Post 2015, 10 Manifestos and Maternal Health

The atmosphere was pensive and highly emotional at the Professor Mahmoud F. Fathalla, a professor of obstetrics and gynaecology and chair of the WHO Advisory Committee on Health Research was reciting the proposed 10 manifestos for maternal health post-2015.

Some couldn't control it, as tears dropped and the entire hall gave him a standing ovation at the end of the citation. It wasn't an ovation for the respected professor only but an ovation that depicts people's resolve to support the implementation of the manifestos.

It was the closing ceremony of the 2nd Maternal Global Health Conference which took place from January 15 to 17, 2013, with over 800 experts in maternal health that came together in Arusha, Tanzania, to present the latest evidence on improving the quality of care for women during pregnancy and childbirth.

As succinctly captured, 'the past 25 years of the safe motherhood movement have seen extraordinary successes--notably a 33% reduction in maternal mortality from 409,053 in 1990 to 273,465 in 2011'. The achievements have motivated and mobilised a welcome new generation of political and financial commitments to maternal health. The conference had observed that ‘with the era of the Millennium Development Goals (MDGs) drawing to a close in 2015, a moment of uncertainty hangs over the fate of over 200 million women who become pregnant each year. As the world moves towards Sustainable Development Goals (SDGs), will the gains of the past for women be protected, and can the unfinished business for the future be addressed?’ As a contribution to the process of redefining human development for women after 2015, the conference in Arusha on improving the quality of maternal health care, whose participants supported the writing of a manifesto for maternal health based on the best available evidence presented at the conference, [shores up] the lessons of safe motherhood from the past 25 years, and the more recent experience of the MDGs.'

The proposed 10 manifestos

1. "The global health community must build on past successes and accelerate progress towards eliminating all preventable maternal mortality within a time-bound period. To this end, a new and challenging goal for maternal mortality reduction is needed within the [M]DG framework for the post-2015 era, one that is led and owned by countries not donors.

2. This maternal mortality goal must be broadened to embrace the progressive realisation of political, economic, and social rights for women. One critical lesson from the history of women's health is that maternal health will not be improved to its full potential by focusing on maternal health alone.

3. The successful framework of the continuum of care must be redefined to make women more central to our notions of reproductive, maternal, newborn, and child health. The continuum needs to be more inclusive of so far neglected elements--eg, quality of care,
integration with HIV and malaria programmes, non-communicable diseases, and the social
determinants of health, such as poverty, gender disparities, sexual violence, water and
sanitation, nutrition, and transportation.

4. The global health community must devise a responsive financing mechanism to support
countries in implementing their plans to reduce maternal mortality and improve maternal
health outcomes.

5. A much greater emphasis must be put on reaching the unseen, on reaching women who are
socially excluded thanks to culture, geography, education, disabilities and other driving
forces of invisibility. If we are serious about redressing gender and access inequities, we have
to ask fundamental and difficult questions about the nature of our societies and the value, or
sometimes lack of value, we ascribe to individuals, especially women, in those societies.
Respectful maternal health care for all women is an ethical imperative, not an option.

6. The maternal health community must invite, include, and incorporate the voices of women
themselves into writing the future of maternal health. Too often, women's voices are silenced,
ignored, or reported only second hand. Women must be given the platform and power to
shape their own futures in the way they wish.

7. For the mother, her newborn child is a precious and indissoluble part of her life and her
future. Maternal health outcomes cannot be fully addressed without attacking the appalling
global toll of preventable stillbirths and newborn deaths.

8. A critical gap that threatens the future health of women and mothers is the catastrophic
failure to have reliable information on maternal deaths and health outcomes. This gap in
measurement, information, and accountability must be a priority now and post-2015.

9. A tremendous opportunity lies in technology. Mobile and electronic health technologies
must ensure that women are effectively and safely connected to the health system, from
education to emergencies, referral for routine antenatal care to skilled birth attendance.
Empowerment is often an empty word in global health. But putting the right technologies in
the hands of women offers a compelling opportunity to make empowerment of those women
a reality.

10. Finally, we must fulfil all of these actions sustainably, which means universal access to
high-quality health services, free at the point of demand, within a strong health system,
supportive of the fully trained front-line worker-- from family planning, to safe abortion, to
emergency obstetric care, with respect for both providers and women."