

Summary report on the

High-level meeting on saving the lives of mothers and children: rising to the challenge in the Eastern Mediterranean Region

Dubai, United Arab Emirates
29–30 January 2013



Summary report on the

High-level meeting on saving the lives of mothers and children: rising to the challenge in the Eastern Mediterranean Region

Dubai, United Arab Emirates
29–30 January 2013



© World Health Organization 2013
All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Distribution and Sales, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: PMP@emro.who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: WAP@emro.who.int

Contents

1.	Introduction	1
2.	Summary of proceedings.....	3
3.	Closing session.....	9

Annexes

1.	The Dubai Declaration	11
----	-----------------------------	----

1. Introduction

Under the patronage of His Highness Mohammed Bin Rashed Al Maktoum, Vice President and Prime Minister of United Arab Emirates, and Her Royal Highness Princess Haya Bint Al Hussein, United Nations Messenger of Peace and Chairperson of Dubai Healthcare City Authority, a high-level meeting on saving the lives of mothers and children: rising to the challenge, was jointly organized by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) in Dubai, United Arab Emirates, on 29 and 30 January 2013.

The meeting came about as a strategic effort to accelerate progress in improving maternal and child health, on an urgent basis, between now and the end of 2015 and to reduce the gap between current funding levels and those required to meet MDGs 4 and 5 through concrete country actions.

While the Millennium Development Goals (MDGs) 4 and 5 represent a concerted effort to address global maternal and child mortality, there is a striking gap in the current progress towards MDGs 4 and 5 in the Eastern Mediterranean Region. Overall, maternal and child mortality is decreasing more slowly in the Eastern Mediterranean Region than in any other region in the world. More than 900 000 children under five years of age die in the Region every year. So do almost 40 000 women of childbearing age. The Region is unlikely to achieve the targets of MDGs 4 and 5 by 2015 unless intensive and accelerated progress is made, especially in those countries contributing to the majority of under-five deaths.

There are however unprecedented opportunities to accelerate progress in improving the health of women and children. Leaders in

the Region from Afghanistan, Djibouti, South Sudan, Sudan and Yemen have made commitments to implementing the United Nations Global Strategy for Women's and Children's Health. The United Nations agencies represented by WHO, UNICEF, UNFPA, UNAIDS and UN Women and the World Bank (H4+) are working together to support the implementation of these commitments. The United Nations Commission on Life-Saving Commodities for Women and Children has made recommendations to improve access to essential medicines and commodities for mothers and children. More recently, over 150 countries pledged – as part of 'A Promise Renewed' – to take action to accelerate progress on newborn, child and maternal survival and to reduce child mortality to 20 per 1000 live births by 2035 (Washington, June 2012), and to increase access to family planning services for women and girls (London, July 2012).¹

There is clear recognition that gains in child survival over time in several countries depend upon provision of equitable access to populations in greatest need. The recent call for provision of universal health care is an important step in this direction and represents a huge opportunity for change. The report of the Commission for Information and Accountability for Women's and Children's Health provides a framework for action for Member States.

¹ The conference on Child Survival: A Call to Action, held in Washington DC on 14–15 June 2012, during which pledges were made by leaders from Afghanistan, Djibouti, Egypt, Iraq, Kurdistan Regional Government, Pakistan and Yemen, and the Family Planning Summit, held in London on 11 July 2012.

The meeting brought about important engagement of many high level leaders, including ministers of health from Afghanistan, Bahrain, Kuwait, Lebanon, Oman, Somalia, Sudan, Tunisia, United Arab Emirates and Yemen, in addition to the Minister of Human Development and Public Services of Somalia (Mogadishu) along with their respective country delegations, as well as senior officials, heads of missions and leading figures from other Member States, including Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Libya, Morocco, Pakistan, Palestine, Qatar, Saudi Arabia and South Sudan. Executives and representatives from key international and regional stakeholders, including civil society and donors were also present, including representatives from the Council of Ministers of Labour and Social Affairs in Gulf Cooperation Council States, Embassy of the Kingdom of the Netherlands, Executive Board of the Health Ministers' Council for Cooperation Council States, GAVI Alliance, League of Arab States, Marie Stopes International, Pan-Arab Project for Family Health, Saudi Fund for Development, United Nations Relief and Works Agency for Palestine Refugees in the Near East, United States Agency for International Development and Women Deliver. Country, regional and international representatives from WHO, UNICEF and UNFPA were also in attendance.

2. Summary of proceedings

On the first day of the meeting, participants reviewed the current situation focusing on the ten Member States with the highest burden of maternal and child deaths based on the United Nations Secretary General's Global Strategy for Women's and Children's Health. The countries include Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen. Of the total under-five deaths in the Region, 82% occur in six countries

(Afghanistan, Pakistan, Somalia, South Sudan, Sudan and Yemen).² Over 90% of the burden of maternal deaths in the Region is shared by seven countries (Afghanistan, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen). Too many women and children are losing their lives from preventable conditions. The target date for reaching the MDGs is fast approaching. The know-how for action is available. The meeting created a sense of urgency and informed on the need to identify the way forward to fulfil commitments to mothers and children and work together to ensure that every mother and child count.

During the review process, clarification was requested in regards to the status of countries of the Gulf Cooperation Council (GCC) in reaching the MDG goals 4 and 5. Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, reaffirmed that “current evidence recognizes efforts made by the GCC states and shows that they are doing well on indicators for MDG goals and some have levels similar to those of European countries. Bahrain, Oman, Qatar, Saudi Arabia and United Arab Emirates have under-five mortality rates at or below 10 per 1000 live births.”

Participants acknowledged that the Region has unique challenges impacting health, nutrition and development outcomes. A large number of countries, especially the four major countries with the highest burden of maternal and child mortality, are experiencing crises and significant population displacement at different times. In addition, the Region has a high burden of maternal and child

² Based on estimates of the United Nations Inter-agency Group for Child Mortality Estimation, *Levels and trends in child mortality. Report of 2012.*

undernutrition that is coupled, in many instances, with the rapidly developing challenge of obesity and noncommunicable diseases.

Notwithstanding the above challenges, participants exchanged views and discussed the opportunities for accelerating progress where there is evidence on what should be done, i.e. implementing country-tailored cost effective interventions for reproductive, maternal, newborn and child health, and on why investments in such interventions are important, i.e. impact of the interventions on maternal and child health.

Scaled-up workplans addressing essential maternal and child health cost effective interventions were developed by the ten priority countries. The plans presented realistic scenarios of progress that can be put in place between 2013 and 2015.

There are important country success stories in the Region in implementing these interventions and delivery strategies. For example, Egypt has achieved universal coverage with the integrated management of childhood illnesses and high coverage of maternal health interventions. The Islamic Republic of Iran has scaled up primary care for maternal, newborn and child health building on the success of community health workers. Yet in some countries, especially those with high mortality rates, implementation strategies remain limited and ineffective due, in part, to inadequate political support and leadership, restricted and unequal access to care, weak health systems, low workforce capacities and inadequate ability to monitor progress and track results and resources. The challenge now facing the high-burden countries of the Region is how to achieve universal coverage of effective interventions while optimizing investments and enhancing accountability to improve the health of women and children.

Participants also discussed how the changes in maternal and child survival over time reflect investments across sectors in many countries, requiring interventions across a range of social determinants of health, such as female education, empowerment, poverty alleviation, investments in health systems and good governance. These investments are crucial in the context of addressing the range of social sector policies and the human development agenda for the Region.

On the second day, participants welcomed the United Nations Messenger of Peace and Chairperson of Dubai Healthcare City Authority HRH Princess Haya Bint Al Hussein, wife of HH Sheikh Mohammed Bin Rashid Al Maktoum. In receiving Her Royal Highness, Dr Alwan, speaking on behalf of his colleagues the Regional Directors, expressed his gratitude for her efforts for the health of women and children and emphasized that nearly one million deaths of women and children could be prevented every year. He expressed the appreciation of the three UN agencies to the ministers of health of countries of the Region. “By attending this meeting at such a high level, you are all demonstrating your concern for this issue, and indicating a determination to act,” he added. “The UN agencies and Member States cannot possibly do this alone,” he noted. “As the Secretary General said when he launched the Global Strategy in 2010: ‘The answers lie in building our collective resolve.’ He concluded by calling for intensified action to ensure the full engagement of all those with a stake in better maternal and child health. Not least the mothers themselves.

Mrs Maria Calivis, UNICEF Regional Director for the Middle East and North Africa, conveyed her admiration and gratitude for the hospitality and commitment of HRH Princess Haya Bint Al Hussein. Mrs Calivis noted that efforts in the Region, although

commendable and remarkable, were not enough, and stated that the challenge was to consolidate the progress made to date. Mrs Genevieve Ah-Sue, UNFPA Deputy Regional Director for Arab States, drew attention to the lifetime risk of maternal mortality for women in the Region, which ranged from 1 in 490 to 1 in 16, and stated that these numbers were simply unacceptable. Our goal, she said, was to ensure no woman dies giving life. This was not only a moral imperative, but it was also within reach.

HRH Princess Haya Bint Al Hussein gave a moving speech. Emphasizing the importance of this effort to move forward, the princess said “it goes without saying that this is an issue very close to my heart, and I welcome very much the efforts to accelerate progress. But this region as a whole is not on track to meet the MDGs on maternal and child health, and we will be judged as a whole. We have three years in which we have to do so much.”

The second session “Together we can rise to the challenge”, involved a strategic discussion with a renewed sense of commitment engaging ministers, high level officials, partners, civic society and donors. All countries have taken steps to meet MDG goals 4 and 5 and some impressive progress has been made. The progress made so far has enabled some countries of the Region to meet the goals even before 2015, while some are on track to meet them in two years’ time. Among the rest, some have dramatically reduced maternal mortality.

Recurrent themes from discussions focused on health system development (including financing, health workforce and health information systems), budgetary allocations, gender inequities in service provision, universal health coverage, food security, civil society’s role; intersectoral coordination and collaboration among

various sectors outside the health sector, feasibility of plans, country ownership and leadership, the need for a realistic set of interventions and proper costing measures, ability to address marked disparity gaps and sub-regional coverage areas, strong monitoring and evaluation systems and public–private partnerships.

For countries with the highest burden of maternal and child health, ministers of health of Afghanistan, Somalia, Sudan and Yemen along with senior level officials and representatives from Djibouti, Egypt, Iraq, Morocco, Pakistan and South Sudan asserted collectively the need for dedicated policies and intensified actions that will characterize work over the next three years by concentrating on implementing the cost effective interventions in primary health care that were reviewed in some depth on the first day. Family planning, pregnancy care and skilled attendance at birth are all key, as are vaccines, treatment for the main childhood diseases (notably pneumonia and diarrhoea) and improving nutrition and access to clean water and sanitation. Clearly, health needs vary enormously within and between these ten countries. So too do levels of investment in health, and the capacity of the health system. Each country will want to adopt a different mix of the priority interventions, and each of those mixes will have a different price tag.

In their turn, ministers of health from other Member States, including Bahrain, Kuwait, Lebanon, Oman, Tunisia and United Arab Emirates along with senior officials and representatives from the Islamic Republic of Iran, Jordan, Libya, Palestine, Qatar and Saudi Arabia expressed their solidarity in scaling up support to the ten countries where the burden of maternal and child mortality is the heaviest – for the next three years – through to the end of 2015.

In addition, United Nations agencies, partners, donors and civil society emphasized their joint responsibility and brainstormed measures on strengthening their respective capacities in providing support to governments in moving forward with preventing unnecessary deaths of mothers and children in the Region. They specifically called for additional work on the ground to further clarify the required capacities and analyse gaps in lieu of the outcome of the meeting and in the spirit of implementing the cost-effective interventions, and identify possible scenarios for implementation of the proposed plans against a specific time-frame for immediate, intermediate and long-term action through to the end of 2015.

3. Closing session

The closing ceremony “Forging the challenge” culminated with a pledge set forth by the Dubai Declaration that embodied the collective aspirations and independent country-specific commitments towards improving maternal and child health between now and the end of 2015 in the presence of HH Sheikh Maktoum bin Mohammed bin Rashid al Maktoum, Deputy Ruler of Dubai. HE Mr Abdul Rahman bin Mohamad Al-Owais, Minister of Health, United Arab Emirates, delivered The Dubai Declaration in which countries expressed their commitment to develop and execute plans for maternal and child health; take measurable steps to strengthen their health systems; and mobilize domestic and international resources to establish sustainable financing mechanisms. All participating organizations agreed to improve coordination and accountability between all partners and promote cooperation between countries within the Region; address social and environmental determinants of maternal and child health, such as poverty, gender, water and sanitation, nutrition, and education, and

monitor progress through establishing a regional commission on women's and children's health. They noted the critical need to address the inequities that exist within and among countries, and the additional challenges posed in many countries by humanitarian crises (please see Annex 1).

In summary, the meeting presented a vital platform for deliberations with guidance for Member States on way forward with priority actions and self-contained, cost-effective measures towards improving maternal and child health between now and the end of 2015, notably among the ten countries with the heaviest burden of maternal and child deaths.

Annex 1

The Dubai Declaration

We, the Ministers of Health and delegates of countries of the Eastern Mediterranean Region, representatives from United Nations agencies and international, regional and national institutions participating in the high-level meeting on Saving the Lives of Mothers and Children: Rising to the Challenge.

Recognizing that universal access to quality health care is a human right – as enshrined in the 1978 Alma Ata Declaration on Primary Health Care; while

Recalling that improving the health of mothers, adolescents and children is key to achievement of development goals, noting that maternal and child health is at the core of multiple international agreements and strategies, including the United Nations Global Strategy for Women's and Children's Health, Global Commitment to Child Survival – A Promise Renewed, and the recommendations of the UN Commission on Information and Accountability for Women and Children's Health;

Acknowledging that still almost one million mothers and children die each year in our countries from mainly preventable causes;

Noting that some countries in our Region face critical challenges in improving the situation of mothers, adolescents and children, particularly humanitarian and social crises, and recognizing the widening inequities in access to basic social services for vulnerable populations and resource distribution between and within countries,

and inspired by many examples of success in this Region and globally;

Reaffirm previous commitments aimed at improving the health of our mothers, adolescents and children and the social development of our countries and

Commit to:

Implement the regional initiative, Saving Lives, Rising to the Challenge, to accelerate progress towards MDGs 4 and 5 in our countries, involving key stakeholders, including parliamentarians, community leaders, civil society organizations, private sector, academia and health professionals:

- Develop, launch and execute a national (or, if appropriate, subnational) multisectoral, costed plan for maternal, adolescent and child health with clear coverage targets for an agreed package of interventions across the continuum of care. These include immunization and other preventive services as well as reproductive health care, with clear outcomes and resource allocations as part of the national or subnational health plan;
- Address social and environmental determinants of maternal, adolescent, newborn and child health, such as poverty, gender, water and sanitation, nutrition and education through strengthened multisectoral initiatives including community involvement;
- Take measurable steps to strengthen our health systems and vital statistics, improving information systems for quality of data, particularly through better civil registration; building a skilled workforce, and improving availability of safe and effective life-saving commodities with a view to removing barriers and

bottlenecks and providing equitable access to maternal, adolescent, newborn and child health services;

- Prioritize maternal, adolescent and child health in the design and implementation of humanitarian action and preparedness programmes;
- Establish sustainable financing mechanisms, mobilizing domestic and international resources through traditional and innovative approaches, strengthening regional solidarity and increasing budgets for better health outcomes for all mothers, adolescents and children;
- Improve coordination and accountability between all partners – state and non-state – and promote cooperation between countries within the Region to increase international exchange of experiences on good practices and lessons learned;
- Monitor progress on the regional initiative, *Saving the Lives of Mothers and Children: Rising to the Challenge*, by operationalizing the recommendations outlined in the framework for women’s and children’s health of the UN Commission on Information and Accountability in support of the UN Global Strategy and related initiatives, and establishing a regional commission on women’s, adolescents’ and children’s health with representation of all concerned institutions to accelerate and track progress on MDGs 4 and 5.

We pledge to accelerate progress on maternal, newborn, child and adolescent health through national action and international cooperation. We hold ourselves accountable for our collective progress towards this goal. And on behalf of all mothers, adolescents and children in the Region, we recommit to give every woman the best opportunity for safe delivery so that every child has the best possible start in life.

United Nations Population Fund
Arab States Regional Office
31 Palestine St.
Intersection of 270 St.
New Maadi, Cairo, Egypt
www.unfpa.org

United Nations Children's Fund
Middle East and North Africa
Regional Office
P.O. Box 1551
Amman 11821, Jordan
www.unicef.org

World Health Organization
Regional Office for the Eastern
Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int