The Impact of the Safe Motherhood Initiative from 1987 to 2000 [1]


In 1987, the World Health Organization, or WHO, took action to improve the quality of maternal health around the world through the declaration of the Safe Motherhood Initiative, or the SMI, at an international conference concerning maternal mortality in Nairobi, Kenya. Initially, the SMI aimed to reduce the prevalence of maternal mortality around the world, as over 500,000 women died during pregnancy [5] and childbirth annually at the time of its inception, while about 98 percent of those deaths occurred in low-income countries. While WHO led the initiative, many organizations in various countries participated in additional programs in order to implement the goals of the SMI. WHO developed the SMI in order to reduce the prevalence of maternal death, developing one of the first proposals that brought attention to maternal health on a global basis at a time when global maternal mortality was high.

Halfdan Mahler served as the Director-General of WHO during the establishment of the SMI. In 1948, Mahler earned his medical degree from the University of Copenhagen [6] in Copenhagen, Denmark, and joined WHO in 1951. After two decades of work with WHO, Mahler was appointed to be the organization’s Director-General in 1973. He focused on strengthening people’s access to basic healthcare necessities around the world. According to WHO’s biography on Mahler, he was interested in bettering maternal health around the world, especially in low-income, developing countries. For instance, Mahler supported WHO policies encouraging new mothers to breastfeed, which public health officials presented was beneficial for infant development. Mahler served as Director-General for fifteen years until 1988, at which point he continued to support maternal health-related causes such as reproductive rights [7] and family planning [8]. Mahler later served as director of the International Planned Parenthood Federation [9], which is an organization [10] concerned with improving reproductive healthcare.

Shifts in social movements and policies during the 1970s and 1980s influenced the establishment of the SMI, which occurred in 1987. In response to the rising feminist movement, the United Nations named 1975 as the International Women’s Year. Then, between 1976 and 1985, the United Nations established a movement called Decade for Women, which brought attention to women’s health around the world, aiming for a significant reduction [11] in maternal mortality by the year 2000. Prior to that movement, data concerning women’s health, including maternal mortality rates, were scarcely recorded around the world, and women often did not participate in decision-making processes concerning public health policies. Also, WHO’s Alma-Ata Declaration of 1978, which the organization [10] declared at the International Conference on Primary Health Care in Alma-Ata, Kazakhstan, later called Almaty, identified that healthcare was a right for all people. The Alma-Ata Declaration encouraged researchers to place more focus on how they can use access to healthcare to reduce the prevalence of maternal mortality around the world. However, barriers to implementing the Alma-Ata Declaration in low and middle-income countries specifically, such as lack of trained health workers and poor sanitation, demonstrated that providing access to healthcare for all women would be a difficult task.

The Safe Motherhood Initiative focused its efforts on people living in low and middle-income countries. According to the World Bank, income classification is measured based on gross national income per person, also known as GNI per capita. As of 1 July 2018, low-income countries are those that have a GNI per capita of 995 US dollars or less, while lower-middle income countries are those with a GNI per capita between 996 and 3,895 US dollars.

In 1985, researchers Deborah Maine and Allan Rosenfield called attention to maternal and child health issues in their article, “Maternal Mortality – A Neglected Tragedy. Where is the M in MCH?” in which MCH stood for maternal child health. According to Maine and Rosenfield, over 500,000 women died during pregnancy [5] and childbirth annually, and 99 percent of those deaths occurred in low-income countries. The authors further stated that women died during pregnancy [5] and childbirth due to various reasons such as poor socioeconomic status, high-risk pregnancy [5], and life-threatening complications. According to a WHO employee, Carla AbouZahr, Maine and Rosenfield effectively provided some of the first statistics that explained there was a disproportionate amount of time and resources being spent on childhood healthcare over maternal healthcare.

Following the publication of Maine and Rosenfield’s article, AbouZahr stated that WHO became increasingly concerned with the growing neglect of maternal health around the world and launched the SMI with the intention of decreasing the prevalence of maternal mortality. Then, in 1987, alongside WHO, the United Nations Population Fund and the World Bank sponsored an
Sources

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