The Safe Motherhood Initiative and beyond

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In 2007, the Safe Motherhood Initiative is celebrating its 20th anniversary. Many countries have been able to improve the health and well-being of mothers and newborns over the last 20 years. However, countries with the highest burdens of mortality and illness have made the least progress, and inequalities between countries are increasing. In many places, inequalities within countries are increasing too, between those who live in better conditions and have access to care, and those who for a variety of reasons are excluded.

Globally, the numbers remain staggering: each year there are at least 3.2 million stillborn babies, 4 million neonatal deaths and more than half a million maternal deaths. The majority of these deaths are avoidable. HIV/AIDS and malaria in pregnancy are having an impact on maternal mortality and newborns over the last 20 years. The real challenges are how to deliver services and scale up interventions, particularly to those who are vulnerable, hard to reach, marginalized and excluded. Effective health interventions exist for mothers and babies such as those described in this issue of the Bulletin, and several proven means of distribution can be used to put these in place. However, none will work if political will is absent where it matters most: at national and district levels.

A key constraint limiting progress is the gap between what is needed and what exists in terms of skills and geographical availability of human resources at local, national and international levels. Other challenges are how to address deteriorating infrastructures; how to maintain stocks of drugs, supplies and equipment in the face of increased demand; lack of transport; ineffective referral to and management of post-partum complications – particularly emergency obstetric care services – and weak management systems. We need to challenge our policy-makers and programme managers to refocus programme content and to shift focus from development of new technologies towards development of viable organizational strategies that ensure a continuum of care and account for every birth and death.

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