Achieving MDG 5 in the Asia-Pacific region

Anna Coates
Officer-In-Charge
Gender Equality and Women’s Empowerment Section
Social Development Division
ESCAP
Content

- What is MDG 5
- Why focus on MDG 5
- Trends in the region
- Challenges
- Success stories
- Policy responses
What is MDG 5

- Maternal mortality:
  - Any death occurring during pregnancy or within 42 days of termination of pregnancy from any cause related to, or aggravated by, the pregnancy or its management
  - Usually difficult to predict so immediate referral to Emergency Obstetric Care (EMOC) is vital

- Principle target: Reduction of maternal mortality by 75% from 1990 levels by 2015
- Second target: Universal access to reproductive health by 2015
MDG 5 Indicators

Main MDG 5 Indicators:

- Maternal Mortality Ratio (MMR) (proportion of maternal deaths per 100,000 live births)
- Proportion of births attended by skilled birth personnel
Why focus on MDG 5

- Maternal death is almost completely preventable with simple, well-known medical interventions.
- Maternal death is a key indicator of social and economic inequalities and of women and girls’ low status.
- Many countries in the region are not on track to achieve MDG 5.
Trends in the Asia-Pacific region: MMR

- Average MMR reduced from 372 in 1990 to 184 in 2008
- Average MMR of 269 in South and South-West Asia
- Average MMR of 164 in South-East Asia
- 136,995 maternal deaths, nearly 40% of world’s total

<table>
<thead>
<tr>
<th>Country</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>1800</td>
<td>1400</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>570</td>
<td>340</td>
</tr>
<tr>
<td>Cambodia</td>
<td>540</td>
<td>290</td>
</tr>
<tr>
<td>Indonesia</td>
<td>420</td>
<td>240</td>
</tr>
<tr>
<td>Myanmar</td>
<td>380</td>
<td>240</td>
</tr>
<tr>
<td>Philippines</td>
<td>230</td>
<td>94</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>470</td>
<td>250</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>170</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: Countdown to 2015- Maternal, Newborn and Child Survival, UNFPA
Trends in the Asia-Pacific region: Skilled birth attendants (SBAs) and Caesareans

- Two-third of all deliveries attended by SBAs in 2009
- Accounts for just over half world’s total of births not attended by SBAs
- South and South-West Asia accounted for 20 million births not attended by SPAs
- Average C-section rate in Asia of 15.9%: huge rural-urban and country disparities (Cambodia: 1.9%)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>24 (2008)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>24 (2009)</td>
</tr>
<tr>
<td>Cambodia</td>
<td>71 (2010)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>75 (2008)</td>
</tr>
<tr>
<td>Philippines</td>
<td>62 (2008)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>39 (2007)</td>
</tr>
<tr>
<td>Malaysia</td>
<td>99 (2007)</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>88 (2007)</td>
</tr>
<tr>
<td>Thailand</td>
<td>97 (2006)</td>
</tr>
</tbody>
</table>

Source: World Bank
Trends in the Asia-Pacific region: Access to contraceptives

- Contraceptive prevalence rate (CPR) is the proxy indicator for access to reproductive health.
- Wide range of CPR between countries: Afghanistan (23%); Samoa (29%); Cambodia (51%); Thailand (72%).
- Unmet contraceptive need (UCN): Bangladesh (17%); Cambodia (25%); Indonesia (9%).
Challenges

The ‘three delays’ of referral require attention to:

- Social, economic and gender inequalities
- Social infrastructure
- Functionality and quality of health system at different levels
Women’s lack of empowerment is key to direct and indirect causes of maternal mortality:

- Direct: Access to prenatal care, skilled attendance and EMOC in cases of hemorrhage or obstructed labour
- Indirect: Nutritional status, violence against women, family planning, unsafe abortion, and pregnancy-related suicide
Maternal health is an issue of social and economic equalities

- Women living in poverty are more at risk of a maternal death
- Social infrastructure, such as roads and transportation systems, affect access to EMOC
- Marginalised groups (especially indigenous women and those living in remote areas) face particular cultural, economic and social barriers
Maternal health is an issue of health system functionality

- Current knowledge indicates that all pregnancies face risk and most complications cannot be predicted nor prevented.

- Obstetric emergencies require:
  - Timely referral between different levels of health system
  - Adequate coverage of EMOC resources (e.g. blood banks, operating and anaesthesia facilities and expertise)
  - Quality of care
Success stories of reducing maternal mortality

- Sri Lanka: attributed to government commitment and promotion of universal skilled care at birth
- Malaysia: trained nurse-midwives for community and home-based deliveries; improved service quality throughout system; increased number of facilities; undertook maternal mortality audits.
Policy options: Direct interventions

- Community awareness / preparedness schemes
- Elimination of fees for prenatal care and for deliveries in medical institutions
- Improvement of coverage and quality of family planning, normal delivery and EMOC services (and/or maternal waiting homes)
- Delegation of competencies to health professionals at lower levels of the health system
- Inclusion of traditional birth attendants into formal health systems
- Improved maternal death identification in vital statistics (to track progress)
Policy options: Long term enabling environment

- Universal social protection, including basic health care
- Strengthened health systems, including data and accountability
- Improvement to social infrastructure, including roads and transportation systems
- Addressing gender inequalities (women’s economic empowerment and access to reproductive decision-making / contraception)
THANK YOU

For more information:

contact escap-sdd@un.org
or visit www.unescap.org