



**Republic of Namibia**  
**Ministry of Health and Social Services**

**Keynote Address**

**By**

**Dr Richard Nchabi Kamwi, MP**  
**Minister of Health and Social Services**

**During**

**The Official Inauguration of the National Maternal, Perinatal and Neonatal Death Review Committee Members and the Launching of the MPNDR Guidelines**

**Windhoek Country Club & Resort**

**P**rogramme Director – Mr. Kahijoro Kahuure, PS, MoHSS

**D**eputy Permanent Secretary, MoHSS Dr Norbert Forster

**W**ho Country Representative - Ms. Magda Robalo

**U**NFPA Country Representative - Mr. Fabian Byomuhangi

**I**-tech Country Representative - Mr. Ali

**D**ean of UNAM School of Nursing and Public Health –

Dr. Hoases-Goraseb

**F**ounding Dean, UNAM School of Medicine - Prof. Nyarango

**R**egistrar, Health Professions Councils of Namibia – Ms. Ena Barlow

**U**NICEF Country Representative - Mr. Ian Macleod

**S**enior Medical Superintendent, Katutura State Hospital - Dr. R.C Gariseb

**A**cting Senior Medical Superintendent, WCH – Dr. S. Shalongo

**D**istinguished Appointed Members of the National Maternal, Perinatal and Neonatal Death Review Committee

**D**istinguished Invited Guests

**M**embers of the Media

**L**adies and gentlemen

**I**t gives me great pleasure to officiate the inauguration of the National Maternal, Perinatal and Neonatal Death Review Committee and the launching of the Maternal and Peri /Neonatal Death Review (MPNDR) Guidelines. A month ago I inaugurated the Khomas Regional Maternal, Perinatal and Neonatal Death review Committee (RMPNDRC). This is a clear message that we want to address issues related to Maternal and Child health.

I am reliably informed that all the 13 regional health directorates had been oriented in maternal and peri/neonatal death reviews and are now in the process of appointing members to their respective districts/regional death review committees.

## Program Director

The biggest challenge we are faced with relates to maternal and newborn deaths. I do not need to repeat the obvious statistics revealed by the Namibia Demographic Health Survey. I can only remind us that three quarters of neonatal deaths takes place in the first 7 days of life and that the greatest number occurs on the day of delivery or the day after, mainly due to premature birth or complications.

To address the above, we have put in place a Roadmap to accelerate the reduction of maternal and newborn morbidity and mortality. One of the strategies in the Roadmap is to institutionalize Routine Maternal Death Reviews and also to establish a National System for Confidential enquiries into maternal deaths. This is what is termed Maternal, Peri and Neonatal Death Reviews (MPNDR).

We also have decided to classify the maternal deaths as a notifiable medical condition to be incorporated in the Public Health Bill. This will compel health workers to report maternal and peri/neonatal death and be investigated.

Program Director,

Ladies and Gentlemen,

These measures are put in place to complement the Campaign on Accelerated reduction of Maternal Mortality in Africa ( CARMA) which we launched last December with a primary objective of improving Goal 5. The campaign seeks to reverse the trend of decreasing maternal mortality by 75%.

The theme for Namibia is “Namibia cares: no women should die while giving birth” similar to the AU theme, “(Africa cares: no women should die while giving life)”

Program Director,

Ladies and Gentlemen,

I am pleased to report that, we now have the support of our Heads of State and Government as demonstrated during the Summit at Kampala.

**P**regnancy and Childbirth is not a disease and should not be a reason for a woman to die. The right to life and health is a human right; therefore a death of a mother due to pregnancy should be seen as an unfortunate situation that should be prevented at all times.

**W**e had repeatedly informed the public in 2005/2006, the direct causes of maternal deaths in Namibia as being obstructed labour (difficult in giving birth), haemorrhage (bleeding a lot), septicemia (infection after giving birth), severe eclampsia (High blood Pressure) and prolonged labour (Paining for too long during giving birth). Clearly, all these maternal complications can also lead to neonatal and infant mortality. However, maternal and neonatal deaths can be prevented if only all pregnant women can have access to a skilled birth attendant and emergency obstetric care when any pregnancy related complications occur.

**T**he aim of death reviews is to identify and analyze the causes and /or contributing factors to maternal, peri and neonatal deaths and make corrective measures to avoid re – occurrence of similar events.

**T**he Ministry has therefore, developed the Maternal and Peri/Neonatal Death Review Guidelines and Tools to facilitate the investigation of maternal and peri/neonatal deaths within health facilities. It is one step towards improving maternal health and will eventually contribute to the reduction of maternal and perinatal mortality in the country.

**T**he Guideline is clear in its explanation about the steps to be followed and also in guiding each level on how to constitute death review committees at each level. Therefore, as I am inaugurating this committee today, the National Maternal and Peri/Neonatal Review Committee, you are going to look at reports and data on maternal and peri/neonatal mortalities as reported from the regions, their causes, contributing factors and advise the regions accordingly.

**I**n this regard, Committee Members were identified following your expertise. You were selected according to your expertise in your respective professions.

**P**rogramme Director

**I**n conclusion, I wish to extend my Ministries sincere gratitude and appreciation to the Developmental Partners and all the stakeholders for the financial and technical support provided during the development of this document and facilitation towards the orientation of the Regional Maternal and Peri/Neonatal Death Reviews.

**I** now have the honor to declare Guidelines for Completing the Maternal & Peri/Neonatal Death Review Form officially inaugurated.

**I** thank you.