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MDGs to SDGs : Implications for Maternal health in India

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Abstract

Goal 5 of the United Nations Millennium Development Goals (MDGs) focused a great deal on maternal health, which has now been carried forward to the Sustainable Development Goals (SDGs). While India made significant strides in reducing maternal mortality, the country did not succeed in achieving its health goals. This paper makes an assessment of the current state of Maternal health in India, and describes the various challenges it faces. It traces India's progress, or lack thereof, in its MDG performance in health, considers lessons that can be learned, and explores the road ahead to achieve sustainable development goals.

Keywords: MDGs, SDGs, Maternal Health, MMR

Introduction

The Millennium Development Goals (MDGs) have played a major role in focusing global attention and resources towards basic development issues. These target-based, time bound goals have no doubt been among the most successful initiatives undertaken on a global scale. In 2015, the United Nation issued a report detailing the success and failure of the Millennium Development Goals. Despite some remarkable improvement, a number of targets remain unfulfilled. MDG 5 aimed to improve maternal health by reducing the maternal mortality ratio (MMR) by 75% by lowering the adolescent birth rate and increasing skilled birth attendance, contraceptive usage and antenatal coverage. Between 1990 and 2015, the global MMR decreased by 44% from 385 to 216 maternal deaths per 1,00,000 live births. Despite this progress, the world still fell far short of the MDGs target of 75% reduction in the global MMR by 2015. These inequalities result from a number of factors including disparities in socio-economic status, unequal access to health care services, and geography. For example- regionally sub-Saharan Africa has by far the highest MMR at 546 maternal deaths per 1,00,000 live births while the average MMR in developed region is just 12 maternal deaths per 1,00,000 live births. Therefore, maternal

health remains a priority and the most salient under Goal 3:" Ensure healthy live and promote well being for all at all ages", in the Sustainable Development Goals (SDGs) agenda 2030. In February 2015, World Health Organization published "Strategies towards ending preventable maternal Mortality (EPMM). EPMM Strategies, a direction-setting report outlining global targets and strategies for reducing maternal mortality under the SDGs.

EPMM Targets

Global Target:

By 2030, reduce the global maternal mortality ratio (MMR) to fewer than 70 maternal deaths per 100,000 live births.

National Targets:

1. By 2030, countries should reduce their MMRs by at least two-thirds from their 2010 baseline; countries with the highest maternal mortality burdens will need to achieve even greater reduction

2. By 2030, no country should have an MMR greater than 140 maternal deaths per 100,000 live births, a number twice the global target.

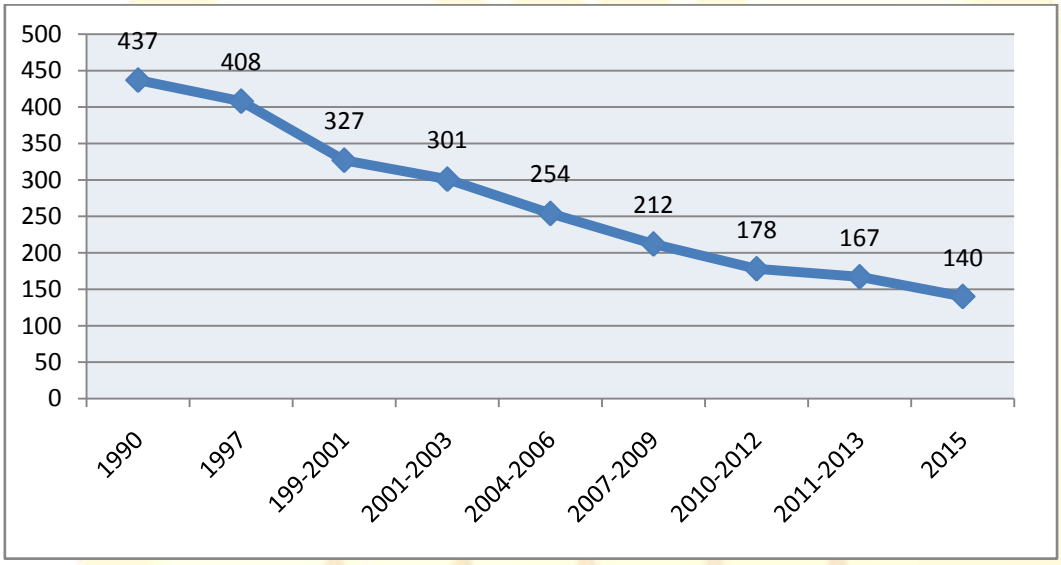
In MDGs Era: Where we stand

India's performance towards meeting the MDGs has been mixed. The country made most of its progress in the last decade—the most remarkable of which was the achievement of halving the poverty headcount ratio (PHCR) from 47.8 percent in 1990 to 21.9 percent in 2011. Other achievements included eliminating gender inequality in primary and secondary education, trend reversal in the fight against HIV, and improving access to telephone and Internet facilities. However, all other targets were either narrowly or drastically missed. Under health goals (Goals 4, 5 and 6), India missed all targets.

According to UNICEF report, Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth ; 20 per cent of these women are from India. Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India. The state of maternal health in the country can be assessed by looking at India's performance on Goal 5 of the MDGs – Improve Maternal Health. The target under this goal was to reduce Maternal Mortality Ratio (MMR) by three-quarters, between 1990 and 2015. MMR is an important societal health indicator, as it not only gives an insight into the maternal health situation of a country, but also the quality of the healthcare system. The Maternal Mortality Ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental

or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births MMR was expected to reach the level of 140 maternal deaths by 2015 against the target of 109 per 100,000 live births[3]. While the target has been missed by a huge margin, it is encouraging to note that there has been over a 50-percent decline in the last two decades. Figure 1 shows trends in MMR from 1990 to 2015. MMR state performances vary in their extremes—from 61 in Kerala to 300 in Assam[4] shown figure 2 Around 67 percent of the total maternal deaths in the country occur in only four states: Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan. In terms of age groups, SRS revealed that women between ages 20-29 years make up 68 percent of total maternal deaths.

Figure 1- Maternal Mortality Rate Trends in India

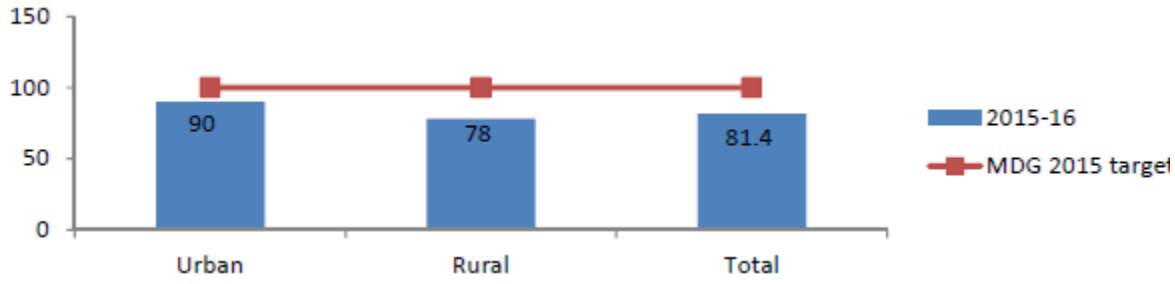


Source: Sample Registration System, Office of Registrar General of India

The second indicator of maternal health is the proportion of births attended by skilled health personnel, for which the desired target by 2015 was 100-percent[5]. The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; to conduct deliveries on their own; and to care for new-borns. Skilled health personnel include only those who are properly trained and who have appropriate equipment and drugs. While India did not manage the 100-percent target, the fact that the proportion of live births attended by skilled health personnel increased from 34.20 percent in 1993 to 87.1 percent in 2015, is a remarkable achievement[6]. States such as Kerala, Goa and Tamil Nadu have already achieved 99-percent coverage, whereas others like Nagaland, Jharkhand and Bihar, are lagging behind

with around 50-percent coverage. There is considerable rural urban gap in this indicator at all India level as well as in the State/ UTs, which is shown in Figure 2

Fig.2- Births attended by Skilled Health Personnel 2015-16 All India



Source: National Family Health Survey-4

In order to reduce maternal mortality , it is extremely important that all births be attended by skilled health personnel. institutional deliveries by trained medical staff can have a much larger positive impact on mortality rates. Deliveries at healthcare facilities have the added advantage of post-partum care, for both the mother and baby. However, it should be pointed out that many women, for several different reasons (high costs, long distances, lack of transportation or purely out of preference), do not access health facilities for their delivery. This is where skilled birth attendants play an important role.

Issues and Interventions

Before delving into the various challenges that the country faces in terms of maternal health, it is important to point out some of the issues that arises from the weak monitoring and evaluating system. there is lack of timely and quality data related to health. For instance, basic health indicators are not available beyond the state level and disaggregate data across caste, region and gender do not exist for most of the core indicators. Thus, in order to track real progress towards the ambitious goals, it is crucial to first address the issues arising from health data.

High maternal mortality can be attributed to medical, socio-economic and health system-related problems. According to a report by the MoHFW, post-partum haemorrhage, sepsis due to infection, unsafe abortions, anaemia and malaria are the top medical causes of maternal deaths in India. A worrying issue about public health facilities that has gained attention is the bad behaviour of staff towards patients. Many women, especially in rural

areas, prefer to give birth at home as opposed to government hospitals as they fear mistreatment (verbal abuse and violence) by hospital staff.

Non-medical factors that cause maternal mortality include social determinants such as early marriage and childbirth, status of HIV, disability and low literacy levels among women and socially disadvantaged groups like Scheduled Castes and Tribes. Many marginalised groups not only have limited access to healthcare facilities, but the very nature of their occupations (scavenging, cremating the dead, working with leather, and other similar ones) heightens their vulnerability.

Lack of access to contraceptives and safe abortion, lack of infrastructure, low public spending on healthcare, and limited availability of skilled medical personnel and drugs are some other factors contributing to maternal mortality. Poor infrastructure has been a major issue especially in the country's rural areas.

Improper menstrual hygiene and disposal methods renders women vulnerable to infections. Moreover, the perpetuation of old myths and taboos that reinforce the idea of 'impurity' being linked to menstrual flow make it challenging to spread awareness.

Low public spending in the healthcare sector is the core challenge for India. Though the country is one of the fastest growing economies in the world, it has always had a comparatively small health budget, which shrank to 1.2 percent of GDP in 2015.The shortage of trained medical staff, healthcare facilities, midwifes, and other personnel, can be overcome if the central and state governments increase investments to meet the huge gaps.

In order to address some of these challenges, the government has introduced several different schemes and initiatives. Under the NRHM, for example, 8.9 lakh female community health workers called 'Accredited Social Health Activists' (ASHA), have been appointed in villages across the 52 country. These workers spread awareness and assist in enhancing health services in rural areas. ASHA personnel are trained to reach out to the most marginalised groups and focus on maternal and child health. While the performance of ASHA has been reasonably good, studies suggest that regular capacity building workshops are required to improve the workers' 53 knowledge and practice of maternal

health. Other significant efforts made to improve the maternal health and to handle safely the risks associated with pregnancy are-

- **Janani Suraksha Yojana**- For bringing pregnant women to health facilities for ensuring safe delivery and emergency obstetric care, Janani Suraksha Yojana (JSY), a demand promotion scheme was launched in April 2005
- **Janani Shishu Suraksha Karyakram (JSSK)** - launched in 2011, aims at reducing out-of-pocket (OOP) expenses by providing free delivery and Caesarean services for pregnant women at public health institutions.
- **Mother and Child Tracking System (MCTS)** - introduced in 2009 to digitally track pregnant women and children to ensure timely delivery of services. Some studies have pointed to poor Internet connectivity, slow speed and lack of trained staff as major limitations to its effective implementation
- **Pradhan Mantri Surakshit Matritva Abhiyan** - it have been disseminated to the States with the objective of a special Anti-natal Check-up (ANC) to all pregnant women by a private doctor on 9th of every month. The objective is to detect any risk factor in the pregnant women with its timely management and birth planning for a safe delivery. Approximately 12,200 and more facilities are providing PMSMA services in the country. About 4200 volunteers have registered themselves for offering the services and more than 70 lakh ANC checkups have been done till July 2017.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY):** The Government has approved pan-India implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY) with effect from 01.01.2017. The scheme will help in improving health seeking behaviour and nutrition among the Pregnant Women and Lactating Mothers (PW&LM).
- **Menstrual Hygiene Scheme (MHS)** - aims at increasing menstrual hygiene awareness, and ensures the disposal of sanitary napkins in a safe and environment-friendly manner, among adolescent girls in rural areas. The scheme offers a pack of six napkins under the brand 'Freedays' for INR 6 in villages. It is worth noting that this scheme is the first ever to directly address menstrual hygiene.
- **Maternal Death Review (MDR)** – a strategy to provide better information about the quality of obstetric care in order to reduce morbidity and maternal mortality by taking appropriate measures.

- **Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia**: After the first trimester of pregnancy, every pregnant woman during ANC is also given iron and folic acid (IFA) tablets for six months, after the first trimester of pregnancy and six months post-partum. Pregnant women, who are found to be clinically anaemic, are given double the dose of IFA.
- **National Iron + initiative** – launched to tackle high levels of malnutrition contributing to maternal and child mortality in the country. Under this scheme, iron supplements are provided to adolescents, children 57 between 6-60 months, and pregnant and lactating mothers. It aims to minimise risk of pre-term delivery and low birth weight, which are leading causes of neonatal deaths in India.
- **Indira Gandhi Matritva Sahyog Yojana (IGMSY):** The Indira Gandhi Matritva Sahyog Yojana (IGMSY) is a maternity benefit scheme launched in 2010. The scheme is implemented by the Ministry of Women and Child Development and offers cash benefits to pregnant and lactating women who are 19 years or above in age. The benefits of the scheme are limited to the first 2 live births only. The scheme offers partial wage compensation to the target women so as to help them financially in times of childbirth and childcare. The scheme will help in offering safe delivery conditions as well as good feeding and nutrition practices.

The aforementioned initiatives are merely a few of the several hundred operational schemes that directly or indirectly address maternal health issues in the country. Given the size, diversity and terrain of the country, the efforts being made are indeed remarkable. In addition to the above mentioned major initiatives by Central ministries, the State Governments also implement similar programmes to improve maternal health, and to reduce maternal mortality. The programmes are to focus on all concerned fronts including awareness generation, better accessible heath care facilities, financial benefits etc which in turn ensure safe motherhood.

Lessons From MDGs and the way forward:

Although India failed to meet its MDG goals, the effort has certainly led to a change in the understanding of the development discourse. MDGs have helped to raise public awareness of issues such as ending poverty, improving maternal and child health, access to education, and others. Increased efforts have been made by countries to measure these results which, in turn, have enhanced their data systems. For instance, only two percent of developing

countries in 2003 had data points for 16 indicators. Improvements in national statistical systems increased the figure to 79 percent by 2014. However, MDGs had no direct mandate to address inequities within countries and have focused on aggregate targets. In India, there has been a deficit in quality and timely data, and a strong need for disaggregate data across class, gender and caste to measure the real progress achieved. SDGs have recognised the urgency of this issue and have taken up reducing inequalities as one of the goals. The MDGs have neither been able to sufficiently capture the economic benefits of good health nor the direct financial consequences of ill health. High out-of-pocket expenditure (OOP) on healthcare drives 60 percent of Indian citizens into the poverty cycle. Others choose to avoid seeking healthcare altogether due to financial hardship. Next, early detection of, and pandemic preparedness for, diseases such as Ebola and Severe Acute Respiratory Syndrome (SARS) were not featured in the MDGs. The world has already witnessed the damage these outbreaks can potentially cause. They also pose a serious threat to global health security. It is essential to build strong systems within countries, and with all countries, to manage future pandemics. Finally, the World Health Organization (WHO) has pointed to lack of coordination among different stakeholders and sectors that impact health. Water, sanitation, education and nutrition, all have direct or indirect consequences on health and it is important for all sectors to work together to achieve progress.

The Road Ahead

The SDG Goal 3—'Ensure healthy lives and promote well-being for all at all ages'—can be divided into three distinct categories. First, the achievement of unfinished MDG objectives is a priority. These include: reduction in maternal mortality; ending newborn and child deaths due to preventable causes; and combating diseases like HIV/AIDS, TB, and malaria. Second, the addition of new health targets that were not previously addressed in the MDGs: these include reducing mortality due to non-communicable diseases (NCDs); strengthening prevention and treatment of substance abuse; promoting mental health; reducing deaths due to road accidents; and bringing down levels of harmful chemicals in water and air, and soil pollution. Third, it addresses the means of executing targets – for instance, promoting access to, and encouraging research and development of, vaccines and drugs, and assisting the International Health Regulation in developing early warning systems.

The most important feature of SDG 3 is universal health coverage (UHC). The objective of UHC is to provide “access to good quality health services without financial hardship for

people in need". India's high OOP exacerbates its health inequities and makes it challenging for citizens to access healthcare services. UHC, therefore, assumes great importance, as it provides high-quality services and reduces financial hardships brought on by the prohibitive costs of medical treatment.

India needs to bolster efforts to achieve the ambitious health goals set under the SDGs, which it can by confronting some immediate challenges:

- **Increasing investment**- India spends a measly proportion (1.4 percent) of its GDP on health and although there has been an increase from the previous year, the health budget remains among the lowest, globally. The low budget allocation has direct impact on the provision of drugs, infrastructure and health workforce, which then contribute to high levels of morbidity and mortality. An important step, therefore, in making public health services effective and accessible to citizens is by revising public health expenditure and exploring public-private partnerships in healthcare delivery.
- **Prioritising quality of healthcare facilities**- An important issue that is often overlooked is the quality of healthcare facilities in the country, which should ideally be among the top public health priorities. A precondition for the success of any programme meant to improve healthcare facilities is, foremost, to have enough trained medical staff to deliver the services. Since India has a massive shortage of medical staff, it becomes increasingly difficult for citizens to access healthcare facilities.

Second, with increasing reports of obstetric violence in public hospitals, it is important that the National Health Mission's (NHM) hospital care evaluations take quality of staff behaviour into account. Disrespect, violence, mistreatment and neglect during childbirth are violations of fundamental human rights of women and thus, it is the responsibility of the state to ensure that women using these facilities feel safe and secure.

Lastly, the Health Management Information System (HMIS)— set up to oversee the NHM and which collects data from 1.8 lakh health facilities—has been riddled with problems relating to poor quality and inaccurate records. The management information system needs to be reformed and gaps in quality and efficiency of hospitals identified. Taking quality of hospital care into account will improve policy decisions and distribution of resources.

- **Building a robust monitoring and evaluation system-** A robust monitoring and evaluation (M&E) system is essential for tracking progress towards SDG goals. The current statistical system does not provide quality and timely data. Further, lack of disaggregate data across religion, caste, and other important variables, may impede the ability of policymakers to frame policies that are sensitive to the socio-economic nuances of the country's health challenges. Issues relating to data such as regularity, availability and quality thus need to be addressed.

For India to achieve the SDG targets by 2030, health needs to be a top priority in the GoI's development agenda. Although it has made tremendous progress in reducing maternal and child mortality, India continues to be among the top five countries in the world in maternal and child deaths. This is despite the fact that maternal and child mortality rates have been halved from 1990 to 2015. While the country has launched several schemes and initiatives to improve healthcare, it continues to face a magnitude of complex challenges that are hindering its desired progress.

Trends discussed in the paper suggest major disparities between rural and urban areas. These include access to healthcare facilities, awareness and knowledge of vaccinations, access to safe drinking water and sanitation, and infrastructure. While there are more deaths among female children compared to male, the gender divide is more apparent in rural regions than urban areas. It is important to remember the plight of poor women across the country, who are more vulnerable to infections and diseases due to poor sanitation facilities. Parental knowledge of hygiene and sanitation practices is passed down to children. It is important, therefore, to spread awareness of personal hygiene issues in rural areas. This will help inculcate in future generations of girls and boys, better health and hygiene practices that will further contribute to the overall decline in morbidity and mortality rates across the board. However, none of these measures can be possible without high levels of political commitment, increased investment in public expenditure, a robust monitoring and surveillance system, and an active and accountable engagement with the private sector.

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