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**FOCUS  
ON  
5**

**WOMEN'S  
HEALTH AND  
THE MDGS**

**WOMEN  
DELIVER**

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*Designed by  
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#### ENDORISING ORGANIZATIONS

- **The Averting Maternal Death and Disability Program (AMDD), Mailman School of Public Health, Columbia University**
- **Center for Health and Gender Equity (CHANGE)**
- **EngenderHealth**
- **International Federation of Gynecology and Obstetrics (FIGO)**
- **International Planned Parenthood Federation (IPPF)**
- **Ipas**
- **Likhaan**
- **Physicians for Human Rights**

Of all the Millennium Development Goals (MDGs), MDG 5 – **Improve Maternal Health** – has made the least progress and is the most underfunded.

**These briefing cards outline FOUR reasons why policymakers should prioritize saving the lives of mothers and newborns and TWO key investments they should make in order to achieve that goal.**

Globally, the MDGs are widely accepted as the path to ending poverty. But one central fact is not yet widely understood: none of these goals can be achieved without more progress in promoting women's and adolescent girls' rights, protecting maternal health, and advancing family planning and reproductive health.

These briefing cards present the messages and recommendations that policymakers, civil society groups, and advocates can use to improve vital maternal and newborn health services in the developing world. They highlight cost-effective national health strategies that are also practical solutions to improve maternal and newborn health outcomes.

**No woman should die giving life.**



# 1

**FOCUS ON 5**  
**WOMEN'S**  
**HEALTH AND**  
**THE MILLENNIUM**  
**DEVELOPMENT**  
**GOALS**

## Key Messages and Actions to Promote Women's Health in the MDGs

There is a global consensus that care for mothers, newborns, and children is an interconnected continuum. The health of a mother is critical to the health and survival of her infant, and other children as well. However, women's health continues to be the most neglected and underfunded element of this continuum.

Political commitment and actual investment in the necessary measures must increase dramatically if Millennium Development Goal (MDG) 5 — *Improve Maternal Health* — is to be achieved by 2015.

These briefing cards detail **four key reasons** why policymakers should invest in women's health and **two key actions** to improve vital services for mothers and newborns in the developing world. The cards highlight what is needed financially, where the money should go, and what the results would be.

### **FOUR KEY REASONS:**

- Invest in women—it pays!
- Maternal health is a human right.
- The investment necessary to achieve MDG 5 is well within reach.
- We know what to do—scaling up cost-effective strategies can accelerate progress.

### **TWO KEY ACTIONS:**

- Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.
- Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.



## THE KEY MESSAGES: REASONS TO TAKE ACTION

- 1. Invest in women – it pays!** Investment in women creates a virtuous circle in which healthy and educated women are more productive economically. They deliver for their families, communities, and nations. Their income stays at home and their care keeps children alive.
- 2. Maternal health is a human right.** Disparities in maternal death rates between rich and poor women are greater than in any other public health measure. Women's rights to quality health care must be ensured to prevent avoidable maternal deaths and complications.
- 3. The investment necessary to achieve MDG 5 is well within reach.** Greater political will and financial investment in maternal health and women will decrease deaths and disabilities and increase access to information and services.
- 4. We know what to do: scaling up cost-effective strategies can accelerate progress.** Maternal and newborn mortality is one of the best indicators of overall health system performance. We know what the problems are and we know which interventions will save lives — skilled care during pregnancy and childbirth; emergency obstetric care; immediate postnatal care for mothers and infants; and family planning and other reproductive health services

*Note: Message 3 and 4 are detailed in briefing cards 2 and 3.*

## THE ACTION PLAN

1. Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.
2. Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.

An annual increased investment of US\$5 billion in maternal and newborn health could return as much as three times as much in annual productivity gains.

#### MESSAGE 1

### Invest in women—it pays!

#### HEALTHY WOMEN DELIVER FOR THEIR FAMILIES, COMMUNITIES, AND NATIONS.

Women's income is more likely than men's to go toward food, education, medicine, and other family needs. As caretakers for everyone in the household, women govern family nutrition, health care, and resource use. Good nutrition among pregnant women and adolescents helps ensure healthy pregnancies and healthy families.

If a woman falls ill and/or dies, her children are much more likely to leave school, become ill, or to possibly die. Her production and income is lost to the family and the community. Therefore, many lives are saved — and national income rises — when mothers' well-being is ensured by access to health care from skilled providers during labour, birth, and just after delivery.

#### THE RETURN ON INVESTMENT IN WOMEN IS ENORMOUS.

Several reports estimate that the package of services essential to making significant improvements in maternal health would cost less than US\$1.50 per person in the 75 countries where 95 percent of mothers' deaths occur.<sup>1</sup> A World Bank study found that emergency obstetric care, skilled health care before and during delivery, and family planning were among the six most cost-effective health interventions for low-income countries.<sup>2</sup>

#### MESSAGE 2

### Maternal health is a human right.

#### WOMEN IN DEVELOPING COUNTRIES DIE AT VASTLY HIGHER RATES THAN IN DEVELOPED COUNTRIES.

Of all public health measures, maternal mortality rates show the greatest level of disparity. In Canada, where education, family planning, and health care services are available to all, one in 11,000 women have a lifetime risk of dying from complications of pregnancy and childbirth. In Niger, where high fertility joins poverty and shattered health care systems, pregnancy-related causes kill one in seven women.<sup>3</sup>

#### THESE DEATHS ARE LARGELY AVOIDABLE.

Maternal deaths are a gross violation of women's human rights. Yet, these deaths could be cut by nearly three-quarters if women and adolescents had better access to skilled care during pregnancy and childbirth, emergency obstetric care, and immediate postnatal care, as well as family planning and other reproductive health services.<sup>4</sup> Health care improvements must come within a broader context of efforts to promote human rights, reduce poverty, and foster equality between men and women.

1 Gill K et al, Women Deliver for Development, Background Paper to the Women Deliver Conference, FCI and ICRW, 2007.

2 Ibid.

3 Ibid.

4 The Lancet, Executive Summary, Maternal Survival Series, September 2006, London, p.1.



[www.womendeliver.org](http://www.womendeliver.org)

**FAMILY CARE INTERNATIONAL**

588 Broadway, Suite 503  
New York, NY 10012, USA

Tel: 212.941.5300

[info@familycareintl.org](mailto:info@familycareintl.org)  
[www.familycareintl.org](http://www.familycareintl.org)



# 2

## FOCUS ON 5

### WOMEN'S HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS

## MDG 5: Women's Health is Critical to the Millennium Development Goals (MDGs)

### MESSAGE 3

**The investment necessary to achieve MDG 5 is well within reach.**

**Greater political will and financial investment in maternal health and women will create progress.**

UN Secretary-General Ban Ki-moon has noted that MDG 5 has made the least progress to date of all the Millennium Development Goals (MDGs) and is the least likely to achieve its targets by 2015. At present, MDG 5 is insufficiently financed. In 2006, donor aid for maternal and newborn health — US\$1.2 billion — fell short of the amount needed to reduce maternal mortality by three-quarters by 2015. Investments in maternal and newborn health must increase by an additional US\$5 billion annually by 2010 in order to achieve greater progress toward MDG 5 targets by 2015.



### **THE MDGS AT A GLANCE**

At the United Nations Millennium Summit in 2000, global leaders from 189 countries agreed to the Millennium Declaration, a strategy to address extreme poverty and development challenges worldwide by 2015. The Millennium Development Goals (MDGs) are a framework for assessing countries' progress in achieving the development priorities identified by the Millennium Declaration.<sup>5</sup>

**MDG 1:** Eradicate extreme poverty and hunger

**MDG 2:** Achieve universal primary education

**MDG 3:** Promote gender equality & empower women

**MDG 4:** Reduce child mortality

**MDG 5:** Improve maternal health

**MDG 6:** Combat HIV/AIDS, malaria & other diseases

**MDG 7:** Ensure environmental sustainability

**MDG 8:** Develop a global partnership for development

### **THE MDGS BUILD ON DEVELOPMENT PRIORITIES SET AT PRIOR GLOBAL EVENTS:**

- Conference on Environment and Development (1992)
- International Conference on Population and Development (1994)
- Fourth World Conference on Women (1995)
- World Summit for Social Development (1995)
- World Education Forum (2000), and others

### **MATERNAL HEALTH IMPACTS THE OTHER MDGs**

MDG 5 — Improve Maternal Health — is often called the heart of the MDGs, because progress there is critical to achieving each of the other MDGs. Poverty has an enormous negative impact on the health of women and their families; ill health in turn pushes women and their families further into poverty.

The policy and program changes required to achieve MDG 5 will directly support MDGs 3 through 7 (focusing on women's empowerment, child health, HIV and other diseases, and the environment) and influence the achievement of poverty reduction (MDG 1) and education (MDG 2).

2005 Figures

**MATERNAL MORTALITY SCORECARD: HIGHEST RISK IN EACH REGION<sup>6</sup>**

Region	Country	Lifetime risk of death from pregnancy-related causes
Africa	Niger	1 in 7
Middle East	Afghanistan	1 in 8
Latin America & Caribbean	Haiti	1 in 44
Asia	Bangladesh	1 in 27
Europe	Estonia	1 in 2,900

5 <http://www.un.org/millenniumgoals/>

6 World Health Organization (WHO); UN Population Fund (UNFPA); UN Children's Fund (UNICEF); UN Population Division; and the World Bank, October 2007.

7 Hill K et al. "Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data." *The Lancet*, October 13-19, 2007, 370 (9555):1311-1319.

8 World Health Organization. The global shortage of health workers and its impact, Fact sheet N° 302, April 2006.

**MEASURING PROGRESS TOWARD MATERNAL HEALTH**

Globally, the rate of deaths from pregnancy and childbirth has declined only 1 percent per year between 1990 and 2005, but a 5.5 percent annual rate is needed to get on track toward achieving MDG 5.<sup>7</sup> Many countries in sub-Saharan Africa and South Asia have shown little progress or have actually lost ground.

Thirty-six countries in sub-Saharan Africa have severe shortages of health workers. At least 2.3 trained health care providers are needed per 1,000 people to reach 80 percent of the population with skilled attendance at birth and child immunization coverage.<sup>8</sup>

In October 2007, the United Nations General Assembly revised the targets and indicators for MDG 5. The new targets and indicators to be achieved by 2015 include:

**Target 1: Reduce maternal mortality by three-quarters**

- **Indicator 1: Maternal mortality ratio** — Annual number of maternal deaths per 100,000 live births.
- **Indicator 2: Percentage of births attended by skilled health personnel** — The percentage of women who deliver with a skilled health worker (doctor, nurse, or midwife) in attendance.

## Target 2: Achieve reproductive health for all

- **Indicator 3: Contraceptive prevalence rate** — The percentage of women of reproductive age (15-49) who are practicing, or whose sexual partners are practicing, any form of contraception.
- **Indicator 4: Adolescent birth rate** — The annual number of births to women aged 15-19 per 1,000 women in that age group.
- **Indicator 5: Unmet need for family planning** — The gap between women's stated desires to delay or avoid having children and their actual use of contraception.
- **Indicator 6: Antenatal care coverage** — Percentage of women who have given birth who received antenatal care from a skilled attendant at least once during their pregnancy.



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588 Broadway, Suite 503  
New York, NY 10012, USA

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# 3

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## MDG 5: Practical Solutions

### MESSAGE 4

#### **We know what to do: cost-effective health strategies can accelerate progress**

Maternal mortality is one of the best indicators of overall health system performance. If health services are functioning and quality care is made available to women, maternal deaths can be minimized, if not eliminated. Complications during pregnancy and childbirth are unpredictable — therefore, all women need access to skilled care, including the capacity to manage life-threatening complications.

**No magic bullet can address all maternal health problems, but some interventions do work.** Core strategies for improving maternal health include:

1. Skilled care during and immediately after pregnancy and childbirth;
2. Access to emergency obstetric care if life-threatening complications develop;
3. Immediate postnatal care for mothers and newborns; and
4. Family planning and other reproductive health services.



## THE PROBLEM <sup>9</sup>

Pregnancy and childbirth are among the leading causes of death for women in developing countries. Almost all these deaths could be prevented by cost-effective measures that are easy to implement, even where resources are scarce.

- Annually, there are 210 million pregnancies. More than 40 percent result in complications, and 15 percent have a life-threatening complication.
- One woman dies from pregnancy-related causes every minute — more than 500,000 per year — almost all (99 percent) in developing countries.
- Four million newborn infants also die each year, mostly due to the mother's poor health or to inadequate care in the critical hours, days, and weeks after birth.

### Five causes are responsible for 75 percent of mothers' deaths:

- **Haemorrhage** is excessive, rapid bleeding that can kill even a healthy woman in two hours if she is unattended.
- **Obstructed labour** occurs when the fetus cannot pass through the birth canal. It is most common among poor, young girls whose bodies are not yet mature or among women who are stunted from malnutrition.<sup>10</sup>
- **Unsafe abortion** is the termination of an unwanted pregnancy either by a person lacking the necessary skills or in an unsanitary environment, or both. Every year, 20 million unsafe abortions occur.<sup>11</sup>
- **Sepsis** is a severe infection.
- **Eclampsia** is a complication during pregnancy in which high blood pressure causes convulsions in the pregnant woman during or prior to birth.<sup>12</sup>

## THE ACTION PLAN

Saving the lives of mothers and newborns requires investment to *prevent* problems during pregnancy and childbirth and to *treat* the complications that do develop. Access to *sexual and reproductive health information and services* can help couples or individuals to plan the number and spacing of their children. Once pregnant, quality maternity care can help identify possible complications before delivery and address them in time to avert disability and death. Because many complications are unpredictable and difficult to prevent, *all women should have access to skilled care during birth and immediately following delivery, including emergency care.*

The following concrete actions are required in order to meet MDG 5 by 2015:

- 1 Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.**
- 2 Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.**

9 United Nations Population Fund (UNFPA), Facts About Safe Motherhood, [www.unfpa.org/mothers/facts.htm](http://www.unfpa.org/mothers/facts.htm)

10 Kwast BE. 1991b. Puerperal sepsis: its contribution to maternal mortality. *Midwifery* 7(3):102–106.

11 World Health Organization, Safe abortion: Technical and policy guidance for health systems, Geneva, 2003.

12 Khan KS. Magnesium Sulfate and other anti-convulsants for women with pre-eclampsia, RHL Commentary, (revised 8 Sept 2003). The WHO Reproductive Health Library, Geneva: World Health Organization.

## CREATING A SAFER HOUSE: A FUNCTIONING HEALTH SYSTEM CAN PROVIDE PRACTICAL SOLUTIONS TO MATERNAL MORTALITY

Cause	% of Maternal Deaths	Practical Solutions	How They Work
Haemorrhage	24%	Oxytocin Misoprostol	Oxytocin and misoprostol are drugs to prevent or stop bleeding during and immediately following delivery. <sup>13,14</sup> Active management of the third stage of labour is the administration of one of these drugs before the delivery of the placenta, controlled cord traction, and uterine massage. <sup>15</sup>
Obstructed labour	8%	Caesarean section	Caesarean section is the delivery of the baby by an incision into the abdominal wall and the uterus when a vaginal birth is either not possible or not safe for the mother and baby. <sup>16</sup>
Unsafe abortion	13%	Family planning Safe abortion Medical abortion Manual vacuum aspiration	<ol style="list-style-type: none"> <li>1) Family planning information and access to contraception can prevent unintended and unplanned pregnancies that often result in abortion.</li> <li>2) Safe abortion is a safe medical procedure performed by a trained health care provider using proper techniques and sanitary standards for terminating unwanted pregnancy.<sup>17</sup></li> <li>3) Medical abortion is a non-surgical option to safely terminate an early term pregnancy by using drugs (i.e., mifepristone and methotrexate).<sup>18</sup></li> <li>4) Manual vacuum aspiration is a procedure for treating women with incomplete, induced, or spontaneous abortions.</li> </ol>
Sepsis/Infection	15%	Antibiotics	A hygienic delivery and postpartum care can prevent infection that results in blood poisoning in newborns. Antibiotics can be used in the case of infection. <sup>19</sup>
Eclampsia	12%	Magnesium sulphate	Magnesium sulphate is an effective, safe, and low-cost medication that reduces the risk of eclampsia (convulsions) and maternal death.

