

MIDWIFERY AND SAFE MOTHERHOOD BEYOND THE YEAR 2000
A Report on the Twenty-Fifth Triennial Congress of the
International Confederation of Midwives

May 22-27, 1999

MIDWIFERY AND SAFE MOTHERHOOD BEYOND THE YEAR 2000

A Report on the Twenty-Fifth Congress of the
International Confederation of Midwives

May 22-27, 1999

Theresa Shaver

A publication of the
NGO Networks for Health Project



TABLE OF CONTENTS

I. Background.....	1
A. International Confederation of Midwives	1
B. Participation of NGO Networks for Health Partners.....	2
II. Twenty-Fifth Triennial Congress of the International Confederation of Midwives.....	3
A. Opening Ceremony	3
B. Program	3
C. NGO Networks for Health Booth.....	5
III. White Ribbon Campaign.....	7
IV. Midwifery Associations	9
V. Safe Motherhood	11
VI. Conclusion	13
Annex I: Keynote Address	15
Annex II: White Ribbon Alliance for Safe Motherhood Article	21



I. BACKGROUND

A. International Confederation of Midwives

The International Confederation of Midwives aims:

“To develop the role of the midwife as a practitioner in her own right, by advancing the provision of maternity care, and so improve the standard of care provided to mothers, babies, and the family throughout the countries of the world.

The International Confederation of Midwives will also support and advise associations of midwives in liaison with their governments and will represent midwifery to international bodies and agencies in meetings, consultations, and in direct relationships with heads of governing bodies of such organizations.

Finally, it will advance globally the position of the midwife and the value of midwifery and aim to achieve a reduction in rates of maternal and neonatal mortality and morbidity (ICM Mission statement 1993).”

A1. Origins and Activities

Founded in Europe in 1919, the development of this international organization was interrupted by World War II. In 1954, the first World Congress of Midwives marked a new beginning for the organization and the start of a series of triennial meetings which bring midwives together from all over the world to share ideas and experiences.

In addition to its congresses, the confederation carries out numerous activities (generated at headquarters) in four regions around the world. These frequently take the form of workshops on such key issues as:

- Developing regional plans to reduce maternal mortality
- Strengthening the leadership skills of midwives
- Developing education curricula relevant to local birthing and population patterns

A2. Participation with Other International Organizations

The International Confederation of Midwives has established official relations with the United Nations and fields representatives at regional offices in New York, Geneva, Vienna, Manila, and Brazzaville. The confederation has also worked closely with the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) for a number of years to achieve common goals in maternal and child care. Since 1987, the major focus for this global cooperation has been the Safe Motherhood Initiative (SMI) which aims to reduce by fifty percent the half million maternal deaths worldwide per year by the year 2000.



B. Participation of NGO Networks for Health Partners

Preparation for the NGO Networks for Health (*Networks*) participation and exhibit at the ICM congress began in December 1998. *Networks* team members identified appropriate headquarters contacts for publications and identified contact staff in Manila. The field staff in Manila recruited two volunteers to assist at the exhibit booth during the conference. Save the Children/Manila offered to handle logistics for the shipment of publications and supplies, coordinate conference transportation for *Networks* representatives, and arrange for equipment not provided by the conference organizers.

During the five months preceding the conference, *Networks* and its Partners were involved in a number of activities:

- *Networks* and Partners selected literature to display and disseminate at the conference.
- Partner field offices in Manila arranged the participation of booth volunteers.
- ADRA put together a video featuring the five Partners on the *Networks* project.
- Save the Children created a *Networks* banner and two photo composites for display.

The Partners, both in headquarters and in country offices, played a significant part in supporting *Networks* participation in the conference, and did so with commitment and enthusiasm.



II. TWENTY-FIFTH TRIENNIAL CONGRESS OF THE INTERNATIONAL CONFEDERATION OF MIDWIVES, MAY 22-27, 1999

A. Opening Ceremony May 22, 1999

Speaking before more than 1,000 delegates from 85 different countries, the First Lady of the Philippines, Dr. Loi Ejercito Estrada, praised midwives as mothers' partners in the childbirthing process and urged them to perfect their skills for safer motherhood. She emphasized the crucial role that midwives play as health professionals, noting that in developing countries midwives are counted on to assist in 70 percent of births. This stresses the need for midwives to constantly improve their capabilities. She said midwives could help make childbirth a process where mothers are in full control.

Mrs. Estrada, a medical doctor herself, noted that despite the technological advances in medicine, developing countries struggle to rediscover the simplicity of natural childbirth, even as developing countries seek to adopt some of these technological advances.

She also noted the special place midwives occupy in Philippine society, where their contribution in the community is enormous and where they are often considered model health practitioners.

The First Lady pointed out that midwives have grown in stature in the Philippines in recent decades, in contrast to the early part of the century when other health professionals, threatened by midwives, resorted to misinformation to marginalize midwives. She added that the situation changed in the 1970s and 1980s when Filipino midwives began to gain public acceptance, citing studies which show high rates of satisfaction among those who received a midwife's care. The role of midwives has now expanded to include other responsibilities such as pre-natal care, post-natal care, nutrition counseling, and providing sex education to teens.

The First Lady concluded her address by urging the delegates to share their experiences to further ensure safer childbirths worldwide.

The opening ended with a solemn candle-lighting ceremony where representatives from various countries pledged their untiring commitment to the calling of midwifery—to help the mother, the child, and the community. Participants took a spark from the tall white candle on center stage to light smaller candles, and the rest of the attendees held hands, singing—"If we hold on together, our dreams will never die"—symbolizing their dedication to the profession.

B. Program

The program of this congress addressed the theme Midwifery and Safe Motherhood: Beyond the Year 2000. Lectures and discussions at the congress were aimed at improving midwives' capacity to address such issues as safe pregnancy, childbirth, promotion of women's health, infants and children's health, sexually transmitted diseases, and other reproductive health concerns. Each day started with a keynote address:



Date: Sunday 23 May 1999
Topic: In Search of Balanced Perspectives for Women's Health and Reproductive Rights.
Speaker: First Lady Dr. Loi Estrada

Date: Monday 24 May 1999
Topic: Health Is A Child's Right
Speaker: Theresa Shaver, Safe Motherhood/Child Survival Advisor
NGO Networks for Health

Date: Tuesday 25 May 1999
Topic: Safe Motherhood Beyond The Year 2000: A Global Perspective
Speaker: Margaret Peters, Director of the International Confederation of Midwives

Date: Wednesday 26 May 1999
Topic: Prevention and Control of Communicable Diseases: The Role of Midwives
Speaker: Alumita Bulicokocoko, Midwife from Fiji

Date: Thursday 27 May 1999
Topic: Caring As The Basis For Midwifery Practice
Speaker: Rosaline Lapan-Baker, Midwife and President of Papua New Guinea Association

In addition, there was a daily theme, and for each theme five or more concurrent sessions were offered. There was a wide range of global perspectives throughout the program. A copy of the conference abstracts and proceedings is available in the office of *Networks*.

The expertise of the keynote speakers gave the congressional participants not only professional global updates but also outlined the challenges facing professional midwives. In her address, Margaret Peters, Director of the International Confederation of Midwives, traced the development of the Safe Motherhood Initiative since its launch in 1987, linking its aims with the conclusion of the Cairo International Conference on Population and Development (1994) that reproductive health is a human right for women. She also reiterated the 10 messages for safe motherhood that emerged from the 10-year review of the initiative held in 1977 in Sri Lanka, identifying the International Confederation of Midwives' role in empowering midwives and supporting their efforts to gain credibility by developing widely recognized global standards.

Dr. Peters stressed that to be successful in developing countries midwives must understand the importance of putting pressure on governments to provide the necessary infrastructure. Dr. Peters listed several factors which play a vital part in bringing about safe motherhood: education for girls, adequate nutrition and clean water, improved housing, and, most importantly, good roads and available transport. She urged midwives to play a political role if necessary, helping communities prioritize their needs, and then make use of their voting power to make demands of politicians: "Beat on their door and don't go away till you've got what you want!"



C. NGO Networks for Health Booth

Two days before the first day of the conference, Theresa Shaver and Ketaki Bhattacharyya met with the booth volunteers to discuss scheduling and organization of the booth. Each Partner volunteer selected one or more days during which they could staff the exhibit booth to assist in disseminating materials, tracking midwifery associations who took material, and explaining the purpose of the *Networks* project.

One day before the conference, Save the Children transported over 30 boxes of materials for distribution to the Philippine International Convention Center, as well as equipment needed for the booth. This day was spent preparing folders and organizing display items. The literature shipped to Manila included:

- one key document from each Partner, if available,
- folders for use by midwifery associations in their home countries containing brochures on different projects within Partner organizations, website information, and a field office contact list,
- documents and brochures provided by the LINKAGES and MotherCare cooperating agencies (CAs) and USAID for distribution, and
- demonstration products provided by PATH.

On day one of the conference, conference delegates surrounded the *Networks* booth. It was very dramatic to see the seven of us working at the booth, and not one of us was short of activity. The midwives attending the conference were starved for information, and our documents and brochures were tremendously popular, so much so that we ran out of many of the titles we had shipped (in great quantity), despite the unexpectedly low conference attendance.

C1. Database Development

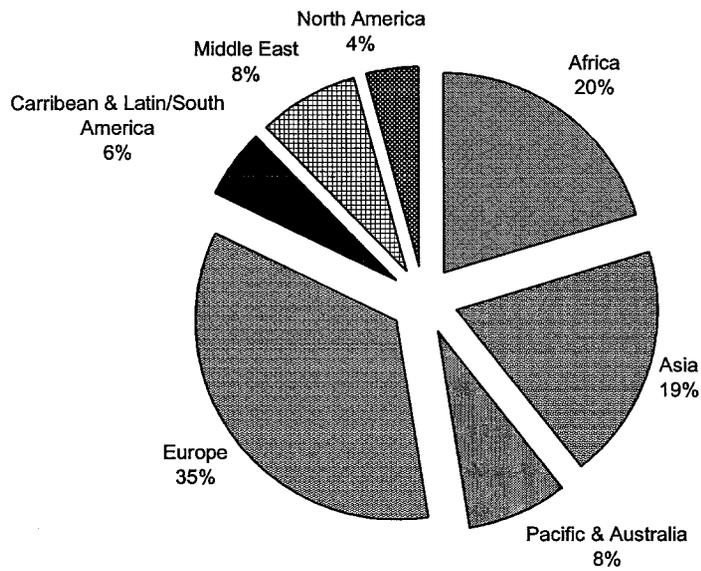
The *Networks* team used the conference as an opportunity to develop a database of midwifery associations in attendance, to assess variation in geographical representation as well as to assemble contact information. The Team developed a data entry form using EPIINFO 6.04 provided by the Centers for Disease Control. All data were collected at the *Networks* information booth located at the conference site. Associations who visited the booth were engaged in discussion and asked to provide information about their association. Therefore, the data represents the total number of midwifery associations who received information packages on *Networks* and other resource materials from the *Networks* booth. The results presented here probably represent fewer associations than actually attended the Conference, but this database marks a beginning. Other associations will be added to it overtime whenever an opportunity presents itself.

Figure 1 charts midwifery association by continent. Data indicate that Europeans accounted for more than one-third of the represented organizations, followed by African and Asian organizations. Together, these three continents represent nearly 75% of all organizations. Of the remaining



continents represented there, North American organizations were the least represented, with only four percent of the attendees.

Figure 1: Geographical Distribution of Midwifery Associations Visiting the NGO Networks for Health Booth at the International Congress of Midwives and Receiving Information Packets (May 22-27, 1999)





III. WHITE RIBBON CAMPAIGN

The White Ribbon Campaign, now called the White Ribbon Alliance, was originally launched in Washington, DC on the afternoon of May 5th at the CORE group safe motherhood workshop, *Effective Strategies to Promote Quality Maternal and Newborn Care*. The Global Health Council worked with the members from the CORE Safe Motherhood/Reproductive Health Group to introduce the campaign at a press conference with Senators Jeffords, Chafee, and Durbin, and Representative Maloney. On May 7th, the staff from the council and Nancy Russell from CEDPA delivered hundreds of white ribbons and information about the initiative to congressional offices. Support for this campaign has spread rapidly throughout PVO, CA, UN, and other international groups.

The secretariat at the International Conference of Midwives conference gave *Networks* permission to launch this same campaign at the Manila congress. Theresa Shaver made the announcement at the end of her keynote address, explaining that the ribbon represented women who died in childbirth. All midwifery associations present were then invited to take this symbol of remembrance, hope, and life to challenge their governments and other governments to honor their commitment to achieve the goals set out a decade ago when the world community pledged to make motherhood safe.

Many of the associations took this challenge seriously and reported to the *Networks* team present that they were committed to taking this campaign to their countries. Ribbons and flyers were distributed from the *Networks* booth and from the booths of our colleagues from the CA community: Ipas, JHPIEGO's Maternal Neonatal Health project, American Colleague of Nurse Midwives (ACNM), and Midwives Alliance of North America (MANA). It was a powerful site to witness the number of ribbons worn with commitment and pride by the global representatives of midwives present. Please see Annex II for an article written in the International Confederation of Midwives' Newsletter in support of the White Ribbon Campaign.



IV. MIDWIFERY ASSOCIATIONS

A very important midwifery link to Safe Motherhood initiatives globally is midwifery associations. Through these associations midwives can lobby for a recognized safe life cycle for women in their individual countries and as an international collective to address the following issues and related health concerns:

- The real needs of the consumers
- Promotion of political advocacy
- Definition and secured professional status of midwives in the health services of their individual countries
- Regulation, monitoring, and evaluation of midwifery services

As stated by Joyce Thompson in her speech at the International Confederation of Midwives conference in Oslo, May 1996 (Women Are Dying: Midwives In Action), "It is this partnership that is clearly the key link throughout all the midwifery associations. True partnerships with women must begin with women, include women in discussions and decisions for Safe Motherhood strategies, and end with women as leaders with voices as well as choices."



V. SAFE MOTHERHOOD

The fact that every minute throughout the year at least one woman dies and an estimated further fifteen women are left seriously handicapped as a result of childbirth is an issue that even the world's midwives find difficult to comprehend and to address.

Dr. Barbara Kwast, who was a midwife at World Health Organization headquarters, launched many activities for safe motherhood, including studies of maternal death and introduction of the partograph for monitoring labor (Kwast, 1989). It was also Dr. Kwast who coined the phrase, "Midwives are the lynchpins of safe motherhood." This concept remains true today as midwives play an ever-increasing role in the care, education, and preparation of women for healthy deliveries. The word "midwife" means "with woman," and midwives are natural partners with women throughout the world. They have also repeatedly demonstrated their effectiveness in reducing harm to women during their reproductive years.



VI. CONCLUSION

It was a privilege to present, discuss, and plan with women in leadership roles from over 85 countries. *Networks* is grateful to the Family Planning Services Division of the USAID Global Center for Population, Health, and Nutrition for supporting this initiative. *Networks* can impact maternal and infant mortality rates globally in partnership with other international and national organizations. At this congress, *Networks* strengthened the lynchpin, and helped make midwives full partners in this global endeavor.

The words of Margaret Mead remind us of what this conference was all about, "Never doubt," she wrote, "that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." This sentiment is a guiding principle of *Networks* and the reason for our participation at this conference.



ANNEX I: KEYNOTE ADDRESS

“Health Is A Child’s Right”

International Confederation of Midwives

*Theresa Shaver, Safe Motherhood/Child Survival Advisor
NGO Networks for Health*

May 24, 1999

Thank you President, and thank you to the conference organizers for your kindness in inviting me to address this forum. I appreciate this greatly. I would also like to extend my warmest regards to the distinguished delegates present today and to my colleagues of midwives who represent our global world.

I would like to begin with a description of a woman who everyone in the conference has met. We know her as our mother, sister, sister-in-law, cousin, friend, or client. She lives in a small village and is about to give birth to her second child. Her first child, a one-year old girl, is often ill and was abruptly weaned due to traditional beliefs and this second pregnancy. The mother’s day begins before the sun rises. She must fetch the water and wood that will be necessary for the day’s family meals. Returning to her home near dawn, she awakens her family and prepares the first sparse meal. There is barely enough food to fill the stomachs of her husband and young daughter and after they are fed, she uses what remains to feed herself and her unborn-child.

Before she and her husband set off for work in the field, they leave their daughter with a neighbor girl who is 8 years old. The mother would like to go to the clinic to receive the care she has heard about from friends for her unborn child, but there is simply no time. She does not share her concern with her husband, she does not want to burden him, and she knows she must work in order for her family to survive the season.

While in the field, she begins to feel sharp pains. Consistently, every two to three minutes, they take her breath away. She tries to ignore this interruption and continues to work along side her husband. Her own body and the process of birth eventually overtake her. She cries out for her husband to find the local birth attendant. She makes her way to a nearby tree knowing that the journey home is too great. Alone, she begins active labor. The attendant reaches her as the infant’s head is crowning. As she hears the cry of her newborn son her first thought is “I am alive. I have not died.” Death during childbirth is a constant reality for every woman in her village; she has seen and heard of countless women who have not survived birth.

Her son has entered the world of poverty and immediately faces the risk of dying. According to the World Health Organization (1996), an estimated eight million perinatal deaths occur globally each year. The three leading causes of perinatal death are (1) complications of preterm birth, (2)



birth asphyxia/birth trauma, and (3) bacterial infections. These causes apply primarily to the early neonatal period, which is responsible for 3.3 million of the 7.6 million perinatal deaths (WHO, 1996). Causes of the annual 4.3 million stillbirths are largely unknown due to difficulties in documenting stillbirths.

Each year, more than eleven million children die from the effects of disease and inadequate nutrition. In some countries, more than one in five children die before they reach their fifth birthday. Many of the children who do survive are unable to grow and develop to their full potential. WHO/CHD/97.12Rev.1

In developing countries, seven out of ten childhood deaths can be attributed to just five main causes. Around the world, three out of every four children who seek health care are suffering from at least one of these conditions:

Pneumonia—Children all over the world suffer from frequent coughs and colds but in developing countries cough is often associated with life-threatening pneumonia, the leading cause of death in children under five.

Diarrhea—Diarrhea is extremely common and may be life threatening because of the dehydration and malnutrition it causes if it goes untreated. Diarrhea is the second most common cause of death in children.

Malaria—Most of the deaths due to this widespread disease occur among African children.

Measles—Vaccines have made this disease rare in the industrialized world. Its occurrence in developing countries has also been rapidly reduced but it is still life threatening and claims the lives of 800,000 children each year.

Malnutrition—One in four children in the developing world suffers from malnutrition. As well as the misery of constant hunger, malnourished children are far more likely to succumb to infections.

All five of these conditions can be treated or prevented. Despite this fact, 23,000 children die from them each day. WHO/CHD/97.12Rev.1

Our mother, sister, sister-in-law, cousin, friend, or client is one of the fortunate ones. Her husband insists that she return home with their son to rest. He will stay and work. Tomorrow, husband and wife will once again be side by side in the field. The infant will be with them as they work. Their daughter will learn that now that there are two children, her parents will have even less time to tend to her.

The family's daily routine continues and the neighbor girl is enlisted to spend more time with the one-year-old who is beginning to develop a persistent cough. Weakened, the one-year-old is one of the firsts in her village to succumb to a measles outbreak. The mother seeks help from local healers, but her daughter's condition does not improve. A Community Health Worker urges the



family to take their daughter to the District Hospital. Carried in her father's arms for 10 kilometers and followed by her mother and infant brother, the one-year-old struggles to breathe. Her young body does not have the physical resources to fight the disease. She has been malnourished her entire life and was never immunized. She dies less than an hour after reaching the District Hospital.

In the best conditions, the family would be comforted in their grief and advised to immunize their infant son. In the harshest conditions, they would be blamed for their daughter's death and frightened into immunizing their son. I can't say how our mother, sister, sister-in-law, cousin, friend, or client was treated at the District Hospital. I do know that she would have walked home along side her husband. Their dead child in his arms and her infant son wrapped tightly to her back. Although overtaken by grief, they would return to face the work that was left unattended.

Years pass and their infant son grows into a happy six-year-old. There is talk in the village that a school might be built. Our mother, sister, sister-in-law, cousin, friend, or client has had three more pregnancies that never reach full term. The neighbor girl grows into a beautiful adolescent. At sixteen-years-old, her parents are searching for a suitable husband for her. When her parents talk of marriage she only giggles. After working all day, she would rather spend her free time with her friends. With them she can still play and dream and hope. Is it a dream or a hope that her life might be different than our mother, sister, sister-in-law, cousin, friend, or client?

Her friends have heard of HIV, but for them there is no threat for in their minds this terrible disease will never touch their lives. Lets' take a moment to reflect on the latest UNAIDS news about youth and AIDS globally.

- More than 3 million young people infected with HIV last year (February 25, 1999).
- Six young people are infected with the AIDs virus every minute.
- In total, an estimated 33.4 million people were estimated to be living with the HIV virus last year, of whom 43 percent were women, according to UN figures. In some of the worst hit countries in Southern Africa, more than two out of five pregnant women attending ante-natal clinics have the virus and so risk passing it on to their infants.

Our young adolescent must accept her chosen husband even though she does not know him and he is from another village. She enters her marriage and at sixteen leaves behind her adolescent dreams. Her husband is weak and thin. Most days she must double her efforts in the fields because he is home ill. She does not complain. There is little time for discussions and although he has never hit her, she knows that it is possible.

As the months pass she finds that she is experiencing morning sickness. She notices that her abdomen has enlarged. She is afraid and embarrassed. She goes to our mother, sister, sister-in-law, cousin, friend, or client, for advice. She is gently encouraged and told what to expect during her pregnancy. But, since she is often working in the fields for both her husband and herself, she gains very little weight and feels weak.



- Often women embark on pregnancy too early and in poor health.
- Suffering endemic diseases such as malaria, tuberculosis, or HIV/AIDS; they are frequently anemic; many are stunted as a result of childhood malnutrition.
- Early marriage limits educational and economic opportunities and often leads to early pregnancy.

At the encouragement of our mother, sister, sister-in-law, cousin, friend, or client, our young soon to be mother finds time to reach the clinic for one pre-natal visit. It is late in pregnancy and she is advised to come to the clinic to deliver. She listens, but worries she will not be able to afford the cost or the time away from her husband who is now very ill and bed ridden.

Her husband dies before their child is born. His death is not questioned. His family offers little support, they explain he was always weak. As a single woman soon to delivery her first child she is more isolated then ever. She finds her way to the clinic when her contractions begin. She has an intense fear that she will also die and that the baby is destined to be an orphan. Her labor is long and difficult. Eventually a baby girl is delivered with forceps. Mother and child stay at the clinic for several days to recover. Before she departs, a nurse at the clinic informs her that she and most likely her daughter are HIV positive. She learns that her husband infected her. In the best conditions, she would be comforted and advised on how to care for herself and her newborn. In the harshest conditions she would be sent home in shame and further isolated.

Our young mother returns home and is taken in by our mother, sister, sister-in-law, cousin, friend, or client. She and her newborn are cared for, but she never regains her strength and continues to deteriorate quickly. Her will for living is gone and caring for her newborn becomes more and more difficult each day. This little child becomes an orphan at the age of 3 months.

- 8.2 million children are orphaned as a result of AIDS.
- Studies from different parts of the sub-Saharan region have shown that 30-50 per cent of the infants from infected mothers are infected with the virus at birth.
- In Europe and USA the figure is 20-30 per cent. (Perinatal Health Care with limited Resources)

Our mother, sister, sister-in-law, cousin, friend, or client continues to care for this child with all the uncertainties at hand. She thinks of the daughter she lost and hopes that this child might live longer. She believes it is possible. For she has been fortunate, blessed, her son is now 14 years old and is truly a source of pride for his parents and extended family.

But, there is also a growing dread in his mother's heart for there is civil unrest throughout the country. Conveyed via radios and by community leaders is a warning that the government needs more soldiers. Visitors have told stories that military trucks come in and round up all the healthy boys and men. They are told that it is a privilege to fight for their country, but they are also not given a choice when they are forced on a truck at gunpoint and driven away.

Once again, a mother's fear becomes a reality. The trucks do come. They are seen parked in front of the school. When the children are dismissed, all the young boys are held and loaded into



the truck. Cries from women are heard throughout the village that night. Their sons may never return.

Convention on the Rights of the Child

- Based on the Children's Charter drafted in 1923 by Save the Children's founder, British woman Eglantyne Jebb
- Charter was adapted by the League of Nations in Geneva in 1924.
- Voted into international law and ratified by more than 70 nations at the first UN World Summit for Children in 1990.
- To date, 191 countries have ratified the Convention on the Rights of the Child.

The Convention focuses on four basic issues affecting children:

- Prevention
- Protection
- Provision
- Participation

Prevention

The convention is concerned, among other things, with reducing infant and child deaths; developing preventive health care services; and preventing child abduction and the sale of children.

Protection

The convention is against all forms of discrimination against children; against interference with a child's privacy, family, home and correspondence; against all forms of physical and mental injury to children, neglect, abuse and exploitation.

Provision

The convention advocates the provision of primary, general and vocational education; of rehabilitation for child victims of abuse, neglect, exploitation and armed conflict; of equal access to cultural, artistic, recreational and leisure activity.

Participation

The convention also provides for the consideration of children's views in all decisions made affecting them; for participation in community life by disabled children; for participation by all children in health care and accident prevention.



Our mother, sister, sister-in-law, cousin, friend, or client and her husband are left with an orphan child with an uncertain future. If their son does not survive the war, their future is equally uncertain. Who will care for them, as they grow old?

Today, I have told you a story. But, in our work, we all have met each character described here. What can we do to change the plot and its ending? Together, we must:

- Address the need for providing integrated reproductive health care, including family planning, STD's, HIV/AIDS, post abortion care and child health services. The M in MCH is crucial to maternal child health for as we all know when a mother dies, her surviving children are three to ten times more likely to die within two years than those with both living parents.
- Ensure a continuum of care as in an integrated model at the community, district, provincial, and national level. It is essential that it is connected by effective referral links, and supported by adequate supplies, equipment, drugs, and transportation.
- Involvement of families, community leaders, health providers, traditional healers, and TBAs' should be included in planning and implementation of policies and programmes. Successful models for social change involves all the stakeholders.
- Long term commitments from a wide range of partners in the community, governments, local leaders, local organizations, public, private, international organizations, UN, and NGOs.
- Community education and mobilization. Prioritizing programs that involve communities in problem identification and problem solving through participatory methods.

Health is a child's right. Obtaining and securing that right is our responsibility. As midwives there is a critical role to play in breaking the chains of inter-generational disadvantage, impoverishment and failed human development in the care provided before, during, and after birth. In your hands is delivered the next generation. In partnership, we in the NGO community join hands with you by embracing each child at critical moments in the life cycle. The project I represent NGO Networks for Health is a partnership of five leading international organizations: ADRA (Adventist Development and Relief Agency), CARE, PLAN International, PATH (Program for Appropriate Technology in Health), and Save the Children USA. The partnership itself serves as an exciting model to test and inform partnership development, collaboration and network building. Our goal is to expand quality child and reproductive health services more effectively. We are committed to working with you to empower and enable the families and communities you work in to prevent, protect, provide, and participate in a healthier global society.



ANNEX II: WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD ARTICLE

25th ICM Congress Newsletter, May 27, 1999, Manila Philippines

The White Ribbon Campaign

White satin loops adorned the clothes of congress participants as ICM members supported the white ribbon campaign for safe motherhood and enjoined others to do the same.

The white ribbon represents women who died in childbirth. It is estimated that one woman dies every minute of everyday, or some 600,000 maternal deaths each year. Nearly all these deaths could have been prevented through the use of simple technologies and low-cost approaches.

Launched by non-governmental organizations as a "symbol of remembrance, hope, and

life", wearing the white ribbon is a way of challenging governments all over the world to honor their commitment to save the lives of mothers and their babies.



▲ Wearing the white loop are midwives from the Philippines and Cambodia.

▲ From left: Rosalina Caleda (Spain), Zenaida Milla (Philippines), Alice Sham (Hongkong)

NGO Networks for Health is a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there. These partnerships provide a range of services, including family planning, maternal and child health, and HIV prevention, that are relevant to the local situation. This five-year effort began in June 1998, and brings together five development organizations—the Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children USA. NGO Networks is supported by USAID's Global/Population, Health, and Nutrition Center.

This publication was made possible through support by the Global/Population, Health, and Nutrition Center, United States Agency for International Development (USAID) under the terms of Grant No. HRN-A-00-98-0001 I-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the USAID.