

A woman with dark hair, wearing a red sari with a gold border, is carrying a young child on her back. The child is wearing a red and black patterned shirt. The woman is looking directly at the camera with a serious expression. They are standing in front of a rough, stone wall. The background is slightly blurred, showing some greenery and a small structure.

UNITED NATIONS POPULATION FUND

Accelerating
Progress
towards
MDG 5



Photo Credit: Ellen Krijgh, UNFPA Viet Nam

Cover Photo Credit: UNFPA Nepal

Accelerating Progress towards MDG 5

I. Introduction

In 2013, around the world an estimated 289,000 women died of maternal causes. Almost all of those deaths were preventable. Preventable deaths were most common among women living in the poorest communities,¹ where health services are weak, and women are more often subject to early and frequent childbearing, unattended deliveries and sexually transmitted infections (STIs) including HIV.

Millennium Development Goal 5 (MDG 5) – *improve maternal health* – is a global recognition that loss of life when giving life can and must be avoided. It is composed of two interdependent targets: Target 5A) *to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*; and Target 5B) *to achieve, by 2015, universal access to reproductive health*. Globally, impressive progress has been realized since the commitment to MDG 5 nearly 15 years ago. The maternal mortality ratio declined by 45 per cent between 1990 and 2013, the proportion of deliveries in developing regions attended by skilled health workers rose from 56 per cent in 1990 to 68 per cent in 2012, and, over the same period, antenatal care coverage in developing regions increased from 65 per cent to 83 per cent.²

But with less than 500 days left to reach the MDGs, more must be done and urgently so. The International Conference on Population and Development (ICPD) Beyond 2014 Global Report found that, notwithstanding impressive gains in averting maternal deaths, there are continuing challenges to fulfilling MDG 5, including weak health systems; widening inequalities both within and between countries in access to sexual and reproductive health (SRH) services; poor quality of such services; and entrenched gender inequalities.³ To achieve MDG 5, an additional 139,000 maternal deaths must be averted by 2015,⁴ while millions more women need access to SRH services. As of 2012, approximately 222 million women still had an unmet need for modern contraception,⁵ and poor SRH outcomes still accounted for 14 per cent of all global disability-adjusted life years lost in 2010,⁶ with far greater burdens in Africa and South Asia.

MDG 5 is grounded in global commitments inscribed within the 1994 ICPD Programme of Action, and the 1999 Key Actions for the Further Implementation of the Programme of Action of the ICPD, which put human rights at the centre of development and called for the fulfilment of SRH and reproductive rights for all persons. The global aspirations of MDG 3 – *to promote gender*

equality and women's empowerment – were also agreed on at the ICPD, with the recognition that SRH, and the empowerment of women and girls, are reciprocally linked to one another. The continued urgency of universal access to SRH and women's empowerment for the advancement of global development was affirmed in the ICPD Beyond 2014 Global Report.⁷

Dually guided by the ICPD and the MDGs, the United Nations Population Fund (UNFPA) is the lead UN agency delivering on these global commitments and aspirations for the rights and well-being of women and girls. At the core of its mandate is a commitment to achieving universal access to SRH, the full realization of human rights and gender equality, and the worldwide reduction in maternal mortality. Through its global architecture of country programmes, UNFPA has advanced the realisation of the ICPD, and accelerated progress towards MDG 5 – both in terms of lives saved and rights protected, promoted and fulfilled – across the globe, and for those in the greatest need.



Photo Credit: IPPF Gabriel Blanco, Rwanda

II. UNFPA's Contribution to the Achievement of MDG 5

UNFPA is on the ground improving lives in 159 countries, territories and other areas.⁸ In 2013 alone, UNFPA contributed to the potential prevention of:

- *9.5 million unintended pregnancies;*
- *6.4 million unintended births;*
- *27,300 maternal deaths;*
- *1.1 million unsafe abortions.⁹*

Two approaches characterize UNFPA's unique contributions to achievement of MDG 5 A and B:

- **We are country-driven:** First and foremost, UNFPA is country-focused, driven by national needs, and promoting and working with national ownership of programmes. UNFPA also strengthens the capacity of governments to engage in high-level national dialogues and knowledge-based planning, to build strategic partnerships and regional alliances, and to implement programmes that are responsive to national needs, with promise for long-term impact and sustainability.¹⁰
- **We are integrated:** UNFPA addresses and integrates both high-quality SRH and women's empowerment. Recognizing that SRH and the realisation of women's human rights in particular are intrinsically linked, UNFPA works to integrate interventions within and beyond the health sector.

Sustained presence and engagement within countries, means that UNFPA can operate across national platforms and span the strengthening of health systems, direct service delivery, knowledge management, capacity development, and policy and advocacy. To make a direct and tangible difference in the lives of millions of women, particularly the most vulnerable, UNFPA targets investments that are increasing access to integrated and high quality antenatal and post-natal care; skilled attendance at birth; reliable access to a steady supply of life-saving commodities; comprehensive sexuality education; and family planning counseling, information and contraceptive choice. These investments are complemented by policy advice and advocacy directed to the longer-term underpinning of the social and structural conditions that create lasting development for all persons, including through the protection and fulfilment of human rights, investments in adolescents, and the realisation of gender equality and women's empowerment.

To accelerate delivery of MDG 5, UNFPA drives change through dedicated funds that mobilize resources for countries with the greatest need. The Maternal Health Thematic Fund (MHTF), established in 2008, is advancing MDG 5 in 43 countries with high maternal mortality. MHTF is catalytic in approach, aligning country-led processes to strengthen emergency obstetric and newborn care (EmONC), expand and strengthen midwifery, support the Campaign to End Fistula, and build national capacity for maternal death surveillance and response. The complementary fund, the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), intensifies UNFPA support in 46 countries, addressing critical bottlenecks in the supplies of contraceptives, medicine and equipment necessary for the delivery of high-quality reproductive health care, including life-saving commodities for ending maternal mortality.

As 2015 approaches, UNFPA and their partners are further accelerating actions for the attainment of MDG 5. The MDG 4 and 5 roadmap launched in July 2014 highlights how critical are UNFPA interventions if the speed and scale of transformative change is to increase by the end of 2015, through added resources and advocacy. The roadmap interventions can save an additional 139,000 women's and 250,000 newborns' lives in the last days of the MDGs, and millions more thereafter. Focusing particularly on the 48 hours surrounding childbirth,



Photo Credit: UNFPA Afghanistan

when the lives of the mother and child are at greatest risk, the roadmap identifies high-impact interventions that can rapidly strengthen critical health care systems, increase the impact of health workers, and expand access to commodities and services, particularly for the most vulnerable. The steps outlined in the roadmap include:

- a. Taking life-saving measures during and after birth;
- b. Optimizing service delivery platforms that are already in place;
- c. Increasing access to choice of modern contraceptive methods;
- d. Focusing on countries, places and circumstances where deaths are the highest.

The roadmap demands, and builds on, innovative public-private partnerships. It highlights UNFPA's confidence that with the right investments and leadership, MDG targets can be met.¹¹

a. Promoting Life-Saving Measures During and After Childbirth

Nearly half of all maternal and newborn deaths occur during childbirth or in the days immediately thereafter, and approximately 73 per cent of all maternal deaths, from 2003-2009, were due to direct obstetric causes.¹² To accelerate delivery of MDG 5 all women must have access to skilled delivery care,

and the backup of emergency obstetric and neonatal care (EmONC). This demands enhanced national policy commitments including investments in midwifery, broadening of health care coverage, and increasing women's access to sexual and reproductive information, services and life-saving commodities.

In Latin America and the Caribbean, UNFPA strengthens national capacities for EmONC in more than 15 countries, improving the tracking of maternal death and illness, and promoting the use of data to identify critical gaps in health services.¹³

Through UNFPA's MHTF, 32 of the highest burden countries have received additional support to strengthen EmONC services, including upgrading facilities and scale-up plans. These build on EmONC needs assessments carried out by UNFPA in 26 countries between 2008 and 2013, that have since been used to plan maternal and newborn health services in 15 countries.¹⁴

UNFPA has worked to ensure additional health workers are in place to meet MDG 5. Through the MHTF, 10,000 midwives have been trained, assisting 1.75 million births annually.¹⁵ In all the world's regions, UNFPA has strengthened midwifery services including through assessments of midwifery capabilities and staffing shortages; trainings; the provision of tools and guidance; and working with governments to advocate for increased investments. As of 2013, with UNFPA support in East and Southern Africa, 11 countries strengthened or established professional midwifery associations; 16 strengthened midwifery education; and 9 developed dedicated midwifery policies.¹⁶ Midwifery programme enrolments and capacity



Photo Credit: UNFPA Swaziland

Supporting Policy Dialogue to Reduce Maternal Mortality in Africa

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), “builds an African platform for cooperation and coordination to save the lives of women and children”¹⁷ in some of the highest burden countries. Throughout Africa, UNFPA is collaborating with partners, deepening policy dialogue and advocacy for the lives of women, mothers and newborns at the global, regional, sub-regional and national levels. Today, thanks directly to UNFPA’s support, through CARMMA more than 44 countries across the continent have launched specific national commitments to address maternal mortality, with more preparing to do so.

Such targeted policy dialogue has scaled-up EmONC services:

- In **Burundi**, UNFPA helped facilitate a partnership between the Regional Centre for Training and Research in Reproductive Health and the Ministry of Health (MoH) to improve the quality of training for EmONC providers. 58 providers from 28 hospitals and health centres have been trained to provide basic EmONC.
- In **Malawi**, UNFPA supported the improvement of 25 designated basic EmONC facilities to improve the quality and delivery of key functions.
- In **Rwanda**, UNFPA helped develop a new plan to reduce maternal and newborn mortality and morbidity for the period of 2013-2018, establishing EmONC as a national priority.
- In **Cameroon**, UNFPA supported in-service training, clinical coaching, and assessment for 112 service providers to elevate their skills in essential obstetric and neonatal care, as well as basic EmONC. Further, a strategy to pre-position obstetric kits in health centres was piloted in 3 regions, and then expanded to nine of Cameroon’s 10 regions, including the East Region where UNFPA facilitated the project’s expansion to 14 district hospitals.¹⁸

also increased in 30 countries, including in **Burkina Faso, Cambodia, Ethiopia, Guyana and Madagascar**.¹⁹

In 2013, UNFPA’s actions to accelerate delivery of MDG 5 in the Asia and the Pacific region included support for further development of midwifery policies, standards or curricula in **Afghanistan, China, Iran, Myanmar and Sri Lanka**, and support

to midwifery training in **Bangladesh, the Lao People’s Democratic Republic and Myanmar**. UNFPA support to the Association of South-East Asian Nations contributed to the development of guidelines for skilled birth attendance.²⁰

Access to life-saving reproductive health commodities, notably magnesium sulfate, misoprostol, and oxytocin, can effectively

Strengthening Midwifery Capacity in the Arab States

Throughout the Arab States region, UNFPA has supported service delivery to increase rates of skilled attendance at births, while simultaneously expanding and improving midwifery education, introducing midwifery in MoH workforce policies, and strengthening midwifery associations.

- In **Djibouti**, the national midwifery programme has now been fully integrated into the national maternal health and reproductive health commodity security programmes, and promoted through community-based initiatives.
- In **Somalia**, in partnership with Somali authorities, UNFPA has supported the establishment of nine midwifery schools nationwide and two midwifery associations.
- In **Sudan**, UNFPA has supported capacity building for midwives, providing stipends to allow village midwives and midwife technicians to enrol in training programmes; conducting supportive supervision visits; offering refresher training to midwives, using updated curriculum; and procuring, distributing and replenishing midwifery kits.
- In **Yemen**, UNFPA provided technical assistance to the Ministry of Public Health and Population (MOPHP) and midwifery training institutions to update midwifery curricula. A nationwide mapping of midwives enabled MOPHP and the National Yemeni Midwifery Association to better support and supervise community midwives and design necessary trainings.²¹

avert deaths during pregnancy and childbirth. With UNFPA support, the availability of seven life-saving medicines increased from 2012 to 2013 in **Burkina Faso, Haiti, Niger, Nigeria and Sierra Leone**. Expedited through its GPRHCS, UNFPA has strengthened the management and supply chain for life-saving commodities to ensure a reliable supply of commodities and reduce stock-outs across 46 countries.²² And in 2013, a larger number of health centres across all UNFPA supported countries reported increases in the availability and range of contraceptives and life-saving maternal health medicines.

b. Optimizing Service Delivery through Platforms Already In Place

Integrated services are needed to offer optimal care for SRH, and such services can be scaled-up most effectively and affordably by building on infrastructure and platforms that are already in place, and already responding to national needs. High burden countries differ in terms of their health systems' strengths and weaknesses, and in their country's prevailing social and environmental threats to reproductive health, whether they be a lack of EmONC, a high prevalence of HIV or malaria, widespread gender-based violence, structural challenges such as large remote populations, or crises, such as the current Ebola outbreak.

Relevance and responsiveness to local contexts is paramount. Towards acceleration of MDG 5 delivery, UNFPA supports country-specific planning, and associated scaling up and targeting of efforts building on service platforms and networks already in place, so that new investments can more quickly enhance impact.



Photo Credit: Francine Egberts, UNFPA Mongolia

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, while HIV is the leading cause of death for women of reproductive age, and deaths and infections are increasing for adolescents. In countries with a generalized HIV epidemic, UNFPA works for the full integration of HIV responses with SRH services. UNFPA advocacy and support has helped better integrate STI and HIV prevention into primary care in 75 countries in the East and Southern Africa region, and more than 50 per cent of these now have integrated community-based HIV prevention efforts and SRH. Across sub-Saharan Africa, this integration includes programming to eliminate mother-to-child transmission (EMTCT) of HIV. UNFPA's assistance has strengthened voluntary testing and counseling services in more than 10 countries, and, for example, during 2013, the availability of voluntary testing integrated during prenatal visits increased to 97 per cent in UNFPA-supported districts in **Côte d'Ivoire**.²³ In **Rwanda**, where EMTCT services are integrated within maternal health services, UNFPA partnered with Rwanda's government, civil society and other development partners to strengthen these programmes.²⁴ An additional eight countries have developed detailed plans for integrated SRH, family planning, and HIV services.

Health service delivery platforms can also be optimized to support post-natal maternal health. This involves protecting women and children against major infections, and supporting women's birth-planning to avert unintended pregnancies. In countries with low access to family planning, UNFPA has helped integrate family planning information, counseling and services into post-partum care; promoting a woman's right to control the timing and spacing of her pregnancies, thereby improving her health and that of her children, and advancing MDG 5.



Photo Credit: Parviz Boboev, UNFPA Tajikistan

Promoting Access to Family Planning in Asia and the Pacific

UNFPA's regional interventions place significant emphasis on advancing family planning. In Asia, where an estimated 140 million women have an unmet need for modern contraception, UNFPA is focusing on the sustainability of family planning programmes. This has included improving policy environments and securing national budgets for reproductive health commodities, and strengthening the management of contraceptive supplies in countries such as **Afghanistan, Bangladesh, Bhutan, Indonesia, the Democratic Republic of Korea, the Maldives, Myanmar, Nepal and Papua New Guinea**. UNFPA's advocacy work helped to facilitate a 100 per cent increase in spending on contraceptives in **Myanmar**; **the Philippines** is now self-sufficient in the procurement of modern contraceptives; and with UNFPA's support, national family planning budgets have increased in the **Lao People's Democratic Republic, Mongolia, and Timor-Leste**.²⁵

Countries across Asia and the Pacific have achieved important results and increasingly exemplified best practices in the provision, availability and quality of family planning services:

- In **Afghanistan**, UNFPA provided capacity building to increase stock levels and method-mix of contraceptives. In 2013, 956,311 clients were provided family planning services, compared to only 834,894 in 2012, representing a 14 per cent increase in client load.
- In **Bhutan**, through UNFPA supply of family planning commodities, all hospitals and basic health units now provide a minimum of three family planning methods. UNFPA's contribution towards increasing contraceptive use is evident from the increase in contraceptive prevalence from 35.7 in 2000 to 65.6 in 2010.
- In **Cambodia**, targeted financial and technical assistance to the MoH, has seen all 1,058 health centres and 40 referral hospitals now providing at least three modern methods of contraceptives, amongst those, 992 health facilities now provide intrauterine device (IUD) services and 486 provide implant services.²⁶

c. Modern Contraceptive Choices

If we were to meet the family planning needs of the 222 million women in the world who have an unmet need for modern contraception, we could reduce maternal deaths by 80,000 and newborn deaths by 600,000 per year.²⁷ However, the world saw a mere 10 per cent rise in contraceptive prevalence

from 1990 to 2010,²⁸ leaving 18.5 per cent of women worldwide with an unmet need for contraception. Ninety per cent of these women reside in developing countries, with the greatest need in sub-Saharan Africa. This lack of accessible and affordable contraception has also contributed substantially to the estimated 43 million abortions worldwide in 2008,²⁹ further



Building a Total Market Approach in Eastern Europe and Central Asia

With Eastern Europe and Central Asia's middle-income countries, UNFPA is concentrating on working with national partners to build a TMA for more equitable access

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