

SRI LANKA AND NIGER

A Tale of Two Countries: Comparing Progress on Maternal Health Rates in Sri Lanka and Niger

SRI LANKA

Sri Lanka's achievement scaling up health services for mothers and infants – and its corresponding success slashing maternal and neonatal mortality rates – has made it a model for other developing nations.

In spite of ongoing civil conflict and the devastating effects of the 2004 Indian Ocean tsunami, this lower-middle income country has managed to halve its maternal mortality rate every six to 11 years by adopting sound strategies, allocating sufficient resources, and making the political commitment to improve the health of mothers and children.

While the country still faces challenges – namely soaring food prices and high levels of under-nutrition – the overall picture of maternal and neonatal health is promising. Between 1960 and 2005, the maternal mortality ratio fell from 340 to 43 per 100,000 live births. Since 1990 the under-five mortality rate dropped from 32 per 1,000 live births to 21 per 1,000 live births in 2007. The latest available data suggest that the neonatal mortality rate has also fallen, to around 8 per 1,000 live births in 2004.

These positive results are thanks in part to a considerable scale-up in essential health services for mothers and infants. More than 98 percent of births in Sri Lanka now take place in hospitals with a skilled nurse, midwife or doctor in attendance. Rates of antenatal care are also high, at 99 per cent. Midwives have also played an expanding role in government family planning services.

Medical interventions alone, however, cannot claim credit for Sri Lanka's success story. Measures to empower women through education, employment and social engagement have also had a positive impact on the health of mothers and children. For example, the country has seen rapid gains in primary school enrollment. More than 98 per cent of both boys and girls are currently going to primary school, and literacy rates among young people are 97 per cent for males and 98 per cent for females. Efforts to empower and educate women – together with providing essential health services – are vital to save the lives of mothers and their infants.

NIGER

While Sri Lanka illustrates the importance of educating and empowering women in battling maternal mortality, Niger is addressing the many challenges to maternal health and fighting the odds to create a supportive environment for mothers and newborns. In this landlocked Sahelian country, maternal mortality is intricately linked with traditions and the unfavorable status of women, and there is a wide gap between men and women in terms of education, literacy and, correspondingly, health.

Niger's literacy gap between adult men and women is one of the highest reported one in the world. The opportunity for education abruptly comes to an end for many girls who marry early – sometimes as young as nine years old. Early marriage usually leads to early motherhood. Niger has world's highest incidence of early marriage: 75 per cent of women aged 20-24 were married before they were 18 years old.

Against this background, high fertility rates, limited access to reproductive health care, inadequate nutrition and lack of birth spacing render Niger one of the riskiest places in the world to have a baby. Niger's lifetime risk for women of dying as a result of pregnancy or childbirth complications – one in seven – is the highest in the world. While nearly half of all women do receive some kind of antenatal care, only a third of them have a skilled attendant present when they deliver.

The challenges facing Niger are daunting, yet there are signs of progress. Last October, Niger's Government launched a communications campaign to educate the public about the importance of sending girls to school. This one-year campaign – a joint effort including support from UNICEF as well as local and international partners – will reach out to rural and urban centers throughout the country.

Partners in Niger are also joining forces to support the Government in improving access to effective antenatal care during pregnancy and to skilled birth attendance and emergency obstetric care. UNICEF, in partnership with the World Health Organisation (WHO) and the United Nations Population Fund, (UNFPA) assists the Government of Niger in developing guidelines, protocols and training materials on effective antenatal care. In 2008, UNICEF supplied more than 400,000 antenatal kits distributed to over 400 health structures throughout the country. To date over 250 doctors, midwives and nurses have been trained in Emergency Obstetric and Neonatal Care. Moreover, UNICEF has supplied 400 midwifery delivery kits to maternity and labour wards throughout the country. UNICEF also supplied 150 emergency obstetric kits to 23 hospitals.

In addition, as part of its approach to promote comprehensive community-based maternal and neonatal care, since 2006, UNICEF has also trained over 600 traditional birth attendants across the country who provide assistance before and during pregnancy and educate women about pregnancy danger signs, the

importance of birth spacing, and essential care for newborns. Finally, in 2008 the Nigerian Government made a great step forward with the introduction of free health care for pregnant women and children under five years of age.

Niger's achievement reducing under-five mortality levels offers hope that it can achieve similar success in cutting maternal mortality rates. Between 1990 and 2007, Niger's under-five mortality rate dropped by 42 per cent, one of the largest reductions throughout Africa.