

Alliance for Maternal Health Equality

Messaging house - guide to in-depth useage

This document should be used as a supplement to the Messaging House by the Alliance for Maternal Health Equality stakeholders when addressing the policy community in its broadest sense.

It provides:

1. Suggested target audiences and their interest areas relevant to our activities
2. Supplementary options for phrasing
3. Illustrative stories about stakeholder experiences/ calls for action which can be integrated into your profiling of the Alliance for Maternal Health Equality value and messaging

Please note that this is a working document which will be updated as the environment evolves and as the work of the Alliance for Maternal Health Equality progresses.

Target audiences and potential interest

DG Santé	<ul style="list-style-type: none">• Access to healthcare.• Rural versus urban access barriers• Health inequities• Migration and health• Patient mobility and implementation of Cross Border Healthcare Directive• Reimbursement of maternal health care <p>Further reading:</p> <ul style="list-style-type: none">- European Commission: Communication from the Commission on effective, accessible and resilient health systems- Expert Group on Health Systems Performance Assessment (HSPA), assessing the performance of health systems across the EU- European Council, European Parliament: Directive on the application of patients' rights in cross-border healthcare
DG EMPL	<ul style="list-style-type: none">• Working conditions• Employers as insurers for maternity• Maternity leave• Health and safety in the work place <p>Further reading:</p> <ul style="list-style-type: none">- The EU's Mutual Information System on Social Protection (MISSOC)- European Commission: Fighting Discrimination on the Grounds of Pregnancy, Maternity and Parenthood: the application of EU and national law in practice in 33 European countries- Directive of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time
DG Growth	<ul style="list-style-type: none">• Women and entrepreneurship• SME employer obligations to maternity care/ cover <p>Further reading:</p> <ul style="list-style-type: none">- European Commission: Statistical Data on Women Entrepreneurs in Europe – 2014
WHO/ UN agencies /World Bank	<ul style="list-style-type: none">• SDGs in the European setting <p>Further reading:</p> <ul style="list-style-type: none">- UN DESA Questionnaire related to the development of Sustainable Development Goals (SDGs): Preliminary responses from the EU and its Member States
Council of Europe	<ul style="list-style-type: none">• Maternal health• Access to health as a fundamental human right <p>Further reading:</p> <ul style="list-style-type: none">- Council of Europe Family Policy Database: Maternity Leave- Council of Europe: Children's Rights under the European Social Charter

Platforms which could be used:

1. Comments in social media – or find an article published on any of the topics and provide a comment referring back to the work and messages of the Alliance for Maternal Health Equality
2. Short articles in your organisation’s eNewsletters or those of affiliated organisations
3. Contributions to your own organisations’ work with policy-makers at EU and national level (via your member organisations)
4. Discussions with policy-makers – use particularly in your speaking briefing notes.
5. As part of your annual reports to explain how your organisation has contributed to maternal health inequities
6. By being actively involved in activities / events being championed by the Alliance for Maternal Health Equality e.g. Safe Motherhood Week, 28th September 2015

Why it matters:

This message conveys why what you do matters in the larger scheme of things:

Health systems in Europe are failing to deliver on universal access to high quality maternal health care for women regardless of nationality and background.

The Proof



More than **5 million women** give birth in Europe each year however 1 in 10 do not have access to maternal health services during the first months of pregnancy



There were an estimated **1900 maternal deaths** in 2013 in Europe



Out of **8,656 surveyed women** **54%** of the 310 pregnant women seen at Doctors of the World clinics in 9 European countries lacked access to antenatal care and a large majority were living in poverty

Illustrative cases/ examples from stakeholders

Example 1: European Public Health Alliance – Higher vulnerability of migrant and minority mothers (Alliance Priority Objective One - Access to maternal healthcare for all, especially in fringe cases of minority and migrant mothers)

Migrant women are often showing demonstrably higher rates of maternal mortality, as compared to women from the receiving country. For example, African female migrants in the United Kingdom’s maternal mortality rates are up to seven times higher than among white women.¹ Higher rates of maternal mortality are often the result of health illiteracy as well as infrequent use of health services.² Migrant and minority groups’ health (particularly that of mothers and children) is crucial for overcoming health inequities in a comprehensive way.³

¹ European Public Health Alliance, Dorota Sienkiewicz, *Bolstering Health Literacy to cut down maternal and infant health inequalities*, accessed 18 August 2015, <http://www.eph.org/a/6144>

² Ibid.

³ Ibid.

Example 2: International Planned Parenthood Federation (IPPF) – Health Service Providers’ Bias (Alliance Priority Objective Two - Policies facilitating a more favourable social environment, female empowerment and making an informed decision on motherhood)

Physicians, frequently the main source of information on reproductive knowledge were described as often unreliable in the countries of IPPF’s study. Among the main issues were ‘provider bias and misinformation.’⁴ Such issues vary from judgments about certain community groups (e.g., women from the Roma minority are rarely prescribed oral contraceptives)⁵ but also income and profit, as well as opportunity for profit. A gynaecologist from Panagyurishte, Bulgaria declared that the unstable local economy of this region, as well as the fact that most clients could not afford many of the services led to a lack of specialists in this area⁶. In turn, this also means lessened access to healthcare for women in this part of Bulgaria, an example of the urban versus rural factor in health services.

Example 3: International Planned Parenthood Federation (IPPF) – Policy Making and Strategy (Alliance Priority Objective Three - Focus on evidence – what is the reality for many mothers in Europe in terms of health?)

In light of the inequities faced by women when it comes to maternal health, how well are governments advancing on policy-making related to it? In the area of Sexual and Reproductive Health Rights (SRHR), only Germany and Sweden are continually involved in the creation of policies connected to SRHR.⁷ Often, the creation of a proper SRHR policy strategy remains on stand-by, due to other priorities, lack of or poor political leadership, and in some cases, religious considerations.⁸ Additionally, existing policy implementation in this field suffers from lack of proper monitoring and evaluation controls⁹, therefore failing to focus on the real-life results of any governmental actions taken.

What we offer:

This message conveys what’s useful or beneficial or solves a problem:

The Alliance for Maternal Health Equality brings together key actors at EU and national level to work towards ensuring that policies exist and are implemented to deliver on maternal health equity at all levels.

⁴ International Planned Parenthood Federation, Key Factors Influencing Contraceptives Use in Eastern Europe and Central Asia: Findings from a Qualitative Study in 7 Countries and Recommendations for Improving Access to Modern Contraception in the Region, p. 18, accessed 17 August 2015, http://countryoffice.unfpa.org/kazakhstan/drive/Rep_Keyfactorsinflcontractusein7ctries_Dec2012.pdf

⁵ Ibid.

⁶ Ibid., p. 19

⁷ International Planned Parenthood Federation, Barometer of Women’s Access to Modern Contraceptive Choice in 16 EU Countries, p.13, accessed 18 August 2015, [http://www.ippfen.org/sites/default/files/Barometer_final%20version%20for%20web%20\(2\)_0.pdf](http://www.ippfen.org/sites/default/files/Barometer_final%20version%20for%20web%20(2)_0.pdf)

⁸ Ibid., p.12

⁹ Ibid., p.13

Supplementary Phrasing

The Alliance for Maternal Health Equality is comprised in the first instance of EU level stakeholder organisations from healthcare professionals (Nurses, doctors), family and carer groups, patients, migration and mobility, health promotion, industry (healthcare, ICT) and policy-makers.

1. Campaigning for universal access to affordable, quality maternal healthcare across the EU
 - Health inequities
 - Migration
 - Resilient health systems agendas
2. Creating a favourable environment to empower women to make choices
 - Elements outside of the healthcare policy agenda that impacts on choice eg. Childcare and Workplace policies
3. Shadow reporting
 - How do women living in the EU as well as other citizens, view the efficacy of maternal health systems and services?
 - How are the policies at national and EU level impacting user friendliness of systems?
 - European Semester and ECHI indicator agenda

Supplementary Proof Points

- The Alliance for Maternal Health Equality's work programme for 2015 includes contributions to Safe Motherhood Week – to raise awareness of the need for policy-makers to deliver on the promise of equality of access to maternal health across all policies at EU level – “deliver on maternal rights”.
- We advocate within the **Council of Europe** through Resolution to request the Council of Europe to consider how national MPs can initiate and monitor policies to “deliver on maternal rights”.
- We pose **questions via MEPs to the European Commission** – across DGs.
- We contribute to the **European Health Policy Forum** and the **Commission's Expert Group on Health inequities** through discussion papers authored and endorsed by the Alliance for Maternal Health Equality.

Response to critics:

This message preempts negative or erroneous perceptions:

The evidence is there that there is an unmet need. We contribute across stakeholder groups and political affiliations to make the promise of a resilient health system a reality.

Call to action:

This message tells the audience what to do:

Work together as a united Europe to deliver policies which support equal access to affordable, quality maternal health for all women.

Push for measurement of systems according to usability to optimize access to maternal healthcare in Europe.

Supplementary Phrasing

Please refer to the manifesto for main points for call to action. This will be adopted during the meeting of 29 September 2015 at the European Parliament.