The World Health Report 2005

Make every mother and child count

World Health Organization
Message from the Director-General

Overview

Patchy progress and widening gaps – what went wrong?
Making the right technical and strategic choices
Moving towards universal coverage: access for all,
with financial protection
Chapter summaries

Chapter 1
Mothers and children matter – so does their health
The early years of maternal and child health
Where we are now: a moral and political imperative
Mothers, children and the Millennium Development Goals
Uneven gains in child health
The newborn deaths that went unnoticed
Few signs of improvement in maternal health
A patchwork of progress, stagnation and reversal
The numbers remain high

Chapter 2
Obstacles to progress: context or policy?
Context matters
Poverty undermines progress
The direct and indirect effects of HIV/AIDS
Conflicts and emergencies set systems back
The many faces of exclusion from care
Sources of exclusion
Patterns of exclusion
Different exclusion patterns, different challenges
Are districts the right strategy for moving towards universal coverage?
A strategy without resources
Have districts failed the test?
Chapter 3
**Great expectations: making pregnancy safer**

- Realizing the potential of antenatal care
- Meeting expectations in pregnancy
- Pregnancy – a time with its own dangers
- Seizing the opportunities
- Critical directions for the future
- Not every pregnancy is welcome
- Planning pregnancies before they even happen
- Unsafe abortion: a major public health problem
- Dealing with the complications of abortion
- Valuing pregnancy: a matter of legal protection

Chapter 4
**Attending to 136 million births, every year**

- Risking death to give life
- Skilled professional care: at birth and afterwards
- Successes and reversals: a matter of building health systems
- Skilled care: rethinking the division of labour
- Care that is close to women – and safe
- A back-up in case of complications
- Rolling out services simultaneously
- Postpartum care is just as important

Chapter 5
**Newborns: no longer going unnoticed**

- The greatest risks to life are in its beginning
- Progress and some reversals
- No longer falling between the cracks
- Care during pregnancy
- Professional care at birth
- Caring for the baby at home
- Ensuring continuity of care
- Planning for universal access
- Benchmarks for supply-side needs
- Room for optimism, reasons for caution
- Closing the human resource and infrastructure gap
- Scenarios for scaling up
- Costing the scale up

Chapter 6
**Redesigning child care: survival, growth and development**

- Improving the chances of survival
- The ambitions of the primary health care movement
- The successes of vertical programmes
- Time for a change of strategy
- Combining a wider range of interventions
- Dealing with children, not just with diseases
- Organizing integrated child care
Index

Figures

Figure 1.1
Slowing progress in child mortality: how Africa is faring worst 8

Figure 1.2
Neonatal and maternal mortality are related to the absence of a skilled birth attendant 10

Figure 1.3
Changes in under-5 mortality rates, 1990–2003: countries showing progress, stagnation or reversal 14

Figure 1.4
Patterns of reduction of under-5 mortality rates, 1990–2003 14

Figure 1.5
Maternal mortality ratio per 100 000 live births in 2000 15

Figure 1.6
Neonatal mortality rate per 1000 live births in 2000 15

Figure 2.1
A temporary reversal in maternal mortality: Mongolia in the early 1990s 23

Figure 2.2
Levelling off after remarkable progress: DTP3 vaccine coverage since 1980 26

Figure 2.3
Different patterns of exclusion: massive deprivation at low levels of coverage and marginalization of the poorest at high levels 29

Figure 2.4
From massive deprivation to marginal exclusion: moving up the coverage ladder 30

Figure 2.5
Survival gap between rich and poor: widening in some countries, narrowing in others 31

Figure 3.1
Coverage of antenatal care is rising 42

Figure 3.2
The outcomes of a year’s pregnancies 49

Figure 3.3
Grounds on which abortion is permitted around the world 52

Figure 4.1
Causes of maternal death 62

Figure 4.2
Maternal mortality since the 1960s in Malaysia, Sri Lanka and Thailand 66

Figure 4.3
Number of years to halve maternal mortality, selected countries 68

Figure 5.1
Deaths before five years of age, 2000 80

Figure 5.2
Number of neonatal deaths by cause, 2000–2003 80
Figure 5.3
Changes in neonatal mortality rates between 1995 and 2000 81

Figure 5.4
Neonatal mortality in African countries shows stagnation and some unusual reversals 82

Figure 5.5
Neonatal mortality is lower when mothers have received professional care 88

Figure 5.6
The proportion of births in health facilities and those attended by medical doctors is increasing 92

Figure 5.7
The human resource gap in Benin, Burkina Faso, Mali and Niger, 2001 95

Figure 5.8
Cost of scaling up maternal and newborn care, additional to current expenditure 96

Figure 6.1
An integrated approach to child health 111

Figure 6.2
Proportion of districts where training and system strengthening for IMCI had been started by 2003 114

Figure 6.3
Cost of scaling up child health interventions, additional to current expenditure 116

Boxes
Box 1.1
Milestones in the establishment of the rights of women and children 5

Box 1.2
Why invest public money in health care for mothers and children? 6

Box 1.3
A reversal of maternal mortality in Malawi 11

Box 1.4
Counting births and deaths 12

Box 2.1
Economic crisis and health system meltdown: a fatal cascade of events 22

Box 2.2
How HIV/AIDS affects the health of women and children 23

Box 2.3
Health districts can make progress, even in adverse circumstances 25

Box 2.4
Mapping exclusion from life-saving obstetric care 27

Box 2.5
Building functional health districts: sustainable results require a long-term commitment 34

Box 3.1
Reducing the burden of malaria in pregnant women and their children 44

Box 3.2
Anaemia – the silent killer 45
<table>
<thead>
<tr>
<th>Box</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>Violence against women</td>
<td>47</td>
</tr>
<tr>
<td>4.1</td>
<td>Obstetric fistula: surviving with dignity</td>
<td>64</td>
</tr>
<tr>
<td>4.2</td>
<td>Maternal depression affects both mothers and children</td>
<td>65</td>
</tr>
<tr>
<td>4.3</td>
<td>Screening for high-risk childbirth: a disappointment</td>
<td>69</td>
</tr>
<tr>
<td>4.4</td>
<td>Traditional birth attendants: another disappointment</td>
<td>70</td>
</tr>
<tr>
<td>4.5</td>
<td>Preparing practitioners for safe and effective practice</td>
<td>72</td>
</tr>
<tr>
<td>5.1</td>
<td>Explaining variations in maternal, neonatal and child mortality: care or context?</td>
<td>83</td>
</tr>
<tr>
<td>5.2</td>
<td>Sex selection</td>
<td>85</td>
</tr>
<tr>
<td>5.3</td>
<td>Overmedicalization</td>
<td>94</td>
</tr>
<tr>
<td>5.4</td>
<td>A breakdown of the projected costs of extending the coverage of maternal and newborn care</td>
<td>97</td>
</tr>
<tr>
<td>6.1</td>
<td>What do children die of today?</td>
<td>106</td>
</tr>
<tr>
<td>6.2</td>
<td>How households can make a difference</td>
<td>110</td>
</tr>
<tr>
<td>6.3</td>
<td>A breakdown of the projected cost of scaling up</td>
<td>118</td>
</tr>
<tr>
<td>7.1</td>
<td>International funds for maternal, newborn and child health</td>
<td>126</td>
</tr>
<tr>
<td>7.2</td>
<td>Building pressure: the partnerships for maternal, newborn and child health</td>
<td>127</td>
</tr>
<tr>
<td>7.3</td>
<td>MNCH, poverty and the need for strategic information</td>
<td>128</td>
</tr>
<tr>
<td>7.4</td>
<td>Sector-wide approaches</td>
<td>129</td>
</tr>
<tr>
<td>7.5</td>
<td>Rebuilding health systems in post-crisis situations</td>
<td>133</td>
</tr>
<tr>
<td>7.6</td>
<td>Civil society involvement requires support</td>
<td>142</td>
</tr>
</tbody>
</table>
### Tables

**Table 1.1**  
Neonatal and maternal mortality in countries where the decline in child mortality has stagnated or reversed  
16

**Table 2.1**  
Factors hindering progress  
22

**Table 4.1**  
Incidence of major complications of childbirth, worldwide  
63

**Table 4.2**  
Key features of first-level and back-up maternal and newborn care  
71

**Table 5.1**  
Filling the supply gap to scale up first-level and back-up maternal and newborn care in 75 countries (from the current 43% to 73% coverage by 2015 and full coverage in 2030)  
96

**Table 6.1**  
Core interventions to improve child survival  
115