progress is improving. However, the news is not all positive. Nine Countdown countries in sub-Saharan Africa experienced increases in maternal mortality in the past two decades. Statistics from our region are unacceptable considering the availability of current knowledge and technology to tackle the problems. Health is a basic human right for mothers, newborns and Children. I therefore call for greater and sustained efforts to be put in place so as to increase coverage of high-quality services, including family planning, antenatal and postnatal care, and skilled delivery and emergency obstetric care.

The next step is urgent action in countries where the problem is greatest. Such action must be directed by policies, investments and effective service delivery that support a cohesive set of priority interventions.

Distinguished guests, ladies and gentlemen, the numerous health challenges faced by mothers, newborns and children in Africa are evident. Despite this, I am convinced that sustained high coverage implementation of a selection of highly cost-effective interventions that include both community and health facility aspects cutting across the continuum of care from pregnancy, childbirth, newborn is central to progress. Improved policy dialogue, concerted efforts of the various actors, increased availability of resources and human resources strengthening will certainly change our maternal and newborn trends.

We must overcome the obstacles and strengthen the capacity of Regional Professional Associations to address the Maternal Newborn and Child Health issues specific to the region(s). We must deliberate on formation and coordination of an African maternal and newborn care community of practice that works. We must make the quality improvement processes known to all MNCH workers in every part of the continent. What you learn today, you must share the knowledge in your region and beyond.

Childbirth is a normal part of human life and must be made safe. Every pregnant woman, without exception, requires skilled care when giving birth to ensure successful delivery. Such care can at best be provided by a qualified midwife or a health worker with midwifery skills operating in an enabling environment with appropriate policy and regulatory framework, adequate supplies, equipment, infrastructure and communication system. This can avert, contain or solve many of the life-threatening complications that arise during childbirth. All women need care that only a well manned and equipped hospital can provide, should

complications arise. Postnatal is not only crucial for the mother but also for her newborn.

Greater investment and attention to the newborn period, including the prevention of preterm births and still births and the scale-up of effective, low-cost interventions such as antenatal corticosteroids, cord care, and kangaroo mother care, is required.

Fertility levels in sub-Saharan Africa have remained high. The unmet need for family planning in many of our countries draws attention to the need to broaden access to contraception. Family planning services can improve maternal mortality by reducing unintended and high-risk pregnancies and unsafe abortions. These services can also help improve newborn and child survival by lengthening inter-pregnancy intervals. Efforts must be made to increase coverage of high-quality services, including family planning, antenatal and postnatal care, and skilled delivery and emergency obstetric care.

Patients perceive health services delivery, particularly maternity services as wanting. On average, fifty percent of Sub Saharan African households live within 5 km from a health facility. Despite this, there is low utilization of these health services. Disrespect and abuse of patients is increasingly becoming evident in health care delivery. Respectful care is key to quality improvement in maternal and newborn care service delivery in the region. Quality-of-care issues should be viewed from the patient's perspective and not just from the provider's.

Honourable Minister, distinguished guests, ladies and gentlemen, we need to focus on few basic high impact maternal and child health interventions and work hard to increase their coverage at scale, consistently, sustainably, until a notable difference is made. The scale up of these interventions must be matched with comprehensive emergency care and overall improvements in the quality of maternal and child health care.

T Together  
E Each one  
A Achieves  
M More

I thank you for your attention.