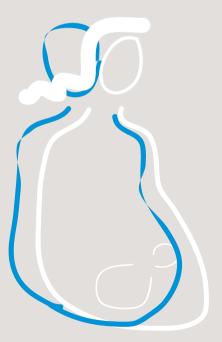


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Vision

Our vision is a world in which skilled care at every birth is ensured for all women and in which mothers and their newborn babies notwithstanding their social, cultural, ethnic or religious background are assured access to comprehensive quality health services throughout all phases of their lives.

Mission

Every day, 1500 women and over 10 000 newborn babies die owing to complications in pregnancy and childbirth. Almost all of these deaths occur in the developing world, and most of them could be prevented through skilled care during childbirth and life-threatening complications.

The Department of Making Pregnancy Safer (MPS), with more than 120 staff worldwide aims to reduce maternal, perinatal and newborn morbidity and mortality. MPS is working towards attaining the Millennium Development Goals 4 and 5 by accelerating the implementation of essential measures to make pregnancy safer. In partnership with key stakeholders, MPS also supports the efforts of countries to strengthen their health systems.

To this end, MPS focuses on four strategic areas, in cooperation with regions and countries:

- Building a conducive social, political and economic environment to support timely country actions
- Responding to country needs and providing technical support to achieve universal coverage of essential interventions that will ensure skilled care at every birth within the context of a continuum of care
- Building effective partnerships across relevant programmes and partners for coordinated actions in countries
- Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners in countries.

Pregnancy is special. MPS is helping to make it safer.









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Foreword

By Daisy Mafubelu Assistant Director-General Family And Community Health

> In 2008, just over mid-way between the year when the Millennium Development Goals (MDGs) were set and when they should be achieved in 2015, where do we stand?

It is common to hear that if the current trends are maintained the MDG 5 target of reducing maternal deaths by 75% will not be achieved. Progress in sub-Saharan Africa, in particular, is far too slow. In the aggregate this may be true. But there are exceptions. Countries in Africa and Asia, such as Cape Verde and Nepal, show us what can be achieved. These and many other countries offer vivid testimony as to what is possible. All of us - in the international community - need to look hard at their experience and understand the factors that underpin success.

We know, for example, that skilled care during pregnancy and delivery is crucial to reducing the numbers of maternal and newborn deaths. You cannot deal with the complications that result in unnecessary deaths without access to emergency obstetric care around the clock. This is why - if we are to support countries in delivering quality care to mothers and newborns - we have to invest in strong, effective and responsive health systems.

We know too that midwifery training is a critical element of the strategy – not as a pilot, but rather at a scale which is commensurate with real needs. Of course, training is more than sheer numbers and quality is also important. Midwives need to be empowered to use their skills to the full. Recent experiences in task-shifting indicate a potential for midwives to adopt an expanded role in providing comprehensive emergency obstetric care. This is just one example, of how we are exploring ways to address the human resource challenges in reducing avoidable death and disability.

Progress depends on political leadership: to highlight the problems, to mobilize the resources and to empower those that can make a difference on the ground. When some of the most prominent women leaders meet with the Director-General of WHO to discuss women's health - as they did at the UN General Assembly in September this year - the world takes notice.

Lastly, the challenges we face are too great for one agency to act alone. Partnerships, which play to the

strengths of those involved, are integral to how we work in WHO. In September, WHO, UNFPA, UNICEF and The World Bank, jointly pledged to intensify support to achieve MDG 5. The partners are now working together in the 25 highest burden countries to raise resources and to harmonize efforts.

As you will read in this year's report, the activities of WHO's Department of Making Pregnancy Safer (MPS) are aligned to WHO's six-point agenda. The Department works towards the achievement of MDG 5 and contributes to MDGs 4 (reduce child mortality) and 6 (combat HIV/AIDS, malaria and other diseases), which play a significant role in promoting development. It is committed to strengthening the health systems of countries through providing training and supporting the implementation of national roadmaps. MPS also provides a forum for sharing research and advocates for stronger systems of data-collection. It is an active partner both outside and within the organization to harness synergies, strengthen coordination and maximize resources.

In 2009, let us build on our achievements and strive to go further by providing mothers and newborns with the skilled services they deserve. No mother or baby should die from preventable causes. You cannot deal with the complications that result in unnecessary deaths without access to emergency obstetric care around the clock.



From commitment to investment

By Monir Islam Director Making Pregnancy Safer

> World health stands at a critical juncture. While many people are living longer and more productive lives, inequities in health outcomes continue to widen. Maternal mortality remains one of the most striking symbols of inequality between rich and poor.



https://www.yunbaogao.cn/report/index/report?reportId=5_29278

