

18 March 2011

Original: English

Commission on the Status of Women**Fifty-fifth session**

22 February-4 March 2011

Agenda item 3 (c)

**Follow-up to the Fourth World Conference on Women
and to the twenty-third special session of the General Assembly,
entitled “Women 2000: gender equality, development and
peace for the twenty-first century”: gender mainstreaming,
situations and programmatic matters****Elimination of preventable maternal mortality and
morbidity and the empowerment of women****Chair’s summary**

1. On 1 March 2011, the Commission on the Status of Women convened an expert panel on elimination of preventable maternal mortality and morbidity and the empowerment of women. The discussion was chaired by Mr. Garen Nazarian, Chair of the Commission (Armenia) and moderated by Ms. Michelle Bachelet, Executive Director, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). The panellists were: Dr. Babatunde Osotimehin, Executive Director, United Nations Population Fund (UNFPA); Ms. Kyung-wha Kang, Deputy High Commissioner for Human Rights; Mr. Christoph Benn, Director of External Relations and Partnerships, Global Fund to Fight AIDS, Malaria and Tuberculosis; Ms. Mayra Buvinic, Sector Director, Gender and Development Group, World Bank; Mr. Werner Obermeyer, Executive Director ad interim, World Health Organization (WHO), New York Office; Dr. Julia Kim, Cluster Leader for Mainstreaming HIV and Health and the Millennium Development Goals, United Nations Development Programme; and Ms. Diane Summers, Senior Specialist, Global Alliance on Vaccines and Immunizations. Representatives from 17 Member States, one regional group and one civil society organization contributed to the discussion.

2. The panel was convened in response to resolution 54/5 of the Commission on the Status of Women on eliminating preventable maternal mortality and morbidity through the empowerment of women, in which the Commission decided to hold, at its fifty-fifth session, an expert panel discussion on the topic with the relevant United Nations entities, as well as representatives of the private sector and civil society. It provided an opportunity for the Commission to assess progress in addressing maternal mortality, identify good practices and successful interventions, as well as ways and means for further accelerating action with the aim of

measurably reducing and eliminating maternal mortality and achieving Goal 5 of the Millennium Development Goals on improving maternal health. It was also an opportunity to bring further impetus to implementation of the Secretary-General's Global Strategy for Women's and Children's Health.

3. Achieving Goal 5 on improving maternal health and its target of reducing by three quarters, between 1990 and 2015, the maternal mortality ratio, remains a significant challenge. Since the 1990s figures have declined, but only slowly. In 2010, an estimated 355,000 women died due to complications of childbirth, and 99 per cent of those deaths occurred in developing countries. The average annual percentage decline in the global maternal mortality ratio was 2.3 per cent, well short of the 5.5 per cent annual decline needed to meet the Millennium Development Goals target. In addition, large disparities between regions remain. In sub-Saharan Africa, a woman's risk of dying from preventable or treatable complications of pregnancy and childbirth over the course of her lifetime is 1 in 31, compared with 1 in 4,300 in developed regions. This also means that millions of children are left motherless and risk premature death.

4. The causes of maternal mortality are well known, and largely preventable. Most maternal deaths are related to obstetric complications and complications from unsafe abortion, infection, haemorrhage and obstructed labour, which can be readily addressed by skilled health professionals and through the availability of drugs, equipment and referral facilities and access to maternal health services, including emergency obstetric and newborn care.

5. Effective prevention of maternal mortality is linked to the availability of well-functioning and sustainable health systems. Such systems are often lacking in the developing world. In efforts to strengthen health systems, emphasis should be placed on improving the quality, affordability and access to health care and services, including primary health care, building the skills of health professionals and reaching those most at risk. In this regard, improved infrastructure (roads, energy and water) and transportation systems are greatly needed in remote and rural areas. Particular attention should also be paid to expanding access to voluntary family planning and sexual and reproductive health information and services.

6. A comprehensive, integrated approach to service delivery can contribute in important ways to the prevention of maternal mortality and should therefore be pursued. Such an approach seeks to guarantee that people get the care they need, when they need it and in a user-friendly way. Integrated services can provide greater efficiency and synergies in the delivery of services and enable a more efficient use of available human and financial resources. An integrated approach is central for achieving all health-related Millennium Development Goals (4, 5 and 6), which are closely interrelated and impact each other. For example, investments in reducing HIV-related diseases can have a positive impact on maternal mortality rates.

7. Since global progress in women's health, and in particular maternal health, remains uneven between and within countries, a range of factors in addition to improving health systems needs to be tackled. Poverty, limited access to educational and economic opportunities, deep-seated gender-based stereotypes and discrimination continue to restrict women's access to vital health services and information in many countries. Maternal mortality, in particular, is symptomatic of women's low status in society and of entrenched gender inequalities. Harmful traditional practices such as early marriage also contribute to the persistence of high maternal mortality rates.

8. Good maternal health is not only a question of medical care, but fundamentally a question of social justice and enjoyment of human rights. Rights-based analysis points to the many rights that are of relevance to maternal health, ranging from the right to life, the right to education, the right to freedom from discrimination, the right to the highest attainable standard of health, the right to privacy and the right to an effective remedy. A human rights perspective that places the individual at the centre of development efforts can provide a stronger framework for developing health systems and initiatives that reach all individuals, including the most vulnerable and marginalized.

9. The accountability framework provided by international human rights treaties and mechanisms such as the universal periodic review of the Human Rights Council, provide a solid basis for seeking specific actions from Governments. The recommendations of human rights treaty monitoring bodies guide States parties on steps to improve maternal health. Studies conducted by a number of United Nations entities and non-governmental organizations offer lessons learned and good practices for advancing reproductive rights and improving maternal health.

10. Investing in education, especially the education of girls, is a key intervention to improve the health of women and girls and reduce maternal mortality. Education allows girls to make informed decisions about issues such as when to marry and spacing of children. Evidence shows that girls who receive education and remain in school tend to marry later and have fewer children. It allows girls to establish positive health habits and can contribute to reducing their vulnerability to HIV infection through enhanced capacity to negotiate safe sex. Educated girls grow into educated women, who have healthier babies and are more likely to educate their children. To improve school attendance of girls, safe and conducive learning environments are critical. Targeted awareness-raising campaigns on the importance of girls' education and outreach to parents and communities have also contributed to an increase in girls' school attendance.

11. Investment in the economic empowerment of women is likewise essential to improving maternal and child health. Evidence points to the positive impact of results-based financing and financial incentives, such as cash transfer programmes. For example, in a pilot project on conditional and unconditional cash transfers, a share of the cash was given to the adolescent girl. Apart from education gains impressive results on adolescent girls' health were recorded after two years, including reduced pregnancy, early marriage and HIV infection rates.

12. Effective leadership and strategic partnerships have contributed to making maternal health a priority at global and national levels. Partnerships such as the "H4", which includes WHO, UNFPA, the United Nations Children's Fund and the World Bank, have helped to accelerate progress in maternal and newborn health, including through close country-focused collaboration with donors and representatives from civil society organization and academic institutions.

13. Multi-stakeholder partnerships, such as "H4 plus", which includes the H4 entities and other key actors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the Joint United Nations Programme on HIV/AIDS and the Global Health Program at the Bill & Melinda Gates Foundation, are stimulating a global sense of urgency for reaching the health-related Millennium Development Goal targets and for mobilizing resources. In addition, initiatives such as the Network of Global Leaders, which was

formed to provide political backing and advocacy at the highest possible level for the Global Campaign for the Health Millennium Development Goals, are mobilizing support for the achievement of global goals and commitments in regard to health. Other promising recent initiatives include the Muskoka Initiative on maternal and child health, launched at the Group of Eight summit meeting in 2010, which seeks to significantly increase support for maternal and child health care in poor countries.

14. The Secretary-General's Global Strategy for Women and Children's Health, launched in September 2010, has mobilized significant political and financial commitments, with pledges from 44 countries totalling \$40 billion towards the achievement of Goals 4 and 5. This represents a major step towards filling the gap between the investment needed and what is currently provided for women's and children's health. These resources will be measured and tracked to ensure accountability for commitments, actions and results. In order to follow up this objective and better track results and resource flows at global and country levels within the context of the Global Strategy, the Information and Accountability Commission on Women's and Children's Health was established in December 2010. The Commission will report on the development of an accountability framework in May 2011. Effective public-private partnerships can lead to enhanced access and quality of health care, and existing good practice examples should be replicated and scaled up.

15. Greater focus should be placed on developing and strengthening national-level leadership and partnerships, including coordination mechanisms to support the development, planning and costing of national health initiatives and systems. All key stakeholders, such as ministries of health, development, finance, planning and gender equality, need to work together and collaborate closely with other actors, such as civil society organizations and academia, to ensure that the cross-cutting issues of gender equality and empowerment of women are integrated into health initiatives. It is also important to directly involve and partner with local communities and bring on board religious and other community leaders in order to gain support for health initiatives and encourage their sustainability at the local level.

16. While many promising partnerships and initiatives have been launched, financial resources remain inadequate, impeding progress towards the elimination of maternal mortality and morbidity. Donor countries need to meet their pledges, and official development assistance needs to be invested for social services that can benefit the health needs of women and girls. It is, however, equally important that countries invest more domestic resources in health, including maternal and newborn health.

17. International financial institutions play a critical role in mobilizing resources for achieving international goals and commitments on health. The forthcoming sixteenth replenishment of the World Bank's soft loan window would be the largest ever, at \$49.3 billion. For the first time, gender equality would be among the main four themes of the window, with a special emphasis on reproductive health and decreasing maternal mortality. Countries should take full advantage of the new opportunity. Improved data collection and situation analyses should underpin the design of better health policies and programmes and encourage increased investment in health initiatives.