IX. IMPROVING MATERNAL HEALTH: THE NEED TO FOCUS ON REACHING THE POOR

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A. INTRODUCTION

This paper discusses the relevance of the ICPD Programme of Action for the attainment of the Millennium Development Goal 5 (MDG 5): Improving maternal health. The ICPD objectives and actions are found to be highly relevant for addressing maternal ill-health, but are also considered to be insufficiently targeted to achieve the greatest impact

B. USING PROXIMATE DETERMINANTS TO TDSnsufficie439.90.98

those with the greatest need would have potentially the greatest impact on overall maternal mortality reduction and thus on making progress towards achieving MDG 5.

This paper addresses two questions. First, does the ICPD Programme of Action address issues that are relevant for the attainment of MDG 5? Second, this paper will examine whether the Programme of Action, as well as the ICPD +5 document on Key Actions for Further Implementation of the Programme of Action, focused sufficiently on those most in need of interventions.

Chapter 8 of the ICPD Programme of Action includes a detailed discussion of the significance of maternal mortality ("basis for action"), and provides a number of interventions to address the problem, including promotion and use of prenatal care, maternal nutrition programs, adequate delivery assistance, obstetric emergencies, referral services for pregnancy, childbirth, and abortion complications, and post-natal care and family planning. These recommended actions are wide-ranging, including preventive and curative measures. Successful implementation of the recommended interventions in ICPD Programme of Action that would achieve high levels of coverage could be expected to have a substantial impact on maternal mortality reduction. Therefore, it is beyond question that the ICPD Programme of Action recommendations are consistent with MDG 5.

D. Achieving Maternal Mortality Reduction for the Poor

The second question this paper deals with is whether the ICPD Programme of Action sufficiently addressed the needs of women in poor households. It is clear that the MDG for reducing maternal mortality by 75 per cent will not be reached if services that contribute to the reduction largely exclude those who have the greatest needs for them. As indicated in Section 1 above, it is the poor who often lack access to services, because of physical and financial barriers, lack of information, unavailability of care, and other factors. A recent analysis showed that young women from the poorest households in 12 low- and middle income countries were more likely to enter in early marriages, to have given birth at an early age, and to be less likely to be using maternal health services (Rani and Lule, 2004).

Tables IX.1 to IX.3 show differences in proximate determinants of maternal health for the poor and non-poor for a large number of developing countries. For some of the indicators, such as antenatal care and skilled attendance at delivery, there is little room left for achieving a reduction in maternal mortality through increasing use of these services to women in wealthier households, as rates have already reached, in many countries, over 90 per cent. It is, however, critical that interventions reach the poor in order to make further progress. Differences between poor and wealthier households are in many countries much larger for reproductive health indicators than for child health indicators, such as immunization rates, signifying the particular importance of focusing on the poor for the maternal health goal.

A search of the ICPD Programme of Action reveals little emphasis on the needs of the poor, with a few exceptions. In Section 8.10, it is stated that "Special attention should be given to the living conditions of the poor and disadvantages in urban and rural locations". In other sections, the inclusion of the poor is implicit, as in Section 8.11: "All Governments should examine ways to maximize the cost-effectiveness of health programmes in order to achieve increased life expectancy, reduce morbidity and mortality and ensure access to basic health care services for all people". Several other references to the poor are made in chapters dealing with the environment and population distribution, but no specific actions are recommended, nor are indicators for monitoring progress among the poor included.

The ICPD+5 document on the implementation of the Programme of Action shows an evolution towards greater emphasis on the poor. Section II-18 recommends that governments "strengthen health care systems to respond to priority demands on them, taking into account the financial realities of countries and the need to ensure that resources are focused on the health needs of people in poverty"; section V-76 discusses the importance of partnerships that "bring benefits to poor people's health, including reproductive and sexual health". Most explicit is section VI-101, which states: "Governments of recipient countries are encouraged to ensure that public resources, subsidies, and assistance received from international donors for the implementation of the goals and objectives of the Programme of Action are invested to maximize benefits to the poor and other vulnerable population groups, including those who

suffer from disproportionate reproductive ill health". Thus, the importance of targeting interventions to the poor was more fully recognized in the ICPD +5 documents than in the Programme of Action.

TABLE IX.1. USE OF ANTENATAL CARE

	Poorest Quintile	*Richest Quintile*
East Asia, Pacific	64.9	96.2
Indonesia	73.7	99.1
Philippines	71.5	97.5
Vietnam	49.5	92.1
Europe, Central Asia	78.2	96.3
Kazakhstan	89.5	97.9
Kyrgyzstan	96.3	98.7
Turkey	32.9	92.2
Uzbekistan	94.1	96.2
Latin America and the Caribbean	57.5	95.6
Bolivia	38.8	95.3

TABLE IX.2 (*continued*)

	Poorest Quintile	*Richest Quintile*

TABLE IX.3. A

TABLE IX.3 (*continued*)

	Poorest Quintile	*Richest Quintile*
Niger	260.0	148.0
Nigeria	194.0	66.0
Senegal	189.0	36.0
Tanzania	151.0	93.0
Togo	142.0	35.0
Uganda	222.0	171.0
Zambia	210.0	86.0
Zimbabwe	144.0	59.0
All countries	154.0	64.8

Source: Gwatkin and others, 2004.

E. CONCLUSION

Gwatkin (2004) showed how a goal that is defined in terms of population averages (such as the maternal health goal) can be highly regressive, leading to increased inequities, if interventions are not targeted to reach the poor. Use of antenatal care, skilled assistance at delivery, and avoidance of early adolescent pregnancies are much less favourable for the poor, who also suffer from greater disease burdens, including higher maternal mortality. The ICPD Programme of Action promoted access to health services for all, but did not specifically call for improved access to basic health services for the poor.

In order to accelerate progress towards the maternal mortality MDG, greater efforts to reach the poor must be made. The ICPD +5 started to move in this direction. Policies, actions, and goals must be defined in terms of achieving better outcomes for the poor, rather than as national averages. Additional indicators are needed that provide information on health outcomes and the use of reproductive health services for the poorest women. While it will not be practical to monitor maternal mortality ratios by socioeconomic characteristics, other indicators, such as use of family planning and access to skilled attendance at delivery would be suitable to include in such monitoring efforts.

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