WE CAN END POVERTY 2015 MILLENNIUM DEVELOPMENT GOALS

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High-level Plenary Meeting of the General Assembly

FACT SHEET

GOAL 5
Improve Maternal Health

TARGETS

1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
2. Achieve, by 2015, universal access to reproductive health

Quick Facts

* More than 350,000 women die annually from complications during pregnancy or childbirth, almost all of them — 99 per cent — in developing countries.
- The maternal mortality rate is declining only slowly, even though the vast majority of deaths are avoidable.
- In sub-Saharan Africa, a woman's maternal mortality risk is 1 in 30, compared to 1 in 5,600 in developed regions.
- Every year, more than 1 million children are left motherless. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

WHERE DO WE STAND?

Maternal mortality remains unacceptably high. New data show signs of progress in improving maternal health — the health of women during pregnancy and childbirth — with some countries achieving significant declines in maternal mortality ratios. But progress is still well short of the 5.5 per cent annual decline needed to meet the MDG target of reducing by three quarters the maternal mortality ratio by 2015.

Progress has been made in sub-Saharan Africa, with some countries halving maternal mortality levels between 1990 and 2008. Other regions, including Asia and Northern Africa, have made even greater headway.

Most maternal deaths could be avoided. More than 80 per cent of maternal deaths are caused by haemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive diseases of pregnancy. Most of these deaths are preventable when there is access to adequate reproductive health services, equipment, supplies and skilled healthcare workers.

More women are receiving antenatal care and skilled assistance during delivery. In all regions, progress is being made in providing pregnant women with antenatal care. In North Africa, the percentage of women seeing a skilled health worker at least once during pregnancy jumped by 70 per cent. Southern Asia and Western Asia reported increases of almost 50 per cent, with coverage increasing to 70 per cent of pregnant women in Southern Asia and 79 per cent in Western Asia.

In 2008, skilled health workers attended 63 per cent of births in the developing world, up from 53 per cent in 1990. Progress was made in all regions, but was especially dramatic in Northern Africa and South-Eastern Asia, with increases of 74 per cent and 63 per cent, respectively.

Large disparities still exist in providing pregnant women with antenatal care and skilled assistance during delivery. Poor women in remote areas are least likely to receive adequate care. This is especially true for regions where the number of skilled health workers remains low and maternal mortality high — in particular sub-Saharan Africa, Southern Asia and Oceania.

HIV is also curtailing progress, contributing significantly to maternal mortality in some countries.

The risk of maternal mortality is highest for adolescent girls and increases with each pregnancy, yet progress on family planning has stalled and funding has not kept pace with demand. Contraceptive use has increased over the last decade. By 2007, 62 per cent of women who were married or in union were using some form of contraception. However, these increases are lower than in the 1990s.

Some 215 million women who would prefer to delay or avoid childbearing lack access to safe and effective contraception. It is estimated that meeting the unmet needs for contraception alone could cut — by almost a third — the number of maternal deaths.

Funding of reproductive and maternal health programmes is vital to meet the MDG target. Yet official development assistance for family planning declined sharply between 2000 and 2008, from 8.2 to 3.2 per cent. Other external funding has also declined. There is now less money available to fund these programmes than there was in 2000.

WHAT HAS WORKED?

- **Widening access to maternal health services in Egypt:** The Ministry of Health and Population significantly increased access to obstetric and neonatal care, in particular to vulnerable populations in Upper Egypt. About 32 maternity homes were constructed in rural areas. The number of births attended by trained healthcare workers in rural areas has since doubled to 50 per cent.

- **Fighting fistula in sub-Saharan Africa, South Asia and the Arab States:** In 2003, the UN Population Fund (UNFPA), together with government and private partners, launched the Campaign to End Fistula, a childbirth injury that leaves women incontinent, isolated and ashamed. The campaign is now active in 49 countries across sub-Saharan Africa, South Asia and the Arab States. More than 28 countries have integrated the issue into relevant national policies and more than 16,000 women have received fistula treatment and care.

- **Investing in mobile maternal health units in Pakistan:** UNFPA-supported mobile clinics were set up in Pakistan in 2005 and had received nearly 850,000 patients by 2008. Women can use them for antenatal consultations, deliveries, post-miscarriage complications and referrals for Caesarean section. The mobile units managed to provide skilled birth attendance to 43 per cent of pregnant women in remote areas, 12 per cent higher than the national average.

WHAT IS THE UN DOING?

- UN Secretary-General Ban Ki-moon, together with leaders from governments, foundations, NGOs and business, launched in 2010 a **Global Strategy for Women's and Children's Health**, setting out key actions to improve the health of women and children worldwide, with the potential of saving 16 million lives by 2015. The Global Strategy spells out steps to enhance financing, strengthen policy and improve service delivery, and sets in motion international institutional arrangements for global reporting, oversight and accountability on women's and children's health.

- UNFPA, the UN Children's Fund (UNICEF), the World Health Organization (WHO), and the World Bank, as well as the Joint UN Programme on HIV/AIDS (UNAIDS), have joined forces as **Health 4+** (H4+) to support countries with the highest rates of maternal and newborn mortality. The H4+ partners support emergency **obstetric and neonatal care needs assessments** and help cost national maternal, newborn and child health plans, mobilize resources, increase the number of skilled health workers, and improve access to reproductive health services.

- In 2009, WHO, UNICEF and UNFPA partnered with the African Union Ministers of Health as well as bilateral aid and non-governmental organizations to launch the **Campaign on Accelerated Reduction of Maternal Mortality in Africa** (CARMMA). The campaign aims to save the lives of mothers and newborns. It is active in 20 African countries, including Chad, Ethiopia, Ghana, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone and Swaziland.

- A programme led by UNFPA and the International Confederation for Midwives is active in 15 countries in Africa, the Arab States and Latin America, working closely with Ministers of Health and Education to increase the capacity and the number of **midwives**. Under the programme, Uganda has developed a plan to promote quality midwife training; Northern Sudan has developed the first ever national midwifery strategy; and in Ghana, a nationwide needs assessment of all the midwifery schools will help strengthen training.

- UNFPA's **Global Programme to Enhance Reproductive Health Commodity Security** and WHO's evidence-based guidance in family planning have helped improve access to reproductive health supplies in more than 70 countries, including in Ethiopia, where the contraceptive prevalence rate has more than doubled since 2005, and in Laos, Madagascar and Mongolia, where significant progress in the use of voluntary family planning was also noted.

Sources: *The Millennium Development Goals Report 2010,* United Nations; World Health Organization (WHO); UN MDG Database (**mdgs.un.org**); MDG Monitor Website (**www.mdgmonitor.org**), UN Development Programme (UNDP); *What Will It Take to Achieve the Millennium Development Goals? – An International Assessment 2010*, UNDP; Campaign to End Fistula Website (**www.endfistula.org**); UN Population Fund (UNFPA); Office of the UN High Commissioner for Human Rights (OHCHR).

For more information, please contact **mediainfo@un.org** or see **www.un.org/millenniumgoals.**

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