



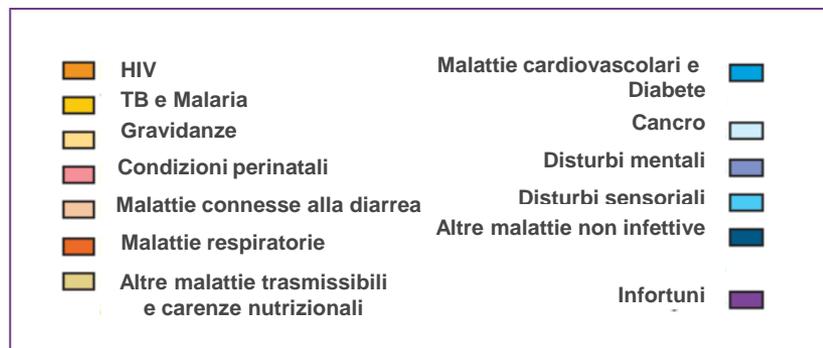
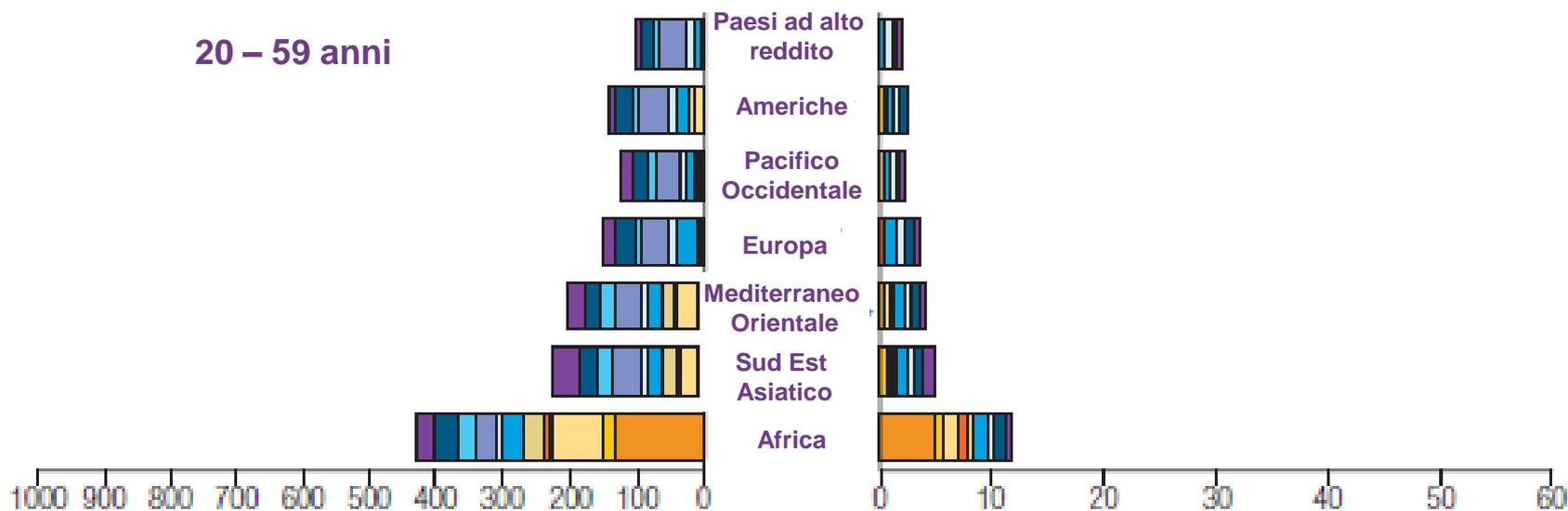
Salute materno-infantile in Italia e nel mondo

Flavia Bustreo, Direttore, PMNCH

La Partnership per la salute materno-infantile

6 Febbraio 2010

La salute delle donne: le sfide nel mondo



High-income countries

- Breast cancer **leading** cause (1 in every 10 deaths)
- **9** out of **10** are non-communicable diseases

Top ten leading causes of death, women aged 20-59 years	
Rank	Cause
1	Breast cancer
2	Trachea, bronchus, lung cancers
3	Ishaemic heart disease
4	Suicide
5	Stroke
6	Colon and rectum cancers
7	Road traffic accidents
8	Cirrhosis of the liver
9	Ovarian cancer
10	Cervical cancer

Source: WHO 2009



Middle-income countries

- Breast cancer 4th leading cause
- Maternal conditions 8th leading cause
- **Double burden:** chronic/non-communicable diseases; and deaths related to reproduction and infectious diseases

Top ten leading causes of death, women aged 20-59 years	
Rank	Cause
1	HIV/AIDs
2	Stroke
3	Ishaemic heart disease
4	Breast cancer
5	Suicide
6	Road traffic accidents
7	Tuberculosis
8	Maternal Conditions
9	Diabetes mellitus
10	Cirrhosis of the liver

Source: WHO, 2009



Low-income countries

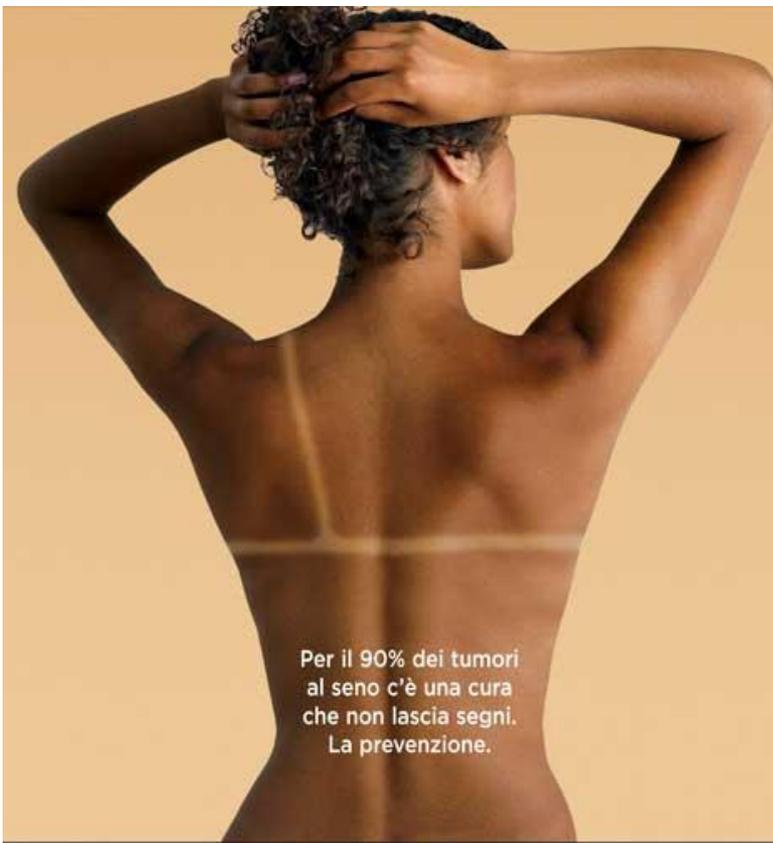
- Breast cancer **NOT** a leading cause, cervical cancer 10th
- Maternal conditions **2nd** leading cause
- **Double burden:** deaths related to reproduction/infectious disease and chronic/non-communicable diseases

Top ten leading causes of death, women aged 20-59 years	
Rank	Cause
1	HIV/AIDs
2	Maternal Conditions
3	Ischaemic heart disease
4	Tuberculosis
5	Lower respiratory infections
6	Stroke
7	COPD
8	Fires
9	Suicide
10	Cervical cancer

Source: WHO 2009



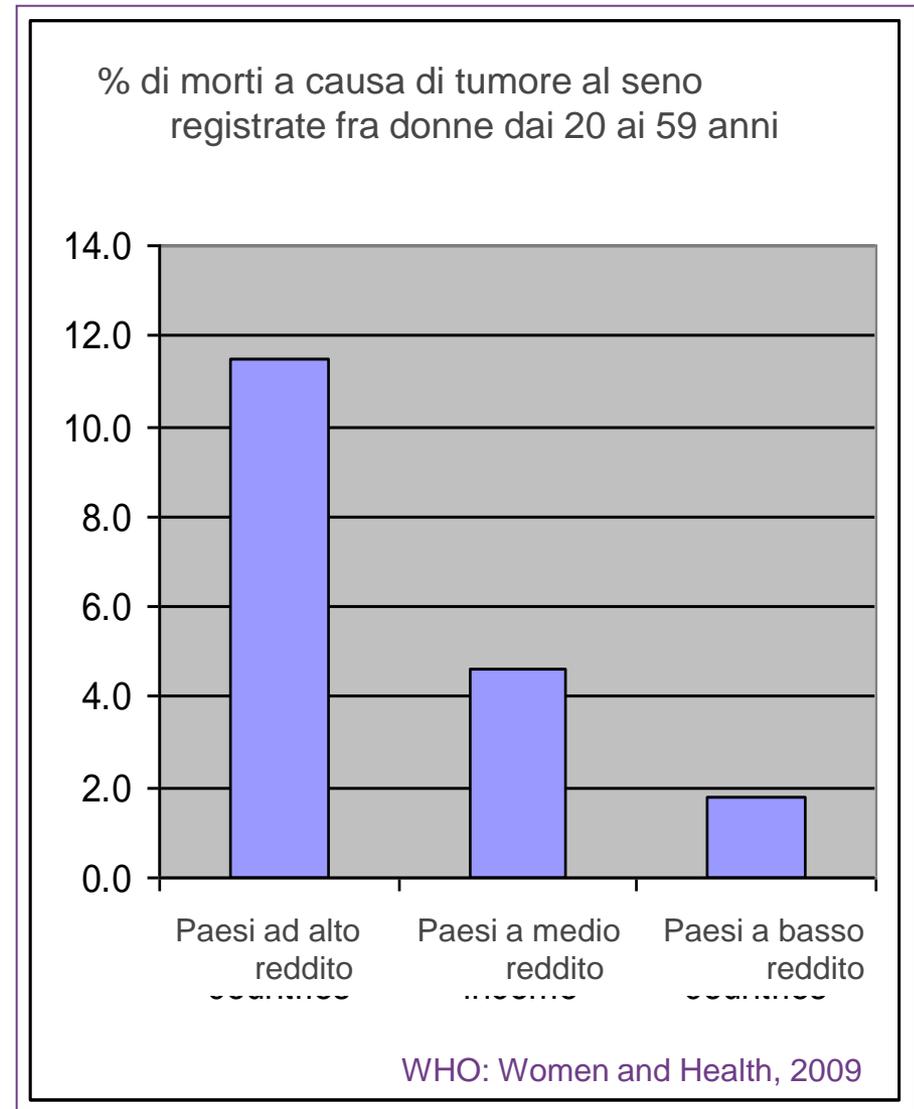
Il tumore al seno in prospettiva



Per il 90% dei tumori al seno c'è una cura che non lascia segni. La prevenzione.

Dai il tuo contributo per sostenere la lotta ai tumori del seno. L'offerta può essere versata sul c/c postale n. 85950038 intestato alla Komen Italia onlus.

komen
ITALIA ONLUS
PER LA LOTTA AI TUMORI DEL SENO



La salute dei bambini: le sfide nel mondo



4 milioni

I bambini nel mondo che muoiono entro il primo mese di vita



2 milioni

I bambini al di Sotto dei 15 Anni affetti da HIV



> 500,000

Le donne che ogni anno muoiono per cause legate al parto o alla gravidanza



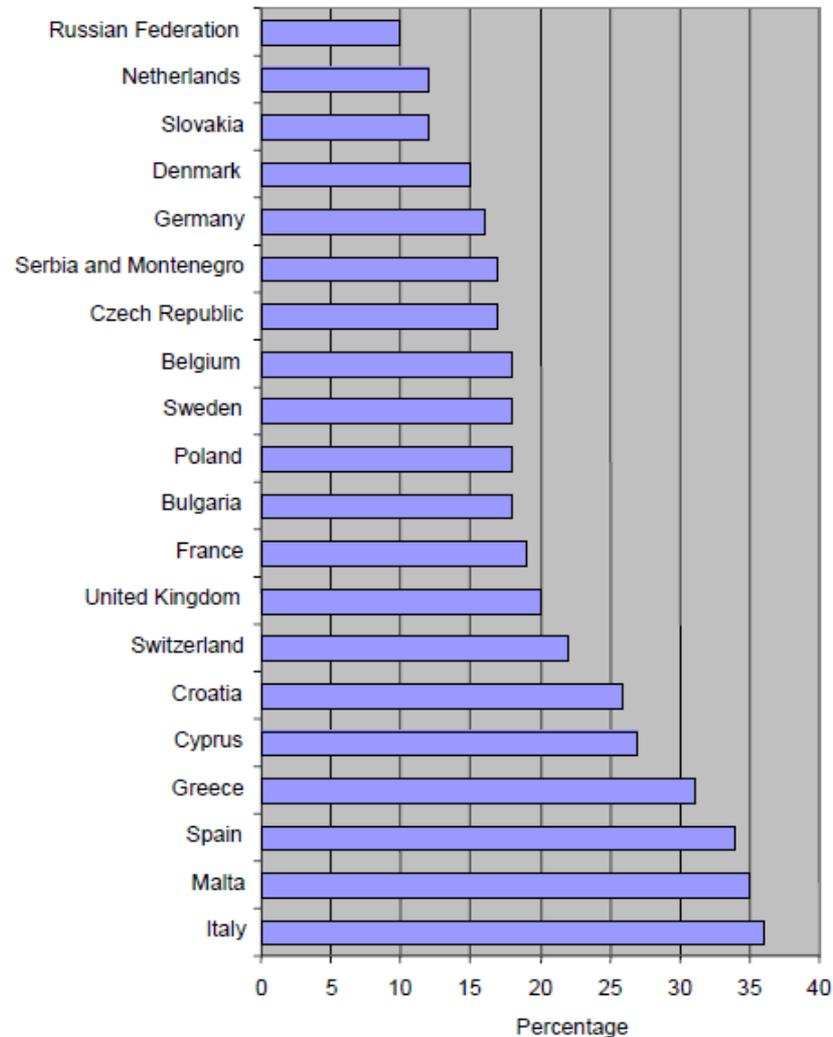
8.8 milioni

I bambini nel mondo che sono morti prima del quinto anno di età nel 2008



La salute del bambino: le nuove sfide in Italia e.g:

Diffusione di sovrappeso ed obesità nei bambini fra i 7 e gli 11 anni in specifici paesi della Regione Europea in seno al WHO



La carenza ed il bisogno di azione del sistema di Sanità: il continuum of care

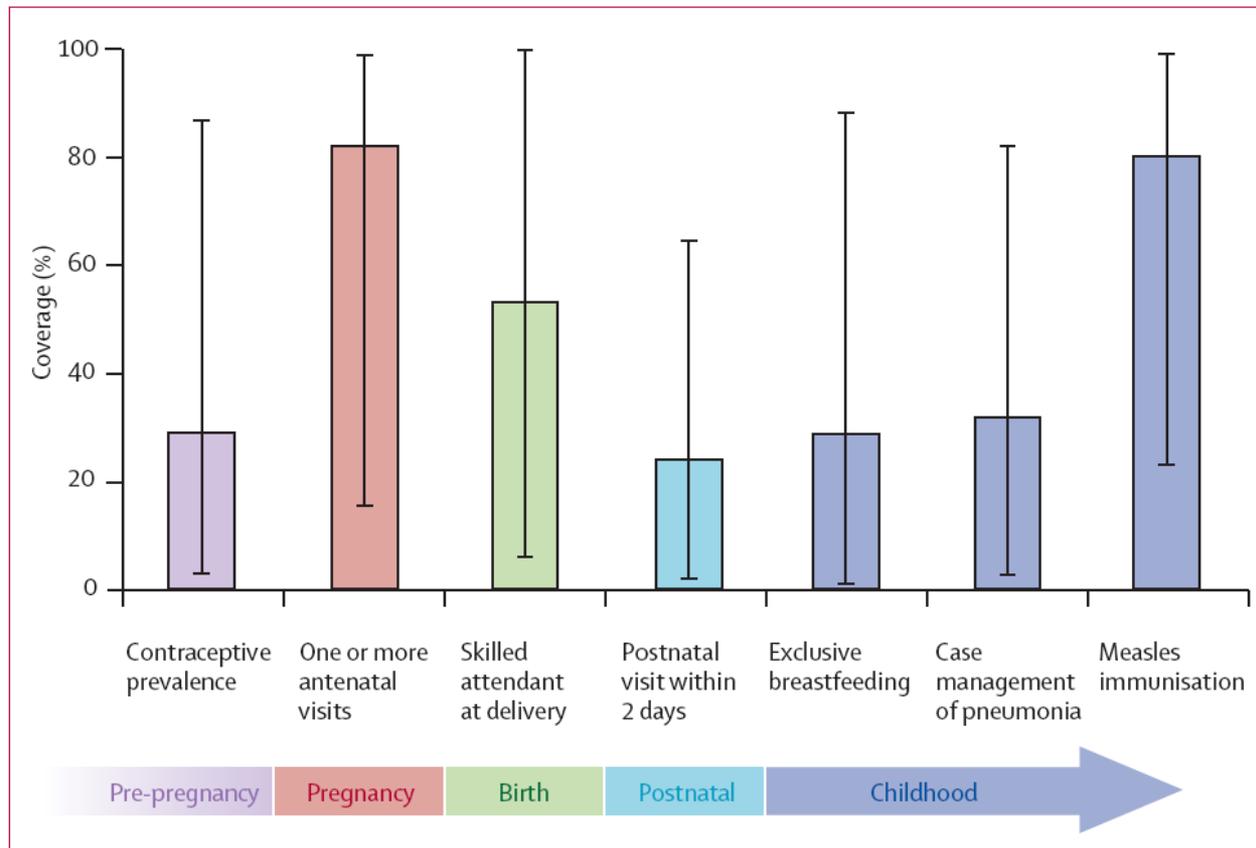


Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000-06)



Come i Parlamentari possono fare la differenza - i

- Rapporti sui progressi rilevati in specifici paesi in relazione alla Countdown to 2015 Initiative presentati alla Assemblea della Unione Inter-Parlamentare (IPU). APRILE 2008 | CAPE TOWN E APRILE 2009 | ADDIS ABABA.
- La Camera Canadese ha approvato all'unanimità una risoluzione per ridurre la mortalità materna e la mortalità e morbilità infantile a livello nazionale ed internazionale. GIUGNO 2009 | OTTAWA.
- Il Parlamento Italiano ha adottato all'unanimità una risoluzione per salvare le vite di madri e bambini nei paesi a più alto rischio, aumentando l'aiuto allo sviluppo. GIUGNO 2009 | ROMA.



Come le Parlamentari possono fare la differenza -ii

- La Dichiarazione dei Leader durante il Summit G8 sulla importanza della salute materna, neonatale ed infantile in riferimento agli Obiettivi del Millennio. L U G L I O 2 0 0 9 | A Q U I L A .
- L'Assemblea Generale delle Nazioni Unite lancia il Global MNCH Consensus. Più di \$5 miliardi di nuovi fondi sono stati annunciati in relazione alla High-Level Task Force on Innovative Financing findings SETTEMBRE 2009 | NEW YORK.
- I Parlamentari ed i Senatori Canadesi, a seguito di un incontro con i membri del Consiglio del PMNCH, hanno discusso una mozione per richiedere al Canada durante il G8 di dare priorità al tema della salute materno-infantile. DICEMBRE 2009 | OTTAWA.



www.unicef.it



Dall'Italia al mondo: il consenso globale sulla salute materno–infantile

- *Leadership ed impegno politico e sociale.*
- *Sistemi sanitari efficienti che mettano al servizio interventi di alta qualità.*
- *Rimozione di barriere che possano impedire l'accesso alla salute per tutte le donne e bambini.*
- *Personale sanitario specializzato e motivato nel posto giusto al momento giusto.*
- *Aderenza e monitoraggio verso il raggiungimento dei risultati.*

Consensus for Maternal, Newborn and Child Health



Our Aim:
"Every pregnancy wanted, every birth safe, every newborn and child healthy"
Saving the lives of over 10 million women and children by 2015

The Partnership
for Maternal, Newborn
& Child Health

Our Timeline: 2009 – 2015

Bold, focused and co-ordinated action on reproductive, maternal, newborn and child health is urgently needed. Such action at global, national and sub-national levels will accelerate progress toward Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), as well as MDG 6 (combat HIV/AIDS, malaria and other diseases). Maternal and newborn health must be emphasized – while addressing major gaps in child survival – because women and infants are at greatest risk of death in the first few hours and days around birth. The Consensus recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions aimed at accelerating progress on the ground.

How we can make it happen:

1. **Political leadership and community engagement and mobilization**
2. **Effective health systems** that deliver a package of high quality interventions in key areas along the continuum of care:
 - Comprehensive family planning – advice, services and supplies
 - Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality care at birth, emergency care for complications, postnatal care, and essential newborn care
 - Safe abortion services (when abortion is legal)
 - Improved child nutrition and prevention and treatment of major childhood diseases
3. **Removing barriers** to access, with services for women and children being free at the point of use where countries choose
4. **Skilled and motivated health workers** in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations
5. **Accountability** at all levels for credible results



What will it take?

- In 2015, an additional 50 million couples using modern methods of family planning
- An additional 234 million births taking place in facilities that provide quality care for both normal and complicated births
- 276 million additional women receiving quality antenatal care visits
- 234 million additional women and newborn babies receiving quality postnatal care
- More than 164 million additional episodes of child pneumonia taken for appropriate treatment
- 2.5 million additional health care professionals and 1 million additional community health workers, towards the WHO target of at least 2.3 health workers per 1,000 of population

What will it achieve?

- Preventing the deaths of up to 1 million women from pregnancy and childbirth complications
- Saving the lives of at least 4.5 million newborn babies
- Saving the lives of at least 6.5 million children (1 month to 5 years)
- Preventing 1.5 million stillbirths
- A significant decrease in the global number of unwanted pregnancies and of half the number of unsafe abortions
- An effective end to the current unmet need for family planning services
- Reducing by over one-third the rate of chronic malnutrition in children age 12 to 23 months

What will it cost?

- The total additional programme cost of achieving these targets is \$30 billion for the period 2009-2015, with annual costs ranging from \$2.5 billion in 2009 to \$5.5 billion in 2015.

¹ Figures are totals for 49 aid-dependent countries (total population in 2009 is 1.4 billion; excludes India and China) for the 2009-2015 period, based on calculations done for the High Level Task Force on Innovative International Financing for Health Systems (HLTF), May 2009. See http://www.internationalhealthpartnership.net/CMS_files/documents/working_group_1_-_report_EN.pdf.

² The HLTF estimates that the total programme and health system cost for maternal and newborn health; child health; family planning; HIV/AIDS; TB; malaria, and basic health services for 2009-2015 is \$251 billion, of which \$186 billion is health system costs that are needed for progress in all the specific health programme areas.

The Partnership for Maternal Newborn and Child Health (PMNCH)

- **La nostra visione:** La visione della Partnership é un mondo in cui tutte le donne ed i bambini ricevano l'attenzione di cui hanno bisogno, per vivere una vita sana e riproduttiva.
- **La nostra missione:** La missione della Partnership é quella di sostenere la comunità globale in modo tale da raggiungere con successo gli Obiettivi del Millennio 4 e 5 – migliorare la salute materna, neonatale ed infantile.

