Global initiatives in maternal and newborn health

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Abstract

In 2015, 17 sustainable development goals were established for 2030. These global goals aim to ensure healthy lives and promote wellbeing for all. In support of the sustainable development goals, the World Health Organization proposed a new global strategy for women's, children's, and adolescents' health in 2016 with three overarching objectives: to survive, to thrive, and to transform. We are now globally seeking not only to end preventable deaths but also to ensure health and wellbeing, and expand enabling environments. This strategy builds on several prior initiatives in maternal and newborn health, such as the Every Woman, Every Child initiative, and the strategy to end preventable maternal mortality and implementation of an action plan to end preventable newborn death. This confluence of initiatives, strategies, and novel financing mechanisms under the umbrella of the sustainable development goals and the global strategy pave the way for a global agenda in which securing women's health is critical.

Keywords

Maternal mortality, neonatal medicine, perinatal medicine

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Introduction

In 2015, at the United Nations General Assembly, sustainable development goals (SDGs) were established to continue the work started through the millennium development goals (MDGs) 15 years prior. The MDGs were a set of eight global development goals signed in the year 2000 by all member states of the United Nations aimed at addressing some of the most pressing needs among the world's poorest.¹ Three of the MDGs related specifically to health: to reduce child mortality (MDG 4), to improve maternal health (MDG 5), and to combat HIV/AIDS, malaria, and other diseases (MDG 6). MDG 5 was operationalized through a two-part goal of reducing maternal mortality ratio (MMR) by 75% and achieving universal access to reproductive health.¹ (MDG 5.b was added in 2007, meaning it was not part of the initial goal.²)

The MDGs were an unprecedented initiative resulting in overwhelming progress in reducing poverty and improving lives of people around the globe. This success was also seen in maternal and newborn health. Global maternal mortality declined significantly (45%) since 1990, most births were assisted by skilled personnel by 2015, and contraceptive prevalence also increased in this period.³

However, the progress in maternal health was far from the expected. Despite the improvements in maternal survival and access to family planning and contraception, most regions did not achieve their MMR reduction goal.⁴ While MMR was reduced 64% in Southern Asia and 65% in Eastern Asia, it only declined 40% in Latin America and 36% in the Caribbean. The proportion of births attended by skilled personnel increased in all world regions, from 59% in 1990 to 71% in 2015; however, this still means that, on average, one in four babies are being delivered without skilled care. Only half of pregnant women in developing regions receive the recommended four antenatal visits, and there is still a significant proportion of women with unmet need for contraception.⁴ Declines in adolescent fertility have been seen across the globe but still remain worryingly high, especially in some regions; in sub-Saharan Africa there were 116 births per 1000 15–19 year olds in 2015, compared to 51/1000 globally and 17/1000 in the developed regions.⁴ Furthermore, aside from these regional differences, there are significant inequalities within regional, national, and sub-national levels. These differences speak of inequities where many national averages hide great levels of inequalities with regards to access to care, and the quality of the care received.⁴

By 2010, in light of the challenges being faced with some of the MDGs, the UN Secretary General launched the first *Global Strategy for Women's and Children's Health* as a way to catalyze interventions aimed at improving maternal and child health.⁵ In recognition that many of the obstacles in attaining these goals were related to accessing essential commodities, ten recommendations were made to overcome such barriers.⁶ These focused on quality, financing, supply, and access.

This slow progress revealed overarching difficulties in improving maternal health. Essentially these related to disparities in access to health care—within and across regions—and inequalities faced by specific vulnerable populations. The latter are often determined by education, residence, economic status, and/or age, as well as race and ethnicity.^{4,7} In addition, the quality of maternal and newborn care has not always been optimal or evidence-based.^{8–10} Poor quality of care is associated with increased health risks and poor health outcomes, including higher maternal and newborn mortality.¹¹

The post-2015 agenda

The SDGs now propose a much broader agenda that goes well beyond what had been established for the MDGs, not only through its proposed 17 goals and 169 targets but through its aim to “ensure healthy lives and promote well-being for all at all ages” by 2030.¹² At the moment, the focus is on improving the overall wellbeing, and not merely reducing mortality, morbidity, and burden of disease. Several targets refer to maternal and neonatal health, either directly or indirectly, such as: to reduce global maternal mortality ratio, to end preventable deaths of newborns and children under 5 years of age, to ensure universal access to sexual and reproductive health care services,

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Figure 1. Health in the SDG era.

Source: WHO.¹³

and to achieve universal health coverage (UHC).¹² Moreover, SDG 3 and all its sub-goals are also closely linked with other inter-sectoral goals. For example, SDG 5 calls for the elimination of gender inequities, including violence against women, and SDG 6 seeks to prevent disease through access to safe water and sanitation¹² (Figure 1).

What these goals reflect is a global recognition of the great progress achieved through the MDGs, while pointing to the many unfinished agenda items still remaining. The SDGs are based on an understanding of the need to move towards more equitable health systems that provide the highest possible quality of care. They present, therefore, a renewed agenda with regards to inequality, in service provision and access and in health system response, and a focus on quality of life, especially with regards to noncommunicable diseases (NCDs) and maternal morbidity.^{14,15}

Among the important pillars in the SDGs is the commitment to achieving UHC around the globe where quality of care is at the heart of it.¹⁶ Ensuring that all people have access to quality health without suffering financial hardship has been one of the flagships of the SDGs, and it is an important factor in improving overall health, including maternal health.¹⁷ In order to achieve UHC, several actions need to be taken, among which are expanding priority services, including more personnel, and reducing out-of-pocket payments.¹⁸

The road towards a new global era

The SDGs provide an overarching umbrella under which decades of work in maternal and newborn health come together. Previous guiding

initiatives include the first *Global Strategy* and the *Every Woman Every Child* movement launched in 2010, followed by *A Promise Renewed* (a commitment towards newborn health) in 2012, *Every Newborn: An Action Plan to End Preventable Deaths (ENAP)* in 2014, and *Strategies for Ending Preventable Maternal Mortality (EPMM)* in 2015.^{5,19–22} In 2015, a Lancet Commission highlighted the importance of women in the global health agenda, and in making progress towards these commitments. This commission recommended valuing women, compensating them equitably for their work and contributions, counting them appropriately, and being accountable to them.²³

The ENAP and EPMM put forth five strategic objectives each to end preventable maternal and newborn mortality. These have been synthesized by Chou et al.¹¹ as follows:

1. *Strengthening care around time of birth*: this highlights the need to improve quality of care making it safe, effective, timely, efficient, equitable, people centered, and respectful.
2. *Strengthening health systems*: from the perspectives of infrastructure and commodities, to leadership and governance, including optimal referral systems.
3. *Reaching every woman and newborn*: this means equity, not only in access to services but also in access to high quality care.
4. *Harnessing the power of parents, families, and communities*: including participatory learning, especially in rural and hard-to-reach areas and communities.
5. *Improving data for decision making and accountability*: such as establishing national registration and vital statistics systems in every country.

Table 1. Seventeen targets in the global strategy for women's, children's, and adolescents' health.

Survive End preventable deaths	Thrive Ensure health and wellbeing	Transform Expand enabling environments
Reduce global maternal mortality to less than 70 per 100,000 live births	End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women	Eradicate extreme poverty
Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country	Ensure universal access to sexual and reproductive health care services (including for family planning) and rights	Ensure that all boys and girls complete free, equitable and good-quality primary and secondary education
Reduce under-5 mortality to at least as low as 25 per 1,000 live births in every country	Ensure that all boys and girls have access to good-quality early childhood development	Eliminate all harmful practices and all discrimination and violence against women and girls
End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases	Substantially reduce pollution-related deaths and illnesses	Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
Reduce by one-third premature mortality from noncommunicable diseases and promote mental health and wellbeing	Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines	Enhance scientific research, upgrade technological capabilities and encourage innovation
		Provide legal identity for all, including birth registration
		Enhance the global partnership for sustainable development

Source: WHO.²⁵

In sum, provision of healthcare needs to go beyond essential interventions, especially in light of the disappointing decline in maternal mortality and morbidity despite the increase in facility-based births.^{8,24} In fact, at the 2012 World Health Assembly, Director General Margaret Chan openly expressed: "What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?" Good quality of care refers not only to the provision of care through evidence-based practices, actionable information systems, and functional referral systems but it also refers to the patients' experience of care. This includes effective communication, respect and dignity, and emotional support. Additionally, it is important to have competent and motivated human resources, and to have essential physical resources available.⁸

A strategy towards 2030

It is within this purview that the 2016 *Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)* emerges as a new roadmap towards ending preventable deaths, ensuring health and wellbeing, and expanding enabling environments for women, children, and adolescents.²⁵ It does this by aligning itself to the SDGs with a specific focus on 17 targets. The vision of this strategy is to ensure that "every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies" (p. 6).²⁵

There are several novelties and goals for this new strategy that promise to render better results than the previous one. For one, it has expanded its focus to go beyond just survival to include thrive and transform, as well as an additional nine action areas. The targets are described in Table 1, and the action areas relate to the following:

- *Country leadership*: reinforcing leadership and management at all levels and promoting collective action.
- *Financing for health*: mobilizing resources, ensuring value for money, and integrating innovative approaches.

- *Health system resilience*: providing good quality care in all settings, preparing for emergencies, and ensuring universal health coverage.
- *Individual potential*: investing in development of individuals, supporting people as agents of change and in overcoming legal barriers.
- *Community engagement*: promoting enabling laws, policies and norms, and ensuring inclusive participation.
- *Multi-sector action*: adopting a multi-sector approach that facilitates cross-sector collaboration.
- *Humanitarian and fragile settings*: supporting the use of human rights and gender-based programming to better protect women, children, and adolescents in humanitarian settings, including the integration of emergency response into health plans, and addressing the gaps in the transition from these settings to sustainable ones.
- *Research and innovation*: investing in research and development, testing and scaling up innovations.
- *Accountability*: harmonizing monitoring and reporting, and improving civil registration and vital statistics.

Additionally, this new strategy includes adolescents, and places an important focus on emergency and humanitarian settings. This increases attention on equity where all people (hard to reach, vulnerable, in crisis situations) are accessed and provided with the highest level of care possible. The inclusion of adolescents also speaks to a realization that young people are at the center of the post-2015 era, and ensuring their livelihood and attainment of their full potential, is critical in assuring wellbeing in 2030.

This new *Global Strategy* provides a blueprint to ensuring these goals are attained through 60 indicators, of which 16 are key in assessing progress. Most of these indicators are in line with the SDGs, while others have been constructed from other global initiatives in maternal, child, and adolescent health²⁶ (Appendix). They seek to ensure that the second goal of thrive by including indicators that measure access and use of contraception, NCDs, mental health, and UHC.²⁶

This expanded strategy, if followed, promises to end preventable deaths among mothers, newborns, children, and adolescents by 2030. It will also render a 10-fold return on investment in health and nutrition through improved education, participation in the workforce, and

contributions to society. Additionally, it is estimated that there will be at least US\$100 billion more in demographic dividends from these investments. The convergence of these three objectives will allow all women, children, and adolescents equal chances to survive, thrive, and transform their lives.²⁷ In addition, and through the leadership of the World Bank, a global financing facility (GFF) was introduced in mid 2015 as a multi-stakeholder partnership to support country-led efforts to improve the health of women, children, and adolescents.²⁸ The GFF has the potential to financially support 63 high-burden countries (low- and middle-income) to bridge the US\$33 billion gap in required investments.

Conclusions

The world is now at a crossroads in which great strides can be made in order to ascertain that no women, children or adolescents die from preventable diseases by 2030. The SDGs provide a framework under which to guide actions for the upcoming 15 years. Initiatives such as EPMM, ENAP, and GFF have come together in the new *Global Strategy* to offer a roadmap towards this new vision that focuses on ensuring wellbeing and expanding enabling environments. This translates into an understanding of the current need to focus on a life-course approach to women's health within an agenda that includes sexual and reproductive health as well as NCDs. Conscious and concerted actions towards reducing inequalities in health, and improving the quality of the care provided are cornerstones to achieving this. The map has been drawn; it is time to take strong and purposeful steps in this direction.

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 8. Coverage index of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases, and service capacity and access) (SDG 3.8.1) (including RMNCAH: family planning [met need], antenatal care, skilled birth attendance, breastfeeding, immunization, childhood illnesses treatment) (SDG 3.1.2, 3.7.1, 3.8.1)
 9. Out-of-pocket health expenditure as a percentage of total health expenditure
 10. Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources
 11. Number of countries with laws and regulations that guarantee women aged 15–49 access to sexual and reproductive health care, information, and education (SDG 5.6.2)
 12. Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)

GOAL 3: Transform (Expand Enabling Environments)

13. Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)
14. Proportion of children and young people (in schools): (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG 4.1.1)
15. Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG 5.2.1) and proportion of young women and men aged 18–29 who experienced sexual violence by age 18 (SDG 16.2.3)
16. Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)

Note: Equity is a cross-cutting consideration aligned with SDG 17.18.1.

Appendix: Sixteen key indicators for the global strategy for women's, children's, and adolescents' health

GOAL 1: Survive (End Preventable Mortality)

1. Maternal mortality ratio (SDG 3.1.1)
2. Under-5 mortality rate (SDG 3.2.1)
3. Neonatal mortality rate (SDG 3.2.2)
4. Stillbirth rate
5. Adolescent mortality rate

GOAL 2: Thrive (Promote Health and Wellbeing)

6. Prevalence of stunting among children under 5 years of age (SDG 2.2.1)
7. Adolescent birth rate (10–14, 15–19) per 1,000 women in that age group (SDG 3.7.2)