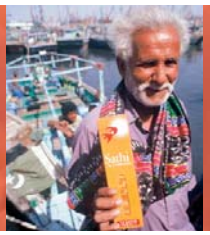

Commitment to improve the health of women

Every minute ...

ONE woman DIES while pregnant or giving birth (world wide 536,000 women a year); most of these deaths could be **prevented**. For every woman who dies, 20 or more women suffer from ill-health, some lifelong.

150 women face an unplanned or unwanted pregnancy (80 million women a year).

38 women in developing countries undergo unsafe abortions (19.7 million a year).

(Sources: according to estimates from UNFPA 2004, WHO 2007,)

Women in Africa are hardest hit

Every year more than half a million women worldwide die from complications during pregnancy or childbirth. Developing countries account for 99% of these deaths.

Maternal mortality ratio: All deaths during pregnancy or within 42 days of termination of pregnancy during a given time period per 100,000 live births during the same time period. (WHO definition)

In many countries, mostly in sub-Saharan Africa, the maternal mortality ratio remained virtually unchanged or has increased. In comparison with other regions, progress in this area has been minimal in the period from 1990 to 2005. According to the World Health Organization (WHO), 13 of the 14 countries with the highest maternal mortality ratios are in Africa. The lifetime risk of dying from causes related to pregnancy and birth is highest in Africa (at 1 in 26), and is in stark contrast to developed countries where the lifetime risk is 1 in 7,300. This risk could be reduced considerably as could serious pregnancy- and birth-related disabilities (some of them permanent) such as infertility resulting from untreated infections and vaginal fistulas, from which millions of women suffer worldwide.

The causes of maternal mortality and essential measures

About 75 percent of maternal mortality cases can be attributed to five major causes: severe bleeding, infections, unsafe abortions, pregnancy-induced hypertension and obstructed labour. The indirect causes include HIV and malaria. Most of these complications could be averted with the help of skilled medical care during pregnancy and birth.

However, the high rates of maternal mortality and health impairment are due not only to the lack of medical care but also to the fact that many women have limited power of decision-making in matters concerning sexuality, family planning and the timely use of health services.

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commissioned by Federal Ministry for Economic Cooperation and Development

in cooperation with DSW

A cluster of measures is necessary to ensure that maternal mortality is permanently reduced. These include better obstetric care along with the elimination of socio-cultural, gender-specific and economic disparities. Improving the social status of women and strengthening their decision-making power, thus enabling them to take advantage of health services (including family planning), is as important as involving men in contraception and promoting responsible fatherhood.

The international policy framework

In the last 20 years, states, governmental and non-governmental organisations (NGOs) have repeatedly committed themselves within the framework of international agreements to improving women's health and to reducing maternal mortality within the scope of a comprehensive human rights-based approach on sexual and reproductive health and rights (SRHR) (see box). In line with the Millennium Development Goals (MDGs), maternal mortality should be reduced by three-quarters by 2015 (base year 1990).

Strategic points of departure

Improving health services

Less than half the women in Africa and just under two-thirds of all women worldwide give birth with the assistance of qualified medical staff. For women to have access to skilled medical care, it is important to boost their rights as well as to develop the competence of health personnel, especially with regard to emergency obstetric care. Therefore, health systems overall must be reinforced, which includes better human and material resources. Governments must also be supported in their efforts to reform health policies such as decentralising measures, setting up procurement systems and developing functioning health information systems.

Improving access to family planning

About 200 million women and couples worldwide have an unmet need for modern contraceptives, and an estimated 80 million women each year get an unplanned or unwanted pregnancy. Better access to family planning, including emergency or contraception ("morning after pill"), and skilled medical care in the case of abortions in compliance with local laws could substantially reduce maternal mortality.

Preventing teenage pregnancies

Pregnancy- and birth-related death is the main cause of death among girls aged 15-19 in developing countries. As unwanted pregnancies among young girls are on the rise across the world, it is important to make girls aware of their rights, to strengthen these rights, to facilitate access to youth-based health services (including contraceptives) and to start promoting the responsibility of young men at an early stage.

Strengthening women's rights and combating gender-based violence

Women and girls in several countries suffer gender discrimination. Given their low social status and lack of decision-making power, they have limited access to adequate health care. Additionally, women often have no educational opportunities and are economically dependent. Violence against women is widespread. Gender-specific violence also encompasses harmful traditional practices such as female genital mutilation which, among other things, heightens the risk of complications during pregnancy.

Providing an effective response to HIV

In several parts of the world, the HIV pandemic adds to the risk of maternal mortality because HIV-infected women are one and a half to two times more susceptible. Worldwide half of all infected adults are women; in Africa, the figure is 60 percent. The children of HIV-infected women are three times more likely to die in childhood (independent of their

In Kenya poor women get access to skilled obstetric care (photo: KfW Entwicklungsbank)

Overview of important milestones

1987 Conference on maternal health, Nairobi: Safe Motherhood Initiative founded

1994 International Conference on Population and Development (ICPD), Cairo: Concept on sexual and reproductive health (SRH)

1995 World Conference on Women, Beijing: Strengthening the sexual and reproductive health and rights (SRHR) of women

2000 UN Millennium Summit, New York: Millennium Development Goals (MDGs) adopted MDG3: Promote gender equality and empower women MDG5: Improve maternal health

2006 UN General Assembly, New York: "Universal access to reproductive health by 2015" added under MDG5

2006 Maputo Protocol agreed upon by African health ministers: Promote the rights of women to protection and strengthen the role of women and girls.

own HIV status as children) and the risk is further increased in the event of the mother's death. In order to reduce maternal mortality, it is therefore also important to make pregnant women aware of the prevention of sexually transmitted infections and to facilitate access to preventive measures, especially for women. Medication-based therapy for women and their families (including the prevention of mother-child HIV transmission) and family planning to prevent unwanted pregnancies are also important.

The German contribution to achieving MDG5

The Federal Republic of Germany supports programmes that contribute to the achievement of MDG5. In 2007, while Germany held the G8 presidency, the Federal Government prioritised "Health in Africa". In the Heiligendamm Declaration it called for greater commitment to mother-child health, family planning and the prevention of gender-based violence. The Federal Government shares the view that the MDGs cannot be achieved through individual disease-specific measures alone. It is only by linking health programmes to the principles of sustainability, human rights and gender equality that long-term progress can be made towards achieving the health-related MDGs (4, 5 and 6).

In this context, German development cooperation can choose from a range of possible courses of action and diverse partners; the major multilateral partners who receive financial support and are actively involved in the development of concepts and programmes include the United Nations Population Fund (UNFPA), WHO and the International Planned Parenthood Federation (IPPF). Within the scope of the bilateral cooperation that is implemented through organisations such as KfW, GTZ, InWEnt, DED and CIM,* improvements in maternal health are supported in over 60 health programmes. These include:

- Improving the availability of and accessibility to professional health services.
- Promoting the quality of health services by developing comprehensive and systemic structures and instruments for quality management.
- Improving access to good-quality modern contraceptives inter alia through the social marketing programme.
- Supporting governments in introducing reforms that impact positively on the health sector, e.g. decentralisation of health systems or reforms that also allow unmarried young people to access information and services related to sexual and reproductive health, including modern methods of contraception.
- Strengthening health and social security systems, also within the scope of sector-wide approaches (SWAp).
- Promoting a rights-based approach that supports the participation of disadvantaged groups and calls for the accountability of the state and of institutions. This includes support for reforming abortion laws.
- Supporting the development of the gender strategy promoted by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF).

Furthermore, cooperation with NGOs and foundations such as the German Foundation World Population (DSW) together with membership in the Reproductive Health Supplies Coalition (RHSC), which tries to ensure an adequate and reliable supply of leading contraceptives, are key elements in the efforts to achieve MDG5.

The following examples highlight Germany's development policy commitment to reducing maternal mortality:

Voucher system for health services, Kenya

In Kenya, German development policy supports an Output Based Aid project in which highly subsidised vouchers are sold essentially to poor target groups. Like health vouchers,

* KfW Entwicklungsbank (German Financial Cooperation), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation), Capacity Building International Germany (InWEnt), German Development Service (DED) and the Centrum für Internationale Migration und Entwicklung (CIM).

these can be exchanged for pre-defined medical services at certified public or private health service providers. There is substantial demand for these vouchers, and poor women and couples have better access to assisted births, effective long-term family planning and the treatment of the consequences of sexual violence. The accreditation process has led to competition amongst health service providers, which in turn improves quality standards of delivery and target-group orientation and brings greater transparency to accounting procedures.

Programme on Human Rights, Sexual Health (PROSAD), Burkina Faso

In Burkina Faso, sexually active life starts early, especially for girls. Virtually every second woman is already a mother at the age of 18. In addition to promoting quality services, it is therefore important to make women and young people aware of their rights and to support them in claiming these rights. The key areas are improving educational opportunities for girls, establishing youth-based services for sexual and reproductive health, improving the availability of and access to family planning methods and providing protection against sexual violence, forced labour, child marriage and female genital mutilation. PROSAD works together with communities, civil society organisations and public service facilities. Initial successes are already evident in the east and south-west of the country:

- Use of modern family planning methods has increased more than fourfold in ten years (to 12.7 percent in 2007).
- Female genital mutilation is on the decline; while 41 percent of girls born in 1991 had undergone the practice at the age of five, the figure was down to just 14 percent among those born ten years later.
- In 66 priority-area schools in the region, girls accounted for half the school beginners in 2007-08.

Programme Siap Antar Jaga "Alert Villages", Indonesia

Although the health situation in Indonesia has improved in recent years, the maternal and infant mortality rates in the region of West and East Nusa Tenggara continue to be above the national average. Since 2006, a project for improving the quality of services offered by health facilities has been under way.

The project also promotes villages, based on the tradition of mutual support, to get active in five areas which especially proved advantageous for women and children:

- Registration of all pregnant women,
- Establishment of an emergency transportation system,
- Organization of blood donations,
- Setting up a 'social fund' to which all village members make a financial contribution and which can then cover any potential costs of medical treatment,
- Activities for youths to learn more about reproductive health. This fills a gap because unmarried women usually don't have access to information related to sexual and reproductive health

To date, 130 villages have been supported. The aim of the ministry of health is to ensure that the concept is gradually adopted by all communities in Indonesia.

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