Where do we go with maternal health?

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On 15 September 2016, the Lancet published a new series of six papers on maternal survival, bringing together current epidemiology, successes and failures in this subject area, all within the framework of the Sustainable Development Goals (SDGs). Audrey Ceschia and Richard Horton of the Lancet stated in an editorial, "The lesson ... is that progress in maternal health is fragile and non-linear. The gains that have been made ... during the era of the Millennium Development Goals (MDGs) — must never be taken for granted. Constant vigilance is essential."

They go on to suggest that "Now is therefore the moment for a radical reappraisal of practices, programmes, and policies to achieve sustainable maternal health and wellbeing worldwide. This is an attempt to understand and take stock of efforts to improve maternal health, and add momentum for maternal health in the era of the Sustainable Development Goals (SDGs)." What do they mean? Essentially, all of us are being challenged to examine maternal health, mortality and morbidity from a wider perspective - one that considers the context of a larger health agenda for women and prospective mothers.

In November 2015, the United Nations health agencies, the World Bank Group and UNDP3 published their estimates of maternal mortality for each country globally. We should not lose sight of the tremendous progress made in the Asia Pacific region in terms of maternal mortality and morbidity from 1990 to 2015. In 1990 the mean MMR in Asia Pacific was 353 maternal deaths per 100,000 live births. By 2015 this regional MMR had dropped by 64% to 127 maternal deaths per 100,000 live births. In 2015 it was estimated there were about 84,000 maternal deaths in the Asia Pacific region, of which an estimated 499 deaths occurred in the Pacific Island countries.

While some countries still have work to do to further reduce maternal deaths, others are well on their way to meeting the global MMR target of 70 maternal deaths per 100,000 live births by 2030. To make further progress, we must consider the many interventions that lie outside the traditional health sector. This calls for the development of new partnerships and advocacy strategies in order to leverage policy change and meaningful, sustained action.

A paper published by UNDP3 in 2011 describes a framework to analyse the structural and social determinants of maternal health. The grouping of factors described in the framework are: individual attributes of women (age, parity, knowledge of services, previous obstetric history); family characteristics (economic status, access to resources, support from birth and marital family, marital relationship); community context (rural-urban-tribal, social position (class, ethnicity), social capital, distance to facilities); culture and social values (women's status, gender norms, religion, health beliefs, social cohesion); health services (availability of services - emergency obstetric and neonatal care, blood availability, skilled birth attendants and other staff, acceptability of services, fees and charges for services); structural determinants (laws, policies, budgets, education, social protection) and so on.

All these issues need to be carefully weighed, considered, discussed and translated to actions if we are to truly realise the goal of improving maternal health and minimising maternal death and morbidity in our countries. As these are areas outside the expertise of most reproductive health workers, new partners need to be engaged and empowered to work with the health
sector to ensure high quality and women-friendly maternal care is accessed by all women, including the vulnerable and those who were previously left behind.

In the same issue of the Lancet, Kruk et al predict that in the next decade and a half, maternal health will depend to a large extent, on social, political, environmental and demographic changes. Governance issues, economic growth (or the lack of it), urbanisation and health crises will constitute shocks from outside maternal health which will profoundly affect maternal and newborn survival. However, there is hope in that health systems innovations can be leveraged to improve maternal health through universal health coverage, behavioural economics and mHealth (mobile health is a general term for the use of mobile phones and other wireless technology in medical care). We need to be prepared.

REFERENCES


