



**99% of maternal deaths occur in developing countries. Differences in access to skilled delivery care between rich and poor countries represent larger equity gaps than for any other health service. Universal access to sexual and reproductive health remains unmet.**

	INDICATOR 16		INDICATOR 17	
	Maternal deaths per 100.000 live births		Proportion of births attended by skilled health personnel (percentage of deliveries)	
	1990	2005	1990	2007
WORLD	430	400	58	64
DEVELOPED REGIONS	11	9	99	99
DEVELOPING REGIONS	480	450	53	61
NORTHERN AFRICA	250	160	45	79
SUB-SAHARAN AFRICA	920	900	42	44
LATIN AMERICA & CARRIBEAN	180	130	70	87
EASTERN ASIA	95	50	94	98
SOUTHERN ASIA	620	490	29	42
WESTERN ASIA	190	160	62	77
OCEANIA	550	430	-	-

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## Millennium Development Goal 5

In 2000 the Millennium Summit committed to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio and at the World Summit in 2005, a new target under MDG5 to achieve universal access to reproductive health was established. Overall this MDG is of least progress among all the MDGs, despite the availability of simple, low-cost, effective interventions (World Bank, 2007).

## Improving maternal health

More than 60 million women give birth without a skilled attendant every year. One woman dies in labour every minute. The death of women of reproductive age has implications for a country's economic well-being, leads to social hardship for her family and poorer health outcomes for her children. Maternal health is also key to the realisation of women's rights. Unlike other health issues covered by the MDGs, we know what interventions and strategies are required to reach the goal. Despite this, progress has been slow and difficult to measure, and there is also a huge disparity in maternal mortality between rich and poor regions of the world. At the global level, maternal mortality decreased by less than 1% per year between 1990 and 2005 – far below the 5.5% annual improvement needed to reach MDG5 target.

## What is the maternal mortality ratio?

The maternal mortality ratio measures the number of women dying because of – or aggravated by – pregnancy, or within 42 days of termination of pregnancy per 100,000 live births. The major direct causes of maternal death include haemorrhage, hypertensive disorders, sepsis, obstructed labour and complications from unsafe abortion. Indirect causes of maternal

deaths are those that are caused by previously existing diseases or health issues that develop during pregnancy, or are aggravated by it. These can include anaemia, TB and malaria, as well as violence experienced during this period.

The maternal mortality ratio is closely linked to the proportion of births attended by skilled health personnel, and this has risen up to 61% in 2007. Coverage, however, remains low in Southern Asia and sub-Saharan Africa – the two regions with the greatest number of maternal deaths.

## New target, new hope?

For many years sexual and reproductive health and rights have been acknowledged as central to maternal health. The realisation of this target would allow women to avoid unwanted pregnancies, receive preventive and treatment services for sexually transmitted infections, and HIV and AIDS, and allow access to safe abortion.

200 million women who would like to delay or avoid childbearing have no access to safe and effective contraceptives. Every year an estimated 19 million unsafe abortions take place in the developing world.

Improving access to contraceptive services alone would decrease up to a third of maternal deaths worldwide. By this, fewer pregnancies and better-spaced births would significantly increase the survival rate of both women and their offspring.

## What needs to be done?

Action for Global Health is working with civil society organisations and donor governments across Europe to ask for greater investment in health systems and structures that can help to ensure significant progress towards MDG 5. This includes:

- advocating for a more coherent and comprehensive approach to funding of health systems that will ensure maternal health is addressed in conjunction with the other health MDGs
- demanding that health systems in developing countries are strengthened and that human resources are available to provide delivery and other services
- ensuring there is adequate investment in the new tools and technologies for reproductive and maternal health, such as microbicides
- addressing gender disparities in securing access to health services such as the “three delays” that lead to maternal death: delays in obtaining help may be at the community level (in identifying and referring women with difficulties); en route to the referral facility (inability to get transport, poor road conditions); or on arrival at the referral facility (absence of staff, lack of drugs or other materials)
- acknowledging the central role of sexual and reproductive health and rights in improving the health and well-being of women and girls and calling for fair financing in this area.