

Despite substantial progress, the world fell short of the maternal mortality target in the Millennium Development Goals

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New research published today in *The Lancet* shows that, despite reducing maternal mortality by an impressive 44% between 1990 and 2015, the world fell well short of the target of a 75% reduction that appeared in the Millennium Development Goals. The study is led by Drs Leontine Alkema of the University of Massachusetts, Amherst, MA, USA and Doris Chou, Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland, with colleagues from the UN Maternal Mortality Estimation Inter-Agency Group and academia.

Progress was analysed on the basis of reductions in the maternal mortality ratio, the number of maternal deaths per 100 000 live births. The authors estimated levels and trends in maternal mortality for 183 countries from 1990 to 2015. Furthermore, they constructed projections to show the future reductions needed to achieve the new Sustainable Development Goal (SDG) of less than 70 maternal deaths per 100 000 livebirths, globally, by 2030.

Their analysis showed that the global MMR fell from approximately 385 deaths per 100 000 in 1990, to 216 in 2015, corresponding to a relative decline of 44%, with an estimated 303 000 maternal deaths worldwide in 2015. This was only just over half way to the MDG target of a 75% reduction.

Global progress in reducing the MMR since 1990 saw an annual rate of

reduction of 2.3% globally, while regionally progress varied from an annual reduction of 1.8% in the Caribbean to 5.0% in eastern Asia. Regional MMRs for 2015 ranged from 12 deaths per 100 000 livebirths for developed regions to 546 deaths per 100 000 livebirths for sub-Saharan Africa.

In terms of individual countries, success stories reaching the 75% reduction target were rare but impressive. Just 9 countries achieved this: Bhutan, Cabo Verde, Cambodia, Iran, Laos, the Maldives, Mongolia, Rwanda, and Timor-Leste. 10 countries were found to have an MMR of 5 or less in 2015: Austria, Belarus, Czech Republic, Finland, Greece, Iceland, Italy, Kuwait, Poland, and Sweden. At the other end of the spectrum, some 20 countries, all in sub-Saharan Africa, were estimated to have MMRs of more than 500 in 2015.

Accelerated progress will be needed to achieve the SDG goal in 2030; countries will need to reduce their MMRs at an annual rate of reduction of at least 7.5%. In the next 15 years, 3.9 million women will die from a maternal cause of death if each country continues to reduce its MMR at the present rate of 2.9%, which was the median annual reduction observed for 2000-10. Achieving the SDG target would result in a total number of projected cumulative deaths between 2016 and 2030 of no more than 2.5 million, 1.4 million lower than is expected based on present rates of change.

The authors say that, with the vision of ending preventable maternal deaths and the mission to reduce the global MMR to 70 deaths per 100 000 in the next 15 years, urgent action is needed to accelerate progress, particularly in countries with substantial maternal mortality. Ten countries (Belarus, Cambodia, Estonia, Kazakhstan, Lebanon, Mongolia, Poland, Rwanda, Timor-Leste, and Turkey) reduced their MMR by 7.5% or more annually between 2000 and 2010, and thus will meet the SDG target if they continue this progress. In Cambodia, access to health

care was improved through heavy government investment in transport infrastructure and health facilities, while Rwanda invested heavily in human resources, recruiting and training some 45 000 healthcare workers. Elsewhere, a study in Tanzania suggested that the distance to a health clinic and quality of care were factors contributing to high maternal mortality. Other factors that play their part include the incidence of HIV/AIDS, malaria, conflict, humanitarian crises, and natural disasters, some of which are modifiable, and others which are difficult to control or unavoidable.

"Future action might be guided by past successes in countries that have reduced the MMR. Future research on what efforts contribute most effectively to maternal mortality reductions will help the allocation of resources and setting priorities," explain the authors.

They say: "The acceleration in reducing maternal mortality will not be possible without clinical and non-clinical interventions as well political and policy action, as shown by countries that have already substantially decreased [maternal mortality](#) in a short period...Although each country will be different, the WHO Ending Preventable Maternal Mortality Strategy suggests adaptive highly effective interventions to improve women's health, before, during, and after pregnancy."

They conclude: "Although the activities and resources needed to accomplish the SDG target might seem overwhelmingly ambitious, ten countries—including Cambodia and Rwanda—have experienced rates of reduction that exceeded those necessary to meet the SDG target. Moreover, a world where millions of preventable [maternal deaths](#) continue to occur is not acceptable as an alternative scenario. Hence, the time for action is now."

More information: *The Lancet*, [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)
 [\(15\)00838-7/abstract](http://www.thelancet.com/journals/lan...)

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