

## **Combating Maternal Mortality from the Budget Frontline: civil society brings public budget accountability to the table at Women Deliver**

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*Background: why is maternal mortality still an issue?*

In 1987 the international community gathered in Nairobi to denounce the high rates of maternal mortality around the world and launched the Safe Motherhood Initiative<sup>1</sup>. This effort to halt maternal and infant deaths was strengthened by the International Conference on Population and Development in Cairo (1994) and the Fourth Conference on Women in Beijing (1995), whose contribution was recognizing that maternal health is closely related to women's sexual and reproductive rights and gender inequity.

Further, the Millennium Declaration (2000)—by far the most explicit international effort against maternal mortality—made maternal mortality reduction one of the core development goals to attain by 2015. The Millennium Development Goals (MDGs) acknowledged the indivisible link between maternal health and social and economic development. MDG 5 became one of the most important parameters by which to hold governments accountable in terms of their efforts towards ending poverty in general and halting maternal deaths in particular.

Despite the compromises acquired through Nairobi, Cairo, Beijing and the MDGs—and regardless of the fact that today we know exactly how to prevent and stop maternal mortality—women in developing countries continue to die from maternal related causes. Today "more than 536,000 women die during pregnancy and childbirth every year. That is one every minute, or 10 million per generation."<sup>2</sup> This toll has remained almost unchanged since 1987.

This last piece of information points to the real tragedy of maternal mortality: it is a poor women's issue.<sup>3</sup> Maternal mortality is thus not only a question of underdevelopment but of social inequity and injustice—both between and within countries. It is also a question of lack of political will, and of little advancement in

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<sup>1</sup> For an overview of the Safe Motherhood Initiative see: Family Care International, "Safe Motherhood, a Review", Family Care International (2005).

<sup>2</sup> [http://www.womendeliver.org/media/Unfortunate\\_Facts\\_Life.htm](http://www.womendeliver.org/media/Unfortunate_Facts_Life.htm)

<sup>3</sup> Recent research indicates that the regions with the highest risk of maternal deaths are sub-Saharan Africa and South East Asia. Those with lowest risk are European Countries, Cuba, China and Singapore. See: Population Action International, "A Measure of Survival: calculating women's sexual and reproductive risk" 2007.

terms of women's health and human rights. What these data blatantly conveys is that we have either not done enough, or that we have been doing it wrong. It is redundant to say, then, that we are far from reaching MDG5, and thus the rest of the Millennium commitments.

*Women Deliver; a global response to the costs of inaction*

The Women Deliver Conference held in London this past October should not be understood as a celebration of the 20<sup>th</sup> anniversary of the Safe Motherhood Initiative, but as a protest against the lack of results during the last 20 years towards advancing women's right to a Safe Motherhood regardless of age, race, religion and socio-economic status. As Mary Robinson, former President of Ireland and President of Realizing Rights, stressed in the inaugural session to this conference, 'what we need today is collective anger'. Anger, it is: for the time elapsed, for the inequities maternal mortality represents, and for the lack of political will to put an end to it.

The motto of this conference—hosted by the leading sexual and reproductive health organizations and development agencies,<sup>4</sup> and attended by health experts from the public, private and non-profit sectors, including health ministers from around the world, and women's rights advocates—was *Invest in Women: it pays*. The reasoning behind this call for investment in women, is the notion that 'the health of women reflects the health of nations'; in terms of maternal health, it is commonly understood that a country where women die for maternal causes, is a country whose health system—and development level—leaves much to be desired.

The issue then, is money, and the political will required to put it where it is needed. However, the 'money' concern in this conference appeared to be as ambiguous as it has been in previous global efforts towards advancing maternal health. Why? because it was not made clear since the beginning, whose money we were discussing. Who is responsible for investing in women? For *delivering for women because women have delivered for the world?*

Is it the international community through donor agencies and global funds? Is it the developed countries like the UK, Norway—the only governments who actually committed financial resources as a result of the conference<sup>5</sup>—investing in Africa, Asia and Latin America? Or is it the national government's money—regardless of where it comes from? If one of Women Deliver's objectives was accountability for the 'costs of the lack of action' as Geeta Rao Gupta from the International Center for Research of Women rightly pointed out, who should we hold accountable in order to truly, and once and for all, advance maternal health?

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<sup>4</sup> Family Care International, International Planned Parenthood Federation (IPPF), Norad, Save the Children, SIDA, UNICEF, UNFPA, The World Health Organization, The Partnership for Maternal and New Born health, The World Bank, DFID and the Dutch Ministry of Foreign Affairs.

<sup>5</sup> Through a televised message during the inauguration of the conference, Prime Minister Gordon Brown announced that the United Kingdom will grant 1 million pounds for UNFPA's reproductive health program, particularly for contraception, health care and sexual education targeting Africa and Asia. The Norwegian government committed to donating 1% of their GDP for International Development Efforts this year and 1.8% next year and sustain that according to results. That is, 1 billion dollars over a 10 year period.

*Public Budget Talk: civil society holds governments accountable for maternal health*

Despite the fact that the international community does have an important load of responsibility in terms of the pitiable maternal health of poor countries, it is essential not to underestimate the obligations and responsibilities that national governments also have in terms of maternal mortality reduction, and overall health.

It is governments who are bound by international treaties and commitments; it is governments who ultimately choose to invest (or not) in healthcare, infrastructure and who make (or not) maternal mortality and gender equity a public policy priority. This is true, regardless of where the money comes from; if resources are the product of international aid—as it is in most of the countries where maternal and infant mortality are the highest—public accountability of that aid is key. If resources are the product of society's contributions, then it is imperative. For this reason, public budget accountability should be the pivotal point of conferences such as Women Deliver.

With all of these predicaments in mind, and as an effort to land the public accountability debate at Women Deliver's table, the International Budget Project and its partners from India (Centre for Budget and Governance Accountability), Tanzania (Women's Dignity Project) and Mexico (Fundar, Center for Analysis and Research) proposed and participated in the panel *Monitoring Budget Allocations for Maternal Health: turning discourse into reality*. The core objective of the panel was to answer Women Deliver's queries—what needs to be done differently? Who can make it happen? How do we get it done? <sup>6</sup>—from a citizen's stand point, emphasizing the relevance of a budgetary perspective to maternal health. The main message was that maternal mortality is a budgetary issue—because commitments without resources are demagoguery—and that through budget analysis citizens can hold governments accountable and influence public policy.

Maggie Bangser and Festa Andrews from the Women's Dignity Project in Tanzania—an incipient budget group who focuses on “girls and women living in poverty with a particular commitment to addressing obstetric fistula [...] and mobilizing action for the right to health”—discussed the preliminary results of their budget analysis of the government's policy on ‘Free Delivery Services’ and the ‘Free Delivery Kit’ with two overarching questions in mind: ‘where *are* the supplies? And where is the *money* for the supplies? Their findings demonstrate that the budget shows no desegregation for maternal health supplies, for which it is very difficult to track such resources. What they were able to locate shows that there is a relatively small bit of resources for maternal health.<sup>7</sup> Their research to date underscores a transparency issue in Tanzania's budget for maternal health; priorities are not easily located within the existing budgetary information. The first fight then, is budget transparency, for which this group is beginning to advocate for more precise information regarding the delivery kit.

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<sup>6</sup> The Conference posed these major questions as the conferences guiding principles. See:

[www.womendeliver.org](http://www.womendeliver.org)

<sup>7</sup> Bangser, Maggie, Andrews Festa and Carlitz Ruth, “Making Budgets Work for Pregnant Women”, Power Point presentation presented at Women Deliver, October, 2007.

Through the analysis of Uttar Pradesh and Chhattisgarh's local budgets, Indranil Mukhopadhyay from India's Centre for Budget and Governance Accountability, explored government spending on maternal health in the country. His presentation for Women Deliver focused on identifying the fund flow mechanism in the country and analyzing budgets at different levels of governance: Union Budget, State Budget and the District Program Implementation Plan. One of his preliminary findings at the state level is that despite the fact some resources are allocated, there is a mismatch between what is released and what is actually spent, particularly in the case of those states under the Reproductive and Child Health Program (RCH). This shows a problem at two levels: in the transfer of funds from the central government to states, and in the implementation phase of the budgetary process.

Finally, Sergio Meneses and Daniela Diaz from Fundar, Center for Analysis and Research, gave a budgetary answer to a very important question: is maternal mortality a public policy priority for the Mexican State? In contradiction to Dr. Julio Frenk's (Mexico's former Minister of Health) statements at Women Deliver's opening plenary where he affirmed that, yes, maternal mortality is a public policy priority in Mexico, Fundar's presentation poses an alternative perspective. Even though maternal mortality has decreased, and even though Emergency Obstetric Care was introduced to the maternal health package, there are at least two major setbacks from a budgetary perspective: 1) maternal mortality continues to be a problem for Mexico's indigenous women (where maternal mortality rates are concentrated) and the states where they live are not prioritized in the health budget and, 2) thanks to the 'Popular Insurance' scheme it is today impossible to locate the budget for maternal mortality within existing budgetary information.<sup>8</sup> This presentation made evident that it is imperative to pay attention to inequities within states and that, in Mexico, budget transparency continues to be an unsolved dilemma.

Some of the conclusions arrived at from this civil society panel—which was sadly the **only** panel discussing public budgets—and from the questions posed by the panel's audience can be summarized as follows:

- ≈ Calling for more 'investment in women' needs to put public budget analysis at the forefront of the discussion as it is governments who provide (or not) health services regardless of where the money comes from;
- ≈ Governments are key actors in the quest for maternal mortality reduction and they need be held accountable for the way in which they are prioritizing maternal health within their public policy frameworks;
- ≈ Citizens can effectively use budget analysis as an advocacy tool for maternal mortality reduction;
- ≈ The international community must press governments not only to invest more in maternal health, but must also hold them accountable for the way in

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<sup>8</sup> For more information on these findings see: Fundar, International Budget Project, "Investing for Life: making the link between public spending and maternal mortality" (Fundar, IBP, 2005) [http://www.fundar.org.mx/secciones/publicaciones/pub\\_analisisyseguiamiento.htm#5](http://www.fundar.org.mx/secciones/publicaciones/pub_analisisyseguiamiento.htm#5) and Diaz, Daniela, "Muerte Materna y Seguro Popular", Fundar Centro de Análisis e Investigación, (México, 2007) at [www.fundar.org.mx/publicaciones](http://www.fundar.org.mx/publicaciones)

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which they prioritize public policy. It is not only an investment issue, but an accountability one as well;

- ≈ It is important to consider disparities within countries because—as the case of Mexico conveys—maternal mortality is usually concentrated amongst the poorest of the poor. General statistics sometimes don't reflect such inequities;
- ≈ Government commitments should be accompanied by the proper amount of resources in order to be materialized.

In this sense, the contribution of this budget panel are concrete answers to the conference's questions: *What needs to be done differently* is that governments need to put resources into discourse: they need to make maternal mortality a budgetary priority, invest more and more efficiently, and open budgetary information in order to achieve transparency. Investing in women in general and in maternal health in particular, should be understood not only as more resources, but resources that are efficiently and effectively delivered so as to improve the quality of health care and other social services. Maternal mortality will be eliminated with enough resources, correctly applied and invested in social infrastructure. *Who can make it happen* is the government in terms of public policy design and budget transparency; the Legislatures in terms of advocating for more resources during budgetary discussions; civil society in continuing their efforts of monitoring budget allocations for maternal health and pushing both the government and the legislature to put the money where it's needed. *How do we get it done?* With political will accompanied by concrete well targeted budgetary policy as well as with sustained efforts in terms of budget transparency and accountability.

#### *Conclusions on Women Deliver: what it brings to the debate, what was left aside*

The commitments that emanated from the Minister's Forum at Women Deliver—which we should mention did not openly interact with civil society groups there represented—recognize that “resources, political will and accountability are essential to the implementation of strategies that can quickly and effectively reduce maternal mortality, including family and community based interventions.”<sup>9</sup> They state that they will “ensure that the achievement of MDGs 4 and 5 remain a high priority on the national, regional and international agendas; increased commitment of financial and human resources to address the causes of high maternal and neonatal mortality; strengthen gender-equitable national action plans, with costs fully estimated, to accelerate the availability of affordable, equitable services for maternal and newborn health; manage health resources effectively and to establish accountability through better monitoring and evaluation.”<sup>10</sup> Such commitments are, without question, very important and very welcome.

However, in what ways are they unlike those they have already acquired at other international forums? Despite the fact that they have recognized the need of further and better investment, there was not a concrete financial vow on the part of these governments who were mostly from those countries where maternal mortality is the highest. How much are they willing to invest in women? In what span of time? How will they reprioritize resources? What are the concrete steps they are willing to take in terms of transparency and accountability? All of these questions were unfortunately left

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<sup>9</sup> Statement from the Minister's Forum [www.womendeliver.org](http://www.womendeliver.org)

<sup>10</sup> *Ibid.*

unanswered. Those are the answers they should have delivered for women at Women Deliver.

This global conference is without a doubt another very important step in placing maternal mortality reduction and gender equity in the international agenda. The financial commitments made by the UK and Norway towards this aim are a good example of what such a venue can accomplish. It can also bring about debate amongst experts, activists, and an interaction with those women who suffer the consequences of unsafe motherhood, as was the case of the fistula patients who attended the conference.

For the budget groups it was an opportunity to highlight the relevance of budget analysis and place it in the global agenda. In Maggie Bangser's words, "budget work brings the maternal health debate into the laps of economists and finance people, including in senior levels of Government. It forces the discussion outside the walls in which the maternal mortality field typically sits itself and gives 'ordinary people' a new tool to fight for change."

Sergio Meneses, our colleague from Fundar, recognizes that "one of Women Deliver's deeds was making a strong case for a systemic approach to maternal mortality that guarantees the stability, permanence and progressiveness of health policies [...] It also underlines the indivisible link between maternal health and human development." Nevertheless, as Indranil Mukhopadyay from the Centre for Budget and Governance Accountability pointed out, the conference "underlines the fact that women's health is a neglected issue which does not receive enough investment. But, at the same time, it remains within the paradigm of donor driven finance. When it pledges for greater investment it pledges to donors and the private sector much more explicitly than to the public sector. The rights framework gets lost within this discourse."

In echo of the voices heard at Women Deliver, let us finish by underlining, that reducing maternal mortality is an accomplishable goal. Because we have spent 20 years doing research on how to prevent it, and because we now know how to effectively, and cheaply do it, it is no longer rocket science; it is a matter of social sensitivity, political will, and resources. Governments need to re-prioritize their budgets to guarantee women—particularly poor women—access to skilled care and/or emergency obstetric care. It is a matter of investing in social service delivery, which includes roads, transportation, clean water, education, clinics and efficient referral systems. If civil society groups begin to use budget analysis, they will be able to advocate for this re-prioritization of resources, no matter where the money comes from. If the international community is so gravely concerned with reducing maternal mortality, then it needs to do much better than the US\$530 million a year they spent towards this aim in 2004. We need US\$5.500 in additional resources canalized towards this aim in order to reduce maternal deaths 75% by 2015.<sup>11</sup> This also requires political will.

Women Deliver will reconvene in two years to assess the results of the conference and the commitments that have emanated from it. Optimistically, governments will comply with their newly acquired obligations; but what we hope for by then as activists engaged in public budget accountability, is not only that they will have invested more and more efficiently but also, that public budgets will acquire a greater space of debate in the next conference's agenda.

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<sup>11</sup> *Op cit.* Yinger (2007) p.1

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