15 February 2011

Commission on the Status of Women
Fifty-fifth session
22 February – 4 March 2011

Panel discussion

"Eliminating preventable maternal mortality and morbidity
and the empowerment of women"

Tuesday, 1 March 2011, 3.00 – 6.00 p.m.

ISSUES PAPER

I. Background

In 2010, the Commission on the Status of Women adopted a resolution on "eliminating preventable maternal mortality and morbidity and the empowerment of women" (CSW resolution 54/5). It decided to hold, at its fifty-fifth session, an expert panel discussion on the elimination of preventable maternal mortality and morbidity and the empowerment of women. The panel should include oral briefings by and an interactive discussion with the relevant United Nations funds and programmes, agencies and offices, including the World Bank, as well as representatives of the private sector and civil society, such as the Global Alliance for Vaccines and Immunization, the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria, and the Partnership for Maternal, Newborn and Child Health.

This discussion will be 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 MDG 5. It will also be an opportunity to bring further impetus to implementation of the Secretary-General's *Global strategy for women's and children's health.*

In 2012, the Secretary-General will submit to the Commission on the Status of Women at its fifty-sixth session, a report on actions to strengthen linkages among programmes, initiatives and activities throughout the United Nations system for gender equality, the empowerment of women and girls, protection of all of their human rights and elimination of preventable maternal mortality and morbidity (CSW resolution 54/5).

II. Overview

Achieving MDG 5 of improving maternal health, and its target of reducing by three quarters, between 1990 and 2015, the maternal mortality ratio, remains a significant challenge. Recently updated data indicate that in 2008, the maternal mortality ratio in developing regions was 290 maternal deaths per 100,000 live births, representing a 34 per cent decline since 1990. Notable progress has been made in many developing regions, including sub-Saharan Africa and Southern Asia where the majority of maternal deaths

occur. Despite this important progress, an estimated 358,000 maternal deaths occurred worldwide in 2008. The average annual percentage decline in the global maternal mortality ratio was 2.3 per cent, short of the 5.5 per cent annual decline necessary to meet the MDG target.

Developing countries continue to account for 99 per cent, or 355, 000, of all deaths. Sub-Saharan Africa and Southern Asia account for 87 per cent of global maternal deaths, corresponding to 313,000 deaths. In sub-Saharan Africa, a woman's risk of dying from preventable or treatable complications of pregnancy and childbirth over the course of her life time is 1 in 31, compared to 1 in 4300 in the developed regions (The Millennium Development Goal Report 2010, Addendum 2).

The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. While these are the main causes of maternal death, unavailable, inaccessible, unaffordable, or poor quality care is fundamentally responsible. Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death (WHO, Fact sheet N°348, November 2010).

Other factors that prevent women from receiving or seeking care during pregnancy and childbirth include: discrimination against women; poverty; distance from health facilities; lack of information; weak health care systems; inadequate services and infrastructure; and cultural practices. To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

During the United Nations MDG high-level plenary meeting in September 2010, UN Secretary-General Ban Ki-moon launched a *Global strategy for women's and children's health*, aimed at saving the lives of more than 16 million women and children over the next four years. At the launch of the strategy, stakeholders pledged US$ 40 billion in resources.

III. Format and outcome of the interactive expert panel

The panel will be chaired by the Chair of the Commission on the Status of Women. It will take the form of an interactive dialogue, moderated by Ms. Michelle Bachelet, Executive Director of UN Women.

In a first round, speakers will address the role of different stakeholders in tackling the direct and indirect causes of maternal mortality, present examples of successful interventions and suggest ways for scaling those up and encouraging cross-country replication of successes. In a second round, speakers will address partnerships, resource issues and accountability for progress on reducing maternal mortality.

Representatives from Member States and civil society will be invited to contribute to the dialogue. Interventions from the floor will be limited to three minutes, and are encouraged to present specific commitments that contribute to reducing maternal mortality. A moderator's summary of the dialogue, including commitments and pledges, will be posted on the website of UN Women.

IV. Issues for consideration in the interactive dialogue

The following issues could be considered:

- How can we make sure that health systems work for improving maternal health? What gaps need to be addressed, how, and by which stakeholders?

- How can we make sure that essential services that work are available to women most at risk – women living in rural and remote areas, young women? What examples of good practice exist, how can these be replicated and scaled up? By which stakeholders?

- How can root causes that impact on maternal mortality – such as persistent gender inequality, women's lack of information and decision-making power, stereotypes, traditional and cultural aspects – be addressed? By which stakeholders?

- How can we further expand existing partnerships on reducing maternal mortality?

- How can we ensure resources grow, and are spent better and more efficiently and effectively? How do we best ensure monitoring, reporting and accountability?