

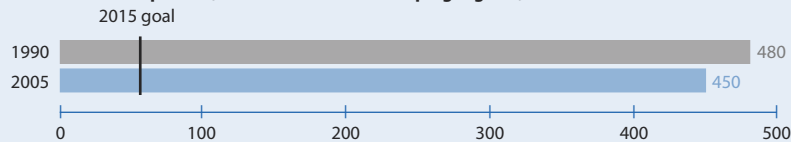


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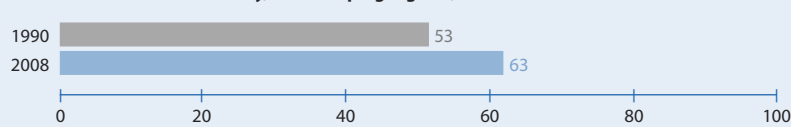
Target 5a: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

The four primary causes of maternal mortality are severe bleeding (mostly post-partum bleeding), infections (also mostly soon after delivery), hypertensive disorders in pregnancy (eclampsia) and obstructed labour.

Maternal deaths per 100,000 live births in developing regions, 1990 and 2005



Percentage of deliveries attended by skilled health personnel, in health-care institutions only, in developing regions, 1990 and 2008



SOURCE: UN (2010).

► The current rate of reduction in maternal mortality falls well short of the 5.5% annual decline needed to meet this target.

► Giving birth is especially risky in Southern Asia and sub-Saharan Africa, where most women deliver without skilled care.

► In all regions, progress is being made in providing pregnant women with ante-natal care.

IMPROVE MATERNAL HEALTH

THE PRESENT SITUATION

Business, along with government and civil-society organizations, is often crucial in providing low-cost health-care products and services for family planning, reproductive health and maternal health in developing countries. Through these products and services and the communication around them, but also through internal communication, businesses combat stigma, raise awareness and promote discussion of reproductive health and family planning.

Health insurance can help women manage the costs of reproductive health and hospital deliveries. In 2006 a study by the Microinsurance Centre found that only 38.5 million people in the 100 poorest countries had health insurance, most of them in China and India—even though health insurance consistently appears as a product for which the greatest demand exists.¹¹⁹

Because businesses are responsible for health and safety standards in their operations, they influence those standards in their supply chain. And in many sectors in developing countries the supply chain tends to be staffed heavily by women. Businesses with a large female workforce often educate women in family planning and in reproductive and maternal health, or they facilitate access to such education.

What are the challenges?

- Maternal health requires special attention, and in workplace health programmes women need specific information and health-care services.
- Reproductive health and family planning are often difficult to talk about because of cultural taboos.
- Regulation and red tape in many countries present barriers to businesses that seek to provide health care and health insurance.



ESKENDER DEBEBE/UNDP



THE PROMISE OF INCLUSIVE BUSINESS MODELS

MNCs can, for example:

- Promote good practices in health care and education in their own operations and among their supply-chain partners, especially in reproductive health.
- Develop and offer innovative products and services such as tele-medical solutions or health insurance for women from low-income communities.
- Bring global attention to the causes of maternal mortality, and develop effective interventions with multilateral organizations and other global partners.



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Large domestic companies can, for example:

- Offer health services and information to women in their operations.
- As health-care providers, offer women affordable and high-quality services—in particular around reproductive health and deliveries—and create access to those services through health insurance or through innovative financial solutions.
- Make family-planning and reproductive-health products affordable and accessible, and inform women about their options in a culturally-sensitive manner.
- Advocate with governments for policies that make these services available to all women.



JORGEN SCHYTTE/UNDP

SMEs can, for example:

- Sell reproductive-health and family-planning goods and services in pharmacies and retail stores.
- Provide health care in private clinics and hospitals.



LIFESPRING

NPOs can, for example:

- Develop and implement micro-franchise models to provide products and services related to women's and maternal health to women in low-income communities.
- Raise awareness and understanding of reproductive and maternal health and family planning through social-marketing approaches and public advocacy.



ACUMEN FUND

HERproject ■ **MNC; Egypt, Pakistan and Viet Nam**

The Health Enables Returns (HERproject) is a multi-company initiative run by BSR and supported by the Levi Strauss Foundation and the Swedish International Development Cooperation Agency. Company participants include Abercrombie & Fitch, Clarks, Columbia Sportswear, Hewlett Packard, J Crew, Levi Strauss, Marks & Spencer, Nordstrom, Primark, Talbots, and Timberland. HERproject raises awareness of women's health issues, including feminine hygiene, family planning, sexually transmitted infections, and pre- and post-natal care.¹²⁰

In Pakistan, Levi Strauss has supported factory programs and return-on-investment studies to demonstrate the business benefits of factory investments in women's health. In a factory in Karachi, HERproject has reduced absenteeism by 11%, thanks to education about menstrual hygiene and provision of sanitary napkins in the factory clinic at a subsidized cost.¹²¹

AAR's Afya Card Microinsurance ■ **Large domestic company, Kenya**

AAR is the largest private health-care provider in East Africa, operating 18 health centres in three countries. Close to 100,000 members use AAR's health plans. With micro-finance institution K-REP Bank, AAR has developed the Afya Card, a family-based health plan catering to the basic health-care needs of low-income families. It offers both comprehensive (in-patient and out-patient) and in-patient-only coverage for AAR's facilities. Around 80% of clients use the complementary Afya loan, offered by K-REP Bank and AAR Credit, to finance their premiums.

LifeSpring Hospitals ■ **SME, India**

LifeSpring Hospitals, which specialise in both normal and caesarean deliveries, offer reasonable prices to poor urban families earning \$2–\$5 per day. By improving patient outreach and health-care quality, LifeSpring has increased hospital-supervised deliveries and reduced maternal and child mortality and morbidity rates; over 70,000 patients had been treated and 5,000 surgeries conducted by the first quarter of 2010. In addition, communities are invited to monthly health camps held at the hospitals. Pregnant women are given free medical consultations and vitamins, while children receive vaccinations and free pediatric consultations. LifeSpring has benefited from funding by the Acumen Fund.¹²²

The HealthStore Foundation ■ **NPO, Kenya**

The HealthStore Foundation's CFW model is a franchise network of micro-pharmacies and micro-clinics that provide access to essential medicines for low-income communities in Kenya. The network operates two types of outlets: basic drug shops owned and operated by community health workers, and clinics owned and operated by nurses providing more essential medicines as well as basic primary care. CFW outlets are located at market centres in agricultural areas of about 5,000 people.

Since 2000 the CFW network has more than quadrupled to 65 locations, comprising 17 drug outlets and 48 basic medical clinics. The network treats an average of 40,000 customers and patients each month. In 2007 it served over 500,000 customers, most of them lower-income or middle-income women and children subsisting on agriculture. Women gain easier access to advice, primary care and personal and health-care products, including during pregnancy.¹²³



THE SUPPORTING ROLES OF INSTITUTIONS

Policy

Public campaigns to raise awareness and incentives to use existing services can enable women to adjust behaviour and seek help when needed.

- Nepal's **Reproductive Health for Married Adolescent Couples** established a peer-educator network to disseminate reproductive-health information to married adolescents, both door-to-door and through other methods (such as street theatre). By the end of the initiative the proportion of women attending ante-natal care at least once during their latest pregnancy had risen from 79% to 98%.¹²⁴
- Cambodia's **Fast Track Initiative for Achievement of MDG 5** provides incentives—including funds for service fees, transport and food—to encourage more frequent use of maternal health services. As a result, skilled birth attendants were present for 52% of deliveries in 2008, up from 36% just two years earlier. Every pregnant woman made at least one ante-natal care visit during her pregnancy, compared with only 77% in 2006.¹²⁵

Policy can use financial tools to encourage the private sector to provide comprehensive care; can discourage segmentation by subsidizing community insurance for the poor; and can provide direct transfers to the poor to increase their capacity to pay.

- Rwanda's **Community Health Insurance Scheme** introduced community-based health insurance called *mutuelles*. Enrolment increased from 7% in 2003 to 74% in 2007. Under-five mortality and maternal mortality have declined, and assisted deliveries increased from 34% in 2003 to 42% in 2006.¹²⁶

Policy programmes that provide a framework for the training of health-care professionals can ensure availability of skilled staff, often a bottleneck for business.

- Haiti's **Nurse-Midwives Programme** aims to increase the number of midwives by improving curricula, by supporting the certification and accreditation process and by addressing regulatory-policy gaps governing the functions of midwives. Nurse-midwife interns have managed a monthly average of 200 childbirths, with no maternal deaths.¹²⁷
- In Egypt the **Takamol (Integration) project of Pathfinder International**, a global NPO, emphasizes community mobilization and involvement in local primary health-care and hospital facilities as driving forces for change. It supports the health ministry in training and building the capacity of its health-system managers, service providers and staff; scales up global and Egyptian best practices to ensure that high-quality integrated services are available at the community level; and encourages the committed involvement of male and female religious leaders, corporations, local businesses and civil society in taking ownership of community health.¹²⁸



CHARLOTTE WATSON/UNDP



Research and advocacy

Data about maternal health and maternal mortality is crucial for business to plan their engagement.

- The **World Health Organization (WHO)** provides data on maternal mortality and ante-natal care.¹²⁹

Business needs to base its practices on the latest information on effective family planning and maternal health care. Many initiatives with extensive specialized experience work in this space.

- **Family Care International (FCI)**—a global health NGO focussing on improving maternal health—builds the capacity of partners in Africa, Latin America and the Caribbean to design, implement and evaluate model programmes. It also produces advocacy and education materials to support these efforts.¹³⁰

- **ACCESS Health International** researches high-quality, affordable health services in low-income, middle-income and high-income countries. The think-tank identifies and documents models and policies for high-quality, affordable health care, transfers knowledge on best practices and facilitates their implementation.¹³¹

Some reproductive health issues require collaboration and advocacy to be tackled effectively:

- **The Campaign to End Fistula** was launched in 2003 by the United Nations Population Fund (UNFPA) and partners to eliminate obstetric fistula by 2015. An estimated 2 million women are living with fistula in developing countries, and there are 50,000 to 100,000 new cases each year. Though preventable and treatable, obstetric fistula often leads to the death of both baby and mother. Business partners of the campaign are Johnson & Johnson, Elle, Virgin and RCKR/Y&R.¹³²



ADAM ROGERS/UNCDF



Financing

Health-care providers in developing countries need to invest in opening a clinic or hospital and to keep medical equipment up to date. Funding can come from local banks, and social investors can facilitate growth through larger investments and management support.

- **Acumen Fund**, in a joint venture with Hindustan Latex Limited, includes LifeSpring Hospitals (India) in its health portfolio. With an initial investment of \$1.9 million, it has helped LifeSpring provide affordable health services to low-income mothers and their children.¹³³
- **Leapfrog Investment** is a new fund that invests specifically in micro-insurance.¹³⁴

Donors with public-private partnership programmes, including DFID, USAID and GTZ, also co-finance projects related to maternal health.

- Through its **develoPPP** programme, the German Federal Ministry for Economic Cooperation and Development (BMZ) and the German development

agency GTZ partnered with medical technology producer KARL STORZ to build six training centres in India and to train gynaecologists in endoscopic diagnosis and treatment.¹³⁵

Micro-franchise approaches work with micro-entrepreneurs to expand health services. Along with the business model, franchisees also receive funding to establish their own businesses.

- In the Philippines **Banking on Health** is working with **Well Family Partnership Foundation, Inc. (WPF)**, which is pioneering the development of midwife-owned private practices. By franchising midwife clinics, WPF expands access to reproductive-health and family-planning services at affordable prices. Banking on Health works with the midwives to improve their ability to identify bankable projects, apply for loans and manage credit. They also work with local banks to promote lending to midwife clinics and to private health-care providers in general.¹³⁶

Capabilities

Businesses often work with partners from the public and civil sector to implement maternal-health programmes. These partners frequently build capacity for networking, education and awareness-raising and outreach and implementation. Their voices as advocates can also add legitimacy in dialogues with policymakers.

- The **Private Sector Project for Women's Health (PSP)** is an initiative funded by USAID to improve family planning and women's health. In Jordan 60% of family planning services are provided by the private sector, including private doctors, pharmacies and NGOs. PSP partners with pharmaceutical firms to promote appropriate family-planning methods and to inform doctors and pharmacists about the methods. Among other things, the project has established a network of

80 private women doctors across Jordan to receive referrals from the outreach program.¹³⁷

Micro-insurance providers often rely on the distribution networks of partners, such as micro-credit banks or health-care providers, to reach out to their clients.

- In India, **Care International** has supported global insurer Allianz SE in developing and implementing an innovative health-insurance scheme. Care International organizes local communities into mutual health-insurance schemes. Most claims are handled by these schemes. In cases of hospitalization, Allianz steps in to settle more expensive claims.¹³⁸



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