

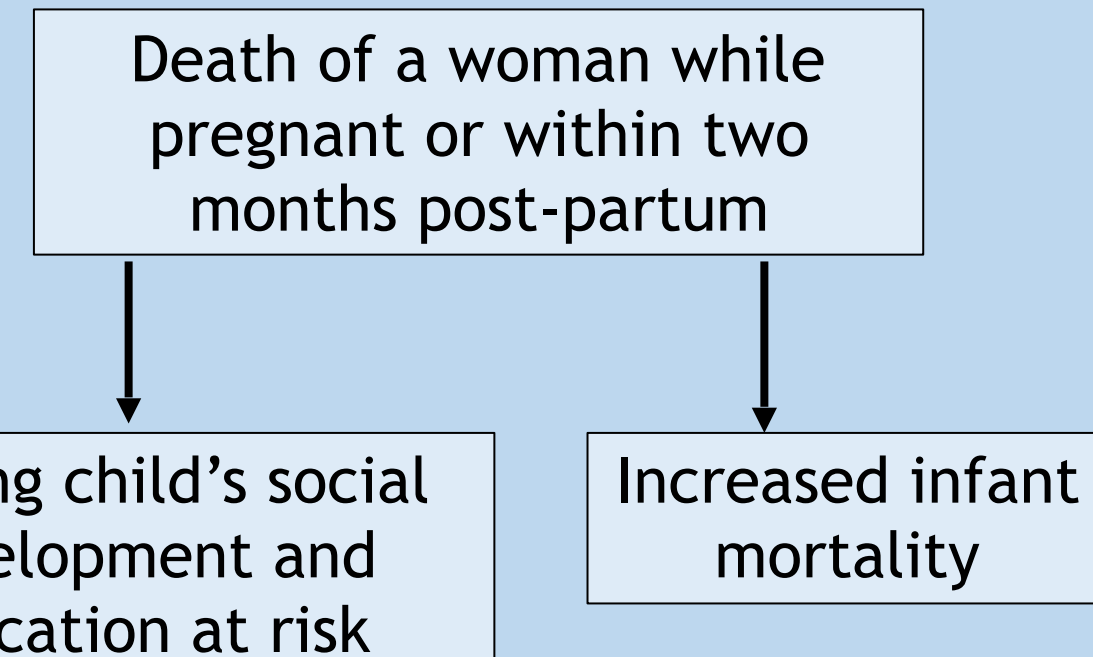
Reducing Maternal Mortality in Sri Lanka by Changing Social Policy

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Maternal Mortality

- Every day, approximately 830 women die globally from preventable causes related to pregnancy and childbirth
- Improving maternal health is one of WHO's key priorities



- The vast majorities of maternal deaths occur in low and middle income countries (LMIC)

Maternity Care in Sri Lanka

- Sri Lanka has up to 7-fold lower rates than neighbouring regions

	BEFORE	LATEST
Maternal Mortality Rate per 100 000	100 (1990)	33 (2010)
Under-five Mortality Rate per 100 000	22.2 (1991)	11.3 (2009)
Total Fertility Rate	8 (1970)	2.2 (2012)
Contraceptive Prevalence Rate	35% (1975)	68% (2007)

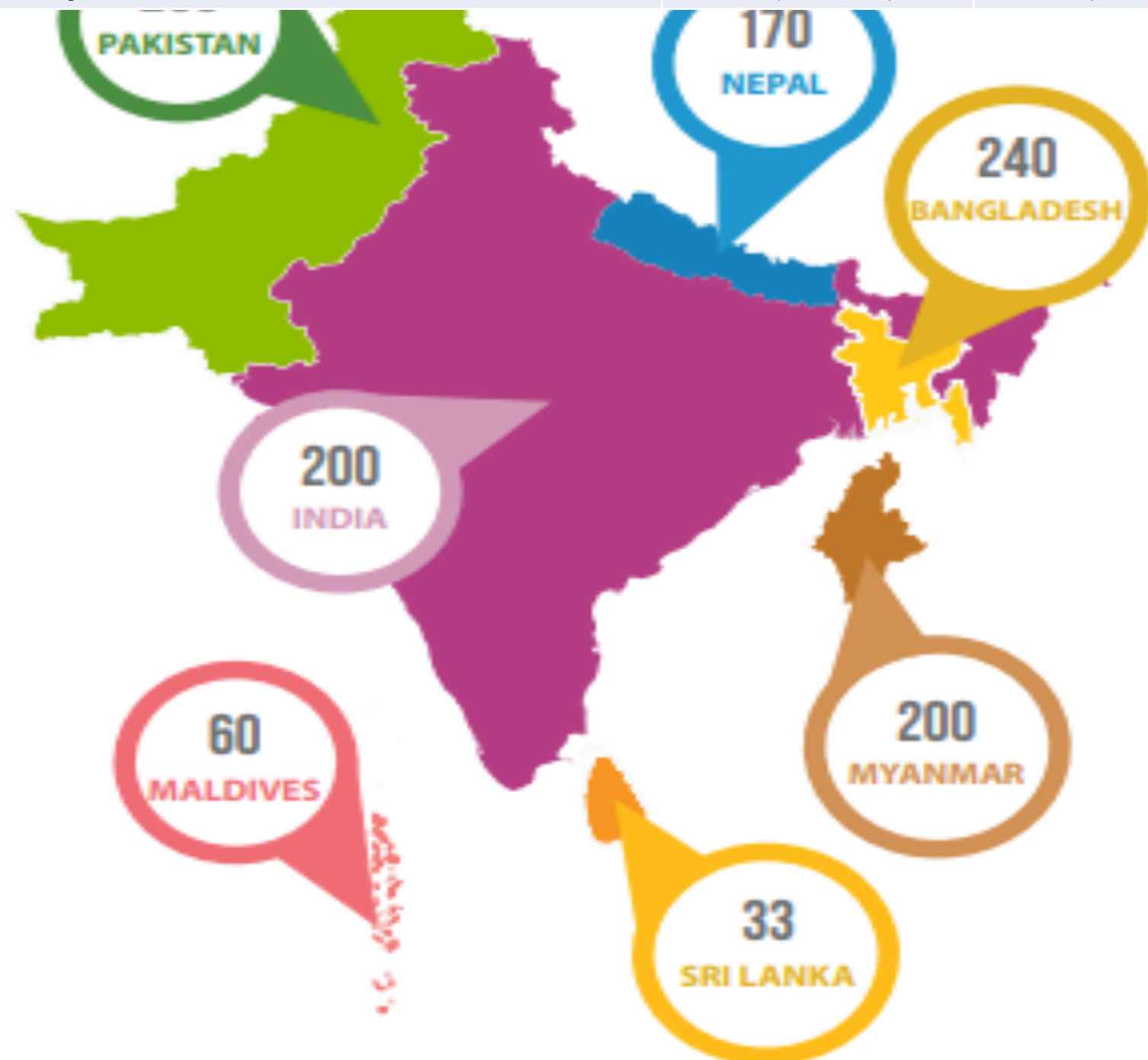
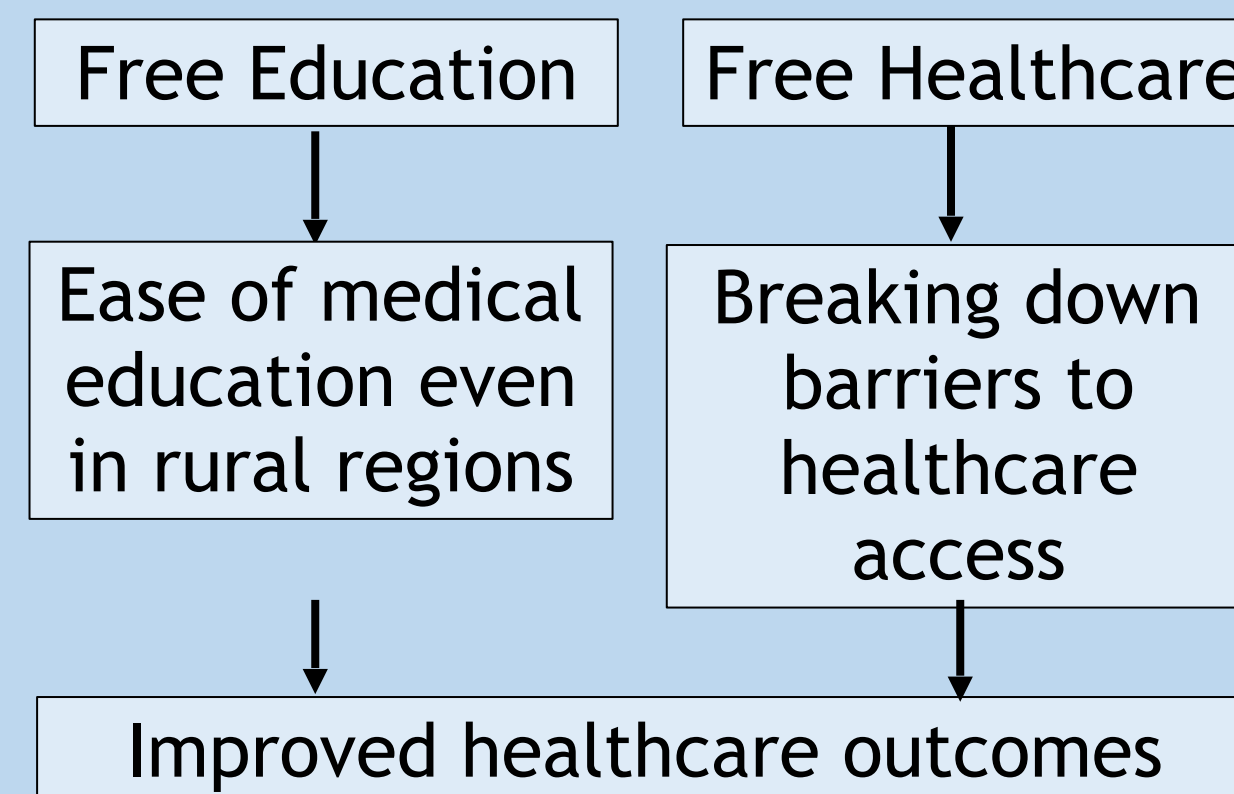


Fig 1. Maternal Mortality Rates per 100 000 in South Asia, 2010

Social Policy Change

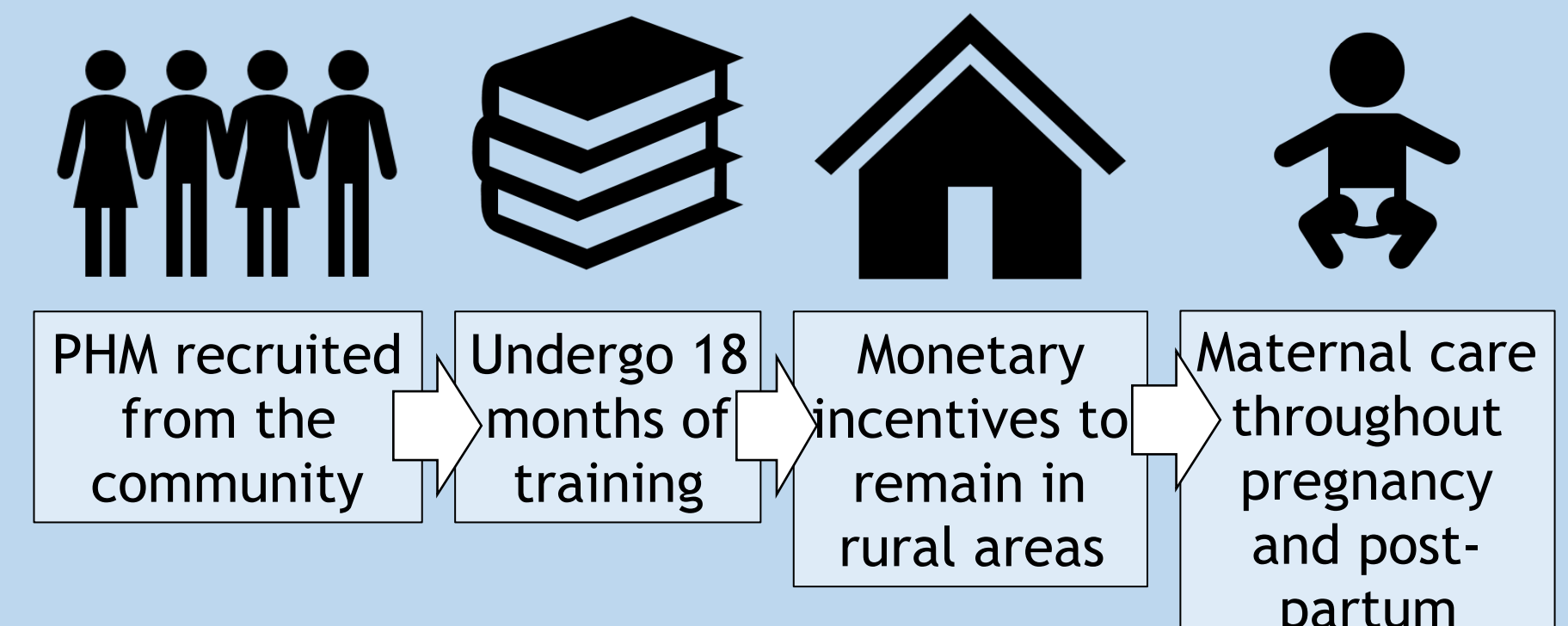
- The government has invested in two major policies which have drastically improved healthcare: free education and healthcare
- When Sri Lanka gained independence in 1948, these schemes were implemented, with successive governments continuing to recognise the importance of health and education
- This continuity has been instrumental in achieving results and highlights political stability as a contributor to healthcare development



- Free education is offered up to completion of university with no discrimination
- Thanks to this policy, adult literacy rates are up to 90% for females, compared with a South Asian average of 52%
- Sri Lanka has had a historically matriarchal society, which paired with free education has led to great steps towards equality
- Sri Lanka has managed to achieve these policies with modest government spending, with a GDP per capita of approximately \$3 800 only 1.96% of GDP is spent on healthcare and 2.18% spent on education
- They have kept their spending judicious – focussing on primary healthcare
- Other countries in South Asia have boasted expensive tertiary care institutions but neglected primary and rural care
- Sri Lanka on the other hand has numerous community healthcare centres, increasing the access to a basic level of healthcare, with fewer specialist tertiary centres
- The vast majority of maternal deaths are easily preventable and require little in the way of advanced technology
- Thus community based care, capable of recognising and treating complications early has been successful
- The next step may be the expansion of tertiary care, but good community infrastructure is vital for a developed healthcare system

Public Health Midwives

- A vital component of maternal care in Sri Lanka is the public health midwives (PHM)
- Access has been a major issue in this largely rural country
- Recruited from and serving in the communities
- Every household in Sri Lanka comes under an identified PHM area
- Recruiting educated individuals from the community is made feasible by the commitment to free education up to university across the country
- Well educated and well trained but low cost meaning they can be implemented on a large scale
- Promotes contact and rapport with the community and minimises geographical and cultural barriers



ANTENATAL	BIRTH	POSTNATAL
99% coverage with PHM taking a detailed history, measuring blood pressure and albuminuria	99.8% skilled birth attendance with home births at <1%	Every mother is visited by the PHM at least twice within the first 10 days postpartum, once between the 11 th and 28 th day and a 6 week visit

Conclusions

- Sri Lanka's highly cost effective healthcare system could be used as a model for other countries in the South Asia region to help them further reduce their maternal mortality
- However, two of the key policies which contributed to Sri Lanka's success were free education and free healthcare
- Nonetheless, Sri Lanka demonstrates that investment in primary healthcare can yield impressive reductions in maternal mortality and aid development