

THE RIGHT TO SAFE MOTHERHOOD:

Opportunities and Challenges for Advancing Global Maternal Health in U.S. Foreign Assistance Report Summary

Statistically, becoming pregnant is the most dangerous thing a woman does in her lifetime. The causes of maternal mortality are no mystery. Women die and suffer debilitating disease and injury during pregnancy and childbirth because they bleed to death, acquire infections, have underlying but treatable conditions, or obtain unsafe abortions.

This report examines the causes of maternal death and disability, the obstacles to accessing proper care, the structures that keep women from exercising their rights, the global response, and the policy issues and challenges. “The Right to Safe Motherhood” concludes by detailing policy challenges requiring attention from the U.S. Congress and Administration.

Causes of Maternal Death and Disability

- Unmet Need for Family Planning
- Unsafe Abortion
- Underlying Health Conditions
- Disrespect and Abuse
- Human Rights Violations
- Weak Health Systems

Each year, 289,000 women die in pregnancy and childbirth, 99 percent of them in developing countries. Complications during pregnancy and childbirth are the world’s second leading cause of death for girls aged 15-19. The majority of deaths are due to four direct causes: hemorrhage, hypertension, sepsis, and unsafe abortion. Indirect causes include HIV/AIDS, malaria, and other underlying health conditions.

The reason is straightforward: women are not getting the care they need. The failure to take effective action is a violation of women’s rights. The World Health Organization has recognized that, “women’s reproductive health risks are not mere misfortunes and unavoidable natural disadvantages of pregnancy, but, rather, injustices that societies are able and obliged to remedy.”

The global community has taken important steps to partner with developing countries to advance maternal health. While the international community has prioritized maternal health through its *Call to Action* for ending preventable child, maternal, and newborn deaths, and the United States Agency for International Development has issued a *Vision for Action* that recognizes many of the key barriers to progress, there has been little consideration of the donor systems and policies that undermine and contradict program goals. This report is meant to open a conversation about how those systems and policies can be strengthened.

*****The Right To Safe Motherhood Report is [available online](#)**

Six Policy Issues and Challenges

1. **Integration** of programs, policies and funding streams is essential for advancing maternal health, but there are multiple impediments to doing so. Successful integration requires finding the right balance between interventions targeting pregnant women and newborns and those that have a more pronounced impact on women, children, and adolescents. It also means integrating long-term programs and emergency assistance, disease specific efforts with other health and non-health interventions, and weaving together separate and competing budgets.
2. Progress is not sustainable without **country ownership**, but, countries may not prioritize maternal health or might not choose the most effective interventions. One of the keys to sustainability – ensuring long-lasting development gains without reliance on donor governments – is enhancing country ownership. This can mean engaging and partnering with developing country national and local governments, civil society organizations, and the private sector.
3. There are no “quick fixes” for advancing maternal health. What is ultimately required is a **strengthening of health systems** in developing countries, from the quality and availability of services at the community level all the way to the provider training and accreditation, facility management, policy formulation, and system financing at the national level. To a large extent, a country’s performance on maternal health is a good indicator of the functionality of its overall health system.
4. The most important and effective maternal health interventions have been **highly politicized**. Saving children’s lives has never been controversial. When it comes to maternal deaths, however, too often politics have diverted attention from the value of women’s lives. Because reducing maternal mortality requires expanding access to voluntary family planning, increasing access to safe abortion, and raising the status of women, it has occupied a far less prominent place in U.S. foreign policy and has been actively thwarted by damaging policies.
5. Just because you build it, does not mean they will come. Much of the effort to advance maternal health has been on the supply side: better facilities and medicines; more highly-skilled birth attendants; and increased availability of supplies and equipment. However, these improvements have not always led to hoped-for reductions in maternal mortality. Low-quality services, disrespect and abuse, and priority given to new technology development instead of increasing demand for existing technologies serve as **barriers to improving maternal health outcomes**.
6. **If women are not valued**, their needs will not be prioritized. Making maternal health a priority ultimately depends on gender equality. When this happens, the process of allocating resources will be made without discrimination and imbalances in benefits to all genders will be rectified. Maternal health services can include specialized outreach to girls, adolescents, and stigmatized groups. When funds are made available for these purposes, then the health and human rights of women will be better protected.

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