

Achieving the Maternal Health Millennium Development Goals in Ethiopia: Where are we and what needs to be done?

Mesganaw Fantahun Afework

Among the Health and Education Millennium Development Goals, achieving the goal for maternal health (MDG5) poses the greatest challenge in Sub-Saharan Africa, to which Ethiopia contributes considerably (1). It has been reported that Ethiopia is one of the six countries that contribute about 50% of the maternal deaths; the others being India, Nigeria, Pakistan, Afghanistan and the Democratic Republic of Congo (2).

The 2015 target of maternal mortality ratio for Ethiopia is 218/100000 live births, while the 2000 and 2005 Ethiopian Demographic Health Surveys (EDHS) reported maternal mortality ratios of 871/100000 and 673/100000, respectively with overlapping intervals (3, 4). Apparently, the maternal mortality ratio indicator can measure only large changes with precision because of the inherent characteristics of the indicator that include low absolute number of deaths, the need for huge sample size and availability of data for extended period of time.

This *special issue* of the Ethiopian Journal of Health Development deals with very important areas such as trends in maternal mortality, the infrastructure and resources available for maternal health, and maternal health care utilization.

As indicated in the paper "Responding to the maternal health care challenge: The Ethiopian Health Extension Program" (5), a lot of efforts have been made to tackle the problem of the unacceptably high maternal mortality in Ethiopia. Ethiopia has designed a number of policies and strategies to improve maternal and reproductive health. The Health Extension Program (HEP) initiated in 2003 aims to provide equitable access to preventive, promotive and selected curative services at the community level through salaried health extension workers (HEWs). As described in the paper, the HEWs can contribute a lot to improve maternal health by providing family planning services, clean delivery, promotion of birth preparedness and complications readiness, active management of the third stage of labor, among

others. Nonetheless, they lack most of the necessary skills expected of a birth attendant to tackle the major causes of maternal mortality.

Articles in this special issue and elsewhere (1, 6) point out that there have been improvements in maternal health services utilization such as antenatal care coverage and Tetanus Toxoid immunization. However, delivery by skilled attendants and postnatal care coverage remain very low. The irony is that the country is making little progress in the indicator (skilled attendance at birth) that is considered to be the most important predictor of maternal mortality.

Interpreting trend data on maternal mortality ratio is not easy because of the reasons mentioned above. Comparing the results of EDHS 2000 and 2005 EDHS, there appears to be a decline in maternal mortality. However, because of the overlaps in the 95% confidence intervals, it is very difficult to be certain about the decline and its magnitude. A recent publication in the Lancet (2) on global maternal mortality trends provides more optimistic figures for Ethiopia both in terms of decline in maternal mortality ratio [MMR = 590 (358 – 932)] and improvement of rank among sub-Saharan African countries (28 out of 46 countries in the list, in 2008). The upcoming 2010-2011 EDHS results are expected to provide better maternal mortality ratio trend data.

Similarly, hospital based maternal mortality ratio trend data are even more difficult to generalize because of limited and undefined catchment population the individual study hospitals serve, selection biases related to access hospital services and data reporting and recording errors.

In conclusion, much more needs to be done by way of improving access and quality of maternal health services, particularly for skilled attendance and emergency obstetric care in order to achieve the maternal health development goal (MDG5) in Ethiopia. In addition, a broad set of factors such as increasing awareness and demand for health

services, socio-economic issues including household decision making and community level actions should be considered. It is also important that we work towards decreasing maternal mortality ratio beyond the MDG5 target, as it will still remain much too high, even if achieved. ***“No Woman Should Die While Giving Life”!***

References

1. WHO: World Health Statistics, 2009 [Cited 2010 May]. Available from: URL: <http://www.who.int/whosis/whostat/2009/en/index.html>
2. Hogan CH, Foreman KJ, Naghavi M, Ahn SY, Wang M, Lopez AD, Lozano R, Murray CJL. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet*. DOI:10.1016/S0140-6736(10)60518-1. April 12, 2010.
3. Central Statistical Authority, ORC Macro. Ethiopia Demographic and Health Survey: 2000. Addis Ababa, Ethiopia: 2001.
4. Central Statistical Authority, ORC Macro. Ethiopian Demographic and Health Survey: 2005. Addis Ababa, Ethiopia: 2005.
5. Koblinsky M, Tain F, Gayim A, Karim A, Camel M, Tesfaye S. Responding to the maternal health care challenge--The Ethiopian Health Extension Program. *Ethiop J Health Dev* 2010;24 Special Issue 1:105-109.
6. Karim AM, Betemariam W, Yalew S, Alemu H, Carnell M, Mekonnen Y. Programmatic correlates of maternal healthcare seeking behaviors in Ethiopia. *Ethiop J Health Dev* 2010;24 Special Issue 1:92-99.