



Goal: 5

Improve

Maternal Health



Target 6

Reduce by three-quarters (3/4) the maternal mortality ratio (MMR) by 2015

Status at a glance

Will target be reached by 2015?

Probably Potentially **Unlikely** Insufficient data

State of supportive environment

Strong fair **Weak but improving** Weak

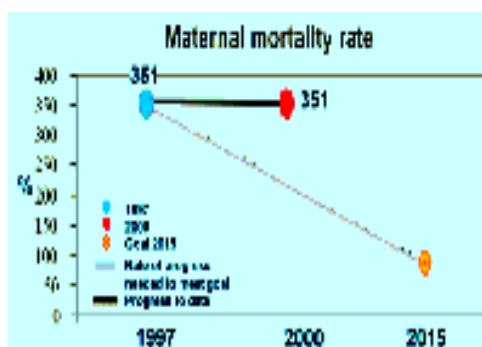
Indicators	1990	2000	2015
MMR (per 100,000 live births)	-	351	87.8
Deliveries attended by trained medical cadres	16	22	43.7 *
Pregnancy care level	26	34	49.3 *
Prevalence of modern contraception methods	6.1	10	19.5 *

Source: Central Statistical Organization, DHS (1997)

* Figures prorated based on 1990-97 achievements

1 Current status and trends

Despite improvements of several indicators related to reproductive and public health during the 1990s, Yemen is still one of the countries grappling with health problems affecting the entire population, particularly maternal and child health. The maternal mortality in 1997 was 351 per 100,000 births, according to DHS (1997). No updated MMR for 2000 are available. Many factors, including early marriage and pregnancy, malnutrition, poor quality health services, anemic pregnant women and low levels of health coverage are the direct causes of high MMR.



Prevalence of traditional contraceptives during the 1990s was low. Data suggests that the prevalence rate of contraceptives was as low as 10% in 1992, but increased to 22% in 1997, while the prevalence rate of modern contraceptives increased from 6.1% in 1992 to 10% in 1997.



The demographic survey data of 1997 indicates that oral tablets were the most prevalent method with 3.8% use rate, followed by the loop with 3% and breastfeeding with 8.0%.

Deliveries attended by medical specialists are still very low. Such births constituted 16% of total deliveries in 1992 and slightly increased to 22% in 1997. This means that the vast majority of deliveries take place at home, using the traditional methods, which jeopardize the health of mothers and children. Data shows that 67% of maternal mortality cases are attributed to bleeding followed by decayed pregnancy, hepatitis, which is the most recurrent, and finally heart diseases.

This demonstrates beyond any doubt that lack of access to maternal care facilities are major factors associated with high mortality rate.



A review of the trends of maternal mortality indicators over the past period will disclose that Yemen needs additional financial and human resources to achieve this goal by 2015.

2 Challenges

Efforts to reduce MMR coupled with improved delivery of reproductive health services would contribute to improving the health situation, provided that the following challenges are addressed:

1. Poor levels of health services, resulting in greater risks of mortality due to pregnancy-related complications and unhealthy reproductive health practices;
2. Low investments in the primary health care sector notably in rural areas, leading to poor and/or non-existent emergency delivery system and lack of medical equipment at maternal health facilities;
3. Lack of qualified human resources in health facilities, particularly in the field of reproductive health at Primary Health Care (PHC);
4. Spread of contagious diseases, including malaria, TB and typhoid, which altogether contribute to higher mortality rates; and
5. Weak institutional, administration and planning capability and low wages for health cadres that lead to demotivation.

3 Supportive environment (policies and programmes)

All policies and programmes currently adopted will contribute to the reform of the health sector and other health sub-sectors. These programmes and policies include the following:

1. Reproductive Health and Family Planning Strategy;
2. Population Policy and Programme of Action;
3. Health Sector Reform;
4. Poverty Reduction Strategy; and
5. Recommendation of 20/20 Basic Social Study (BSS).

Therefore, progress in achieving this goal depends on the efforts made by the health authorities to implement the Reproductive Health and Family Planning Strategy, which focuses in many of its targets,

on adolescents.

It is anticipated that the education sector will also contribute to reducing MMR, through the introduction of population education curriculum to the education system.

The Poverty Reduction Strategy has also stressed the need to increase allocations for the health sector to enable it to address the basic health needs of society. This implies the allocation of additional resources to upgrade and expand investments to the health system to enable it to cut the MMR, IMR and U5MR and to promote the use of contraceptives to the extent possible.

4 Priorities for development assistance

The Development partners could contribute to the realization of this goal through:

1. Braiding the financial gap to improve the quality of reproductive health services;
2. Increasing public health expenditure;
3. Coordinating and integrating reproductive health inputs towards improving the quality of reproductive health services;
4. Expanding and promoting safe motherhood services;
5. Upgrading administrative skills and competencies of the administrative cadres at the governorate and districts health facilities;
6. Training both female and male health cadres;
7. Promoting usage of several contraceptive options;
8. Working on a compact to increase public health expenditures and donors health assistance as per the 20/20 BSS recommendations;
9. Improving PHC services in rural areas; and
10. Establishing mobile health services.



5 Improve Maternal Health: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities			
Quality of recent survey information			
Statistical tracking capacities			
Statistical analysis capacity			
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms			
Monitoring and evaluation mechanisms			

