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DEPARTMENT OF
MAKING PREGNANCY SAFER



World Health
Organization

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A VISION FORWARD: MAKING A RIGHT TO HEALTH A REALITY

Women are dying bringing life into this world. And many continue dying as they battle malaria, TB, HIV/AIDS and other preventable illnesses. The time has come for all of us to work together to apply the right to life to matters relating to health by addressing the positive nature of the right, and providing a real context for health and human dignity. It is steadily happening but most times it's too little, too late.

Since its inception in 2005, the Department of Making Pregnancy Safer (MPS) has worked to strengthen WHO's role in providing technical, intellectual and political leadership in the field of health and human rights. In our daily work, we are all striving to make this right a reality by turning aspirations and policies into practice.

At WHO, we believe that health sector interventions are essential and can be strengthened by using the principles and tools underscored in international human rights standards. This may involve reviewing and modifying laws and policies so that they protect people's health interests; but it will also mean ensuring that health services and information are provided in a way that respects and protects human rights.

Every country in the world is now party to at least one human rights treaty that addresses health related rights, including the right to health and a number of rights related to conditions necessary for health. In many countries, however, the tragic reality is that the high level of preventable mortality remains.

Furthermore, the likelihood for survival in pregnancy and childbirth or due to other illnesses or to succumbing to death, varies greatly not only between rich and poor nations, but also between the rich and poor within countries. Differential survival rates indicate international and internal national injustices.

International, regional and national legal instruments and institutions offer a variety of opportunities to establish best standards for observance of human rights and to uphold States accountable to the levels of respect for human rights that prevail within their territories. Failure to enforce standards of observance may be due in part to institutional defects, but may also be due to the low health status of a country's citizens that constitutes a violation of international human rights law to enforce legal remedies for violations and to require the main-

tenance of legal standards. A variety of agencies, including WHO, are working to support initiatives to hold States to account for their human rights record.

With evidence of practice and advocacy of principle, appropriate mechanisms at all levels can determine the appropriate standards of observance of the human right to health that will identify injustice and illuminate the path to reform. We have created a momentum; the time has come to combine our efforts to fight for peoples' right to health and right to life.



Joy Phumaphi

Assistant Director-General
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Every year, there are more than 210 million pregnancies, where nearly 75 million are either unwanted or unplanned. This is primarily due to a lack of access to information and good quality family planning services. Many of these women may have married early and did not get a chance to continue their education. Children may be the only goods they were expected to produce.

As a consequence, every day nearly 1600 women and more than 10 000 newborns die due to pregnancy-related and other complications and thousands more children are dying due to childhood illnesses. What is more shocking than these statistics is the fact that these deaths are all preventable.

It is there in the village or district or an urban slum where most of the mothers and newborns are dying and suffering from morbidities. It is the poor and disadvantaged who are excluded and need our urgent attention. The time of crying for deaths is over. We need to go beyond the numbers and address practical issues for scaling up interventions and ensure universal

coverage. We must work to promote the continuum of care approach.

Let us all work together to make a difference to all those mothers and newborn in countries. There is a great window of opportunity to improve maternal and newborn health. We must not let it pass by like we did in the last century. Our efforts and investments need to be equal to the tasks and intensified if maternal and newborn morbidity and mortality are to be reduced.

In our daily work we are all striving to make these efforts come to fruition. Survival is about mothers and their newborn it is about understanding the bigger picture, the greater macroeconomic impacts and the linkages with development and concomitant derivatives, such as poverty alleviation, thinking out of the box.

Achieving the Millennium Development Goals to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other diseases, will require coordinated action to improve and strengthen health systems and to reduce inequalities in

access to and use of the effective interventions for maternal health.

Our focus must be countries and we must increase the capacity of countries. WHO is committed to continuing and strengthening its support of the government vision of a world where healthy mothers and their babies can attain their full potential.



Dr Monirul Islam

Director,
Department of
Making Pregnancy Safer



INTRODUCTION

NEW DEPARTMENT: RENEWED HOPE, MAKING A DIFFERENCE IN COUNTRIES



In January 2005, the late Dr Lee Jong-wook, former WHO Director-General announced the creation of a new Department of Making Pregnancy Safer (MPS). The particular aim of this Department is to strengthen WHO's capacity to support countries in their endeavour to improve maternal and newborn health. The Department was tasked with strengthening advocacy, technical support, monitoring, surveillance and evaluation and partnership in countries to ensure that WHO can provide the most up-to-date information and guidance on maternal and newborn health.

MPS has set out a way forward for making pregnancy and childbirth safer for women and their newborn, and thus accelerating the reduction of maternal and perinatal mortality and morbidity – especially in the developing world, where 98% of these deaths occur. The key goal of the Department is to provide technical support and through building national capacity for managed care and universal coverage, to ensure skilled care for every birth within the context of a continuum of care. Integrated Management of Pregnancy and Childbirth (IMPAC) will help shape technical support to countries in strategic and systematic ways to improve maternal, perinatal and newborn health.

THE NEED FOR ACCELERATED ACTION: IMPROVING MATERNAL AND NEWBORN HEALTH AND SURVIVAL

Region		Maternal mortality ratio (deaths per 100 000 live births)	Number of maternal deaths	Lifetime risk of maternal death, 1 in:	Perinatal mortality rate (deaths per 1000 births)	Number of perinatal deaths
Africa		830	251 000	20	55.4	1 722 000
	Northern	130	4 600	210	31.8	149 000
	Sub-Saharan	920	247 000	16	59.6	1 573 000
Asia		330	253 000	94	45.7	3 599 000
	Eastern	55	11 000	840	32.1	666 000
	South-central	520	207 000	46	56.9	2 319 000
	South-eastern	210	25 000	140	34.8	417 000
	Western	190	9 800	120	36.7	196 000
Latin America & the Caribbean		190	22 000	160	21.0	244 000
Oceania		240	530	83	44.7	11 000
World total		460	529 500	74	42.4	5 707 000
Developed countries		20	2 500	2 800	10.2	130 000
Developing countries		440	527 000	61	45.8	5 577 000

Source: WHO

MILLENNIUM DEVELOPMENT GOALS 4, 5 AND 6

The Millennium Development Goals have placed maternal and newborn health firmly on the international agenda. But there remains the need to develop stronger evidence to convince policy-makers and donors that interventions to improve maternal and newborn health are a worthwhile investment and will actually reduce poverty.

MPS notes with great concern that at current trends, the international community will fail to meet its Millennium Development Goal target 4 (in reducing by two-thirds the “under-five” mortality rate) and 5 (in reducing by three-quarters the maternal mortality ratio) by 2015. The HIV and malaria-related MDG target 6 will also not be achieved by 2015 without focusing on HIV- and malaria-related illnesses before, during and after pregnancy. If these targets are to be met, the international community will need to redouble its efforts at the country level to translate these international commitments into lives saved.

KEY WORKING AREAS

Strengthening National Capacity

Assessing the technical capacity, interventions and health systems and policy guidelines of maternal and neonatal programmes in countries.

Building Partnerships

Working with governments, partners, health managers, communities, individuals and households to build on existing maternal and newborn health strategies for poverty reduction and cost-effective interventions.

Monitoring Progress

To measure attainment for achieving the MDGs by preventing and reducing maternal, newborn and child morbidity and mortality through global surveys and data analysis.

Advocacy

Mobilizing resources at the national, regional and global levels, in order to increase maternal and newborn health



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