

2015: Year of Goals in Reproductive Health

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ABSTRACT

The International Conference on Population and Development (ICPD) and Millennium Development Goals agenda of reproductive health were declared as the most comprehensive one, which had actually broadened the spectrum of reproductive health and drove the states to embark upon initiatives to improve reproductive health status of their populations. Maternal health is one of the main global health challenges and reduction of the maternal mortality ratio, from the present 0.6 mio per year, by three-quarters by 2015, is the target for the fifth Millennium Development Goal (MDG 5). However, this goal is the one toward which the least progress has been made. There is not a simple and straight-forward intervention, which by itself will bring maternal mortality significantly down; and it is commonly agreed on that the high maternal mortality can only be addressed, if the health system is strengthened. There is a common consensus about the importance of skilled attendance at delivery to address the high, maternal mortality. This consensus is also reflected in the MDG 5, where the proportion of births attended by skilled health personnel is considered a key indicator.

There are, however, certainly some common grounds which have been experimented by various countries and we can learn lessons from those best practices. There is a need of increasing resource allocation, strengthening primary health care services and emergency obstetric care and motivating the human resource employed in health sector by good governance. These endeavors should lead to formulate evidence-based national policies, reproductive health services which are affordable, accessible and culturally acceptable and finally a responsive health system.

Keywords: International conference on population and development (ICPD), Millennium development goals (MDGs), Maternal mortality ratio (MMR), Reproductive health.

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INTRODUCTION

As per WHO's, definition of health, 'it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.¹

REPRODUCTIVE HEALTH

Reproductive health, therefore, implies that 'people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of birth control which are not against the law, and the right of

access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant'.²

According to WHO, 'reproductive and sexual ill health accounts for 20% of the global burden of ill health for women and 14% for men'.³

MILLENNIUM DEVELOPMENT GOALS

The MDGs provide the new international framework for measuring progress toward sustaining development and eliminating poverty.

The Millennium Development Goals:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Of the eight MDGs, 4, 5 and 6 MDGs are directly related to reproductive and sexual health, while four others have a close relationship with health, including reproductive health.

HISTORY

The foundation for the global reproductive health agenda was laid at the International Conference on Population and Development (ICPD), Cairo, Egypt, in 1994. The 20-year program of action adopted by that conference included the goal of ensuring universal access by 2015 to reproductive health. However, the concept remained outside the scope of the MDGs until September 2005, when world leaders met at the World Summit at the United Nations Headquarters, New York, United States of America.

The monitoring framework for MDG 5 was revised following the review of progress at the 2005 World Summit, with one new target and four new indicators.⁴ The current situation on the range of indicators defined to monitor progress shows that accelerated action is needed to achieve MDG 5.

What is MDG 5? What Progress has been made on achieving it?

MDG 5 aims to improve maternal health. This goal was translated into two targets:

1. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio, and
 2. Achieve, by 2015, universal access to reproductive health.
- The two key indicators for monitoring the progress toward

the first target are the maternal mortality ratio and the proportion of births attended by skilled health personnel.

The four indicators under the second target are contraceptive prevalence, adolescent birth rate, antenatal care coverage and unmet need for family planning.

MDG 5 is key to all other MDGs

MDG 5 is related to other MDGs. As maternal mortality strongly affects newborn mortality, progress on MDG 5 will also influence the efforts to reduce child mortality (MDG 4). Progress on MDG 5 is also linked to MDG 6, which aims to combat HIV/AIDS and malaria, as these are important indirect causes of maternal death. Gender inequality is one of the social determinants at the heart of inequity in health. Progress in achieving MDG 3, promoting gender equality and women's empowerment, will help in achieving MDG 5. Maternal mortality is a sensitive indicator of inequality, as current statistics show that the poorest and least educated women have the highest risk of death during pregnancy or childbirth. Increasing primary education (MDG 2) for girls and eradicating extreme poverty and hunger (MDG 1) are means to empower women and will positively influence the achievement of MDG 5.

REPRODUCTIVE HEALTH GLOBALLY

Globally, progress toward achieving MDG 5 has been slow and uneven. Within the MDG monitoring framework, the international community committed itself to reducing the maternal mortality ratio (MMR), and set a target of a decline of three-quarters between 1990 and 2015. Thus, the MMR is a key indicator for monitoring progress toward the achievement of MDG 5.

Of the estimated total of 5,36,000 maternal deaths worldwide in 2005, developing countries accounted for 99% (5,33,000) of these deaths.⁵ Slightly more than half of the maternal deaths (2,70,000) occurred in the sub-Saharan Africa region alone, followed by South Asia (1,88,000). Thus, sub-Saharan Africa and South Asia accounted for 86% of global maternal deaths.

According to the 2005 data, few low- and middle-income countries are on track to achieve the first target of MDG 5. In 56 of the 68 priority countries where 98% of maternal deaths occur, mortality ratios are still high, exceeding 300 maternal deaths per 1,00,000 live births.⁶ The global maternal mortality ratio is 400 maternal deaths per 1,00,000 live births versus 430 in 1990. This average annual decrease of less than 1% is far below the 5.5% annual decline that is required to achieve MDG 5. At the regional level, none of the MDG priority regions have achieved a 5.5% annual decline, although eastern Asia comes close with a 4.2% average annual decline. In sub-Saharan Africa, where maternal mortality is highest, the annual decline has been 0.1%. However, given the high uncertainty margins for the maternal mortality ratio, determining whether there is any real decline at all is difficult.⁷

REPRODUCTIVE HEALTH IN INDIA

- According to estimates by UN agencies, the occurrence of a maternal death is 41 times more likely in India than of a maternal death in the US, and 10 times more likely than in China⁸
- Nine states—Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh, Uttarakhand and Assam—constitute nearly half the country's population account for two-thirds of maternal deaths⁹
- In 2005-06, about 48% of births were assisted by skilled health personnel (about 75% in urban areas and 39% in rural areas). 41% of the deliveries were in hospitals or health centers (69% in urban and 31% in rural areas).

Major National Initiatives

A number of initiatives aim to reduce maternal mortality. The Government of India launched the National Rural Health Mission (NRHM) in 2005, to improve basic health care delivery system in India. A major goal is to reduce India's MMR. The Reproductive and Child Health Program Phase 2 and the flagship program in the NRHM aim to enhance access for skilled attendance at birth and emergency obstetric care to women in rural areas and urban slums.

The program also aims to improve utilization of services through effective behavior change communication strategies.

The Integrated Child Development Scheme (ICDS) also provides supplementary nutrition, health care check-ups before and after delivery, and health and nutrition education to pregnant women and breastfeeding mothers.

Launched in 1997, the Reproductive and Child Health Programme (RCH) aims to improve the health status of the most neglected sections of the Indian population, women and girls of socially disadvantaged groups, particularly those living in remote, rural settlements. RCH service delivery includes integration of services at all levels, different need-based approaches per district and a focus on the younger age group. For tribal and remote areas, a special package has been devised to expand the role of birth attendants in these areas, to train local women to deliver basic RCH services, including safe delivery services, to initiate mobile clinics and to construct clean delivery rooms.

Increasing Rural Access

In India, the National Reproductive and Child Health Programme has been integrated with the National Rural Health Mission. The aim of the integrated program is to achieve universal health care by ensuring affordability, accessibility, equity and quality of health services. Some of the strategies adopted by the program to improve sexual and reproductive health are as follows:

1. Use of accredited social health activists
2. Safe motherhood scheme (Janani Suraksha Yojana) (Table 1)

Table 1: Initiative by Government of India to reduce MMR

	Budget allocation and expenditure	Trends and achievements
National Rural Health Mission	Union budget 2009-10: Allocation increased by ₹ 2,057 crore over Interim BE 2009-10 of ₹ 12,070 crore	320,000 Associated Social Health Activists (ASHAs) have been recruited and over 200,000 have received orientation training ASHAs (guidelines prescribe 1 ASHA per 1000 population)
Janani Suraksha Yojana	100% centrally sponsored, gives mothers and ASHAs cash incentives for institutional deliveries	Reports from states indicate significant increase in institutional deliveries because of demand side financing under Janani Suraksha Yojana
Reproductive and Child Health Programme (RCH-2)	Central government budget 2009-10: ₹ 99.50 crore	RCH phase II approach: States to prepare 5-year plans linked to clear outcomes, performance benchmark, service package to ensure availability of essential infrastructure, states will have different requirements

3. Safe abortion services, including manual vacuum aspiration and medical abortion at primary health care level
4. Linking programs on sexually transmitted infections and HIV
5. Condensed training in anesthesia and emergency obstetric care
6. Skilled birth attendant capacity building
7. Adolescent reproductive and sexual health strategy
8. Operationalization of referral units and 24 × 7 primary health care centers
9. Strengthened referral systems
10. Public-private partnerships; accreditation of private facilities to provide family planning, childbirth and medical termination of pregnancies and training
11. Adoption of intersectoral convergence
12. Community empowerment; increased community involvement in service delivery, governance and other broad areas, such as water and sanitation, education and nutrition
13. Enforcement of infection management and environment plan.

ATTAINING MDG TARGET

These approaches have led to a general improvement in indicators of reproductive health, especially in maternal health (Fig. 1).

However, there are large differences across states in India for all indicators. For example, the proportion of adolescent births among all births ranges from 2 to 14% by state. Similarly, the unmet need for family planning ranges from 9 to 37%, and is very high in some states.

Challenges to improving sexual and reproductive health vary across states and include:

- High rate of early marriages
- Unwillingness to discuss sexual health issues and abortion
- Difficulty in introducing sex education in schools
- Inaccessibility of some areas, leading to difficulty to obtain contraceptives during the rainy season
- Dominance of the husband in decision-making on reproductive health issues
- Barriers to use of reproductive health services by adolescents
- Limited availability of abortion services (only 6% of primary health care centers provide abortion services), despite abortion being legal.

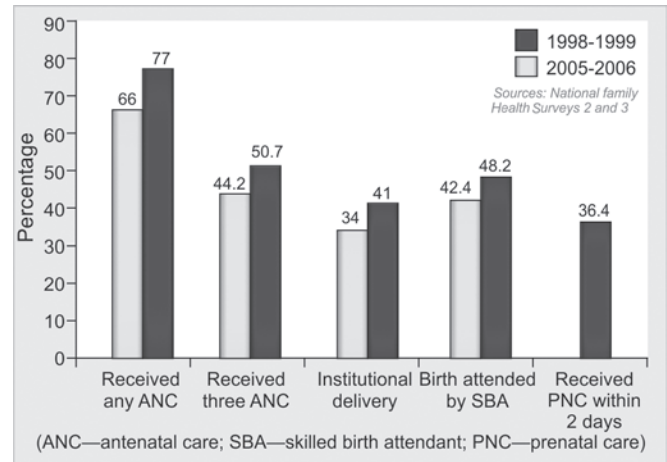


Fig. 1: Maternal health indicators—India

Role of WHO in achieving MDG 5?

WHO supports countries in improving maternal health and focuses on 75 priority countries that account for 97% of all maternal deaths worldwide.

The cornerstone of WHO's efforts to make pregnancy safer is the integrated management of pregnancy and childbirth (IMPAC), which includes guidance and tools to increase pregnant women's access to high-quality health services. In addition, WHO promotes skilled care at every birth. It has developed educational modules for midwifery training and offers training for trainers in midwifery education in the regions of WHO. Further, WHO promotes the approach of involving individuals, families and communities to increase access to quality care. The World Health Assembly adopted WHO's global strategy to accelerate progress toward the achievement of international goals and targets in reproductive health (including the MDGs) in May 2004.

Within this framework, WHO works to ensure that 'by 2015 all primary healthcare facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases and barrier methods, such as male and female condoms and microbicides if available, to prevent infection' (based on a resolution adopted by the United Nations General Assembly). WHO's work

involves conducting and building capacity in research and research synthesis, developing international clinical standards through evidence-based guidelines and assisting countries in implementing such norms within health systems. WHO also monitors progress toward reaching MDG 5 in collaboration with other United Nations agencies and programs at the global level.

What can you do to help achieve MDG 5?

You and your community play a vital role in ensuring expecting mothers have access to adequate health services. Action can be taken to raise awareness of the MDGs.

Encourage your friends, colleagues and family to reach out to their members of congress to raise awareness of the MDGs. Consider participating in member organizations that work to make maternal mortality an issue of the past. There are a number of organizations—local, national and internationally based—that work on issues related to maternal health.

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