



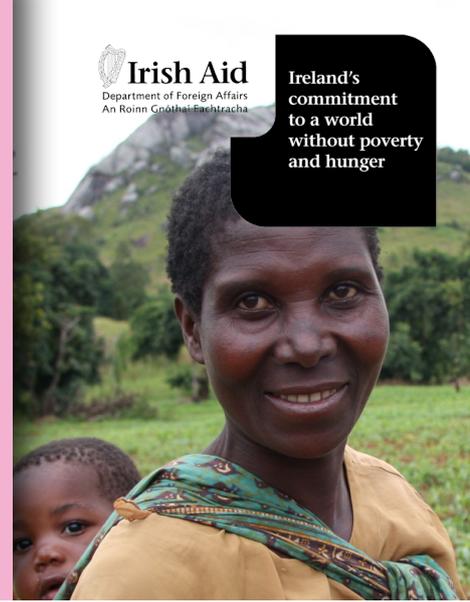
# MDG 5

## MILLENNIUM DEVELOPMENT GOAL

Improve Maternal Health

### TARGETS

- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Achieve by 2015, universal access to reproductive health.



## CURRENT GLOBAL STATUS

- Hundreds of thousands of women and girls die each year from complications in pregnancy or childbirth. The majority of these occur in the developing world, primarily in Sub-Saharan Africa and Asia. New research<sup>1</sup> is significantly lowering the previously reported figure of over 500,000<sup>2</sup> by almost 150,000, still an unacceptably high death rate. Over half the global maternal mortality occurs in six countries (India, Pakistan, Afghanistan, Ethiopia, Nigeria and Democratic Republic of Congo).
- Globally, 23 countries are on track to meet MDG 5 and a number of other countries such as Egypt and China have been achieving accelerated progress.
- Between 1990 and 2005, maternal deaths per 100,000 live births in sub Saharan Africa only fell from 920 to 900. In the Latin America and the Cribbean region, the corresponding fall was from 180 deaths per 100,000 live births to 130 deaths per 100,000 live births.
- Only 42% of pregnant women in Sub Saharan Africa receive the recommended minimum of four ante natal care visits and this has changed little over the past ten years.
- A number of specific factors are seen to be directly related to high maternal mortality such as unsafe abortion, and HIV infection which is estimated to cause approximately 25% of all maternal mortality. Two thirds of those living with HIV are in sub Saharan Africa. 60% of these are women.
- Lack of access to education for girls is a particular factor in maternal health outcomes and over 50% of girls in the poorest countries do not attend secondary school.

## IRELAND'S POLICY POSITION & RESPONSE

- Supporting the specific health needs of women within an overall approach to health in developing countries is a policy priority for Irish Aid. The White Paper on Irish Aid states that 'addressing women's health needs, particularly in the areas of basic healthcare and maternal and reproductive health must lie at the heart of an effective overall response to improving health in developing countries'. The Irish Aid Health Policy (2007) makes a commitment to promote "the particular health needs of women".
- Irish Aid recognises that a properly functioning health system that reaches women in rural and remote areas is essential to improve health outcomes. Strengthening health systems to reach rural women is an important priority.
- Access to contraception is vital to avoid maternal health complications and deaths. Irish Aid's approach is underpinned by a recognition that maternal health outcomes are directly affected by a number of factors that cut across traditional sectors and that coherence, balance and coordination of development effort are important to ensure effective support is provided. This is also in accordance with that recommended in the EU Action Plan on the MDGs.
- The delivery of maternal health services is a good indicator of the extent to which overall health services are functioning.
- Ireland is committed to implementation of the Cairo Programme of Action that emphasis action to address gender inequality (within and beyond the health sector) and access to services including contraception.
- Ireland recognises the interdependency of this MDG and others, in particular MDGs 1, 2, 3 and 6.

<sup>1</sup> Lancet online April 12th 2010 "Maternal Mortality for 181 countries, 1980-2008: a systemic analysis of progress towards Millennium Goal 5".

<sup>2</sup>2010 UNDP MDG Report.

In implementing its policy Irish Aid:

- Works in partnership with Programme Country governments and global partners to develop an integrated approach to making progress on the MDGs.
- Provides support to Governments in Ireland’s Programme Countries in sub-Saharan Africa to deliver an integrated package of basic health care, including reproductive health.
- Gives special attention to human resources in the health sector and particularly, to the recruitment and retention of skilled health workers.
- Supports UN agencies and global initiatives that deliver or support programmes which directly or indirectly, seek to improve maternal health – UNFPA, WHO, UNICEF and the GFATM.
- Has provided funding of €20.5 million over the three years 2005-2008 to the United Nations Population Fund, covering a range of programmes, including Trust Funds for Global Reproductive Health Commodities Security, Maternal Health, and Obstetric Fistula as well as core funding.
- Funds NGOs to complement its support to government programmes to enhance access to important maternal and reproductive health services
- Supports research which helps to enhance basic health information and strengthens research systems to provide the evidence for targeted, interventions which have been shown to be effective.
- Promotes maternal and child nutrition through direct use of dietary supplements and promotion of breast feeding.

## EXAMPLES OF IRISH AID PROGRAMME INTERVENTIONS IN SUPPORT OF MDG 5



NATURE OF INTERVENTION	SPECIFIC EXAMPLE OF IRISH AID RESPONSE	RESULTS
<b>ADDRESSING MATERNAL HEALTH THROUGH GLOBAL INITIATIVES</b>	€124 million over 9 years to the Global Fund to fight AIDS, TB and Malaria (GFATM)	Ireland’s contribution to the GFATM leading to significant achievements: including reductions in maternal mortality , 25% of which is caused by HIV.
	€20.5 million provided over 2005-2008 to UN Population Fund to maternal and obstetric care support and support to other agencies directly or indirectly improving maternal health e.g. WHO	Contribution to UNPFA and WHO increased access to important life enhancing health services.
	Ireland hosted a meeting at the 2010 UN Commission on the Status of Women to agree on actions for governments to accelerate progress towards achieving improved maternal health.	Outcome document outlining key actions for government including the need to address the human resource crisis in health systems; integrate maternal and obstetric services into strengthened primary health care systems; address barriers to access health services; prioritise maternal and child nutrition and recognise that maternal mortality is a human rights issue and that gender equality and women’s empowerment are key to its elimination.

NATURE OF INTERVENTION	SPECIFIC EXAMPLE OF IRISH AID RESPONSE	RESULTS
<p><b>WORKING WITH GOVERNMENTS IN PROGRAMME COUNTRIES</b></p>	<p>In countries where Irish Aid is involved in the health sector, support is given to the delivery of integrated basic health care including antenatal and postnatal care</p>	<p>Greater access for mothers to basic preventive and curative primary care services to pre-empt pre and post delivery complications.</p>
<p><b>WORKING WITH NGOS IN PROGRAMME COUNTRIES TO COMPLEMENT GOVERNMENT SERVICES</b></p>	<p>Funding provided to Planned Parenthood Associations in Lesotho and Ethiopia to enhance their services.</p>	<p>Greater access in these countries to important reproductive health programmes including counselling and voluntary testing for HIV.</p>
<p><b>WORKING WITH PROFESSIONAL TRAINING ORGANISATIONS TO IMPROVE QUALITY OF SURGICAL INCLUDING OBSTETRIC CARE</b></p>	<p>Support given for two years 2008-2010 to Royal College of Surgeons in Ireland (RCSI) and College of Surgeons in East Africa to improve access to and quality of surgical, including obstetric care to improve maternal and infant mortality</p>	<p>Greater number of professional surgeons and non-physician health professionals trained and able to provide essential and emergency care for obstetric complications such as obstruction and haemorrhage.</p>
<p><b>STRENGTHENING HEALTH SYSTEMS BY IMPROVING PROFESSIONAL HUMAN RESOURCE RECRUITMENT, TRAINING AND RETENTION</b></p>	<p>Support provided to Global Health Workforce Alliance which advocates for more ethical workforce recruitment practices and more equitable global distribution of trained professionals.</p>	<p>Increased availability of appropriately trained and skilled professionals which is an indispensable element of safe obstetric care.</p>

# MOZAMBIQUE CASE STUDY



*Técnico de Cirurgia, Silva Chironda, working in the Buzi district hospital.*

## Improving maternal and newborn health in Mozambique

Silva Chironda is in charge of the Buzi district hospital in Sofala Province, with duties from administration, to patient care and surgery. Once he doubled as an ambulance driver to evacuate Lurdes who had been in labour for four days and required emergency obstetric care. Maternal mortality is highest in rural areas where pregnant women have to travel long distances to reach a district hospital.

Lurdes was exhausted and required an emergency caesarean without which she would most probably have died. Silva performed the surgery successfully, saving the life of Lurdes and her twin babies.

In 1984, the government of Mozambique initiated a three year training programme for nurses wishing to learn surgery. Silva Chironda was one of them. These mid-level providers are called "Técnicos de Cirurgia" (surgeon nurses) and can carry out major surgical procedures.

In Mozambique, 473 women died in every 100,000 live births in 2007. The high maternal mortality rate results from a health system weakened by 15 years of civil war and an acute shortage of human resources. Mozambique has about 900 doctors for a population of 20 million. Only 55% of all deliveries are carried out in health institutions.

Emergency caesareans are the most common surgery performed in the districts. While all doctors leave district hospitals after a few years, about 90% of técnicos de cirurgia remain. By 2007 Mozambique had 61 técnicos de cirurgia. They currently perform about 92% of obstetric surgeries in rural areas.

Meeting the MDG 5 on improving maternal health can only be achieved if there is substantial improvement in the access to quality emergency obstetric care nationally. The use of técnicos de cirurgia is one of the strategies of the Government of Mozambique to strive towards that goal. It also prepared the 2009-2012 National Integrated Plan for MDG 4 (reduce child mortality) and 5.

Maternal mortality decreased from 1,500 in 1990 to 473 in 2007.

Técnicos de cirurgia like Silva are underpaid, overworked but committed and have proven to be a life saving, cost effective option to increase access to quality health care in countries like Mozambique. The lack of adequate infrastructure, equipment, supplies and essential drugs such as antibiotics are still a major obstacle.

Irish Aid gave € 11 million to the state budget and € 14.8 million to the health basket fund in Mozambique in 2009. This allowed the government to engage in local alternatives such as the use of técnicos de cirurgia.

The Health Systems Strengthening for Equity (HSSE) is carrying out a research project with Irish Aid support to gather information on the impact of técnicos de cirurgia programme in maternal and newborn health. Results will help Irish Aid influence policy dialogue for expanding the use of these professionals to increase maternal and newborn health services at district level.

 **Irish Aid**  
Department of Foreign Affairs  
An Roinn Gnóthai Eachtracha

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