

29
September
2015

European
Parliament



DELIVER ON MATERNAL RIGHTS

Alliance for Maternal Health Equality
Breakfast Discussion



ALLIANCE FOR
MATERNAL
HEALTH
EQUALITY



SPEAKERS AND PARTICIPANTS AT THE EVENT:

Priya Agrawal, MSD for Mothers, Liliana Keith, PICUM, Neil Datta, EPF, Peggy Maguire, EIWH, Lode Dewulf, UCB, Linden Farrer, EuroHealthNet, Sinead O’Laoire (Facilitator)



MEP Mariya Gabriel (EPP, BG)

Please note that this event was held under Chatham House rule, therefore no speaker was quoted directly in the report.

This event represented the formal launch of the Alliance for Maternal Health Equality, following its introductory meeting on 15 June 2015 in Brussels, as well as its evening discussion on the connection between the global South and the global North when it comes to maternal equality. While the Alliance for Maternal Health Equality has now engaged the attention of a number of stakeholders, the event in the European Parliament was an important step forward in putting into action its policy objectives. As such, it was a stepping stone for initiating a permanent, long-term contribution to the EU discourse on the topic of maternal health. The 29th September event should be seen as the Alliance for Maternal Health Equality speaking with one voice for the first time following its creation, and as part of the first European edition of Safe Motherhood Week.

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EXECUTIVE SUMMARY



The 'Deliver on Maternal Rights' breakfast discussion on 29th September at the European Parliament represented a key event for the Alliance for Maternal Health Equality. Focusing on several major topics, the Alliance's stakeholders actively contributed to the discussion. A few main points that must be kept into consideration include:

- While health policy is a Member State (MS) competence, a lot can be done in order to achieve smarter cooperation on this topic
- Europe, just as the rest of the world, suffers from maternal health inequities: in light of the recently adopted Sustainable Development Goals, this issue needs to be taken into consideration, as the global North is also in need of assistance when it comes to universal and equitable access to maternal healthcare
- There is a clear problem in identifying a resilient health system but also in measuring a resilient health system
- Health systems in Europe must also be sustainable, especially in light of the increasingly diverse populations in the EU
- Real statistics must be delivered and presented in order to be able to clearly evaluate the problem of maternal health inequities, which requires coordination between the EU and MS levels

In light of this event, the Alliance for Maternal Health Equality:

- Presented its Manifesto, following the inputs from several key stakeholders
- After the 'Deliver on Maternal Rights' discussion, the Alliance is taking the next steps towards pushing for a declaration on maternal health in the European Parliament
- Upcoming actions for 2016 include participation in the European Caucus of the 'Women Deliver' Conference in May

INTERVENTIONS

Introductory speech	MEP Mariya Gabriel (EPP, BG)
Access to maternal health: Delivering resilient health systems	Isabel de la Mata (European Commission, DG Sante)
Universal access to maternal health: The fuller picture	Priya Agrawal (MSD for Mothers)
 PANEL 1 Lack of information is hampering access and uptake	PANELLISTS: Barbara Kerstiens (European Commission, DG Research and Innovation) Peggy Maguire (EIWH – European Institute of Women’s Health) Lilana Keith (PICUM - Platform for International Cooperation on Undocumented Migrants)
 PANEL 2 Access to health & accountability (system, health professionals and citizens)	PANELLISTS: Priya Agrawal (MSD for Mothers) Linden Farrer (EuroHealthNet) Roumyana Petrova-Benedict (IOM - International Organisation for Migration) Neil Datta (EPF - European Parliamentary Forum on Population & Development)
Conclusions	Ms Jacqueline Bowman-Busato Policy Lead on behalf of the Alliance for Maternal Health Equality

LIST OF ATTENDING ORGANIZATIONS

European Parliament (MEP Mariya Gabriel, BG, EPP)

European Parliament (Cabinet of MEP Filiz Hyusmenova, BG, ALDE)

European Parliament (Cabinet of MEP Elisabeth Morin-Chartier, FR, EPP)

European Commission (DG Research and Development)

European Commission (DG Health and Food Safety)

European Commission (DG Research and Innovation)

International Organisation for Migration (IOM)

European Parliamentary Forum on Population & Development (EPF)

Platform for International Cooperation on Undocumented Migrants (PICUM)

European Institute of Women's Health (EIWH)

EuroHealthNet

The Synergist

Université Libre de Bruxelles

ZN Consulting

Save the Children

MSD Europe

ASDM Consulting

GlaxoSmithKline

MSD for Mothers

UCB

APOLOGIES:

The Standing Committee of European Doctors (CPME), MEP Marc Tarabella (S&D, BE) – cabinet representative attending the event, MEP Filiz Hyusmenova (ALDE, BG) – cabinet representative attending the event, International Planned Parenthood Federation (IPPF), Pharmaceutical Group of the European Union (PGEU), European Women's Lobby (EWL), Confederation of Family Organisations in the European Union (COFACE), European Public Health Alliance (EPHA)

INTRODUCTION

On 29th September 2015, the **Alliance for Maternal Health Equality** held a discussion in the European Parliament, as part of the first European edition of **Safe Motherhood Week**.



The event was oriented towards the EU level of policy making but also attracted experts from the international level, considering that the issue of equitable access to maternal healthcare is no longer divided between the global South and the global North. The discussion, entitled 'Deliver on Maternal Rights', received support and contributions from a number of policy experts, proving the need for action in the field of maternal health equity.

The issue goes beyond policy affiliations and the Alliance for Maternal Health Equality is grateful for the support and championship from three of the main groups in the European Parliament, namely the EPP (MEP Mariya Gabriel, BG), ALDE (MEP Filiz Hysmenova, BG) and S&D (MEP Marc Tarabella, BE).

WHY DOES THE ISSUE MATTER?

Introductory speeches and discussion.

Maternal health is a prominent topic, as it is linked to the overall health, well-being and health standards in the European Union (EU). Access to maternal health also brings with itself greater gender empowerment – with this in mind, it is important to remember that safe motherhood must not only include the mother herself.

In order to improve maternal health, we must focus on three main strands of action:



Ultimately, it must not be forgotten that health is not an exclusive competence of the EU, and as such, Member States (MS) are enthusiastically guarding their sovereignty in this area. Therefore, no binding EU legislation can be produced in this field, only 'softer' measures, such as recommendations. With this in mind, it is of extreme importance to encourage smarter cooperation at all levels when it comes to maternal health.

One crucial factor towards achieving equitable access to maternal healthcare in Europe is investing efforts into the creation of resilient health systems: capable of responding to challenges as well as to be open and accessible to everyone. When it comes to resilient healthcare systems and maternal health, the issue

becomes cross-cutting, relating to women's mobility in the EU, for example. In addition to that, maternal mortality also brings with it a plethora of other issues, such as perinatal mortality: the two are intrinsically connected. Moving towards more resilient health systems would also mean encouraging healthier lifestyles, before, during and after pregnancy. The overall perception of motherhood as a 'one-woman's job' – that of the mother – must also be re-evaluated: maternity must include both parents and the rest of society as well. In a very diverse Europe, it also means taking into account other groups and populations (such as the Roma minority, for example): the issue of maternal health equity is proving to be very broad.

Maternal Mortality in Europe

NO WOMAN SHOULD DIE GIVING LIFE.

But health systems in Europe are failing to deliver on universal access to high quality maternal healthcare for women regardless of nationality and background.

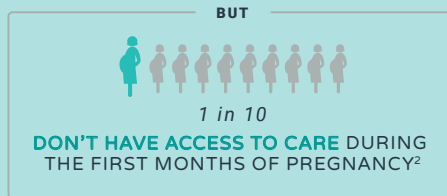
When it comes to maternal mortality, official data in the European Region may underestimate the full scale of the problem.¹

THE ALLIANCE FOR MATERNAL HEALTH EQUALITY

brings together key actors at EU and national level to work towards ensuring that policies exist and are implemented to deliver equity of access to quality maternal health at all levels.

www.maternalhealthalliance.eu

5 MILLION WOMEN GIVE BIRTH IN EUROPE EACH YEAR²



PARTICULAR GROUPS OF WOMEN IN EUROPE HAVE A HIGHER RISK OF ADVERSE OUTCOMES OF PREGNANCY AND BIRTH:



- ADOLESCENTS
- MIGRANTS
- ROMA



- WOMEN WITH LOW SOCIOECONOMIC STATUS OR EDUCATION LEVEL⁴

OUT OF 8,656 SURVEYED WOMEN



ROMA WOMEN ARE PARTICULARLY VULNERABLE



9 out of 10 ROMA WOMEN IN FRANCE HAVE **NO ACCESS TO MATERNAL HEALTHCARE²**

WE WORK ON 3 PRIORITIES:

1

CAMPAGNING FOR UNIVERSAL ACCESS TO QUALITY MATERNAL HEALTH ACROSS THE EU

2

CREATING A FAVOURABLE ENVIRONMENT TO EMPOWER WOMEN TO MAKE CHOICES

3

FOCUSING ON REAL LIFE SITUATIONS AND ON CLEARER STATISTICS

SOURCES

- ¹ World Health Organization, Maternal and Newborn Health Data and Statistics, Accessed July 29, 2015. <http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/data-and-statistics>
- ² European Women's Lobby (EWL), Factsheet on Women and Health, April 2015. http://www.womenlobby.org/spip.php?action=accéder_document&arg=4238&ce=60d9d7ee6f992c58b53879cd97591e170cbcb09e&file=pdf%2Ffactsheet_women_and_health.pdf
- ³ World Health Organization (WHO), Trends in Maternal Mortality 1990-2013, p. 51, 2014. http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1
- ⁴ World Health Organization, Maternal and Newborn Health, Accessed July 29, 2015. <http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/maternal-and-newborn-health>
- ⁵ Doctors of the World, Access to healthcare for children and pregnant women in Europe 2015, May 2015. http://b.3cdn.net/drotheworld/426949db427014e434_g6m6bliru.pdf



ALLIANCE FOR MATERNAL HEALTH EQUALITY

The very first event of the Alliance for Maternal Health Equality was a catalytic moment in the EU discourse for another reason as well: its interconnectedness with the global level, especially in light of the recently adopted Sustainable Development Goals (SDGs) and their declared universality. The statistics remain striking for the entire world, Europe included. This is a global challenge: for example, in the US, maternal mortality has doubled in recent years.

Different countries have different goals and priorities but, at the international level, the Sustainable Development Goals (SDGs) bind all to act: all countries are called upon to deliver on universal equitable access. Focusing on maternal health is also the smart thing

to do: annually, maternal health inequalities cost up to 15BLN dollars. As outlined in the Alliance Infographic in Europe, one in ten women has no access to maternal healthcare in the first months of pregnancy. Ultimately, this means that the rest of the continent will also suffer: healthy women mean healthy families, which, in turn, means healthy communities. Therefore, improving the lives of women will also lead to improving the lives of the rest of the population as well.

LACK OF INFORMATION IS HAMPERING ACCESS AND UPTAKE



SUMMARY:

Top three issues (as identified by stakeholders) that need to be addressed on lack of information and health literacy

- 1 Removing the stigma around maternal health – ‘sick women get pregnant and pregnant women get sick’.
- 2 Ensuring clear standards and common action around research on maternal health, especially considering the different practices and procedures in each of the 28 MS.
- 3 Focusing on the interconnectedness between lack of information, access and uptake, and other issues – for example, how are migrant and minority women affected by these problems?

Health literacy is about ensuring that people know what they need to look for when it comes to accessing health, something that is often lacking when it comes to the specific issue of maternal health. The issue is also related to societal differences in the 28 EU MS, as health literacy is profoundly embedded in the culture of each society. It is therefore crucial to see maternal health as an equal right for everyone: failure to act on this will lead to bigger problems. The stigma around motherhood must be removed: sick women get pregnant and pregnant women get sick, and healthcare providers have an important role to play in ameliorating the situation.

From the perspective of policy makers, collaboration with the relevant people at national level is also needed, with the goal of adopting and implementing concrete standards, as well as in order to build capacity through training and education. Furthermore, at its current stage, research around maternal health faces a number of difficulties, ultimately limiting the possibility to obtain results that can be understandable to everyone. Many stakeholders shared concerns around the years of effort and the need to have a harmonised agenda and clear common actions around this. With this in mind, we need to think about how standards are decided at the national level, who is involved, but also to look at best practices and standards in MS.

“No woman should die giving life.”

Dr. Priya Agrawal
(MSD for Mothers)



Maternal health is an issue that is relevant to everyone. This must be seen as a public health priority and maternal health must be included into all implementation strategies on public health. This is particularly relevant considering the current refugee crisis that Europe is facing. The majority of undocumented migrants face huge difficulties navigating the healthcare systems in the EU, otherwise they remain in a silo. The situation of women is particularly dire, with some living in precarious conditions. In addition to poor healthcare, they also lack control over their own sexual health. With this in mind, it is important to provide inclusive public health services. The time has come to shake people into action when it comes to women from migrant and minority groups.

It is, however, important to remain optimistic. When it comes to access to maternal healthcare, we must focus on what we can do, rather than what we cannot do at the moment. It is easy to blame the medical professionals when it comes to this problem but one must also focus on preparing the right environment for proper information and access. Of course, standardisation is also something that policy makers can focus on, without forgetting however, that health is

a MS competence. On the EU level, the relevant bodies can also provide broad recommendations and use their supranational leverage to deliver results.

In addition, when it comes to access to information, one must also think about resources. Of course, standardisation can be achieved but what kind of standardisation? The articles and recommendations are actually very basic and in each MS there are completely different rights and regulations, for example for deliveries. The situation is similar for other health issues as well, such as vaccinations. The key is trying to achieve and establish something similar for everyone. A good example to follow could be the federal system in the USA, especially considering that the country is facing similar issues on maternal health as Europe.

At the European level, we have the ECHIs (European Core Health Indicators) but even for those, MS need to provide their agreement. All the data that is being received must also be properly collected and the ECHIs are not in the general statistics information sections.

ACCESS TO HEALTH & ACCOUNTABILITY

(system, health professionals and citizens)

Liliana Keith, PICUM, Barbara Kerstiens, European Commission, DG Research and Innovation and Peggy Maguire, EIWH participate in a panel discussion.



SUMMARY:

Top three issues (as identified by stakeholders) that need to be addressed when it comes to access to maternity health and accountability

1

Highlight the interconnectedness between European and global, as well as North and South when it comes to maternal health.

2

Among MS, provide institutional benchmarking and sharing of best practices among neighbours as a way to improve healthcare practices.

3

Put spotlight on the data: both for the purpose of providing women with information of maternal health equity as well as in order to ensure that MS develop evidence-based policies in this area.

When considering the issue of resilient health systems, it is also important to remember that such systems also need to be sustainable and be able to keep people healthy in the long term. In addition, considering the interconnectedness between Europe and the rest of the world, action must also focus beyond the EU, for example on neighbourhood prevention as well. The issue spills over into many other areas as well (for example, parental unemployment) – therefore, action needs to be taken into account across sections.

Keeping in mind the old Millennium Development Goals (MDGs) and the new SDGs, one should be well aware that maternal health is a good indicator of how the overall healthcare system works. This is indeed a crucial time for Europe. For the first time there is now discussion around Europe and developing countries about maternal health as a human rights issue and we are acknowledging that there is a lot to be done in the continent of Europe.

Since health is a national competence, MS have different approaches when it comes to maternal health – how do we encourage some of the most problematic States to improve? Sharing best practices among neighbours can be a great incentive to improve: for example, successful approaches in Romania can serve to push neighbouring Bulgaria to advance as well. For this to work and to lead to resilient health systems, a form of institutional benchmarking is needed.

Health systems should work beyond the traditional health sector, with a number of other factors to be taken into consideration as well: for example, these include age – what about mothers who are too young or too old? Currently, there is a lot of working in silos in the health sector. Health systems also need to be responsive: currently, this is clearly lacking, in light of the increasingly diverse MS populations in Europe. There are missed opportunities in this field: for example, the MIPEX (Migrant Integration Policy Index) is showcasing the problems when it comes to health and integration of migrants – this means that MS do not develop their policy based on evidence, something crucial for maternal health equity. Currently, Europe is facing a sectorial approach when it comes to asylum seekers and migrants – what is extremely prevalent is segregation in maternal wards, for example.

How do we measure a resilient healthcare system? Ultimately, having a safe pregnancy and delivery is interconnected – and, after that, having the same safety and success over the course of your life. Therefore, if an equitable health system is in place, it will lead to a resilient health system. We must not forget that people are not suffering just because of the health issues they are facing, but also because of the ways health systems are actually developed. Non-access is a form of discrimination and numerous people are falling through the cracks, as the European health system models are far from delivering.

Essentially, if proper information is provided, uptake among women is much higher. Therefore, it is crucial to put spotlight on data. For the first time, there is a real possibility to change the system, keeping in consideration that it spills over into many other sectors as well. Since this is a human rights issue, then why are we not bringing the human rights sector together? Additionally, global organisations will play an important role in supporting the global North. It must not be forgotten that developing nations do not talk from a health perspective – sharing practices is therefore very important at the international level.



Isabel de la Mata,
European Commission,
DG Sante

CONCLUSIONS AND NEXT STEPS



The Alliance for Maternal Health Equality held this event in the hopes of encouraging discussion on the issue of maternal health equality, bearing in mind that due to a number of factors, differing measures need to be adopted to ensure equitable access by different populations and ensure parity of opportunity. It is a first step towards pushing for EU action in the field.

We are entering a new era since the adoption of the universally applicable Sustainable Development Goals: therefore, a lot needs to be done in order to ensure that every woman has equitable access to maternal healthcare. On our side, we believe three crucial steps must be taken into account in order to achieve this, as mentioned during the event:

1

Sharing of
best practices

2

Holding wider
Europe to account

3

Never forgetting
that we are working
for improving
the lives of mothers

The Alliance for Maternal Health Equality is happy to be part of the first European edition of Safe Motherhood Week. Through this we aim to raise awareness of the issue of lack of access to quality

maternal health care. On our side, focusing on the policy perspective, we are identifying best practices and sharing knowledge through our three main priorities, as outlined in our Fact Sheet:

1

Ensuring access to high quality maternal healthcare for all and tackling both health policy as well as any other policies this issue touches upon.

2

Facilitating a more favourable social environment that empowers women to make an informed decision on motherhood.

3

Focusing on real life evidence and clear statistics on maternal health.

This is not just a simple call: we are happy to announce that we are beginning work on a written declaration on maternal health that would eventually lead to a European

Parliament Resolution. Our ultimate goal for 2016 will be ensuring that policy makers get behind the Alliance and that we are all moving into the right direction.

The Alliance for Maternal Health Equality is a unique coalition of European stakeholders with an interest in ensuring all women in Europe have equal access to quality maternal healthcare. The alliance aims to increase awareness and attract greater attention to this critical issue among policy makers and the public to help shape supportive and effective policies.

For more information and for a list of Alliance members please visit www.maternalhealthalliance.eu



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