

# My Turn

**N**o-one is more vulnerable and in need of quality care than a newborn baby. They are totally dependent on their mothers, who in turn rely on skilled doctors and nurses with working equipment in decent buildings. We urgently need to improve the quality of this care or place these fragile lives in danger.

In a few days, Malawi alongside Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Nigeria, Tanzania and Uganda, will be launching a network for improving Quality of Care for Maternal, Newborn and Child Health.

The past two decades have been marked by substantive progress in reducing maternal and child deaths.

Government and development partners across the world have worked tirelessly to improve quality of care, but progress has been uneven with some remote and hard-to-reach areas left unreached.

Although there have been increases in access to maternal, newborn

and child health services, these have not always led to corresponding improvements in access to quality health services or to an increase in the number of people that voluntarily access health services.

In Malawi, although 89 percent of women deliver at a health facility, quality remains low and too many newborn babies and mothers are dying.

In many facilities, the infrastructure remains poor. In some, health workers are not trained and lack confidence in caring for newborn infants, especially the sick.

Sometimes, it is the absence of medical practitioners to provide quality care, while in others lack of medical supplies has led to the needless death of babies and mothers.

Despite efforts to reduce death among mothers and babies, the increase in adolescent mothers has also led to an increase

in the number of babies that are born premature and with low birth weight. Malawi has the highest premature birth rate in the world, with 18 percent of all babies being born too early and 13 percent with low

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birth weight.

It is undeniable that Malawi, like many other countries, has made remarkable progress in reducing the number of children who die before their fifth birthday. Child

mortality has almost halved since 1990, but as under-five child death rates fall, newborn deaths have increased as a share of overall child mortality.

Every woman and child has a right to quality health care. As we see a rise in the deaths of newborn babies, we need to increase our efforts in providing quality care for pregnant mothers and newborns.

A reduction in newborn and maternal death requires skilled staff, investments in training and infrastructure but also a deliberate effort to ensure equitable distribution of resources both in urban and hard to reach areas.

It is heart-breaking in this day and age to find a mother who has just delivered a baby sleeping on the floor with her newborn. It should be unthinkable today to find a facility without the basic medicines and skilled

health worker handling a newborn with infection.

The network will give Malawi an opportunity to accelerate and sustain implementation of quality of care improvement packages for mothers, newborns and children. This includes policy shifts and investments leading to women and newborns receiving the best medical care.

Through the network, we hope to facilitate learning, knowledge sharing, and generation of evidence on quality care. We also hope to strengthen institutions and methods for accountability.

We believe the quality of care network could not have come at a better time.

The world collectively has managed to halve the number of women and newborn babies that die during childbirth. With resolve and leadership from nine governments, we can do more and provide an example for the rest of the world to follow.

This is the time for action, to work together and save the precious lives. ■



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