

SPEECH

**BY UNICEF RESIDENT REPRESENTATIVE MS. CARRIE AUER AT THE
LAUNCH OF THE STATE OF THE WORLD'S MOTHERS REPORT**

LILONGWE

11TH MAY 2010

Good Morning to all of you.

The Minister of Health, Honourable Moses Chirambo, MP

The Principal Secretary in the Ministry of Health, Mr. Chris Kang'ombe

Dr Chisale Mhango, Reproductive Health Director in the Ministry of Health,

The Save the Children Country Director, Mr. Michael McGrath

Members of the Press,

Ladies and Gentlemen.

Let me begin by congratulating Save the Children for producing such an excellent report. For us working in Malawi, the Report could not have come at a better time as we ask ourselves serious questions on what we need to do to ensure that Malawi meets the Millennium Development Goal on maternal mortality reduction.

For, as we all know, Malawi's current maternal mortality ratio of 807 per 100,000 live births remains one of the highest in Africa and unless effective

interventions are accelerated, the country is unlikely to meet the MDG target of a three-quarter reduction in maternal deaths by 2015. A three-quarter reduction translates to 155 deaths per 100,000 live births but, at the current pace, Malawi will only reach 338 deaths per 100,000 live births in 2015 – a dramatic shortfall.

Maternal mortality reduction is proving to be one of the most difficult targets to achieve. A combination of socio-cultural factors, poor infrastructure and inadequate capacity to provide prompt and timely medical intervention means women continue to succumb to largely avoidable deaths.

At household level, the delay in deciding to seek medical care, often because the power to make a decision resides either with the woman's husband or mother, can lead to fatal consequences. As in many African countries, reaching a health facility in a timely manner is often hindered by lack of transport, long distances to health centres, and poverty.

At the health centre, women often encounter delays in receiving the appropriate treatment because of a lack of drugs and supplies, lack of blood transfusion facilities, staff shortages, poorly trained personnel with a negative attitude, and a high cost of services.

Honourable Minister, the State of the World's Mothers Report highlights many of these challenges faced not only by Malawi but many other countries where progress is slow. One critical issue it points out is the critical shortage of health personnel in developing countries like Malawi. Globally, out of 57 countries experiencing a critical shortage of health personnel, 36 are in sub-

Saharan Africa. These countries carry 25 per cent of the global disease burden yet have only 3 per cent of the world's health personnel. This disparity is simply unacceptable.

Of critical importance is the need to employ female health personnel. Female health workers play a key role in preventing maternal, newborn and under-five deaths. As the Report shows, a 2009 survey implemented in 41 countries found that nearly a quarter of pregnant women cited the absence of a female health worker as the reason for not giving birth in a health centre. Many women reported higher levels of satisfaction with female health workers, whom they see as being more responsive to their needs and the needs of their children.

Allow me Honourable Minister to cite a few examples of how other countries are addressing this issue. In Ghana, female nurses were relocated from sub-district health centres to isolated rural communities where child mortality rates were well above the national average. In Bangladesh, 35,000 female health workers go door-to-door offering family planning information and contraceptives; in Nepal, 50,000 female community health volunteers have been recruited, trained and deployed; in Uganda, Village Health Teams have been deployed in rural areas where three out of 9 members are female; and Tanzania's Village Health Worker programme policy states that at least one of the two Village Health Workers in each village must be female.

I would like to take this opportunity to make an urgent appeal to the Government, through you Honourable Minister, to make a deliberate effort to employ more female health workers. Just as we are doing in supporting the training and employment of female teachers to act as role models for girls, we will spare no effort in supporting your Government to make the training and deployment of female medical staff a priority.

We in the UN family are delighted to note that the Government takes the issue of maternal mortality reduction with the seriousness it deserves, as evidenced by the adoption in 2005 of the Roadmap for Accelerating the Reduction of Maternal and Neonatal Morbidity and Mortality in Malawi. As development partners in Malawi, we have supported the Government to increase the availability and accessibility of antenatal services, increase access to skilled health personnel by pregnant women, and strengthen the capacity of individuals and institutions to improve maternal and neonatal health. We have assisted in increasing the number of medical personnel, constructing and upgrading health facilities to offer essential health services particularly focusing on rural and underserved areas, and provided ARVs and micronutrients during pregnancy.

Finally, let me end by reiterating UNICEF and the UN family's commitment to support the Government to achieve its goals on maternal and newborn health. Reaching the goal will require that we dig deeper in terms of our efforts, resources and time. It will require, Honorable Minister, your

leadership in galvanizing the government's political will and commitment to make this a priority and ensure the funding needed to make it a reality. And, it will also require that we continue to pool all our efforts together, under the leadership of the Government, to ensure that every woman that gives life, lives.

Zikomo.