

Anthropological Engagement at a Global Women's Health Conference

A Report on the Women Deliver Conference, Kuala Lumpur 2013

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This past May a major international conference called Women Deliver took place in Kuala Lumpur, Malaysia. Women Deliver is a relatively new but significant force in the international reproductive health arena. Since its first conference in 2007 in London with 1,500 attending, it has rapidly grown in size and reputation. The second conference took place in Washington DC in 2010 with 3,000 attendees. Women Deliver Kuala Lumpur was the biggest conference of the decade devoted to women's and girl's health and well-being; it brought together 4,500 people from hundreds of organisations in 149 countries around the world, including heads of state, ministers of health and women's issues, major UN agency representatives, non-governmental organisations, scientists and scholars, major donors (including Melinda Gates and Chelsea Clinton), mainstream media, youth, filmmakers and even royalty.

Two of the authors of this report, Debra and Robbie, were there representing the International MotherBaby Childbirth Organization (IMBCO), which had hosted a side event at the 2010 conference. Debra presented the *International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal Maternity Care* (www.imbci.org) during a session on 'Humanization of Birth/Respectful Care'. Maggie attended as a medical anthropologist conducting research on the key issues and changes over time in global policy on safe motherhood. The conference featured 700 presentations in more than 160 sessions. Debra was also among the 415 journalists from 60 countries who attended the conference. In this report, we offer an overview of and some critical reflections on this important conference. We also offer some highlights of particular interest to midwives and social scientists.

History of Women Deliver

To begin, we thought it might be helpful to sketch out the background on maternal mortality worldwide and how Women Deliver as an organisation has sought to raise awareness of the issue and to generate increasing funding, research and political commitments to reducing it.

Women Deliver was founded by Jill Sheffield, former Executive Director of Family Care International, the U.S.-based organisation that served as the Secretariat of the Safe Motherhood Initiative (SMI). The SMI, launched in 1987 by WHO, UNFPA and the World Bank, was the first international initiative dedicated to addressing the widespread problem of maternal mortality. At a time when few countries even recorded maternal deaths, the SMI ambitiously challenged all nations of the world to reduce maternal deaths by half by the year 2000. At that time, it was estimated that more than 500,000 women died annually from pregnancy- and birth-related causes, the vast majority of them in the developing world. The goal was to be accomplished primarily through upgrading perinatal services to approximate Western biomedical standards, making improvements in the scope and quality of education for midwives and traditional birth attendants, and increasing family planning efforts. Although SMI projects and those of its successor, the Making Pregnancy Safer Initiative, were implemented around the world, rates of maternal mortality remained above half a million per year well into the new millennium. When the Millennium Development Goals (MDGs) were announced in 2000, reducing maternal mortality by three quarters by 2015 was MDG 5. This was a turning point in terms of a new level of



awareness and commitment to the issue. And indeed, the global maternal mortality rate has been greatly reduced, yet there are still 287,000 maternal deaths each year, most of them still in the developing world. That is 800 women a day dying from (mostly preventable) causes related to pregnancy and childbirth. In her 'Letter from the President' in the conference program, Jill Sheffield wrote:

In the past three years, we have seen tremendous momentum growing for the health and empowerment of girls and women worldwide. Maternal deaths have declined by nearly 50% since 1990, proving that our goals are within reach ... This past summer, the London Summit on Family Planning raised over 2.6 billion to ensure that the 260 million women who use contraceptives will continue to have access to this life-saving commodity, and will also extend coverage to 120 million more girls and women by 2020. Clearly, the tide of change has come for girls and women.

Yet our work is far from over; in fact, it is just beginning. In just a few short years, the Millennium Development Goals and the International Conference on Population and Development's Programme of Action will both expire, leaving us with a new developmental framework. There has never been a better time to raise our voices in support of the health and empowerment of girls and women, and to ensure they are a top priority in 2015 and beyond.

Women Deliver Kuala Lumpur

Though the history of the organisation and the name of the conference itself both suggest a focus on maternal health and safe birth, this third Women Deliver conference set a broader mandate as 'An international conference calling for investments in girls and women'. The goal of achieving safe motherhood for women around the world is still very important, but is now articulated in terms of gender equity, education and sexual and reproductive rights, moving far beyond basic access to biomedical care.

The notion of 'sexual and reproductive health and rights' is a direct reference to the International Conference on Population and Development (ICPD) held in Cairo in 1994, often referred to as the Cairo Declaration, which introduced the idea of reproductive rights. Girls' education and empowerment, access to sex education, family planning information and commodities, greater political participation for women, an end to child marriage and gender-based violence: all of these things are integral not only to safe motherhood but, it was stated again and again at Women Deliver, are essential to development itself – that is, to

the goal of vibrant, healthy societies and economies. Thus the overall message of this Third Women Deliver conference links the intimate issues of reproduction and sexuality to the pressing global challenges of sustainable development.

Numerous sessions and plenary speeches made the case that eliminating child marriage, keeping girls and young women in school, and facilitating family planning are all fundamental to the goal of freely chosen and safe motherhood, and that, as Jill Sheffield's Letter from the President emphasised, 'investment in girls and women results in a domino effect of positive outcomes for ... families, societies, nations, and the world'. This broad approach is as it should be. It also seems to be a bold move in an era when Medicare coverage for birth control pills in the U.S. is attacked as promoting promiscuity and single motherhood, and abortion is still illegal in many countries. Family planning (FP) is much more politically controversial than advocating to ensure that women do not die in childbirth, because access to contraception has to be argued in terms of the right of autonomy over one's body, which many women the world over do not have. Maternal survival and wellbeing were explicitly re-positioned at Women Deliver 2013 not only as a medical issue exacerbated by poverty and culture but also as a political and judicial struggle within the context of universal human rights discourses.

The plenary speakers were indicative of the high profile of the Women Deliver conference and the support it has been able to garner in the world of development funding and advocacy for women's health. Hillary Clinton opened the conference via satellite, saying 'Investing in girls and women is not only the right things to do, it's the smart things to do!' Malaysian Prime Minister Dato' Sri Haji Mohammad Najib bin Tun Haji Abdul Razak and the first lady welcomed everyone to Kuala Lumpur and described Malaysia's dedication to the issue, noting the country's progress in reducing maternal mortality from 540/100,000 in 1957 (the year it became independent) to 28/100,000 today. On day two of the conference, Ban Ki Moon, Secretary General of the United Nations, joined via satellite to tell the Women Deliver Community: 'As we enter the homestretch to 2015, let us ensure that the sexual and reproductive health and rights of women and girls are front and centre'. Melinda Gates and Chelsea Clinton were also there in person to speak about their Foundations. Her Royal Highness of Denmark spoke on several occasions during the conference. The closing panels too were stacked with high-level persons from the wealthiest and most influential foundations and UN agencies, as

well as heads of state and former heads of state including Helen Clark, former Prime Minister of New Zealand, and Tarja Halonen, the past President of Finland and current co-chair of the Population and Development Task Force.

Here is our breakdown of the primary components of their cumulative messages:

1. Investments in girls and women benefits not only girls and women but also families, societies and nations, because women deliver in so many ways.
2. Educate girls – keep them in school until at least age eighteen.
3. Eliminate marriage before age eighteen.
4. Provide age-appropriate sex and reproductive education with emphasis on women's and girls' rights.
5. Provide full reproductive health and family-planning services, including safe abortion.
6. Get birth out of the home and into the hospital. When this is not possible, provide life-saving technologies at home, such as cytotec (a focus of JPHIEGO's efforts right now) and body compression suits to prevent or stop haemorrhage, and adequate systems of transport that include cellphone communication.
7. Increase the use of midwives (doulas were barely mentioned).
8. Improve quality of care in hospitals and reduce the overuse of inappropriate technology and caesarean section.
9. End violence against women.
10. Support the organisations that are leading the way on these issues in your communities and/or start one!

Regarding point 8, we must note that we do not think that this particular issue has received nearly enough emphasis at any of the Women Deliver conferences. As usual, at this one, there were very few sessions – two or three at most – on safe and respectful hospital management of pregnancy and birth, including the reduction of unnecessary medical technology. The sessions that did address hospital birth management veered towards increasing the number of trained midwives and increasing access to essential commodities such as misoprostol, oxytocin and magnesium sulfate.

The shift in focus (or in means to the end goal) away from safe motherhood and birth to the much broader agenda of universal 'sexual and reproductive health and rights' ensured that sessions on family planning, access to contraceptives, and access to safe

and legal abortion dominated the programme. Given what we have described above about the broad agenda and political tenor of the conference, this makes sense. (Death from unsafe abortions, for example, accounts for over 10 per cent of maternal mortalities.) And yet it was very surprising that at a conference on women's health filled with feminist activists and medical researchers, educators and clinicians, there was absolutely no mention of the safety or side effects of the types of contraceptives being discussed in terms of access to family planning: long-term reversible methods including IUDs, injectables and sub-dermal patches. (They even have an acronym: LTRs.) There is indeed massive unmet need for contraceptives around the world, but the need for *safe* drugs and devices – not just affordable and accessible ones – should be paramount.

In the closing plenary of the conference one critique was finally levelled against the family planning-heavy programme when Kavita N. Ramdas, former president of the Global Fund for Women, noted that many south Asian women who desire access to family planning are nevertheless suspicious of the zeal with which it is promoted by NGOs and UN agencies, and pointed directly to what she called 'white people's fear of floods of brown people'. She also noted the irony of so strongly promoting family planning among Third World women when a single child born in the West (or among wealthy elites anywhere in the world) will consume forty times the resources of a child born in the developing world. Twentieth-century Malthusian population control thinking is certainly not the reason for Women Deliver's promotion of universal access to family planning in the twenty-first century, but the shadow of such thinking on the present proceedings needed to be mentioned, and we were glad it was.

Another important issue that we felt was missing from the otherwise far-reaching mandate of the conference was the use of ultrasound and sex-selective abortion in China, India and a number of other countries (including Korea, Georgia, Armenia, Azerbaijan and some immigrant groups in developed countries), which has resulted in a skewed human population ratio globally, and a severely skewed ratio in the countries mentioned, which can reach as high as 150 boys to every 100 girls (the usual ratio is 105 to 100). There are many negative implications for girls' and women's health and rights that go beyond the societies in which the practice occurs. Major donors and agencies concerned with the wellbeing of girls and women ought to come out clearly against sex-selective abortion and acknowledge its interlinkages with

women's sexual and reproductive health and rights. We hope and trust that sex-selective abortion and its implications for girls and women will receive major attention and a search for thoughtful solutions – such as ending the preference for sons by raising awareness of the value of daughters – at Women Deliver 2016.

Conference Highlights

Women's Voices

The conference was permeated with the voices of women of all ages, most especially from developing nations, as plenary and breakout session speakers and as representatives of high-level agencies, foundations and professions. Young people, both female and male, were well represented.

Midwifery Presence

While there were only three sessions dealing specifically with midwifery during Women Deliver Kuala Lumpur, a two-day well-attended global midwifery symposium organised by UNFPA, ICM, Jphiego, WHO and others did precede the conference. Also, the absolutely central role of midwives as care givers on the front lines and as a professional group participating in high-level technical and policy decision-making was widely acknowledged throughout the conference, as was the immediate global need for 350,000 more midwives. This represented a major change in discourse from the 2010 Women Deliver conference in DC, where the focus was much more on 'skilled birth attendants'.

Ibu Robin Lim, the world-famous midwife who was named 2011 CNN Hero of the Year for her work at Bumi Sehat, a birth centre in Bali, and for her emergency relief work in Aceh after the tsunami and in Haiti after the earthquake, gave a 'To the Point' short plenary presentation. Robin performed a skit in which she acted the part of a labouring woman who had escaped from the hospital to avoid a caesarean because she had no money to pay for it and knew that the hospital would not release her baby until she paid (a common scenario in Indonesia and other countries where health care is supposedly 'free'). She came on the stage groaning and calling for a midwife to help her. With the midwife's support she quickly birthed a large black plastic baby on hands and knees to great applause, and then insisted that the midwife wait to cut the cord. Rising to her feet and finally addressing the audience, Robin lifted up two plastic water bottles, one full of red liquid, the other only 1/3 full, in dra-

matic demonstration of how much mineral and oxygen-rich placental blood the baby fails to receive when the cord is cut before it stops pulsing. Her message was clear and everybody got it!

Solar Suitcases

One of the most effective and dramatic short ('To the Point') presentations was given by Dr Laura Stachel, co-founder and medical director of WE CARE Solar. She described her shock upon first visiting a hospital in northern Nigeria that lacked electricity at night, leaving the practitioners to conduct even caesarean deliveries by kerosene lantern and flashlight. Of course the mortality rates there were high. Stachel's husband, an expert in solar power, developed a portable suitcase containing easily deployable solar panels. The suitcase delivered 24-hour power to that hospital, and since then to thousands of other hospitals and clinics in multiple developing countries – saving uncounted numbers of lives and injuries and bringing birth, as her slides movingly demonstrated, out of the darkness and into the light.

Girl Rising

Screened on the evening of the second day, this feature documentary film directed by Richard Robbins tells the extraordinary stories of nine girls from nine developing countries, each of whom fought difficult personal circumstances (including extreme poverty, forced marriage, domestic slavery and gender violence) to achieve an education. The grim statistics on the millions of girls who do not succeed in similar quests are effectively interspersed between the featured stories. This outstanding film touched our hearts and made the statistics real. It reaffirmed for the three of us why we work long hard days and fly half way around the world to attend a conference like Women Deliver. In every case in the film, each girl's life is transformed by just one person!

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