

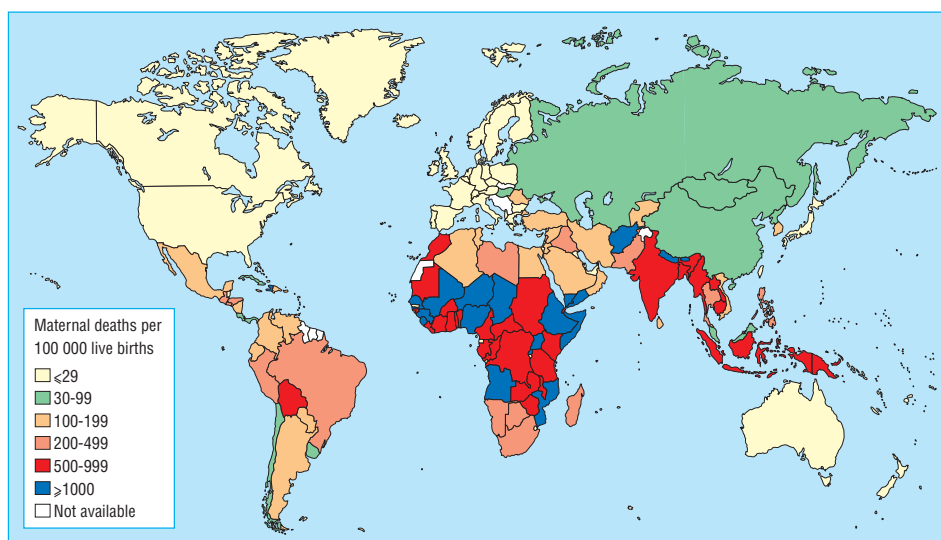
## WHO reaffirms commitment to women's health

Simon Kirwin, *BMJ*

The World Health Organisation has reiterated its goal of cutting maternal mortality by half by the year 2000, despite the fact that little progress has been made towards this target over the past 10 years. The WHO used its World Health Day on 7 April to celebrate the 10th anniversary of its Safe Motherhood initiative, which aims to encourage countries to look at the position of women in society and to improve their health care.

About 1600 women die each day from complications in pregnancy and childbirth, mostly in Asia and Africa. Of all the health statistics monitored by the WHO, maternal mortality is the one with the largest discrepancy between developed and developing countries. For example, while infant mortality is almost seven times higher in the developing world, maternal mortality is 18 times higher. Up to a third of all deaths of women of reproductive age in many developing countries are the result of complications of pregnancy or childbirth.

The WHO states that provision of care from conception to delivery, including family planning and neonatal care, would cost only about \$3 (£2) per woman. This is a vital social and economic investment—a reduc-



World Health Organisation statistics from 1990 showing maternal deaths per 100 000 live births

tion in unwanted pregnancies and improved maternal health prevents premature death and long term disability and thus reduces a country's overall healthcare costs. Strengthening maternal health facilities also benefits the whole community, as they are then equipped for other medical emergencies.

The Safe Motherhood initiative is a coalition formed by the WHO, Unicef, the World Bank, the United Nations Population Fund, and other non-governmental organisations. In 1994 the Programme of Action of the International Conference on Population and Development reiterated this goal and added another target of a further 50% reduction by 2015. Ten years

after the initiative these aims have not been realised. Carla Abouzahr, an epidemiologist in the division of reproductive health at the WHO, suggests that the issues surrounding maternal mortality "turned out to be more complex than first realised." Deaths have not been counted accurately; there has not generally been the political will to meet healthcare standards; and the long nature of the project is not attractive to some governments.

However, she cites several countries (for example, China, Sri Lanka, Iran, and Cuba) that have managed to reduce maternal mortality through commitment to the project and improved health care. She admits that one

of the reasons for the restatement of goals is that the WHO feels "the message is not getting through," but the evidence that maternal mortality can be reduced with effective health care is strong. The WHO recently made a statement to the Commission on Human Rights focusing attention on maternal health care as a basic human right. □

### Correction

#### WHO identifies 16 countries struggling to control tuberculosis

An error occurred in the map (28 March, p 957). Congo (Congo-Brazzaville) (shaded green) should not appear shaded on the map at all. The Democratic Republic of Congo (Congo-Kinshasa) should be shaded green, not blue as shown.

## Australian government launches inquiry into healthcare system

Christopher Zinn, *Sydney*

The Australian federal government has launched a top level inquiry into claims by more than 200 doctors that they know patients who have died or been disabled because of breakdowns in the healthcare system.

In a surprise move the health minister, Dr Michael Wooldridge, told parliament last week that half of the 450 respondents to a survey published by the journal *Australian Doctor* had reported "very serious" allegations against the system. He announced that

three senior doctors—headed by the former president of the Australian Medical Association, Dr Bryce Phillips—would have six weeks to report on their inquiry, which would be conducted with "privacy, fairness, and rigour." "I want to know who died, when they died [and] under what circumstances they died," said Dr Wooldridge. "We will attempt to identify the doctors; we will give them anonymity."

The move comes amid an escalating row about health fund-

ing between the federal and state governments and daily reports of shortcomings in the public hospital system. The states have warned of longer waiting times and hospital closures unless the federal government meets their demands for an extra \$A5.5bn (£2.2bn, \$3.5bn) over the next five years.

The Australian Medical Association welcomed the inquiry and said that many doctors believed patients were dying unnecessarily. A GP spokesman said that doctors would have no problems finding thousands and perhaps even tens of thousands of cases.

The Doctors Reform Society said that the inquiry was a shock but would reveal how the system was being starved to death by

lack of funds. "Doctors are aware of the increasing economic pressures on public hospitals, and many of them believe patients are at risk because of funding cuts," said the society's national president, Dr Con Costa.

The survey was conducted for the General Practitioner Conference and Exhibition and reported that 60% of respondents found the standard of general practice care had lapsed in the past decade and that 80% had problems getting patients into public hospitals. It also found two thirds would be willing to close their surgeries for a few hours in protest about healthcare cuts, and 33% would demonstrate outside Parliament House in Canberra. □