MAKING THE CASE FOR MOTHERS
IMPROVING LIVES THROUGH POLICY

Brief

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Background

There have been remarkable improvements in the global health landscape over the last 25 years. Worldwide, maternal deaths have decreased by nearly half—yet 289,000 women still die each year as a result of pregnancy and childbirth.[1] Despite improvements in life expectancy, disease burden, and mortality rates, millions of mothers in developing countries still lack the healthcare they need and significant disparities remain.

According to recent reports, women in low- and middle-income countries (LMICs) are 100 times more likely to die during pregnancy and childbirth than those in high-income countries. In LMICs, pregnancy-related complications are a leading cause of death for women of reproductive age and their newborns. Most of these deaths are avoidable. Evidence shows that over half (60%) of maternal deaths could be averted if all pregnant women in LMICs had access, including financial coverage, to high-quality antenatal care and if health facilities were staffed by skilled, respectful healthcare providers.

These disparities are mainly attributed to the gaps among knowledge, policy, and practice in maternal health. Bridging these gaps requires adopting responsive policies; putting mechanisms in place to effectively allocate and target financial and human resources to reduce inequities; and mobilizing civil society to participate in dialogue with government to inform decision making and promote accountability.

In June 2014, the U.S. Agency for International Development (USAID) documented its vision for maternal health in *Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action*, which lays out key strategic drivers that impact progress. Advocacy and accountability for the adoption of high-impact maternal health policies and interventions must be at the center of health systems and delivery improvements. Overcoming inequitable access to health services demands advocacy and social participation from local communities, as well as the meaningful engagement of global and national groups,

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EVERY YEAR, OUT OF 190 MILLION WOMEN WHO BECOME PREGNANT WORLDWIDE

280,000

die as a result of complications in pregnancy and childbirth

12M
suffer severe maternal morbidities

2.5M
stillbirths occur

15M
pregnancies result in premature births

including the private sector, who influence health policy decisions. This brief outlines how USAID investments in health policy, governance, finance, and advocacy contribute to ending preventable maternal mortality.

The USAID-funded Health Policy Project (HPP) partners with governments and public and private sector organizations to advance the well-being of mothers and children. HPP is working with countries to improve women's health through

- Integrating high-impact maternal health practices into policy frameworks and supporting scale-up
- Facilitating strategic planning and budgeting
- Designing, implementing, and tracking financing strategies
- Analyzing operational and policy barriers to access, quality, and use of maternal health services, and providing policy recommendations
- Building civil society's capacity for advocacy and community mobilization
- Supporting public-private partnerships to expand access to and ensure the quality of products and services
- Using computer modeling (GAP Tool, Spectrum suite, LiST, RAPID*Women*, and ImpactNow) to inform policy decisions and resource allocation in maternal, newborn, and child health
- Advocating for policies that promote safe motherhood
- Applying human rights frameworks and approaches

It is essential to build on these global interventions and approaches to catalyze further reductions in maternal mortality.

Advance the Well-being of Mothers

1. Promote evidenced-based policies to improve maternal health outcomes

Sound policies lay the foundation for strong health systems and contribute to improved governance and accountability. Policy affects the cost, quality, and availability of health services. Stronger health policies can contribute to better programs with better outcomes.

The policy process is dynamic, and effective policies must respond to changing circumstances and emerging challenges. New problems require new policy solutions or changes to existing measures.

COUNTRY EXAMPLE: KENYA

In Kenya, 13 percent of the population cannot afford to pay for healthcare and 6.2 percent of households face catastrophic health expenditures. As a result, access to healthcare, including maternal health services, is seriously hindered by financial barriers. In 2013, 44 percent of deliveries in Kenya were attended in health facilities. However, only those who could afford to pay accessed such maternal care. In an effort to reduce high out-of-pocket payments for mothers and to ensure equitable access to maternal health services, the government of Kenya enacted free maternal health services in all public facilities and removed user fees in dispensaries and health centers. By producing a robust evidence base and conducting ongoing advocacy, HPP played a major role in informing the two policies, which were announced by President Uhuru Kenyatta in June 2013. The government has since allocated more than US$100 million to operationalize these policies. Since abolishing user fees for maternal health services, the proportion of normal deliveries in health facilities has increased by 22 percent, while the rate of caesarean sections increased by 17 percent during the first year of implementation.

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COUNTRY EXAMPLE: TANZANIA

Tanzania's Ministry of Health and Social Welfare (MOHSW) has prioritized its "Sharpened One Plan" to focus on high-impact maternal, neonatal, and child health interventions in the country's poorest, most rural zones. This initiative is designed to accelerate Tanzania's progress toward Millennium Development Goals 4 and 5 in the final 500 days of the nation's broader "One Plan." In partnership with the MOHSW, HPP costed a comprehensive and integrated operational plan, which was used to analyze cost drivers and advocate for financial resource mobilization. In 2014–2015, HPP also supported the development of One Plan II—Tanzania's national strategic plan to improve reproductive, maternal, newborn, child, and adolescent health (RMNCAH) from 2016–2020. In addition to analyzing the cost of One Plan II, HPP is quantifying the potential impact on maternal and child health through 2020. The World Bank is using the detailed RMNCAH cost analysis to support the Global Financing Facility investment case for Tanzania.

With policy environments constantly evolving, there is an ongoing need for national institutions, civil society, and individuals to engage in the policy process. This level of engagement is essential to the development and implementation of effective, evidence-based policies for family planning and reproductive health, HIV, and maternal health.

2. Strengthen and support domestic resource mobilization from public and private sectors

The current strain on national health financing schemes due to competing priorities for donor resources has placed pressure on governments to increase their financial responsibility for health and development programs and ensure the efficient and effective use of resources. At the same time, inequities and the burden of healthcare costs paid by individuals remain high. Governments, local stakeholders, and international partners should continue to expand affordable and sustainable access to priority health services to prevent the burden of rising out-of-pocket healthcare costs for individuals and families, particularly among poor households. Health programs should maximize efficiency and effectiveness—doing more with less by holding down costs without sacrificing overall impacts.

In this context, generating practical data on the cost of alternative models of service delivery (costing) and their impacts (economic evaluation) and building the capacity of governments to use these data effectively are essential as countries grapple with tough decisions about which interventions will be most effective and can be successfully implemented with available resources. Strengthening health finance systems and using innovative financing mechanisms to generate resources promotes sustainability in the face of declining donor funding.

3. Strengthen community and government dialogue on equitable services

It is important that individuals and civil society, especially those people least able to access high-quality healthcare, participate in creating the policies and programs that guide service provision. When health policy decisions are made, systems and structures should allow citizens, state actors, and providers to give input and collaborate with government as partners. Ongoing collaboration is required for all stakeholders to exercise effective stewardship of the health system.

Monitoring the effectiveness of laws and policies that influence public health—whether related to healthcare services, citizens' rights, or national budgets—requires that health stakeholders have access to information, are able to identify what does and doesn't work, and can communicate that information effectively to policymakers. Likewise, governments and other groups must be able to monitor whether institutions involved in healthcare delivery, protection of human rights, and resource allocation are performing their assigned functions. By working together with their constituents, creating the space for social participation, and setting up internal accountability systems, governments are better able to identify solutions that ensure equitable access to crucial health services.

4. Prioritize respectful maternity care and create an enabling environment for providers

Sound policies lay the foundation for strategic health systems that address cost, quality, and availability of equitable maternal health services. To successfully uphold every woman's right to respectful care, it is essential that stakeholders and national and global leaders promote and enact respectful maternity care policies and build the capacity of individuals and institutions to be held accountable for their funding and implementation.

Key elements of respectful maternity care policies are those that seek to end disrespect and abuse of women seeking facility-based childbirth, improve the status of and resources for midwives to provide high-quality care, and strengthen the voices of advocates and civil society stakeholders in setting the strategic vision for practical targets to end maternal deaths in the post-2015 era.

Going Forward: Advancing the Well-being of Mothers

As the world unveils the post-2015 development framework and as donors are poised to launch the Global Financing Facility in support of Every Woman, Every Child, the centrality of health to sustainable development is uncontested. In keeping with the focus of the sustainable development framework on rights, gender equality, and the empowerment of women and girls, advancing a rights-focused approach for maternal health rooted in evidenced-based policy is crucial. Beyond health infrastructure and supply-side investments, implementation of policies that advance respectful maternity care through rights-based service delivery must be prioritized at all levels.

References

1. USAID. 2015. *Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action, Evidence for Strategic Approaches*. Washington, DC: USAID.

2. USAID. 2014. *Acting on the Call: Ending Preventable Child and Maternal Deaths*. Washington, DC: USAID.