Maternal Health

NOVEMBER 2007

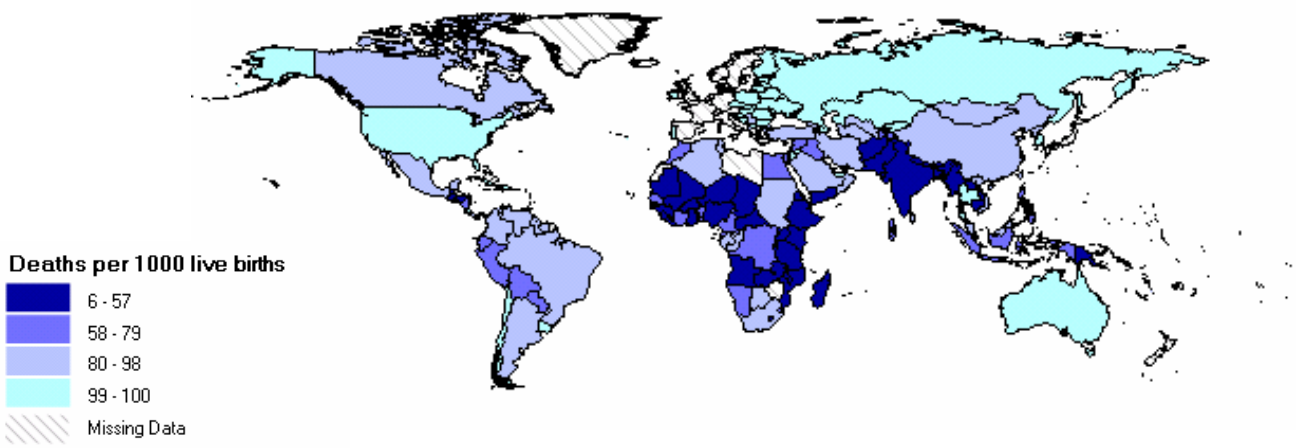
Millennium Development Goal 5: Improve maternal health.
Target 6: Between 1990 and 2015, reduce the maternal mortality ratio by three quarters.

Are we on track to meet the target?

		Africa		Asia				Latin America & Caribbean	Commonwealth of Independent States	
		Nothern	Sub-Saharan	Eastern	South-Eastern	Southern	Western		Europe	Asia
		moderate mortality	very high mortality	low mortality	high mortality	very high mortality	moderate mortality	moderate mortality	low mortality	low mortality
Progress on reducing maternal mortality by three quarters										
Proportion of deliveries attended by skilled health care personnel (%)	1990	40	42	51	38	30	60	72	99	
	2005	75	45	83	68	38	66	89	98	

Line 1 (progress) – The words describe current levels. The colours show the trend towards meeting the 2015 target.
Key: **Dark Green** = target met. **Light Green** = almost met, or on target. **Orange** = some/negligible progress, but insufficient to meet target.
Red = no change or negative progress.
Line 2 (level) – Proportion of deliveries attended by skilled health care personnel (percentage) – **Key**: Please refer to map key below.
Source: United Nations Statistics Division - UN Millennium Development Goals Report 2007

Progress: Although most maternal deaths are preventable, MDG 5 is proving hard to reach – despite maternal health being high on the international agenda for more than two decades. More than half a million women continue to die each year from complications of pregnancy and childbirth, almost all in sub-Saharan Africa and Asia. [1p.1] Some progress has been made in reducing maternal deaths, although not in the countries where giving birth is most risky. In some parts of Africa (e.g. Malawi and Zimbabwe) maternal deaths are increasing. This is attributable to high HIV prevalence, conflict, and deteriorating health systems. [2p.21] A small number of countries, largely in Asia, have made dramatic improvements – illustrating that with the right policies, strategies and conditions in place rapid progress is possible. [3p.15]



Proportion of Births attended by skilled personnel (2000–2005)
Source: UN "Millennium Development Goals Indicators Database" (2007)

"Universal access to sexual and reproductive health information and services would have far-reaching effects for both the maternal and child health goals." [4p.5]

Key messages

- Almost all maternal deaths could be averted with access to professional care during pregnancy and childbirth and the few weeks after, as well as access to emergency obstetric care in the event of complications.
- Experience from Thailand, Bangladesh and Sri Lanka shows that maternal mortality can be reduced in low-income settings – by increasing access to skilled attendants, emergency obstetric care and family planning services. [5p.23 & 6p.6]
- There are significant differences in access to maternal health services, e.g. in Ethiopia, the rich are 28 times more likely than the poor to have a skilled attendant at delivery. [6p.3]
- Maternal deaths are just the tip of the iceberg – which is why MDG 5 also aims to improve maternal health. For every maternal death, there are at least 20 additional women who suffer serious pregnancy-related complications that can cause lifelong disabilities. [7p.1]
- The health and survival chances of a newborn baby are largely determined by the mother's health and nutrition and prenatal and antenatal care that she receives.
- To make the best possible progress in reducing maternal deaths and disability, there must be the political will to act. Improving the status and rights of women and increasing all women's access to essential maternal health services must be made a priority concern. [9p.1]

Facts and figures

- Every year more than half a million women die due to complications of pregnancy and childbirth – 99% in developing countries. [6p.1] A further nine million more women suffer complications that can result in life long pain, disability and socio-economic exclusion. [6p.1]
- The chances of suffering a maternal death over a woman's lifetime is one in 6 in Sierra Leone compared to one in 3,800 in the UK – a 600 fold difference. [1p.25 & 26]
- Millions of women are left without care at the birth of their babies - nearly one in four women in developing countries is alone, or with only a relative or neighbour to assist them at childbirth – this has not changed since the early 1990s. [10p.41]
- Antenatal care is a core component of maternal health services. Since 1990, every region has made progress in this respect. Even in sub-Saharan Africa, more than two thirds of women receive antenatal care at least one time during pregnancy. [2p.24]
- Maternal death is the leading cause of death for girls aged 15-19 in the developing world - they are twice as likely to die in childbirth as women in their twenties. [11p.11] High adolescent birth rates continue, despite reductions in total fertility in many regions. [12p.17]
- Preventing unplanned pregnancies alone could avert at least one quarter of maternal deaths each year, including the 68,000 that result from unsafe abortion. 137 million women who have expressed a desire to space or limit their family size are not using any form of contraception – a further 64 million rely on less effective traditional methods. [13p.17]
- US$1 million invested in family planning could avert 360,000 unwanted pregnancies, prevent 150,000 induced abortions and save the lives of 800 mothers and 11,000 infants. [14]

"Sexual and reproductive ill-health accounts for one-third of the global burden of disease among women of reproductive age and one-fifth of the burden of disease among the population overall." [13(exec sum)]

Challenges and solutions

Sexual and reproductive health and rights, defined in the International Conference on Population and Development's Programme of Action, [15] are critical to meeting all the MDGs, particularly those on maternal & child health and HIV prevention. Universal access to sexual and reproductive health, including HIV prevention and, where legal, safe abortion services, would significantly improve maternal health and reduce the number of unwanted and unplanned pregnancies.

The world's poorest countries do not have health systems capable of providing the required maternal health services. Key elements must be strengthened including increasing the numbers of health providers with midwifery skills and providing obstetric care for women who experience complications. Non-health interventions also need to be improved including, water and sanitation, infrastructure, power, transport and communications.

Underlying high levels of maternal death and disability is a reflection of the failure to assure women's rights. Women's low status and heavy physical workloads, lack of power, poor access to information and care, restricted mobility, early age of marriage and the low political priority and resources given to their health all contribute to high mortality. In many settings, overcoming this means challenging the cultural and political norms and legal frameworks that limit women's ability to make informed choices about, and take appropriate actions to ensure, healthy sexual and reproductive lives.

Assessing progress towards MDG 5 is hampered by limited data availability and the challenges inherent in measuring maternal mortality and morbidity. This is particularly true in countries where the registration of birth and deaths is incomplete and cause of death is not ascertained.

What the UK government is doing to help

DFID's Strategies and Position Papers

In April 2007, we published the second **progress report** against our maternal health strategy – **Reducing Maternal Deaths: Evidence and Action**. The strategy is supported by our 2004 position paper on **Sexual and Reproductive Health and Rights** and our 2005 guidance note **How to reduce maternal deaths: rights and responsibilities** which aims to help DFID staff bring a rights and equity perspective to their work.

More attention to, and expenditure on, maternal health

Many of DFID's Country Assistance Plans commit to addressing maternal mortality and improving sexual and reproductive health. Bilateral spending that specifically addresses maternal and reproductive health was £32.3 million in 2005/2006 (excluding Poverty Reduction Budget Support).

DFID also makes significant contributions to the maternal health programmes of the EC, the World Bank and international and national civil society groups. We also fund and collaborate with the UN health and development agencies such as the WHO, UNFPA and UNICEF.

In February 2006, DFID committed £3 million to the **Safe Abortion Action Fund** developed by the International Planned Parenthood Federation which aims to reduce the 13% of maternal deaths that result from unsafe abortion. We have also encouraged other donors to contribute.

"The risk of death for children under 5 years is doubled if their mothers die in childbirth." [16p.3]

Ensuring Harmonised and Co-ordinated Working

DFID is an active member of the global **Partnership for Maternal, Newborn and Child Health**, which promotes coordination and harmonisation of policies. We are also pushing for a clearer division of labour between **WHO**, **UNICEF** and **UNFPA** in maternal, newborn and child health and encouraging the UN to take leadership in this field as have they have done for AIDS.

DFID is a key partner in the Norwegian government's drive to achieve MDGs 4 and 5 – and specifically in helping **NORAD** to draw up a **Global Business Plan** for tackling maternal and child deaths.

Developing New Knowledge

We support research programme consortia on **maternal, neonatal and child health** and **sexual and reproductive health and rights**. We also support the Initiative for Maternal Mortality Programme Assessment (**IMMPACT**) with the **Gates Foundation**, **USAID** and the **EC**.

We also support the work of the **Health Metrics Network** to help countries to provide better data to track their progress towards MDG5. This includes supporting progress towards better registration of births and deaths, improved estimation of maternal death rates from surveys and censuses, and supporting the development of indicators to better measure improvements in reproductive health.

Impact and results

- DFID has committed £252 million (2005-11) to the second phase of the National Reproductive and Child Health Programme in India - RCH2 - that aims to reduce social and geographic disparities in access and use of reproductive and child health services. The programme has led to increases in the proportion of institutional births; in the state of Madhya Pradesh from 40.6% in 1998-99 to 50.8% in 2005-06; in Orissa State from 22.7% to 38.7%, and in West Bengal from 40% to 53%. Improved uptake of services has been aided by provision of transport for women to reach health facilities for childbirth, and the use of financial incentives. DFID support to RCH 2 has enabled the National Ministry of Health and Family Welfare to develop guidelines for skilled birth attendants and for management of complications, and trained doctors to provide obstetric anaesthesia. Most states have embarked on programmes to upgrade medical facilities in order to provide access to 24 hour services for care of women with maternal complications.
- DFID and WB policy is to support countries to abolish user fees. Such a policy change can have a dramatic impact on access to maternal health services, even in fragile states. In just one health facility in Bubanza province in Burundi, facility deliveries have increased ninefold since maternal health services became free.
- The Maputo Plan was unanimously agreed by the African Union Health Ministers when they met in September 2006. UNFPA and IPPF, with support from DFID, were key to enabling this meeting to take place. The Plan of Action included unanimous support for better family planning, improved contraceptive commodity security and action to reduce unsafe abortion.
- DFID is recognised for its strong defence of women's sexual and reproductive rights and has worked closely with other like-minded European partners (e.g. Norway and Sweden) to defend strong sexual and reproductive health and rights language in UN negotiations. Most recently

this involved difficult EU negotiations to agree consensus on language in relation to progress on maternal health at the 2007 World Health Assembly.

Case studies

Country programmes – DFID country offices are increasing their support for reproductive and maternal health. In most countries where DFID works, maternal health is being addressed through broad support to health systems strengthening, for example, maternal health is a priority in the Reproductive and Child Health programme in India where 20% of all maternal deaths take place. In several countries in Africa and Asia (for example Bangladesh, Pakistan, Nepal, Malawi, Kenya), DFID is investing strongly in specific Safe Motherhood programmes.

Pakistan - In October 2006, DFID confirmed a contribution of up to £90 million over five years for a new National Maternal, Neonatal and Child Health Programme. This will expand maternal and newborn care and family planning services, and support the creation of a new cadre of community midwives, and the promotion of effective maternal and child health behaviour by families.

Sierra Leone - DFID is proposing to support a basic services programme in Sierra Leone, where maternal mortality rates are very high. It could provide up to £82 million over 10 years to strengthen national systems to deliver sexual, reproductive and child health services and to improve access to water and sanitation.

Malawi - Almost all maternal deaths could be avoided with access to a skilled attendant at birth during pregnancy and childbirth. The health worker crisis has been identified as one of the large scale issues which needs to be addressed before progress can be made. In Malawi, DFID has supported an Emergency Human Resource programme that has resulted in 570 extra health professionals in the first 6 months, 60 volunteers, large increases in doctors and nurses training, better staff retention and incentives for working in remote areas.

Zambia - DFID analysis of financial flows in the health sector in Zambia have shown how vertical, disease specific funds are undermining the health sector by diverting staff attention to delivery of the vertical programme. This has an impact on the delivery of maternal health services and blocks implementation of all programmes. DFID is working to assist vertical funds to pay more attention to broader governance issues, including macro-economics and public sector reform programmes.

Cambodia - In December 2005, DFID committed US$2.9 million to the Royal Government of Cambodia to provide technical and financial support to the Ministry of Health to implement the abortion law (1997) and improve the delivery of family planning. A further US$725,000 will be used to ensure poor women have access to life saving maternal health services. This project is part of the UK's US$22 million of support to Cambodia's Health Sector Strategy Plan.

"Maternal deaths are even more inequitably spread than newborn or child death rates. Maternal mortality rates range from 830 per 100,000 births in African countries to 25 per 100,000 in European countries." [2p.62]

Nigeria - Work with local government and consumers in six states has resulted in a large increase in skilled birth attendance and uptake of care for women with complications.

Nepal - The Support to Safe Motherhood programme has scaled up over 10 years from nine districts to a national approach. Using a mix of aid instruments, including sector support the programme has improved and increased: access to care, human resources, transport and communications, community involvement and abortion care.

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4. Millennium Project: Child and Maternal Health Task Force Report (2005)
5. United Nations: The Millennium Development Goals Report (2005)
6. United Nations Statistics Division: Progress towards the MDGs 1990-2005 Report on MDG 5 (2005)
7. UNFPA: Saving Mothers Lives – The Challenge Continues, New York (2004)
8. ID21: Improving the health of mothers and babies, ID21 Insights Health 11, International Development School, University of Sussex, UK (2007)
9. DFID: Reducing maternal deaths: evidence and action (2004)
10. Koblinsky, Matthews et al: Going to scale with professional skilled care, Lancet Maternal Survival Series (2006)
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12. UN: The Millennium Development Goals Report 2007 , New York (2007)
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14. UNFPA: Population Issues: – Securing Essential Supplies (accessed August 2006)
15. United Nations: International Conference on Population and Development – Programme of Action (1994)
16. World Bank: Achieving the MDG of Improving Maternal Health (March 2005)