

# U.S. GLOBAL HEALTH Initiative



Richard Nyberg / USAID

Ben Barber / USAID

© Peace Corps

Richard Nyberg / USAID

Thomas Hartwell

## Maternal Health

*Reduce maternal mortality by  
30 percent across assisted countries.*

The United Nations estimated that in 2010, 287,000 women died of maternal causes during pregnancy, labor or shortly after labor. While the number of maternal deaths globally has declined since 1990 by 47 percent, much work remains to be done. The U.S. Government set an ambitious target to reduce the maternal mortality ratio (MMR) by 30 percent in the U.S. Government supported countries by the end of the Global Health Initiative (GHI).

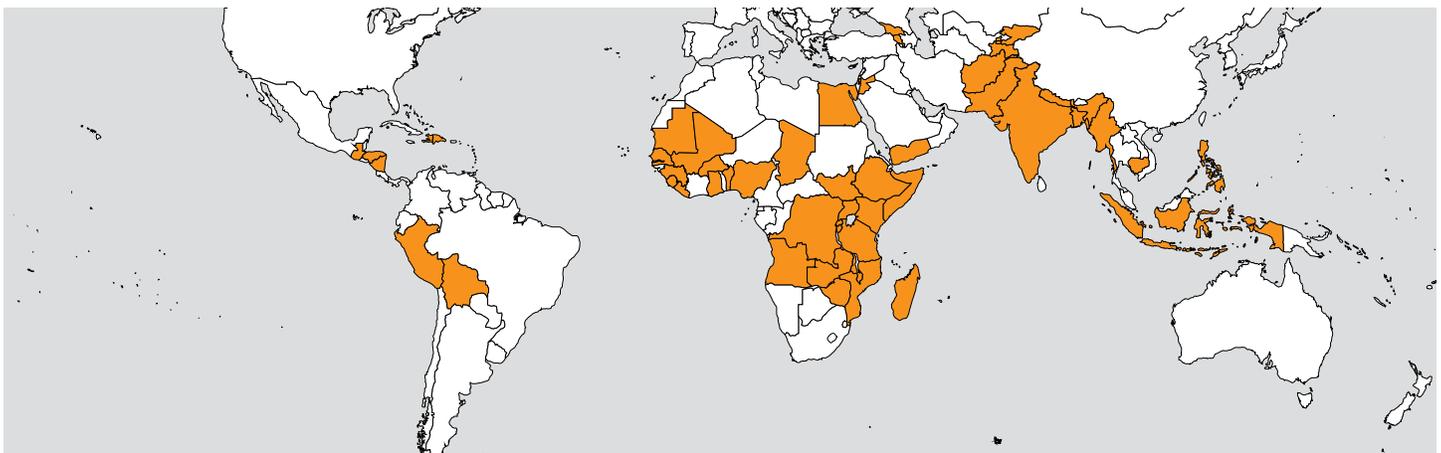
### How is the target measured?

- **Maternal mortality ratio.** A key global indicator for maternal health is the maternal mortality ratio, or MMR. MMR measures the number of women who die while pregnant or within 42 days after delivery, relative to the number of live births in that population. Maternal mortality is difficult to measure due to a variety of reasons (see measurement and data limitations section), and the international community has worked for years to improve its accuracy. Global MMR estimates are currently produced every two to five years by the United Nations.
- **Percent of births attended by a skilled doctor, nurse, or midwife.** Another common indicator is the use of skilled birth attendants (SBAs). Evidence suggests that getting women to a health care facility during labor and having the birth attended by a skilled attendant are necessary to provide most life-saving interventions that can lead to reduction of maternal and neonatal mortality. While SBA is not synonymous with institutional delivery, it is very highly correlated. The percentage of births attended by an SBA is also more straightforward to measure and collected routinely in Demographic and Health Surveys.

### What are the U.S. Government-supported countries?

Countries receive funding based, in part, on an analysis of need (both the severity of the health problem and the number of people affected by the health problem) and the U.S. Government's ability to affect health program.

#### GHI COUNTRY PROGRAMS BY ELEMENT – MATERNAL HEALTH



**Africa:** Angola, Benin, Burkina Faso\*, Burundi, Chad\*, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania\*, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone\*, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe **East Asia & Pacific:** Burma, Cambodia, Indonesia, Philippines, Timor-Leste **Near East:** Egypt, Jordan, West Bank & Gaza, Yemen **South & Central Asia:** Afghanistan, Bangladesh, India, Kyrgyz Republic, Nepal, Pakistan, Tajikistan **Europe & Eurasia:** Armenia, Georgia **Western Hemisphere:** Haiti, Bolivia, Dominican Republic, Guatemala, Honduras, Nicaragua, Peru

\*Countries funded through a regional USAID Program

## What are the results?

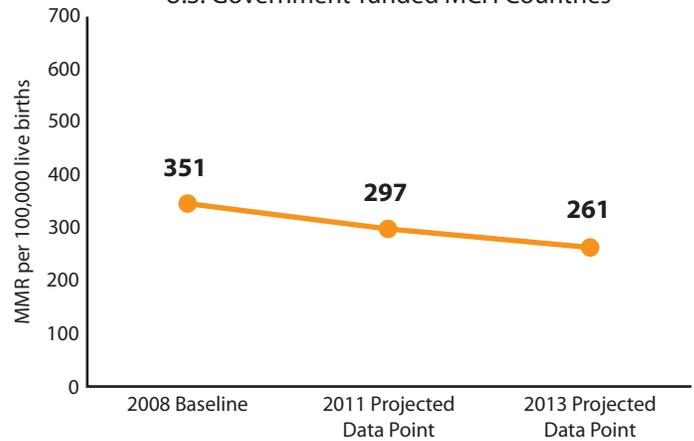
Based on the change in the maternal mortality ratios (MMR) between 2005 and 2010 in the countries receiving U.S. Government funding for maternal and child health (MCH), it is projected that the MMR has declined from 351 in 2008 to 297 in 2011 and will further decline to 261 in 2013.

The aggregate totals hide some countries that have seen significant declines. Based on the last U.N. Report, Rwanda has had an estimated decline of 38 percent in MMR from 2005 to 2010, while Nepal had an estimated decline of 32 percent, Ethiopia, 31 percent, and Angola, 30.7 percent.

Between 2008 and 2011, there was a 3 percent increase among the countries funded for MCH in the percent of births attended by a doctor, nurse, or nurse-midwife. Evidence suggests that getting women to a facility during labor and having that birth attended by a skilled attendant is a key factor in reducing maternal and neonatal mortality.

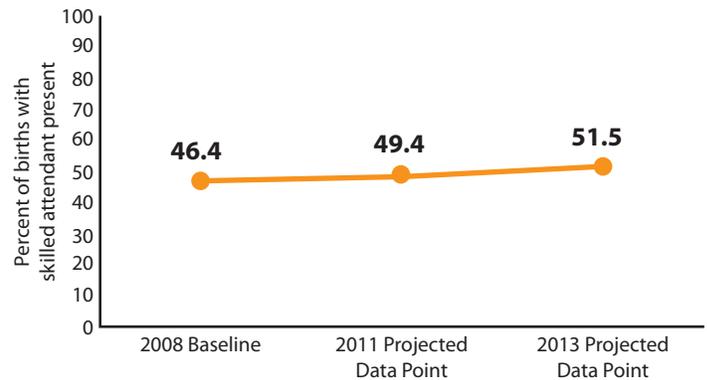
Indicator	2008 Baseline	2011 Data Point	2013 Projected Data Point
<b>Maternal health</b>			
Maternal mortality ratio	351	297	261
Percent of births attended by a skilled birth attendant	46.4%	49.4%	51.5%

Trends in Maternal Mortality Ratio among U.S. Government-funded MCH Countries



Source: MMR: Trends in Maternal Mortality 1990–2008 UN Estimates. The two most recent data points were used to calculate the rate of change and then used to project a 2011 and 2013 estimate Weighted by Live

Trends in Skilled Birth Attendance among U.S. Government-funded MCH Countries



Source: DHS, HHS, MICS reports and Wang et al. 2011. "Levels and Trends in use of Maternal Health Services" ICF Macro. Live births: U.S. Census Bureau International Database. Note: Date not included from Afghanistan