

A DEADLY GAP:

MEETING THE UNMET NEED FOR REPRODUCTIVE HEALTH CARE

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Introduction

Complications during pregnancy and childbirth are a leading cause of poor health and death among women of childbearing age worldwide, killing almost 800 women each day.¹ Almost all of these women—99 per cent—are in developing countries.² Their deaths could be easily avoided if they had access to appropriate maternal and newborn health care and family planning. While we have seen notable progress since 1990—including a 47 per cent drop in maternal deaths³ and an increase in contraceptive use—hundreds of millions of women are still without access to these critical services.⁴



According to the World Health Organization, there are 500 million new sexually transmitted infection cases each year, of which 93 million are in Africa. Investments in women's health during their childbearing years not only save women's lives, but also produce ripple effects that benefit families, communities and nations. When girls and women are healthy, they are better able to complete an education, engage in productive activities, take care of their children, and contribute to their communities. In this way, women's reproductive health status is a strong signal of a country's overall economic and social progress, and is a fundamental component of development.

The Current Situation

Globally, AIDS and complications during pregnancy and childbirth remain leading causes of death among women of reproductive age. Many of these deaths could be prevented if women had access to information on reproductive health care services and programmes.⁵

An estimated 222 million women in the developing world who want to avoid pregnancy are not using a modern method of contraception.⁶ Of the 222 million married and unmarried women who lack access, 59 per cent live in Sub-Saharan Africa and South Central Asia.⁷

Women with an unmet need for modern contraceptives account for over 80 per cent of unintended pregnancies.⁸ While modern contraceptive use has increased, prevalence remains low in many poor countries. In Africa as a whole, about one in five married women of childbearing age has an unmet need for modern contraception.⁹ And in half a dozen African countries, including Angola, Senegal, and Sudan, less than 15 percent of married women of childbearing age use contraceptives.¹⁰

Female condom availability, while still low in many parts of the world, is increasing. In 2010, one female condom was distributed for every 13 women of reproductive age in Sub-Saharan Africa. Female condoms are currently the only available method that gives women and adolescent girls greater control over protecting themselves from HIV, other sexually transmitted infections and unintended pregnancy.¹¹

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Only about one half of the 123 million women who give birth each year receive antenatal, delivery and newborn care. To protect their health and that of their infants, women need access to basic health care during pregnancy and delivery. But in developing countries, there are too few properly equipped health facilities, and those that do exist rarely provide all of the care that women and babies need.¹²

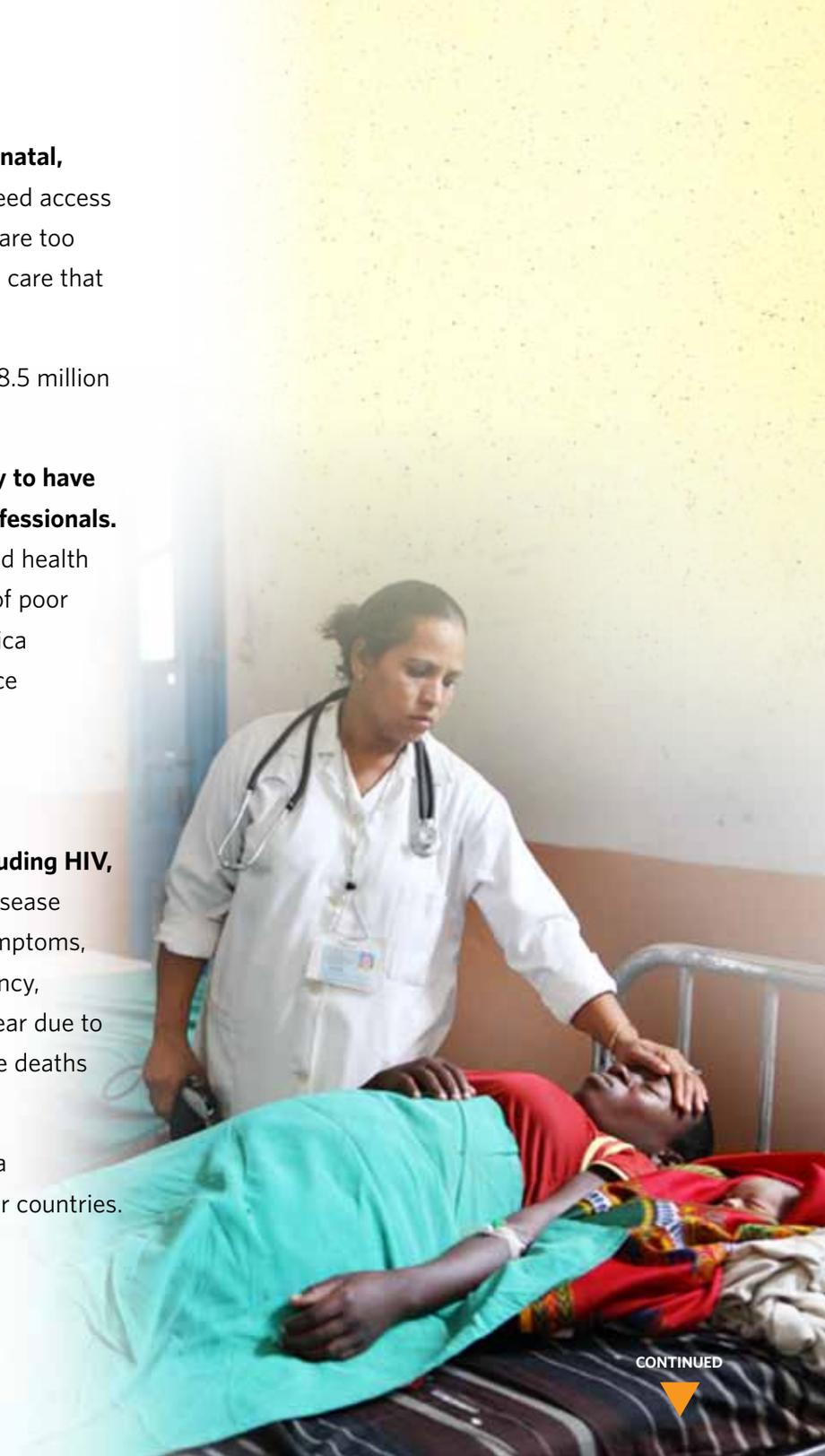
About 22 million women have unsafe abortions each year,¹³ and three million of the 8.5 million who need care for health complications do not receive it.¹⁴

The number of maternal deaths is highest in countries where women are least likely to have skilled attendance at delivery, such as a midwife, doctor or other trained health professionals.

In developing countries overall, about 65 per cent of deliveries were attended by skilled health personnel in 2009, up from 55 per cent in 1990. While this shows progress, millions of poor women are still giving birth without skilled assistance, particularly in Sub-Saharan Africa and South Asia. In wealthier countries, virtually 100 per cent of women have assistance from health professionals during childbirth.¹⁵ In comparison, only 42 per cent of women in Uganda and 19 per cent of women in Nepal benefit from skilled care during delivery.¹⁶

It is estimated that one million people acquire a sexually transmitted infection, including HIV, every day. In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care. Infection with STIs can lead to acute symptoms, chronic infection and serious delayed consequences such as infertility, ectopic pregnancy, cervical cancer, still births, and disease in infancy. About 275,000 women die each year due to cervical cancer, of whom 90 percent are in developing countries. The majority of these deaths can be prevented.

Poverty is a key reason why women are still dying. Women in poorer countries face a dramatically higher risk of dying during pregnancy and childbirth than women in richer countries.



Moreover, within countries, it is the poorest women that are least likely to have access to reproductive health care and most likely to die when complications arise.¹⁷

The death of a mother substantially increases the likelihood that her newborn child will die. Newborn deaths are usually linked to the mothers' health. Each year, over 3 million newborn babies die,¹⁸ some 99 per cent in developing countries.¹⁹

The number of women of reproductive age in developing regions continues to rise, increasing by 50 per cent since 1990. As the world's population of young women grows, so too does the need for more reproductive health commodities and skilled health professionals who can offer comprehensive reproductive health care, particularly in poor, rural areas.²⁰

Maternal and newborn deaths slow economic growth and lead to global productivity losses of some \$15 billion each year. Conversely, investing in improved health for women and babies has far-reaching benefits for nations. For example, between one-third and one-half of Asia's economic growth from 1965 to 1990 has been attributed to improvements in reproductive health and reductions in infant and child mortality and fertility rates.²¹

What Must Be Done?

The critical importance of women's reproductive health to development has been acknowledged at the highest levels. At the 2005 World Summit, global leaders added universal access to reproductive health as a target in the Millennium Development Goals framework.²² While donors and host-country governments have continued to commit resources to women's health despite the recession, more investment is required to keep pace with the unmet—and growing—need for reproductive health.²³

For African Union countries, this involves fulfilling their pledge to dedicate at least 15 per cent of their annual budget to improve the health sector, as outlined in the 2001 Abuja Declaration. Thus far, only Tanzania, for example, has achieved the Abuja Declaration's target.²⁴ Likewise, developing countries must adopt and effectively implement policies that protect women's health throughout their life cycles.²⁵

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The global “Every Woman Every Child” campaign, launched by United Nations Secretary-General Ban Ki-moon and Heads of State and Government in 2010, has mobilized new support and intensified action by governments, donors, civil society, and the private sector to address the major health challenges facing women and children worldwide. With over \$40 billion pledged to date, the campaign aims to save the lives of 16 million women and children by 2015.²⁶

Benefits of Action

The vast majority of deaths during pregnancy and childbirth could be easily prevented if women had access to modern family planning and maternal health services.²⁷

Meeting the unmet need for modern family planning and maternal and newborn health care would reduce maternal deaths by about two-thirds—from 287,000²⁸ to 105,000. In Sub-Saharan Africa alone, maternal deaths would drop by 69 per cent and newborn deaths would fall by 57 per cent.²⁹

If all women wanting to avoid pregnancy used modern family planning methods, unintended pregnancies would decline sharply—by 71 per cent from 75 million to 22 million per year.³⁰ At present, providing medical care related to unintended pregnancies costs about \$5.7 billion annually.^{31, 32} Moreover, greater use of condoms for contraception would reduce HIV transmission.

Improvements in health care for women and babies strengthen the health system as a whole.

Preventing maternal and newborn deaths requires that health facilities have the emergency life-saving supplies and equipment necessary to treat critical complications. It also demands that health professionals be well-trained and able to respond 24 hours a day. This preparation leaves health systems better able to respond to other urgent medical needs.³³

When women have access to family planning, they have fewer and healthier children. This in turn enables social and economic gains, including higher educational attainment, especially for women; higher labor productivity, including greater female labor force participation; and increased accumulation of household wealth through savings and investment. It also produces environmental benefits for future generations when couples have smaller families, lowering population growth and the related stress on the environment.³⁴



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Prevention and timely diagnosis and management of STIs improve the health of women. Prevention of cervical cancer diminishes the untimely loss of lives at a time when women contribute the most to their communities and countries.

What is UNFPA Doing?

UNFPA supports the right of women and men to reproductive and sexual health throughout their lives. The Fund gives priority to providing basic reproductive health care to young people, pregnant women, and hard-to-reach populations, including those displaced by humanitarian crises. UNFPA also promotes linkages between reproductive health care and HIV and AIDS prevention and treatment. Because men are integral to reproductive health, the Fund increasingly supports services, including information and access to contraceptives, which help men to be healthier and more responsible sexual partners.³⁵

UNFPA provides technical and financial assistance to improve reproductive health in over 90 countries. Activities range from advocating for health policy reforms and upgrading health facilities to mobilizing communities to prepare for and respond to obstetric emergencies. For more than 30 years, the Fund has been procuring contraceptives and related life-saving commodities for developing countries and is today the largest public sector procurer of these items. This includes increasing the availability of female condoms through UNFPA's Global Female Condom Initiative and other family planning commodities through that Global Programme to Enhance Reproductive Health Commodity Security.

The Fund recognizes that reproductive and sexual health is a societal issue, not just the responsibility of the health sector. For this reason, UNFPA builds partnerships with communities, civil society and other public and private actors to generate demand for quality reproductive health care and to advocate for women's rights. The Fund works closely with national governments and United Nations agencies such as WHO, UNICEF, UNHCR, UNESCO, UNDP and the World Bank, as well as the U.N. Secretary-General's "Every Woman Every Child" movement, including the UN Commission on Life-Saving Commodities.³⁶

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NOTES

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For more information on UNFPA's work, please visit www.unfpa.org.

Read the joint UNFPA/Guttmacher Institute report *Adding it Up: Costs and Benefits of Contraceptive Services Estimates for 2012*.