

United Nations Summit, Research Findings Highlight Mixed Progress on Maternal Health

The good news for maternal health is that pregnancy-related deaths have dropped by one-third over the last 20 years, according to the latest estimates released by the World Health Organization (WHO) and the United Nations (UN). The bad news is that maternal health still lags well behind the other Millennium Development Goals (MDGs), a set of eight goals that the world agreed to meet to combat poverty and improve the lives of poor people in developing countries.

Established in 2000 when 189 countries convened at the UN to address global poverty, the MDGs lay out concrete targets related to hunger, education, gender equality, maternal and child health, HIV and environmental sustainability, all to be achieved by the year 2015. This September, world leaders met again at the UN in New York to discuss progress in attaining these markers. With five years remaining until the deadline, there is deep concern that many of the goals will not be met.

Notable successes have been achieved in certain areas, such as increasing school enrollment, reducing child deaths and preventing mother-to-child transmission of HIV. But MDG 5 on maternal health—with its two targets of slashing maternal mortality by 75% and achieving universal access to reproductive health—was singled out as making particularly slow gains. It is this gap

that prompted the UN Secretary-General to highlight and prioritize maternal and child health during the MDG Summit. On the last day of the summit, Secretary-General Ban Ki-moon formally launched his Global Strategy for Women’s and Children’s Health, which delineates the financial and policy changes needed to make progress in these areas. Along with the plan came a \$40 billion commitment to its implementation, with almost \$27 billion of it being new money pledged from governmental sources.

As a return on this investment, the strategy aims to prevent the deaths of 16 million women and children younger than five between 2011 and 2015, and avert 33 million unwanted pregnancies. It proposes to achieve these objectives by supporting

country-led health plans, comprehensive and integrated service delivery, stronger health systems, innovative financing approaches, and improved monitoring and evaluation. Of particular note is the plan’s emphasis on access to a “universal package of guaranteed benefits, including family-planning information and services...safe abortion services (when abortion is not prohibited by law), and the prevention of HIV and other sexually transmitted infections.”

By contrast, the outcome document negotiated for the overall MDG conference completely omits any mention of unsafe abortion as a major contributor of maternal mortality in developing countries. Data from the Guttmacher Institute show that unsafe abortion accounts for 13% of maternal deaths worldwide.

MISSING THE TARGET

Most developing regions are trailing behind the MDG 5 target of reducing their maternal mortality ratio (MMR) by 75% by 2015, with Sub-Saharan Africa and Oceania making the least progress.

	1990 MMR	2008 MMR	% change in MMR 1990–2008
WORLD TOTAL	400	260	–34
Developed regions	16	14	–13
Commonwealth of Independent States (CIS)	68	40	–41
Developing regions	450	290	–34
<i>Africa</i>	780	590	–25
<i>Northern Africa</i>	230	92	–59
<i>Sub-Saharan Africa</i>	870	640	–26
<i>Asia</i>	390	190	–52
<i>Eastern Asia</i>	110	41	–63
<i>South Asia</i>	590	280	–53
<i>South-Eastern Asia</i>	380	160	–57
<i>Western Asia</i>	140	68	–52
<i>Latin America and the Caribbean</i>	140	85	–41
<i>Oceania</i>	290	230	–22

Source: WHO, United Nations Children’s Fund, United Nations Population Fund and World Bank, 2010.

Nonetheless, conservative delegations successfully kept references to abortion out of the final resolution that was adopted by members of the UN General Assembly. The differences in these two policies dealing with the same subject at the same conference highlight some of the challenges in implementing evidence-based programs in the field of maternal and reproductive health.

Meanwhile, a new report from the UN shows that 358,000 women died because of pregnancy in 2008, representing a 34% decrease from 1990 (see table), but nonetheless still a staggering number. Nearly all (99%) of these deaths still occur in poor countries, with the brunt (87%) in Sub-Saharan Africa and South Asia. While 147 countries demonstrated

improvement in their maternal mortality ratio, 23 countries actually experienced worse ratios. Although the general positive trend has been welcomed by maternal health advocates, it has also accentuated the fact that the world is far off track from reaching MDG 5. Whereas the world needs to experience a 5.5% annual decline in its maternal mortality ratio to achieve the MDG 5a target of lowering maternal deaths by three-quarters by 2015, it has only been able to average a 2.3% decrease.

Getting countries to deliver on, much less increase, their financial commitments under the MDGs has been one of the greatest challenges during this MDG Summit. In the midst of a worldwide economic crisis, both richer

and poorer nations were unwilling or unable to pony up additional cash. Indeed, even the United States failed to provide new financial commitments and instead emphasized its existing obligations under President Obama's Global Health Initiative. Obama, however, did deliver something new at the UN by announcing a new global development policy, the first to be issued by a U.S. administration. Among other things, the Presidential Policy Directive on Global Development outlines a path for sustainable development, raises the importance of development to national security interests, and commits to rebuilding the U.S. Agency for International Development as the world's leading development agency.—*Sneha Barot*