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Target 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

Target 5.B

Achieve, by 2015, universal access to reproductive health

Indicators

5.3 Contraceptive prevalence rate

5.4 Adolescent birth rate

5.5 Antenatal care coverage (at least one visit and at least four visits)

5.6 Unmet need for family planning

5. Improve maternal health

More than 536,000 women die during pregnancy and childbirth every year. That is one woman every minute, or 10 million per generation. For every woman who dies, roughly 20 suffer serious injury or disability. At the current rate, efforts to achieve MDG 5 targets will not be met by 2015. Stronger commitments and better cooperation between UN agencies, governments and other development partners is needed.

While most attention to maternal health and mortality has justifiably focused on health services and family planning, mothers are also workers, with particular need of support to protect their health while working and to ensure their economic security during pregnancy and after childbirth. The problems associated with maternity and childbirth are closely linked to poverty, inadequate working conditions and gender inequality.

Maternity protection and decent work

Maternity protection for women workers has been a core issue for the ILO since 1919, when it adopted the first international labour Convention on this issue. The original Convention has been revised on two occasions with a view to broadening the protection and making it more effective. The latest Maternity Protection Convention (No. 183) and Recommendation No. 191 were adopted in 2000 and provide for:

- 14 weeks of maternity leave, including six weeks of compulsory post-natal leave
- Cash benefits at a level that ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living
- Access to free medical care, including pre-natal, childbirth and post-natal care, as well as hospitalization when necessary
- Health protection: the right of pregnant or nursing women not to perform work prejudicial to their health or that of their child
- Breastfeeding: minimum of one daily break, with pay
- Employment protection and non-discrimination.

Progress towards MDG 5

There is a continuing lack of progress in reducing maternal mortality. In 1990 there were 480 maternal deaths per 100,000 births worldwide, compared to 450 deaths in 2005.

Every year 500,000 women die from pregnancy-related causes, and 99% of these deaths occur in the developing world.

The lack of progress on MDG 5 is due to poverty and gender inequality – girls and women lack education and decision-making power, especially in relation to access to health care and decent employment opportunities.

Addressing maternal health through the framework of the Decent Work Agenda and integrating reproductive health issues in the workplace will help accelerate progress. In this regard the ILO is active in a number of key areas:

- Workplace education and services
- Social health protection: providing effective access to health care and social benefits
- Decent work for health workers.

It is not an unreasonable demand for a woman to bear a child safely and to nurture that child after birth without risking her life or fearing losing her job, her income or her career. The response cannot just be a business or a market decision – it is a societal decision.

More than 100 million people worldwide are pushed into poverty every year by the need to pay for health care, and in some countries these payments are the major reason families fall into poverty.

Maternity protection at work has two aims: to preserve the health of the working mother and her child; and to protect against economic vulnerability due to pregnancy and maternity.

The ILO is actively participating in the Partnership for Maternal, Newborn and Child Health (PMNCH), Women Deliver, and the Global Health Workforce Alliance.

What the ILO does

■ Maternal health and decent work

Countless women lack access to decent work that would enable them to rise above poverty and work in safe conditions; many fall outside traditional legal and social protection systems that safeguard against vulnerability and provide access to health care. Through its Decent Work Agenda the ILO aims to ensure that women benefit equally from employment, rights, social protection and dialogue. Specifically, the ILO works to counter the discrimination and dismissal on the basis of pregnancy or maternity often faced by women workers, to improve maternity protection and health through the workplace, to ensure that work does not threaten the health of pregnant and nursing women or their newborns, and that maternity and women's reproductive roles do not jeopardize their economic security.

■ Workplace education and services

Workplaces serve as important entry points for health education. The ILO works with constituents to increase awareness of maternal health issues, develop workplace policies and programmes to improve maternal health, and undertake educational programmes to spur demand for health services. Through its constituents the ILO helps expand education and services through a variety of workplace settings, reaching formal and informal economy workers, providing information and services for human resources training, occupational safety and health, HIV prevention, treatment, care and support.

■ Social health protection: providing effective access to health care and financial protection

More than half the world's population remains without any form of social protection, despite the recognition of social security as a basic human right by the UN Covenant on Economic, Social and Cultural Rights. The lack of adequate social protection is as much a threat to women's health during pregnancy as it is to the lifelong health of all women, men, and children. The ILO is promoting the extension of social health protection and the expansion of existing social security systems to include maternity cash benefits, medical benefits for pre- and post-natal care and childbirth, and income replacement during periods of maternity leave.

■ Decent work for health workers

The working conditions of health workers are a serious concern in view of their impact on the delivery of health services in many countries. Health workers may not be provided with adequate safety equipment and training in the prevention of exposure to occupational hazards, such as HIV/AIDS and tuberculosis. Low wages, the lack of requisite medical supplies, the shortage of opportunities for career development, and inefficient administrative policies and working time arrangements are all demotivating factors that may undermine the quality of care. The shortage of health workers also limits the supply of health services in some areas. Policies to support and motivate health workers through better working conditions and incentives to succeed are urgently required to attract and retain workers in the health sector.

The ILO works to improve the situation and working conditions of health care personnel by means of specific labour standards and sectoral activities. Ensuring decent work for health workers is vital to improve health worker retention and support increases in quality and access to health services.

Highlights

■ International labour standards

Sixty-nine countries have ratified at least one of the three maternity protection Conventions.

Eighteen countries have ratified the Maternity Protection Convention, 2000 (No. 183), which greatly extends the scope of maternity protection beyond previous maternity protection Conventions.

At least 166 ILO Member States have passed some legislation on maternity protection.

Globally, 30 per cent of ILO Member States fully meet the requirements of Convention No. 183. There has been a gradual improvement in maternity protection across the world, with more countries providing at least 14 weeks of maternity leave and shifting away from employer liability systems of financing toward more equitable financing systems.

Forty countries have ratified the Nursing Personnel Convention, 1977 (No. 149) which is intended to strengthen the rights of nursing personnel and to guide policy makers and workers' and employers' representatives in planning and implementing nursing policies within the framework of national health policy.

■ Building policy commitment for improving maternity protection

Resolutions concerning the promotion of maternity protection at work were adopted by the International Labour Conference in 1985, 2004 and 2009, giving particular attention to effective protection for women employed in informal activities and other vulnerable groups. They also called for the integration of maternity protection as part of social and economic policy.

■ Campaigning for maternal health and healthy women workers

ILO constituents participated in the first Global Forum on Human Resources for Health in Uganda in March 2008, and endorsed the Kampala Declaration and the Agenda for Global Action as guiding documents for initial steps in a coordinated global, regional and national response to the worldwide shortage and misdistribution of health workers.

Effective health systems of improved quality are needed to reduce maternal mortality, especially in rural areas. The ILO is working to achieve universal access to health care and extend social security to non-covered groups through its Global Campaign on Social Security and Coverage for All. The ILO Global Social Trust is mobilizing resources to finance social protection benefits in poor countries.

■ UN Joint Crisis Initiatives

In response to the global financial and economic crisis, the UN has launched a joint crisis response comprising nine initiatives. The ILO is taking the lead on the Global Jobs Pact and with WHO on the Social Protection Floor initiatives. The impact of recessions is not gender-neutral. Women tend to bear a disproportionate burden, as they are more likely than men to be in vulnerable jobs, lack social protection and have limited access to health services. The Social Protection Floor aims to promote policies that kick-start growth and support inclusive, sustainable development. It emphasizes the importance of health spending to prevent health deterioration associated with economic recessions.

■ Contribution of the social partners

In 2007 the International Trade Union Confederation launched a global campaign on maternity protection. Trade unions have worked at global, national and local levels to make maternity protection a reality, by promoting the ratification and application of Convention 183 in collective agreements and labour legislation.

Employers and their organizations have recognized that the major obstacles faced by women in achieving equality derive from their reproductive roles and family responsibilities. Many corporate social responsibility initiatives and workplace education and services address such barriers.



IMPROVE MATERNAL HEALTH

The ILO participates in the Countdown to 2015 monitoring effort.

Ratification of the Maternity Protection Convention, 2000 (No. 183) is among the Countdown indicators for the health systems and policies required for improving maternal, newborn and child health.

“Sometimes we finish working one month and there is no pay. The second month there is no pay, and the third month... if you have no other means of income, how can you survive? That is a very, very demotivating factor.”

– Jane Shihemi,
Registered Nurse and
Midwife, Kenya.

Priorities

Protecting women workers during maternity is a basic human right and a key element of gender equality. There are many ways in which the needs of women workers can be incorporated into broader efforts to improve maternal health. Healthy birth outcomes, occupational health, protection against discrimination and the productivity and profitability of enterprises are linked. Effective health systems of improved quality are needed to reduce maternal mortality, especially in rural areas. The right mix of investment, basic health policies and human resources policy can provide skilled health and birth attendants for safe delivery. Finally, improved services and access to them will not alone suffice to bring significant improvements in maternal health. Educating women and girls enables them to understand issues and seek health services when needed.

Maternity protection

- Implement principles of maternity protection and ratify Convention No. 183
- Undertake awareness raising and education campaigns on the importance of maternity leave and safe working conditions
- Ensure adequate cash and medical benefits to promote maternal and child health, including during leave, pre/post-natal and childbirth benefits, as well as hospital care when necessary
- Train health workers on safe working conditions for pregnant women
- Put measures and support in place to enable women to breastfeed at work
- Take steps to ensure that women's jobs and livelihoods are secure throughout maternity.

Social health protection: providing effective access to health care and financial protection

- Implement, extend and improve social health protection schemes and coverage
- Promote effective access to affordable, quality health care and provide financial protection against health-related costs
- Cover all women with adequate maternal benefits including leave cash benefits, pre/post-natal and childbirth, as well as hospital care when necessary
- Develop and implement policies to support and motivate health workers through better working conditions and incentives to succeed that will attract and retain workers in the health sector.

Workplace education and services

Provide access to information, education and services at workplaces about:

- Pre/post-natal health and family planning
- HIV/AIDS prevention, treatment, and support
- Prevention of mother to child transmission of HIV/AIDS (PMTCT).

Support fathers' care-giving roles and their access to paid leave.

Train occupational safety and health personnel at the workplace on health throughout maternity, including HIV/AIDS prevention, treatment and support and PMTCT, and safe working conditions.

Decent work for health workers

- Ratify and implement the principles in the Nursing Personnel Convention, 1977 (No. 149)
- Create decent terms and conditions of employment for all health workers, including fair wage levels and timely payment of salaries, income and maternity protection benefits, safe working hours, policies preventing exposure to violence and occupational hazards, and HIV/AIDS awareness, treatment, and support services
- Involve health workers at all levels of health service policy making, planning and reform
- Promote social dialogue in the health sector.



MDG 5

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