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Elizabeth Duff (International News Editor)

World Health Assembly focus on reproductive health rights of people worldwide

Dr Marleen Temmerman, Director of the WHO Department of Reproductive Health and Research Human Reproduction Programme (RHR/HRP), said:

'This year's World Health Assembly has now ended, and I am deeply encouraged by the support shown by WHO Member States for the sexual and reproductive health and rights of people worldwide. The resolve expressed by Member States, from across WHO regions, reinforces my belief that if we join forces there is so much we can do together to ensure the realisation of sexual and reproductive health and rights for individuals and couples around the world – and also to make this vision a reality for the new generation of girls and boys.'

'As we move beyond the Millennium Development Goals into a new era, we must look beyond the coming days, weeks and months, and into the future, to ensure we remain steadfast on our commitment to sexual and reproductive health and rights.'

Young people are our future. Adolescents and young people are crucial for the sustainable health and wellbeing of all countries worldwide – yet their needs are often neglected. ... At the World Health Assembly side event on adolescent girls' health, there was a demonstrated effort to build understanding across countries on how best to help address the real needs of adolescent girls, and a plea for more research in order to better answer their call.'

'Another area very close to my heart which received overwhelming support at the World Health Assembly is that of women and health. It is now 20 years since we came together in Beijing at the Fourth World Conference on Women in September 1995, and whilst great gains have been made, much remains to be done to achieve the Platform of Action created at the conference. During Committee A discussions on women and health at the World Health Assembly, over 50 Member States noted the urgent need to ensure continued progress on all fronts, and in particular in regards to tackling violence against women, and ensuring sexual and reproductive health.'

'I feel also very encouraged as I look into the future and see the vision being crafted by the UN Secretary General's renewed Global Strategy on Women, Children and Adolescent Health. Women and adolescent health issues are now explicitly included in the renewed Global Strategy for Women's, Children's, and Adolescents' Health, and also featured prominently in the WHA

discussions. At the Senior Leaders' retreat at Greentree, Long Island which took place just before the Assembly, I joined global and country leaders to help champion the UN Secretary General's Every Woman, Every Child initiative, and to advocate for the renewed Strategy. Following the earlier Stakeholders' Consultation, which took place in Johannesburg, there is now recognition that youth are crucial for the implementation of the Strategy, and that there should be a move to youth-centred responses and strategies to address youth and adolescent health needs.'

'Many countries have made great strides forward towards ensuring universal access – including for young people – to reproductive health. This year's RESOLVE awards ceremony, held during the World Health Assembly in Geneva, honoured the inspirational progress made by Philippines, Senegal and Uruguay. Their examples show us that no matter how great the challenge, governments can face this great human rights challenge and improve the reproductive health of people in their countries.'

'Lastly, another important agenda item at the World Health Assembly was the Technical Briefing on the Global Health Sector Strategies for STIs, HIV and viral hepatitis, which highlighted the need for countries to work collaboratively across health systems to improve sexual and reproductive health. WHO Director General Dr Margaret Chan commented that, 'the unfinished agenda of HIV, the emerging hepatitis epidemic, and the ancient STI diseases all need your action... The time has come, and we can no longer afford silos in delivering these services.'

'Following the landmark endorsement of the World Health Assembly resolution to tackle antimicrobial resistance, such as for the sexually transmitted infection gonorrhoea, WHO Director General Dr Margaret Chan called for innovation and renewed efforts to 'not drop the ball' on the three diseases.

Here in my Department we are doing everything we can to deliver for a progressive vision on sexual and reproductive health and rights worldwide, including addressing issues in relation to violence against women and children. I invite all of you to give input into the consultation to inform the development of the global plan of action to strengthen the role of the health systems in addressing interpersonal violence, in particular against women and girls, and against children.

Your inputs are vital – together we can work to ensure sexual and reproductive health and rights of all people, worldwide.'

<http://www.who.int/reproductivehealth/news/wha68/en/>

Midwives for Life Awards 2015 reward projects run by midwives

For the second year running, to mark the International Day of the Midwife on May 5, the International Confederation of Midwives (ICM) and the Sanofi Espoir Foundation presented *Midwives for Life Awards 2015* to reward projects aiming to reduce maternal and neonatal mortality and improve the health of women and newborns in countries with limited resources.

Midwives around the world have publicised their projects via the Connecting Midwives participatory platform. A selection panel composed of midwives and doctors specialised in public health, obstetrics and gynaecology from France and Africa decided to choose 10 winning projects. Criteria include the innovative nature of the initiative, the benefit to the communities, strengthening local capacity or the capacity to replicate the project in other regions.

The 10 winning projects will receive 5000 euros each:

- South Africa – Robyn Sheldon: Her project aims to improve the working conditions of midwives so they can better assure the well-being of patients and prevent abuse. 'We can improve the quality of maternal care, making birth a unique moment, and have a positive impact on maternal and neonatal health.'
- Morocco – Saida Chaker Metals: Her project involved boosting the training of midwives in monitoring techniques and childbirth preparation for women living in extreme poverty in disadvantaged neighbourhoods of Tangier. 'My experience as a midwife made me realize the importance of human relationships.'
- Netherlands/Sierra Leone/Morocco – Franka Cadée: 'Twin2-twin' is a network that fosters collaboration and experience-sharing among the midwives of the Netherlands, Morocco and Sierra Leone.
- Democratic Republic of Congo – Marlene Sama: Her project focuses on the care of neglected diseases in women in precarious situations in the South Kivu province. 'I dream of a maternity experience that everyone can have.'
- Zambia – Bupe Mwamba: Her project helps expand the training of midwives in the practice of delayed clamping of the umbilical cord so as to reduce neonatal mortality. 'As a midwife, I am committed to promoting best practices that improve the health of mothers and babies.'
- Cambodia – Clémence Inguenault Schantz: Her project will enable 200 Cambodian midwives to be trained in the pathophysiology of the perineum so as to reduce the high rate of episiotomy in Cambodia. 'Ensuring that women giving birth in developing countries have the same opportunities as those in the North: that's how I see my job as a midwife today.'
- India – Delphine Wolff: Her project helps reduce maternal and neonatal mortality through participatory community education in the isolated Tamil tribes of southern India. 'Across the world, whatever the cultures and traditions, I am driven by the same deep emotion of helping give life.'
- Mongolia/Japan – Kiyoko Okomoto: Japanese midwives will share their experiences to address maternal and neonatal mortality caused by obesity among pregnant women in Mongolia. 'When I see a baby born, I still think of how it has fought to reach this day, and of the beauty of motherhood.'
- Vanuatu – Sandrine Camuzaux: Her initial and continuous training project in Vanuatu will reduce the impact of a lack of perinatal care. 'Each day is different and every birth has its own history that we are happy to share.'
 - Zimbabwe – Lilian Gertrude: Her project aims to promote the rights, choices and dignity of each woman throughout her pregnancy and during childbirth.

Each of the 10 midwife laureates will receive financial support of 5000 euros on behalf of their association so as to implement

their project and help improve the health of girls, women and newborns in the countries where maternal and neonatal mortality rates are still too high.

The 10 winning projects will be posted on the Connecting Midwives collaborative platform (<http://fr.connectingmidwives.com/web>), which features a section where midwives can share experiences, ideas, projects and innovations.

Now that the Millennium Development Goals are being evaluated, and with the upcoming launch of a Sustainable Development Goals, the evidence shows that infant mortality has only been reduced by half, not by the 60% target, and the rate of maternal mortality has been reduced by only 45% instead of the 75% target. To fight effectively against these preventable deaths, the world has a greater need than ever for sufficient, well-trained midwives who are prized for their practices and efficiently distributed over national territories. That is why the Sanofi Espoir Foundation, the ICM and other NGO partners are supporting the development of 14 long-term programs in Asia, Africa and Latin America that help reduce maternal and neonatal mortality, with a budget of almost € 2.3 million a year.

Find out more at: www.fondation-sanofi-espoir.com
<http://www.internationalmidwives.org/news/?nid=254>

State of the World's Mothers 2015

Save the Children's 16th annual State of the World's Mothers report, published in May 2015, evaluates the devastating health disparities between the rich and poor living in some of the major cities around the world.

The report also assesses the well-being of mothers and children in 179 countries. The annual ranking of the best and worst place to be a mother has become an important tool to show where mothers and children fare best, and where they face the greatest hardships, using the latest data on health, education, economics and female political participation.

The United States continues its descent in the global rankings of best and worst places for mothers, slipping two places to 33rd out of 179 surveyed countries.

Norway rose to the top of the list, closely followed by other Nordic countries, while Somalia remained last for the second year running, with all but two of the 11 lowest-ranked countries in the world in West and Central Africa.

'We urgently need to close the gap in life chances for mothers and children so that – no matter where they live – everyone has a fair chance to survive and fulfil their potential,' said Jasmine Whitbread, CEO of Save the Children International.

The 2015 report found that women in the United States face a shocking one-in-1800 lifetime risk of maternal death – the worst performance of any developed country in the world.

This means that an American woman is, on average, more than 10 times as likely to die in pregnancy and childbirth as a Polish, Austrian, or Belarusian woman; and an American child under-five is just as likely to die as a child in Serbia or Slovakia.

The 10 countries showing the greatest survival divide between wealthy and poor urban children are: Rwanda, Cambodia, Kenya, Vietnam, Peru, India, Madagascar, Ghana, Bangladesh and Nigeria. Survival gaps, in relative terms, have roughly doubled in the cities of Kenya, Rwanda, and Malawi despite these countries' overall success in saving more children's lives.

The gap between the health of the richest and poorest is just as stark in the cities of the wealthiest nations, according to the report.

In a ranking of child survival in 25 capital cities in the world's wealthiest countries, Washington, DC came last, followed closely by Vienna (Austria), Bern (Switzerland), Warsaw (Poland) and

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