UN Millennium Development Goal 5
Improve Maternal Health

TARGET
• Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Measures of success:
  5.1 Maternal mortality ratio
  5.2 Proportion of births attended by skilled health personnel
• Achieve, by 2015, universal access to reproductive health.
  5.3 Contraceptive prevalence rate
  5.4 Adolescent birth rate
  5.5 Antenatal care coverage
  5.6 Unmet need for family planning

QUICK FACTS
Each year more than 350,000 women die from complications during pregnancy or childbirth. Almost all of these deaths, 99%, are in developing countries. Annually, more than 1 million children are left motherless. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have mothers.

WHERE DO WE STAND?
The first target of Goal 5 is the area of least progress among all the MDGs. 21% of the 500,000/yr maternal death is due to women die of severe bleeding. Control of bleeding, replacement of blood or fast emergency evacuation is needed.

5.5%/yr improvement (1%/yr seen between 1990 and 2005) is needed to reach the target. Northern Africa, Latin America and the Caribbean, and South-Eastern Asia reduced their maternal mortality by ~1/3, (insufficient to meet target). Sub-Saharan Africa has the highest maternal mortality rate with little progress.

Births attended by skilled personnel remains low in Southern Asia (40%) and sub-Saharan Africa (47%), regions with the greatest number of maternal deaths.

Most maternal deaths can be prevented. The maternal death rate in East Asia and Latin America has gone down by as much as 50% in some countries. In Africa and South Asia, complications during pregnancy and childbirth is the most frequent cause of death for women. There is an increase in some countries.

The decline of adolescent fertility has been slow with slight increases in the regions where adolescent fertility is highest. Girls 15-20 yrs are 2x more likely to die in childbirth as those in their 20s (<15 yrs, 5x more likely).

200 mill women wanting to delay/avoid pregnancy are without access to contraceptives. Such access could reduce 1/3 of maternal deaths globally. Yearly, ~19 mill unsafe abortions take place in the developing world, resulting in ~68,000 deaths. Achieving universal access to reproductive health is challenging in many countries.

Assistance for Goal3: $2.1 bill (2003) to $3.5 bill (2006). Experts estimate that an additional $5.5 bill to $6.1 bill annually is needed MDG 5.

WHAT HAS WORKED?
• Increased access to family planning and skilled birth attendance with backup emergency obstetric care. Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia.
• Train mid-level health officers to provide life-saving emergency surgery at rural hospitals. Ethiopia.
• Mobile service units (in response to earthquake in Pakistan) provided services to 43% of the pregnant women higher than the national average of 31%.
• Campaign to end Fistula in 40 countries in sub-Saharan Africa, South Asia and the Arab States.

WHAT NEEDS TO BE DONE
• Establish national programs to reduce maternal mortality and ensure universal access to reproductive health care.
• Provide trained health workers.
• Ensure access to timely emergency obstetric services.
• Adopt and implement policies that protect poor families and provide them with maternal health care.
• Protect pregnant women from domestic violence and involve men in maternal/reproductive health.
• Increase access to contraception and sexual/reproductive health counselling.
• Increase efforts to prevent child marriage and ensure that young women postpone their first pregnancy.

TURN OVER TO SEE WHAT YOU CAN DO TO HELP