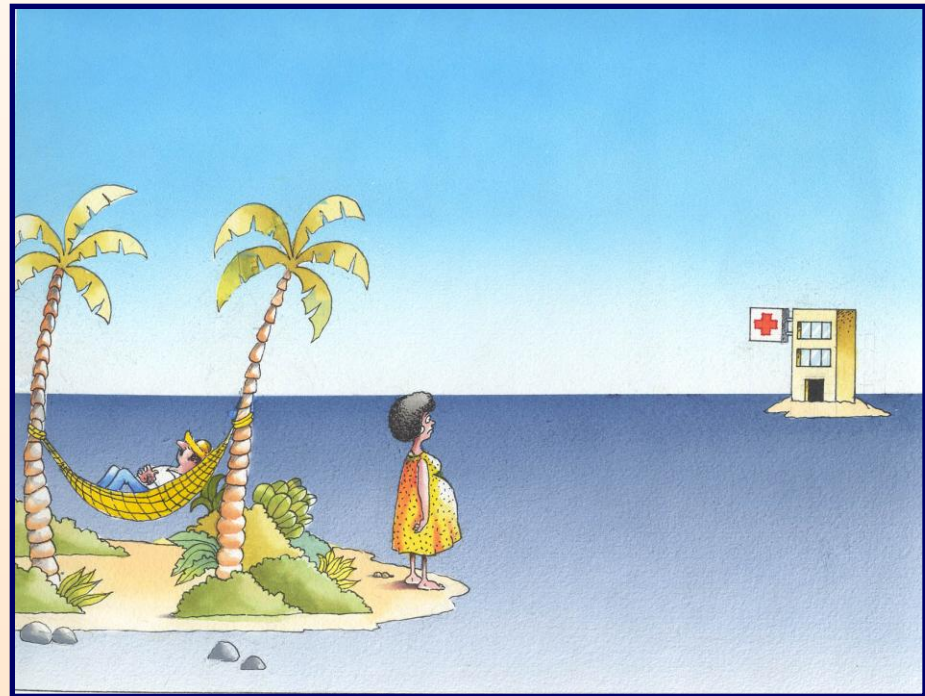


Achieving Millennium Development Goal 5 on reducing maternal mortality and achieving universal access to reproductive health



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IANPHI Annual meeting, Helsinki, September 2011

Global News Headline :
Tomorrow,
1000 young and innocent
women will die!!

**(while aiming to contribute to a more
productive and better future for all of
us!)**

Some statistics on Women's & Children's Health

- Between **15 and 20 million** girls and women suffer from maternal morbidities every year.
- For every woman who dies, an estimated 20 more suffer injuries, infection or disability.
- Female genital mutilation done to 3 million girls every year

Some statistics on Women's & Children's Health

- Almost all maternal deaths (360.000) occur in developing countries
- The global economic impact of maternal and newborn mortality is estimated at **US\$15 billion** in lost productivity every year.

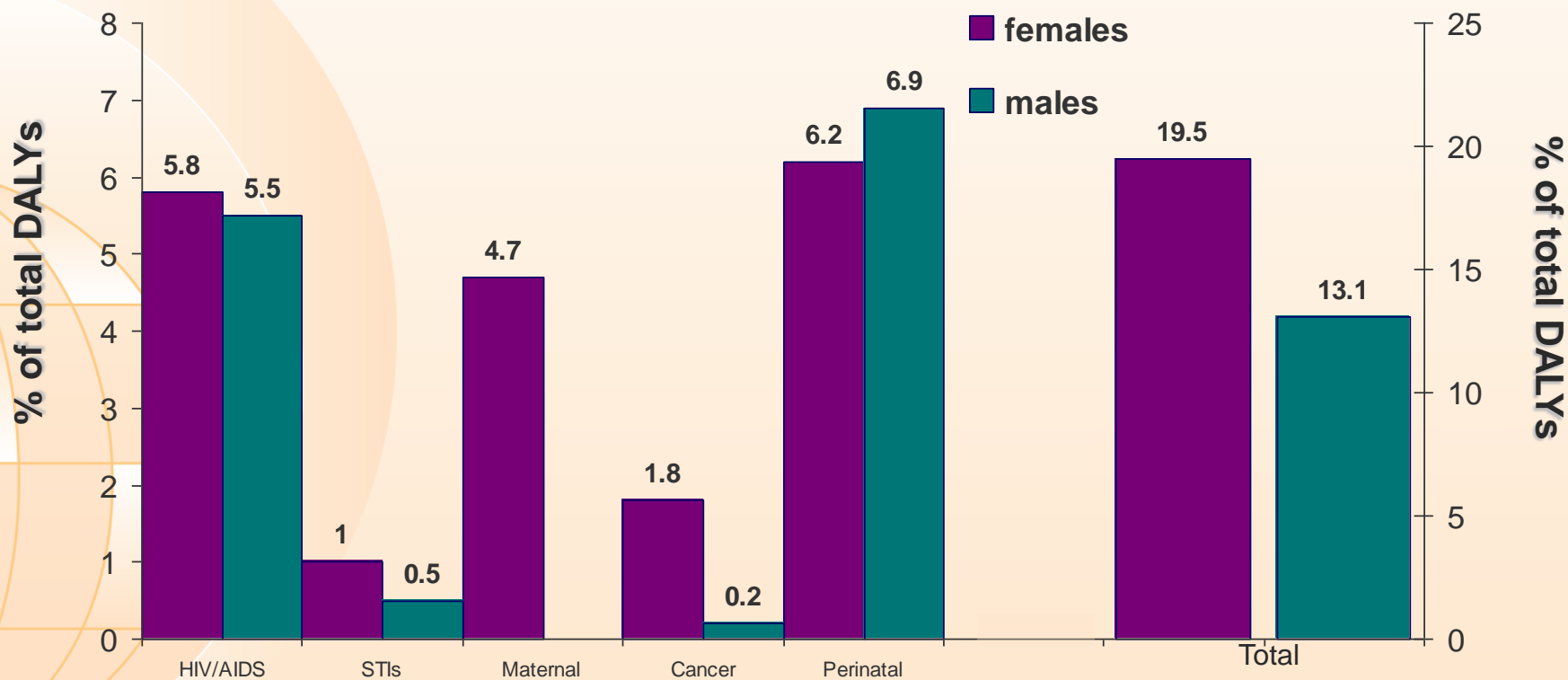
Some statistics on Women's & Children's Health

- More than **10,000** newborn babies die every day (almost **4 million** deaths a year). An additional **3.2 million** babies are stillborn, 1/3rd of whom die during birth.
- Infections, preterm birth causes, and birth asphyxia account for **86%** of newborn deaths.

Some statistics on Women's & Children's Health

- **8.8 million** children die a year before their 5th birthday. At least 2/3rds of these deaths are thought to be preventable.
- Pneumonia, diarrhoea or malaria is the cause of almost **half** of all child deaths.

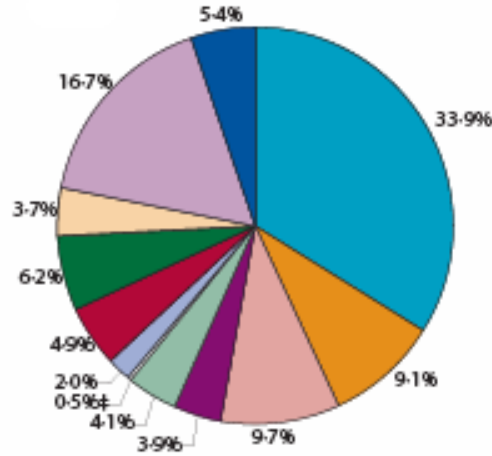
Sexual and reproductive ill-health accounts for substantial portions of global burden of disease



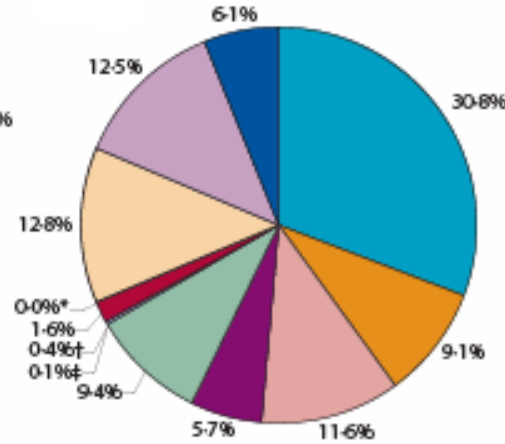
(Source: World Health Report, 2004)

Clinical causes of maternal deaths

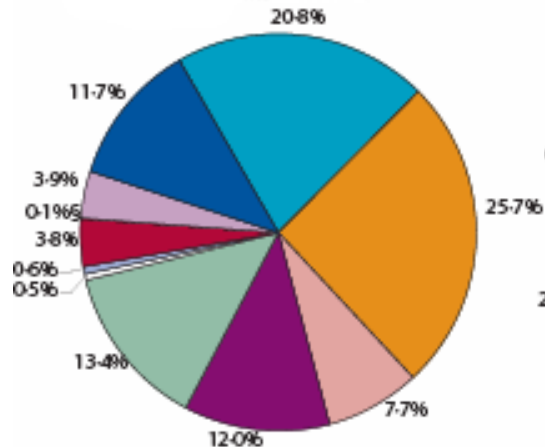
Africa



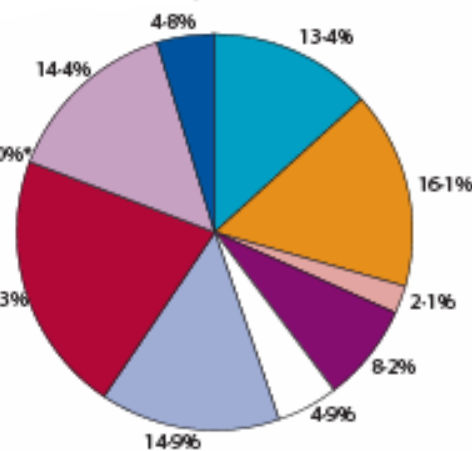
Asia



Latin America and the Caribbean



Developed countries



- Unclassified deaths
- Other indirect causes of death
- Anaemia
- HIV/AIDS
- Other direct causes of death
- Embolism
- Ectopic pregnancy
- Obstructed labour
- Abortion
- Sepsis/Infections
- Hypertensive disorders
- Haemorrhage

(Khan et al., Lancet, 2006)

Why so much suffering?

- Ignorance?
- Lack of education?
- Traditions?
- Discrimination?
- Poverty?
- Medical negligence?
- **Violation of human rights?!**

*The Human Rights Council on **17 June 2009**, adopted a landmark resolution on **'Preventable maternal mortality and morbidity and human rights'**: governments express grave concern for the unacceptably high rates of maternal mortality and morbidity, **acknowledge that this is a human rights issue and commit to enhance their efforts at the national and international level to protect the lives of women and girls worldwide.***

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Targets and indicators for monitoring Millennium Development Goal 5

Goal 5: Improve maternal health

- Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

(Source: 12th Inter-Agency and Expert Group meeting on MDG indicators, Paris, November 2007)

Targets and indicators for monitoring Millennium Development Goal 5

Goal 5: Improve maternal health

- Target 5.B: Achieve, by 2015, universal access to reproductive health

5.3 Contraceptive prevalence rate

5.4 *Adolescent birth rate*

5.5 *Antenatal care coverage (at least one visit and at least four visits)*

5.6 *Unmet need for family planning*

(Source: 12th Inter-Agency and Expert Group meeting on MDG indicators, Paris, November 2007)

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Global trends in maternal mortality ratio, 1990-2008



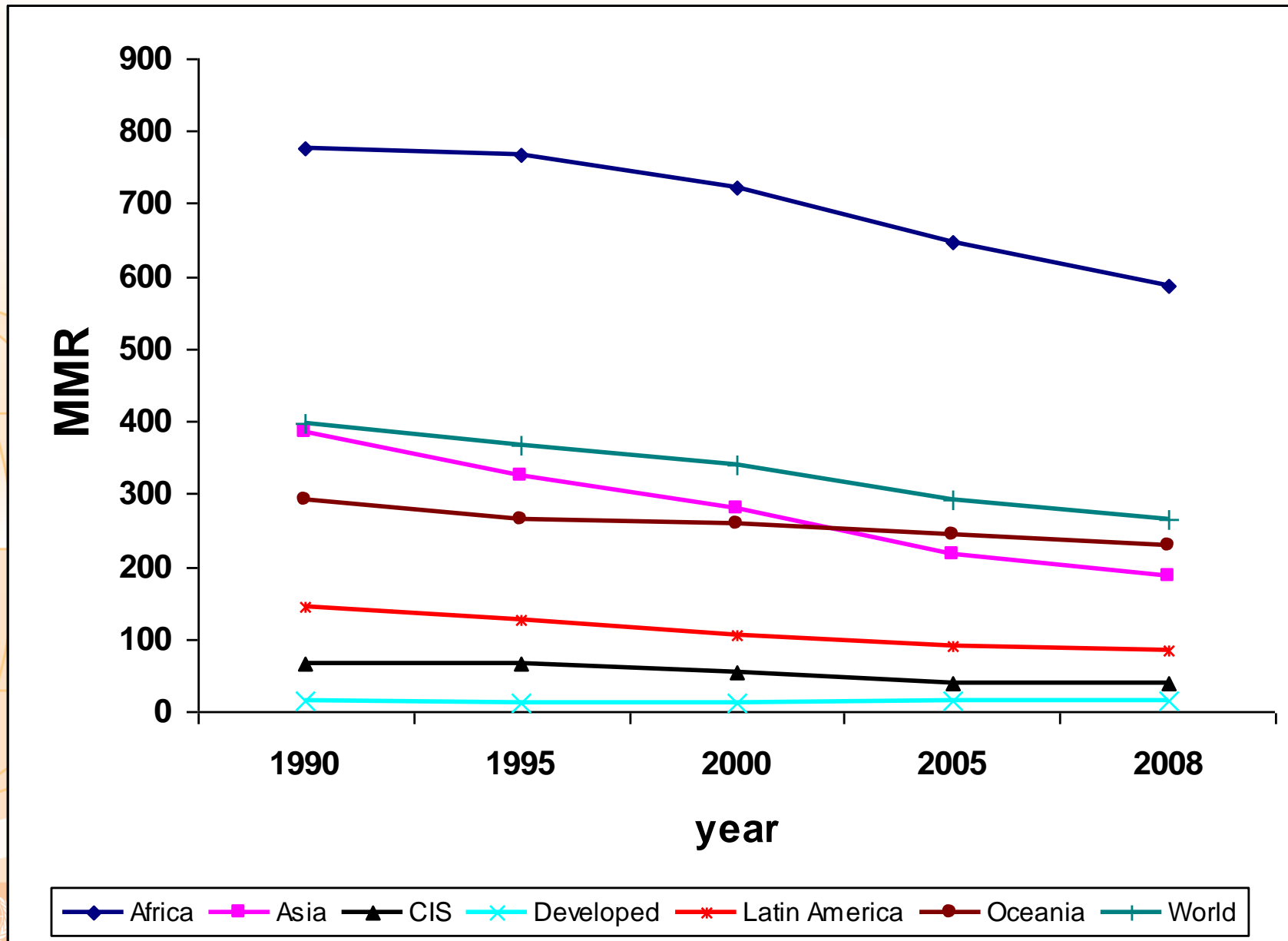
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Maternal mortality in 2008 and average annual change between 1990 and 2008

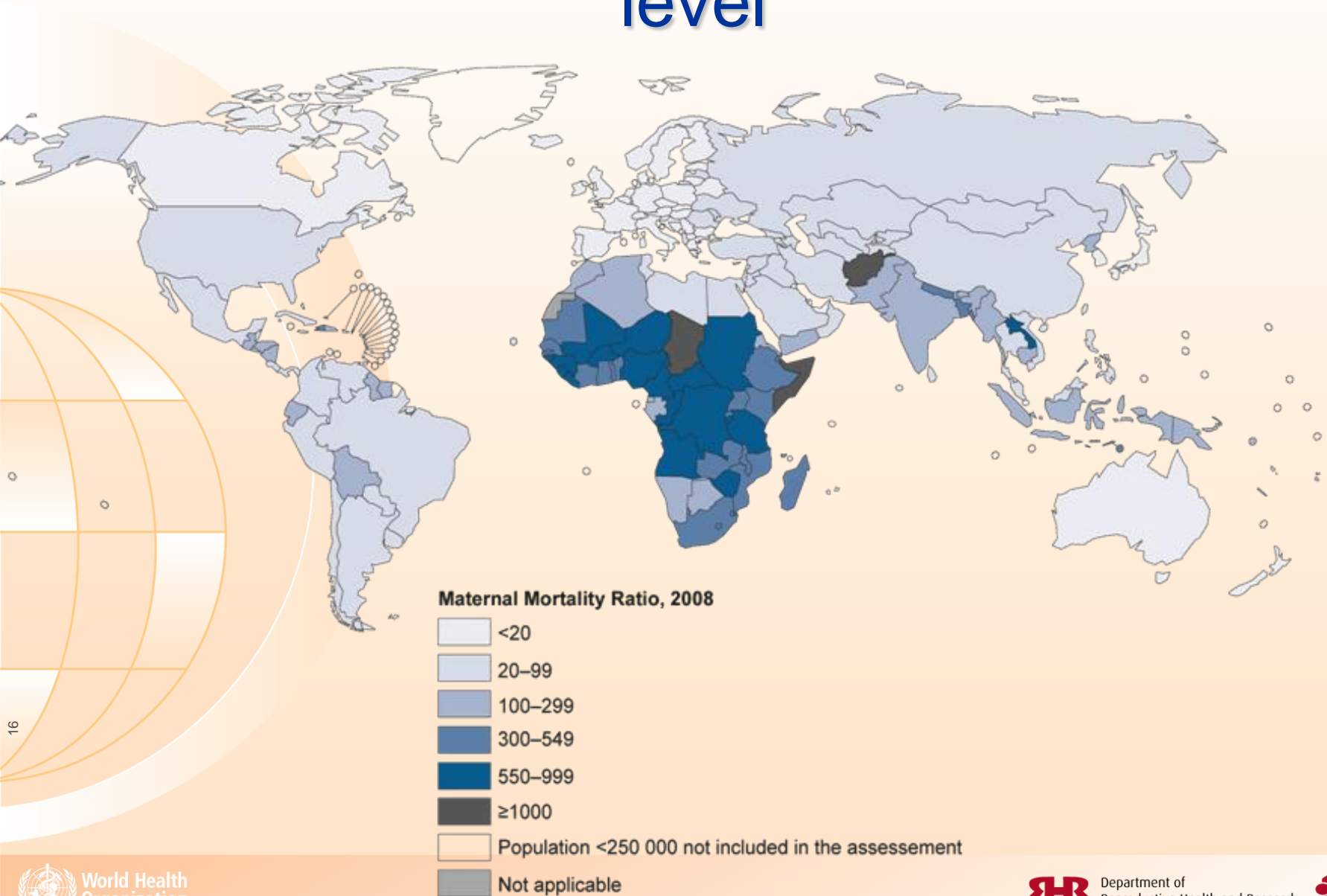
	MMR	Lower estimate	Upper estimate	Maternal deaths	Average annual decline %
WORLD TOTAL	260	200	370	358,000	-2.3
DEVELOPED REG.	14	13	16	1700	-0.8
COUNTRIES OF THE CIS	40	34	48	1500	-3.0
DEVELOPING REG.	290	220	410	355,000	-2.3
<i>North Africa</i>	92	60	140	3400	-5.0
<i>Sub-Saharan Africa</i>	640	470	930	204,000	-1.7
<i>Asia</i>	190	130	270	139,000	-4.0
<i>Latin America and the Caribbean</i>	85	72	100	9200	-2.9
<i>Oceania</i>	230	100	500	550	-1.4

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Maternal mortality ratios 1990-2008

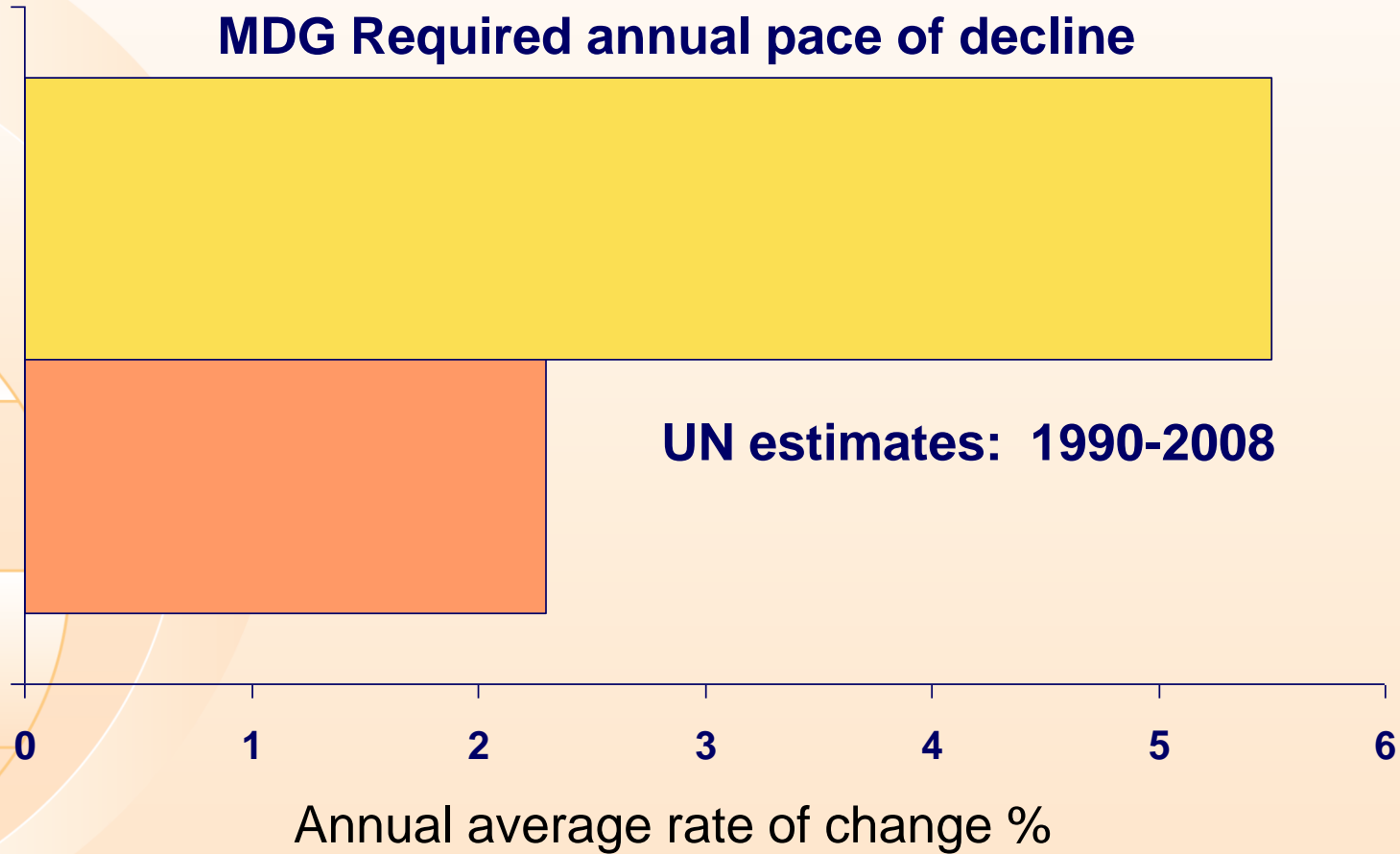


Maternal mortality ratios at country level



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Is the pace of change sufficient? MDG 5: Improve maternal health



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Success stories (I)

These are just a few of the many success stories

Sri Lanka

Reduced maternal mortality rate by 87% in the past 40 years through strong political commitment

Midwives are assigned to every district in Sri Lanka to provide basic home care for expectant and new mothers.

Currently, 99% of pregnant women in Sri Lanka receive at least four prenatal visits and give birth at a health facility.

Lesotho

Expanded prevention of mother-to-child transmission of HIV services (PMTCT)

From 2006 to 2009, services expanded from 5% of HIV-positive pregnant women. Currently, 180 out of the 207 health facilities provide PMTCT services.

Success stories (II)

Rwanda

Reproductive health is a government priority:

- Deliveries attended by skilled Health Workers increased from 38% in 2005 to 63,5% in 2010
- The percentage of women using modern contraceptive methods impressively increased from 10% in 2004 to 45% in 2010
- From 2000 to 2007 the infant mortality rate decreased by almost half from 107 to 62 deaths per 1,000 live births.

Iran

Strong primary health care

Maternal mortality ratio has sharply decreased from 150 deaths per 100 000 live births in 1990, to 30 in 2008.

The percentage of births carried out by **skilled birth attendant is 97.3% in 2005**

Success stories (III)

Religious leaders and family planning

In **Egypt**, Christian and Muslim a group of religious leaders got training and have come to accept that they should play a role in educating their congregations about family planning

Community outreach by FBOs

In **Bangladesh** Mosques' loudspeakers are used to publicize clinic services and special events such as Safe Motherhood day and World's AIDS day

In **Uganda**, several churches have provided reproductive health services to internally displaced people

Success stories (IV)



Afghanistan:

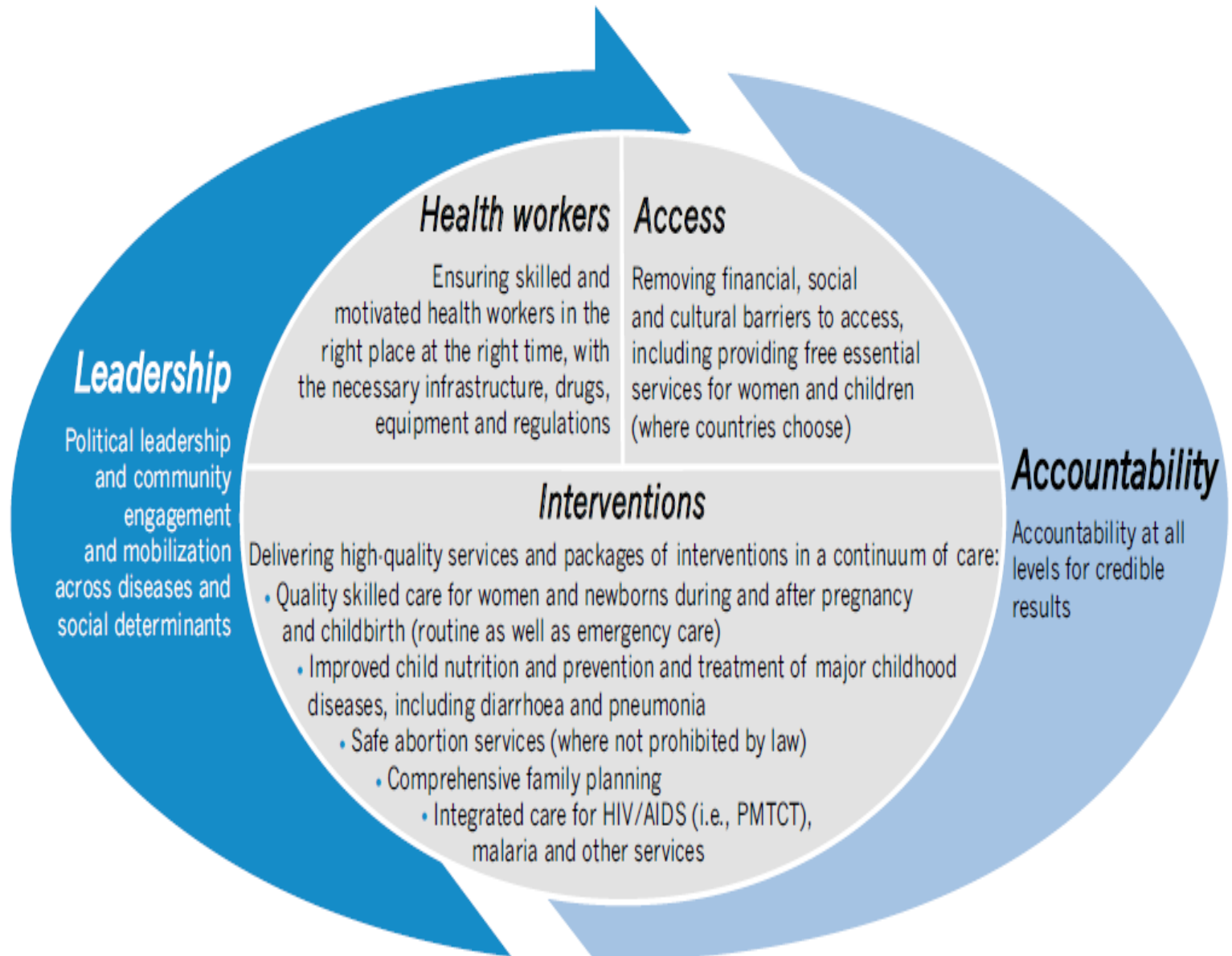
- 2740 midwives have graduated in Afghanistan since 2003.
- 22 years old Habiba (above) gave birth to her second daughter by Caesarean section at the Faizabad Provincial Hospital in Afghanistan. "I was in labour for two days at home because an elder in my village told me to not bother to go to the hospital," Habiba says.

Fortunately she went to the hospital and survived.

The UNITED NATIONS SECRETARY-GENERAL's Global Strategy For Women's And Children's Health

- INVESTING IN OUR COMMON FUTURE
- Launched September 2010
- <http://www.everywomaneverychild.org/>

Global consensus on improving women's and children's health



Global Consensus

Leadership

Political leadership
and community
engagement
and mobilization
across diseases and
social determinants

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Global Consensus

Health workers

Ensuring skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations

Global Consensus

Access

Removing financial, social and cultural barriers to access, including providing free essential services for women and children (where countries choose)

Global Consensus

Interventions

Delivering high-quality services and packages of interventions in a continuum of care

- Quality skilled care for women and newborns during and after pregnancy and childbirth (routine as well as emergency care)

Global Consensus

- Improved child nutrition and prevention and treatment of major childhood diseases, including diarrhoea and pneumonia
 - Safe abortion services (where not prohibited by law)
 - Comprehensive family planning
 - Integrated care for HIV/AIDS (i.e., PMTCT), malaria and other services

Global Consensus

Accountability

Accountability at all
levels for credible
results

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Recommendations of Commission for Accountability and information

- Better **information** for better results
- Better **tracking of resources** for women's and children's health
- Better **oversight** of results and resources: nationally and globally

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Better oversight of results and resources

10. Global oversight: Starting in 2012 and ending in 2015, an independent Expert Review Group is reporting regularly to the United Nations Secretary-General on the results and resources related to the *Global Strategy* and on progress in implementing this Commission's recommendations.

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How does the UNSG Global Strategy work?

For this Global Strategy to have its intended impact, all stakeholders must come together as part of a coordinated effort

Partners include:

Governments	Donors
Policy-makers	Philanthropic foundations
Civil society	UN agencies
Community organizations	Private Sector
Global institutions	Healthcare professionals
Academic & research institutions	Regional institutions

Potential Role of IANPHI in the UNSG Global Strategy

- ***Commitment to promote, build capacity for and carry out operations/implementation research on reproductive health in the NPHIs***
- ***Commitment to increase and integrate the use of Information and Communication Technologies in the national health information systems and health infrastructure***
- ***mainstream reproductive health into core functions of NPHIs***



THANK YOU!

