

REGIONAL INITIATIVE TEMPLATE

Please complete each section below.

1. Contact Details

Please provide the following contact details:

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2. Name of Initiative

Pacific Roadmap for Maternal, Newborn and Child Health - investing in mothers and children for a bright Pacific future

3. Background and Rationale

You may consider: What is the issue being addressed by this initiative? What are the causes of this issue? Are there relevant studies that have been carried out to support the issue? Are there links to national, regional or international goals/policies?

Please limit your response to no more than 750 words.

Many countries in the Pacific are stalling in the achievement of Millennium Development Goals (MDG) 4 and 5 relating to child and maternal mortality respectively. The maternal, newborn and child health (MNCH) situation in the region is dire. A woman in the Pacific is three times more likely than a woman in South East Asia to die in childbirth¹ and tens of thousands of Pacific children are failing to reach their 5th birthday.² Most Pacific Island Forum countries have under-five mortality rates much higher than the East Asia and Pacific regional average of 19 deaths per 1000 live births. Papua New Guinea (PNG), for example, has an under-five mortality rate of 61 and Kiribati's is 58.³ These rates are closer to the regional average of South Asia, where the under-five mortality rate is 57 deaths per 1000 live births and which is home to the two countries with the highest absolute number of under-five deaths. Further, for every woman who dies from

¹Global Burden of Disease Study (2013)*The Lancet*, 2 May 2014

² UNICEF (2014) *A Promise Renewed*

³*Ibid*

complications related to childbirth, approximately 20 more suffer injuries, infections and disabilities that are usually untreated and ignored, and that can result in life-long pain and social and economic exclusion⁴.

While these deaths are due to an interplay of several different factors, there are four key common and dominant causes: geographical obstacles to ensuring health care access for mothers, newborns and children, inadequate resources, high levels of child malnutrition and a lack of reliable data.

Arguably the most powerful of these causative factors is the landscape, where numerous islands and mountainous terrain present enormous challenges in extending essential services across such complex geographical contexts to reach women and children, particularly for those with disabilities. Consequently mothers and children in remote mountainous and island environments miss out on basic lifesaving care. For example, maternal mortality in Choiseul, one of the more remote regions of the Solomon Islands, is two times higher than the national average,⁵ demonstrating that women and children suffer when geographical challenges prevent lifesaving care from being available at the critical moment of childbirth. In general, girls, women, newborns and children in poor households, rural and remote areas, or those who are migrants or displaced and affected by conflict have much worse health than others.

Stunting –a form of chronic malnutrition – is at crisis levels in some Pacific Island Forum countries, and often coincides with equally concerning levels of over-nutrition and obesity, which leads to the phenomenon of a “double burden” of malnutrition in the Pacific. Under-nutrition is an underlying cause of many preventable child deaths with the World Health Organisation estimating that 45% of child deaths are related to under-nutrition.

World Vision PNG understands, for example, that malnutrition contributes up to 50% of all paediatric hospital admissions in Port Moresby. In other Pacific countries national averages are hiding pockets of chronic malnutrition such as in Vanuatu where the national stunting average is 28.5% but where World Vision Vanuatu's programming baseline evaluation in Tanna revealed a much higher level of stunting, closer to 46.5%.

The tragedy of this situation is that the majority of these deaths are preventable. A report by World Vision and the Burnett Institute⁶ found that in PNG up to 32% of maternal deaths, 70% of newborn deaths and 50% of child deaths could be prevented with full coverage of a family and community care package. This observation is supported by the agenda paper *Nurturing Children in Body in Mind* from the Pacific Health Ministers April 2015 meeting that noted “A wealth of evidence proves that simple low-cost, evidence-based, high-impact interventions can improve maternal and child health, reduce child and adult mortality rates, disability and reduce health inequalities.” Further, the outcomes document from the meeting pointed out “Given the regional scale of the MNCH health crisis, only a regional response will be able to comprehensively tackle the underlying causes and end preventable maternal, newborn and child deaths in the Pacific.”

Despite their many differences, most countries in the Pacific face common challenges and this is especially so for MNCH where countries confront similar geographical obstacles to ensuring health care access for mothers and children, inadequate human resources and parallel services, and a lack of reliable data. This proposal therefore recommends that the PIF Leaders’ undertake a regional initiative to tackle preventable maternal, newborn and child deaths by commissioning a Roadmap Report for Maternal, Newborn and Child Health similar to that developed for Non-Communicable Diseases (NCD). A description of this proposed initiative is outlined below.

⁴ Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health (2013) Inter-Parliamentary Union (IPU)

⁵ WHO Western Pacific Region & Government of Solomon Islands (2015) *MHMS 2014 Descriptive Core Indicator Report*

⁶ World Vision and Burnett (2011) *Family and Community Health Care in PNG*

4. Description

Please provide a brief overview of this initiative. Try to address the following: Does this initiative contribute to a positive change to the region? What makes this initiative of importance to the Pacific region as a whole? Who would implement this initiative? Who are the main beneficiaries? Are regulatory or legislative changes required at the national level to implement this initiative? How would the initiative be funded? Has this initiative been carried out previously? What are the key risks in implementing this initiative? Are there any complementary projects and programmes currently active? What is the proposed timeframe for this initiative? How would the initiative be sustained over the proposed timeframe?

Please limit your response to no more than 750 words.

Maternal, newborn and child health is poor across almost all Pacific countries. Pacific mothers and children are needlessly dying. With over half the population potentially exposed to preventable suffering, this situation clearly meets the test of being **a key public policy issue and challenge for the region** that requires the oversight of Pacific Island Leaders given their role as the key point of accountability for their peoples' welfare. Some countries have a greater challenge with child health than maternal or vice versa, but no Pacific country is immune to the problem of high maternal, newborn and/or child mortality and morbidity or disability as a direct impact of lack of MNCH services, hence this issue is most appropriately dealt with at regional level. More rapid progress will be made where there is more systematic sharing of information and experience about tackling maternal and child health challenges, and through collaborative action-planning and implementation.

At their April 2015 meeting, Pacific Health Ministers Meeting considered an agenda paper, *Nurturing Children in Body in Mind*, which emphasised "There are further gains in child survival and life expectancy to be made" and observed that "Most of the national policy and guidelines for maternal and child health are outdated." The paper concluded that "New guidelines need to be developed along with efforts to ensure that implementation is well resourced and monitored."

Consequently, there is a need for new norms and standards for the Pacific to be developed and efforts invested to ensure that implementation is well-resourced and monitored to respond effectively to modern health challenges with the most appropriate, proven interventions. A coordinated approach will also enable effective **complementary projects and programmes currently active** in the sector of maternal, newborn and child health to be leveraged and incorporated in a coherent way into the new regional approach.

We recommend that Leaders commission the Secretariat of the Pacific Community to undertake a Roadmap Report as they did for Non-Communicable Diseases. Leaders would then guide **implementation** of the recommendations outlined in the roadmap. This recognises that tackling maternal, newborn and child health across the Pacific is not purely a Health portfolio issue. Finance, Education and Statistics portfolios all have key roles to play. As Pacific Health Ministers noted at their April 2015 meeting, "The increased complexity of health and health services will require concerted efforts from whole of government and whole of society" and there is a need to gather "government commitment for nurturing children in body and mind, including ensuring adequate financing resources."

The proposed *Pacific Roadmap for Maternal, Newborn and Child Health* initiative would bring about a **positive change in the region** by seeing less women, newborns and children dying or becoming disabled and more children surviving and thriving to become the Pacific's productive workforce of the future. Research demonstrates that child malnutrition impairs physical and cognitive development, with potentially lifetime consequences for the child's educational attainment and economic productivity.⁷ Consequently, investing in the health of children will generate returns in the form of a more educated and productive future workforce who can drive the Pacific's economic development.

The proposed Roadmap will furthermore fulfil the commitment of the SAMOA Pathway developed at the 3rd International Conference on Small Island Developing States "to reduce maternal, newborn and child mortality and improve the health of mothers, infants and children" and the Pacific Regional Strategy on Disability (PRSD) which calls for equal access to health services for persons with disabilities. More fundamentally, this initiative would work towards fulfilment of the Human Right to life and the right to gender equality for women. No Pacific woman should die needlessly in childbirth due to a health system that failed to reach her.

⁷ Save the Children and World Vision (2012) *The Nutrition Barometer: Gauging national responses to undernutrition*

The greatest **risk** is from not acting. Very few Pacific countries are on track to achieve MDGs 4 and 5 by the due date of end 2015. Further, most Pacific countries are not well placed to begin work towards the new zero targets in the Sustainable Development Goals (SDGs) on health, specifically the health target on ending preventable deaths of newborns and children under five. Commissioning and beginning implementation of this Roadmap Report before the end of 2015 will ideally position Pacific Island countries to begin work on these new SDGs when they come into effect at the beginning of 2016.

While the initiative will require PIF Leaders' guidance for the first 2-3 years, the intention would be for the new regional Roadmap approach to be integrated into existing health programmes and thus be sustained over the long term in national health budgets and programs.

5. Alignment to Regional Vision, Values and Objectives

Briefly describe how your initiative supports the vision, values and objectives set out in the Framework for Pacific Regionalism. These can be found in the Framework for Pacific Regionalism document or in the submissions guideline document.

Please limit your response to no more than 500 words

The proposed Pacific Roadmap for Maternal and Newborn Child Health aligns itself with the vision, values and objectives of the Framework for Pacific Regionalism for a region of healthy and productive people. It promotes the fulfilment of gender and human rights for women and children and is a strong commitment to the wellbeing of the region and its people.

Specifically, this proposal directly supports and enables the Framework's **vision** of all Pacific people leading "healthy and productive lives." Not only will the Roadmap improve the health of Pacific women and children, tackling child malnutrition will have a positive impact on workforce productivity in the future. Stunting caused by malnutrition indicates impairment to both physical and cognitive development, with potentially lifetime consequences for the child's educational attainment and economic productivity.⁸ If treated early, malnourished children can regain their life's prospects, fulfil their potential and make a larger economic contribution to their countries.

The fulfilment of human rights for Pacific peoples' demands access to health care for all while the promotion of gender equality will only be possible where women are not needlessly dying in childbirth. Hence, this proposal also promotes the fulfilment of the Framework's **values** of *gender and human rights* for women and children, and the **value** relating to *the wellbeing of the region and its people*.

The proposed Roadmap also directly contributes to the Framework's **objective** relating to *improving well-being*, given the clear link between the improved health of mothers and children, and their improved well-being.

Lastly, the Roadmap would deliver on the Framework **objective** of *economic growth that is inclusive and equitable* by ensuring that the benefits of economic growth flow to the most vulnerable – mothers and children – to ensure their health and well-being and furthermore enabling them to fulfil their potential to lead productive lives that contribute to regional development.

⁸ Save the Children and World Vision (2012) *The Nutrition Barometer: Gauging national responses to undernutrition*

6. Additional Information

Please provide or attach additional information in support of this initiative.

Please limit your response to no more than 5 pages.

Background to World Vision's proposal

World Vision has been working in the Pacific Timor-Leste region for more than 40 years operating in Papua New Guinea, Solomon Islands, Vanuatu and Timor-Leste. As a child-focused agency, we work with children, their families and their communities to achieve our vision of life in all its fullness for children.

Although some countries in the region are making progress on the Millennium Development Goals (MDG), overall these four countries in which World Vision works are stalling and falling far short of attaining the goals, particularly with relation to maternal, newborn and child health (Goals 4 and 5).

The purpose of this proposal is to highlight the significant maternal, newborn and child health challenge that many Pacific Island Forum countries confront as a basis for encouraging coordinated regional action. As part of this proposal, World Vision also presents for the Forum's consideration some practical cost-effective recommendations for tackling the disproportionately high maternal, newborn and child mortality rates.

This proposal draws from a report produced by World Vision Pacific Timor-Leste in May 2015 entitled *Getting to Zero: ending preventable maternal and child deaths in the Pacific Timor-Leste region* (full report available here - <http://www.wvi.org/asia-pacific/publication/getting-zero>). The additional information below summarises the key findings and recommendations of this report, which forms the basis of World Vision's proposal that a Roadmap for Maternal, Newborn and Child Health be selected as one of the regional initiatives under the Framework for Pacific Regionalism.

The Additional Challenge of Vulnerability to preventing Maternal, Newborn and Child Mortality

The report profiles three Pacific Island Forum countries – PNG, Solomon Islands and Vanuatu – and one associate Forum member – Timor-Leste – in order to apply a deeper level of analysis than a broader regional overview permits. It also demonstrates the additional challenges experienced by the most vulnerable mothers and children in the Pacific, revealing the difference in child health outcomes depending on geographical location, wealth quintile and maternal education level. Each country profile tells a similar story – child health is far poorer for children from poor families, who live in rural areas and whose mothers have had limited education.

Stunting – a form of chronic malnutrition – is at crisis levels in some Pacific Island Forum countries, and often coincides with equally concerning levels of over-nutrition and obesity, which leads to the phenomenon of a “double burden” of malnutrition in the Pacific. Under-nutrition is an underlying cause of many preventable child deaths with the World Health Organisation estimating that 45% of child deaths are related to under-nutrition.⁹

World Vision PNG understands, for example, that malnutrition contributes up to 50% of all paediatric hospital admissions in Port Moresby.

For the most vulnerable children in the hardest to reach places, the situation is even more alarming than national averages suggest. For example, while national stunting averages in Vanuatu is 26%, World Vision's programming baseline evaluation in Tanna revealed a much higher level of stunting, closer to 46.5%.

There is also a strong correlation between stunting levels and mothers' education levels. As the Solomon Islands country profile reveals, children whose mothers have no formal education have a much higher prevalence of stunting (53%) than children whose mothers have completed secondary education (39%).¹⁰

The wealth-poverty divide also influences how some mothers and children will fare compared with others.

⁹Black, RE, Victora, CG, Walker (2013) “Maternal and child undernutrition and overweight in low-income and middle-income countries” *The Lancet* June 2013

¹⁰ WHO Western Pacific Region & Government of Solomon Islands (2015) *MHMS 2014 Descriptive Core Indicator Report*

As is revealed in the Timor-Leste country profile, only 10% of the poorest quintile of women have a skilled birth attendant present at delivery, whereas the wealthiest quintile are almost seven times more likely to receive a skilled birth attendant. Given the positive relationship between skilled birth attendance at delivery and maternal and newborn survival, this disparity of access to skilled personnel at delivery is alarming and needs to be addressed as a matter of urgency.

Perhaps the most powerful causative factor in vulnerability in the Pacific is the urban-regional divide, especially in Pacific Island States with many islands and mountainous terrain such as PNG and Solomon Islands. Pacific countries experience enormous challenges in extending essential services across such complex geographical contexts and consequently struggle to reach mothers and children in remote mountainous and island environments. For example, maternal mortality in Choiseul, one of the more remote regions of the Solomon Islands, is two times higher than the national average,¹¹ demonstrating that women and children suffer when geographical challenges prevent lifesaving care from being available at the critical moment of childbirth.

This lack of information on who and where the most vulnerable children are has significant implications for the planning, resourcing and delivery of health services. Without knowing this information, it is almost impossible to target interventions where they are most needed and consequently some of the most vulnerable women and children are denied life-saving and life-giving care. As The Lancet noted in 2007,¹² weakness in recording vital statistics, like birth and death registration, means that there is no authoritative evidence to demonstrate that existing health programming for mothers and children is making a positive impact on reducing child and maternal mortality and morbidity.

If we are to end preventable deaths for all children across the Pacific, even greater focus and effort will need to be invested into locating and reaching these geographically remote and vulnerable children in the Pacific Timor-Leste region. The children who are most difficult to reach and the most vulnerable are the ones who governments must prioritise if we are to make real progress in reducing the high levels of maternal, newborn and child mortality in the Pacific.

Practical Solutions to ending preventable Maternal, Newborn and Child Deaths

Although the challenge is considerable, many effective interventions are already available and ready to be implemented. World Vision believes that the following steps must be taken by national governments, donors and regional institutions as part of a Pacific-wide effort to end the needless deaths of Pacific women, newborns and children.

Action at the National Level

Extending the Reach of Basic Health Care

The vast majority of maternal and under-five deaths are due to preventable causes. While this needless loss of life is tragic, it also holds out hope that by extending the reach of basic health services to remote locations, many of these lives could be saved.

There is much evidence demonstrating that simple low-cost and evidence-based interventions, such as those that can be delivered by trained **Village Health Volunteers**, can significantly reduce preventable child and maternal deaths by bringing basic health closer to home for mothers and children.

For example, a report by World Vision and the Burnett Institute¹³ found that in PNG up to 32% of maternal deaths, 70% of newborn deaths and 50% of child deaths could be prevented with full coverage of a family and community care package, which involves the prevention and treatment of illness by family and community members, including trained lay health workers (Village Health Volunteers).

While some Pacific Island Countries, such as PNG and Vanuatu, currently have such a community based care system, it is often under-resourced and consequently not operating to its full potential. Some countries, such as the Solomon

¹¹ WHO Western Pacific Region & Government of Solomon Islands (2015) *MHMS 2014 Descriptive Core Indicator Report*

¹² P. Setel et al. (2007). 'A Scandal of Invisibility: Making Everyone Count by Counting Everyone', *The Lancet*, Vol. 370, Issue 9598, pp. 1569–1577

¹³ World Vision and Burnet (2011) *Family and Community Health Care in PNG*

Islands, have yet to introduce this effective and cost-efficient system.

RECOMMENDATIONS:

- All Pacific Island countries should establish and adequately fund a community care package that ensures well-trained and resourced Village Health Volunteers, as well as the adequate resourcing of aid posts and health clinics.
- All Pacific Island countries should ensure the adequate resourcing of aid posts and health clinics to enable access to basic essential health care – both preventative and treatment – for all mothers and children regardless of geographical location. For those more remote locations a plan for regular outreach services should be implemented until a time when the government can build health centres that are adequately staffed and stocked

Tackling the Malnutrition Emergency

While the Non-communicable disease (NCD) challenge and over-nutrition has been a major focus for Pacific Health Ministers in recent years, an equally alarming but less acknowledged under-nutrition crisis has been emerging as shown in the serious stunting levels revealed in the four country profiles in this report. While not underplaying the need to tackle rising obesity levels, it is vital that child under-nutrition be addressed as a priority, especially given that 45% of child deaths are related to under-nutrition.¹⁴ Further, stunted children have compromised cognitive development and physical capabilities,¹⁵ which makes them less productive workers of the future than they would otherwise be. Consequently, under-nutrition is estimated to reduce a nation's economic advancement by at least 8% through direct productivity losses, losses via poorer cognition and losses via reduced schooling.¹⁶

While some Pacific Island Forum countries have drafted nutrition strategies, such as PNG, Timor-Leste and Vanuatu, these are often under-resourced and not able to push for the rapid progress required to save child lives. Implementation needs to focus strongly on education given that in most Pacific countries the cause of malnutrition is not lack of food, but lack of an understanding of correct nutrition.

Some of these policies also fail to adequately target the vulnerable groups that are identified in the country profiles in this report as being more at risk from suffering malnutrition. Consequently, nutrition strategies must include growth monitoring programs with a broad geographic reach to ensure that pockets of high levels of malnutrition are identified. There is also a need to improve reporting systems for nutrition-related hospital presentations, as the underlying reason for the presentation (e.g. malnutrition) is often not reported.

Finally, not one Pacific Island country has signed up to the international Scaling Up Nutrition (SUN) movement that provides countries with technical support to draft and implement nutrition plans.

RECOMMENDATIONS:

- All Pacific countries should fully implement nutrition plans that include national and sub-national targets for improving nutrition and stunting in line with the Global Nutrition Targets, and that focus on reaching the poorest and most vulnerable children. Nutrition plans should include a strong monitoring framework which sets out a regular review process, with input from civil society and other stakeholders.
- Pacific countries with a high burden of under-nutrition should ensure that nutrition plans are adequately resourced to ensure rapid progress on reducing stunting levels.
- Pacific countries with a high burden of under-nutrition should join the Scaling Up Nutrition (SUN) movement.
- Pacific Island Forum (PIF) donor countries such as Australia and New Zealand should make long-term financing commitments to meet any financing gaps in implementing nutrition plans in Pacific countries with a high burden of under-nutrition.

Adequate Funding of Basic Health, particularly MNCH services

¹⁴Black, RE, Victora, CG, Walker (2013) "Maternal and child undernutrition and overweight in low-income and middle-income countries" *The Lancet* June 2013

¹⁵*Ibid*

¹⁶Maternal and Child Nutrition Study Group (2013) "Maternal and child nutrition: building momentum for impact," *The Lancet* June 2013

In 2001 the African Union (AU) agreed in the *Abuja Declaration* to set a target that health expenditure should be at least 15% of total government expenditure in all AU countries. This has since become a benchmark for health budgets across all developing countries. Many Pacific governments spend significantly below this 15%, for example, the Government of Timor-Leste has currently allocated just 4–5% of the national budget to health.¹⁷ Such low investment prevents the necessary resources being available to strengthen national health systems with the cost-effective approaches recommended in this report.

Even in countries where the health budget is better funded, such as PNG and Solomon Islands at 13% of national budget, it is vital that funds within this budget be prioritised for maternal, newborn and child health (MNCH) services, such as the community health packages, and for improving stocking levels of aid posts as the most efficient and effective ways to ensure that vulnerable mothers and children are reached.

PIF donor countries such as Australia and New Zealand should prioritise MNCH in their support for health systems and funding.

RECOMMENDATION:

- All Pacific Island countries should progressively work towards allocating at least 15% of the national budget to health, prioritising a sufficient allocation for services for mothers, newborns and children.
- PIF donor countries such as Australia and New Zealand should prioritise MNCH in their support for health systems and funding.

Ensuring All Children are Counted

Levels of birth registration across the Pacific Island Forum countries are low and particularly so in the four countries profiled in this report. Just 50% of births in Timor-Leste and Vanuatu are registered,¹⁸ while in PNG these statistics are not known and rates are estimated to be as low as 1-10%. In addition to birth registration being a basic human right (Article 7 of the *UN Convention on the Rights of the Child*¹⁹), failing to capture this and other basic data on who and where the most vulnerable children are has significant implications for the planning, resourcing and delivery of health services.

As *The Lancet* noted in 2007²⁰, because of the weakness in recording vital statistics, we have little authoritative evidence that development funds for MNCH programming have had their desired effects on mortality. Additionally, as highlighted in the Vanuatu country profile attached to this report, capturing cause of death information is instrumental to avoiding preventable deaths by enabling prioritisation of appropriate health interventions and, in particular, targeting them towards the most vulnerable. Consequently, efforts to increase birth and death registration through improving Civil Registration and Vital Statistics systems have a direct and positive impact on improving health services, and ideally the health and well-being of mothers, newborns and children.

The *Pacific Vital Statistics Action Plan (PVSAP)*, supported by the Secretariat of the Pacific Community, aims to strengthen Civil Registration and Vital Statistics (birth, death and marriage registration) in the Pacific region, and improve coordination between development partners. In 2013, Pacific Health Ministers endorsed the improvement of Civil Registration and Vital Statistics as a core regional priority. It is vital that Pacific Island Forum countries operationalise this endorsement by directing and resourcing their health and statistics ministries to work with the PVSAP to develop and implement national improvement plans for Civil Registration and Vital Statistics that focus both on birth registration and on capturing important cause of death information.

RECOMMENDATION:

- Pacific Island Forum countries should partner with the Pacific Vital Statistics Action Plan to develop and implement national improvement plans for Civil Registration and Vital Statistics.
- Pacific Island Forum donor countries such as Australia and New Zealand should make financing and technical

¹⁷ Global Health Expenditure Atlas (2014)

¹⁸ UNICEF (2015) *State of the World's Children*

¹⁹ United Nations (1989) *Convention on the Rights of the Child*

²⁰ P. Setel et al. (2007). 'A Scandal of Invisibility: Making Everyone Count by Counting Everyone', *The Lancet*, Vol. 370, Issue 9598, pp. 1569–1577

commitments to meet any resourcing gaps in implementing these plans.

Action at the Regional Level

At their April 2015 meeting, Pacific Health Ministers Meeting considered an agenda paper, *Nurturing Children in Body in Mind*, which noted *A wealth of evidence proves that simple low-cost, evidence-based, high-impact interventions can improve maternal and child health, reduce child and adult mortality rates, and reduce health inequalities.*

The paper observed that while many Pacific Island Countries have included these interventions in their national strategic plans, most of the national policies and guidelines for maternal and child health are outdated.

Consequently, there is a need for new guidelines to be developed and efforts invested to ensure that implementation is well-resourced and monitored to respond effectively to modern health challenges with the most appropriate, proven interventions.

RECOMMENDATION: The Pacific Island Forum, including member countries of Australia and New Zealand, should commission a Roadmap Report for Maternal, Newborn and Child Health similar to that developed for Non-Communicable Diseases (NCD).

As is observed in the NCD Roadmap, despite their many differences, most countries in the Pacific face common challenges (p23) and this is especially so in the case of MNCH where key challenges revolve around similar geographical obstacles to ensuring health care access for mothers and children, inadequate human resources and parallel services, and a lack of reliable data. Consequently, there is much to be gained from more systematic sharing of information and experience, and collaborative action-planning.

We therefore recommend that the objective of the MNCH roadmap be to facilitate the updating and operationalisation of existing MNCH policies in a way that builds on lessons from peer countries, latest best practice and is also cost-effective and fosters regional collaboration.

As Pacific Health Ministers look to the future and the move from the Millennium Development Goals to the new Sustainable Development Goals to be announced in September 2015, preparing a Roadmap on ending preventable maternal and child deaths would be ideal pre-positioning for the new, tighter and more ambitious targets on maternal and child mortality likely to be announced later this year.



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19 June, 2015

Dame Meg Taylor,
Secretary General,
Pacific Islands Forum Secretariat,
Suva

Dear Dame Taylor,

The International Planned Parenthood Federation (IPPF) is a global service provider and leading advocate of sexual and reproductive health and rights for all, working in six regions in over 170 countries. In the Pacific we work in Papua New Guinea, Fiji, Tonga, Samoa, Kiribati, Tuvalu, Vanuatu, Cook Islands and the Solomon Islands

IPPF's Vision is a world in which all women, men and young people have access to the information and services they need. We therefore believe as part of our vision that Maternal Newborn Health (MNCH) is an important issue that has been and is still a concern with developing countries.

I would like to affirm IPPF's commitment to the advocating of MNCH and any regional efforts to make it a stand-alone issue or given greater priority. We sincerely hope and are fully confident that the Pacific Island leaders would give such efforts, the required recognition that it needs.

We look forward to results of any submission towards this effort and thank your good office for the opportunities given to both regional and national Civil Society Organizations to voice such concerns.

Thank you and we humbly await deliberations about the issue.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael Sami'.

Mr Michael Sami
Head,
IPPF ESEAOR- Sub-Regional Office for the Pacific (SROP)