



Achieving
Millennium Development Goal 5



Department of Reproductive Health and Research
including



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Achieving Millennium Development Goal 5: target 5A and 5B on reducing maternal mortality and achieving universal access to reproductive health

The countdown begins. Six years remain to attain the Millennium Development Goals (MDGs). In its 2010–2015 Programme of Work, the Department of Reproductive Health (RHR) strives to achieve access to and quality of sexual and reproductive health care, in order to meet the needs of populations in resource-poor nations. RHR will conduct research to contribute to programme development and will strengthen the capacity in countries to identify and implement appropriate technologies and interventions for improving sexual and reproductive health.

Improvement of sexual and reproductive health is a key indicator that mirrors the level of development in society. The achievement of the MDGs, particularly those related to health, is strongly underpinned by the progress that can be made on sexual and reproductive health. It is a pillar for supporting the overall health of communities, in particular, that of women. Ill-health from causes related to sexuality and reproduction remains a major cause of preventable death, disability, and suffering among women, particularly in low and middle-income countries. Apart from ill-health consequences, poor sexual and reproductive health contributes significantly to poverty, inhibiting affected individuals' full participation in socio-economic development.

Achieving sexual and reproductive health empowers individuals and communities to fully engage in development. Achievement of sexual and reproductive health is also a human rights issue. Furthermore, failure to improve sexual and reproductive health has adverse outcomes as it relates to HIV prevention and care, and in the long-term, on environmental sustainability.

Goal 5 - Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Target 5.B: Achieve, by 2015, universal access to reproductive health.

Where are we now?

The new target 5B. During the sixty-first World Health Assembly in May 2008, Member States resolved to include the monitoring of the achievement of the health-related MDGs as a regular item on the agenda of the Health Assembly and requested the Director-General to submit a report annually on the status of progress made, according to the new MDG framework, in which monitoring universal access to reproductive health is now a target.

Maternal mortality. The decline in the maternal mortality ratio has been slow and still uneven: a decline of only 0.1% per year between 1990 and 2005 in sub-Saharan Africa, but greater declines in East Asia, North Africa, South-East Asia and Latin America and the Caribbean. None of them reached the rate per year of 5.5% required to achieve the MDG target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

Preventing unsafe abortion. Recent estimates show a decline, particularly in central and eastern Europe, which is attributable to increased contraceptive prevalence rates. However, the prevalence of unsafe abortion shows no improvement, contributing to 68 000 maternal deaths annually.

Family planning. The African and Oceania (except Australia and New Zealand) regions have a low contraceptive use prevalence of 20 and 21 per cent respectively, as compared to 63 and 58 per cent for the Latin America/Caribbean and Asian regions respectively. The rates vary widely across countries within regions. The rate of unmet need for contraception is highest in sub-Saharan Africa and southern Asia.

RHR's contribution to achieving universal access to reproductive health

Although the MDG framework identifies and proposes the improvement of maternal health as the main goal, it recognizes that progress can only be made by ensuring universal access to sexual and reproductive health. Highlighted below are some examples of work in progress and priorities within the RHR 2010-2015 Programme of Work that contribute towards attainment of the MDGs.

Improving antenatal, delivery, postpartum and new-born care. Eight million of the estimated 210 million women who become pregnant each year experience life-threatening complications. Every year, 536 000 women die during pregnancy and child birth and 99% of these deaths occur in developing countries, making maternal mortality the health statistic with the greatest disparity between developed and developing countries. Ensuring universal access to skilled attendance at childbirth, emergency obstetric care, postpartum care, preventing unsafe abortion, and widening contraceptive choices are some of the interventions which have been shown to reduce maternal mortality and morbidity.

RHR conducts research and develops guidelines for the prevention and treatment of postpartum haemorrhage, which in Africa and Asia causes 34% and 31% of maternal deaths. Hypertensive disorders continue to be a major cause of mortality, especially in Latin America. Ongoing research addresses various causes of maternal morbidity and mortality.

Providing high-quality services for family planning, including infertility services. Victim of its success in past decades, family planning is no longer attracting the international funding required to meet the needs of growing numbers of men and women in their reproductive years. Up to 137 million couples in developing countries and countries in transition have an unmet need for contraception. Clearly sustained forceful advocacy is needed. As stated in the Lancet series on sexual and reproductive health published in 2006: "Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability".

RHR strives to increase the proportion of service delivery points incorporating WHO guidelines for improving quality of sexual and reproductive health care, specifically family planning; to increase the percentage of primary health-care facilities providing family planning services; and to advocate for more dedicated national funding for family planning.

Eliminating unsafe abortion. Some 42 million unintended pregnancies are terminated each year, 20 million of which are unsafe abortions. Unsafe abortions kill an estimated 68 000 women every year which represents 13% of all pregnancy-related deaths. Nearly all unsafe abortions (97%) take place in low and middle-income countries. The public health rationale for addressing unsafe abortion was first drawn to attention by the World Health Assembly

decades ago. In 1994, the ICPD Programme of Action stated: "In circumstances where abortion is not against the law, such abortion should be safe". The WHO global reproductive health strategy, adopted in 2004, contends: "As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the MDGs on improving maternal health targets and other international development goals and targets".

RHR strives to increase the number of service delivery points providing post-abortion care. It has developed guidelines on preventing unsafe abortion.

Sexual and reproductive health and HIV linkages. Strengthening linkages between sexual and reproductive health and HIV has the potential to accelerate the attainment of international goals and targets in both fields. These linkages contribute to the achievement of Millennium Development Goals 4, 5 and 6 by promoting universal access to both HIV services and sexual and reproductive health. By minimizing missed opportunities, it will become possible to increase access to and coverage of services for more people (including vulnerable populations); to ensure services for people living with HIV – services that meet their needs and respect their rights, including addressing the issues of stigma and discrimination; and to promote safe and responsible sexual behaviour for all.

RHR supports training and building capacity of health-care workers – especially for those within reproductive health services – to meet the challenges of dealing with HIV. It has conducted systematic reviews and developed rapid assessment tools for sexual and reproductive health and HIV linkages.

Strengthening research and programmes capacity through partnership with countries. An essential, but often overlooked part of enhancing health and development, is supporting developing countries to become self-sufficient in meeting the health needs of their populations through research and technical capacity strengthening. Nowhere is this more important, nor more challenging than in the area of sexual and reproductive health, where disparities are wide and needs are inherently varied because of diverse cultural, religious and economic factors, and constantly changing throughout the reproductive life-span of the individual.

RHR collaborates with countries to strengthen research and technical capacity and to identify gaps and needs in sexual and reproductive health, as well as and to introduce and scale up effective technologies to improve quality of care.

Promoting sexual health. Many of the health issues related to sexuality and reproduction depend on the nature of men's and women's relationships to each other, which are shaped and influenced by socially-assigned gender roles and power differentials. This is particularly marked during adolescence when people start to mature and be interested in sexuality. Gender norms and inequalities, as well as laws and policies affecting women's and men's access to information and services, can all have an important impact on people's sexual and reproductive health and their related human rights. Violence against women and girls is pervasive worldwide. Up to three million young girls are at risk of undergoing female genital mutilation (FGM) every year. Recent WHO studies reveal poor obstetric outcomes and greater risk of complications at delivery, including a higher number of deaths among babies of women who had undergone FGM. Between one in two to one in six women report experiencing physical and/or sexual violence from an intimate partner.

RHR partners with organizations in every region of the world to advance human rights to ensure that reproductive health programmes and policies respect, protect and fulfil human rights and promote gender equity and equality.

Combating sexually transmitted infections (STIs), including HIV, reproductive tract infections (RTIs), cervical cancer and other gynaecological morbidities. An estimated 340 million cases of curable STIs occur every year around the world in men and women aged 15–49 years. An important sexually transmitted viral pathogen, Human papillomavirus (HPV) infection, causes about 500 000 cases of cervical cancer annually with about 250 000 deaths, most of them in resource-poor countries. Untreated gonococcal and chlamydial infections in women result in pelvic inflammatory disease in up to 40% of cases. Post-infection tubal damage is responsible for 30%–40% of cases of female infertility. Furthermore, women who have had pelvic inflammatory disease are six to ten times more likely to develop an ectopic (tubal) pregnancy than those who have not, which is an important cause of maternal death. Care for the sequelae of STIs accounts for a large proportion of tertiary health-care costs in terms of screening and treatment of cervical cancer, investigation for infertility and chronic pelvic pain in women. The social costs of STIs include conflict between sexual partners, and could result in gender-based violence. Preventing and treating the classic STIs, particularly those which cause genital ulceration, reduces the risk of sexual transmission of HIV.

RHR strives to increase the number of primary health-care facilities providing comprehensive case-management approaches for symptomatic STIs; and to promote the existence of national policies on cervical cancer screening and STI control.

The way forward

Partnerships provide sufficient support for effective improvements in sexual and reproductive health programmes and services. WHO, and its public and private partners in each country, including other members of the UN family, operating as "One UN", will jointly strengthen sexual and reproductive health advocacy and programme implementation to meet the MDGs in 2015. Partnering will be aligned with recent global efforts to improve the effectiveness and impact of international health and development assistance, including the Paris Declaration of Aid Effectiveness aimed at harmonizing and aligning aid to achieve the MDGs, and the International Health Partnership, comprised of partner countries, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the United Nations Population Fund, The World Bank and the World Health Organization.

Capacity-strengthening initiatives to improve quality of and access to sexual and reproductive health. WHO/RHR will continue with a number of initiatives aimed at strengthening capacity in countries to measure progress towards the achievement of universal access to sexual and reproductive health. It will conduct and synthesize research and support countries with tools and guidelines for strengthening service delivery, improving quality of care and for addressing unmet needs for sexual and reproductive health.

About HRP

The Department of Reproductive Health and Research (RHR), includes the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) which is the main instrument within the United Nations system for research in sexual and reproductive health. Since 1972, HRP has generated and synthesized research on sexual and reproductive health, which has been the foundation for equitable health-care policies, reliable norms and guidelines for medical practice, and strengthened health-care delivery systems around the world. This body of work is produced in an objective manner, without deference to private-sector interests. It is made possible through extensive networks and reciprocal relationships with nongovernmental organizations, universities, government agencies, community support, and donors.

The ambitious programme of work of HRP in sexual and reproductive health research with an approved budget for 2008–2009 of \$63 000 000, is based on the agreements adopted at the International Conference on Population and Development, the Fourth World Conference on Women, the Millennium Development Goals, and the WHO global reproductive health strategy.

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