

German Parliament Hearing:

Maternal and Child Health in Developing and Newly Industrialised Countries

To be held by the Committee on Economic Cooperation and Development

Wednesday, October 19, 11:00am – 1:00pm

German Bundestag, Paul Löbe Building, Room E.800, Konrad-Adenauer-Allee 1, 10117 Berlin

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Part I: “Challenges in improving maternal and child health in developing countries”

My name is Dr. Naveen Rao, and I am the Lead of *MSD for Mothers*, MSD’s 10-year, \$500 million initiative to end preventable maternal deaths worldwide. We are applying MSD's scientific and business expertise to this global challenge.

I’d like to take this opportunity to put the spotlight on an issue that is often overlooked: the death of a woman during pregnancy and childbirth.

Every two minutes, a woman dies during pregnancy and childbirth. That’s more than 800 women a day – the equivalent of two jumbo jets crashing with no survivors. It’s difficult to wrap your head around this tragedy. And it’s difficult to understand why these women’s deaths receive such little attention.

If nothing more is done in the next decade, nearly three million women will die. Ninety-nine percent of these women will be from developing countries.

When a woman dies during pregnancy and childbirth, the ripple effect on her family and community are enormous. Her baby is 10 times more likely to die before age two, and her other children are up to 10 times more likely to leave school, suffer from poor health, or die prematurely.

What is shameful is that nearly all of these deaths are preventable. When women have access to quality maternal healthcare before, during, and after childbirth, we have seen the dramatic effect on saving lives.

In fact, there has been great progress in recent years – a 44% decline in the maternal mortality ratio over the past 25 years. While that is good news, there is much more work that needs to be done to achieve the Sustainable Development Goal for maternal health which calls for reducing the maternal mortality ratio to less than 70 deaths per 100,000 live births. That goal is far from where we are today.

Currently, an estimated 216 women die for every 100,000 births. And in some countries, the rates are staggering. In Sierra Leone, for example, 1,300 women die for every 100,000 births; in Chad, there is a 1 in 18 lifetime risk of a woman dying from complications of pregnancy or childbirth. Nigeria and India are estimated to account for over one third of all maternal deaths worldwide in 2015.

Investing in efforts to save women’s lives is an economic, social, and moral imperative. In terms of economics, women’s unpaid labor accounts for one-third of the world’s GNP, which is lost when a woman dies in the prime of her life. From a social perspective, there is a close correlation between a mother’s death and the health and wellbeing of her family and community. Finally, on a moral level, these are our daughters, mothers, sisters, colleagues and friends – it’s unacceptable that they risk death during pregnancy and childbirth.

So why are women dying? Regrettably, many face a number of socioeconomic, cultural, structural, and medical challenges that restrict their access to life-saving care. These challenges can be viewed in terms of “three delays”:

- Delay 1 – The delay in seeking care from a health care provider
- Delay 2 – The delay in accessing care
- Delay 3 – The delay in receiving quality care

For example, a woman might choose not to give birth with a skilled health provider in a facility for many reasons, including cultural factors. She may be discouraged by her mother or mother-in-law who gave birth at home and everything turned out fine. Or her family may not think that giving birth in a facility is worth the cost. The decision not to seek care is a serious one. Although 85% of all births are normal, an estimated 15% of women do experience complications and health providers cannot predict which women those will be. That’s why it’s critically important that women deliver in health facilities – so that they have access to providers who are equipped to provide emergency obstetric care in case something goes wrong.

Even if a woman decides to seek care, she may confront barriers in accessing that care. The cost of care may be prohibitive. Facilities may be distant or difficult to reach because of poor roads. Transportation might be too expensive, or take too long, or not be appropriate for a pregnant woman, especially one in labor. In some countries, women may walk miles to get to a facility or ride motorcycles for hours on bumpy roads while in labor.

Finally, after overcoming these first two delays, a woman may arrive to the nearest health facility only to find that the facility is short on doctors or skilled health workers, lack the necessary equipment needed to safely deliver a baby, or doesn’t have standard guidelines in place to manage a childbirth emergency. In some cases, women are often left to purchase their own supplies in order to receive services, or are required to pay fees at the facility to cover the cost of supplies as well as care.

As you can see, maternal mortality is a complex issue. Unlike other areas of health, there is no “magic bullet” that will save these women’s lives. The problem is multi-faceted – so its solution must be as well.

Part II: “Promoting maternal and child health in international development cooperation – state of play and future perspectives”

It is clear that the global community needs to redouble its efforts to reduce the number of women dying during pregnancy and childbirth. As we move toward a more holistic approach to health and development with the Sustainable Development Goals, we have an opportunity to work collaboratively across sectors. That means collective efforts to bring the resources and expertise required from government, civil society and the private sector, which is too often excluded from these kinds of conversations about global health.

For many years, the global health community has viewed the private sector solely as a funder. But the private sector has relevant experience and expertise that can help accelerate progress in areas like maternal mortality. In fact, companies like MSD play an important role in improving health worldwide –

we bring expertise in R&D, supply chain, product innovation and efficient processes that can help development funds go further and be more effective.

There is an enormous opportunity – as well as an imperative – for companies to apply the expertise and capabilities that drive success in business to save and improve millions of lives.

In the case of MSD, for more than 100 years the company has been at the forefront of global health, taking on diseases ranging from HIV/AIDS to cervical cancer to river blindness. More than 25 years ago, we agreed to donate an unlimited supply of our drug MECTIZAN to eradicate river blindness. Today this programme is heralded as one of the most well regarded global health donation programmes in history. And because of this history and experience, we've learned tremendous lessons about what is required to move the needle on seemingly intractable health challenges. We believed we could apply that experience to maternal mortality – a complex problem with no easy solutions. Our intention was to respond in a way that goes well beyond product donations.

And so, *MSD for Mothers* was born, with the goal of applying private sector approaches to save women's lives during pregnancy and childbirth.

The initiative benefits greatly from MSD's culture of innovation and achievement, as well as our unique set of resources and skills to test out new models that others in the global health community may not be able to.

In less than five years, *MSD for Mothers* has improved access to quality maternal healthcare and family planning services for nearly 6 million women around the world. Currently, we are working with over 75 partners to improve maternal health in more than 30 countries.

In developing *MSD for Mothers*, we spoke with hundreds of maternal health stakeholders to better understand how to strategically utilize MSD's knowledge, skills, products and other resources. I'd like to elaborate on one major area of our work which is rather unusual.

As we were designing *MSD for Mothers* nearly five years ago, we learned that in many countries with high maternal mortality, the majority of families actually turn to the private sector for their healthcare – locally owned and operated clinics and pharmacies. This was news to us. So when I visited Uganda to get a first-hand view of the situation, I went to see the owner of a maternal health clinic – a midwife named Mama Maria.

I was struck by the fact that Mama Maria was not only a health worker with a critical role in her community, but also a businesswoman. This meant that her ability to care for local women hinged on the sustainability of her practice – how well she helped women give birth, but also how well she ran her business.

Working alongside local partners on the ground, we realized that we could make a difference here. In addition to clinical support, Mama Maria needed training in accounting so she could manage her finances. She needed operational support so she could hire a staff. She needed access to capital so she could expand her services, stock up on essential medicines and upgrade her facilities. All of these needs were business-oriented, so we worked with our partners to construct a programme that provides Mama Maria with both the clinical *and* business skills she needs to save women's lives.

I'm proud to report that we have helped hundreds of "Mama Marias" throughout Uganda deliver outstanding care to the women in their communities.

I am delighted that the German Parliament has given me the opportunity to speak about the critical problem of maternal mortality – an issue I am passionate about. And, as a representative of the private sector, I appreciate standing alongside government officials and representatives of leading NGOs who also care deeply about saving women's lives.

If we truly want to do better by women, we must join forces and continually ask: "How can we challenge ourselves to think and work more collaboratively across sectors?"

We're seeing the public-private partnership model emerge as a way of reaching scale and maximizing impact of foreign assistance. These partnerships allow the public and private sectors to do what they do best and complement each others' efforts as a way to reach more people, expand what works and create a stronger impact.

In conclusion, if we can build more models of cross-sector collaboration, then we will surely see a world where no woman dies while giving life.