

## Statement by the World Health Organization

42 session of the Commission for Population and Development

The Contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the MDG's

United Nations  
New York, 31<sup>st</sup> March 2008

Thank you, Madame Chair.

Distinguished Delegates, ladies and gentlemen,

We have recently passed beyond the half way mark towards 2015, and the remaining six years are likely to be very difficult, given the current financial and economic situation. While trends in some countries have been encouraging, for many others the task remains more challenging than when it was formulated in 2000 as part of the Millennium Declaration. The initial push towards reaching MDG5 called for commitment and concentrated investment from the international community and while commitment and investments have grown, the need for accelerated effort is more urgent now than ever.

While the bigger picture remains one of overwhelming challenge, there are many glimmers of hope around the world. Communities across Africa and Asia have involved families and caregivers in formulating solutions to their local challenges and have succeeded in making skilled maternal and newborn care available to many women. Governments have pledged money and skills, and international aid organizations have developed programs with local groups to drive change from the ground up.

Studies show that some developing countries have dramatically reduced maternal mortality since 1987. There is no longer any disagreement that childbirth with a skilled attendant, access to timely emergency obstetric care, and family planning when required, are the best ways to avoid unnecessary deaths in women and newborns.

Although the comparison of maternal and newborn death estimates suggests that there has been a slight improvement in the global maternal mortality ratio from 430 in 1990 to 400 maternal deaths per 100,000 live births in 2005, progress has been limited and too slow. An annual decline of 5.5% in maternal mortality is required to reach MDG 5 by 2015; the actual average annual rate of decline is less than 1%.

Maternal deaths are estimated at 536 000 annually world wide. Every year more than 4 million babies die within 28 days of birth and at least 3.3 million babies are stillborn. 98% of these deaths occur in developing countries and rates are highest in sub-Saharan Africa and South-East Asia.

Twenty countries alone account for 60% of total global live births, 76% of the global maternal deaths, 79% of neonatal deaths and 80% of stillbirths (Afghanistan, Angola, Bangladesh, Cameroon, Chad, China, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Malawi, Mali, Nepal, Nigeria, Niger, Pakistan, Sierra Leone Tanzania and Uganda) and with the next twenty countries, these 40 high burdened account for more than 72% of global live births, 91% of maternal deaths, 93% of newborn deaths and about 94% of still births. Most of the deaths occur around childbirth and in the immediate postpartum period, but it can be prevented by providing quality care during childbirth

There is a close correlation between skilled birth attendance and institutional deliveries. We have ample information on the benefits of facility-based deliveries and their significant impact in reducing maternal and newborn mortality. The advantages of facility-based deliveries – both from a technical perspective and from systematic analysis of mothers' experiences – are many. They enable teamwork, so that midwives can attend far more births than it would be possible in home deliveries and make higher coverage possible. They also enable non-professionals, such as assistants and auxiliaries, to help making care more cost-effective. This allows a single midwife to attend up to 175 to 220 deliveries per year with faster improvement of coverage, compared to about 50 deliveries or less per year for a single-handed midwife visiting mothers at home with lower coverage

Malaria infection during pregnancy and HIV in pregnancy and transmission of HIV from mother to child continue to pose substantial risks to the mother, her fetus and the newborn. Despite considerable progress in malaria control over the past decade, malaria in pregnancy remains a serious public health problem, particularly in Sub-Saharan Africa where about 90% of clinical cases recorded worldwide occur every year. The HIV epidemic has also had a devastating impact on maternal, newborn and child health undermining efforts to achieve the MDGs in those related areas. Effective interventions that are safe for the prevention and control of HIV/AIDS and malaria during pregnancy exist and must to be deployed on a large-scale at the national level.

As a priority starting point in the 40 high burden countries WHO is aiming to reach every district to improve the quality of existing childbirth facilities and emergency obstetric and newborn care in order to prevent maternal and newborn deaths and stillbirths. At the same time WHO is working with countries on improving the health system response to scale up over time the access, coverage and quality of care for the majority of women. Such a strategy of progressive achievement of universal coverage of quality facility childbirth and the primary health care approach provides the best solution to save unnecessary maternal and newborn deaths and prevent stillbirths.

WHO remains committed to provide technical support to countries for policy formulations, strategy development and implementation of evidence based interventions and to monitor progress. We are working closely with UNICEF, UNFPA, World Bank and other H8 partners to maximize utilization of scarce resources and minimize duplication. We will only succeed if we work together and harness our comparative advantages in a complementary manner.

Thank you, Madame Chair.