



# CONFERENCE STATEMENT AND RECOMMENDATIONS



**Uganda Maternal and Newborn Health Conference**  
**15th – 17th June 2015, Kampala, Uganda**



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The maternal and newborn conference was held at the Serena Hotel in Kampala, Uganda from June 15th -17th June, 2015

**Informed by** the key note addresses, oral and poster presentations as well as plenary discussions, a number of key focus areas in advocacy, policy and policy implementation, research and capacity building, scaling up newborn services, community and facility approaches to maternal and newborn services, newborn complications and management, and quality of care were identified.

## Key Highlights of the conference

- There is an urgent need to change the way we do things in order to get better results. Globally, African countries including Uganda are lagging behind and will not meet the MDGs 4 and 5. At the current pace, a new born in Uganda will require 110 years to enjoy the same survival chance as a new born in the richest nations.
- In Uganda, over 6,000 women and 39,000 newborns die annually in addition to 40,000 still births from preventable causes. Strategies to address stillbirths are still a major gap in Uganda.
- The Infant mortality rate has reduced from 81 per 1,000 live births in 1995 to a commendable rate of 54 in 1,000 live births in 2011. However, the newborn mortality rate has remained constant, significantly contributing to infant mortality.
- Family planning is an important key to reducing mortality and increasing investment. There is a high unmet need for family planning which if met would avert 228,000 pregnancies and 108,000 births resulting into cost savings which could be diverted to other underfunded interventions.
- The linkage between the community and the health systems is necessary and should be strengthened. The VHT strategy will be revised and improved to have trained Community Extension worker.
- Male involvement needs to be defined and measured. We need to define what package of services can be provided to meaningfully engage men in maternal and newborn care.
- Innovation: Innovation was a core theme of the conference. It is necessary to bring the innovations to scale.
- It is necessary to scale up a number of low cost evidence based easily implementable interventions that have been left to waste.
- Strategic partnerships: There are a lot of RMNCH partners each of whom has a role to play. There is need to build strategic partnerships in order to augment their impact.
- Quality of care and quality improvement : the quality improvement approach is critical for both community and facility based services
- Universal health care coverage: It is critical to understand Universal Health Care coverage. A dialogue on understanding universal health coverage is important now more than ever. "The elephant (Universal health coverage) is being seen by the four blind men who should now listen to the citizens who can be seen(the citizens must be heard)"
- Investment: there is a critical need to revisit the investments strategy in Maternal and Newborn care. The time to act is now. The period for pilot programs is over and we need to scale up interventions that work



## Conference statement

We, the participants at this Maternal and Newborn conference, held in Kampala, Uganda from 15<sup>th</sup> -17<sup>th</sup> June, 2015, do recognize the above highlights arising from the conference. We also recognize that some progress has been made but realize that a lot more has to be done so as to reduce the 70,000 deaths of both mothers and newborns that occur annually in Uganda today as well as address a number of other issues arising from this conference.

We also recognize that we all have a role to play in reducing maternal and newborn health through doing things differently.

In solidarity, the Conference calls upon all stakeholders to focus on the five things that can be done differently including:

- (1) Promote and develop integrated plans that deliver services along the continuum of care in a coordinated way
- (2) Develop intentional leadership to advocate for and promote survival of mothers and newborns in the country
- (3) Implementation with innovation: Address

health systems bottlenecks especially the important role of health workers and doing scalable programs and not just pilot programs

- (4) Invest for impact in governance, increase community participation, increasing the citizens voice and
- (5) Strengthen use of data for decision making; Promote accountability of all stakeholders through strengthening measurement of progress and impact in the post 2015 agenda

All the above require advocacy:

- (1) Advocate for inclusion of the RMNCH+A agenda in the post 2015 discussion and provide services for development, Investment for impact-in governance, community participation, and partner alignment, Implementation with Innovation to address health system bottlenecks and health workers and promote measurement of progress and impact to ensure progress even beyond the MDG era.



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