# Challenges for maternal health efforts

**Financing problems, new global goals, and provision of good quality care are some of the key challenges facing the next era of improving maternal health. Amy Lieberman reports.**

For the **2016 *Lancet* Maternal Health Series** see http://www.thelancet.com/series/maternal-health-2016

For more on the **WHO indicators for high quality, respectful maternal care** see http://apps.who.int/iris/bitstream/10665/128206/1/9789241507417_eng.pdf?ua=1

For the **2006 *Lancet* Maternal Survival Series** see http://www.thelancet.com/series/maternal-survival

For the ***Lancet* Every Newborn Series** see http://www.thelancet.com/series/everynewborn

For the **Kenya study** see http://dx.doi.org/10.1371/journal.pone.0123606

The UN Population Fund (UNFPA) is currently operating with a shortfall of about US$140 million, an amount that exceeds the combined budgetary gap of the previous 2 years. For the first time this year, donors designated more funding to specified projects and regions rather than supporting the "core" work of the UNFPA. The agency expects the funding shortages to cause rippled setbacks for women's and maternal health care worldwide.

80 midwife-staffed clinics serving 420 000 people will now close in Afghanistan, a country with one of the highest maternal mortality ratios (MMRs). 40 additional clinics will no longer open there. Haiti, meanwhile, will also see a reduction in mobile health clinics and support to the one clinic that provides emergency obstetric care in the poorest area of the capital Port-au-Prince.

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Overall, international funding set aside for maternal and child health has outpaced that for HIV, tuberculosis, and malaria since 2010. All the same, there remains a $30 billion funding gap for maternal, newborn, and child health (separate from the UNFPA's budget shortfall). A year-old Global Financing Facility (GFF), a multi-donor trust fund at the World Bank, is now working to close that gap through a combination of existing country resources, outside financing, and economic growth.

After more than 15 years in the international development arena, maternal health is taking on a more complicated front. As some donors shift their attention to other urgent causes, such as the Syrian refugee crisis, an estimated 830 women continue to die from childbirth-related complications daily. The problem hasn't gone away.

But the manifestation of the issue is taking on different forms, as is the response to maternal deaths, as health organisations and governments set their sights on how to best understand, track, and reduce maternal deaths.

"Despite the fact that there have been amazing improvements in maternal mortality work—between 1990 and 2015 the global maternal mortality ratio decreased by 44%—we still fell short in most countries", said Mary Nell Wegner, the executive director of the Maternal Health Task Force, a project of the Harvard T H Chan School of Public Health, Boston, MA, USA. "And there are still huge inequalities within and among countries."

The trend of poor women disproportionately dying during and after childbirth in middle-income countries is a growing concern for the UNFPA, says Arthur Erken, the agency's head of communications and strategic partnerships. "That is a real acute problem, the number of poor people living in middle-income countries without access to care", Erken said.

## Good quality care

But access to care isn't the only issue. Questions such as why women don't go to hospitals or clinics, why they leave, and what their experiences giving birth in a facility are have also been consuming maternal health experts nationally (see panel) and globally. Good quality, respectful care (which, along with access to care, is a major focus of a new *Lancet* Series on maternal health published online on Sept 15, 2016), though essential, can be difficult to effectively measure in countries where data are lacking, even with the introduction of WHO indicators in 2013.

Although the global MMR nearly halved since 2000, when the UN General Assembly approved the Millennium Development Goals (MDGs), countries collectively did not meet the fifth global target of a three-quarters reduction in MMR by 2015 (MDG 5).

"I think the community feels like it was a success, but not a victory", said Susan Papp, director of policy and advocacy at the international group Women Deliver, formed to make progress on maternal, newborn, and child health goals. "They didn't meet the target, but they showed progress against the target."

Most health experts say there is no mystery surrounding what is needed to tackle maternal deaths, many of which are preventable. "We know what can

### *Panel*: India's experience

India is one middle-income country that is emerging as a foreign aid donor, and diminishing its role as an aid recipient. The UK cut off aid to India in 2015. Although the south Asian country has experienced a steep decline in its maternal mortality ratio since 2000, more women still die during or after childbirth in India than any other country.

In eastern India, one regional non-profit organisation's focus no longer lies with tracking maternal death numbers in Jharkhand and Odisha, two of the country's worst performing states. National government financial incentives to give birth in health clinics and extensive community engagement has helped turn women away from working with untrained birth attendants or shamans, says Nirmala Nair, co-founder and technical manager of Ekjut.

Half of the surveyed women who gave birth at a facility in the Indian rural state of Bihar from 2011 to 2012 left within 8 hours of birth, according to a Bill & Melinda Gates Foundation-backed study that noted gaps in staffing, equipment, and hygienic practices. Those hours are crucial, as most deaths occur in the hours and days after childbirth and haemorrhage remains the greatest killer of mothers worldwide.

"You really have to tempt women and entice them to a clinic or hospital. And what's the point if they may just leave?" said Aparajita Gogoi, India's national coordinator of the global non-profit White Ribbon Alliance, which works to decrease maternal and newborn deaths. "Why are we not looking at this 50% of women leaving the hospital?"

be done", said Charlotte Warren, who leads maternal health research at the Population Council, a public health research organisation. Some of the non-profit's main projects now centre on post-partum haemorrhages and pre-eclampsia. "Very simple things can be done. Women are not getting access to basic services in many countries."

A rise in facility births offers a starter template for continued progress, says Jerker Liljestrand, a senior programme officer in the Bill & Melinda Gates Foundation's maternal, newborn, and child health team. "For the first time in last 15–20 years, we can see big increases in facility births, and that is where the goal is, to move the births from homes to facilities, to monitor births and to make sure they are cost-effective", Liljestrand said.

Countries like Ethiopia and Cambodia that have had increases in facility births over the past decade or so have also seen MMR reductions. Yet ensuring quality care that draws patients over a prolonged period takes time, outside of a "political cycle of 5 to 10 years", continued Liljestrand. "It's not enough to be in a facility and have a white coat and a diploma. You have to have the drugs; you have to have the equipment. And if you don't measure that, it won't happen on a regular basis…We are putting a lot of effort into monitoring and evaluation."

The *Lancet* Maternal Survival Series in 2006 explored the strategy of women giving birth in a health facility, in the presence of a midwife, to reduce maternal deaths. The publication of this Series and others on newborn health have been credited with jump starting progress on maternal and newborn deaths in the mid-2000s, when "numbers weren't moving at all", Papp said. This gap occurred despite the additional international funding and advocacy MDG 5 received in its later years.

## New goals and indicators

Maternal health overall receives less direct spotlight in the MDGs' successor, the Sustainable Development Goals (SDGs). Goal 3—ensure healthy lives and promote wellbeing for all at all ages—includes the new target of reducing the global MMR to less than 70 deaths per 100 000 livebirths, down from the 2015 rate of 216 deaths per 100 000 livebirths. The 17 broad goals are paired with more than 200 indicators, some of which have been identified as difficult to effectively measure. In a March, 2016, draft document of SDG indicators, UN agencies commented that while more than 130 countries have data to monitor their MMR, there is no established methodology or international standard to measure coverage of "essential health services", one of the indicators that includes maternal health.

> "'We have to deliver on quality. We have to look at who is dying…'"

"You see the presence of skilled attendants during a birth was about 56% in 1990, and 68% in 2012. We see that going up, but why do we still have these gaps, and what is it going to take us to get that last mile? That is trickier to measure", said Amy Boldosser-Boesch, a senior director at the public health non-profit Management Sciences for Health based in the USA. "We are coming to the stickier issues around respect, or disrespect, and what is preventing those last women who don't deliver in a facility or don't have access to prenatal care. Is it inequality in the country, is it lack of care when they get there?"

A recent study co-authored by Warren showed that one in five women who gave birth at 13 Kenyan health facilities said they felt humiliated during labour or delivery. Follow-up interventions over the next year and a half, including the improvement of linkages between community and health facilities and stress management for health-care providers, resulted in a 7% decrease in these reported feelings. "It's a global issue. What happens in many places, when you ask women, 'Why don't you go to the hospital?' they will say, 'The provider is rude, or not friendly'", Warren explained. "Until recently this has been anecdotal, but in these last few years since the first prevalence studies were conducted, there has been a groundswell of interest and we have realised that we can do something about it."

Trygve Bolstad/Panos

In July, country representatives and civil society convened at the UN headquarters as 22 countries offered their voluntary first-year review regarding progress made on the SDGs. The UN statistics office is set to release an indicator framework for tracking the SDGs. The Ending Preventable Maternal Mortality Working Group, led by WHO, in partnership with the Maternal Health Task Force, is leading a consultative process to reach consensus on a set of core maternal health indicators for monitoring progress. One indicator will consider the percentage a government spends on reproductive, newborn, and child health out of its total health expenditures at a national level, according to Wegner. "We know there is quite a gap in support and that the intention behind the GFF is to catalyse funding to bridge this gap", Wegner said. "If we could bridge the gap, colleagues at the GFF note that we could prevent an estimated 3·8 million maternal deaths, 101 million child deaths, and 21 stillbirths in high-burden countries by 2030. That would simply be incredible."

Aparajita Gogoi, national coordinator of the White Ribbon Alliance India, which works to decrease maternal and newborn deaths, stressed the importance of understanding how to measure quality going forward. "We have to deliver on quality. We have to look at who is dying—are they poor, do they belong to marginalised classes? Just providing health services is not going to prevent these maternal deaths", she said. "You have to consider the social-economic indicators as well."

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