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International News

International News – April 2018

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Celebration themes for 2018

At the beginning of the year, President of the International Confederation of Midwives (ICM), Franka Cadée, sent a message to midwives saying 'At the Toronto council in 2017, [midwives] charged the ICM Board to focus our triennial strategy on Quality, Equity and Leadership. These themes are reflected in the ICM triennial strategic plan'. Franka continued by explaining the foundations of the plan:

'1. We know that it is a human right for women to receive compassionate quality midwifery care where ever they may live. There is no better investment, because women give birth to our future generations.

2. We know that midwives play a key role in providing quality midwifery care and have great skill in giving the appropriate care at the appropriate time.

3. We know that it is a human right for midwives to work within an enabling environment for their full potential to flourish'.

> 'It has become clear to me', she said, 'that our greatest strength is our diversity. By this I mean our diversity in cultural contexts, in access to resources, in our scope of practice, in midwifery positions from students to professors, to mention just a few. And one thing unites us all: we are midwives, the most wonderful and meaningful job on earth!'.

The International Day of the Midwife will be celebrated as usual on 5 May 2018 and the theme will be:

- Midwives leading the way with quality care
- *Sages-femmes, leaders en soins de qualité*
- *Matronas liderando el camino con un cuidado de calidad.*

The resource pack will be shared in the coming months.

On 7 April the World Health Organization (WHO), as well as other related organisations, will mark World Health Day: a global health awareness day celebrated every year.

This year's theme is 'Health for all' – universal health coverage, an especially important concept for midwives as women and babies still remain a low priority for healthcare in some parts of the world.

In 1948, WHO held its First World Health Assembly, so this year is WHO's 70th anniversary.

https://internationalmidwives.org/news/?nid=452.

http://www.who.int/life-course/news/events/world-health-day-2018/en/.

Chilean President Michelle Bachelet to Chair PMNCH Board

The Partnership for Maternal, Newborn & Child Health (PMNCH) announced in January 2018 that H.E. Ms Michelle Bachelet Jeria, President of the Republic of Chile, has accepted the role of new Board Chair of PMNCH.

The Partnership is an alliance of more than 1000 organizations in 77 countries from the sexual, reproductive, maternal, newborn, child and adolescent health communities, as well as health influencing sectors. PMNCH provides a platform for organizations to align objectives, strategies and resources, and agree on interventions to improve maternal, newborn, child and adolescent health.

Ms Bachelet is a long-time advocate for the rights of women and children in Latin America and holds a medical degree with a specialization in surgery, paediatrics and public health. She became Chile's first female president in 2006 following a term as Health Minister, where she laid the foundation for an overhaul of the Chilean healthcare system.

Throughout her two tenures as president (2006 and 2013), she prioritized women's and children's issues and was a champion for protecting the most vulnerable. President Bachelet will conclude her presidential term in Chile in March 2018, after which she will take on this voluntary role for PMNCH, among other activities.

Helga Fogstad, Director, PMNCH said, "This is a major honour for PMNCH and the first time a sitting president has joined us as Board leader. Ms Bachelet's tireless commitment and unwavering belief in women's, children's and adolescents' right to life, health and equality along with the work she does through her role as Every Woman Every Child High-Level Steering Group co-chair, makes her our ideal choice to continue the important mission of PMNCH. With her at the helm, we will continue to build upon our successes over the years and carry this strong momentum into 2018 and beyond, as we work towards achieving the vision of the Global Strategy for Women's Children's and Adolescents' Health."

Ms Bachelet was the first Executive Director of UN Women in New York (2011–2013) and is currently a co-chair of the High-Level Steering Group for Every Woman Every Child (EWEC) with United Nations Secretary General António Guterres and H.E. Mr Hailemariam Desalegn, Prime Minister of Ethiopia. This group was appointed by the UN Secretary-General to help provide leadership and inspire ambitious action for women's, children's and adolescents' health In support of the Sustainable Development Goals.

Ms Bachelet has also been a driving force behind the July 2017 launch of the Latin American regional network of Every Woman Every Child, supported by the Pan American Health Organization (PAHO) and other partners.

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After her first term as President in 2010 she served as president of a joint-initiative with the International Labour Organization and the World Health Organization.

The PMNCH Board has recently expressed its continued commitment to closer alignment with Every Woman Every Child (EWEC) partners. At its 21st Board meeting in Lilongwe, Malawi, 13–14 December, the Board expressed its appreciation for the development of a recent independent consultancy report led by Dr Peter Colenso, and agreed to formulate a PMNCH position paper in response.

The Board also committed to developing a value-added proposition document to clearly delineate PMNCH's role and functions in the context of *Every Woman Every Child*, and to convene a meeting of senior leaders of EWEC partners to undertake further discussions.

The decision points were agreed at the two-day Board Meeting hosted by the Government of the Republic of Malawi. Honorable Atupele Muluzi, MP, Minister of Health and Population, opened the meeting and was joined by Dr Charles Mwansambo, Permanent Secretary of the Malawi Ministry of Health.

http://www.who.int/pmnch/media/news/2018/statement-michelle-bachelet/en/.

More women worldwide receive early antenatal care but inequalities remain

The World Health Organization (WHO) recommends that women start antenatal care at a gestational age of less than 12 weeks – this is referred to as 'early antenatal care'. Early antenatal care is a critical opportunity for health providers to deliver care and support, and to give information, to pregnant women in the first trimester of pregnancy. Despite this, a study published in December 2017 shows that many of the poorest women still do not have equal access to the high-quality early antenatal care that can help to ensure their own and their baby's health and well-being.

The study, which was undertaken by staff at the WHO Department of Reproductive Health and Research including HRP, shows that while global coverage of early antenatal care has improved in the last two decades, substantial inequalities between regions and income groups remain.

While the last two decades have seen an increase in the number of women receiving early antenatal care, in 2013 too many women living in developing regions did not receive early antenatal care.

Between 1990 and 2013, the estimated worldwide coverage of early antenatal care visits increased by 43%, to cover nearly 6 out of 10 women in the world. This is a significant improvement from 1990, when less than half of all women – only 4 out of 10 – were estimated to have received early antenatal care.

In addition to inequalities between regions, the study showed significant gaps in 2013 between richer and poorer women. While the majority of women – an estimated more than 4 out of 5 women – in the highest income group studied accessed early antenatal care, an approximate 1 out of 4 women in the lowest income group accessed early antenatal care.

In developing regions, where coverage has been especially low in the past 2 decades, the estimated coverage increased by as much as 74%, from including only 1 out of 4 women in 1990, to nearly every other woman in 2013.

Many of the regions which had the lowest estimated coverage 2 decades ago, have since achieved an estimated increase in coverage of more than 70%, namely Northern Africa, Western Asia, Southern Asia, developing regions and South-Eastern Asia. All had an estimated coverage of below 45% in 1990.

In Northern Africa, Western Asia and Southern Asia, the estimated coverage more than doubled. In Northern Africa and Western Asia, where only around 3 out of 10 women were estimated to have received early antenatal care in 1990, the majority of women – 7 out of 10 – received this care by 2013. During the same period, the estimated coverage in Southern Asia improved from an estimated 2 out of 10 in 1990, to half of the women in 2013.

Early antenatal care is a crucial moment for health providers to provide a number of screenings and tests, which are most effective early in pregnancy, including those which help to:

- correctly assess the length of pregnancy (gestational age) in order to allow for accurate treatment of preterm labour
- screen for genetic and congenital disorders
- provide folic acid supplementation in order to reduce the risk of neural tube defects
- screen for and treat iron deficiency anaemia
- screen for and treat sexually transmitted infections
- potentially capture non-communicable diseases such as diabetes
- potentially provide guidance on modifiable lifestyle risks such as obesity, malnutrition and occupational exposure.

The estimates suggest that regions with low rates of early antenatal care coverage have high rates of maternal mortality. Two regions (sub-Saharan Africa and Oceania) showed an estimated coverage of less than 25% in 2013, and also had the highest ratio of deaths of women during pregnancy and childbirth, as well as the highest rates of stillbirths and deaths of newborn infants. The authors suggest that early antenatal care visits could potentially be linked with health outcomes for women and children.

More data are needed on early antenatal care in order to better inform policies and programmes which aim to improve health services for women, girls, and their families. At present, there is great variation between countries in terms of how and to what extent data on antenatal care is collected, and in many countries there are no data available. Increased efforts are therefore needed to improve the collection and reporting on early antenatal care contacts.

http://www.who.int/reproductivehealth/early-anc-worldwide/en/.

UNICEF urges action to reduce air pollution affecting brain development in young children

Almost 17 million babies under the age of one live in areas where air pollution is at least six times higher than international limits, causing them to breathe toxic air and potentially putting their brain development at risk, according to a new UNICEF paper released in December 2017. More than three-quarters of these young children – 12 million – live in South Asia.

The new study, 'Danger in the Air: How air pollution can affect brain development in young children', notes that breathing in particulate air pollution can damage brain tissue and undermine cognitive development – with lifelong implications and setbacks.

> "Not only do pollutants harm babies' developing lungs – they can permanently damage their developing brains – and, thus, their futures," said UNICEF Executive Director Anthony Lake. "Protecting children from air pollution … also benefits their societies – realized in reduced health care costs, increased productivity and a safer, cleaner environment for everyone."

Satellite imagery reveals that South Asia has the largest proportion of babies living in the worst-affected areas, with 12.2 million babies residing where outdoor air pollution exceeds six times international limits set by the World Health Organization.

The East Asia and Pacific region is home to some 4.3 million babies living in areas that exceed six times the limit.

The paper shows that air pollution, like inadequate nutrition and stimulation, and exposure to violence during the critical first