

**- Appointments and Agreements on MDG 5 -**  
**2008 October 15 -Are we doing well regarding Millennium Development Goal 5?**

Wednesday October 15 a lobby and network meeting took place at the Nieuwe Kerk in Amsterdam. Professional workers on mother and child care from India, Afghanistan and Ethiopia state their desired actions to reduce maternal mortality in their countries to an audience consisting of politicians, NGO workers, midwives (to be), students and those who were interested in the subject.

A panel with Stella Ronner (MDG ambassador for Ministry of Foreign Affairs), Chantal Gill'ard (MP labour party; development cooperation and medical ethics), Ans Ursem (COS Nederland) and Monique Lagro (Cordaid) reacted on the lobby messages from the delegations. Yvonne Heselmans (Plan Nederland) lead the discussions.

What has been stated, desired, and promised is written below:

**- Lobby message Ibn Sina, Afghanistan –**  
dr. Farhat Sahak, dr. Suraya Anwari, dr. Mensrain Majeeb

**Statement**

Need to improve health, especially that of women and children, with emphasis on cost effective Primary Health Care(PHC) intervention in order to improve child survival and reduce of Maternal Mortality Rate.

**Evidence that more primary health care is needed:**

Afghanistan has one of the highest rates of maternal mortality worldwide: 1 out of 6 mothers dies .

- Numbers:
1. MMR: 1,600/100,000 live births
  2. Infant Mortality Rate at 129/1,000
  3. < 5 Mortality Rate 191/1,000

**Example story**

A multiparity 35 old woman named Sherin was brought to the hospital in case of shock. According to the relative the patient had delivered twins three hours before at home. After delivery she had a heavy vaginal bleeding and the placenta was not removed. A trained midwife did a rapid assessment, checking her vital sign and did an emergency aid. At the end the patient has received necessary health services and the midwife rescued her life.

**Action desired**

- ▶ Global support for security and peace in Afghanistan
- ▶ Health as an international responsibility.
- ▶ Health as a right of human being in order to reach human dignity
- ▶ We need support of Dutch people, NGOs, and politicians to be with us in order to improve quality of health.

**- Lobby message IHA UDP, Ethiopia -**  
Mrs. Feriha Ahmed Abraham, Dr. Tekle Akaki Getachew

**Statement**

Integrated Holistic Approach Urban Development Project (IHA UDP) provides amongst other services, health care services for about more than 52,000 population who are living in one of the poorest of the poor areas in Addis

**Evidence**

This care is very much needed because only 6% of women in Ethiopia deliver with skilled attendance. The maternal mortality rate in Ethiopia is 673/100,000 live births (2000 – 2006). Out of which unsafe abortion accounts 32% of all maternal deaths. Preventable maternal illness & death persists high because of inadequate management of the complication of pregnancy, labour and delivery.

**Numbers:**

- ANC coverage year 2000 -2006 28%
- Skilled attendant at delivery 2000 – 6%
- Institutional delivery 2000 – 2006 5%
- Contraceptive prevalence 2000 - 2006 15%

**What happened:**

Now the Government of Ethiopia develops new policy regarding NGOs. A local Ethiopian NGO must raise 90% of their funds within the country and only 10% from outside donors. (Or if 90% of the funds come from outside, the local NGO needs to be registered as an international NGO). Which may result in the collapse of most NGOs that are working in Ethiopia. This does not only have an impact on mother & child health but also affects the achievement of MDG5!

**Action desired**

Therefore IHA, as one of the projects working in maternal and child healthcare, needs the awareness and support of donors to negotiate and lobby with governments to achieve MDG5

- **Lobby message India** –  
Mrs. Kakoli Dey, Dr. Nupur Basu Das

**Statement**

CINI India works to improve mother and child health in India, through effort on health, education, nutrition and child protection.

**Evidence**

Every five minutes one woman in India dies from complications related to pregnancy and childbirth

**Example**

Together we can reverse the situation:

*[health care, education, nutrition and child protection]*



**Action desired**

We would like to request everyone present here and anyone who comes to India as a Tourist probably to see *Taj Mahal* or to work, should come to CINI to see the real face of India and to support us in our endeavor in reducing Maternal Mortality Rate!

## - Appointments and Agreements on MDG 5 -

### **Ministry Foreign Affairs – mrs. Stella Ronner (MDG ambassador)**

Although the morbidity rates related to pregnancy and childbirth are difficult to estimate, the figure of nine million women annually being affected is generally accepted. These figures are staggering. They show that a lot remains to be done. Actually, MDG5 is the goal that is most off track. Or, to put it differently: **maternal mortality is the most poignant illustration of the difference between the rich and the poor**. Let me quote, once again, from the UNSG's report: "A skilled health worker (doctor, nurse or midwife) at delivery is critical to reducing maternal deaths" and: (from statistics provided by the World Bank): maternal mortality can be reduced by 25 up to 35% if something can be done about the unmet need for family planning.

### **Shared responsibility and common concern**

By this I want to say that we have the answers to do something about maternal mortality. We know what interventions are needed. We just need to make them possible. This is the good news. It means that achieving the millennium goals, and improving the situation of women more generally, is first and foremost a question of **accountability**: people need to be reminded of their respective responsibilities to improve the situation of hundreds of thousands of women. This goes especially for political leaders, both in developed and in developing countries. Politicians in countries in the developed world need to live up to their commitments; this means that they cannot renounce their commitment of spending 0,7% of their GNI on development assistance. At the same time, leaders of developing countries need to do their share as well: good governance, fighting corruption and setting the right priorities; if countries do not reform their health sector in such a way that it really becomes accessible to the poorest, we will never manage to improve the figures of maternal and child mortality.

### **Womens' sexual and reproductive health and rights**

First of all, it is important to underline that the NL government holds the view that MDG 5 is not 'just' about the moral tragedy of over 500.000 mothers dying annually. The social and economic consequences of this tragedy are extensive; women are dying in the (economic) prime of their lives, families lose what is often their primary caretaker, thereby significantly reducing survival and development chances of the children within those families.

Furthermore, I would like to stress that the Dutch approach towards MDG 5 is a broad one in which sexual and reproductive health and rights are the cornerstone. Within this context, attention is given to family planning, sexual education and unsafe abortions in addition to specific care related to pregnancy and childbirth. Prevention of unwanted pregnancies and prevention of unsafe abortion can make a tremendous contribution to achieving MDG 5. The importance of the wider context of sexual and reproductive health and rights in which MDG 5 should be imbedded, was highlighted by the minister in his intervention at the maternal health side event.

### **Of course, these policy objectives can be translated in financial terms:**

- In 2007, the total development budget for health of the Netherlands – including HIV/AIDS and sexual and reproductive health and rights (SRHR) – was 424 million euro's.
- Over the coming four years, the Netherlands will contribute to UNFPA: 58,5 million per year.
- On top of that, the minister has announced the contribution of an additional 30 million euro's to the Global Program on Reproductive Health Commodity Security. This

contribution will help to reduce the fast growing gap between women's desire to use contraceptives and the availability of the means. We are also committing additional funding to the International Confederation of Midwives (ICM) in order to strengthen midwifery.

### **Other actions**

- Cooperation is also working actively to further develop our experience with public-private partnerships.
- The importance of MDG 5 and family planning we will stress in all business relations (at Top meetings like Millennium Development Goals Top; at embassies; bilateral relations and at meetings). Also Minister Koenders, Development Cooperation, brings about the issue in the countries we are talking about.
- Cross sectoral approach

### **Mrs. Chantal Gill'ard - MP labour party (PvdA); development cooperation and medical ethics**

The promises to reduce maternal mortality are there, what we now need is to accomplish these promises financially and in terms of action.

Furthermore, in Holland there is a need for stronger effort of the parliament as a whole on MDG 5. And the parliament should work together more with civil society on this subject. Women's rights are important, without women's rights there is nothing to do.

- Gill'ard immediately promises to put effort in discussion with the Ethiopian government on the new NGO law.
- Mother Night 2009 will be about Youth pregnancy, women's rights in Europe (e.g. abortion) (Gill'ard is involved with the organisation of Mother Night, so is Cordaid)
- Advocate for prevention brain drain (medical staff from developing countries)
- Organise meetings with parliament, companies, civil society about what we can do to reduce MDG 5

### **Cordaid - mrs. Monique Lagro**

Cordaid signed the Schokland Agreement to reduce MDG 5, together with other NGOs and companies. Cordaid supports people on community level. For example, they support a project in which a cycle is turned into an ambulance. These are simple projects that really can save women's lives, which can be done without much equipment, and that are locally made and planned. Cordaid is also actively involved in the organisation of the Mother Night.

- Keep on supporting health services in remote areas
- Information South
- Support education midwives in Afghanistan
- Partner in agreement of Schokland, amongst others

## **COS - mrs. Ans Ursem**

COS organises exchanges like this to be able to give people in the 'South' a 'voice'. COS does not want to talk about them, but with them, and to exchange knowledge and experience with each other. It is important to strengthen and to broaden the network, so that we can give attention to MDG 5 to as many people as possible. One of the main aims of COS is to raise awareness in the Netherlands: If you're not aware, you don't care!

In this also the organisation of the regional Mother Nights is very important.

- Awareness raising in the 'North' (If you are not aware, you don't care)
- Share experience with the 'South'
- Supporting more exchange, like CINI is doing
- COS: involved in organising regional Mother Nights
- Also important to know what happens in your own country

## **From audience**

Aad van der Meer: What is the role of men/gender? Look at the instruments that we use, do not fall into 'jargon'. Make the message more explicit and make it visible for the Dutch media. Involve youngsters into the subject, but in a sparkling innovative way!

Youngster: Most young people are aware of the problems, but it can be too confronting. It is easy to turn your back and to ignore it if you do not have many solutions yourself. Use for example hyves or other channels that are used frequently by young people, to reach this target group.

Barbara Kwast: -Don't medicalise pregnancy and labour (philosophy behind Dutch midwifery system)  
-Prevent unwanted pregnancy  
-Capacity building of medical staff and women

Dr. Farhat: Men can just marry another woman if their wife dies during labour, some don't care. A core problem is for women to be looked as inferior.

**Organised by: COS Noord-Holland, COS Zeeland, Oxfam Novib, CINI Holland**