In Christ we are called to act together as one, creating new partnerships that bring hope and sustained child well-being to Pacific Timor Leste communities.

Speaking the truth in love, we will in all things grow up into him who is the Head, that is Christ. From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love as each part does its work.

Ephesians 4:15-16

Nancy Waites, World Vision Pacific Timor-Leste
Where we work – Pacific
World Vision Pacific Timor-Leste programming spread

**COMMUNITY**

**FAMILY**

**CHILD**

**HEALTH**
- Maternal, Newborn and Child Health and Nutrition:
  - 7-11, Village Birth Attendants
  - Village Health Volunteer
  - Health System Strengthening

**WASH**
- Community Led Total Sanitation
- Participatory Hygiene & Sanitation Transformation
- Community Water Committee

**EDUCATION**
- Community-Based ECCD
- Basic Education Improvement
- Parenting Education
- Adult Literacy

**GENDER**
- Channels of Hope (Gender)
- Women Friendly Spaces
- Gender mainstreaming

**DISASTER MANAGEMENT**
- Community-based Disaster Risk Management
- Farmer Managed Natural Regeneration

**ECONOMIC DEVELOPMENT**
- Local Value Chain Development
- Farmer Managed Natural Regeneration
- Savings & Loans Groups
**World Vision’s Health Programming in Pacific Timor-Leste - 2014**

- **Projects:** 17
- **Budget:** $13.2M

**Beneficiaries:**
- **Total:** 94,743
  - Girls: 20,610
  - Boys: 22,095
  - Women: 26,595
  - Men: 25,443

- **TB cases notified & treated:** 24,860

**Increase in # of children exclusively breastfed:**
- **52% → 88% increase**

**Decrease in # of stunted children:**
- **9.4% decrease**
Improvements in Global Child & Maternal Mortality

(Maternal deaths per 100,000 live births, women aged 15–49)

- **Developing regions**
  - 1990: 430
  - 2000: 370
  - 2013: 230

- **World**
  - 1990: 380
  - 2000: 330
  - 2013: 210

**2015 target**

Courtesy UNICEF: *Progress for Children 2015*

Courtesy UN: *MDG Progress Report 2014*
But progress in our region (East Asia & Pacific) is misleading

East Asia & Pacific average is **17** deaths per 1000 lives births, but...

...these child mortality rates for the Pacific tell a different story.

<table>
<thead>
<tr>
<th>Country</th>
<th>Neonatal mortality&lt;sup&gt;1&lt;/sup&gt; (2013)</th>
<th>Child Mortality u/5&lt;sup&gt;1&lt;/sup&gt; (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Fiji</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Kiribati</td>
<td>22</td>
<td>58</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>16</td>
<td>38</td>
</tr>
<tr>
<td>FSM</td>
<td>16</td>
<td>36</td>
</tr>
<tr>
<td>Nauru</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td>Niue</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>Palau</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>PNG</td>
<td>24</td>
<td>61</td>
</tr>
<tr>
<td>Samoa</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Tonga</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>24</td>
<td>55</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>

<sup>1</sup> UNICEF A Promise Renewed 2014

Courtesy UNICEF: Progress for Children 2015
And the situation is even starker with maternal mortality

East Asia & Pacific average is **74** deaths per 100,000 lives births, but...

...maternal mortality for “Oceania” (9 Pacific island states) is **484** according to *Lancet* statistics

<table>
<thead>
<tr>
<th>Country</th>
<th>Maternal Mortality*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiji</td>
<td>68</td>
</tr>
<tr>
<td>Kiribati</td>
<td>101</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>96</td>
</tr>
<tr>
<td>FSM</td>
<td>88</td>
</tr>
<tr>
<td>PNG</td>
<td>594</td>
</tr>
<tr>
<td>Samoa</td>
<td>41</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>183</td>
</tr>
<tr>
<td>Tonga</td>
<td>111</td>
</tr>
<tr>
<td>Timor-Leste*</td>
<td>223</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>139</td>
</tr>
</tbody>
</table>

*Data from *Global Burden of Disease Study 2013*, The Lancet, 2 May 2014

Courtesy UNICEF: *Progress for Children 2015*
But the story doesn’t end there, increasingly the narrative is moving from global & regional averages to “the most vulnerable”

A globally apparent divide ……. seen through a regional lens (malnourished stats from the Solomon Islands)

Source: 2014 Solomon Islands Core Indicator Report, Ministry of Health and Medical Services, 2015
What is making Pacific women and children particularly vulnerable?

Geography

Malnutrition

Gender inequality

Low level of female education

Poverty

SKILLED BIRTH ATTENDANCE

poorest women 11%

richest women 69%

Childhood Stunting

63%

42%
Some ideas for addressing the challenges

- Extending the reach of basic health through a Family & Community care model

Up to 32% of maternal deaths, 70% of newborn deaths and 50% of child deaths could be prevented with full coverage of family and community care (FCC)

- Adequately resourcing health, particularly earmarking funding for basic health services benefiting mothers and children (e.g. aid posts and health clinics)

- Tackling under-nutrition not just focusing on over-nutrition

<table>
<thead>
<tr>
<th>Country</th>
<th>Childhood Stunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanuatu</td>
<td>43%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>38%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>63%</td>
</tr>
</tbody>
</table>
Some ideas for addressing the challenges cont.

- Birth registration

  “because of the weakness in recording vital statistics, we have little authoritative evidence that development funds for MNCH programming have had their desired effects on mortality”

  The Lancet, 2007

  Better data needed on where children are to enable planning to reach them.

- Addressing gendered issues that (1) prevent health seeking and/or (2) contribute to poor maternal and neonatal outcomes.
  1. Addressing social & religious barriers to health-seeking

  For 596 Tuvaluan women, 16% had decisions about their health made solely by their husbands.

  Source: SPC, Tuvalu Demographic & Health Survey 2007
Some ideas for addressing the challenges cont.

2. Tackling Gender Based Violence, which has a direct impact on maternal & neonatal health

Table 6. Summary of effect size estimates for selected health outcomes and intimate partner violence

<table>
<thead>
<tr>
<th>Domain</th>
<th>Disease/injury resulting from violence</th>
<th>Definition</th>
<th>Search date</th>
<th>Number of studies identified</th>
<th>Effect size (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual health</td>
<td>HIV/AIDS</td>
<td>Infection with HIV, with or without progression to AIDS</td>
<td>December 2010</td>
<td>17</td>
<td>OR = 1.52^b (1.03 to 2.23)</td>
</tr>
<tr>
<td></td>
<td>Syphilis infection</td>
<td>Acute and chronic infection with Treponema pallidum</td>
<td>December 2010</td>
<td>21</td>
<td>aOR = 1.61^c (1.24 to 2.08)</td>
</tr>
<tr>
<td></td>
<td>Chlamydia or gonorrhoea</td>
<td>Bacterial infection with Chlamydia trachomatis, transmitted vaginally, anally or perinatally;^d</td>
<td>December 2010</td>
<td>21</td>
<td>OR = 1.81^e (0.90 to 3.63)</td>
</tr>
<tr>
<td>Reproductive health</td>
<td>Induced abortion</td>
<td>Episodes of Induced abortion</td>
<td>December 2011</td>
<td>31</td>
<td>OR = 2.16^f (1.88 to 2.49)</td>
</tr>
<tr>
<td>Perinatal health</td>
<td>Low birth weight</td>
<td>&lt; 2500 g</td>
<td>June 2012</td>
<td>13</td>
<td>aOR = 1.16^g (1.02 to 1.29)</td>
</tr>
<tr>
<td></td>
<td>Premature birth</td>
<td>Gestational age &lt; 37 weeks</td>
<td>June 2012</td>
<td>10</td>
<td>aOR = 1.41^h (1.97 to 2.60)</td>
</tr>
<tr>
<td></td>
<td>Small for gestational age</td>
<td>Birth weight below the 10th percentile</td>
<td>June 2012</td>
<td>3</td>
<td>aOR = 1.36^i (0.53 to 2.19)</td>
</tr>
</tbody>
</table>

Women in abusive relationships have more unintended pregnancies

GBV is positively associated with low birth weight newborns and premature birth

World Health Organisation (2013) *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*
A Regional Approach for a Regional Challenge

THE FRAMEWORK FOR PACIFIC REGIONALISM

NCD ROADMAP REPORT

Noncommunicable diseases impose large – but often preventable – health, social and economic costs in the Pacific islands. This report provides a suggested Roadmap for a multi-sectoral approach for a country and regional response to the NCD Crisis in the Pacific.


Roadmap report on Maternal, Newborn and Child Health
“There are further gains in child survival and life expectancy to be made… Most of the national policy and guidelines for maternal and child health are outdated…. New guidelines need to be developed along with efforts to ensure that implementation is well resourced and monitored.”

Pacific Health Ministers Meeting April 2015

- Systematic sharing of information & experience to develop new norms & standards
- Collaborative action-planning that includes coordinating donors and non-state actors
- Develop common definitions of key terms e.g. Skilled Birth Attendant
- Improved approaches to measurement
- Implementation of regional agreements relating to MNCH
- Political leadership to ensure buy-in of relevant ministries: Finance, Education, Statistics