A Manifesto for Motherhood

How the Next UK Government Can Ensure That Every Pregnancy is Wanted, Every Birth Safe and Every Child Healthy

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Front cover: ***Visiting a health visitor in Helal Uddin Khan Dangi, Bangladesh.*** *©Sam Strickland/Women and Children First UK*
This page: ***Mother and Baby, MaiKhanda, Malawi.*** *©The Health Foundation*

A Manifesto for Motherhood

How the Next UK Government Can Ensure That Every Pregnancy is Wanted, Every Birth Safe and Every Child Healthy

This manifesto is a collaborative effort to increase political and financial support for maternal, newborn and child health and survival, particularly in developing countries. It is primarily aimed at UK politicians and policy makers, as well as the wider community of international development NGOs and the UK press and media.

Each year millions of women face death, serious illness and permanent disability because of complications relating to pregnancy and birth, while many more must cope with unplanned pregnancy because family planning is not available. For some women the only recourse is unsafe abortion.

In addition to risking their own health each time they have a baby, mothers in many parts of the world also face the possibility of seeing their children die before they reach their fifth birthday. Last year, almost 9 million children under five died, 40 per cent of them in the first month of their lives. This illustrates a clear failure of governments in their obligations to respect, protect and fulfil the human rights of women and children.

We are a coalition of UK-based NGOs, professional associations and civil society networks who believe that the world's women – and its children – deserve better, and the *manifesto for motherhood* is a starting point for our campaigning around the UK general election. It includes a series of statements to which political parties and individual candidates can and should commit. These are endorsed by all the organisations listed on this document, representing a strong platform of support for our joint priorities and demands.

If your organisation has not yet signed on but would like to show support please email Ruth Duebbert at Women and Children First on r.duebbert@wcf-uk.org

The Millennium Development Goals and Maternal, Newborn and Child Health

At the end of the last century, governments around the world committed to a series of targets aimed at tackling poverty, ill health and illiteracy, known as the Millennium Development Goals. They set themselves the deadline of 2015 for meeting these goals.

MDG 4 aims to reduce child mortality, with a target of cutting the mortality rate among children under-five by two thirds. Indicators for measuring success include the under-five mortality rate, the infant mortality rate and the proportion of one year-olds immunised against measles.

MDG 5 aims to improve maternal health and has two targets: A) reduce the maternal mortality ratio by three quarters and B) achieve universal access to reproductive health.

Under target A, indicators include the maternal mortality ratio and the proportion of births attended by skilled health personnel, while under target B they are the contraceptive prevalence rate, the adolescent birth rate, ante-natal care coverage (at least one visit and at least four visits) and the unmet need for family planning.

Closely related to these two goals is **MDG 6** – combat HIV and AIDS, malaria and other diseases.

A health visitor with mother in Parchakra, Bangladesh. *©Sam Strickland/Women and Children First UK*

Summary of Recommendations

1. Scale up financing for maternal, newborn and child health

- Ensure the UK remains on track to reach its commitment to spend 0.7 per cent of GDP on overseas development assistance (ODA) by 2013, and enshrine this target in law.
- Scale up UK funding to improve maternal, newborn and child health in proportion with our share of global income, and ensure this aid is long term and predictable.
- Focus UK funding for maternal, newborn and child health where mortality rates are highest, such as in Sub Saharan Africa and South Asia, as well as on fragile states.
- Support the Currency Transaction Levy and other innovative financing mechanisms to increase funding for maternal, newborn and child health and other health priorities such as HIV and AIDS. This funding must be additional to ODA.
- Increase funding to tackle the social determinants of maternal, newborn and child health such as poverty, nutrition, gender equality, education and water and sanitation, including through social protection programmes.

2. Place maternal, newborn and child health at the heart of health system strengthening

- Make maternal, newborn and child mortality key indicators of DFID's performance on health system strengthening and improve transparency on how UK health aid is leading to progress in these areas.
- Advocate for the inclusion of robust targets on maternal, newborn and child health in national health strategies, and support countries to overcome barriers to progress among the poorest, most vulnerable and marginalised people.
- Assist countries to develop and implement costed national human resource plans including recruitment and training of skilled birth attendants, midwives, obstetricians, paediatricians, clinical officers and community health workers.
- Actively encourage civil society participation in health system strengthening and support sustainable and resilient community responses to improving maternal, newborn and child health including monitoring health systems and holding service providers to account.
- Strongly discourage any promotion of user fees in international institutions like the World Bank and support developing countries to make healthcare free at the point of use. Push for a focus on maternal, newborn and child health within the new WHO-coordinated Health Systems Strengthening Platform.

3. Realise the UK's international commitments on sexual and reproductive health and rights and advocate for other countries to do the same

- Continue work to increase global recognition of MDG5b as well as the commitments contained in the ICPD Programme of Action and the Beijing Platform for Action, among developing country governments, donors and the international community.
- Encourage governments to protect, respect and fulfil women's rights and sexual and reproductive health and rights - including the rights of adolescents – in line with their international commitments.
- Increase UK funding for the realisation of sexual and reproductive health and rights and provide data on how DFID's health systems expenditure is improving sexual and reproductive health and rights.
- Actively support the integration of sexual and reproductive health and rights and HIV services in international institutions and at country level.
- Support popular education on health-related rights, including sexual and reproductive rights.
- Increase funding and capacity-building support to community-based organisations, NGOs and networks focused on securing women's rights.

Mother and Baby, Bangladesh. ©Sam Strickland/Women and Children First UK

Every pregnancy wanted? Every birth safe? Much more to be done

Complications relating to pregnancy and childbirth are among the leading causes of death for women in developing countries. The current state of maternal health is a human rights crisis demanding immediate action.

Annually, over half a million women – one every minute – die of predominantly preventable causes related to pregnancy. Progress has been particularly slow in sub-Saharan Africa and South Asia. In 1990, for every 100,000 live births in the Sub Saharan African region 920 women died of maternal causes. By 2005 the mortality rate was still as high as 900. The death rate in South Asia, at 490 per 100,000 live births, is also unacceptably high, particularly when compared with a rate of just six deaths per 100,000 in the UK. Given the close links between maternal health and newborn survival, countries with high maternal mortality rates also tend to have high levels of newborn deaths.

Over and above maternal mortality, each year an estimated 30 million women and girls face non-fatal complications related to pregnancy and birth, many resulting in physical and mental ill health or permanent disability.

A woman's chances of giving birth safely are greatly increased when she has access to emergency care and skilled birth attendance, and when she is able to limit and space births through access to family planning. Women around the world should be empowered to recognise and demand their rights to these services. However, half of all births in developing countries take place without any skilled attendance, and for the majority of women emergency obstetric care is non-existent. Moreover, despite family planning being one of the most cost effective maternal health interventions, an estimated 200 million women are unable to access contraceptives. Even in the twenty first century, a woman's prospects of getting through childbirth safely, and indeed being able to choose when and whether to have children, are determined by whether she lives in a rich country – or in a rich part of a poor country.

Of all the Millennium Development Goals (MDGs) the least progress has been made on MDG 5, which aims to improve maternal health. Improving maternal health is not only an important goal in itself, it is central to the achievement of the other MDGs; in particular MDG 4 – reducing child mortality. With only five years to go between the UK 2010 general election and the 2015 deadline, political will – and critically funding – must increase to ensure that women everywhere in the world can access the care they need.

Early marriage and pregnancy and maternal and newborn health

Young people, especially young women, are highly vulnerable to sexual and reproductive ill health. Girls who give birth before the age of 15 are five times more likely to die than women who give birth in their twenties. Early marriage leads to a large number of teenage pregnancies. Over half of all women in Bangladesh, Central African Republic, Chad, Guinea, Mali, Mozambique and Niger are married before their eighteenth birthday and a third are mothers. Enabling young girls to delay marriage and childbearing until they are physically and emotionally ready can prevent maternal and newborn deaths.

Pregnant woman being examined with a foetal stethoscope, Nepal. *©The UCL Centre for International Health and Development*

Every child healthy? Linking maternal, newborn and child health

For the vast majority of women, giving birth to a baby who is and remains healthy is as important as getting through pregnancy and childbirth safely themselves. Surviving pregnancy and birth and having access to the highest attainable standard of health is a human right in itself, but also links inextricably with MDG 4 –reduce child mortality by two thirds by 2015.

Although there has been progress in reducing child mortality, improvements in the health of newborns have been almost non-existent. In 2007 8.8 million children died before their fifth birthday, around 40 per cent of them in the first month of their lives. Africa and Asia together account for 92 per cent of deaths in children under five, including almost three quarters of all newborn deaths. The main causes of newborn mortality are premature delivery, suffocation at birth and neonatal pneumonia or sepsis. Millions of these deaths could be prevented and progress on MDG 4 and MDG 5 rapidly scaled up by prioritising skilled birth attendance and quality ante- and post-natal care for mothers and newborns.

All too often in poor countries a mother's death after childbirth is also a death sentence for her newborn baby and other surviving children. Children who lose their mothers are up to ten times more likely to die before their second birthday than children whose mothers are alive. Conversely, children who are healthy early in life and who have healthy mothers are many times more likely to survive beyond the age of five than those who are orphaned or whose mothers are ill or injured.

Ensuring safe pregnancies and promoting a *continuum of care* approach which extends from before pregnancy, through childbirth and on to childhood is key to sustaining progress. Addressing other factors such as women's rights, safe water and sanitation, illiteracy, food insecurity and health education is also vital.

Maternal, newborn and child health and other MDGs

MDG 1 target C aims to halve the number of hungry people. Unless malnutrition is addressed improvements in maternal, newborn and child health will not be achieved.

Malnutrition during pregnancy – resulting particularly in anaemia – impacts directly on a woman's health and on foetal development. It also weakens women's ability to survive childbirth and makes them more susceptible to infections and less able to recover from illness. HIV-infected mothers who are malnourished may experience a more rapid transition to AIDS and are more likely to pass HIV to their infants. Malnutrition also undermines women's capacity to generate income and to care for their families.

Child nutrition, although improving over the last decade, remains a major public health issue. Children of malnourished women are more likely to have cognitive impairments, short stature, lower resistance to infections and a higher risk of disease and death throughout their lives. Gender gaps in nutrition in countries like Bangladesh are alarming: the female-male gap for severely stunted children increased from 10 percent in 1996/7 to 16 percent in 1999/2000.

MDG 6 aims to reverse the spread of HIV/ AIDS, malaria and other diseases. In some countries in Sub Saharan Africa, child mortality has increased in large part due to HIV and AIDS. In South Africa, where HIV prevalence is 11 per cent, current under-five mortality has increased to Apartheid era levels, with AIDS causing more than a third of deaths. Children whose mothers are HIV positive are at risk of becoming infected during development, delivery or breastfeeding.

Women living with HIV have an increased risk of pre-natal and birth complications including miscarriage, anaemia, haemorrhage and infection after birth, and an increased risk of dying during pregnancy from conditions like malaria and pneumonia. They also face widespread violations of their sexual and reproductive rights, such as being denied access to family planning, forced sterilisation and misinformation about pregnancy and mother to child transmission of HIV.

Preventing mother to child transmission of HIV, alongside providing for the wider health needs of positive women is key. Yet fear of stigma and discrimination within health services and lack of confidentiality on the part of health workers prevents many women living with HIV from accessing the care and support they need.

Baby and Mother, MaiKhanda, Malawi. *©The Health Foundation*

The 2010 general elections: a call to action on motherhood

Internationally, the UK government has a strong track record on health, including leadership in the global AIDS response, the International Health Partnership and the Taskforce on Innovative Financing for Health. Recently, Prime Minister Gordon Brown has also shown support for maternal, newborn and child health and persuaded other G8 nations to endorse the International Consensus on Maternal, Newborn and Child Health at the 2009 G8 summit in Italy. With just five years until the MDG deadline of 2015 and with women and children dying and suffering from ill health every minute, it is imperative that the UK continues to use its reputation and expertise to champion safe pregnancy and birth and child survival.

As a coalition of non-governmental organisations, professional bodies and networks working on maternal, newborn and child health, we call on all political parties to commit to the following international actions in their 2010 election manifestos:

1. **We will honour existing aid commitments and scale up financing for maternal, newborn and child health.**
2. **We will place maternal, newborn and child health at the heart of health system strengthening.**
3. **We will realise the UK's international commitments on sexual and reproductive health and rights and advocate for other countries do the same.**

Mother and child at the Union Health and Family Welfare Centre, Bangladesh. *©Sam Strickland/Women and Children First UK*

1. Scale up financing for maternal, newborn and child health

Achieving MDGs 4 and 5 will require continued and increased political and financial investment on the part of the UK government in partnership with developing country governments, other donors and international institutions.

While donor funding for maternal, newborn and child health has increased significantly in the past few years, from £1.32 billion in 2003 to almost £2.2 billion in 2006, it remains far below the total funding required. In 2008 the Partnership for Maternal, Newborn and Child Health estimated than an additional US $10 billion is needed annually to ensure universal coverage of the basic services needed to reduce child and maternal mortality in line with MDGs 4 and 5.

More recently, the High Level Taskforce on Innovative Financing for Health has estimated that by 2015 an additional US $36-45 billion will be needed annually to meet the health MDGs and strengthen health systems. The Taskforce's report recommended a range of innovative financing mechanisms but also recognised the need for donors and developing country governments to increase their health spending.

One proposal for generating substantial new funds is a Currency Transaction Levy on the world's most traded currencies. Despite the economic crisis the global currency market is thriving and in 2008 was worth US $1,000 trillion a year, making it a potential source of significant long term, predictable finance. A levy of just 0.005 per cent could generate more than US $33 billion a year for global health and other development concerns. The UK should show leadership by implementing a Currency Transaction Levy on sterling at the earliest opportunity and encourage other countries to do the same.

Faced with a global economic downturn many governments are already de-prioritising health spending. This will have long terms costs in terms of lives lost and in terms of further destabilising health systems. Now more than ever, MDGs 4 and 5 need a champion to ensure that women and children do not pay for the financial crisis. As a respected player on the international stage, the UK is ideally suited to take on this role.

Maternal health and economic development

Poor health among women and children can seriously hinder economic growth, costing an estimated £9.4 billion in lost potential productivity each year.
High costs incurred during childbirth, particularly for emergency procedures such as caesarean sections, can push families into poverty. In Benin, costs associated with birth complications accounted for 26 per cent of average yearly household expenditure.
Free maternal and emergency obstetric care would leave families with more money for essentials or to invest as capital in order to improve family income.
In addition, a healthy woman is more likely to be economically productive, bringing benefits for her family (women's income is more likely to be invested in nutrition, health and education than that of men) but also for the whole economy. Increasing women's productivity is critical to eliminating poverty and ensuring sustainable economic growth.

Appreciating the impact of inadequate funding on maternal and newborn survival, the UK government must take the following steps to increase the amount of aid for maternal, newborn and child health, and should encourage other countries to do the same:

- Ensure the UK remains on track to reach its commitment to spend 0.7 per cent of GNI on overseas development assistance by 2013, and enshrine this target in law.
- Scale up UK funding to improve maternal, newborn and child health in proportion with our share of global income, and ensure this aid is long term and predictable.
- Focus UK funding for maternal, newborn and child health where mortality rates are highest, such as in Sub Saharan Africa and South Asia, as well as on fragile states.
- Support the Currency Transaction Levy and other innovative financing mechanisms to increase funding for maternal, newborn and child health and other health priorities such as HIV and AIDS. This funding must be additional to ODA.
- Increase funding to tackle the social determinants of maternal, newborn and child health such as poverty, nutrition, gender equality, education and water and sanitation, including through social protection programmes.

Mother and child at a MaiKhanda women's group, Malawi. ©The Health Foundation

2. Place maternal, newborn and child health at the heart of health system strengthening

Strengthening health systems in developing countries is key to improving maternal, newborn and child health.

A functioning health system includes sufficient numbers and equitable deployment of health workers with the appropriate skills; essential drugs, equipment and other commodities; effective mechanisms for communication and transport; adequate health facilities and information systems and attention to human rights and quality of care. Ensuring that health services are reaching the poorest, most marginalised and vulnerable people is also important. Women in West and Central Africa in the poorest quintile are 3.5 times less likely to be supported by a skilled birth attendant during childbirth than women in the richest quintile. Progress for the poorest quintile of the population should be monitored and disparities in access to services within countries and communities must be addressed.

Many countries have now developed national health plans aimed at strengthening their health systems. It is critical that credible national health plans do not go unfunded. Donors such as the UK are increasingly recognising the importance of health system strengthening and the need to align support to national health plans. At the same time the World Bank, the Global Fund for AIDS, TB and Malaria and the Global Alliance for Vaccines and Immunisations (GAVI) are in the process of establishing a funding platform aimed at harmonising their approaches to health systems strengthening, under the coordination of the World Health Organisation (WHO).

It is essential that national plans and global initiatives prioritise maternal, newborn and child health, particularly in countries where gains in this area have been insufficient.

Civil society organisations already play a vital role in delivering key services for women and children, and community health workers can have an important impact on maternal, newborn and child health outcomes. Going forward with a rights-based approach, full and meaningful civil society participation in the development and implementation of national health plans should be at the core of health systems strengthening efforts. The rights-based approach also requires ensuring that health services are accountable to the communities they serve. Structures and processes should be established to enable communities, particularly women and marginalised groups, to monitor and evaluate their local health services, and to hold service providers accountable.

MDGs 4 and 5 as indicators for health and development

While there can be challenges in measuring maternal health and mortality, progress against MDG 5 is one of the best indicators of the state of a nation's health system, both because it measures how well a nation takes care of its people at their most vulnerable, but also because good maternal care requires all the components of a strong health system including locally available, affordable care, effective referral mechanisms, adequately trained health workers and a sustained supply of the necessary commodities.

Measuring mortality in under-fives is a good composite development indicator, as it reports not only on preventive health and curative care but also on wider development issues such as female literacy, access to food and the availability of clean water. As such the state of a nation overall can be measured by trends in under-five mortality.

Traditional Birth Attendant with a child she delivered, Bangladesh. *©Sam Strickland/Women and Children First UK*

Understanding the centrality of maternal, newborn and child health to health system strengthening and noting UK leadership in this area to date, it is critical that the UK takes a number of steps to ensure that health systems strengthening efforts lead to significant gains for mothers and children:

- Make maternal, newborn and child mortality key indicators of DFID's performance on health system strengthening and improve transparency on how UK health aid is leading to progress in these areas.
- Advocate for the inclusion of robust targets on maternal, newborn and child health in national health strategies, and support countries to overcome barriers to progress among the poorest, most vulnerable and marginalised people.
- Assist countries to develop and implement costed national human resource plans including recruitment and training of skilled birth attendants, midwives, obstetricians, paediatricians, clinical officers and community health workers.
- Actively encourage civil society participation in health system strengthening and support sustainable and resilient community responses to improving maternal, newborn and child health including monitoring health systems and holding service providers to account.
- Strongly discourage any promotion of user fees in international institutions like the World Bank and support developing countries to make healthcare free at the point of use.
- Push for a focus on maternal, newborn and child health within the new Health Systems Strengthening Platform.

Mother and child at a MaiKhanda women's group, Malawi. *©The Health Foundation*

3. Realise the UK's international commitments on sexual and reproductive health and rights and advocate for other countries to do the same

Improving maternal and newborn health and reducing deaths is to a large extent dependent on the realisation of sexual and reproductive health and rights, for adolescents and throughout the life cycle. Family planning could reduce deaths and ill health by one third, by reducing the number of at risk pregnancies and reducing recourse to unsafe abortion. Yet 200 million women do not have access to contraceptives, and each year there are 80 million unplanned pregnancies. Unsafe abortion accounts for 13 per cent of maternal deaths, although in some countries the figure is as high as 50 per cent.

Freeing women from ill health, unintended pregnancy and the heavy domestic labour linked to high fertility can also play an important role in achieving MDG 3 (promote gender equality and empower women) and realising the commitments to women's rights contained in the Beijing Platform for Action. Women who enjoy their right to decide if and when to have children are often more able to participate in other decisions about their health, their family (including their children's education, particularly that of their daughters) and the society they live in.

In 2007 the UK successfully pushed for the adoption of a new target under MDG 5 – achieve universal access to reproductive health by 2015. This reflected commitments made at the 1994 International Conference on Population and Development (ICPD), which emphasised access to sexual and reproductive healthcare as fundamental to the fulfilment of human rights. Other human rights instruments, such as the Beijing Platform for Action, have since recognised a range of women's human rights, including the right to have control over and decide freely and responsibly on matters relating to their sexual and reproductive health.

Family planning and climate change

Women, who are often responsible for sourcing resources such as food, water and fuel for their families will be the first to feel the effects of climate change as farming and accessing these resources becomes more challenging. Increased access to modern contraception would enable women to limit their family sizes in order to cope with these changes, and would also decrease demand for scarce local resources, promoting greater environmental stability.

Breastfeeding baby, Nepal. *©Thomas Kelly/The UCL Centre of International Health and Development*

Recognising international obligations to human rights instruments such as the ICPD Programme for Action, the Beijing Platform for Action and MDGs 3 and 5, the UK government should commit to the following measures to ensure that international commitments on sexual and reproductive health and rights are realised:

- Continue work to increase global recognition of MDG5b as well as the commitments contained in the ICPD Programme of Action and the Beijing Platform for Action, among developing country governments, donors and the international community.
- Encourage governments to protect, respect and fulfil women's rights and sexual and reproductive health and rights – including the rights of adolescents – in line with their international commitments.
- Increase UK funding for the realisation of sexual and reproductive health and rights and provide data on how DFID's health systems expenditure is improving sexual and reproductive health and rights.
- Actively support the integration of sexual and reproductive health and rights and HIV services in international institutions and at country level.
- Support popular education on health-related rights, including sexual and reproductive rights.
- Increase funding and capacity-building support to community-based organisations, NGOs and networks focused on securing women's rights.

Can the UK influence how developing country governments approach sexual and reproductive health and rights?

As an important donor DFID can push for national health and development plans to include robust indicators on sexual and reproductive health and rights, backed up by the necessary budget lines. The UK can also recommend that annual reviews indicate expenditure against these goals.

Furthermore, the Foreign and Commonwealth Office could support countries in developing a legal and regulatory environment supporting women's sexual and reproductive rights and other rights and the effective enforcement of protective laws and policies.

Finally as a major international player the UK could use diplomatic and other levers to promote the sexual and reproductive rights of particular groups, including people living with HIV and AIDS, women, young people and sexual minorities.

Mother and child, Mother Infant Research Activities (MIRA), Nepal. *©Thomas Kelly/The UCL Centre of International Health and Development*

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Endorsing organisations include:
Amnesty
AMREF
Interact Worldwide
International Planned Parenthood Federation
Maternity Worldwide
Marie Stopes International
Oxfam GB
Plan
Results UK
Save the Children
The Royal College of Midwives
White Ribbon Alliance
Women and Children First
World Vision

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This manifesto was written by Ruth Duebbert and Fionnuala Murphy. Women and Children First acknowledges the assistance of all the listed organisations in its production. The manifesto is available to download from www.wcf-uk.org.

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