

Conference Paper

Millennium Development Goal 5: Afghanistan in Focus

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Abstract

An estimated maternal mortality ratio (MMR) of 1,600-2,200 was reported in 4 Afghan provinces in 2002. Badkshan province recorded highest MMR of 6500. Millennium Development Goal 5 (MDG 5) aimed to improve maternal health between 1990-2015 by (a) reducing MMR by three quarters from the baseline and (b) achieving universal access to reproductive health. In Afghanistan, MDGs were adopted in 2005 with a deadline of 2020. All six indicators used to monitor and evaluate MDG 5 showed positive change. Three of them were on target: MMR, number of births attended by skilled birth attendants (SBA), and antenatal coverage. MMR target of 400 by 2015 was reached by 2010. SBA attended birth increased by 41%. Antenatal coverage rose by 48%. The other 3 indicators are slower to change. Afghanistan adopted several strategies to reach MDG5: (i) training to increase the number of midwives, community nurses and doctors, (ii) availability of comprehensive care at all levels of healthcare facilities and (iii) better data collection methods. This first-of-its-kind review involving Afghanistan explores maternal mortality in the context of MDG 5, the past and present conditions of maternal health, factors that impacts MMR and concludes with suggesting future directions.

Keywords: MDGs, maternal mortality; Afghanistan; midwifery; skilled birth attendants; antenatal care; and protracted war

1. INTRODUCTION

Maternal mortality is one of the health indicators which show extreme disparity throughout the world [19]. In 2010, developing countries suffered 99% of the 287,000 maternal deaths. Millennium Development Goal 5 (MDG) aims to improve maternal health by (a) reducing maternal mortality ratio (MMR) by three quarters from the baseline and (b) achieving universal access to reproductive health by 2015 ("unstats | Millennium Indicators" 2008). MMR is defined as "the ratio of the number of maternal deaths during a given time period per 100,000 live births during the same time-period", while "maternal death refers to a female death from any cause related to

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or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy" ("unstats | Millennium Indicators" n.d.). MDGs were adopted in 2000 at the Millennium Summit by United Nations General Assembly (UN) to address some of the deprivation suffered by human beings worldwide at the turn of the century [19]. Health has been recognised a cornerstone of development over two decades. Three among the eight MDGs are devoted to improving health outcomes [10]. The MDGs and targets reflect the intention of people to reduce suffering and ensure basic rights of all human beings to be met through concerted and collaborative effort by 2015 [15, 19]. MDG 5 targets maternal well-being as most maternal death are preventable and "dying while trying to give life" cannot be tolerated [19]. In this paper, MDG 5 will be explored in detail in the context of Islamic Republic of Afghanistan, a landlocked South Asian country (MDG divisions) with one of the highest MMR and poorest outcome for women in the world [26].

Afghanistan ranks very low in human development index (HDI): 175 among 187 countries evaluated in 2013 [17]. Protracted civil war and invasion from outside powers (e.g., Soviet invasion in 1979) led to collapse of healthcare and education systems, displaced population and disrupted development [5]. Along with interim health policy and strategies, the transitional Afghani government 'launched the basic package of health services (BPHS)' during 2002-2004 to address the poor health status of its residents [26]. Afghanistan did not participate in the UN Millennium summit in 2000. However, they signed the "Millennium Declaration" in 2004 and negotiated till 2020 to reach the MDGs. It also added an additional goal of 'enhancing security' which is very pertinent to reach the other goals (British Broadcasting Centre (BBC), 2005; "Afghanistan MDGs - Ministry of Foreign Affairs" n.d.). After the fall of Taliban in 2001, Afghanistan slowly started to rebuild to improve some of the world's poorest health indicators [24]: highest under-5 mortality rates and extremely high MMR of 1600 per 100,000 live-births [8].

In 2002, different international agencies and Afghan Ministry of Public Health (MoPH) surveyed 14,000 households from 4 districts of Afghanistan through "verbal autopsies" [12]. An estimated MMR of 1,600-2,200 were reported [8] which translates to an extremely high lifetime risk of one in seven maternal mortalities.

Severe paucity of maternal and child services led majority of women, even in Kabul, to have a home birth without skilled birth attendants (SBAs) [8]. In 2002, 9% women had SBA, 8% received prenatal care and caesarean sections were performed in 10% of the hospitals [21]. Also, Badakshan, an area in Northern Province reported the highest

recorded MMR of 6,500 [8]. In terms of maternal mortality, Afghanistan's extremely high numbers are comparable only to conflict ravaged areas of Africa like Sierra Leone and Angola (Islamic Republic of Afghanistan (IRA) & United Nations Development Programme (UNDP) 2005). With the help of foreign agencies Afghanistan government set out to remedy the situation.

2. MDG 5 in Afghanistan

Afghanistan adopted one MDG 5 which is "improving maternal health". Six indicators were selected for reporting and evaluation [22].

2.1. MMR reduction

Overall, Afghanistan set a target of 50% MMR reduction by 2015 from baseline and another 25% reduction by 2020. By this estimate, MMR goal was to reach 400 by 2020. According to the latest data from Afghanistan Mortality Survey (AMS), MMR already reached 372 in 2010. Thus the target is already attained and so far no new target has been negotiated. Analysing trends, AMS (2010) found that 41% women die during pregnancy, 40% die during delivery and the remaining 19% die in the post-partum period (Afghan Public Health Institute Ministry of Public Health (APHIMPH) 2011). Haemorrhage was found to be the leading cause of maternal death at 56%, followed by eclampsia, obstetric labour and sepsis (APHIMPH 2011).

2.2. Proportions of births attended by SBA

The baseline according to Ministry of Public Health (MOPH) in 2003 was 6%. This proportion steadily rose over the years and recorded 47% in 2015 attendance which exceeded 2015 target of 43% [22]. However, lot needs to be done to reach the target of 75% by 2020.

2.3. Contraceptive prevalence rate

From its baseline of 10.3% in 2003, the contraceptive use rose to 21% by 2011 [22, 23]. However, the revised target of 40% by 2015 appears to be unreachable. Contraceptive use depended on area of residence (urban vs rural), age (older vs younger), mother's education level (secondary, primary or none) and wealth levels (rich vs poor) [22].

2.4. Adolescent birth rate (15-19 years old giving birth)

From the baseline figure of 146 per 1000 in 2003 it decreased by 45% to 80 in 2010 [22] although the rate of decline was higher in urban areas. This rate is still high compared to other countries in the region. Pakistan recorded an adolescent birth rate of 30 per 1000 in 2010 while Tajikistan and Iran recorded 27 per 1000 adolescent birth rate in 2011. Uzbekistan recorded the lowest adolescent birth rate in the region at 13 per 1000 [22].

2.5. Fertility rate (measured as number of live births per woman)

Fertility rate has declined from its baseline figure of 6.2 in 2003 to 5.1 in 2012. Despite 18% decline 2020 target of 3.1 seems unachievable [22].

2.6. Antenatal coverage (minimum of 1 visit)

The coverage rose from 2003 baseline of 5% to 60% in 2010 [22]. However, in 2011 it declined to 48% before rising again to 53% in 2012 [22]. The reason for this decline is not well understood since the reliability of data varies as the country go through spells of insurgency and violence [22].

3. Measures undertaken by Afghanistan to reach MDG 5

Afghanistan collaborated with its international donor agencies (e.g. UNICEF, UNAID, WHO) to reach the MDG targets [22, 23]. New guidelines have been developed to overcome the paucity of information for maternal care. The shortage of trained and skilled staff prevented access. Women are trained to fill the gaps and significant increase in midwives, community nurses and doctors have ensued. Basic care packages and maternal and obstructive care health services have been made available at all levels of healthcare facilities (e.g. outposts, hospitals, health centres and specialized maternity clinics). Pilot projects and surveys have been undertaken to improve data quality, so that fund and resources could be directed appropriately [22, 23].

4. Is MDG 5 a success in Afghanistan?

Surveys conducted over the years provide strong support that maternal mortality is declining in Afghanistan [19]. MMR declined by 80% from baseline level of 1600 to 372 (260394 confidence interval). Even accounting for other factors MMR remains below 500 [2]. From MMR of 6500 in 2002, Badakshan showed a decrease of 89% and an MMR of 700 in 2010 [18]. Presence of SBA rose by 41%. Still, the final target of 75% by 2020 seems unachievable [23]. There is uncertainty surrounding the exact maternal mortality reduction. However, Afghanistan health services have made commendable progress in maternal health interventions which has increased the chance of maternal survival [5].

MDG 5 is closely related to MDG 2 and 3. Afghanistan has made some significant gains in female literacy (MDG 2) due to greater enrolment in schools. Women's participation in parliament is 27% which is higher than the global average of 21.8%. Both suggest improvement and a way for positive influence on MDG 5 [23]. In Afghanistan, MDG 5 was adopted at the same time when Afghanistan's health system and other civil systems were in tatters. Having the resource and the collaboration of an international community already in action mobilised the reconstruction in a positive way [12]. Presence of a framework and clear indicators helped monitor changes and work on the improvements.

MDG committee worked jointly to address the gaps and women who were dying in the way to birthing facilities in 2002 has a fighting chance of survival now [7]. MDG 5 is a success as life expectancy of Afghan women rose from 42 to 48 years; as fertility rate declined; as more women getting prenatal care and giving birth in presence of SBA rose and as women literacy is rising- which all point to a better health outcome for Afghan mothers [6, 12].

MDGs are ongoing in Afghanistan. Areas needing attention include [26]: strengthening information and surveillance systems; integrating family planning with maternal health care; acknowledging maternal health improvement as a basic human right; filling the gap in human resource (more midwives and trained personal); continuing political commitment and involving community and family in maternal health care. There were other barriers recognised in accessing maternal health care: delays explained by the perceived nature of the emergency, size of husband's social network etc. (Hirose et al. 2015); lack of access due to remoteness and conflict [11]; financial constraints of poor uneducated Afghani women [21]; poor infrastructure and the remoteness of regions [25]; quality and retention of the health workforce due to safety concern [20].

5. CONCLUSION

Afghanistan was declared to be one of the worst places in the world to be pregnant in 2000 (United Nations International Children's Emergency Fund (UNICEF) 2002). Afghani girls are still married off early and government continues to pass discriminatory laws against women [6, 23]. Also, MMR data might not be completely reliable, as the country lacks vital and civil registration systems. These shortcomings notwithstanding, Afghanistan has fared better compared to other conflict-torn countries like Sierra Leone and Angola to reduce its maternal mortality [14]. The deadline for MDG for Afghanistan is 2020 following which the country needs to work towards Sustainable Development Goals (SDGs). Sustainable development depends on the continuity and improvement of the midwifery program, which can improve maternal health, increase earning potential and community connection and can lead to a better future for Afghanistan [28]. Despite its impressive performance, meeting the remaining targets under MDG and subsequent successful transition to SDG remain uncertain as Afghanistan continues to suffer from economic and political instability.

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