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PLAN OF ACTION ON THE REDUCTION ON MATERNAL MORTALITY AND SEVERE MORBIDITY

**REMARKS BY THE HONOURABLE BEVERLEY J. ODA
MINISTER OF INTERNATIONAL COOPERATION OF CANADA**

**“PLAN OF ACTION ON THE REDUCTION ON MATERNAL MORTALITY AND
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Thank you for that kind introduction. Good afternoon.

It is my pleasure to speak to you today on behalf of Canada's Prime Minister, Stephen Harper. I would like to express my gratitude to both the Pan American Health Organization and the World Health Organization for acknowledging the (quote) “exceptional leadership of the Government of Canada in promoting the health of women, mothers, and children, globally and in the Americas.” Our relationships with both organizations are extremely important for Canada.

In particular, I would like to thank Dr. Mirta Roses for this invitation to speak this afternoon, and to Dr. Margaret Chan, for her steady support to this important global initiative.

Today, I will be speaking to you about the central role which PAHO has played in moving the health agenda forward in the Americas; the work of the Commission on Information and Accountability for Women's and Children's Health, and how member states can support its work; and Canada's contribution to Maternal, Newborn and Child Health in the Americas.

PAHO and Maternal, Newborn and Child Health

PAHO has contributed significantly to the gains made in delivering maternal health care, especially to underserved areas, and in saving lives.

I also want to acknowledge the thought, foresight and solid research behind PAHO's *Plan of Action on the Reduction of Maternal Mortality and Severe Morbidity*, to be discussed later today. PAHO is to be congratulated for bringing forward a plan which addresses known gaps and is results-focused, while being so well aligned to global commitments and strategies.

PAHO has contributed to many remarkable achievements in delivering health services in the Americas. For example, according to its statistics, maternal mortality has seen a 40% reduction between 1990 and 2008 in the Americas region, from 140 to 84 deaths per 100,000 live births.

Today's event is an important opportunity to celebrate these shared achievements, and a chance to strengthen our resolve to intensify efforts. Our work together is an important contribution toward achieving Millennium Development Goals 4 and 5 by 2015.

I know that the MDG call to action resonated with an Americas development agenda that focuses on reducing poverty and the gaps between rich and poor.

In this respect, I applaud PAHO and WHO for going beyond the official MDG targets to address the major disparities concealed by national averages.

Over the past decade, PAHO has worked to integrate the MDG targets into technical cooperation programs, which already address issues such as hunger and malnutrition, gender-based inequality, maternal and child health, infectious and neglected diseases, and partnerships for development.

Canada also appreciates PAHO's efforts to share experiences and transfer knowledge such as the one between Tierra del Fuego and Inuit people in the Canadian north, as well as more broadly among donors and member governments.

Together, we can accelerate our progress to save the lives of more women and children in the Americas.

Achievements in MNCH

It has been quite a year for gathering momentum toward maternal, newborn and child health, beginning with the collective efforts marshaled through the G8 Muskoka Initiative on Maternal, Newborn and Child Health and the UN Secretary General's Global Strategy for Women's and Children's Health.

Through these initiatives, the international community pledged unprecedented resources to improve the health of women and children and Canada is proud to have contributed to these efforts, and to have worked with member states and other partners.

The Global Strategy laid out roles for all partners, including the private sector. Just last week at the UN Secretary-General's *Every Woman, Every Child* event in New York, an additional 100 commitments from the private sector, private foundations, and civil society were announced, bringing the total to more than 200 commitments made during the past year.

This is yet another achievement to celebrate.

These commitments included better access to vital medicines, more funding for research into diseases, methods for strengthening health systems and training community-level health workers, as well as financial support to multilateral organizations and countries.

Respecting commitments is important, but in the end, progress becomes meaningful when we can bring home results.

How many lives were saved? How many mothers giving birth had a skilled attendant present? How many newborns made it through their first year? How many children under five lived to go to school?

When we can answer these questions with ever-improving results, we will know we are truly getting somewhere.

Ensuring that results are being achieved by our work has been at the heart of Canada's development efforts.

Because ultimately, we must not lose sight of the fact that it is lives saved, and improved the quality of every life that are our ultimate goals.

The Commission on Information and Accountability for Women's and Children's Health

Beginning with our G8 Presidency in 2010, and continuing with Prime Minister Harper's co-chairmanship of the Commission on Information and Accountability for Women's and Children's Health, Canada has stood for ensuring that all of our commitments to women's and children's health lead to tangible results.

The Commission brought together leaders from different countries and organizations across the world to work decisively to make progress on these urgent issues.

The sustained momentum built throughout this process was founded on the awareness that more women's and children's lives were being lost for every minute that words did not translate into real action for their benefit.

Some of you may know that the report of the Commission was officially released a week ago at the *Every Woman, Every Child* event.

This Commission's report represents a significant step forward in realizing the goals and objectives of the *Global Strategy*.

The report sets out 10 action-oriented recommendations for concrete steps to better match results achieved with resources committed. Focussing on these steps will help ensure that our efforts make a real difference in the lives of women and children.

The recommendations of the Commission aim to have all parties—donors, partner governments, and communities—work together to improve health information systems at global and country levels, and to track resource flows. They are based on an accountability framework revolving around a cycle of monitoring, acting and review, leading to continuous improvement.

They speak to greater transparency by all partners toward their commitments, and ensuring that resources are spent wisely, and that the desired results are achieved.

Recommendations for countries include tracking a core set of 11 indicators by 2012, to serve as the basis for measuring results, particularly those MDGs where performance is lagging the most, as outlined in the Global Strategy.

For example, the Commission's report recognizes the critical importance of countries establishing systems for registering births, deaths and causes of death, combining data from all sources.

The Commission recommends that all countries should have compacts with their partners, in which all expenditures, including forward-looking commitments, can be tracked.

The recommendations also explore opportunities for innovation in information technology to both gather reliable health information and improve access to it.

At the global level, the Commission recommends new systems at the Organization for Economic Cooperation and Development to track whether or not donors are living up to their commitments.

It also recommends an independent Expert Review Group be established to report regularly on progress against the Global Strategy, and on implementing the recommendations of the Commission, through to 2015. In a sign of things moving forward, that group's members were announced last week at the *Every Woman, Every Child* event.

The report of the Commission involves responsibilities and next steps for all stakeholders at the country and global levels. Target dates for

implementation are ambitious and emphasize building upon what is already there, to make our money work better.

The Muskoka Initiative, the Global Strategy, and the Commission have all embraced the principles of national ownership and leadership and the use of country systems. They put a greater focus on shared results, harmonization and strengthened accountability.

They also look at building capacity by using the skills and knowledge not only of developing country governments and donors, but also civil society and private sector stakeholders.

Since the final meeting of the Commission in May, the final report and recommendations have received strong support at the World Health Assembly, the G8 Deauville Summit in May, and the June meeting of the PAHO Executive Committee.

The Commission and Partners

All of us who are partners in this fight to save lives must keep a resolute focus on this need to turn our commitments into actions, as we move ahead, because our success will be judged in large part on the lasting difference we make together.

The report and recommendations of the Commission provide an opportunity to demonstrate progress on two key priorities for Canada and for us all: maternal, newborn and child health, and accountability. We encourage all partners to consider and share the report of the Commission and its 10 recommendations.

Of course, support from the countries of the Americas for their implementation will be critical to improving health outcomes for women and children globally.

The most important thing we can do to improve maternal, newborn and child health is to ensure that all women have access to the full range of health services.

We must support the decentralization of primary health-care services, so that they reach the communities beyond capital cities. This will require better coordination by all of us—not only donor countries and partner Ministries of Health, but multilateral and NGO colleagues.

Canada is proud to have also been a part of the longstanding support for this effort.

CIDA and PAHO

That is why I am pleased to announce today that CIDA is funding a new three-year initiative with PAHO, designed to strengthen basic primary healthcare systems and service delivery in Latin America and the Caribbean, and to increase protection from communicable diseases.

This initiative is part of Canada's ongoing commitment on Maternal, Newborn and Child Health. At the heart of it is reducing the mortality and morbidity rates of women, newborn babies, children and other vulnerable populations in Latin America.

Efforts will be focused on three of the six components of a well-functioning health system identified by the World Health Organization: governance, health services delivery, and health information systems.

Through this project, PAHO is looking to establish coherence between national strategies, action plans, public policies, legislation and financing mechanisms, so that the people of the Americas will have universal access to basic primary health-care services.

PAHO will collaborate with national health authorities, local and district health-care institutions as well as communities to deliver services, and work with them to improve the collection of health information through surveillance systems and databases.

CIDA is proud to count PAHO as a key partner in helping to improve the lives of women and children, and we look forward to continuing our work together on this important initiative.

Thank you.