MATERNAL HEALTH

Ending preventable maternal mortality remains one of the world’s most critical challenges despite significant progress over the past decade. There will be roughly 303,000 maternal deaths in 2015, largely from preventable causes before, during and after the time of giving birth. Grossly among women of reproductive age, maternal mortality is the second leading cause of death, and women currently face a 1 in 180 chance of dying from maternal causes.

ACHIEVEMENTS

Since 1990, the number of maternal deaths per 100,000 live births (the MMR) dropped by 44%. While this is a significant improvement, showing what can be achieved given sustained commitment, the world failed to meet the 75% reduction target set by MDG 5. The MMR dropped from 385 in 1990 to 341 in 2000 to 216 per 100,000 live births in 2015, indicating major acceleration of the decline after 2000.

The global declines in the MMR since 1990 have been driven largely by declines in the South-East Asia Region (69% decline) and the Western Pacific Region (64% decline). The African Region has shown the least progress, with a 44% decline between 1990 and 2015 (Figure 4.10) and now accounts for more than 6 out of 10 maternal deaths globally.

SUCCESS FACTORS

Counties improvements in service coverage. Coverage of antenatal care, skilled attendance at birth and institutional deliveries has increased, along with the increased integration in the delivery of health services (Figure 4.11). Almost 90% of women have at least one antenatal care visit, and over 60% at least four. Coverage of skilled attendance at birth increased from 58% to 73% between 1990 and 2013. There has also been an increase in contraceptive prevalence, which gives women the ability to reduce their number of pregnancies and, therefore, mortality risk.

Global Strategy for Women’s and Children’s Health 2010–2015 and related initiatives: The slow initial progress towards the MDG target for maternal mortality led to a series of global initiatives in support of country action and mobilization of funds from 2005. The impetus provided by the WHO-led Making Pregnancy Safer initiative, the Global Strategy, the Commission on Information and Accountability for Women’s and Children’s Health, in the H4+ partnership, country commitment and leadership, along with increased and predictable financing (US$ 45 billion committed as of 2012–2013, with US$ 27 billion already disbursed), have all contributed to improvements in maternal health outcomes, as did the earlier Partnership for Maternal Child and Newborn Health (2005).

Socioeconomic development: Higher levels of education, especially for women and girls, are associated with lower levels of maternal mortality. For women age 25 and above, average educational attainment has increased from 4.7 years in 1990 to 7.6 years in 2015. In the African Region, it rose from 2.0 to 4.1 years, and in the South-East Asia Region it went from 2.0 to 4.3 years. Especially in Asia, the large maternal mortality declines are likely to have benefited from economic developments, leading to better access of services.

CHALLENGES

Access to skilled care at birth: Despite steady improvement globally and within regions, more than 40% of women in the African Region and South-East Asia Region did not have access to a skilled health provider at birth in 2013.

Quality of care: As more women give birth in health facilities, the quality of care will become increasingly important. Fundamental health systems challenges remain with regard to attracting, training, deploying, motivating, managing and retaining skilled, committed and caring health workers.

Indirect maternal deaths: The increasing importance of the infectious and chronic noncommunicable diseases that contribute directly and indirectly to maternal mortality is a matter for concern. As countries reduce the MMR, there is a need to strengthen the recognition and management of indirect causes of maternal death, and coordinate with other relevant sectors and health providers to address care for noncommunicable diseases, develop innovative education, screening and management approaches for these conditions, as well as appropriate clinical guidelines and protocols.

Inequity in access: In many countries, the delivery care women receive is strongly associated with their income, whether they live in an urban or rural area, and their level of education. Disparities across economic, educational and urban/rural gradients are particularly pronounced in low-income countries (Figure 4.12).

Health workforce: Fundamental health systems challenges remain with regard to attracting, training, deploying, motivating, managing and retaining skilled, committed and caring health workers.

Funding in addition to an overall funding gap for maternal health, there are large disparities in the targeting of donor funding and country needs, with some very poor countries with a high MMR getting relatively little funding.

Monitoring: Sparse data on maternal mortality and morbidity and on causes of death in children in many countries make monitoring progress challenging. Vital statistics based on death registration is lacking. Even in high-income countries, vital registration systems typically miss about one third of maternal deaths.

STRATEGIC PRIORITIES

There is a specific SDG target on maternal mortality under the health goal, based on the WHO Ending Preventable Maternal Mortality (EPMM) initiative. The goal of the post-2015 maternal health strategy is to end all preventable maternal mortality using a holistic, human rights-based approach to sexual, reproductive, maternal and newborn health that rest on a foundation of implementation effectiveness. Specifically, the global target is that the global MMR is reduced to less than 70 per 100,000 live births by 2030. The EPMM target also specifies that no country has an MMR greater than 140 per 100,000. This implies countries achieving at least a two thirds reduction in their MMR between 2010 and 2030.

The key EPMM strategic objectives are:

• ensure accountability to improve quality of care and equity.

Other strategic objectives include improving metrics, measurement systems and data quality and allocating adequate resources and effective health-care financing. In this regard, it is vital to continue momentum to sustain and increase funding for RMNCH within the Global Strategy 2.0 through, for instance, the Global Financing Facility.