

Imamia Medics International, an NGO in Special Consultative Status with ECOSOC, is committed to improving access to quality healthcare and enhancing disease prevention globally. Disparities between men and women in health status and healthcare access are products of gender inequality. As such, IMI encourages the Council to examine the relationship between health and gender while approaching this year's AMR focus—*“Implementing the internationally agreed goals and commitments in regards to gender equality and the empowerment of women.”*

Maternal mortality is the most striking inequality in public health. The international community agreed to address this issue through MDG five with a three quarters reduction of the maternal mortality ration between 1990 and 2015. States were tasked with an annual reduction of 5.5%; however, with the current rate of progress much lower than that, the world will fall considerably short of the target. According to the 2009 MDG Report, between 1990 and 2005, sub-Saharan Africa and Southern Asia account for 85 percent of all maternal deaths, with half of all maternal deaths (265,000) occurring in sub-Saharan Africa and another third (187,000) in Southern Asia. Yet, states in sub-Saharan Africa and Southern Asia have demonstrated deterioration or no progress regarding maternal mortality.

As recognized at the ECOSOC AMR Regional Preparatory Meeting on Women and Health, the causes of maternal mortality and morbidity are well known, as are the interventions to combat them. Most maternal deaths occur during or shortly after childbirth and almost all are preventable if women receive assistance at that time by a

health-care professional with the necessary skills, equipment and medicines to prevent and manage complications.¹ Appropriate care either remains of poor-quality, unavailable, inaccessible or unused. In addition to the lack of money or proximity to health facilities hindering women's access to healthcare, services often remained unused or inaccessible due to social inequities: a woman may be unable to receive treatment because community norms prevent her from traveling alone to a clinic. Care may also be inaccessible if a woman feels uncomfortable, or social norms prevent her from, receiving treatment from males. Successful strategies to improve maternal health must be comprehensive, addressing not only improving the quality of care, but also the geographic, financial and cultural barriers.

Therefore, IMI encourages potential partnerships on projects like our Binte Khadija Maternity Home project in Pakistan and recommends that agencies, donors, and governments:

- Provide sufficient financing to strengthen health systems, particularly for maternal, childcare and reproductive health services.
- Establish programs to reduce maternal mortality and ensure universal access to reproductive health care, including in remote areas.
- Provide trained health workers, including skilled females, during/after pregnancy and childbirth for delivery of quality antenatal care, timely emergency obstetric services and contraception.
- Adopt and implement policies that protect poor families from the consequences of unaffordable maternity care, including through access to free services.
- Work with community based healthcare projects; educate women and their communities about health promotion and disease prevention; involve men in

¹ 2009 WHO report *Women and health: today's evidence tomorrow's agenda*.

maternal health and wider reproductive health matters.