

FOCUS ON 5

WOMEN'S HEALTH AND THE MDGs

 **WOMEN
DELIVER**



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INVEST IN WOMEN – IT PAYS!

Of all the Millennium Development Goals (MDGs), **MDG 5 – Improve Maternal Health** – has made the least progress. It is the most underfunded of the health-related MDGs.

Globally, the MDGs are widely accepted as the path to ending poverty. But one central fact is not yet widely understood: none of these goals can be achieved without more progress in promoting women's reproductive rights and protecting maternal and newborn health.

These briefing cards outline why decision-makers should prioritise saving mothers' and newborns' lives and key investments they should make in order to achieve that goal. Designed for use by policymakers, civil society groups, and advocates, Focus on 5 details why the world needs to invest now in maternal, newborn, and reproductive health and the strategic actions needed to improve vital health services for mothers and their newborns in the developing world.

No woman should die giving life.

ENDORISING ORGANIZATIONS

- Action Canada for Population and Development
- Advocates for Youth
- Center for Health and Gender Equity (CHANGE)
- Center for Reproductive Rights
- Centre for Development and Population Activities (CEDPA)
- EngenderHealth
- Family Care International
- German Foundation for World Population (DSW)
- Global Health Council
- Impact
- International Center for Research on Women
- International Community of Women with HIV/AIDS
- International Confederation of Midwives
- International Federation of Gynecology and Obstetrics (FIGO)
- International HIV/AIDS Alliance
- International Planned Parenthood Federation (IPPF)
- Ipas
- Marie Stopes International

- Pathfinder International
- Physicians for Human Rights
- Population Action International
- Realizing Rights, at the Aspen Institute
- United Nations Population Fund (UNFPA)
- Women and Children First (UK)
- Women's Refugee Commission
- World Health Organization (WHO)
- Youth Coalition for Sexual and Reproductive Rights

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Focus on 5: Introduction

In 2000, 189 countries committed to ending extreme poverty worldwide through the achievement of the eight Millennium Development Goals (MDGs). MDG 5—Improve Maternal Health—set a target of reducing maternal mortality by three-fourths by 2015. In 2007, the world's leaders added a second target under MDG 5: achieve universal access to reproductive health.

Every year, between 350,000 - 500,000 girls and women die from pregnancy-related causes. While the numbers of deaths are decreasing, the progress is not enough or fast enough. Between 15 and 20 million girls and women suffer from maternal morbidities every year.¹ Almost all maternal deaths occur in developing countries; especially vulnerable are poor women. In fact, maternal mortality represents one of the greatest health disparities between rich and poor and between the rich and poor populations within every country.

Achieving MDG 5 is not only an important goal by itself, it is also central to the achievement of the other MDGs: reducing poverty, reducing child mortality, stopping HIV and AIDS, providing education, promoting gender equality, ensuring adequate food, and promoting a healthy environment.

We know what it will take to significantly improve maternal, newborn, and reproductive health:

- 1. Access to family planning**—counselling, services, supplies
- 2. Access to quality care for pregnancy and childbirth**
 - antenatal care
 - skilled attendance at birth, including emergency obstetric and neonatal care
 - immediate postnatal care for mothers and newborns
- 3. Access to safe abortion services**, when legal (as per paragraph 8.25 of the Programme of Action for ICPD)²

With increased political will and adequate financial investment in these three strategies, women and their newborns can survive so that their families, communities, and nations can thrive.



INVEST IN WOMEN – IT PAYS!

Reasons to take action

Investing in women will produce far-reaching economic and social benefits. The world loses \$15 billion every year in productivity because of maternal and newborn mortality. Targeted investments in maternal, newborn, and reproductive health will have a dramatic, lasting impact on the economic and social fabric of developing nations.

Maternal health is a human right. Maternal deaths are a gross violation of women's human rights. Governments have an obligation to protect women's right to life, health, and equality; the fulfilment of these rights is essential to reducing maternal mortality.

Maternal health and newborn health are closely linked. In poor countries, a mother's death after childbirth is often a death sentence for her newborn baby. Providing good quality care during and after pregnancy and childbirth will substantially reduce newborn mortality as well.

MDG 5 can be achieved - but political will and financial investment are urgently needed. Delivering a package of services essential to making significant improvement in maternal health is estimated to cost less than US\$1.50 per person in the 75 countries where 95% of maternal mortality occurs. Financial investment and the political will to make the investment will drive progress toward achieving MDG 5, and in turn, achieving all the MDGs.

We know what to do: cost-effective health strategies save women's and newborns' lives. The great majority of maternal and newborn deaths can be prevented through simple, cost-effective measures. Complications in pregnancy and childbirth are common, but unpredictable.

The action plan

Governments and the international community must commit to the following actions needed to provide essential services to all women in developing countries and to meet MDG 5 by 2015:

Increase investment in maternal, newborn, and reproductive health over current funding levels by at least an additional US\$12 billion in 2010, increasing annually to an additional US\$20 billion in 2015.³

Strengthen health systems for sustaining and scaling-up critical health interventions, and addressing serious gaps including 2.5 million health care professionals (midwives, nurses, doctors) and 1 million community health workers by 2015.⁴

Strengthen maternal, newborn, and reproductive health programmes and institutions, and ensure that information and services are available and sensitive to and respectful of women, especially poor and marginalised women.

Develop monitoring and accountability mechanisms and channels for community engagement that address wider socio-economic, political, and cultural barriers to maternal and newborn health care, and help improve policies and programmes.

FOOTNOTES

- 1 <http://www.prb.org/pdf/hiddensufferingeng.pdf>
- 2 Para 8.25: "In no case should abortion be promoted as a method of family planning... Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion... In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion..."
- 3 Singh S et al., *Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and United Nations Population Fund, 2009.
- 4 The Maternal, Newborn, and Child Health Consensus, 2009.



INVEST IN WOMEN – IT PAYS!

Investing in women will produce far-reaching economic and social benefits.

Healthier, better educated women are more productive economically, and are critical to ensuring healthy children, strong families and communities, and productive nations. Targeted investments in maternal, newborn, and reproductive health make women and newborns healthier, and will have a dramatic, lasting impact on the economic and social fabric of developing countries.

HEALTHY WOMEN DELIVER FOR THEIR FAMILIES, COMMUNITIES, AND NATIONS.

A woman's income is more likely than a man's to go toward food, education, medicine, and other family needs,¹ and women in many countries make important family decisions about nutrition, health care, and use of resources. A mother's care is often essential for keeping her children alive.

When a woman dies or becomes ill, her children are much more likely to leave school, to suffer from poor health, and even to die themselves. Her production and income are lost both to her family and to her community.

Many lives are therefore saved—and national income rises—when women have access to high-quality health care from skilled providers during labour, in childbirth, and after delivery. And women who can plan when to have children have greater life choices, face fewer health and financial risks,

and may not be forced into painful decisions (such as whether to spend scarce resources on food or schooling) that can harm their children, especially daughters.

INVESTING IN MATERNAL AND NEWBORN HEALTH IS COST-EFFECTIVE.

Research has confirmed that high-quality antenatal and delivery care are cost-effective interventions: providing a package of essential services in the 75 countries where almost all maternal deaths occur is estimated to cost less than US\$1.50 per person.²

THE RETURN ON INVESTMENT IS ENORMOUS.

Maternal and newborn health has a dramatic impact on economic productivity: in 2001, the U.S. Agency for International Development estimated the global economic impact of maternal and newborn mortality at US\$15 billion in lost productivity every year.³



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Investments in maternal, newborn, and reproductive health also improve other health services. Providing the equipment, facilities, and training for emergency obstetric services, for example, also creates the capacity to perform surgery and provide blood transfusions for accidents and other emergencies. Similarly, women who use maternal health services are more likely to take advantage of other reproductive health services, including family planning and HIV and AIDS testing and treatment. Further, providing family planning services reduces the rate of unintended pregnancy, which leads to fewer unsafe abortions, which in turn brings down health care costs.

IMPROVING MATERNAL, NEWBORN, AND REPRODUCTIVE HEALTH IS ESSENTIAL TO ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS.

Poverty is a relentless and overwhelming cause of illness and disease in developing countries; in turn, poor health pushes women and their families further into poverty.

MDG 5 — Improve Maternal Health — is the heart of the MDGs because fulfilling this goal is critical to achieving the other MDGs and eradicating extreme poverty. The policy and programme changes required to achieve MDG 5 will directly support the other MDGs, by empowering women, reducing child mortality, enabling progress against HIV and other diseases, supporting greater environmental sustainability, and ultimately helping to reduce poverty and achieve universal primary education.

FOOTNOTES

- 1 Jowett M. "Safe Motherhood interventions in low income countries: an economic justification and evidence of cost-effectiveness." Health Policy 53(3):201-28. 2000.
- 2 "World Health Report 2005: Make Every Mother and Child Count," WHO (2005).
- 3 USAID Congressional Budget Justification FY2002: Program, Performance, and Prospects - The Global Health Pillar. http://www.usaid.gov/pubs/cbj2002/prog_perf2002.html. As cited in Gill K., et al Women Deliver for Development, Background Paper for the Women Deliver conference. FCI and ICRW, 2007.

Progress for MDG 5 is possible – we know what to do. We know the cost and sadly, we know the cost of not doing enough.



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INVEST IN WOMEN – IT PAYS!

Maternal health is a human right.

The right of all women to quality health care must be ensured to prevent avoidable maternal deaths and injuries. Maternal health care must be available, accessible, and of high quality; failure to provide such care is a violation of women's rights to life, health, equality, and non-discrimination. Women also have a right to make informed and voluntary reproductive health decisions based on accurate information; to prevent unintended pregnancies; to be free from gender-based discrimination and violence; to have access to HIV and AIDS prevention, treatment, and care and to participate in the planning and implementation of health policies that are essential to making pregnancy and childbirth safer.

ALL WOMEN ARE ENTITLED TO THE CARE THEY NEED TO SURVIVE PREGNANCY AND CHILDBIRTH.

Failure to ensure the human rights of all women has resulted in vast disparities in maternal mortality across and within countries. In Canada, where education, family planning, and health care services are widely available to all, one out of 11,000 women dies from complications of pregnancy and childbirth. The situation is vastly different in Niger, where poverty and a shattered health care system are combined with a high fertility rate: there, pregnancy-related causes will kill one of every seven women.¹

HUMAN RIGHTS TREATIES THAT REFERENCE THE RIGHT TO HEALTH

- United Nations Charter
- Universal Declaration of Human Rights
- International Covenant on Economic, Social, and Cultural Rights
- Convention for the Elimination of all Forms of Discrimination against Women



INVEST IN WOMEN – IT PAYS!

In all countries, rural, indigenous, and poor women, as well as women who live in conflict zones, face the highest risk. Women living with HIV also have the highest risk of maternal mortality.

RESPECT, PROTECT, AND FULFIL WOMEN'S HEALTH.

Governments have an obligation to take action to prevent maternal deaths, which represent a gross violation of women's basic human rights.² Various international treaties establish the state's obligation to respect, protect, and fulfil women's human rights. Among them is the right to the highest attainable standard of health, and includes four interrelated and essential elements: goods, services, facilities, and conditions necessary for the realization of this right. These elements must be available to all, accessible to all without discrimination, acceptable, and of good quality. Treaty monitoring bodies have explicitly recognised maternal mortality as a violation of women's right to life.^{3,4} Where human rights have been violated, individuals and organizations have turned to the courts at the national, regional, and UN levels. (see box)

FOOTNOTES

- 1 Gill K et al, Women Deliver for Development, Background Paper to the Women Deliver Conference, FCI and ICRW, 2007.
- 2 Center for Reproductive Rights, *Using the Millennium Development Goals to Realize Women's Reproductive Rights*, September 2008, page 12.
- 3 United Nations Human Rights, Office of High Commissioner for

Sandesh Bansal v. Union of India and Others

A public health activist in India has taken the state of Madhya Pradesh to court over the staggering number of women in the state who die during pregnancy and child-birth. The public interest lawsuit was brought in July 2008 by Sandesh Bansal, the coordinator of Jan Adhikar Manch, a network of local health NGOs. Mr. Bansal contends that the government of Madhya Pradesh has failed to properly implement maternal health policies in the state. He has requested the court to order the state government to establish health facilities where needed and ensure that they are fully functional; guarantee that no person is denied free health services; and create a surveillance mechanism to identify and review maternal deaths.⁵

- health, U.N. Doc. E/C. 12/2000/4 (2000), at para 12.
<http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>
- 5 Center for Reproductive Rights. India activist sues state for neglecting maternal mortality. <http://reproductiverights.org/en/press-room/indian-activist-sues-state-for-neglecting-maternal-mortality>. Accessed 06/25/09.

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