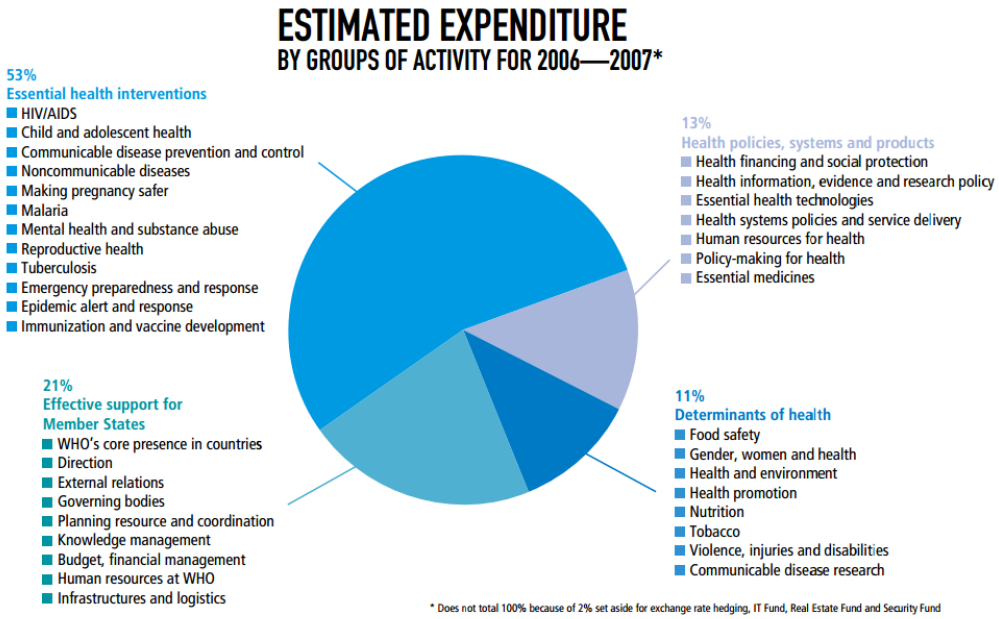
World Health Organization

Description of Committee

The World Health Organization (WHO) is the authority on international health within the United Nations system. Established April 7, 1948, WHO is responsible for producing health guidelines, promoting health research and helping countries address public health issues.[1] Along with its Member States, the agency works for the "attainment by all peoples of the highest possible level of health." The organization defines health as not just the absence of physical illness, but also a state of physical, mental and social well-being.[2]

WHO is governed by the World Health Assembly (WHA). Composed of 193 member states and two associate members, WHA meets at the WHO headquarters Geneva, Switzerland each year to set policies, programs and the annual budget for the Organization.[3] The Assembly also elects members of a 34-member Executive Board for three year terms[4] and a Director-General for five year terms. The current Director-General is Dr. Margaret Chan of Hong Kong.[5] Additionally, six regional committees focus on health matters of a regional nature.[6]

To overcome **global health** concerns, WHO and its Member States work with many partners around the world, including other UN agencies, donors, **non-governmental organizations (NGOs)**, WHO collaborating centers and the private sector.[7] It also employs thousands of public health experts around the world, including doctors, epidemiologists, scientists, managers, administrators and other professionals.[8]



WHO Budget 2006-2007
Source: "Working for Health: An Introduction to the World Health Organization"

Topic: Poverty and Maternal Health

Introduction

The Poverty-Ill Health Cycle

Poverty is often defined in absolute terms of low income, such as earning less than US$2 a day. In reality, poverty is much more complex and its consequences are much greater than can be explained by income alone. One of these consequences is ill-health.

The relationship between ill health and poverty is cyclical. Ill health can drive an individual or household into poverty. Conversely, poverty and choices associated with a low-income lifestyle can contribute to ill health and limit access to health care. When a poor individual falls ill, he or she may lose the ability to work for a period of time, thus losing income needed to maintain his or her livelihood. Family members may also need to stop working or attending school to look after the sick. Lost income makes it harder to pay for health care. Many families are forced to sell assets such as land or livestock, lessening their ability to earn money in the future. Moreover, because the poor do not have much available cash and often lack the appropriate savings mechanisms, they are forced to make high **out-of-pocket payments**, sometimes resulting in **catastrophic expenditures**. For these reasons, the sick may not get the treatment they need, or they may wait until their condition is much worse (and therefore more expensive to treat). With limited access to health care, the poor are more prone to disease in the future. This downward spiral of lost income and high healthcare costs makes it extremely difficult for households to escape poverty once the poverty-ill health cycle begins.[9] On a larger scale, widespread poverty and ill-health hinders a country's **development**.

Maternal Health

Many women in **developing countries** do not receive appropriate **maternal** health care. Without adequate *supply* and *demand* for such care, the health both mother and child is put at risk.

Women should demand, or seek, proper maternal care before, during and after childbirth. Cultural factors may be important determinants of this demand, as poor women often prefer traditional birth attendants or family members to skilled professionals like doctors and trained midwives. Professional providers may not be tolerant of cultural beliefs and practices, or they may treat poor women with less consideration than wealthier and more educated women. In other words, poor women are more likely to face **social stigma**. Additionally, women may have a hard time seeking professional health care if relatives, especially husbands and mothers-in-law, hold much of the decision-making power in the household. Families might be less willing to spend money on women's health in some societies.[10]

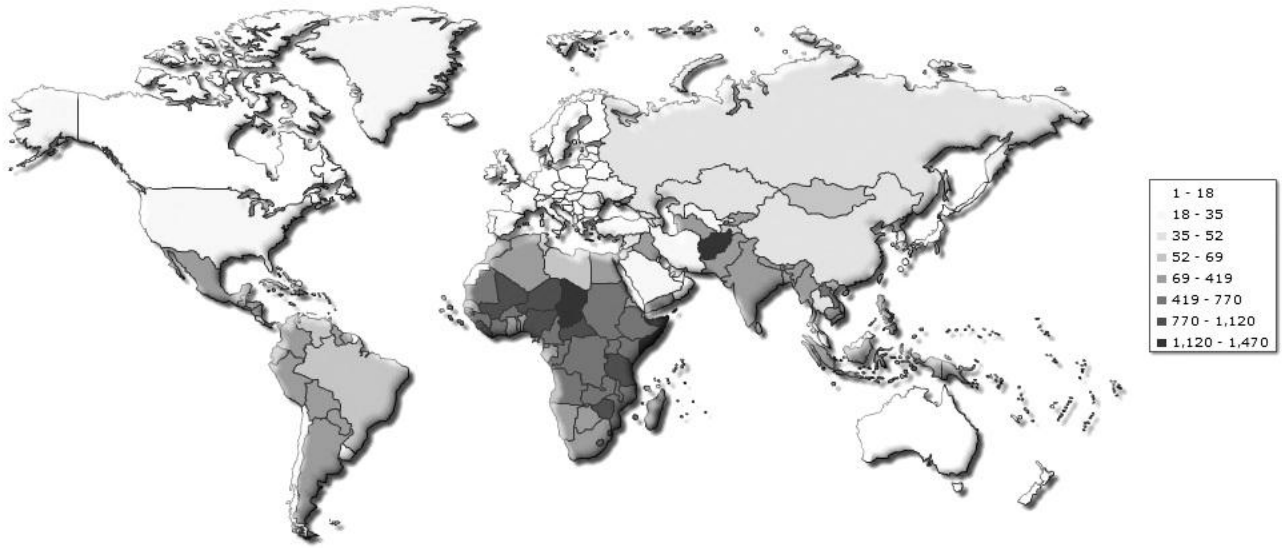
On the supply side, the **infrastructure** needed to provide accessible and affordable health care is much greater for maternal care than for other health interventions, such as vaccinations or treatments for common childhood illnesses. **Brain drain** and governments' chronic underinvestment in the health sector has led to a human resources crisis that particularly affects professional delivery care services: To cover the estimated 60 million deliveries that go unassisted each year, an additional 400,000 midwives would need to be trained and posted to unassisted areas around the world. [11] Due to this lack of resources, the direct cost of maternal care can be too expensive for many families. Moreover, because many women—especially in

rural areas—do not live near a health care center, hidden costs such as transport expenses and lost time by women and relatives can also make seeking maternal care prohibitively expensive.

The underlying causes of low supply and demand of maternal care are difficult to solve in part due to gaps in information. The data we have on maternal health trends for many poor countries are inadequate. Intervention strategies therefore lack efficiency and cost-effectiveness.[12] Quality data is needed to determine what maternal health care services women need and where they are needed.

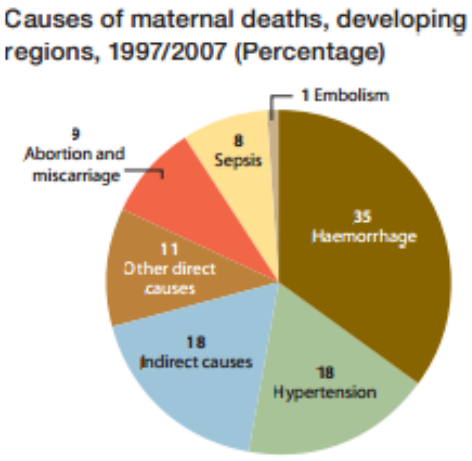
Maternal Mortality

Maternal mortality is the death of a woman resulting from the complications of pregnancy and childbirth.[13] Approximately 800 women die *every day* from these causes. 99% of the estimated 536,000 annual maternal deaths occur in developing countries, with more than half occurring in sub-Saharan Africa and almost one third occurring in South Asia.[14]



Maternal Mortality Rate: Maternal Deaths per 100,000 Live Births, by Country
Source: CIA World Factbook

The high **maternal mortality rate (MMR)** in specific regions of the world reflects inequities in access to health services, highlighting gaps between the rich and the poor. In the developing world, the MMR is 240 per 100,000 live births. In contrast, the MMR is only 16 per 100,000 live births in **developed countries**. Large disparities also exist within countries between high and low income settings and between rural and urban communities.[15]



Source: Millennium Development Goals Report 2010

Causes of Death

The chart to the right displays the major causes of maternal deaths. (For an explanation of these complications, please consult the Terms and Concepts.) Most maternal deaths would be avoidable with the right interventions administered by a skilled

health care provider with adequate equipment and supplies. According to 2008 statistics, only 63 percent of women in developing countries receive assistance from a skilled health professional during delivery, and less than half of pregnant women in developing regions receive the four **antenatal** appointments recommended by WHO. Risk of complications is higher among young adolescents, among women with many children, and among women who space their births close together. [16]

Family Planning

Another important aspect of maternal health outcomes is **family planning**. According to WHO, family planning allows women to space out their pregnancies and limit the size of their families if they wish to do so. This is important because women who have more than four children are at increased risk of maternal mortality, while infants of mothers who die as a result of giving birth also have greater risk of death and poor health.[17] Studies also show that conceptions taking place within 18 months of a previous live birth are at greatest risk of fetal death, low birthweight, prematurity and being small in size for gestational age. Evidence suggests that almost one million deaths of children younger than five years could be prevented each year by combating birth intervals of less than two years.[18] Additionally, reducing rates of unintended pregnancies reduces the need for unsafe abortion. [19]

Unfortunately, the unmet need for **contraceptives** remains too high. An estimated 222 million women around the world—especially in Africa, Asia, and Latin America and the Caribbean—would like to delay or stop childbearing but are not using any method of contraception. Reasons include a limited choice of contraception methods, limited access to contraception (particularly among young people, the poor, and unmarried people), fear or experience of side effects, cultural or religious opposition, poor quality of available family planning services and gender-based barriers.[20]

The Impact of Maternal Health

While saving lives is extremely important in itself, improved maternal health has much wider-ranging effects that can help break the cycle of poverty. Investment in reproductive health is an investment in future health and development that benefits all of society.

Maternal health is vital in saving the lives of millions of children. As discussed in relation to family planning, the death of a mother increases her infant's chances of dying. Safe childbirth and effective neonatal care are essential to saving children, as a child's risk of death is highest during the first 28 days of life. A mother can increase her child's chance of survival by attending the appropriate antenatal care consultations and by giving birth with the assistance of a skilled birth attendant.[21]

When more children survive in a society, women eventually start having fewer children on average. Households with many children are more likely to become poor over time and less likely to recover from poverty than families with fewer children, and small families have more money to spend on each child's nutrition and education.[22] Reduced family size and slower population growth lead to a larger and healthier working-age population, so countries can make additional investments that can spur economic growth and help reduce poverty.[23]

Additionally, when a woman has control over her body and her health, it expands her opportunities. If a woman is able to postpone having children until she wishes to do so, she is more likely to be able to continue her education longer and increase her economic prospects. The reverse is also true: In rural areas of sub-Saharan Africa, girls with a secondary education are least likely to become mothers, while the birth rate among girls with no education is over four times higher.[24] The power of a woman to make decisions about her care is not just about individual health, but also about empowering roughly half of a given country's population.

International Action

Improving maternal health is a key priority of the World Health Organization. WHO works to reduce maternal mortality by providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States. Additionally, the Organization advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programs and monitor progress.[25]

The Millennium Development Goals

The Eight MDGs
Source: UNDP Website

At the Millennium Summit in 2000, 189 countries adopted of the United Nations Millennium Declaration, a commitment to a new global partnership to reduce poverty by 2015 through the attainment of eight specific **Millennium Development Goals** (MDGs).[26] The fifth MDG specifically addresses maternal health by aiming to reduce MMR by three quarters and to achieve universal access to reproductive health. WHO collaborates with many partners, including **UNDP**, **UNFPA**, **UNICEF** and the **World Bank**,[27] on MDG 5.

Although maternal mortality has been almost halved since 1990, levels are still far too high in many countries—especially in the regions of sub-Saharan Africa and south Asia—to achieve the MDG 5 targets by 2015. Unfortunately, poverty and lack of education perpetuate high adolescent birth rates, and funding for family planning initiatives is, according to the United Nations Development Programme (UNDP), "a major failure in fulfilling commitments to improving women's reproductive health."[28]

Improving maternal survival plays a significant role in achieving several other MDGs. The interconnected nature of the MDGs emphasizes the strong impact that reducing maternal mortality can have on poverty eradication.

MDG 5: Links to Other Millennium Development Goals

- MDG 1: In addition to reducing the gap between rich and poor people, improved and equitably available maternal health services can also reduce the economic effect on poor families, both of catastrophic payments owing to emergency care and of the death or disability of an important productive member of the household.
- MDG 3: Maternal mortality is high where women's status is low, especially with regard to educational level.
- MDG 4: Intrapartum and early postpartum strategies will reduce the overwhelming burden of neonatal deaths. Improved maternal survival will enhance the survival and well-being of young children.
- MDG 6:

Source: "Maternal health in poor countries: the broader context and a call for action"

Barriers to Solutions

In theory, the medical interventions needed to keep mothers from dying are straightforward and well-known. In practice, reaching women with these interventions requires careful planning and long-term action. Because maternal mortality is a complex and multidimensional problem, often with strong cultural underpinnings, there is no one-size-fits-all solution for all countries and communities. Although there are many obstacles to overcome, some large barriers include:

The Resource Gap

The regions with the highest mortality burden are those with massive resource shortages; where the sheer scarcity of staff and the excessive cost of accessing care centers are substantial barriers. Achieving the necessary coverage of human resources requires the training, deployment and retention of midwives in high-need areas.[29] The cost of maternal care must also be reduced by removing financial barriers, such as **user fees**, where possible. Better data and more funding are needed to effectively target where resources are needed and to use these resources efficiently.

The Disempowerment of Women

Many suggest that the key to maternal mortality reduction is use of broader-based action, such as improvement of women's education, income or status.[30] Empowering women will give them more control over their care-seeking behavior and a greater ability to express the demand for high-quality care. This may be difficult because giving women more autonomy challenges strong cultural norms in some settings.

Unmet Need for Family Planning

To prevent unsafe pregnancy, childbirth and abortion, many suggest making family planning services widely available. Those who support this solution recommend widespread education of both men and women to dispel myths related to sex and contraceptives and to create a positive opinion of contraceptives and small family size. Additionally, family planning services and products would need to be made accessible and affordable to all, including the poor.[31]

Finding Solutions

QUESTIONS & IDEAS TO CONSIDER

1. How is the health system structured in your country? How much money is spent each year on health, and how much of this is devoted to maternal and reproductive health?
2. How accessible and affordable is health care for different segments of the population?
3. What is the maternal mortality ratio in your country? In what regions is MMR the highest?

If you represent a developing country…

1. What initiatives does your country have to improve maternal and infant health outcomes?
2. How can you prevent brain drain and incentivize medical professionals to stay in low-income areas?
3. What is the social and economic status of women in your country? What challenges might they face in accessing health care? How can you elevate the status of women in a culturally respectful way?
4. How can you improve the quality of health care that poor women receive and prevent social stigma?
5. How can you increase the access and affordability of maternal care for women who do not have much money and/or do not live close to a health care center?

Continued on page 7…

If you represent a developed country…

1. How can you ensure that any funding you give to developing countries to improve maternal health is used effectively and efficiently?
2. What is your role in empowering women in developing countries? Is it your right and/or responsibility to intervene in women's rights issues, even if it goes against a country's cultural norms?
3. Do poor women in your own country have problems accessing adequate and affordable reproductive health care and family planning services? Do they face any discrimination in the health sector? How might you go about solving any shortcomings?

TERMS AND CONCEPTS (IN ORDER OF APPEARANCE)

Global health: the health of populations in a global context; health concerns that transcend the perspectives and concerns of individual nations.

Non-governmental organization (NGO): an organization that does not belong to or is not associated with any government and is not a conventional for-profit business.

Out-of-pocket payment: the fee paid by the consumer of health services directly to the provider at the time of delivery of those services.

Catastrophic expenditures: when a household's financial contributions to the health system exceed 40% of income remaining after subsistence needs (food, water, shelter, etc.) have been met.

Development: the process of material, institutional and human progress in a particular country.

Developing Countries: nations with a low living standard and undeveloped industrial base relative to other countries

Maternal: relating to a mother, especially during pregnancy, childbirth and the postpartum period.

Social stigma: the severe disapproval of, or discontent with, a person on the grounds of characteristics that distinguish them from other members of society.

Infrastructure: basic physical and organizational structures needed for the operation of a society, e.g. roads, schools, hospitals, sewer systems, railways, etc.

Brain drain: the large-scale emigration of a group of individuals with technical skills or knowledge; also referred to as human capital flight.

Maternal mortality: the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Maternal mortality rate (MMR): shows the number of maternal deaths per 100,000 live births. This measure indicates the risk of maternal death among pregnant and recently pregnant women. It reflects a woman's basic health status, her access to health care and the quality of services she receives.

Developed countries: sovereign states which have a highly developed economy and advanced technological infrastructure relative to other less developed nations.

Causes of Maternal Death (p. 3):

Hemorrhage (maternal): severe bleeding that occurs during pregnancy, labor, or postpartum; cause of the most maternal deaths each year.

Hypertension: high blood pressure.

Other direct causes: include obstructed labor, complications with anesthesia or cesarean section (C-section) and ectopic pregnancy.

Indirect causes: include malaria, HIV/AIDS and heart disease.

Abortion: the deliberate termination of a human pregnancy

Miscarriage: the expulsion of a fetus from the womb before it is able to survive independently, especially spontaneously or as the result of accident.

Sepsis: a potentially life-threatening complication of an infection, where chemicals released into the bloodstream to fight the infection trigger inflammation and blood clots throughout the body, blocking nutrients and oxygen from reaching organs and causing them to fail.

Embolism: when amniotic fluid, fetal cells, hair or other debris enters the mother's blood stream and triggers an allergic reaction; results in heart and lung collapse and impairment of blood clotting

Antenatal: before birth; during or related to pregnancy; prenatal.

Family planning: the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization. Other traditional methods include abstinence and fertility awareness methods.

Contraceptives: a device or drug serving to prevent pregnancy. Common contraceptives include oral contraceptives ("the pill"), male and female condoms, intrauterine devices (IUDs), injectables, emergency contraception pills, male sterilization (vasectomy) and female sterilization (tubal ligation).

Millennium Development Goals (MDGs): the UN Development Programme's plan to increase global development and eliminate extreme poverty by 2015.

UN Development Programme (UNDP): the UN's global development network that advocates for change and connects countries to knowledge, experience and resources to help people build a better life.

UN Population Fund (UNFPA): the UN development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. It supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UN Children's Fund (UNICEF): the driving force that helps build a world where the rights are every child are realized. UNICEF has the global authority to influence decision-makers, and the variety of partners at the grassroots level to turn the most innovative ideas into reality.

World Bank: a collection of international organizations to aid countries in their process of economic development with loans, advice and research. It is sometimes criticized for its control by powerful Western nations and is called a tool of continuing Western imperialism in developing nations.

User fees: payment made at the point of service use; any combination of drug costs, supply and medical material costs, entrance fees, consultation fees, etc. They are typically paid for each visit to a health service provider.

Additional Resources

Websites

World Health Organization: WHO's website includes lots of easy-to-understand information about global health problems, initiatives, data and recent publications; also includes country profiles. http://www.who.int/en/

Maternal Mortality Fact Sheet: Basic overview of maternal mortality. http://www.who.int/mediacentre/factsheets/fs348/en/index.html

WHO Newborn Mortality Fact Sheet: Basic overview of newborn mortality and its connection to maternal health http://www.who.int/mediacentre/factsheets/fs333/en/index.html

Family Planning Fact Sheet: Basic overview of family planning. http://www.who.int/mediacentre/factsheets/fs351/en/index.html

Eight Goals for 2015: Information on the Millennium Development Goals from UNDP. http://www.undp.org/content/undp/en/home/mdgoverview.html

UNFPA Safe Motherhood Initiative: Learn more about what the UN Population Fund is doing to improve maternal health around the world. http://www.unfpa.org/public/mothers/

Documents

Millennium Development Goals Report 2010: A thorough update on MDG progress; also gives a good understanding of the many faces of poverty. http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf

Trends in Maternal Mortality: 1990 to 2010: A thorough joint report from WHO, UNFPA, UNICEF and the World Bank on maternal mortality reduction, including progress of individual countries. http://whqlibdoc.who.int/publications/2012/9789241503631_eng.pdf

Videos

"Giving Life: A Risky Proposition": A 40 minute-long 20/20 special from ABC examining why women die in childbirth worldwide and how to help.
http://abc.go.com/watch/2020/SH559026/VD55158749/2020-1216-giving-life-a-risky-proposition

"WHO: Saving mother's and children's lives": A short YouTube video from WHO's department of maternal, newborn, child and adolescent health, highlighting that "every year, an estimated 360,000 women die in pregnancy and childbirth and around 8 million children die before their fifth birthday."
http://www.youtube.com/watch?v=74cUQepOnbQ

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