Maternal health and maternal mortality trends (Bangladesh, Nepal, Pakistan, and Sri Lanka)

Side event on Maternal Health
Seventh Asian and Pacific Population Conference
Bangkok
17 November 2023

Catherine Breen-Kamkong
SRHR Technical Advisor
UNFPA Asia-Pacific Regional Office
Over 66,000 women die in pregnancy or childbirth across Asia-Pacific every year

- Around 8 women die every hour in pregnancy and childbirth in Asia Pacific Region (at least 192 women over last 3 days of APPC7)
- Many countries will need to double, or more than double, their current annual rates of reduction of mortality to ensure sufficient progress toward national targets and the global Sustainable Development Goal 3
- Absolute numbers of maternal deaths remain staggering in many countries of the region and a call to act remains at the heart of UNFPA mandate
MMR trends, UN Estimates 2005-2020
Bangladesh, Nepal, Pakistan and Sri Lanka

- All four countries are making good progress

- With accelerated implementation, Bangladesh, Nepal and Pakistan could achieve the SDG target of below 70/100,000 LB by 2030
Years to achieve the SDG Goal on Maternal Mortality

For Bangladesh, Nepal and Pakistan: SDG Target is MMR 70/100,000 by 2030

For Sri Lanka: SDG Target is MMR at 2/3rd of 2015 baseline by 2030 (MMR = 30 in 2015 → Target: 10 in 2030)
Status of maternal health services - ANC

**Bangladesh**: Antenatal care received by skilled providers (%) - DHS

- 2011: 55.1%
- 2014: 65%
- 2018: 82.1%

**Nepal**: Antenatal care received by skilled providers (%) - DHS

- 2011: 61%
- 2016: 86.1%
- 2022: 94.3%

**Pakistan**: Antenatal care received by skilled providers (%)

- 2006-2007: 62.8%
- 2012-2013: 76.3%
- 2017-2018: 86.9%

**Sri Lanka**: Antenatal care received by skilled providers (%)

- 2000: 94.5%
- 2016: 98.8%
Status of maternal health services – Institutional Delivery

**Bangladesh: Institutional delivery (%) - DHS**

- 2011: 31%
- 2014: 39%
- 2018: 51%

**Nepal: Institutional delivery (%) - DHS**

- 2011: 44%
- 2016: 64%
- 2022: 79%

**Pakistan: Institutional delivery (%) - DHS**

- 2011: 39%
- 2014: 54%
- 2018: 72%

**Sri Lanka: Proportion of births attended by skilled health (WHO)**

- 2006-2007: 99%
- 2016: 99.9%
Why women die in childbirth:

Women die because of complications during and following pregnancy and childbirth.

Most of these complications develop during pregnancy and most are preventable or treatable.

Almost 60% of maternal and newborn deaths are due to poor-quality care, whereas the remaining deaths result from non-utilisation of the health system.

The major complications that account for nearly 75% of all maternal deaths are:

- Severe bleeding (mostly bleeding after childbirth)
- Infections (usually after childbirth)
- High blood pressure during pregnancy (pre-eclampsia and eclampsia)
- Complications from delivery
- Unsafe abortion

The causes of maternal death are mostly preventable.
Key accelerators and enablers

Health Systems strengthening approach
(i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance

Eliminating delays within the health system
Ensure access to life saving medicines and supplies; adequately trained and deployed staff; functioning referral systems

Eliminate delays in women seeking care
Ensure women have access to information about importance of seeking care with SBA, dangers signs, financial protection to access care

Target pockets of inequities in SRMNH within countries

Quality of care & avoid over medicalisation
‘Too much too soon and too little too late’
Improving Midwifery: Key strategy to eliminate maternal mortality

Midwives can deliver 95% of essential SRMNCAH Services and help avert maternal deaths, neonatal deaths and still births.

- Positioning SRHR within Universal Health Coverage
- Implementing the Comprehensive package of SRHR interventions at scale
- Strengthening quality of care
- Scaling up Midwifery

Photo credit: UNFPA Myanmar

Seventh Asian and Pacific Population Conference
BANGKOK, 15–17 NOVEMBER 2023

Photo credit: UNFPA Bangladesh
Strengthen Emergency Obstetric and Newborn Care

- **Strengthen networks of Emergency obstetric and newborn Care** - Conducting EmONC Assessments – measuring health system readiness and functionality

- Work on **emergency referrals** and addressing the ‘Three Delays’ of maternal health care

- Training of midwives in **life-saving EmONC skills** – using a Low Dose High Frequency training approach

- **Policy and advocacy with countries’ Ministry of Health on the EmONC functions and scope of work** for midwives and other essential workers
Health System Strengthening: Improving Maternal Health data availability and use

- Strengthen data systems to ensure better availability of key indicators and data on Maternal Health services provision and quality care: **Health Management Information Systems**

- Policy and advocacy to ensure **accountability for every maternal death**: build responsive systems that can address maternal health issues, and ensure policy and legal responses to maternal deaths

- Build capacities on **Maternal Perinatal Deaths Surveillance and Response Systems (MPDSR)** to improve quality of service provision and prevent further maternal deaths
Address other contributing factors:

- Social determinants, including income, access to education, race and ethnicity, that put some sub-populations at greater risk;

- Harmful gender norms and/or inequalities that result in a low prioritization of the rights of women and girls;

- Factors contributing to instability and health system fragility, such as climate and humanitarian crises.
Road to 2030: challenges to be addressed

• *Addressing inequalities* in access to and quality of reproductive, maternal and newborn health care services.

• Ensuring *universal health coverage* for comprehensive reproductive, maternal and newborn health care;

• *Addressing all causes* of maternal mortality, reproductive and maternal morbidities, and related disabilities;

• Strengthening health systems to collect *high quality data* in order to respond to the needs and priorities of women and girls; and

• Ensuring *accountability* to improve quality of care and equity including in the private sector

• Engagement of the *private sector* and improving regulation of service standards in all sectors
“Women are not dying because of diseases we cannot treat. They are dying because societies have yet to decide their lives are worth saving.”
Professor Mahmoud Fathalla
Thank You