



Improving maternal health outcomes across the Indo-Pacific

"...in many developing countries, a mother's death is much more than an emotional crisis, often leading to long-term social and economic breakdown, both for her immediate family and the wider community." [Economic and Social Impacts of Maternal Death](#).

"Apart from being the right thing to do, good gender policy is smart economic policy." [Minister for Foreign Affairs, Senator the Hon. Penny Wong](#).

Executive Summary

The Indo-Pacific region is facing numerous strategic challenges marked by increasing uncertainty, deteriorating stability, great power competition, the ongoing COVID-19 pandemic, and the effects of climate change. At this time of heightened geostrategic competition, Australia's international development policy is crucial to promoting stability and prosperity across the region.

Maternal mortality is widely recognised as a key indicator of a country's health and socioeconomic development, reflecting not only access to quality health care but broader characteristics of a society including gender equality and education. The Department of Foreign Affairs and Trade's (DFAT) International Development Policy Review offers a timely opportunity to refocus Australia's development policy priorities to reposition maternal health and mortality at the centre of a wider commitment to gender-responsive development in the Indo-Pacific

The Indo-Pacific has faced severe challenges as a result of COVID-19 significantly setting back recent development gains of the past decade, disproportionately affecting women and girls. In particular, the focus placed on tackling the pandemic has further pushed maternal health and mortality to the margins of government attention. In many developing countries, women form the backbone of communities across areas including health, education, and household management. This means that the death of a mother has interconnected, intergenerational and extensive consequences across the individual, household, and national levels.

The Albanese Government has acknowledged the effects of gender inequality on stability and prosperity domestically in the October 2022 Federal Budget. This review provides an opportunity to reinforce this commitment within the international context, further increasing credibility in the government's endorsement of the United Nation's Sustainable Development Goals (SDGs) and commitment to the 2030 implementation timeline. Doing so will further raise Australia's profile as the partner of choice for Pacific Island countries, demonstrate our position as a truly regional power, and as a champion for international cooperation, mutual respect, and equality.

Australia has historically provided significant international assistance with a focus on our region - the Pacific and Southeast Asia in particular - in areas including infrastructure development, training of security forces, humanitarian and disaster relief, and more recently, on the COVID-19 response. While these initiatives have great



benefits for communities, the reach of their impact is typically limited to those who are immediately affected by outcomes. The benefits of international assistance for traditional foreign policy challenges, such as peacekeeping and improving infrastructure, are easily perceptible with clearly demarcated means and ends.

Effectively allocating international aid for the purpose of development assistance is significantly more complex, with the determinants of development challenges, such as poor maternal health outcomes, being multifaceted, systemic, and often entrenched. International aid for maternal health must be allocated with a whole-of-system lens which is sensitive to the local circumstances and determinants which affect the attainment of improved maternal health outcomes and gender equality more broadly. Although the benefits of addressing development challenges that align with Australia's national interest are less immediate and quantifiable, the importance of international assistance for development is integral to shaping a region that is aligned with our interests of prosperity, security and stability.

Australia's international development programs would yield greater benefits through soft power initiatives targeting areas with more reach and greater immediate impact such as maternal health. Addressing poor maternal health outcomes will act as a key multiplier by reducing costs borne by households and communities, improving perinatal developmental outcomes, and raising the developmental potential of future generations, must be at the forefront of our regional strategy. The impacts of these initiatives extend far as they permeate communities at the everyday level and are not limited to a specific community or area. Therefore, it is within Australia's national interest to invest in evidence-based and cost-effective policies and interventions to address poor maternal health outcomes across the Indo-Pacific under Australia's new international development policy program.

National commitment to gender-responsive policy

The new Albanese Government has been vocal about its commitment to gender equality and women's economic security, enacting targeted measures in its October 2022 budget, including an expanded childcare subsidy and paid domestic and family violence leave. The government also reintroduced an 80 per cent performance target to ensure Australia's development investments effectively address gender equality. Underpinning this commitment to gender-responsive policies is the recognition of the connection between economic growth and gender equality, including women's health.

This correlation between women's health and economic stability extends to our Indo-Pacific neighbours, where maternal health and mortality are particularly severe. Improving maternal health outcomes across the Indo-Pacific will act as a key multiplier in transforming economies and promoting stability, security and prosperity in the Pacific, a key interest of Australia's development programs in the region. Hence, the government's domestic focus on gender equality should be replicated in its foreign policy if it is to promote a stable and prosperous Indo-Pacific.

Replicating this policy position abroad will increase the Australian government's credibility as a champion of gender equality, garnering support both domestically and internationally.

Maternal health as a key multiplier

The strong relationship between gender equality and economic development has been well documented. In many developing countries, women's central role in communities means that maternal health acts as a key economic multiplier with extensive flow on effects across the economy, education, health services, food sector and more. Research demonstrates that maternal health mortality is associated with [significant costs](#) to health systems and communities.



- In the Indo-Pacific, women's central roles in communities mean that poor health or death leads to financial instability, loss of education for children, increased mortality for their children and difficulty managing households.
- Households in Bangladesh which experience maternal health complications spend [approximately 40 per cent](#) of their household savings to cover out of pocket expenses.
- Maternal mortality has severe costs for economic development, prosperity, and stability. Poor maternal health risks poor birth outcomes for babies, including life-long cognitive and developmental delays which drive intergenerational disadvantage.

Sustainable Development Goals and Maternal Health

In 2015, Australia endorsed the 2030 Agenda for Sustainable Development and 17 [Sustainable Development Goals](#) (SDGs) which represent a call to action by countries around the world.

- Under SDG 3 'Good health and well-being', Australia is committed to target 3.1: *'By 2030, reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births'*.
- In 2017, the MMR in the Indo-Pacific averaged around 140 deaths for lower-middle- and lower-income countries. Papua New Guinea, Timor Leste and Myanmar reported well over the regional average of 140, each averaging closer to 250 maternal deaths per 100,000 live births.
- Including dedicated international policy to address poor maternal health outcomes across the Indo-Pacific goes to the heart of the commitments made under the 2030 Agenda for Sustainable Development. Providing international development assistance to alleviate global health challenges will raise Australia's profile as the partner of choice for Pacific Island countries, demonstrate our position as a truly regional power, and as a champion for international cooperation, mutual respect, and equality.

Using a 'whole-of-system lens'

Addressing poor maternal health outcomes cannot be solely achieved through access to trained birth attendants and health centres. Factors such as access to clean water and sanitation, health services, cultural beliefs, health-seeking behaviours, gender roles and education, influence the effectiveness of direct maternal health interventions.

An [ecological study of 82 countries](#), identified a strong correlation between the MMR and socioeconomic, health care and morbidity indicators. Additionally, a significant correlation was found between relatively lower MMRs, and higher rates of antenatal care coverage, skilled birth attendance, adult literacy, Gross National Income per capita, access to clean water and sanitation. This means that the unique circumstances which form barriers to improvements in maternal health outcomes must be considered if policies, programs, and interventions are to be effective.

What next

Across the Indo-Pacific region, approximately 148 women die from pregnancy-related causes per 100,000 live births. Most of these deaths are preventable, with about three quarters due to hypertensive disorders, infections, unsafe abortions, and postpartum haemorrhage. The health care solutions to manage or prevent such complications are delivered routinely in developed countries like Australia.

The high number of maternal deaths in our region [reflects inequalities](#) in access to quality health care services and highlights the gap between standards of living in Australia and low-income countries across the Indo-Pacific.



The women who do survive pregnancy often face an increased risk of preventable and life-long maternal morbidity.

According to [The Lancet](#), a substantial scale-up of essential maternal health interventions, delivered by midwives who are educated to global standards and working with an enabled health systems environment could avert 40 per cent of maternal and neonatal deaths and 26 per cent of stillbirths. Universal coverage of maternal health interventions could avert up to 65 per cent of maternal deaths.

Through consultation with maternal health and international development experts, as well as non-government organisations working on the ground in the Indo-Pacific, Australia should fund evidence-based, implementable and effective interventions, policies and programs to improve maternal health outcomes.

Recommendations

Development assistance must be allocated with a whole-of-systems lens

- Maternal health challenges must be addressed holistically for development assistance for maternal health is to be effective in the Indo-Pacific. This assistance must be targeted, all-encompassing, sustainable and must consider broader elements causing poor maternal outcomes. Elements such as:
 - poor communication and radio systems at health centres;
 - lack of an effective medivac system;
 - staff training; and
 - challenging existing harmful cultural norms and men's attitude to women.
- During the design and execution of maternal health programs, DFAT should consult broadly and include women in local governments, hospitals, women in remote communities, and organisations involved in maternal health. This approach will ensure the wider determinants of the system are considered when developing interventions for maternal health.
- To understand the best allocation of funding, DFAT should work with organisations who already have:
 - a respected presence on the ground;
 - have been constructively partnering with health facilities and an existing network of locals; and
 - who have an understanding of cultural sensitivities.

Improving maternal health outcomes in the Indo-Pacific must at the forefront of our regional development strategy

- DFAT should view maternal health as a key economic multiplier and an area where investment can yield significant benefits reaching all aspects of communities.
- DFAT's international development policy should promote the full economic and social participation of women and girls across the Indo-Pacific, as a pre-requisite for prosperity.

As a starting point, Australia should invest in evidence-based and cost-efficient policies and interventions to improve maternal health

- DFAT should draw on existing models which have successfully led to a decline in maternal deaths, and employ evidence-based and cost-effective strategies which have been proven to reduce maternal morbidity and mortality.



Annex A: Case Study - Lessons from the Hands of Rescue

The Hands of Rescue (THOR) Foundation is a not-for-profit organisation founded by Australian doctor Dr Barry Kirby AO and based in Milne Bay Province (MBP), Papua New Guinea. We focus on reducing maternal and neonatal mortality and achieve Safe Motherhood for women in MBP through a whole of system lens approach.

The following priorities guide our work and align with PNG's *Vision 2050 Plan*, the Australian Government's *Gender Equality and Women's Empowerment Strategy*, and the United Nation's *Sustainable Development Goals*:

- Reducing maternal and neonatal deaths
- Improving access to family planning (FP) and education
- End violence against women
- Promote gender equality

Initiatives carried out by THOR under these priorities include:

Addressing unacceptably high Maternal Deaths

Providing incentive gifts to mothers at the birth to increase supervised deliveries in health centres.

- Conducting Health staff training in obstetric and neonatal emergencies.
- Constructing Waiting houses for long distant mothers.
- Maintaining 24/7 communication to health centres through our HF radio alarm centre.
- Providing a free flying doctor service for medical emergencies.

Improving access to family planning and education.

- Providing family planning services to women by training health staff.
- Partnering with other organisations such as Marie Stopes and the local hospital.
- Providing washable menstrual packs for school girls and mothers.

Addressing gender-based violence and promote gender equality

THOR has observed a cultural attitude among many men that contribute to reducing the opportunities available to women as well as their health and wellbeing. To address these attitudes, we have produced an entertaining 5 episode TV and radio drama series called "IT TAKES A VILLAGE aimed at:

- Educating men to recognise the risks and dangers surrounding childbirth
- Promote male role models who advocate gender equality and say NO to violence.
- Change cultural norms and show men playing positive caring roles during their wives' antenatal period and delivery. Birthing is men's business too.

PNG has one of the highest MMRs in the world. While there has been some progress globally since the implementation of Millennium Development Goals (MDG) targets and Sustainable Development Goals (SDG), Papua New Guinea has experienced little success in reducing the number of maternal deaths.

Our activities in PNG highlight how on the ground organisations can develop effective maternal health interventions which are informed by local contextual knowledge. In addition to addressing access to health centres, we recognised that community attitudes served as a barrier to women's health-seeking behaviours.

We found that women were more likely to feel self-conscious due to a lack of essential items such as clothes and were hence less likely to make the long journey to the health centres. THOR began providing mothers with these items, along with key items which will assist in postnatal care of the mother and baby, through Supervised Delivery Incentive Gifts. These gifts were attributed to an 80 per cent increase in the number of mothers receiving medical assistance during labour and a 78 per cent decrease in the MBP's maternal death rate.

