REPORT OF TORONTO CONVENTION WORKSHOP ON ESTABLISHING A GLOBAL NETWORKING PLATFORM FOR MATERNAL AND CHILD HEALTH

Saturday, June 23 2018

Dr. Himansu Basu, Rotary Foundation Cadre Coordinator on Maternal and Child Health, welcomed participants indicating that the objectives for the session included discussion of needs in maternal and child health, global experience of successful Rotary programs in this area, the way forward including evaluation and a proposal for global network platform with maternal child health as an area of focus.

RI incoming president Barry Rassin indicated that maternal child health was an important need for the world. He related a personal story of someone whose sister had died from postpartum hemorrhage with no one to help. This need was subsequently transferred into development of a blood bank and the Haiti “Pink Jeep” initiative. He reminded Rotarians to “Be the Inspiration”.

STOP MOTHERS DYING!
GLOBAL NETWORKING PLATFORM TO HONOR MUM MATE!

GUEST SPEAKER - RI GENERAL SECRETARY JOHN HENK

PROGRAM - ROYALTY HALL (A1 & B1)
RI General Secretary, John Hewko discussed needs in the area of maternal care, reproductive health, and child mortality/morbidity including immunization. Addressing needs should provide the opportunity to contribute to the concept of positive peace. He noted that the new grant model would have increased emphasis on sustainability and public relations.

Dr. Himansu Basu indicated that the current status of maternal and child health was one of great social injustice to women. The life time risk of dying as a maternal death was 1 in 180 in the world but was 1 in 22 in Nigeria (and 1 in 19,700 in Italy). His personal project “Collaborative Actions in the Lowering of Maternity Encountered Deaths” is only one of many programs which could help reduce the estimated 400,000 annual maternal and 5,000,000 annual child deaths. He indicated the importance that these projects be Strategic, Measurable, Adaptable, Resourced and Targeted (SMART). His group had piloted Calmed programme in two states in India through Rotary Foundation Global Grants using a vocational training team (VTT) training the trainer concept. Output and outcome measurement showed progressive and sustainable reduction of maternal mortality and creation of a skills trained workforce. Resources are available as a legacy for other Rotarians to use for future initiatives.

RI Director Nominee Dr. Jan Lucas Ket discussed healthy pregnancies and healthy children emphasizing the importance of folic acid in pre-conceptual care. He asked what Rotary’s role should be in the safe procreation chain. This is an opportunity for improved partnerships with the International Pediatric Association (IPA), the Federation Internationale Gynecology and Obstetrics (FIGO) and the International College of Midwives (ICM).
Past RI Vice President Celia Cruz de Giay discussed the importance of childhood nutrition with specific reference to the Conin Centers. She asked how can we put continuing children’s needs higher on the agenda of Rotary Clubs and learn what can effectively be done with participation of Rotary.

Past RI Director Robert Hall is the current Chair of the Global Networking Committee which includes 27 Rotary Action Groups and 70 fellowship collaborations within Rotary. He asked how can we improve collaboration with relevant RAGs and Fellowship groups to add value to the Maternal Child Health (MCH) Programs. Such groups could initiate ideas and assist coordination of activities linked to MCH area of focus.

Rotarian Dr. Neelima Kaushal discussed the US scenario with black female mortality still being more common during the pregnancy period. What is needed is free and affordable contraceptives and universal health care for mothers. US is currently 50th on the list of 170 countries in maternal health we need to better identify not only high-risk conditions but the dynamics of need and care seeking behavior. The future of humankind is in our hands.

Dr. Himansu Basu summarized the session by asking:
1. Is Rotary doing enough? Can we do more?

2. As needed skills and expertise may not be available in each district, can we pool these attributes?

3. Could a Global Networking Platform achieve these objectives through utilizing evidence-based best practice criteria and electronic communications to facilitate local partnerships for provision of low cost effective care as well as advocacy to support universal health coverage (UHC), a sustainable development goal (SDG) of the UN?

He invited the audience to join the group and indicated further personal contact could occur through e-mail addresses at calmedrotary@gmail.com and drhbasumd@gmail.com.

General discussion which followed focused on:

1. The issues are complex; how do we find a way to start? It was suggested that a good way to start might be within one’s own community based on community assessed/preferred needs, strengths and priorities. Endeavours should be made to keep projects simple and accomplishable. There is a need to address community ownership and social factors and interface with social agencies.

2. Robert Hall indicated that there have been improvements in Maternal Child Health (reduction in maternal deaths in some hospitals in Nigeria by 60% and access to family planning from 3% to 27%). NGOs need to help governments and governments need to do their share. In Nigeria there is a focus on expanding Rotary and other models to be scaled-up throughout the country.

3. Given that childhood deaths are being reduced more in the period of 1 month to 5 years than within the first month after birth and that two of the three primary associations with new born death (perinatal asphyxia and preterm birth) are specific for new-borns, would changing the nomenclature of the Rotary area of Focus Group to Maternal, New-born and Child Health help emphasize needs in this area?

4. In addressing the important issues of domestic violence (increased during pregnancy), the roles of Social Workers and Mental Health Professionals were emphasized.

5. With continuing home births, is there a need to better train attending midwives and birth attendants? It was indicated that the emphasis should be on dealing with unexpected complications, sending help and developing and effective transport/transfer/tracking capability. We should aim to induce behavioural changes (golden hour concept) in all those who care for pregnant women and babies for urgent attention given by the most experienced and able team.

6. Looking at the past, present and future of Maternal Child Health, the importance of identifying effective practices and the need for reliable data was emphasized. The focus should be on not collecting all possible data (or doing all possible interventions) but on activities which might be predicted to best demonstrate the most effective programs in Maternal Child Health at a low/modest cost.

7. There was a pledge to support the proposed Global Networking Platform, from Rotarian members attending the workshop. Himansu Basu indicated that the group already experienced in MCH programmes will work out future priorities and take appropriate action.
A vote of thanks was given to all speakers and participants.

Respectfully submitted,

D.D. McMillan, MD