FORUM:	**World Health Assembly**
ISSUE:	Efforts to Reduce Maternal Mortality Rates through Improved Healthcare Access
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Introduction

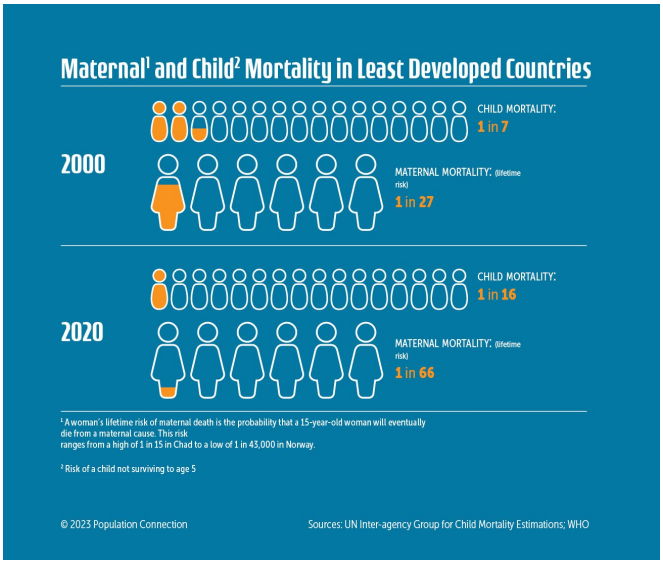
Maternal mortality can be characterized as deaths of women resulting from complications of pregnancy or childbirth, contributing to the risk of death, which is significantly higher in developing countries compared to developed nations. This issue is not only limited to developing countries, but it also affects women in locations with poor hygiene and medical care services in developed countries, raising serious concerns around the world. It mainly brings an imbalance in the regional demographics, especially in Sub-Saharan Africa and Southern Asia, accounting for many women's deaths. Even if medical technology is refined over time, it can support every woman under a poor standard of living, but some inexplicable reasons are hidden: unsafe abortion, infections, and economic and social impact. Due to some inequalities in access to qualified public health services, it portrays the gap between the wealthy and the poor.

Maternal Mortality in Underdeveloped countries

Background

During the pre-20th century, when many civilians were under devastating impacts of global war forces, maternal mortality rates were relatively high in both developing countries and developed countries, resulting in 850 deaths per 100,000 births. Around the mid- to late 20th century, developed countries, such as the United States, were able to reduce maternal mortality rates with improved surgical procedures and better management of pregnancy complications. Still, the global disparities among low- and lower-middle-income countries experience perpetual high maternal mortality rates, underscoring the need for improved public health initiatives and medical care. Particularly, high mortality rates in Africa are influenced by the inadequate healthcare access due to poor management of public health services,

socioeconomic inequalities, and cultural factors. Referring to the Global Citizen Organization, the maternal mortality rate in Sub-Saharan Africa is contributed to by the high rates of child marriage and unintended pregnancies due to traditional cultural customs. It also highlights the likelihood of a woman dying of pregnancy without proper health care is about 1 in 37 women in African regions. Also, the huge gaps between the women who receive the antibiotics health care after their pregnancy and the women who do not exacerbate the risk of deaths from infections and other complications. The malnutrition during pregnancy undermines the women's health conditions, which engenders a high potential of being infected by certain diseases. A further concern is that the continuous impact of war and internal conflicts has delayed them from facilitating the public health services, leading to the collapse of the healthcare system. The destruction of the basic infrastructure during wartime limited the boundaries that pregnant women could move, and the sexual violence as a weapon of war forces women to suffer through severe Post-Traumatic Stress Disorder (PTSD), eventually leading them to consider an uncertain and illegal abortion. This issue extends to the global world, which reflects broader structural/ sociocultural inequalities, worsened by continuous conflict, poverty, and lack of access to basic healthcare systems, ultimately underscoring the need to mitigate these minor issues at first.



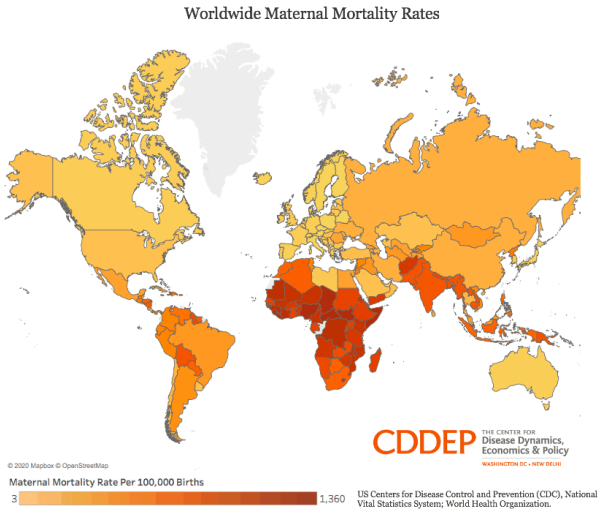
Maternal and Child Mortality in Least Developed Countries (LDCs)

Problems Raised

Poverty = Powerlessness

Severe maternal mortality problem is not only confined to the lack of healthcare services and medical care, but it also highlights women's lack of chance to afford the hospital fee for their preparation of pregnancy. The total cost of pregnancy requires a whole family to afford $18,865 in healthcare costs annually, and women who give birth incur nearly $19,000 in additional health costs and afford $3,000 more out of pocket than those who do not give birth. Unfortunately, the women living in poor financial situations are unable to choose the basic healthcare services, as they are excluded from the system if they don't have legal citizenship. To those who do not have enough payments to afford the fundamental administrative system, educational system, and medical services, the women's deaths from these severe situations are often neglected by modern society, with the firm perception that their deaths are not a brutal accident but are an expected result.

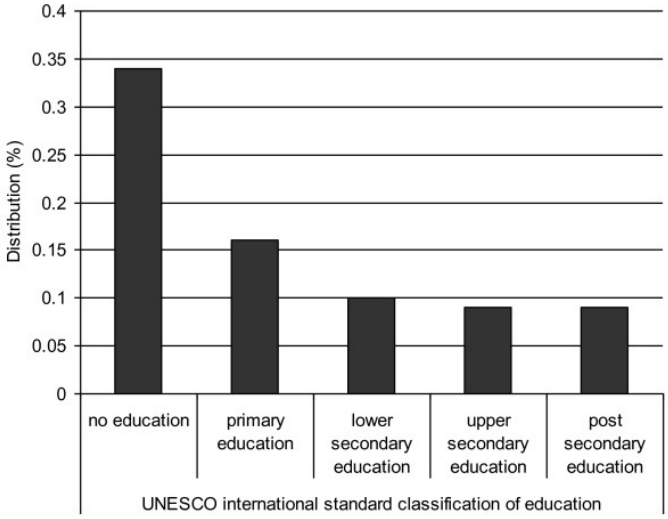
Furthermore, in financially developing regions, the shortage of medical professionals and provision of medical aid may be difficult, limiting the rural or low-income areas from having trained attendants or obstetricians. According to the World Health Organization (WHO), the conducted survey showed that the imbalance in the distribution of health workers in the WHO African Region remains a huge challenge towards the broad inclusion of women in healthcare services.



Concentrated Maternal Mortality Rate in African regions

Education Gaps

Lack of financial ability to afford these public healthcare services also limits women to lack the health awareness, which can bring severe impacts to society. The implementation of women's empowerment allows women to seek their maternal mortality prevention, accessing skilled birth attendance and emergency obstetric care when it is necessary. The development of the education system for women can significantly decrease the maternal mortality rate, as developed countries such as Japan and the United Kingdom have enabled lowered maternal mortality rates over time since the 1900s, preventing complications and saving both women's and their lives during pregnancy and childbirth. Additionally, there was a significant statistical event in which the danger of maternal mortality among countries with 12 years of education. Women with secondary and post-secondary education showed a lower rate of maternal death compared to those with no education, indicating the necessity of education for women with pregnancy.



Distribution of maternal deaths by years of maternal education

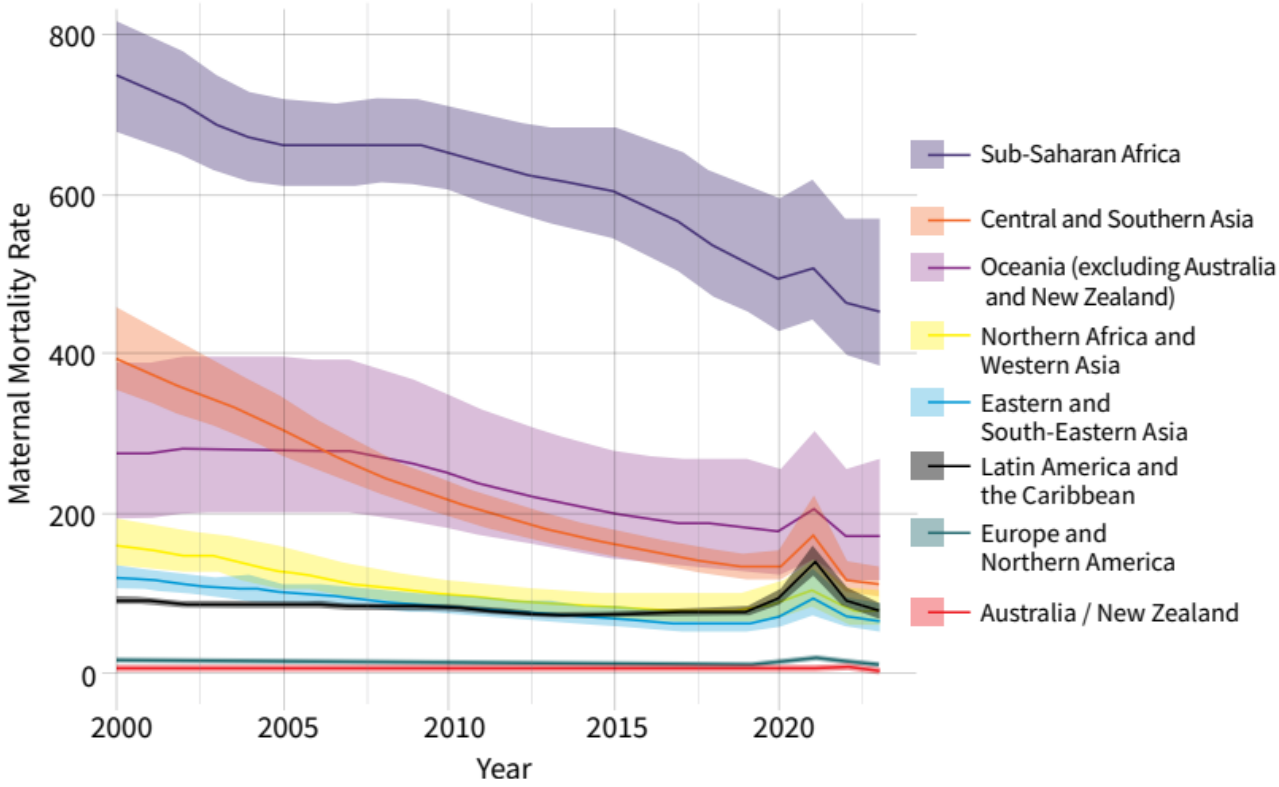
International Actions

Monitoring and Evaluation

The seriousness of the maternal mortality issues can be alleviated through improving maternal health care, by strengthening regional health infrastructure and facilities. The construction of infrastructure such as new reads and public facilities may improve women's accessibility to medical services, which was recently highlighted by the WHO. Offering evidence-based clinical and systematic guidance to women supports the maternal health services on a regional basis. It also promoted women's health during pregnancy, ensuring access to sexual and reproductive health and aiding women who may experience sexual violence or abuse. WHO assured that it would monitor the ongoing deaths of maternity issues and utilize systematic programming to secure women under poor conditions who cannot afford the public or private healthcare services.

As it is previously mentioned, WHO mainly focuses on improving women's access to the 'continuum of care', collaborating with the United Nations Population Fund (UNPFA). With the focus on the sustainable development of healthcare systems in less-developed countries, WHO and UNFPA initiated the goal of reducing the local maternal mortality rates in distinct regions that lack public healthcare. However, COVID-19 aggravated the progress of their health services to local civilians, leaving huge vulnerabilities for families with pregnant women. Recently, new targets for 2025 for relieving the potential impact of COVID-19 have been addressed by the WHO and UNFPA, improving the health and survival of women and babies. Their strong partnership with developing countries' governments favorably impacted the average maternal mortality rates from 339 in 2000 and 223 in 2020.

Fig. 4.3 MMR estimates by SDG region, 2000–2023



This statistic indicates the gradual decline in MMR after receiving continuous efforts to reduce MMR

Commemoration of World Health Day for pregnant women

In April 2025, the Pan American Health Organization (PAHO) reaffirmed the importance of relieving maternal mortality rates in the world. It highlights, “every two minutes, a woman dies from causes related to pregnancy or childbirth”. Issued by PAHO’s director, Dr. Jarbas Barbosa, these maternal deaths are preventable if there are well-established healthcare systems and medical professionals. The 2024 call to action for high maternal mortality rates facilitated the development of healthcare necessities, addressing the global inequality among developing regions around the globe.

Key Players

UNICEF

UNICEF’s consistent efforts to increase the survival rate of women and children have been reflected in recent years. Its emphasis on the importance of having skilled health expertise in emergencies led to the initiatives to provide continuous healthcare support to developing countries, and its promotion/ advertisements globally increased people’s awareness of high MMR in certain regions, recognizing the quality care for women and newborns. Its medical aids to prevent and treat complications such as pre-eclampsia, postpartum hemorrhage, and infections universally enhance primary healthcare structures by collaborating with national governments. Including the home visit of healthcare experts, the support of UNICEF reduced the possible negative consequences of the major causes of maternal deaths.

UNICEF's Medical Assistance to High-Mortality-Region

India

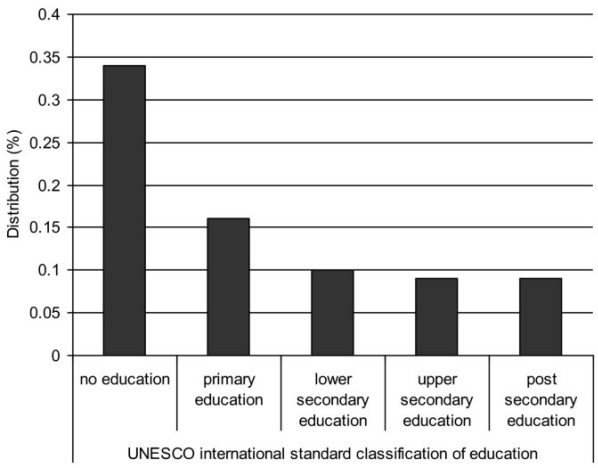
India previously had significantly high MMR, especially in the suburban regions. In 2005, the government intervention addressed by Janani Suraksha Yojana (JSY) was implemented to provide financial incentives to women under poor living conditions, assisting them to give birth at the hospital. Consequently, the birthrate at the hospital increased, and the death rate of both maternal and children declined over time, simultaneously fostering many skilled birth attendants. Accredited Social Health Activists (ASHA workers) have immensely increased the number of trained midwives, nurses, and medical staff. The Indian national government also boosted the rural health infrastructure system,

amplifying the number of primary and sub-healthcare centers for women, expanding women's accessibility to the public healthcare systems. It is later recognized by the WHO for decreasing more than half of the MMR rates compared to the early 2000s, displaying the best example of dealing with high MMR rates.

Possible Solutions

Improve Education and Empowerment of Women

As previously mentioned, the educational system for women is essential to make them understand pregnancy risks, access medical care, and delay marriage and childbirth to a safer age. By expanding the girls' secondary education access to both developed countries and less developed countries, the reduced maternal mortality rate is guaranteed as some African countries' rate declined after implementing education system for women. In particular, the 2022 reproductive health by David Amwonya, Nathan Kigosa, and James Kizza conducted a research finding a relationship between the female education and maternal health care implementation in Uganda, one of less developed countries in Africa, and the utilization of secondary education for women brought positive results on the maternal mortality rate, implying that the extensive implementation of women education may bring positive influence on maternal health care utilization.



A statistic regarding the relationship between maternal education and mortality among women giving birth in health care

Strengthen Healthcare Services in Underserved Regions

In order to effectively construct the extensive healthcare systems in underserved regions (especially in developing regions), the regionalization of service delivery may systematize the location of perinatal care facilities, prioritizing the region that has the highest MMR, structurally connecting with a bigger hospital that can mediate the issue. It may underscore the regional medical balance, increasing the local emergency preparedness. For instance, the division of emergency tiered service levels may serve as the core network among the women who need various assistance. The Level I generally plays a fundamental role, providing basic before/ after childbirth care for women. Then, the Level II corresponds to the emergency situation, such as the situation that needs a Cesarean section. Lastly, the Level III can be classified as the healthcare service provided by a hospital for a high-risk pregnancy or delivery, such as a

specialized hospital or Neonatal Intensive Care Unit (NICU). Overall, the specialized process and structures for constructing the healthcare infrastructures and services may ensure women's health during their pregnancy, eventually diminishing the imperative effect of MMR in less developed regions.

Glossary

Maternal Mortality Ratio (MMR)

The maternal mortality ratio (MMR) is defined as the number of maternal deaths per 100,000 live births during a given time period.

Maternity Care Desert

A Maternity Care Desert is when a country lacks maternity care resources, having no specialized hospitals or birth centers offering childcare and no obstetric providers.

Maternal Near Miss (MNM)

Maternal Near Miss (MNM), defined by the World Health Organization (WHO) working group, is a rate of women who almost died but survived life-threatening conditions during pregnancy, childbirth, or within 42 days of quality of care or accidental termination of pregnancy.

Direct Obstetric Death

The death of a woman while pregnant or within 42 days of the termination of pregnancy, resulting from complications of the pregnancy, labor, or puerperium (the period after childbirth), or from interventions, omissions, incorrect treatment, or a chain of events resulting from these.

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