



between 2000 and 2015 has been disappointing. According to UNFPA every minute, a woman dies of complications related to pregnancy and childbirth. Globally, each year, more than 500,000 women continue to die during childbirth or after the baby was born. Fifty-one per cent of these deaths occur in Africa.

A large number of countries have made progress in providing skilled care during childbirth and improving the health and well-being of mothers and their newborns. However, at the present rate of progress, the world will fall well short of the target for reduction of maternal mortality as well as infant mortality

What makes the high incidence of maternal and perinatal mortality and morbidity so unacceptable is that we know what needs to be done to save the lives of mothers and newborns. Yet, effective interventions to prevent mortality for many women and newborns remain unavailable, unused, inaccessible, or of poor quality. Within one country there are often substantial internal geographical, economic, and social variations. The variations suggest that poverty, inequity, women's low status, and societal attitudes towards women and their needs are underlying factors affecting women's access to healthcare services.

To reduce maternal mortality successful strategies must therefore not only address women health care needs but also ensure that women can access healthcare services by addressing women's disadvantaged social, political, and economic status and by promoting attitudinal change.

Secondly, we cannot expect to see a significant improvement in women's health if we do not empower them politically. As long as women lack a voice in the political process and are willing to endure and suffer policy makers will not respond to their specific health needs.

Finally, we cannot expect to see significant improvement in women's health if we do not promote the removal of stereotypical attitudes that perpetuate the marginal status of women in societies. As long as power relations in societies remain unequal, we will not be able to ensure equal access to health care and equal control over health resources for women.

These separate observations suggest that we will only see significant progress in MDGs 3, 4, 5, and 6 when our policies and programmes are not narrowly targeted at