



UNITED NATIONS

WE CAN END POVERTY

MILLENNIUM DEVELOPMENT GOALS AND BEYOND 2015

FACT SHEET

GOAL 5

Improve maternal health

TARGETS

1. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
2. Achieve, by 2015, universal access to reproductive health

FAST FACTS

- ✧ Globally, maternal mortality declined by 47 per cent over the last two decades.
- ✧ Maternal mortality has declined by about two-thirds in Eastern Asia, Northern Africa and Southern Asia.
- ✧ Only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits.
- ✧ Complications during pregnancy or childbirth are one of the leading causes of death for adolescent girls.
- ✧ Some 140 million women worldwide who are married or in union say they would like to delay or avoid pregnancy, but do not have access to voluntary family planning.
- ✧ Most maternal deaths in developing countries are preventable through adequate nutrition, proper health care, including access to family planning, the presence of a skilled birth attendant during delivery and emergency obstetric care.

WHERE WE STAND

Maternal mortality has declined by nearly half since 1990. While progress falls short of achieving MDG 5 by the 2015 deadline, all regions have made important gains. Globally, the ratio declined from 400 maternal deaths per 100,000 live births in 1990 to 210 in 2010. Still, meeting the MDG target of reducing maternal mortality by three-quarters will require accelerated efforts and stronger political backing for women and children.

Improving maternal health is also key to achieving MDG 4 of reducing child mortality. Giving good care to women during pregnancy and at the time of childbirth is crucial not only for saving women's lives but their babies, too.

Births attended by skilled health personnel have increased; however, disparities in progress within countries and populations groups persist. In 1990, just 44 per cent of deliveries in rural areas and 75 per cent in urban areas of developing countries were attended by skilled personnel. By 2011, coverage by skilled birth attendants increased to 53 per cent for rural births and 84 per cent of urban births. Globally, 47 million babies were delivered without skilled care in 2011.

African countries show wide disparities in maternal and reproductive health. Maternal mortality tends to be lower in countries where levels of contraceptive use

and skilled attendance at birth are relatively high. With a contraceptive prevalence of only 25 per cent and low levels of skilled attendance at birth, sub-Saharan Africa has the world's highest maternal mortality ratio.

Education for girls is key to reducing maternal mortality. The risk of maternal death is 2.7 times higher among women with no education, and two times higher among women with one to six years of education than for women with more than 12 years of education.

WHAT'S WORKING?

Bangladesh: Midwives go back to school. To make further progress in reducing maternal deaths and disability, the government has committed to deploying 3,000 midwives by 2015. Supported by UNFPA, Bangladesh is creating a cadre of full-time midwives trained according to international midwifery standards. Hundreds of nurses are now upgrading their knowledge, spending several

months in the classroom followed by practical training.

India: Cash transfers attract women to safely deliver in health centres. More than two-thirds of all maternal deaths in India occur in just a handful of impoverished states, and the inability to get medical care in time is one of the major factors contributing to this tragedy. UNICEF and its partners are working to avoid these preventable maternal deaths through innovative schemes such as a conditional cash transfer programme for women who deliver in health facilities.

Rwanda: SMS saves lives. The UNICEF-supported RapidSMS system helps community health workers track pregnancies, report on danger signs during pregnancy, and subscribe to emergency alerts to ensure that women can access emergency obstetric care if complications occur. The system also provides a real-time national surveillance mechanism for maternal health.

Sierra Leone: Free health care yields huge gains. A year after the launch in 2010 of the Free Health Care initiative for women and children under five years old, there was a 150 per cent improvement in maternal complications managed in health facilities and a 61 per cent reduction in the maternal mortality rate.

Somalia: National plan reduces maternal and child mortality. Spacing births more widely can dramatically reduce maternal mortality and improve the chances that children will survive. The Somali Reproductive Health National Strategy and Action Plan focuses on three priorities: birth spacing, safe delivery and addressing harmful practices like female genital mutilation. The World Health Organization (WHO) has been working with a consortium of international NGOs, UNFPA and UNICEF to support the authorities in increasing the number of trained midwives and improving access to birth-spacing services.

Yemen: Community midwives are saving lives. About three-quarters of women deliver children outside of a health facility in Yemen and a skilled birth attendant is present for only 36 per cent of deliveries. UNICEF supports the training of community midwives in rural areas, while partnering with local authorities and religious leaders to make the initiative sustainable and raise awareness of the impact that the midwives are having.

PARTNERING FOR SUCCESS

Launched at the UN MDG Summit in 2010, [Every Woman Every Child](#) is an unprecedented global movement, spearheaded by Secretary-General Ban Ki-moon, to mobilize and intensify global action to save the lives of 16 million women and children around the world and improve the health and lives of millions more. Working with leaders from over 70 governments, multilateral organizations, the private sector and civil society, Every Woman Every Child has secured commitments from over 280 partners.

Efforts by partners of the *Every Woman Every Child* movement are widespread:

- ✧ The [GAVI Matching Fund for Immunization](#), a private-public initiative, is a programme for which the UK Department for International Development and the Bill & Melinda Gates Foundation match contributions from the private sector to deliver critical vaccines to the lowest income countries.
- ✧ Merck has committed its expertise and human and financial resources to help reduce maternal mortality by 75 per cent, through its 10-year, company-wide initiative, [Merck for Mothers](#), to accelerate access to proven solutions and to develop new innovative technologies.
- ✧ In Nigeria, local business leaders and philanthropists are among the leading champions of *Every Woman Every Child*. The Wellbeing Foundation of Nigeria focuses on strategic grant-making, the Tony Elumelu Foundation manages the first-ever impact investment fund for women's and children's health and the Private Sector Health Alliance of Nigeria mobilizes national businesses in support of national efforts to achieve the health MDGs.
- ✧ UN Women is implementing a joint programme in Central African Republic, Chad, Guinea, Haiti, Mali, Niger and Togo to highlight the links between violence against women and maternal health and promotes funding and trains midwives and community health workers. The innovative programme is part of a partnership with UNFPA, UNICEF and WHO, supported by the French Muskoka Fund.

Sources: *The Millennium Development Goals Report 2013*, United Nations, 2013; UNDP, UNFPA; UNICEF; [UN Women](#); WHO.



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