

# Sweden's approach to improving maternal health

within a broad Sexual and Reproductive Health and Rights (SRHR) agenda

The Swedish Minister for International Development Cooperation, Ms. Gunilla Carlsson, reaffirms Sweden's commitment to SRHR and maternal health:

*"Sweden will continue to be in the forefront of defending, protecting and promoting sexual and reproductive health and rights (SRHR) and in the work of reducing maternal mortality. Access to safe abortion services and skilled attendance at birth are crucial elements in this endeavor".*



## Poor progress for Millennium Development Goal 5

Despite numerous statements of political commitments, MDG5 – to improve maternal health – has shown exceptionally slow progress in low-income countries the past decades. Poor maternal health is an underestimated development problem claiming approximately 350.0000 lives each year according to recent studies and with far-reaching consequences on poverty reduction and economic growth. However, these deaths are unnecessary and preventable. Targeted and cost effective interventions will contribute to dramatically altering this picture in most developing countries. The difference between high and low income countries lies in access to sexual and reproductive health services, including contraceptives, skilled attendance at birth, safe abortion, pre- and post-natal care and emergency obstetric care. Women in low income countries still lack these essential services and access to related information and education.

## SRHR and Sweden's approach to MDG5

Maternal health is also a matter of human rights and gender equality and not only a public health issue. Maternal deaths in low income countries are largely due to an inadequate attention to women's health issues and to repressive structures that prevent women and young people from being able to influence their own situation and development based on personal choices and preferences. These choices include being able to determine the number of children one would like to have and the spacing of births. The currently high maternal mortality rate is also due to lack of access to adequate SRHR services such as comprehensive family planning, safe and legal abortion, skilled attendance and care in pregnancy and at birth for mothers and newborns. Sweden is committed to building robust health systems and to improving maternal and neonatal health based on a broad SRHR approach that promotes gender equality, sexuality education, access to contraception, safe abortion and to maternal and neonatal care.

## SWEDEN'S FOUR STRATEGIC AREAS TO ACCELERATE THE ACHIEVEMENT OF MDG5

1. Strategic communication to change attitudes and legislation in relation to the fulfillment of sexual and reproductive health and rights, such as access to maternal health care and to adequate information and education opportunities.
2. Increased resources to improved maternal health care services, including contraceptives, skilled attendance at delivery, emergency obstetric care and safe abortion.
3. Support to education and capacity building efforts among maternal health care personnel, especially midwives.
4. Improved access for women and girls to sexuality information and education, health care services, decision-making power, economic resources, women-centered care and communication.



REGERINGSKANSLIET

Ministry for Foreign Affairs  
Sweden



## THE SWEDISH SUPPORT TO SRHR

Sweden's support to SRHR is channeled through almost 100 partners: governments, civil society organizations and the United Nations. Presented below are a few examples of the many programs that Sida supports in the area of SRHR and that contribute to changing women's lives on the ground:

### Changing health practices among young people

With the support from Sida International Planned Parenthood Federation's (IPPF), delivered in 2009, almost 20 million maternal and child-related services to young people. IPPF's El Alto youth project in Bolivia is changing sexual and reproductive health practices by providing services such as health consultations, condom distribution, clinical services and counseling to young people living on the street, targeting groups with high rates of unwanted pregnancy, unsafe abortion and STIs, including HIV.

**Sida contribution: USD 44 million over four years**

### Midwives improving maternal health and national health systems in Africa

Sweden's support to UNFPA's Maternal Health Thematic Fund (MHTF) helps to strengthen national health systems, improve access to maternal health services for women living in poverty and to empower individuals to exercise their rights to quality maternal health care. The MHTF has up to now posted midwives in 12 African countries to assist health ministries in their planning and implementation. Many positive outcomes have been achieved through the MHTF. For instance in Ethiopia, 800 healthcare facilities have been assessed in relation to availability of maternal and child health services. In northern Sudan, the first national midwifery strategy has been developed. Midwives associations have also been set up or strengthened in Sudan, Ghana, Uganda and Ethiopia through the MHTF.

**Sida contribution: USD 11 million during 2009–2012**

### Reaching women through the workplace

Sida's support to the Business for Social Responsibility Health Enables Return (HER) project reaches female workers at factories in low- and middle-income countries with SRHR information and services. So far HER has reached 50,000 women in China, Egypt, India, Mexico, Pakistan and Vietnam. Basic health and SRHR information has proven to have a positive effect on workers and factories in terms of lower health-related absenteeism and less staff turnover. In Mexico, the project has led to a 60 percent increase in the number of prenatal medical visits during participants' most recent pregnancy.

**Sida contribution: USD almost 1 million over two years.**



### Working toward global consensus

Sweden as a board member of The Partnership for Maternal, Newborn & Child Health has worked towards reaching consensus on five critical actions that are essential to accelerate achievement of MDG 4 and MDG 5: (1) Political leadership and community engagement, (2) Effective health systems in key areas such as comprehensive family planning, (3) Removing barriers to access, (4) Skilled and motivated health workers, and (5) Accountability.



**Sida contribution: USD 800,000 during 2009–2011.**

### Reducing unsafe abortion in India

Sweden also supports organizations that advocate for and provide safe abortion. Ipas is an international non-profit organization working to strengthen women's ability to exercise their sexual and reproductive rights and to reduce abortion-related death and injury. One example of interventions is in India where Ipas' team implemented a pilot program during 2007–2009 to expand women's access to safe abortion in more than 250 villages in the Ranchi and Khunti districts of Jharkhand state and trained 746 community health workers.



**Sida contribution: USD 4 million during 2009. Planning for USD 10 million over three years**

### Gender and human rights mainstreamed into the national health sector plan in Uganda

Uganda has developed a draft of its third "National Health Sector Strategic Plan". Through the assistance of Sida the Plan will be assessed using an analytic Tool: "Human rights and Gender Equality in health Sector Strategies". This will eventually contribute to coherence between commitments and their applications in the implementation of the Plan, including addressing SRHR and maternal and newborn health in a holistic and realistic way.