

IDS RESEARCH SUMMARY

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Reducing Maternal Mortality in Mexico

Mexico has unusually high rates of maternal mortality, particularly among poor, rural and indigenous communities. In 2005 the rate was 63.4 deaths per 100,000 live births, rising to 128 in the impoverished state of Guerrero – a far cry from Mexico's international commitments and its target of 22.3 under the Millennium Development Goals. This Research Summary illustrates how advocacy by a loose coalition of civil society organisations made the Mexican government take action and contributed to a slow but steady decrease in maternal mortality.

Political opportunities to address maternal mortality

The historic election of Mexico's first opposition government in 2000, after seven decades of one-party government, marked an important new opportunity for civil society to engage in policy debates. The change meant that the executive no longer dominated the policymaking process, and the legislature could begin to act as a counterweight. The new centre-right National Action Party (PAN) government also included many civil society leaders, potential allies for civil society. These political developments interacted with a favourable national and international health context to inspire the creation of new civil society networks in Mexico and strengthen domestic advocacy on maternal mortality. National programmes started both before and during the rule of new administration and opened up opportunities to reduce maternal mortality. These included the Coverage Expansion Programme (PAC) designed to expand coverage of health services to excluded rural communities,

A Fair Start in Life (APV) scheme to reduce maternal mortality and improve early childhood health and the National Centre for Gender Equity and Reproductive Health, which mainstreamed gender in public health policy. There were also several important international initiatives during the 1980s and 1990s including the International Conference on Population and Development in Cairo in 1994, the Fourth Conference on Women in Beijing in 1995, and the Millennium Development Summit, in New York in 2000. However, there were also various political obstacles to reducing maternal mortality in Mexico, most importantly a general lack of political will and adequate funding. There were also some policy differences between activists and the conservative PAN administration, most importantly on the issue of abortion. At the state level, decentralisation of health care and other services had transferred greater power and resources downwards but without a corresponding increase in capacity, transparency and accountability.

Civil society partnerships

In 2002 a strategic partnership was formed on maternal mortality between two of the most effective civil society networks in Mexico: groups working on public transparency and budget analysis and women's groups with a track record on reproductive health and maternal mortality. Fundar, a research centre working on government transparency provided budget research and monitoring of government policies, while the wide-ranging skills of the women's organisations provided policy acumen and media skills. A grassroots indigenous organisation called K'inál Antzetick (Land of Women in the Mayan language), along with three doctors belonging to grassroots indigenous organisations in Oaxaca, Guerrero and Chiapas, provided vital local knowledge and contacts. The coalition initially focused on increasing Federal funding to programmes such as the APV and the Centre for Gender Equity. Following a setback caused by a new budget structure which made budget monitoring of specific health

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“ Several important international initiatives on maternal mortality during the 1980s and 1990s also inspired the creation of new civil society networks in Mexico ”

programmes impossible, the coalition turned its attention to improving the design of reproductive health programmes, in particular emergency obstetric care. In 2005, due to a growing awareness that the Federal government did not have the power to influence state level decisions on health funding, the coalition shifted its focus to include service delivery and use of state funds in the marginalised states of Oaxaca, Guerrero and Chiapas. A number of factors contributed to the coalition's achievements:

- The formation of a coalition made up of civil society actors with:
- Complementary capacities including knowledge of the federal budget, field research, media skills, political communication and lobbying
- Focused policy change objectives which allowed the diverse organisations to collaborate and engage with the policy making process very effectively
- A capacity to accommodate the preferences and needs of its members which left them free to focus on achieving external impact rather than internal processes
- A focus on national, and subsequently, state and local level policy
- Alliance building with government officials in the Health Ministry and relevant representatives and committees in the Congress and Senate representatives, by offering informed budget analysis, evidence on international best practice, policy expertise, and political support
- Engagement in international processes that provided the domestic coalition with policy frameworks and moral levers to hold the Mexican government to account, and a newfound credibility with the government

- Long term commitment to achieving change, and flexibility in responding to opportunities and obstacles in the environment
- Long term funding from external donors firmly committed to the reproductive rights agenda.

Insights

The research reveals how, if national policy change is to translate into positive impacts on people's lives, advocacy needs to be focused along the entire policy chain from national to local level i.e. from policy commitments, through programme design, budget allocation, actual expenditure and programme delivery, to final impact. This is particularly important in Mexico given the concentration of maternal mortality in certain communities in a few key states, and the decentralised nature of the health care system. The case study also demonstrates how activists can use technical expertise to win change on non-contentious issues, and how international policy and human rights frameworks can provide domestic organisations with standards and moral levers to hold their governments to account.

Credits

This Research Summary was written by Ruth Mayne, Independent Consultant, and is based on a study by Michael D. Layton and Ileri Ablanedo Terrazas, from the Philanthropy and Civil Society Project, ITAM University, Beatriz Campillo Carrete from Alternativas y Capacidades and Ana María Sánchez Rodríguez, from the Human Rights Commission, all in Mexico City.

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