

# A Review of Progress in Maternal Health in Eastern Europe and Central Asia







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# INTRODUCTION

This report is a summary of the progress that has been achieved in maternal health in 20 countries in Eastern European and Central Asia. The findings may be useful in a number of ways:

- to help each country, and the region as a whole, analyse the state of their maternal health;
- to promote dialogue in each country about national priorities for maternal health;
- to stimulate proposals in each country to further progress in maternal health.

The focus of this report is to provide country specific information rather than a regional overview. It is, however, worth pointing out that previous reviews have noted the general decline in maternal mortality across Eastern Europe and Central Asia and also the significant differences among countries in the region. The 2008 Countdown to 2015 Report included Azerbaijan, Turkmenistan and Tajikistan among 68 priority countries that bear the world's highest burdens of maternal and child mortality. Turkmenistan is deemed to have made good progress against MDG 4 (reduced child mortality) and MDG 5 (improve maternal health), while Azerbaijan and Tajikistan are assessed as having made good progress against MDG 5 but not MDG 4<sup>i</sup>.

While acknowledging the breadth of diversity, it is also important to note some of the shared trends across many countries. The vast majority of countries have made a commitment to reforming their health-care systems and are at varying stages of implementing reforms. The role of induced abortion has been significant in many countries, and in some countries the volume of procedures has had a significant impact on morbidity and mortality figures. Most countries have experienced an increase in the provision and uptake of modern methods of contraception, but for many the range of choice remains limited and the dependency on external funding sources for supplies is an ongoing issue. Many countries are experiencing low or negative growth in population with some having declared a state of demographic crisis; as a result some countries have adopted pronatalist strategies to encourage women to have children. The demographic profile of the majority of countries is further affected by high levels of migration, which also presents operational challenges for delivering health care. In addition, most countries have revised financing mechanisms, some of which have direct implications on access to services; and in many countries, informal out-of-pocket payments (made by patients) present operational challenges as do significant levels of corruption within the health service.

# FOREWORD

The importance of maternal health and universal access to reproductive health, was highlighted in the International Conference on Population and Development (ICPD) Programme of Action in 1994. At that Conference, 179 governments agreed that every person has the right to sexual and reproductive health and that empowering women is both a priority in its own right, as well as critical to advancing the social and economic development of nations. Improving maternal health is the fifth Millenium Development Goal, as adopted by member States in September of 2000. Reducing maternal mortality and achieving universal access to reproductive health care are critical components of meeting this goal.

Much progress has been made to advance sexual and reproductive health and reproductive rights since Cairo. Today, the countries of Eastern Europe and Central Asia have almost universal antenatal coverage, and nearly every birth is assisted by skilled health workers. Maternal mortality has been reduced in half. However, despite these successes there are too many women in the region who cannot afford maternal care, or access quality antenatal care. There are women who give birth at home and women who die giving birth at home.

The needs and rights to maternal and reproductive health of poor and disadvantaged women, including young girls, migrants, refugees, persons living with HIV and minority groups such as the Roma, have not yet been met. In some cases, their requirements have not even been addressed. It is quite clear that we have not yet reached those who most need us.

We hope that the data and information in this report will be used to promote universal access to reproductive health and education and reinforce the political commitment to sexual and reproductive health and rights. We hope that this publication will serve as a reference for future agenda-setting and programming for advancing maternal health throughout the region.



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