



International
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Safe maternity and the world of work



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Preface

In the year 2000, leaders from around the world committed their nations to the UN Millennium Declaration and a set of critical goals intended to reduce poverty, improve health, and promote peace, human rights, gender equality and environmental sustainability. These Millennium Development Goals (MDGs) hold out great promise for upholding human rights and improving the lives of women, men and children around the world. They have become the development targets through which the United Nations and other international agencies have since coordinated their developmental activities.

The International Labour Organization (ILO), as one of the specialized agencies of the United Nations, works with its partners and in joint efforts with other multilateral organizations and civil society in support of the Millennium Declaration. The ILO's goal of Decent Work for All goes hand-in-hand with the Millennium Declaration. Delivering Decent Work for All means ensuring that all women and men who need or want to work can find employment which is productive and is carried out in conditions of freedom, dignity and security. Indeed, the Decent Work Agenda, in a context of fair globalization, is essential to the achievement of these shared aims.

Many countries have reported solid progress toward achieving at least some of the MDGs by the year 2015. But some goals and targets, including those related to maternal health, are proving difficult for most countries to attain. The ILO reiterates its commitment to work in partnership in efforts to realize the MDGs, and sets out, in this paper, contributions through the world of work that stand to strengthen and reinforce efforts to meet women's rights to safe maternity.

That the world of work matters for maternal health is clear. Work is central to the lives of nearly every member of society, with decent work and economic security undeniably linked to the health and well-being of workers and their families. The ILO's main aims — promoting rights at work, encouraging decent employment opportunities, enhancing social protection and strengthening social dialogue between government, employers and workers — contribute to the economic conditions and equitable growth that provide the broader context for the economic and physical well-being of all. The priority that the ILO places on gender equality in all of its work and goals strengthens the foundation for women's access not just to decent work, but to health, to education, to political and legal empowerment.

While decent work and women's economic empowerment are conditions for improving women's status and health, this paper sets out several priority areas within the ILO mandate that stand to contribute substantially to broader efforts aimed at improving maternal health. First, scaling up efforts to improve maternity protection and health through the workplace is a great need everywhere, to ensure that work does not threaten the health of pregnant and nursing women or their newborns and that maternity and women's reproductive roles do not jeopardize their economic security. Second, social health protection is vital to ensure that health care is within the reach of all and that financial barriers do not deter women from securing the care they need. Third, ensuring decent work for health workers is a must for addressing the global crisis facing the health workforce.

Achieving the international and national commitments expressed in the MDGs to improve the lives and health of women and reduce their risks of pregnancy-related death requires renewed commitments, innovative solutions, and stronger partnerships and action. It is our hope that this publication will encourage further discussion for strengthening cooperation and coordination at global, regional and national levels, drawing on the diversity of experiences and expertise of different

actors in different sectors in the service of achieving shared goals. The ILO is committed to playing a decisive role in this effort.

We would like to take this opportunity to thank all those that contributed to this truly collaborative effort. We thank the author of this report, Naomi Cassirer, and the many ILO colleagues who provided valuable contributions to the paper; Laura Addati, Sameera Al-Tuwaijri, Conor Boyle, Dimitrina Dimitrova, Ros Harvey, Sophia Kisting, Ursula Kulke, Christopher Land-Kazlauskas, Susan Leather, Katherine Magaziner, Philippe Marcadent, Susan Maybud, Henrik Moller, Ina Pietschmann, Emmanuel Reynaud, Xenia Scheil-Adlung, Dorothea Schmidt, Manuela Tomei, and Christiane Wiskow. Aviva Ron provided substantial inputs for the paper. Kristine Falciola and Claire Piper provided the editorial and administrative support required to bring this paper to completion.

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Every maternal death is premature and tragic, and often brings lasting negative consequences for the family and society. Each year, around 8 million women have pregnancy-related complications and over half a million women die before, during and after childbirth. Nearly 3 million babies are stillborn, and almost 4 million infants die within the first week of life. Despite global consensus to accelerate efforts to achieve Millennium Development Goal 5 (MDG 5) — *Improve maternal health, and meet international targets of reducing the maternal mortality ratio by three-fourths between 1990 and 2015* — progress has been slow, and in some countries, the situation has worsened.¹

Efforts to accelerate progress on MDG 5 have focused on increasing women's access to skilled attendance during childbirth and to emergency obstetric care, and on improving health systems. These responses are indeed essential to safe maternity, but slow progress toward MDG 5 indicates that greater efforts and renewed commitments are required to reach those women currently falling beyond the scope of existing actions. Action and partnership across sectors and between a variety of stakeholders is needed to address the broader economic and social conditions which affect women's lives and undermine their right to safe maternity.

The International Labour Organization (ILO) is founded on the principle of social justice and promotes decent work as a means to poverty reduction and sustainable development. In this paper, the ILO highlights the linkages between decent work and maternal health, demonstrating that action in the world of work by the ILO and its constituents can contribute to improving maternal health and supporting safer pregnancies, healthier mothers and healthier newborns. This paper provides a brief background of the global concerns regarding maternal health and mortality, followed by a review of the relevance of the world of work — the frameworks, institutions, actors and means — to safe maternity. The rest of the paper details three priority areas within the ILO's mandate for improving maternal health: improving maternity protection and health through the workplace; implementing, extending and im-

proving social health protection; and promoting decent work for health workers.

Maternal mortality: The realities, the reasons

The potential – and the hope – for reducing maternal mortality lie in the tremendous variation in the Maternal Mortality Ratio (MMR) across countries and populations.² Variation in the MMR between developed and developing countries is greater than any other health indicator, including child mortality.³ In the developed world, the average maternal mortality ratio is 20, compared to 830 in Africa, 330 in Asia and 190 in Latin America and the Caribbean. Roughly 85 per cent of all maternity-related deaths occur in Sub-Saharan Africa (with an MMR of 920) and in South-central Asia (MMR of 520).⁴ The variation may also be expressed as the life-time risk to a woman of dying from pregnancy-related causes: one in six in Sierra Leone and Afghanistan, one in 16 in sub-Saharan Africa, and one in 30,000 in Sweden.⁵ Variation within countries can be considerable as well, with the risks of dying from maternal causes significantly higher for the poorest segments of the population relative to the richest.⁶

The major medical causes of maternal mortality globally are obstructed labour, hemorrhage, infections, unsafe abortions and hypertensive disorders.⁷ Unsafe abortions account for a considerable number of maternal deaths,⁸ while in sub-Saharan countries, AIDS is an important factor, increasing women's risk of dying from pregnancy complications and from greater susceptibility to opportunistic infections.⁹

² The MMR is the number of women who die from any cause related to pregnancy or childbirth, or within 42 days of a termination, per 100,000 live births.

³ Ronsmans and Graham, 2006.

⁴ WHO, 2005; www.unfpa.org

⁵ Ronsmans and Graham, 2006.

⁶ *ibid.*

⁷ Khan et al., 2006; Ronsmans and Graham, 2006.

⁸ Worldwide, 19 million women experience unsafe abortions each year; 68,000 of them — all in developing countries — die from complications. See www.who.int/reproductive-health/unsafe_abortion/map.html.

⁹ Van Dillen et al., 2006; McIntyre, 2005.

¹ WHO, 2005

The risk factors are compounded in countries where pregnancies come too often, too close together, and by mothers who are too young or too old. Cultural factors and gender inequality continue to come into play; for example, in decisions on whether, where and when pregnant women can receive care. Causes and responses for many of these factors extend beyond the health sector, and are related to the social and economic empowerment and education of women and the removal of financial and cultural barriers to seeking health care.

In addressing these largely preventable deaths, it is important to note that lower maternal mortality can be achieved at any level of development and does not require ideal political or economic conditions.¹⁰ Findings from around the world demonstrate that it is possible to dramatically reduce maternal mortality, even within low-resource settings, at relatively low cost.¹¹ Indeed, those countries with very low MMR are not all among the richest, while those with very high MMR are not all among the poorest countries. Effective interventions are known, and these need to be defined and led at the national level, coordinated in partnership across different sectors and levels of institutions, each building on their respective strengths and mandates to address the multiple dimensions of women's lives and health.

The world of work: An entry point for promoting safe maternity

The ILO works to promote decent work as part of a larger agenda of freedom, equity, security and human dignity. Decent work is central to poverty reduction and is inextricably linked to gender equality and women's empowerment as fundamentals of just and equitable societies and requirements for realizing women's rights to safe maternity. The high priority that the ILO places on gender equality issues

The International Labour Organization at a glance

The International Labour Organization (ILO) is the United Nations agency devoted to advancing opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. Its main aims are to promote rights at work, encourage decent employment opportunities, enhance social protection and strengthen dialogue in handling work-related issues.

The ILO is the only "tripartite" United Nations agency in that it brings together representatives of governments, employers and workers to jointly shape policies and programmes.

The ILO is the global body responsible for drawing up and overseeing international labour standards. Working with its 181 member States, the ILO seeks to ensure that labour standards are respected in practice as well as principle.

Indeed, the world of work offers important avenues for addressing maternal health. The world of work brings **international labour standards** that address all facets of work, establishing frameworks for national legislation and policies, and for practical action at the workplace — whether public or private, formal or informal. Several hold particular relevance to maternal health.

Maternity protection. Protecting maternity has been a core issue for the member States of the ILO since its establishment. Over the course of its history, member States have adopted three Conventions on maternity protection (No 3, 1919; No. 103, 1952; No.183, 2000), which have progressively expanded the scope and entitlements of maternity protection at work. The core concerns have been to ensure that women's work does not threaten the health of the woman or child during and after pregnancy, and that women's reproductive roles do not compromise their economic and employment security.¹²

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