**Kyrgyzstan strives to make inroads on poor maternal health record**

The country has the highest maternal mortality rates among eastern European countries, but a three-year $11m programme aims to improve quality of care

[[](http://www.theguardian.com/global-development/2015/may/28/maternal-mortality-kyrgyzstan-poor-record#img-1)](http://www.theguardian.com/global-development/2015/may/28/maternal-mortality-kyrgyzstan-poor-record" \l "img-1)

A mother and baby in the town of Osh. Efforts are afoot in Kyrgyzstan to lower a maternal mortality rate that remains stubbornly high. Photograph: Viktor Drachev/Getty

Aiperi Isaeva, 23, travelled to Bishkek from her village in Issyk-Kul to give birth to her second child. The distance to the [Kyrgyzstan](http://www.theguardian.com/world/kyrgyzstan) capital is about 400km, but there is no maternity hospital in her village.

Isaeva, a primary school teacher, experienced no complications during labour and gave birth to a healthy baby girl. “The birth went well, everything was good, and I had very experienced doctors,” she says, speaking through a translator in a small, warm, three-bedded room in maternity hospital no 2.

In the room next door, Elvira Dairbek, 24, is recovering from the birth of her son, who arrived the same day. It’s her third child, and the birth went without a hitch. Dairbek, who is in the final year of a finance degree, says she will be leaving hospital the next day. Her grandmother has arrived to help take care of her and her two other young sons. Her husband and parents live and work in Moscow.

“The service here is very good,” she says, cuddling her newborn son.

Both women’s experiences are testament to the work being done in Kyrgyzstan to improve health services over the past decade, and in particular to decrease maternal and child deaths.

The country has successfully reduced under-five mortality from more than 40 deaths for every 1,000 live births in 1990 to 23 in 2012. But lowering the maternal mortality rate is proving considerably harder.

Kyrgyzstan has the highest maternal mortality rates among eastern European and central Asian countries, and is [way off track to meet the 2015 deadline for the millennium development goal](http://www.kg.undp.org/content/kyrgyzstan/en/home/mdgoverview.html) (MDG) on maternal mortality, which aimed to reduce by three-quarters the number of women dying as a result of childbirth.

[](http://www.theguardian.com/global-development/2015/may/28/maternal-mortality-kyrgyzstan-poor-record#img-2)

Arsen Askerov, president of the Kyrgyz Association of Obstetricians, Gynaecologists and Neonatologists, says the country lacks specialists. Photograph: Liz Ford/Guardian

Figures vary, but the latest data from the [World Bank](http://data.worldbank.org/indicator/SH.STA.MMRT?order=wbapi_data_value_1990%20wbapi_data_value%20wbapi_data_value-first&sort=asc) estimates that the number of women dying in childbirth for every 100,000 live births in Kyrgyzstan is 75, down only slightly from about 85 in 1990. The country’s MDG target is 15.

A [2013 report](http://www.kg.undp.org/content/kyrgyzstan/en/home/library/mdg/third-mdg-progress-report-kyrgyzstan.html) from the UN development programme found that most maternal fatalities were avoidable, with deaths from haemorraghing, acute sepsis, pre-eclampsia and eclampsia remaining stubbornly high.

Previous health programmes, including free healthcare for pregnant women and improvements to obstetric and gynaecological services, have made some inroads. But positive change has been largely dependent on where you live and whether you have money.

Women’s lack of economic independence – particularly in rural parts of the country, where two-thirds of the population live – has a significant bearing on maternal health. In poorer, rural areas, women were less likely to receive adequate prenatal care. Fear of being sacked from their jobs made them less inclined to take maternity leave, and they also had difficulty affording drugs, such as iron tablets for anaemia (which can lead to premature births if left untreated). According to the country’s national statistics committee, 64% of women in Kyrgyzstan have anaemia, more than twice the number in 1990.

Funding for maternal health services has increased, [largely thanks to donor funding](http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/IDA/0,,contentMDK:22299459%7EmenuPK:4754051%7EpagePK:51236175%7EpiPK:437394%7EtheSitePK:73154,00.html). Between 2004 and 2011, funding rose from 213.5m soms (more than $3.6m, or £2.35m) to 761.1 million soms. But as a percentage of the entire health budget, the amount is small, and has fallen over that period from 9.9% to 7.9%.

But a three-year, $11m programme between the World Bank and the ministry of health, launched last year, aims to address the disparities and accelerate progress on cutting maternal deaths. Bishkek’s maternity hospital no 2 is one of more than 40 health centres around the country involved in a pilot, a key part of which will involve training to improve staff skills.

“90% [of maternal deaths] were found to be preventable, the result of the levels of skills of the staff and the speed of getting medicine to people,” says Arsen Askerov, president of the Kyrgyz Association of Obstetricians, Gynaecologists and Neonatologists. “We need more skills than resources.”

While international guidelines on antenatal care – which stipulate that women should receive at least four visits – are widely adhered to in the country, the quality of that care is poor, adds Askerov.

“There are not enough competent specialists,” he says. “We have young specialists who don’t have a high level of skills. In rural areas there is a lack of specialists.”

Although the programme is still in its early stages – it ends in 2017 – Askerov is optimistic it will produce results. “We hope that improved services will reduce deaths. We will be trying over the next three years as much as possible to strengthen these services.”

But another element that needs attention is raising awareness around reproductive health, not least by ensuring that women know the danger signs of pregnancy and, crucially, have access to decent family planning services that – as well as reducing the number of teen births and decreasing the number of abortions – would allow them to space pregnancies.

Kyrgyzstan is one of the 69 priority countries under the Family Planning 2020 global partnership, which is working to increase access to modern forms of contraception for 120 million more women and girls globally by 2020. The [percentage of women of reproductive age using a modern form of contraception](http://www.familyplanning2020.org/entities/119) in Kyrgyzstan is about 24%.

Sitting on her bed in the maternity hospital, Dairbek, who was married at 18, says she didn’t use contraception. “We’re not allowed to take contraceptives in our family,” she says. “My mother didn’t use it.” It was not in her plans to have children so quickly after marriage – her eldest son is four – and although she says she’s “very happy” to have three sons, she adds: “For the next five years, no babies.”