



International News

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2015 Is the time for Global action

At the start of the year which was the target for the 2000 Millennium Development Goals (MDGs), the UN Secretary-General Ban Ki-Moon said: 'The opportunities that 2015 presents for bringing the countries and people of the world together to decide and embark on new pathways forward are historic and unprecedented. These decisions will determine the global course of action to end poverty, promote prosperity and well-being for all, protect the environment and address climate change. The actions made in 2015 are expected to result in new sustainable development goals to follow the eight Millennium Development Goals'.

Earlier in the year, Director-General of WHO, Margaret Chan, said: 'Health must be a part of any future global development agenda ...'

Better health is a good way to track the world's true progress in poverty elimination, inclusive growth and equity. For the post-2015 agenda, I see many signs of a desire to aim even higher, with ambitious yet feasible goals.

Dr. Chan noted the need to end preventable maternal, neonatal and childhood deaths, eliminate a large number of the neglected tropical diseases, and halt the tuberculosis epidemic.

Among other issues, Dr. Chan highlighted the effects of air pollution, which is the world's largest single environmental health risk; the growing prevalence of obesity, especially among children, and diet-related non-communicable diseases; and the global cancer crisis, in which the number of new cases has reached an all-time high and is projected to rise.

Among the latest reports on Goal 5, to improve maternal health, a summary said:

Target 5A 'Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio':

- The maternal mortality ratio dropped by 45% between 1990 and 2013, from 380 to 210 deaths per 100,000 live births. All regions have made progress but accelerated interventions are required in order meet the target.
- In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds.
- The proportion of deliveries in developing regions attended by skilled health personnel rose from 56% in 1990 to 68% in 2012.
- The maternal mortality ratio in developing regions is still 14 times higher than in the developed regions.
- The rural–urban gap in skilled care during childbirth has narrowed.

Target 5B 'Achieve, by 2015, universal access to reproductive health':

- More women are receiving antenatal care. In developing regions, antenatal care increased from 65% in 1990 to 83% in 2012.
- Only half of women in developing regions receive the recommended amount of health care they need.
- Fewer teens are having children in most developing regions, but progress has slowed.
- The large increase in contraceptive use in the 1990s was not matched in the 2000s.
- The need for family planning is slowly being met for more women, but demand is increasing at a rapid pace.
- Official Development Assistance for reproductive health care and family planning remains low.

Ebola the United Nations are looking for volunteers midwives

The current outbreak of the Ebola Virus Disease (EVD) in West Africa is the largest and most complex outbreak of Ebola to date, with more cases and deaths than in all previous outbreaks combined. Mistrust and general panic are posing barriers to essential health care in the affected countries, with

pregnant women being too scared to visit health centres and facilities no longer being able to offer routine and emergency maternal and newborn health services.

The crisis has diverted critical resources away from pregnant women and newborns. It is estimated that more than 800,000 women in Guinea, Sierra Leone and Liberia will be pregnant in the next 12 months. Moreover, more than 1.3 million women in these countries will need family planning services in 2015. If no intervention takes place, it is expected that the number of pregnant women and newborns dying from preventable causes will significantly increase.

The 'Mano River Midwifery Response' has an overarching purpose to increase access to essential normal and emergency obstetric and neonatal service delivery and care for women and newborns in the Mano River area (Guinea, Liberia and Sierra Leone).

This response will also contribute to reinforcing health systems in the perspective of the post-Ebola epidemic. It aims to put in place essential human resources, equipment, drugs and supplies; build the capacity of national health professionals; and raise community awareness.

In each country a quick assessment will be carried out to determine population distribution, the available health professionals and equipment, and the international support already in place, in order to respond to the most critical needs and to complement efforts already conducted.

The UN Population Fund (UNFPA) is setting up reproductive, maternal and neonatal health (RMNH) services, in facilities or in tent-based outreach where facilities cannot be used, to pregnant women and newborns, establishing a network of 250 midwives in the affected areas, who are able to address the urgent needs of childbearing women and newborns.

Outreach through community health workers to restore trust in the RMNH services and to reach childbearing women through mobile-clinics is part of the response. The services include family planning, antenatal, childbirth, post partum/natal care, including basic emergency obstetric and neonatal care, sexual reproductive health matters and services.

The midwives will serve in teams across the three affected countries. These Basic Emergency Obstetric Care (BEmONC) Centres will be connected with Comprehensive Emergency Obstetric Care (CEmONC) Centres linked with a referral system. The UN Volunteers contribute to the peace and development of the countries.

<http://www.europeanmidwives.com/news/articles/ebola-the-united-nations-are-looking-for-volunteers-midwives-19#sthash.GwZSCK5k.dpuf>

Call to action on improving water sanitation and hygiene for maternal and newborn health

WaterAid and the London School of Hygiene & Tropical Medicine have joined the World Health Organization, UNICEF, UNFPA, SHARE Research Consortium and other organisations in a call to protect the lives of new mothers and their babies, by improving access to safe water, basic sanitation and hygiene in health-care facilities and homes.

A paper published in *PLOS Medicine* argues that despite improvements in health care, new mothers and newborns are still dying because a reliable supply of safe water, good hygiene practice and adequate toilets are often not present.

A companion paper in *PLOS ONE* illustrates the situation in Tanzania, where less than a third (30.5%) of births occur in places with safe water and basic sanitation. In 2013, one in 44 women in the country faced dying in childbirth in their lifetime.

Women face a similar level of risk in many developing countries. Globally, an estimated 289,000 women died from complications related to pregnancy or childbirth in 2013, a number which researchers say can be more rapidly reduced through better provision and monitoring of safe water, basic sanitation and hygiene to prevent infection and improve care.

Some 38% of health-care facilities in 54 low-income countries are without an improved water source, leaving doctors, midwives and nurses struggling to care for their women.

Sixteen researchers representing WaterAid, World Health Organization, UNICEF, the United Nations Population Fund, the London School of Hygiene & Tropical Medicine, the University of Aberdeen and The SoapBox Collaboration, BRAC and BRAC University, and Evidence for Action authored the flagship paper, 'From joint thinking to joint action: A call to action on improving water, sanitation and hygiene for maternal and newborn health.'

The research was funded by the Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium, a five-year initiative funded by the UK Department for International Development and based at the London School of Hygiene & Tropical Medicine.

Yael Velleman, senior policy analyst, sanitation and health, at WaterAid, said: 'We have known [since the 19th century] about the importance of clean water and good hygiene in birth. Yet today tens of thousands of mothers will be giving birth in places where doctors and midwives, if present, do not have access to clean water. The process of giving life should not mean unduly risking death.'

'Health agencies and governments have encouraged women to give birth in hospitals and clinics to give them a better chance of surviving complications. But if those environments are dirty, without safe water, basic toilets and a way to keep patients, beds and instruments clean, women are reluctant to seek them out for fear of exposing themselves and their babies to deadly infection.'

'As governments work to help women and their babies survive childbirth, they must not neglect these basic building blocks of health care. In coming months, there is a chance to address these desperate needs in new Sustainable Development Goals now under discussion at the UN.'

Lenka Benova of the London School of Hygiene & Tropical Medicine, lead author of the companion paper, said: 'Nearly 8000 women in Tanzania die each year in or immediately after childbirth. Sepsis from infection causes at least 10% of these deaths. Nearly half of women, and disproportionately the country's poorest, are giving birth at home, and almost none of these homes have clean water and basic sanitation. But women cannot be expected to go to a health facility to deliver if it is dirty.'

'This situation is not limited to Tanzania. What is frustrating is that we know infection-related deaths are preventable, with the addition of clean water, basic toilets and good hygiene practice. Our hope is these findings will guide future work on UN development goals and make the provision of these services a priority, when trying to improve the health of new mothers and their babies.'

The MDG on sanitation is among the most off-track. WaterAid analysis shows Sub-Saharan Africa will not reach its goal to halve the proportion of people without access to basic sanitation, for 150 years, at present rates of progress.

The UN is now negotiating a new set of Sustainable Development Goals to pick up

from 2015. WaterAid joins partner organisations in calling for a standalone goal on universal access to water and sanitation in homes, health-care settings and schools; and the inclusion of water, sanitation and hygiene targets into goals for improving maternal and newborn health.

Velleman, Y., Mason, E., Graham, W., Benova, L., Chopra, M., et al., 2014. From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Med.* 11(12), e1001771. doi:10.1371/journal.pmed.1001771.

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001771>

See more at: http://www.lshtm.ac.uk/newsevents/news/2014/matter_birth_death.html#sthash.0t5ErCWN.dpuf.

Actions to end obstetric fistula

The UN General Assembly has adopted a resolution calling for increased actions to end obstetric fistula. The largely preventable condition is estimated to afflict some two million women around the world – most of them marginalised, impoverished and without access to essential maternal health services.

Obstetric fistula is an injury caused by prolonged, obstructed labour. The condition typically leaves women incontinent, and as a result they are often shunned by their communities. Unable to find jobs and abandoned by their families, many fistula survivors face deepening poverty and stigma.

The UNFPA-backed resolution, adopted on 18 December, calls on the international community to intensify technical and financial support to maternal health efforts, including action to eliminate fistula, before the end of 2015. The end of next year is the deadline to achieve the Millennium Development Goals, including Goal 5, which calls for improving maternal health.

'The resolution is important for millions of women suffering the pain and shame of fistula,' said Dr. Babatunde Osotimehin, Executive Director of UNFPA.

There are an estimated 50,000–100,000 new cases of fistula per year. Many women live with the condition for years – or even decades – because they cannot afford to obtain treatment.

The UNFPA-led Campaign to End Fistula currently supports about half of all surgical fistula repairs in developing countries. Since 2003, the Campaign has supported more than 47,000 fistula repairs.

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