

15 February 2011

**Commission on the Status of Women
Fifty-fifth session
22 February – 4 March 2011**

Panel discussion

“Eliminating preventable maternal mortality and morbidity
and the empowerment of women”

Tuesday, 1 March 2011, 3.00 – 6.00 p.m.

ISSUES PAPER

I. Background

In 2010, the Commission on the Status of Women adopted a resolution on “eliminating

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occur. Despite this important progress, an estimated 358,000 maternal deaths occurred worldwide in 2008. The average annual percentage decline in the global maternal mortality ratio was 2.3 per cent, short of the 5.5 per cent annual decline necessary to meet the MDG target.

Developing countries continue to account for 99 per cent, or 355, 000, of all deaths. Sub-Saharan Africa and Southern Asia account for 87 per cent of global maternal deaths, corresponding to 313,000 deaths. In sub-Saharan Africa, a woman's risk of dying from preventable or treatable complications of pregnancy and childbirth over the course of her life time is 1 in 31, compared to 1 in 4300 in the developed regions (The Millennium Development Goal Report 2010, Addendum 2).

The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. While these are the main causes of maternal death, unavailable, inaccessible, unaffordable, or poor quality care is fundamentally responsible. Most matern

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Representatives from Member States and civil society will be invited to contribute to the dialogue. Interventions from the floor will be limited to three minutes, and are encouraged to present specific commitments that contribute to reducing maternal mortality. A moderator's summary of the dialogue, including commitments and pledges, will be posted on the website of UN Women.

IV. Issues for consideration in the interactive dialogue

The following issues could be considered:

- How can we make sure that health systems work for improving maternal health? What gaps need to be addressed, how, and by which stakeholders?
- How can we make sure that essential services that work are available to women most at risk – women living in rural and remote areas, young women? What examples of good practice exist, how can these be replicated and scaled up? By which stakeholders?
- How can root causes that impact on maternal mortality – such as persistent gender inequality, women's lack of information and decision-making power, stereotypes, traditional and cultural aspects – be addressed? By which stakeholders?
- How can we further expand existing partnerships on reducing maternal mortality?
- How can we ensure resources grow, and are spent better and more efficiently and effectively? How do we best ensure monitoring, reporting and accountability?