International cooperation activities
conducted by the Ministry of Health, Labour and Welfare
～Our commitment to achieve MDG4/5～

Abstract

As you may know, to achieve MDG4 and 5, it is essential to tackle simultaneously the other MDGs such as poverty, gender, education, infectious diseases, water and sanitation and so on. We, the Ministry of Health, Labour and Welfare, focuses on advancing the mutual and close collaborations between welfare and health services, including water and sanitation management, provided to the vulnerable such as mothers and children. The Ministry implement our mission under the key phrase "For people, for life, for the future," which includes a wide range of areas in an integrated and systematic manner. Making most of the expertise in those areas, the Ministry has implemented technical cooperation projects for developing countries for years.

In this presentation, we would like to explain our programs to contribute to achieve MDG4 and 5 by cooperation category. For achieving the best outcomes, the Ministry has chosen the most appropriate channels depending on the nature of the project. Specifically, in collaboration with the Japan International Cooperation Agency (JICA), the Ministry has recruited and dispatched professionals to JICA projects and accepted trainees in Japan. Further, the Ministry made financial contribution to projects implemented by international organizations such as the World Health Organization (WHO) . In addition, the Ministry has closely worked with the intergovernmental organization such as Association of Southeast Asian Nations (ASEAN) and its member states in the context of the ASEAN-Japan High Level Officials' Meeting or ASEAN+3 Health Ministers' Meeting.

We promise to continue our efforts for the efficient and effective implementation of projects, making the most of our wide range of expertise, for realizing a prosperous and secure life of mothers, newborns and children all over the world.

Global Strategy to Tackle MDG4/5

Rintaro Mori MD PhD MSc FRCPCH
Department of Global Health Policy, The University of Tokyo

Maternal and newborn health is now one of the most urgent public health issues globally.
Health is becoming a "global" issue with a good example of H1N1 infection and health workforce crisis. There are less and less boundaries in practice of domestic health issues and global health activities in both high and low income countries.
As for the world health agenda, MDG4 shows some improvement except some countries in Sub-Sahara Africa and except for neonatal mortality, particularly early neonatal mortality. Quality of data for MDG5 is a huge concern, though the trend of maternal mortality from available data shows massive discrepancy between high and low income country in its achievement. MDG6 shows overall improvement though high density of HIV/AIDS in southern Africa and malaria prevention are the remaining world health issues. The development of these health-related MDGs shows overall maternal and newborn health is now becoming a central agenda item in global health and global diplomacy.
Global diplomacy recent years are played by not only traditional actors such World Health Organization and bilateral national aid organisations such as JICA but also new organisations/powers including private sectors and other international organisations such as GAVI and Gates Foundation. Multi-stakeholder partnership and evidence-based approach with robust monitoring and evaluation now play significant roles rather than small-scale unorganised activities in communities in high mortality settings. The recent global financial crisis means the amount of financial support for global health is also facing crisis, and hot discussions on innovative financing to create new entity of financial source are ongoing.
Japan played a significant role in G8 summits in Okinawa 2000 and Toyako 2008. In Okinawa, initiative toward infectious diseases was discussed, which led to establishment of the Global Fund, and the Toyako Framework led to recent enhancement of health system strengthening particularly in women's and children health. Healthcare professionals working in Japan in its healthcare system are now required to work more globally.
This year, G8 summit, hosted by the Canadian Government, brought maternal and children's health as a global priority.

"Global perinatal health - now and future"

Pisake Lumbiganon, MD, MS, Dean and Professor of Ob & Gyn,

Faculty of Medicine, Khon Kaen University, Thailand

Abstract

Preterm birth and stillbirth are still the leading causes of perinatal mortality and morbidities. Currently, there are about 13 million preterm babies born each year. Of these 13 million preterm babies, about one million babies die. Those survived babies suffer short and long term consequences. For international comparison stillbirth is defined as late fetal death weighing 1000g or more or occurring after 28 weeks gestation. Very little is known about the causes of preterm birth and stillbirth. Commonly recognized causes of preterm birth include genital tract infection, intrauterine and systemic infection, antepartum hemorrhage, autoimmune syndromes, maternal stress, multiple pregnancy and hydramnios. About two-thirds of stillbirths occur late in pregnancy and a third during childbirth. Causes of stillbirths are quite similar to causes of preterm birth. Birth asphyxia is a leading cause of stillbirth in low- and middle- income countries. Smoking cessation and progesterone were proven to be effective in preventing preterm births. Eleven interventions significantly improve survival of preterm newborns. These include corticosteroids in preterm labor, antibiotics for preterm prelabour rupture of membranes, vitamin K supplementation at delivery, delayed cord clamping, case management of neonatal sepsis and pneumonia, room air rather than 100% oxygen for resuscitation, hospital-based kangaroo mother care, early breastfeeding, thermal care, surfactant therapy for respiratory distress syndrome and application of continued distending pressure to the lungs for respiratory distress syndrome. Eight interventions significantly prevent stillbirths. These include balanced protein energy supplementation, screening and treatment of syphilis, intermittent presumptive treatment for malaria during pregnancy, insecticide-treated mosquito nets, birth preparedness, emergency obstetric care, caesarean section for breech presentation, elective induction for post-term delivery. Responsible persons and organizations should put more efforts in monitoring and reducing stillbirths and preterm births and their consequences by implementing proven effective interventions.

Perinatal Health Situation in Bangladesh

Prof. MAK Azad Chowdhury, DCH, FRCP, FCPS
Prof. and Head of Department of Neonatology
Dhaka Shishu(Children) Hospital
Bangladesh Institute of Child Health
President, Bangladesh Neonatal Forum
Joint Secretary, Bangladesh Perinatal Society
Vice-President, Bangladesh Pediatric Association.

Bangladesh, a country of 140 million people in South Asia, has made much progress in recent decades in the health sector particularly in child health. From 1994 to 2007,Bangladesh has experienced a dramatic decline in infant and under-5 mortality.Under-5 mortality decreased from 133 to 65 (presently 57), and infant mortality decreased from 87 to 52 (49 at present) deaths per 1000 live births. During the same period, neonatal deaths declined from 52 to 37 deaths per 1000 live births. The decrease in neonatal mortality has slowed in recent years, however, because current programs have not adequately addressed neonatal survival .Thus , approximately half of under-five deaths in Bangladesh occur in neonatal period.

The main causes of neonatal death in Bangladesh are birth asphyxia (21%),neonatal infections(44%),and preterm/low birth-weight(11%). The birth asphyxia specific mortality rate can be estimated to be 8.7 deaths per 1000 live births from BDHS 2004 data.

The incidence of low birth weight (LBW) in Bangladesh is believed to be amongst the highest in the world. However, the extent of LBW in the country has not been well surveyed because most (85%) women deliver at home, which makes large scale data collection difficult. Also, in most areas of the country neonates are not commonly weighed due to lack of equipment of established practices for measuring birth weight at home or at the community level . The BBS/UNICEF 2004 countrywide survey revealed that 36% of neonates are LBW. For every 14 perinatal deaths , there is one maternal death in Bangladesh . Two women die every hour due to pregnancy and child birth related complicatons. Eighty-five percent of deliveries take place at home out of which approximately,69% are attended by untrained personal including relatives and friends, 18% by medically trained providers,and 11% by non-medically trained providers.Only 14.7% deliveries take place at health facilities.
The government has made concerted efforts to improve the maternal and newborn health situation, but the Maternal Mortality Rate (MMR) is still high ,estimated at 290/100,000 in 2006 while 600,000 women suffer from

maternal complications every year. Three fourths of the babies born to the women who die, are estimated to also die within the first year of life. The 2007 BDHS Survey showed that 51% of pregnant women received one antenatal care (ANC) visit by a trained provider , only 17.8% of births were assisted by doctors, trained nurses or midwives, and only 21.9% of mothers received post natal care (PNC) from a trained provider within 42 days after birth.
Equity in maternal care is a significant issue that deserves special attention. The BDHS 2004 data on antenatal care (25%),skilled attendance(3%) and post natal care (5%) in the lowest economic quintile compared to average national level strongly indicates gross disparity in service coverage in different economic quintiles. The situation has not improved much in recent years.
These figures suggest significant gaps in care to mothers , with serious implications for neonatal outcomes. In order to further reduce child mortality and achieve the Bangladesh Millennium Development Goal-4 for child survival , a fresh approach must be taken to improve maternal care and save neonatal lives,viz:-

- Strengthening maternal preparedness for birth including use of a birth preparedness package and attention to maternal nutrition (including iron/folate supplementation and deworming)

- Improving ANC rates including full TT immunization
- Prevention and management of high-risk diseases including malaria,TB,STIs and HIV/AIDS(including following guideline on prevention of parent to child transmission PPTCT)
- Increasing use of facilities for normal deliveries and improving emergency obstretic care at all levels
- Expansion of community-based skilled birth attendants training program,establish a functional system for increasing access and use of community-based skilled birth attendants.
- Strengthening postnatal care, including ENC with recognition of neonatal danger signs
- Increase awareness and participation of women , family and community in improving maternal and neonatal health.

The overall perinatal health situation in Bangladesh with specific information will be presented in the congress.