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Don't put maternal health at risk as we fight pandemic

In 2016, a global strategy for women, children and adolescent health was launched with the primary objective of ending preventable deaths by 2030. The third Sustainable Development Goal (SDG3), aims to reduce the global maternal mortality to less than 70/100,000 live births by 2030. Under the same goal, member countries aim to reduce preventable deaths of new-borns to at least 12/1000 live births and children under 5 years of age to 25/1000 live births. Kenya has domesticated the global targets in the Kenya Health Policy (KHP) 2014-2030 to reduce maternal and neonatal mortality rates by 77% and 59% respectively by 2030.

In the last ten to fifteen years, Kenya has made major milestones in advancement of women and children's health. Women accessing Skilled Birth Attendance (SBA) had increased from 44% to 70%. Antenatal (ANC) coverage has reached 92% leading to reduction of the national Maternal Mortality Ratio from 488/100,000 to 362/100,000 live births. On the area of contraceptives, Kenya's all methods contraceptive prevalence (CPR) has shown gradual improvement from 54% to 63%. The only challenge has been in the areas of reducing under- fives mortality currently at 46/1000 live births where targets have not been met.

According to WHO, 90% of maternal and neonatal deaths are preventable. There however are various challenges and women and child mortality still exists. Considering Kenyan communities practice patriarchal cultural systems, the health of a woman and her children is often not much of a man's business. There are adverse effects of cultural beliefs and practices, increasing rural and urban poverty, financially insecure female led households and unemployment. These as well as inequity in distribution and accessibility of maternal child health services continuous to risk the health of women and children.

With the entry of the Covid-19 pandemic, building blocks of the health system have been stretched. Poor health workforce morale, slow service delivery, inadequate health financing, insufficient information, research and supplies are at breaking point. Additionally, the restrictions of travel and curfew as well as related reduced incomes further impact access to health care and worsen the situation. Furthermore, pregnant women with co-morbidities such as gestational diabetes, pregnancy induced hypertension and other high risk pregnancy situations may be among those with underlying issues and thus vulnerable to Covid-19.

Health is inseparable from the social context of people's lives. In both rural and urban Kenya, many women depend on subsistence farming, casual labour and trading as income streams. With Covid-19 restrictions such as closure of open air markets, businesses and other low income initiatives, income generating opportunities operated by women have been affected. This have had an impact on maternal and child health. Inarguably, the covid-19 related economic downturn has drastically reduced incomes and may negatively impact the health of women and that of their children. For instance, rural women may be unable to travel long distances to access family planning, ante and postnatal as well as immunisation services.

We do not know how long the pandemic will last. However we know there will be life after Covid-19. Kenya may flatten the curve for Covid-19 and peak another in adverse maternal and child health. Children require special protection for they are our future. Let us remember women are the caregivers who nurture these children. It is thus essential to protect the gains made or we will risk more deaths of women and children than those caused by Covid-19 disease. This calls for fine balancing in sharing resources or after the Covid emergency, the health sector will have to deal with another emergency in maternal and child health.

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