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Effective Policies for Improving Maternal and Child Health

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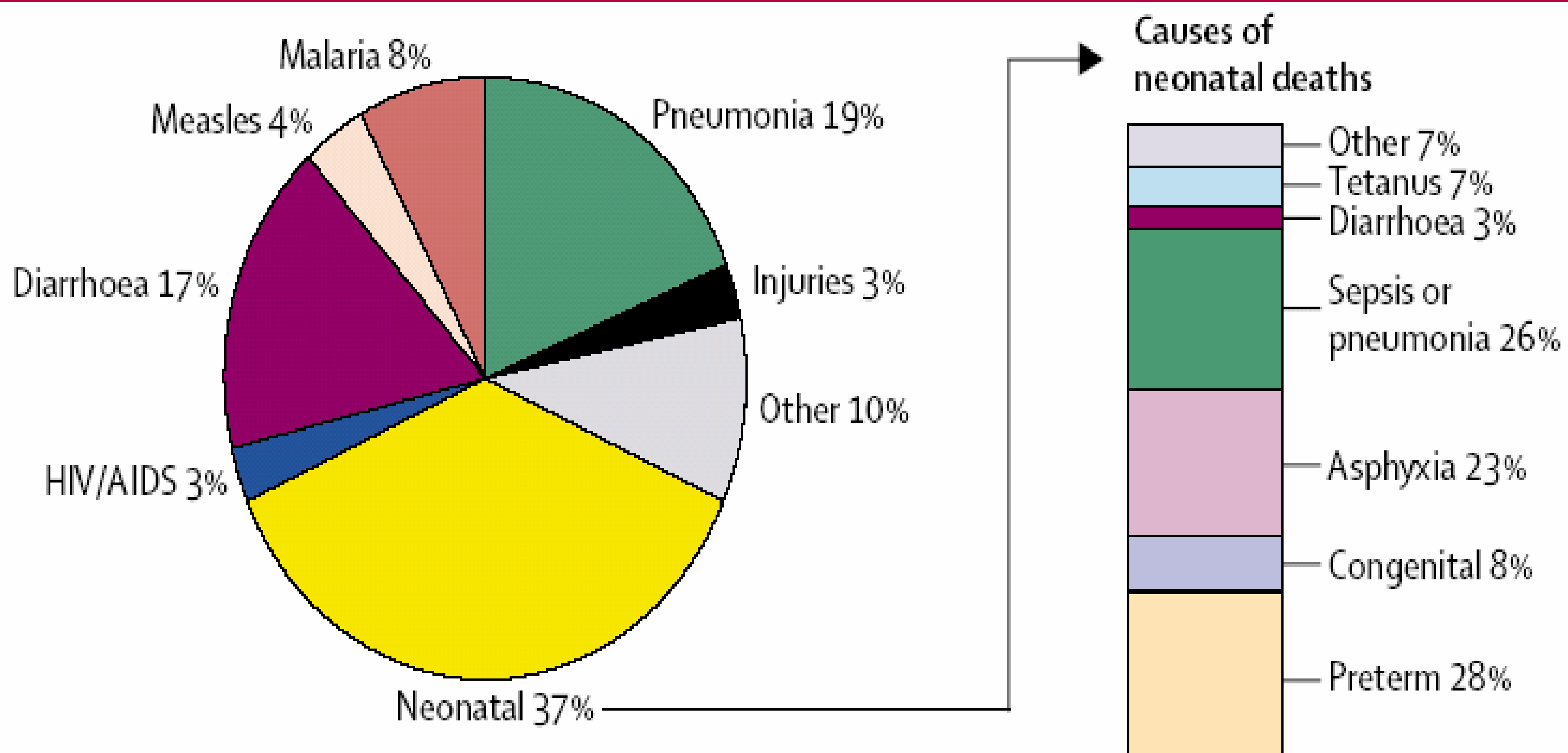
Proximal causes of death in under 5 children



Malnutrition alone contributes to 54% of deaths:

- diarrhoea 61%
- malaria 57%
- pneumonia 52%
- measles 45%

Lancet, 2005

Beyond child survival

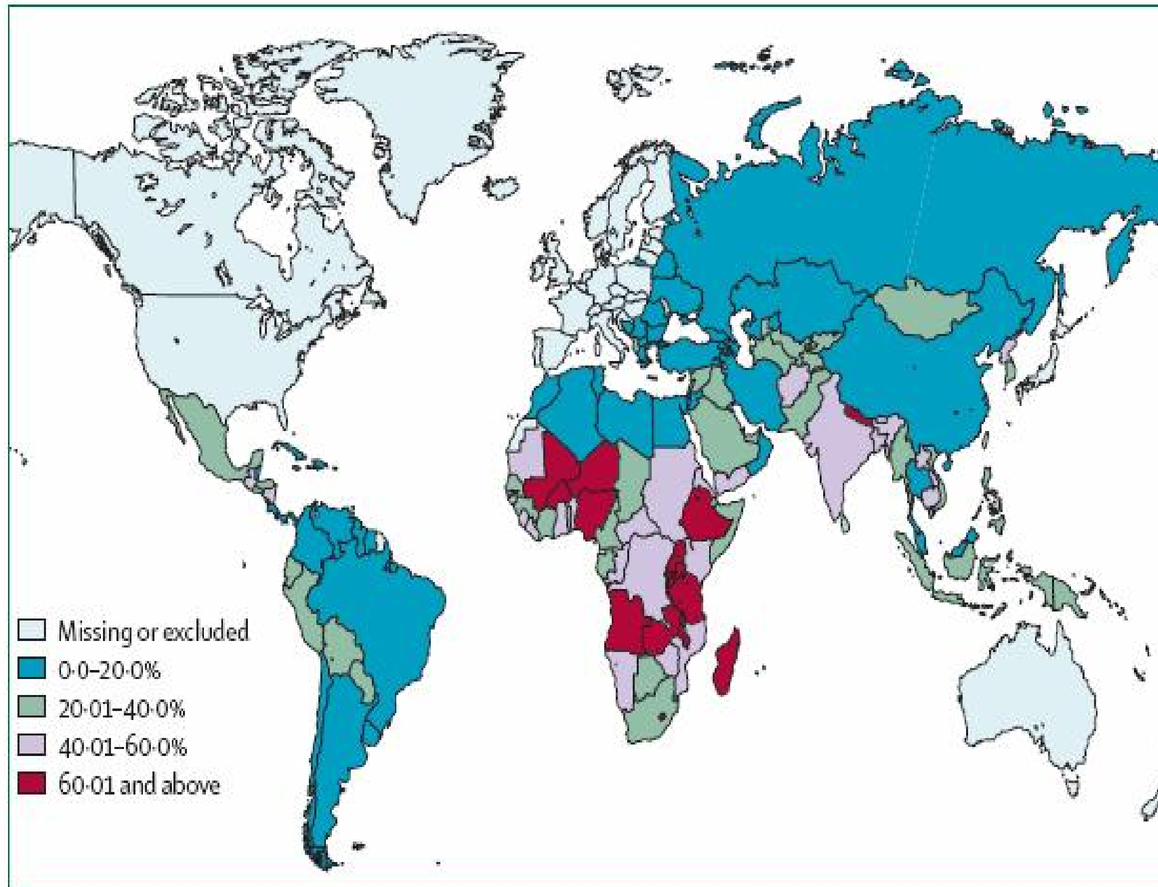


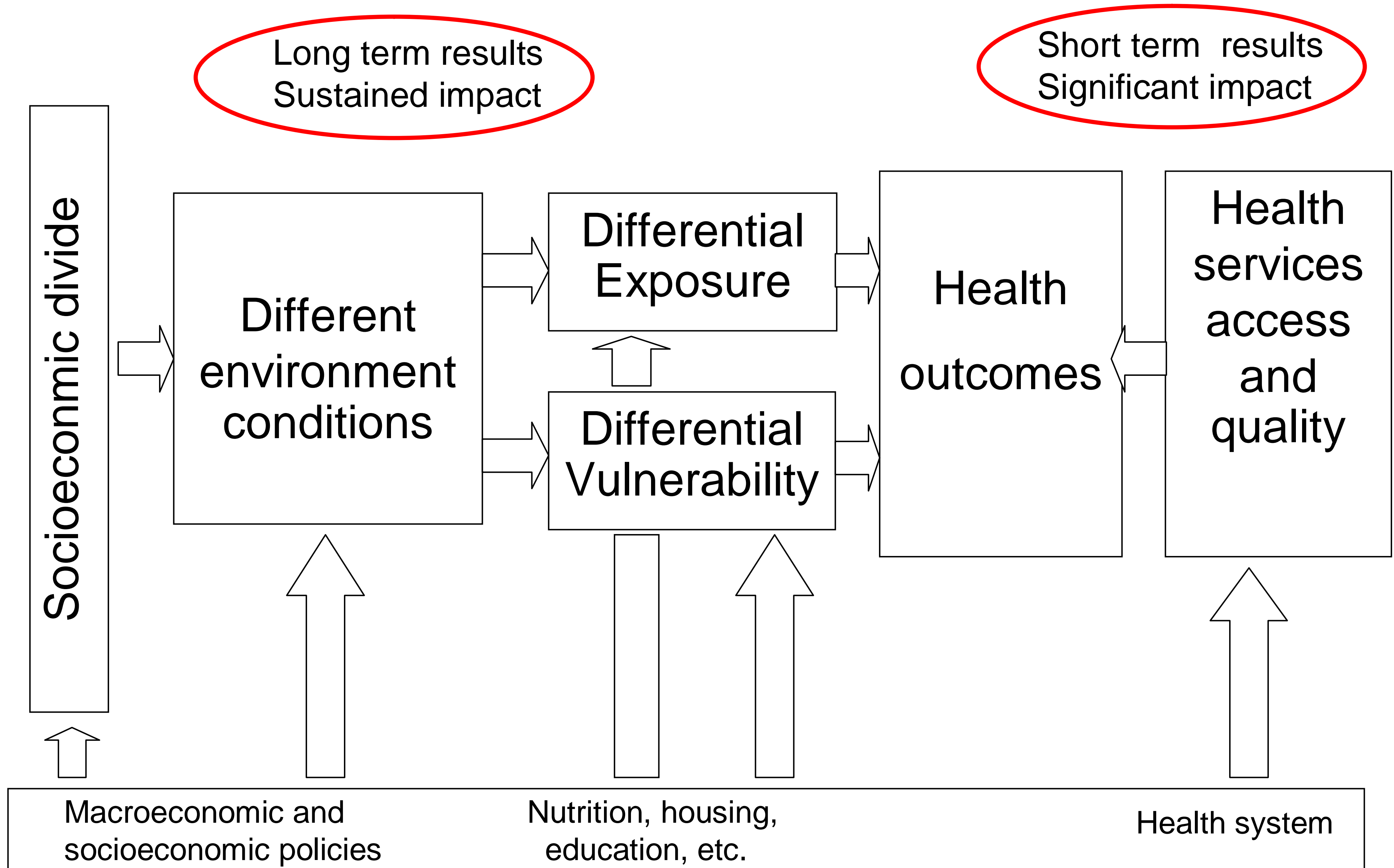
Figure 5: Percentage of disadvantaged children under 5 years by country in year 2004

Grantham-McGregor S et al. Lancet 2007

Over 150 million children suffer from long-term consequences of inadequate nutrition, illness, accidents and neglect

Correlation with cognitive development and school and working performance.

Serious long term and intergenerational effects



The causal pathways of health and disease
Long term results
Sustained impact
Short term results
Significant impact
Socioeconomic divide
Different environment conditions
Differential Exposure
Differential Vulnerability
Health outcomes
Health services access and quality
Macroeconomic and socioeconomic policies
Nutrition, housing, education, etc.
Health system

Why poor mothers and children are at higher risk of death

(poverty is the grandmother of ill health)

- Higher **exposure** to risk factors (unsafe water, lack of sanitation, poor housing, crowding, etc.)
- Greater **susceptibility** to disease (consequence of maternal diseases and of poor nutrition)
- Reduced access to quality preventive and curative **care**

What makes the difference

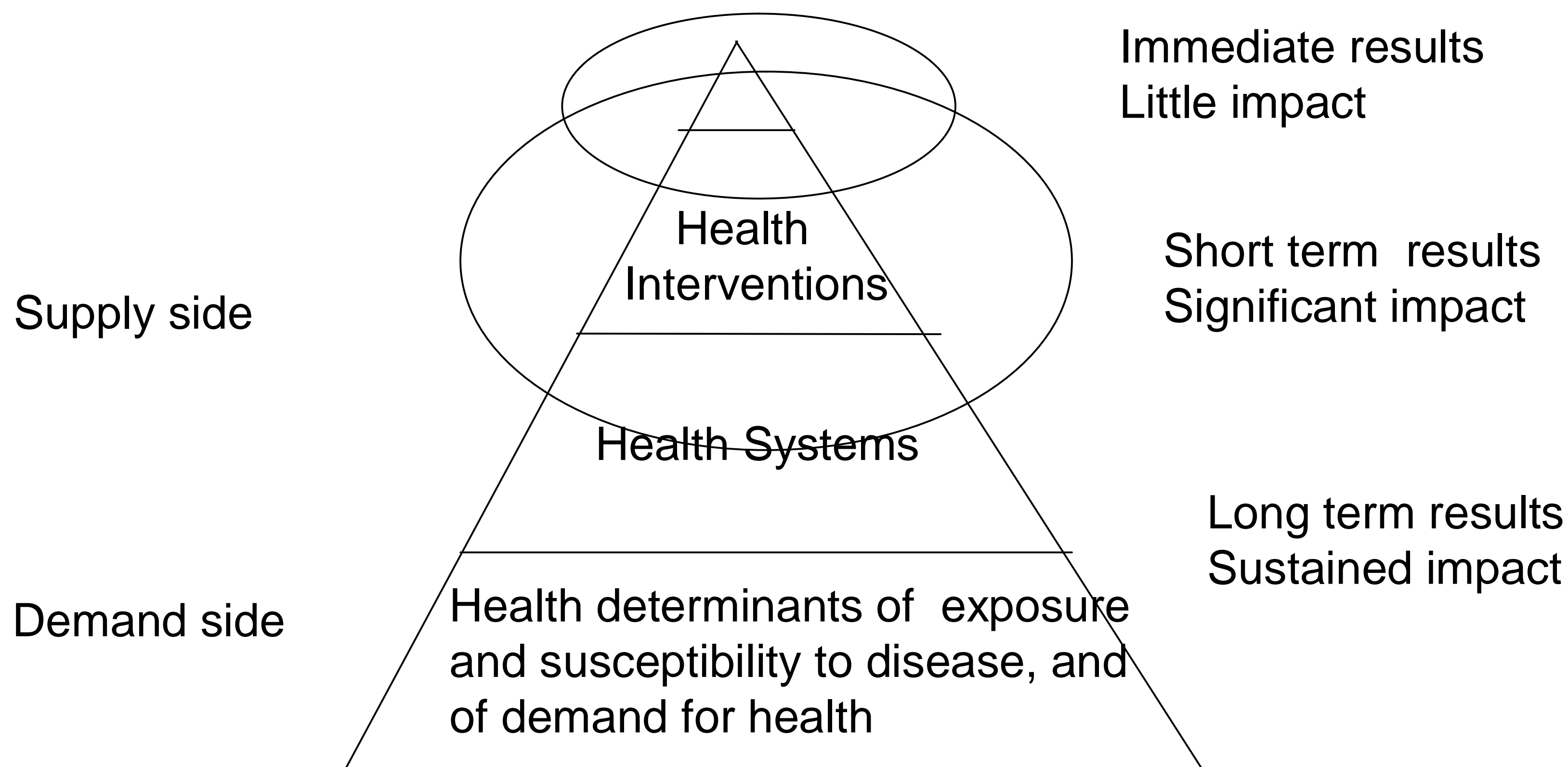
Between the early 1960s and the early 1990s :

child mortality fell
20 percent in Bangladesh but 65 percent in Sri Lanka,
10 percent in Haiti but nearly 80 percent in Cuba and Costa Rica

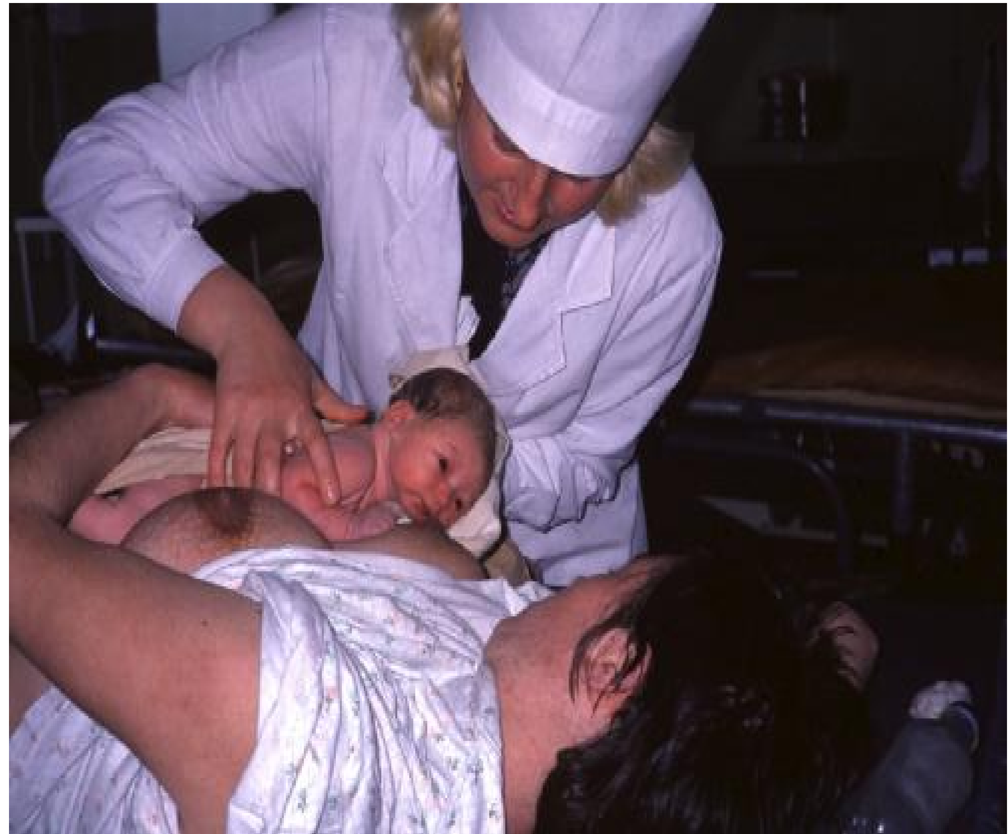
depending on factors such as income gains for the poor, schooling, food security and water and sanitation, combined with universal access to health care

exactly the same factors that allowed a sustained decrease in child mortality in the UK earlier in the 20th century

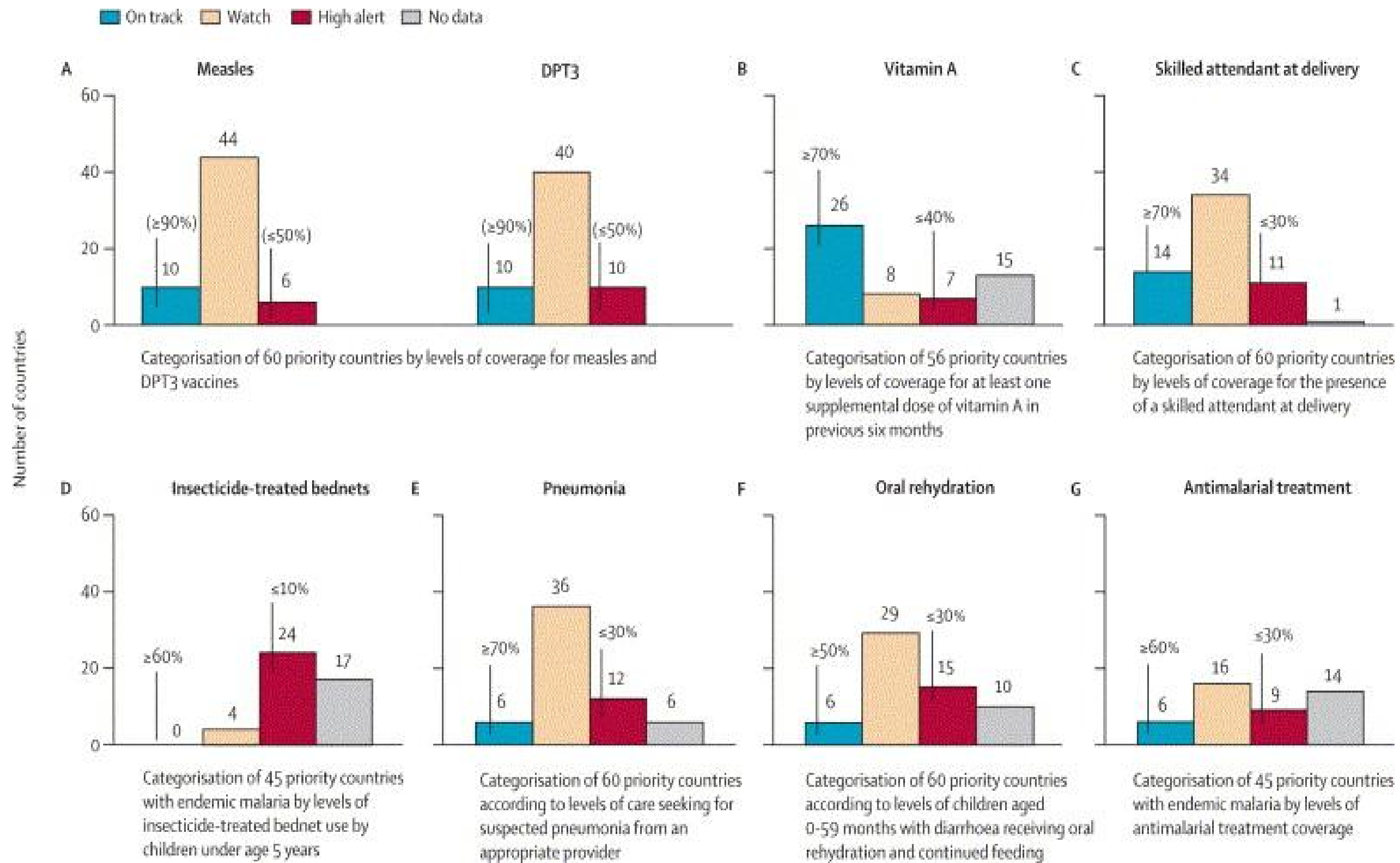
Focusing on the top of the pyramid is not enough. Determinants of disease and access to health care need to be addressed.



2. Implementation issues, within and beyond the health sector

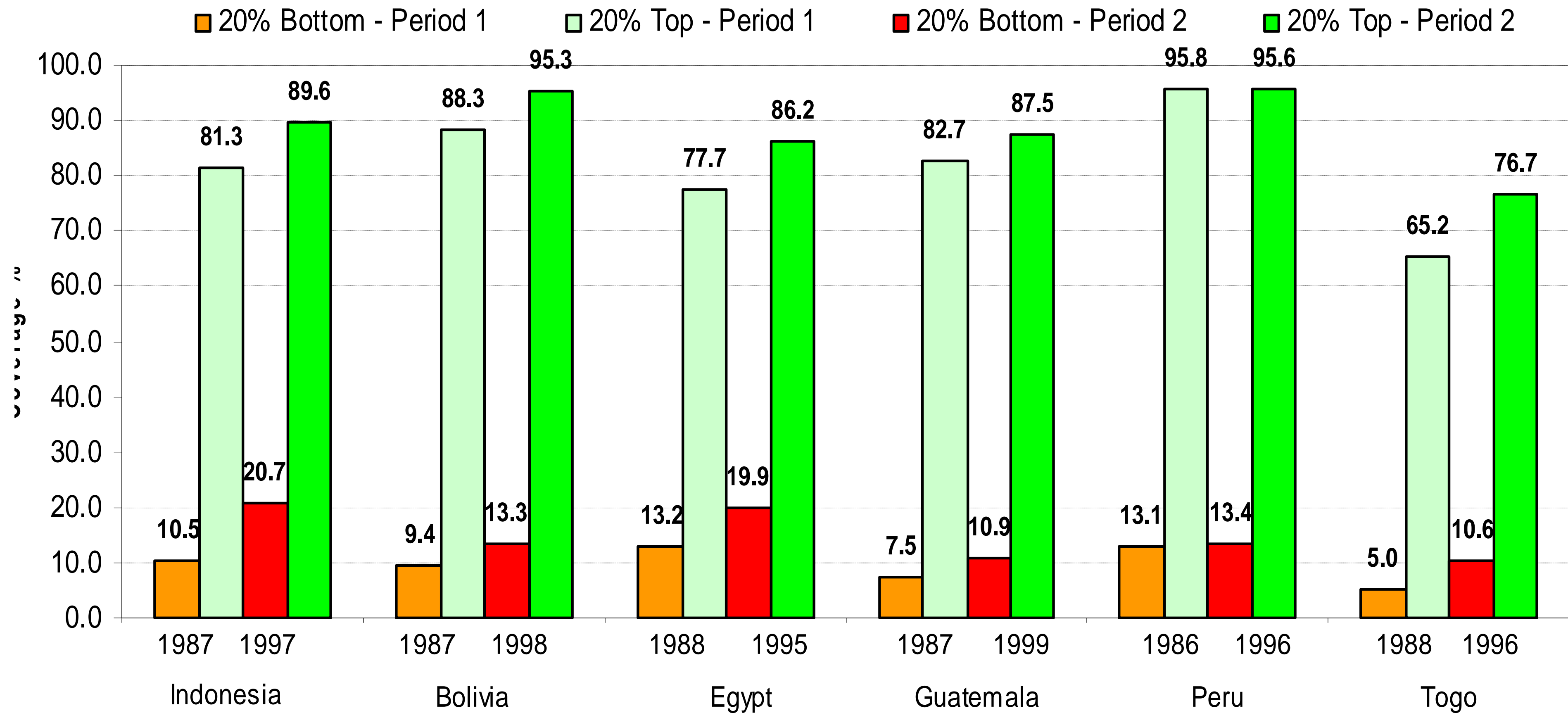


low coverage of essential interventions : is it only a health sector problem?

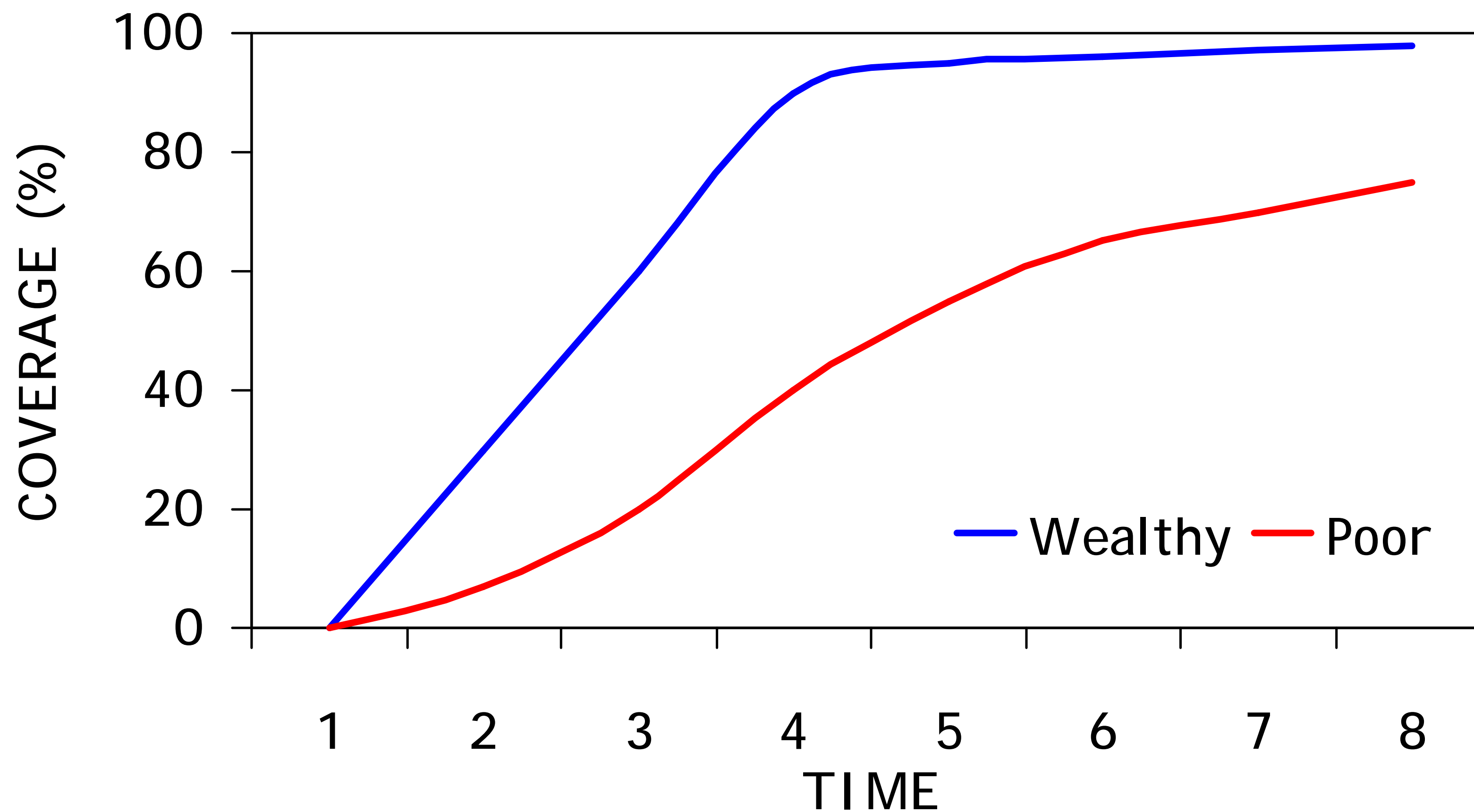


Bryce J. et al. Lancet 2006

inequities in access to essential interventions

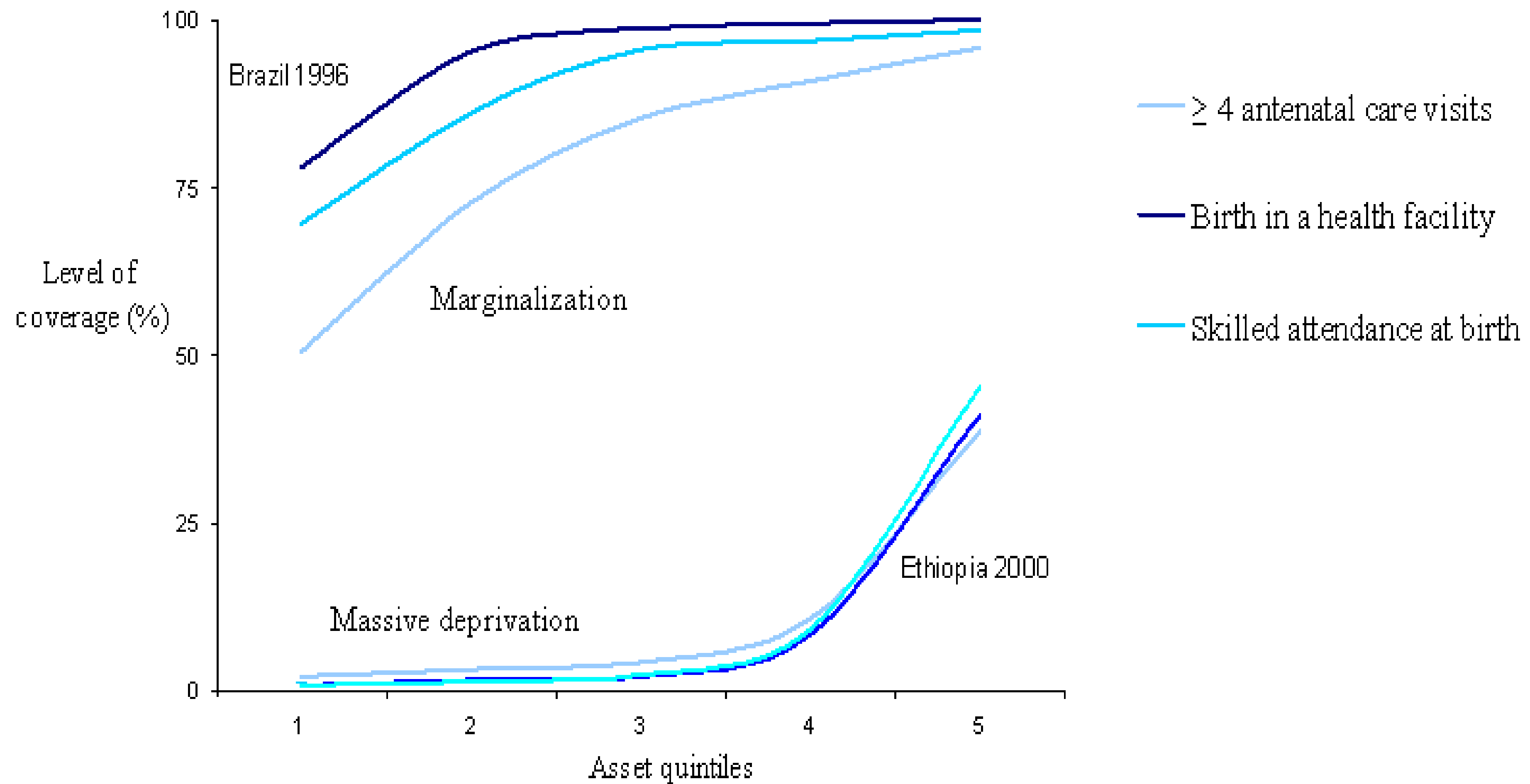


At the roots of inequity in health:
1. slower and much lower uptake of new health technologies

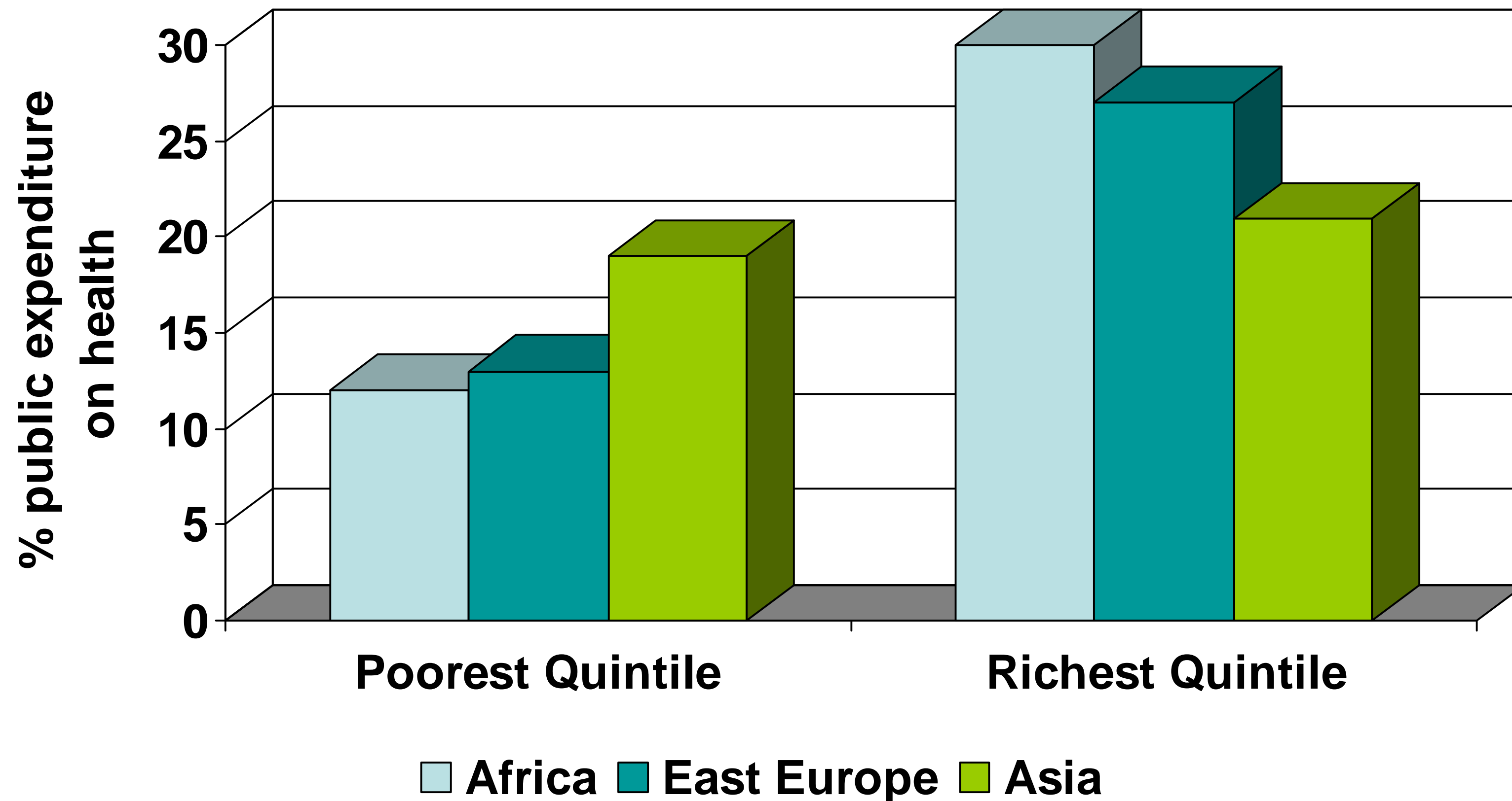


(Victora et al.,2003)

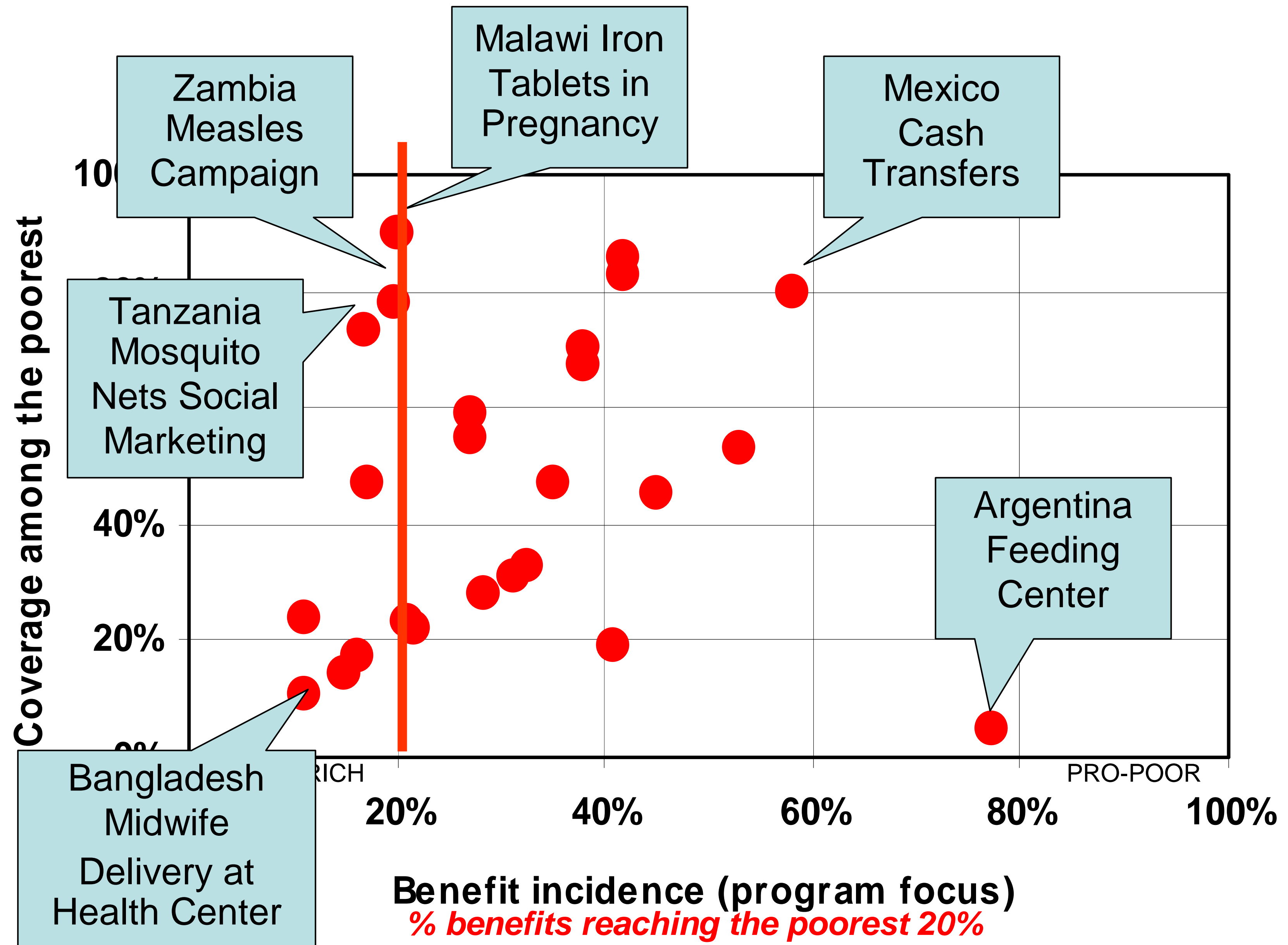
At the roots of ill health and health inequity: mothers excluded from care due to lack of demand, access, discrimination



At the roots of ill health and health inequity: most benefits of programmes go to the better off



Benefit incidence (% going to the most in need) often low



Other major issues beyond the health sector

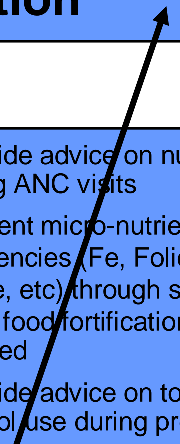
- Legislation (maternity leave, birth registration)
- Public spending ceilings: macroeconomic plans pose limits to health and education budgets
- Lack of coordination among sectors hamper sectorial efforts and specific projects

Cross sector action is needed

- to deploy more midwives in rural areas we need to mobilize the education, transport, civil servants, infrastructure sectors

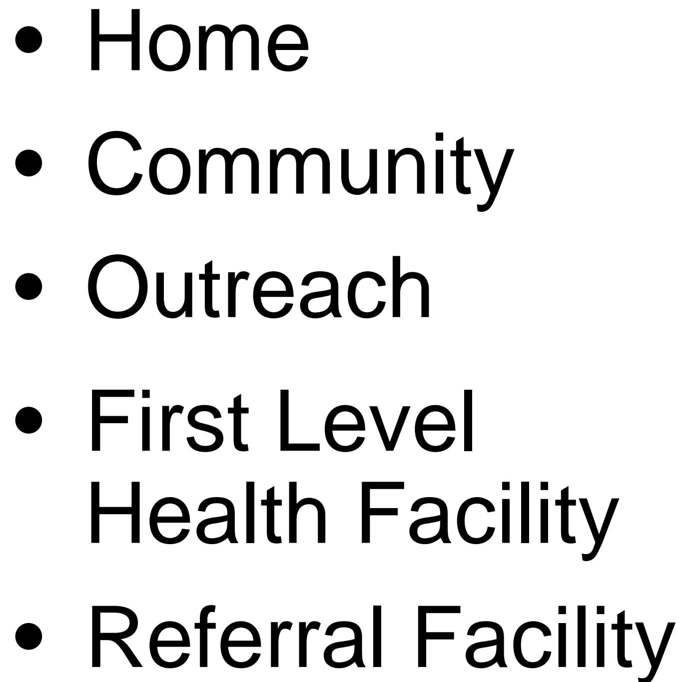
- to get women to antenatal and delivery care efforts are needed in the education, transport, welfare sectors

	Cross Sector Action	Health System Action	Health Service Action	
1. Mother and Neonates				
	•Improve and implement legislation to support working women during pregnancy •Set up food fortification programs of iron, folic acid, iodine •Revise and adjust legislation to allow termination of pregnancy in selected cases •Set up IEC1 programs on healthy motherhoo ... prevention of cong ... anomalies	•Provide adequate provision and equitable access to ANC services •Set up national guidelines for quality ANC •Ensure quality improvement and continuous education of ANC staff •Provide the relevant technologies for prenatal ...	•Provide advice on nutrition during ANC visits •Prevent micro-nutrient deficiencies (Fe, Folic acid, Iodine, etc) through supplements when food fortification is not ensured •Provide advice on tobacco and alcohol use during pregnancy •Ensure universal screening and ... of locally prevalent ... eases (HIV, ... V, HBV, etc) •Make genetic counselling available and affordable for the most prevalent genetic diseases	
		•Identify and implement an appropriate referral system for at risk pregnancies and deliveries •Ensure transportation for obstetric emergencies to maternities	•Prepare and book for birth at appropriate level of care according to risk •Apply principles and methods for essential care of pregnancy and childbirth	
	•Ensure immediate and proper birth registration for all new born babies	•Ensure that professionals involved in obstetric and neonatal care are properly trained in evidence based practices and humanised holistic birth care	•Ensure essential new-born care to all babies, including resuscitation, thermal control, early bonding and initiation of breastfeeding •Provide mother and baby friendly environment and practice maternities	

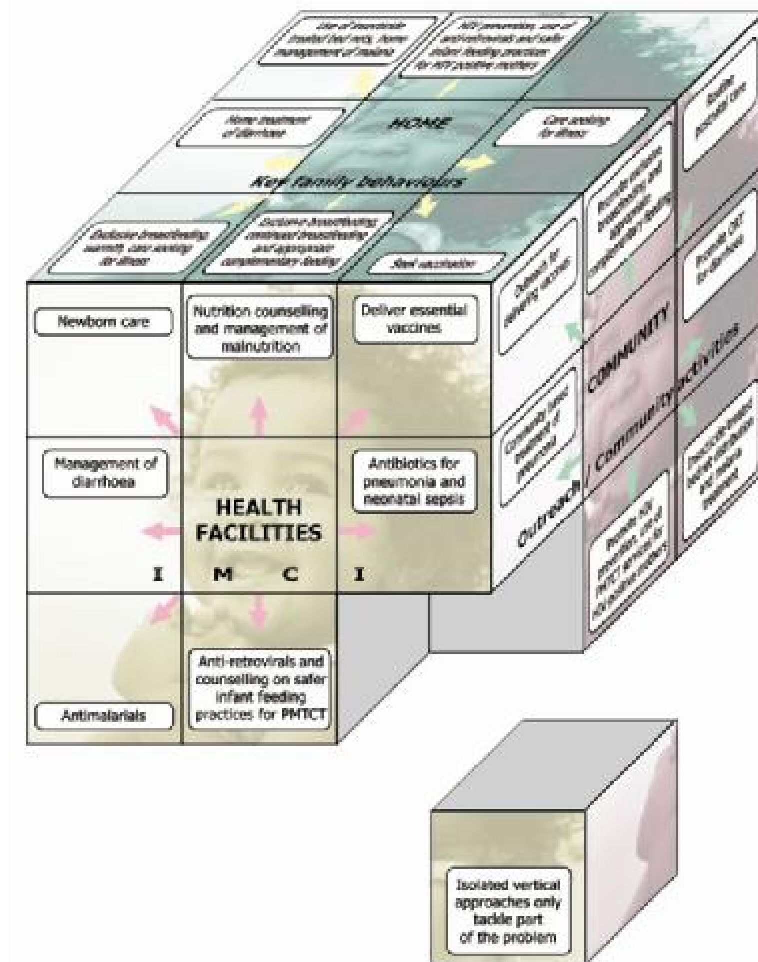


The 3 levels of intervention

Ensuring continuum of care



- Home
- Community
- Outreach
- First Level Health Facility
- Referral Facility



Weak health services cannot deliver Why?

- Very low public expenditure in health: average SAA 10 USD, average OECD >2000 USD, up to 50% out-of-pocket, the minimum package of essential services is between 25 and 35 USD

- Trend to privatization, in spite of the widespread belief that "public financing is an essential feature of most, if not all, public health successes around the world " (World Bank, Priorities in health, 2005)

- Emphasis on vertical programmes and Funds that may further weaken health systems by diverting resources and key staff

- Human resource crisis in health. 4.3 m workers missing in SAA (with substantial contribution from developed countries)

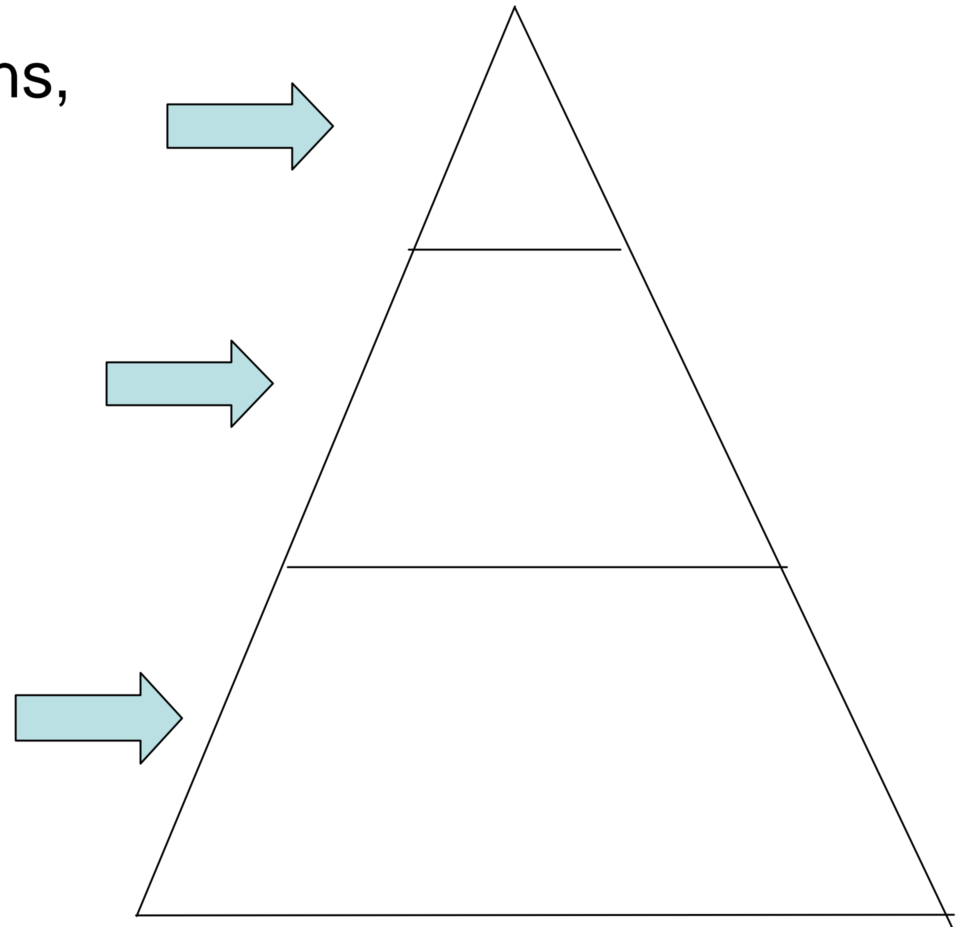
- Low managerial capacity

Integrated approaches to health care are necessary

- Diseases do not come alone, care must be complemented by prevention
- Continuity of care from community to hospital
- Towards Sector wide support to health system financing, human resources and information system
- Avoid vertical support unless in exceptional cirmcumstances (emergencies, new threatening diseases)

Health professionals and global donors do have a role throughout the causal pathways of child health and disease

- Support effective interventions, promote integration and continuum of care
- Work for stronger HS, with priority given to integrated effective & equitable health systems
- Advocate for equitable and early investments in human capital



“Public health experts, while continuing their efforts to identify more effective interventions and delivery strategies, should not forget to indicate that the main way to improve health in less developed countries are progressive, redistributive macroeconomic policies accompanied by efforts to ensure that the poorest have the capacity and the means to access all the basic needs and opportunities. Shortcuts may only result in short-lived alleviation of the most disturbing statistics such as those on infant and child mortality”.