

IFMSA PROGRAM FOR MATERNAL HEALTH AND ACCESS TO SAFE ABORTION (MHASA)

PROGRAM DESCRIPTION

BACKGROUND AND PROBLEM STATEMENT

Background

The World Health Organization (WHO) estimates that approximately 830 women die every day from preventable causes related to pregnancy and childbirth, and in the full year of 2015 303,000 maternal deaths happened worldwide [1]. According to the UN Maternal Mortality Estimation Inter-Agency Group, the global maternal mortality ratio fell from 385 deaths per 100,000 live births in 1990 to 216 deaths per 100,000 live births in 2015 [2]. This was a relative decline of 44 %, which did not meet target 5A of the Millennium Development Goals that called for a reduction in the maternal mortality ratio of at least 75 % by 2015 [3]. Target 3.1 of the Sustainable Development Goals is to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030 [4]. This will require reducing global maternal mortality ratio by at least 7.5 % each year between 2016 and 2030.

Developing regions account for approximately 99 % of all global maternal deaths. The overall maternal mortality ratio in developing regions is 239 per 100,000 live birth compared to 12 per 100,000 live births in developed regions. Sub-Saharan Africa has the highest maternal mortality ratio with a point-estimate of 546 per 100,000 live births, which alone account for roughly 66 % of all maternal deaths worldwide [1, 2].

Maternal Health refers to the direct impact of pregnancies on women's health both during pregnancy, during childbirth and in the postpartum period. Therefore, maternal health comprises a lot of areas as for example access to safe abortion; obstetric violence and humanized birth; breastfeeding; family planning, contraception and sterilisation; infertility; maternal healthcare services; pregnancy complications; postpartum sequela; adolescents health; communicable diseases in pregnancy and maternal health in conflict areas.

The major complications that account for nearly 75 % of all maternal deaths are severe bleeding, infections, pre-eclampsia, complications from delivery and unsafe abortions [5]. In order to avoid unnecessary maternal deaths, it is therefore essential to ensure access to the necessary treatment by improving maternal healthcare services. Furthermore, it is essential to prevent unwanted and too early pregnancies by giving women and adolescents access to comprehensive sexuality education, family planning and contraceptives, safe-abortion services, and quality post-abortion care.

Young adolescents face a higher risk of complications and death as a result of pregnancy than other women. Although deaths due to complications of pregnancy and childbirth among adolescents have declined significantly since 2000, maternal mortality still ranks second among causes of death of 15-19-year-old girls globally, only exceeded by suicide [6]. Furthermore, girls who give birth between the ages of 15 and 19 are much more likely to die in childbirth than women aged 20 to 24 [7]. As 90 % of adolescent pregnancies in developing countries are to girls who are already married, early child marriages is a major contributor to maternal mortality [8]. Furthermore, the youth represents a significant proportion of the deaths due to unsafe abortion, and estimates suggest that 3.2 million girls in developing regions underwent unsafe abortion procedures in the year of 2008 (i.e. 16/1000 women aged 15-19) [9].

As previously mentioned, unsafe abortion is one of the leading contributor to maternal mortality and morbidity on a global level. 22 million unsafe abortions are estimated to take place each year, which results in the death of an estimated 47,000 women annually and more than 5 million complications such as haemorrhage, infection, and trauma to the genital and abdominal organs, resulting in severe chronic morbidities [10]. Nearly all of the unsafe procedures (98 %) occur in developing countries. Barriers to safe abortion services as very strict abortion laws and policies, gender discrimination, social and cultural beliefs, abortion related stigma, as well as lack of facilities, lack of trained personnel and cost of services put women at risk of unsafe abortions every day [11].

Although positive strides have been made to improve maternal health worldwide, great disparity still exists. Factors as poverty, distance, lack of information, inadequate services and cultural practices prevent women from receiving or seeking the care they need during pregnancy and childbirth [12]. Examinations of inequities in the provision of health services are important to tackle the issue and to properly address the problem.

Problem statement

Most maternal deaths are preventable, but inequality in the provision of adequate maternal healthcare among the regions result in hundreds of thousands of women's deaths each year. This can be due to lack of skills and knowledge among medical students, future health care providers and current healthcare professionals, poor infrastructure in maternal healthcare systems, lack of education and awareness among girls and women, or social and cultural practices. Furthermore, globally there is a lot of stigma on abortion related issues, and many medical professionals possess and express varied attitudes towards abortion, which in turn may affect a woman's ability to access care.

TARGET GROUPS

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- Medical students and future healthcare providers
- Universities and health faculties
- Healthcare professionals
- Youth groups
- Women's groups
- Non-Governmental Organisations (including, but not limited to): Ipas, Medical Students for Choice (MSFC), Partnership for Maternal, Newborn and Child Health (PMNCH).
- Civil Society Organisations
- Governments and opinion leaders

BENEFICIARIES

- Women in the fertile age
- Societies and general public
- Medical students and future healthcare providers

END-GOAL

The ultimate end-goal of this program is to reduce maternal mortality and morbidity, and to ensure equitable access to maternal health services worldwide despite the socioeconomic background of the woman.

OBJECTIVES

- **Objective 1:** To provide capacity building workshops to current and future healthcare professionals on maternal health related issues in order to increase knowledge about the roles students and healthcare professionals can play and decrease stigma and discrimination related to maternal health and abortion among these groups.
 - **Activities:** Local, national and international peer education training sessions for current and future healthcare professionals on e.g. sexual and reproductive rights, complications related to maternal health, barriers to maternal healthcare, access to safe abortion, or youth participation and leadership. This can for example be done by using the Ipas curriculum or by collaborating with other active organisations within this field.
 - **Indicator:** Number of training sessions held nationally, at regional meetings and at general assemblies, including number of participants and the degree of increased knowledge on maternal health and shifts in attitude towards safe abortion by completion of pre- and postworkshop surveys and follow-ups.
 - **Target group:** Medical students, future healthcare providers and current healthcare professionals.
- **Objective 2:** Advocate and work on proper education on all matters related to maternal health in the medical curricula, including contraceptives, safe abortion procedures and a discussion on what barriers that prevent women from receiving the necessary healthcare.
 - **Activities:** Campaigns for conforming medical curricula to global standards and guidelines.

- **Indicator:** Number of medical schools who conform to global standards and guidelines, i.e. number of medical schools who already have and number of medical schools who have adapted their medical curricula accordingly.
Target group: Medical students, universities and health faculties.
- **Objective 3:** To raise awareness on maternal health issues and promote reproductive health and rights, in order to inform women about the health services available to them and to reduce abortion related stigma and discrimination within the society.
 - **Activities:** Local, national or international awareness campaigns.
 - **Indicator:** Number of awareness campaigns carried out, including approximately number of women and people reached.
 - **Target group:** Medical students, future healthcare providers, women, societies and general public.
- **Objective 4:** To advocate for equal maternal healthcare and reproductive health and rights at local, national and international levels, if possible in collaboration with other national or international organizations.
 - **Activities:** Advocacy campaigns and initiatives to remove identified barriers to effective universal healthcare delivery as for example poverty, poor infrastructure, and very strict abortion laws and policies. Collaborate with other organisations on external representation.
 - **Indicator:** Number of partnerships with external organisations and number of advocacy campaigns leading to government and opinion leaders to prioritize universal maternal healthcare services and policy changes regarding abortion.
 - **Target group:** Medical students, future healthcare providers, current healthcare professionals, youth groups, women's groups, Non-Governmental Organisations, Civil Society Organisations, governments and opinion leaders.
- **Objective 5:** To strengthen maternal healthcare services by ensuring trained healthcare workers and thus access to essential medicines and services.
 - **Activities:** Training sessions on medical procedures and topics within gynaecology and obstetrics as for example information about contraceptives, safe abortion procedures, treatment of complications related to pregnancy and childbirth, and breastfeeding.
 - **Indicator:** Number of training sessions carried out, including number of participants and the degree of increased knowledge on medical procedures by completion of pre- and postworkshop surveys and follow-ups.
 - **Target group:** Medical students, future healthcare providers and current healthcare professionals.
- **Objective 6:** To give medical students practical knowledge and experiences to become better health care providers by clinical and community health exchanges with curricula on maternal health.
 - **Activities:** Develop specific SCORA-exchanges on maternal health. SCORA Exchanges are a 3 weeks exchange-opportunity, where students can work and learn in the field of sexual and reproductive health in another country. This can for example include working in gynaecological and obstetric departments, fertility departments, or safe abortion clinics.

- **Indicator:** Number of completed and reported exchanges organized through IFMSA.
- **Target group:** Medical students and future healthcare providers.
- **Objective 7:** To increase our knowledge about maternal morbidity and mortality as well as the social determinants of maternal health.
 - **Activities:** Research projects on maternal morbidity and mortality as well as the social determinants of maternal health by for example working with other standing committees (SCOME and SCORE) to initiate research programs in hospitals or with other national and international organizations.
 - **Indicator:** Number of research projects, and degree of new data on maternal health and safe abortion used and shared with relevant stakeholders.
 - **Target group:** Medical students, future healthcare providers, current healthcare professionals, youth groups, women's groups, Non-Governmental Organisations, governments and opinion leaders.

ASSUMPTIONS

Assumption 1: Medical students, future healthcare providers and current healthcare professionals lack information about maternal health issues and what roles students and healthcare professionals can play in order to overcome them. In particular, there is a lot of stigma on abortion related issues all over the world, and some medical professionals as well have very questionable values and attitude towards abortion. Reducing stigma and gender discrimination in healthcare delivery will make health services more accessible.

Assumption 2: Some curricula on maternal health in medical schools do not comply with the global educational standards and guidelines, why medical students and future healthcare providers lack information about some areas of maternal health. This can be due to strict policies or cultural and religious practices.

Assumption 3: Women are not aware of the health services available to them and do not feel empowered to access them. Furthermore, reducing stigma and gender discrimination within the societies will make health services and especially abortion services more accessible.

Assumption 4: Advocacy by IFMSA representatives directed to governments, opinion leaders and international organizations could lead to prioritizing universal access to maternal healthcare and to the abolishing of restrictive and discriminatory laws that limit access to maternal health services, especially safe abortion services.

Assumption 5 and 6: Medical students, future healthcare providers and current healthcare professionals do not have enough skills on medical procedures and topics within gynaecology and obstetrics, and lack of trained personnel is one of the leading causes to global maternal mortality worldwide.

Assumption 7: New data on maternal mortality, morbidity and the social determinants of maternal health can lead to a change of policies and prioritization in maternal health services.

STRATEGY FOR INITIAL ASSESSMENT

This program was adopted by the general assembly in March 2015, and a baseline assessment was made afterwards in order to assess how IFMSA contributes to the main goal of the program and what activities are conducted on maternal health and access to safe abortion by our national member organisations.

The baseline assessment was based on NMO reports for MM15 and AM14, applications for Rex Crossley Award and activities fair for MM15 and AM14, articles in MSI during the past three years, and number of policy statements related to the topic. As this baseline assessment did not meet the criteria stated in the IFMSA Programs Internal Operating Guidelines, the PC on Maternal Health and Access to Safe Abortion for the term 2017-2018 will review the previous baseline assessment and adapt it to the new proposal.

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