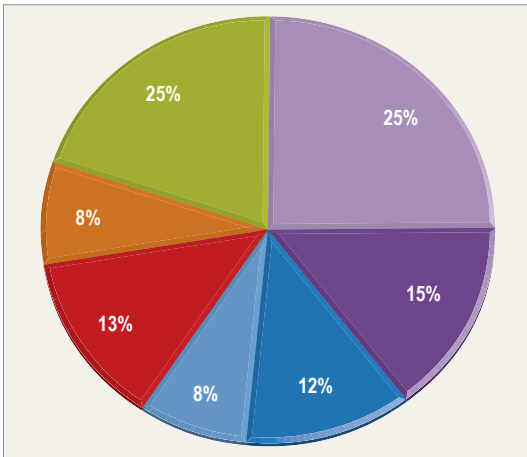


Causes of maternal deaths worldwide

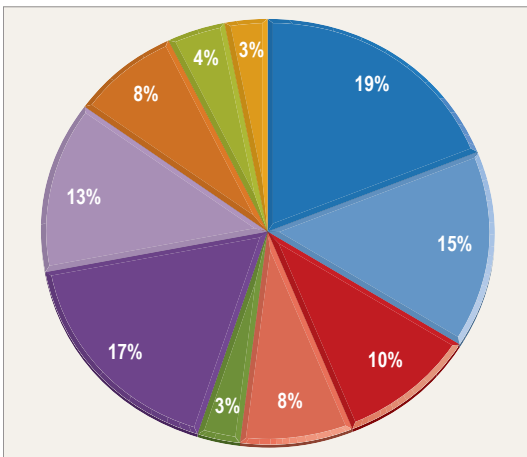


- Severe bleeding (haemorrhage)
- Infections
- Eclampsia
- Obstructed labour
- Unsafe abortion
- Other direct causes
- Indirect causes

The major causes of maternal deaths worldwide are severe bleeding (25%), infections (15%), eclampsia - seizures/fits often following a pregnancy-related rise in blood pressure, (12%), obstructed labour - when the neck of the womb is fully open but the baby will not come out (8%), unsafe abortion (13%), other direct causes (8%) and indirect causes (20%), including AIDS, malaria and pulmonary embolus - a blood clot in the lungs or ectopic pregnancy, where a pregnancy occurs outside the womb.

Source: *The World Health Report 2005. Making every mother and child count.*

Causes of under-5 child deaths worldwide

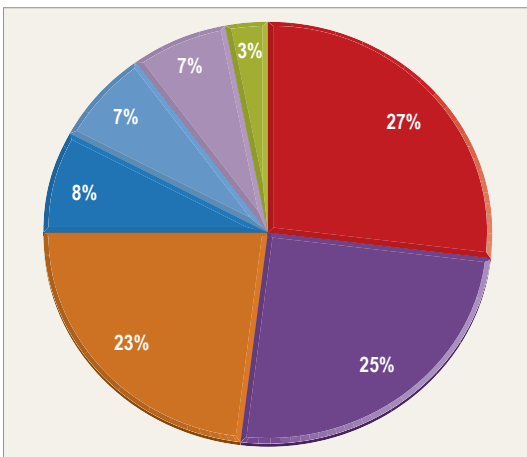


- Pneumonia
- Neonatal causes
- Preterm birth
- Birth asphyxia
- Congenital anomalies
- Diarrhoeal diseases
- Others, incl injuries
- Malaria
- Measles
- AIDS

The major causes of under-five child deaths worldwide are pneumonia (19%), neonatal causes (15%), preterm birth (10%), birth asphyxia - when a baby does not receive enough oxygen either before, during or after the birth (8%), congenital anomalies - abnormalities present at birth (3%), diarrhoeal diseases (17%), malaria (8%), measles (4%), AIDS (3%) and others (13%), which includes injuries.

Source: *The State of the World's Children 2008. UNICEF*

Causes of newborn deaths worldwide

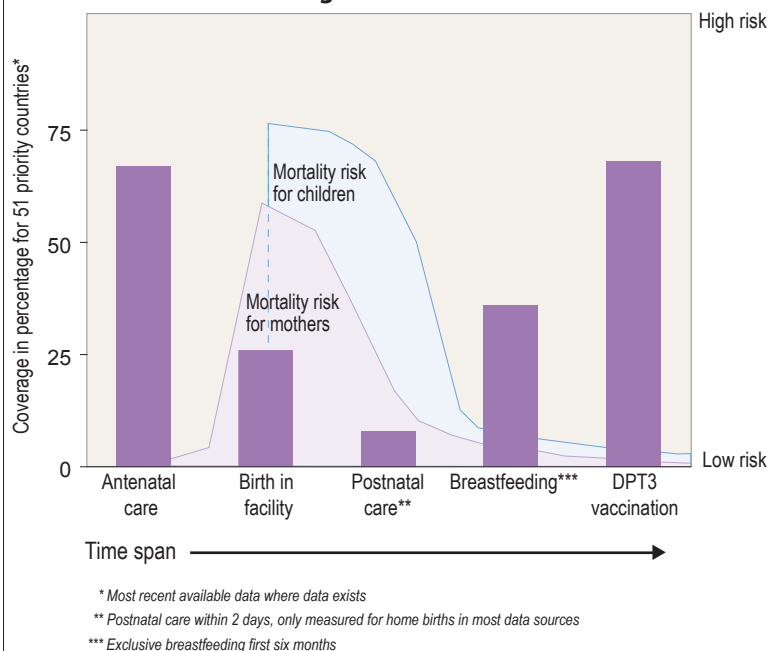


- Preterm
- Pneumonia/infection
- Asphyxia
- Congenital
- Others
- Tetanus
- Diarrhoea

The major causes of newborn deaths worldwide are preterm (27%), pneumonia/infection (25%), asphyxia - when a newborn does not receive enough oxygen either before, during or after the birth (23%), congenital (8%), tetanus - 'lockjaw' occurs when babies are born in unsanitary conditions and are infected with the tetanus bacterium (7%), diarrhoea (3%) and others (7%).

Source: *WHO, World Health Statistics 2007.*

The highest risk of mortality for mothers and babies occurs when coverage of health interventions is lowest

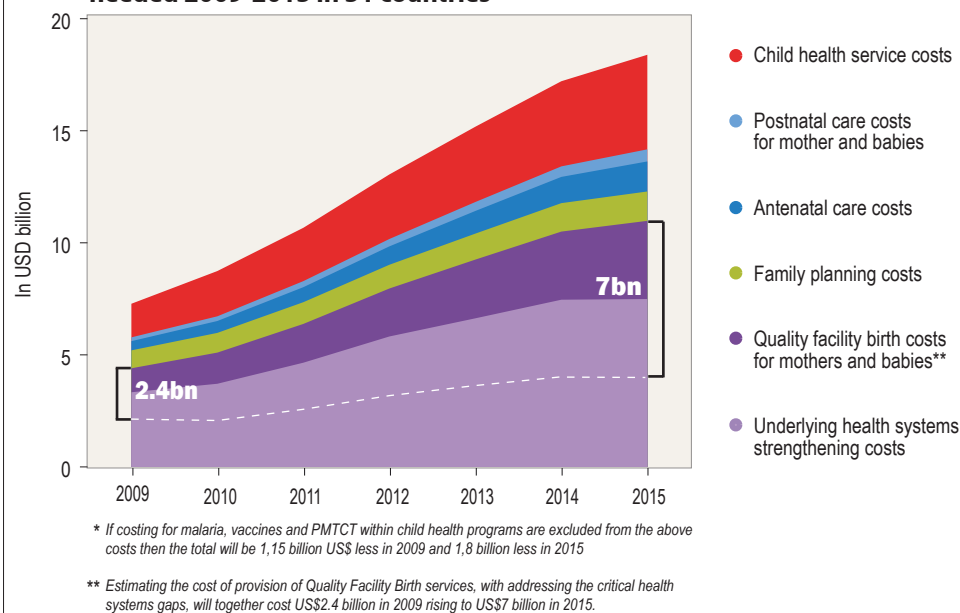


The graph shows estimates of care coverage for the 51 most indebted countries along a continuum from pregnancy through to birth and the care of the child through newborn care, breastfeeding and immunisation. Superimposed is an illustrative diagram of the risk of mortality for mothers and children loosely based on Demographic and Health Surveys and selected studies. The diagram shows that health care is accessed least where the risks are highest for women and their babies - at the time of birth.

Sources: Mortality distribution is schematic but shape is based on 1) for newborns -DHS survey data where available for 51 countries 2) for mothers: Faveau V., Koenig M., Chakraborty J and Chowdhury A. Cause of maternal mortality in rural Bangladesh, Bulletin of the World Health Organisation, 66 (5) 643-651, 1988.

Coverage data are weighted averages for 51 countries where data available from household surveys as collated by UNICEF and WHO. Postpartum care coverage estimate is a weighted average for 51 countries where data available derived from Fort, Alfredo L., Monica T. Kothari, and Nouredine Abderrahim. 2006. Postpartum Care: Levels and Determinants in Developing Countries. Calverton, Maryland, USA: Macro International Inc.

Additional health systems and programme costs needed 2009-2015 in 51 countries*



The graph shows the total estimated cost of scaling up family planning, antenatal, postnatal and child health care along with care at birth (quality facility birth) for 51 of the world's poorest countries from in billions of US dollars. The total cost rises from 2.4bn in 2009 to 7bn in 2015 with the underlying health systems costs as the biggest component. The graph highlights costs for the scaling up of quality facility births to reduce mortality risks at the most dangerous time for mothers and babies.

Source: MDG4&5 costing and impact estimate group (2008), "Approach taken to update WHR 2005/ MNCH+FP costs for the first year report of The Global Campaign For The Health MDGs" WHO, UNFPA, UNICEF, UNAIDS, World Bank, Aberdeen University, Southampton University, John Hopkins University and Norad.