

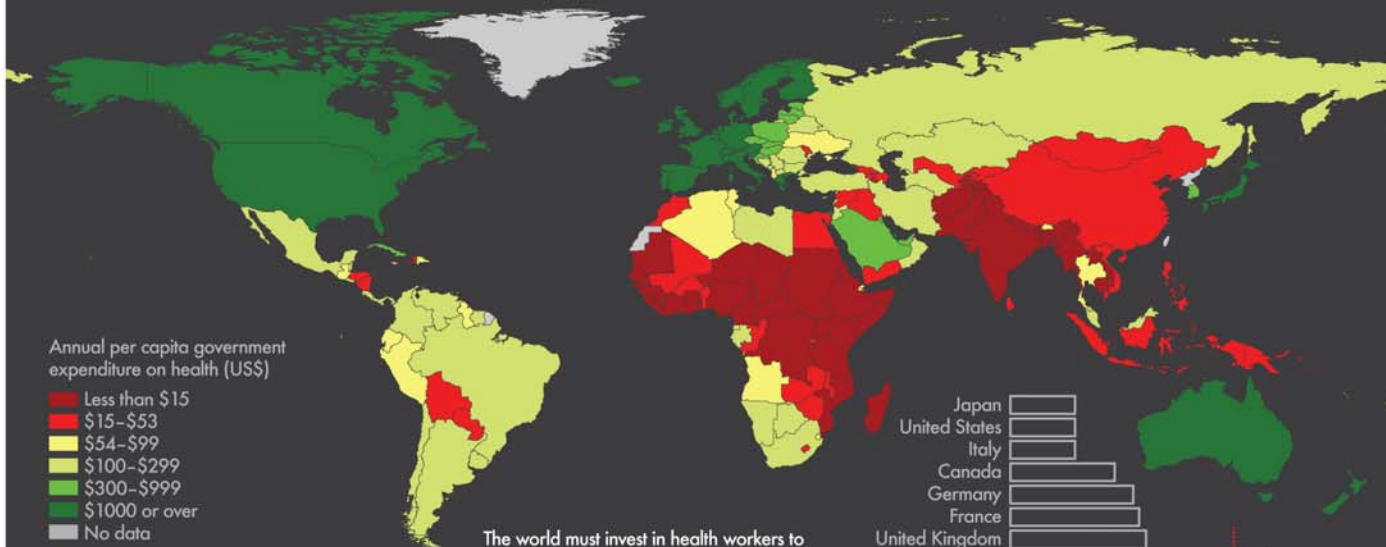
The White Ribbon Alliance Atlas of Birth



**Maternal Deaths:
The Greatest Inequity of the 21st Century**
For more information contact: info-uk@whiteribbonalliance.org
or visit: www.whiteribbonalliance.org

Delivering on Commitments

Maternal and newborn deaths 'cost' the world \$15 billion a year in lost productivity.
"There is no better investment than safe-guarding the lives of mothers"
Ban Ki Moon, UN Secretary General (WHA, 2009)

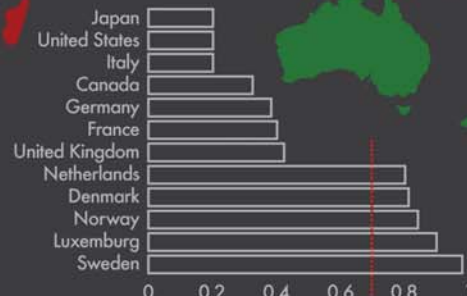


Annual per capita government expenditure on health (US\$)

- Less than \$15
- \$15-\$53
- \$54-\$99
- \$100-\$299
- \$300-\$999
- \$1000 or over
- No data

*The High Level Taskforce on Innovative Finance for Health Systems (2009) estimates \$54 per person per year as an absolute minimum to provide essential services

The world must invest in health workers to ensure all women have professional care at birth. Financial barriers must be removed. Donors and national governments alike must honour their spending promises.



Data source for per capita spending: WHO Statistical Information System (WHOSIS) 2006 estimates. Atlas prepared by the White Ribbon Alliance in conjunction with GHP3 (Univ. of Southampton) & Impact (Univ. of Aberdeen). July 2009

Overseas Development Assistance as % of Gross National Income (selected preliminary OECD figures for 2008)
Many donor countries have made a commitment of 0.7% of their GNI to ODA

Risking Death To Give Birth

Women in Sweden have a 1 in 17,400 chance of dying from pregnancy-related causes and give birth to an average of 1.7 children in their lifetime

Afghan women have a lifetime risk of 1 in 8 and give birth to an average of 7 children in their lifetime

Lifetime risk of maternal death*

- Worse than 1 in 20
- 1 in 20 to 1 in 49
- 1 in 50 to 1 in 199
- 1 in 200 to 1 in 499
- 1 in 500 to 1 in 1,999
- Better than 1 in 2,000
- No data

*Lifetime risk is the chance of dying of pregnancy-related causes during a woman's reproductive lifespan

In Peru, poor women are six times more likely to die during pregnancy or childbirth than rich women

In Niger a woman has a 1 in 7 chance of dying from pregnancy-related causes in her lifetime

India endures nearly a quarter of all maternal deaths in the world: more than 1 every 5 minutes

Data source: Maternal Mortality in 2005
Estimates developed by WHO, UNICEF, UNFPA and the World Bank

The Skills Gap

Trained health workers are key to preventing maternal deaths. But they must be well trained, paid, supervised and supported by a health system which can quickly provide obstetric care in emergencies. All women – especially the poor and excluded – deserve quality professional care, without barriers of cost.

% Births without trained health workers*

- More than 80%
- 51%–80%
- 26%–50%
- 6%–25%
- 5% or less
- No data

*Trained health workers include doctors, midwives, nurses and in some cases country-specific cadres such as auxiliary nurse midwives

While Columbia has very high overall levels of trained health workers, over a quarter of the poorest will still deliver without skilled care

In Nigeria women in rural areas are twice as likely to deliver without a trained health worker as women in urban areas

In Ethiopia only 6% of all women deliver with a trained health worker

In Bangladesh, only 3% of the poorest women deliver with a trained health worker compared to 40% of the most wealthy women

Data source WHO Proportion of births attended by a skilled health worker.
Estimates by country - 2008