Maternal health and the sustainable development goals – a new focus for the world and for our region.

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By the year 2015, we had all become very familiar with the Millennium Development Goals (MDGs) and many countries were used to reporting their health indicators using MDGs. For those of us working in maternal and child health, in many ways, there was a simple direction to our reporting – we predominately focussed on MDG 4 (child health), MDG 5 (maternal health) and MDG 6 (HIV/AIDS, malaria and other diseases including tuberculosis). Across the Pacific Island region, there was reported to be good progress from 1990 to 2015 in reducing maternal mortality, with only fair progress in reducing child mortality and ensuring access to reproductive health and poor progress in the halt and reversal of the spread of tuberculosis. Clearly, we all still have work to do in our region especially to improve maternal health.

By 2016, a long process of development and negotiation by all countries resulted in the commencement of the Sustainable Development Goals (SDGs). These were adopted by world leaders in September 2015 and are uniquely different to the MDGs as they call for action by all countries, low, middle and high-income, to “promote prosperity while protecting the planet”. The major foci of these global goals are “end all forms of poverty, fight inequalities and eradicate poverty”. This includes having a zero tolerance on gender-based violence which we know is highly prevalent in our region. The SDGs recognise that gender equality is not only a fundamental human right, but it will also contribute to better sustainable economies especially when girls have access to education, health care and decent work. We will not be able to reduce maternal mortality or child deaths without gender equality where girls are educated and can make their own decisions about their reproductive health.

There are 17 SDGs in total with only one – SDG 3 having a direct focus on health. SDG 3 is Good Health and Wellbeing. Some of the maternal and child health indicators under SDG 3 are unsurprising and include:

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

In many ways the SDGs are just continuing the important work started in the MDG era. However, there are some important differences. All countries have signed up to the SDGs, not just low to middle income countries, which means there is much more of a shared global responsibility to meet these new goals. Secondly while there is only one ‘health’ goal, so many of the other 16 goals directly impact on health. The SDGs enable us to take a much broader view on what will impact on the health of our counties. Meeting the SDGs will mean more partnerships, across and between sectors, will need to be formed and we will need a greater understanding of the social determinates of health.

A critical goal for all countries is Goal 5 which is to ‘Achieve gender equality and empower all women and girls’. We will not be able to achieve improvements in maternal and child health without gender equality and equity. This includes having a zero tolerance on gender-based violence which we know is highly prevalent in our region. The SDGs recognise that gender equality is not only a fundamental human right, but it will also contribute to better sustainable economies especially when girls have access to education, health care and decent work. We will not be able to reduce maternal mortality or child deaths without gender equality where girls are educated and can make their own decisions about their reproductive health.

Strongly linked to this goal is SDG 4, which is to ‘Ensure inclusive and quality education for all and promote lifelong learning’. Access to education for girls has consistently been shown to be a significant driver in reducing maternal mortality, stillbirths and neonatal deaths and child deaths. Increased education leads to greater empowerment of women, increased uptake of modern contraceptives, better birth spacing and fewer children overall who in turn can have
access to better education and employment opportunities. This education goal can also be applied to health care providers. We need access to lifelong learning to ensure that we can provide care that is of quality – up-to-date, evidence-based and able to meet the needs of our communities.

Goal 6: ‘Ensure access to water and sanitation for all’ is a critical goal to achieve maternal and child health. It is essential that all health services where women labour and give birth have access to clean running water and clean functioning toilets – not only for the comfort of the woman but also to ensure the health staff can wash their hands and reduce the risk of cross infection. We know that many health facilities across the Pacific region lack access to clean running water and functional toilets and this will limit our ability to meet the SDGs. More broadly of course, clean water is also essential to prevent water-borne diseases which we know children as so vulnerable to.

Two more goals are intertwined with being able to achieve good health and wellbeing, especially for mothers and children. Goal 1: ‘End poverty in all its forms everywhere’ and Goal 2: ‘End hunger, achieve food security and improved nutrition and promote sustainable agriculture’. Women and their babies cannot survive or thrive if they are hungry, if they cannot grow enough food in their rural villages and communities and have move to shanty towns on the edges of major towns or cities to find food, or if being poor means they are malnourished, have poor housing and cannot afford to end their children to school. Poverty and hunger impact on maternal health – for this baby and then into the future and malnutrition in-utero has long lasting effects into adulthood.

All the goals are linked to health – achieving all the goals is needed to achieve health, especially for mothers and children. I will highlight just one more goal as it is highly relevant in the Pacific region. That goal is Goal 13: ‘Take urgent action to combat climate change and its impacts’. Climate change is affecting our region – possibly more than many regions of the world. The small island nations are seeing the direct impacts of changing weather patterns, more storms and cyclones, rising sea level and ultimately, rising temperatures. We have seen the first-hand effects of these changes and how they impact on health services – cyclones that have destroyed homes, health centres and roads, a rising sea level that is washing away the roads around the islands making access to health care more difficult and increased stress for women and families who are still trying to feed and care for their children in these challenging times. Stress in pregnancy is likely to impact on the health of the unborn baby and again, these effects are probably long-lasting.

I could go on – every one of the other 16 SDGs will impact on Goal 3 – Good Health and Wellbeing. It is now essential that all countries recognise the broader determinates of health are multi-faceted and require investments, partnerships and advocacy. While we as health care workers may not feel that we are able to impact on gender equality, education, water and sanitation, climate change or know how to address hunger or poverty – we can advocate our governments, donor agencies and partners to focus on these broad issues. If all the other 16 Global Goals were met, our capacity to impact on Goal 3 would increase significantly making a better world for all peoples, especially women and children.

REFERENCES

