



ASIAN-PACIFIC RESOURCE AND RESEARCH CENTRE FOR WOMEN

A Review of MDGs & SRHR in Asia & the Pacific

An Annotated Bibliography 2010

Supplement to the *ARROWS For Change* (AFC) bulletin Vol. 16 No. 1 & 2 2010,
The MDGs: A critical look and some proposals for the post-2015 development framework

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This annotated bibliography is brought out with financial support from SIDA.



INTRODUCTION

In the year 2000, governments from 189 countries signed the Millennium Declaration, thereby informally agreeing to achieve the eight Millennium Development Goals (MDGs) by 2015 that were finalised later and outlined in the *Road Map towards the Implementation of the United Nations Millennium Declaration*. The MDGs, a blueprint to global development, resolved to eradicate extreme poverty, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, improve gender equality, achieve universal primary education, ensure environmental sustainability, and improve global partnerships in development globally.

The common vision of attaining universal human development, through specific time-bound and measurable targets and indicators was indeed strategic, as it brought together different agencies having different mandates on a common platform, enabling inter-agency cooperation, streamlining monitoring, and reporting on progress on the different goals, as well as ensuring necessary funding for the UN system to accomplish them. Most importantly, it raised new hopes, energy and collective action for human advancement.

Despite the promise and good intention, the MDGs have been criticised by civil societies and social movements for poor thinking through, thereby resulting in inappropriate targets and action. Firstly, the choice of indicators with its narrow target-oriented focus of reducing numbers, have been slated for diminishing the development agenda. In addition, the goals that seem mutually exclusive with poor inter-linkage undermine the basic principle of co-operation. Activists and researchers alike have also criticised the embracing of the neo-liberal development model, the near exclusion of civil society participation in the review processes, and the absence of the language of rights, despite the claim of achieving equality and social justice in the Millennium Declaration. In the absence of a rights-based approach, no mechanisms were set up to ensure government accountable to its constituencies. Moreover, vision for change didn't challenge existing status-quo and power structures between countries and within-countries, and thus failed to push boundaries for transformation to happen.

The MDGs appear not to have taken into account the constantly changing social, economic and political landscape in which development takes place, and didn't foresee the future issues that come with global developments, such as the financial crisis, privatisation, globalisation and the rise in nationalism and identity politics leading to increased religious, cultural, and political conservatism, and relativism of countries, which have all faltered the progress on the MDGs.

The framing of MDG5 has also been severely critiqued for its lack of comprehensiveness. Rather than looking at sexual and reproductive health holistically, a focus on maternal health – a part of reproductive health, has diminished significant gains achieved in the 1990s such as the ICPD and Beijing Conference on women. Then again, MDG5b – *universal access to reproductive health* was included only seven years later in 2007. Critical factors responsible for maternal deaths such as unsafe abortion, is not touched because of the non-negotiable political nature of the issue. Lack of clarity and consensus around terminologies have also resulted in poor interventions in averting maternal deaths, such as putting in place both comprehensive emergency obstetric care services and post-partum care coverage. Gender-based violence, another contributing factor to death and morbidity, is also missing from the assessment. Measuring maternal mortality has also been problematic because of the lack of robust data, as most developing countries do not have vital registration systems of birth and death. Minority and vulnerable groups have also been excluded, both from the service provision and the statistics. Despite the wide recognition of the linkages between HIV/AIDS and SRHR, programmes and

service provision have often run parallel or in silos, leading to the thinning of resources, weakening of the health system in many cases, and slow progress to reducing mortality.

The objective of this compilation is to bring together resources related to MDGs in an attempt to provide some background on the Millennium Development Goals in general, and MDG5 in particular. In doing so, attempts will be made to also cover the broader macro-economic context and the social determinants of gender and poverty (MDGs 1&3) that affect the achievements of health outcomes and vice-versa, especially the sexual and reproductive health of women. The compilation is not exhaustive. It complements the *ARROWs For Change* (AFC) bulletin Vol. 16 No. 1 & 2 2010, *The MDGs: A critical look and some proposals for the post-2015 development framework*. Broadly, the resources are categorised as core UN MDG documents; progress reports related to MDG5, in Asia and the Pacific regions; resources linking other goals to MDG5, such as poverty reduction, gender equality, environment etc.; and key websites.

REVIEW OF THE MILLENNIUM DEVELOPMENT GOALS: FOCUS ON MDG5 IN ASIA AND THE PACIFIC

Select Resources

MDG CORE DOCUMENTS

This section presents a compilation of key declarations and commitments related to MDGs, and specifically MDG5.

United Nations. 2010. *Outcome document from the September 2010 MDG Summit.* 32p. Available at: www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf

Following the 2010 MDG Summit, the outcome document “*Keeping the promise: united to achieve the Millennium Development Goals*” was adopted. The outcome document identifies the lessons learned over the past 10 years, including the barriers to implementation, points to opportunities for further progress, and sets out an action agenda to achieve the MDGs by 2015. It reviews each of the eight MDGs individually and makes recommendations to advance progress on each of the goals. It also contains a section on the way forward, which provides guidance on the ongoing review of implementation.

United Nations. 2010. *The UN Secretary-General’s Global Strategy for Women’s and Children’s Health, New York, 6 August 2010.* Available at: www.who.int/pmnch/activities/jointactionplan/20100806_globalstrategy_wch.pdf
www.who.int/pmnch/activities/jointactionplan/en/index.html

This strategy launched during the UN MDG Summit, opens up new opportunities for improving the health of women and children around the world, and in so doing, to improve the lives of all people. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery, which includes: support to country-led health plans, supported by increased, predictable and sustainable investment; integrated delivery of health services and life-saving interventions, so that women and their children can access prevention, treatment and care when and where they need it; stronger health systems, with sufficient skilled health workers at their core; innovative approaches to financing, product development and the efficient delivery of health services; and improved monitoring and evaluation to ensure the accountability of all actors to ensure results.

Declaration of the Jakarta Special Ministerial Meeting for Millennium Development Goals Review in Asia and the Pacific: run up to 2015, Jakarta, 4 August 2010. Available at: <http://www.deplu.go.id/Pages/InformationSheet.aspx?IDP=7&l=id>

At the meeting of the heads of States, the ministers and representatives from countries in Asia and Pacific re-affirmed their commitments to achieving the MDGs by 2015, through increased inter-agency and regional partnerships; recognition of human rights in the implementation; improvements to the health of women and children and the health systems; reduction in out-of-pocket expenditure; and participation of private sector including public-private partnerships.

United Nations Commission on the Status of Women (CSW). 2010. *Resolution on Eliminating preventable maternal mortality and morbidity through the empowerment of women (E/CN.6/2010/L.6).* UN CSW, Fifty-fourth session, 1-12 March 2010, New York, USA. Pp.25-31. Available at:

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/305/76/PDF/N1030576.pdf?OpenElement>

In March 2010, the UN CSW adopted the resolution on eliminating preventable maternal mortality and morbidity through the empowerment of women, which reaffirmed the Beijing Declaration and PoA, the Cairo ICPD PoA, and the MDG commitment to improve maternal health, among other human rights commitments, thereby urging governments and the international agencies to develop comprehensive strategies to target root causes of gender inequality in health care and put into practice policies to ensure women's access to affordable and adequate health services by strengthening health systems to better respond to women's needs.

Hulme, David. 2009. *The Millennium Development Goals (MDGs): a short history of the world's biggest promise*. BWPI Working Paper 100. Manchester: Brooks World Poverty Institute. 55p. ISBN: 9781906518585 Available at:

www.bwpi.manchester.ac.uk/resources/Working-Papers/bwpi-wp-10009.pdf

Unlike many other reviews of the MDGs, this paper focuses on the processes that led to the specification and agreement on the goals, and examines their historical antecedents. It uses the analytical framework from the fields of 'global public policy' and 'globalisation and public policy'. The author views the MDGs as a particular moment in a long-term process of promoting poverty reduction and human deprivation as a global value that shapes individuals, groups, organizations globally. It concludes by drawing some lessons from the MDG processes and suggests looking at them along with the content of the MDGs in post-MDG discussions.

UN Human Rights Council Resolution on Preventable Maternal Mortality and Morbidity and Human Rights, 16 June 2009. Available at:

www.who.int/entity/pmnch/topics/maternal/20090617_hrcresolution.pdf

Acknowledging that maternal mortality and morbidity are human rights concerns, the UN Human Rights Council adopted a resolution on preventable maternal mortality and morbidity and human rights at the eleventh session. Governments globally have committed to enhancing their efforts at the national and international levels to protect the lives of women and girls worldwide.

United Nations General Assembly. 2000. *United Nations Millennium Declaration*. 9p.

Available at: www.un.org/millennium/declaration/ares552e.pdf

The UN Millennium Declaration was adopted at the fifty-fifth session on 18 September 2000. It presented the core values and principles for the international relations in the 21st century; reaffirmed commitments to maintain peace, security and disarmament; resolved to work towards global development and poverty eradication; to protect the environment, human rights, democracy and good governance; meet the special needs of Africa; and to strengthen the United Nations.

MDG MONITORING & PROGRESS REPORTS

The Partnership for Maternal, Newborn & Child Health. 2011. *A review of global accountability mechanisms for women's and children's health.* PMNCH: Geneva, Switzerland. 28p. Available at:

www.who.int/pmnch/topics/part_publications/accountability-mechanisms/en/index.html

In 2010, the UN Secretary General launched the “Global Strategy for Women’s and Children’s Health”, wherein many stakeholders committed to take urgent action to improve the health of women and children worldwide, including: *improved monitoring and evaluation to ensure the accountability of all actors for results.* This evaluation looks at accountability arrangements with the stakeholders committed to the global strategy, and focuses on the mechanisms for monitoring, review and action. It identifies significant data gaps and makes recommendations for developing monitoring mechanisms for general and specific commitments from all stakeholders under the global strategy, which will feed into cyclical processes that facilitates remedial actions and ensures stakeholders’ individual and mutual accountability to achieve results at all levels for women’s and children’s health.

WHO. 2011. *Universal access to reproductive health: accelerated actions to enhance progress on Millennium Development Goal5 through advancing target 5b.* Geneva: World Health Organization, Department of Reproductive Health and Research. 31p. Available at: http://whqlibdoc.who.int/hq/2011/WHO_RHR_HRP_11.02_eng.pdf

An outcome of a WHO technical consultation, this publication presents country strategies for advancing universal access to sexual and reproductive health, and thereby identifying a range of actions for accelerated progress in universal access. Case studies from seven countries - Brazil, Cambodia, India, Morocco, United Republic of Tanzania, Uzbekistan and Zambia - are showcased.

ARROW. 2010. *Regional overview of MDG 5 in Asia: progress, gaps and challenges 2000-2010.* Kuala Lumpur, Malaysia: Asian-Pacific Resource and Research Centre for Women, ARROW. 8p. Available at: www.arrow.org.my/publications/MDG5RegionalBrief.pdf

This regional brief examines the progress, gaps and challenges of MDG5 implementation in Asia. It calls for investment to ensure that sexual and reproductive rights underpin policies and programmes for sexual and reproductive health (including maternal health); revisit the existing MDG indicators to assess MDG5 and address data gaps; strengthen health systems capacities at the national level; and institutionalise a comprehensive review process that affirms the critical role of NGOs and social movements. A Chinese edition is also available on the ARROW website.

Bergeson-Lockwood, J., Madsen, E.L., & Bernstein, J. 2010. *Maternal health supplies in Bangladesh.* Washington D.C.: Population Action International (PAI). 64p. Available at: [www.populationaction.org/Publications/Reports/Maternal Health Supplies in Bangladesh/maternal-health-bangladesh.pdf](http://www.populationaction.org/Publications/Reports/Maternal_Health_Supplies_in_Bangladesh/maternal-health-bangladesh.pdf)

While maternal mortality appears to be declining in Bangladesh, the country still has one of the highest maternal mortality ratios (MMR) in the world, and the highest in South Asia. Bangladesh is unlikely to achieve domestic and international targets on the reduction of maternal mortality.

This report tracks four maternal health supplies: oxytocin, misoprostol, magnesium sulfate and manual vacuum aspirators (MVAs), which address three of the most common direct causes of maternal mortality in Asia. Assessing the factors that inhibit access to maternal health supplies in the country, the study identifies priority areas and entry points for advocacy on maternal health supplies.

Centre for Reproductive Rights (CRR). 2010. *Forsaken lives: the harmful impact of the Philippine Criminal Abortion Ban*. New York: CRR. 66p. Available at: http://reproductiverights.org/sites/crr.civicactions.net/files/documents/phil_report_Spreads.pdf

Despite the criminalisation of abortion, in 2008 alone an estimated 560,000 induced abortions took place in the Philippines, of which 90,000 women sought treatment for complications and 1,000 women died. This research report examines and exposes the human rights violation resulting from the ban. It analysis through a human rights lens the testimonies of women who have undergone unsafe abortion procedures and survived to tell their stories. It makes several recommendations to the government to take secular responsibility of protecting women's rights and to comply with human rights obligations by amending the Penal Code to lift criminal sanctions on abortion.

Hogan, M.C. et al. 2010. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet*, Vol. 375, pp. 1609–23.

This study assessed levels and trends in maternal mortality for 181 countries covering the period 1980-2008, based on vital registration data, censuses, surveys, and verbal autopsy studies. It found a decrease in maternal deaths worldwide from an estimated 342,900 in 2008 to 526,300 (446 400–629 600) in 1980; decrease in global MMR from 422 in 1980 to 320 in 1990, and was 251 per 100 000 live births in 2008. The yearly rate of decline of the global MMR since 1990 was 1.3% (1.0–1.5). More than 50% of all maternal deaths were in only six countries in 2008 (India, Nigeria, Pakistan, Afghanistan, Ethiopia, and the Democratic Republic of the Congo) three of which are in Asia. Analysis of the data shows that substantial, albeit varied, progress has been made towards MDG 5. Although only 23 countries are on track to achieve a 75% decrease in MMR by 2015, countries such as Egypt, China, Ecuador, and Bolivia have been achieving accelerated progress.

McLean, Gaynor D. 2010. An historical overview of the first two decades of striving towards safe motherhood. In *Sexual and Reproductive Healthcare*, Vol. 1, pp. 7–14.

The paper examines some of the progress and problems encountered during the first two decades of the Safe Motherhood Initiative. The advent of MDGs pushed for the provision of skilled attendants for all women, to avert maternal deaths. Increasingly, reproductive health is viewed from a human rights perspective and maternal deaths as social injustice rather than a health disadvantage. This study offers a synthesis of concepts and actions that are contributing to building Safe Motherhood across the globe in the 21st century. In considering the factors that inhibit the degree of safety associated with giving birth, global efforts that are tackling a persisting buffer zone are identified, and continuous action urged in order to strive towards the targets set for 2015.

New Zealand Parliamentarians' Group on Population and Development. 2010. *Making maternal health matter: report of the New Zealand Parliamentarians' Group on Population and Development Open Hearing on Maternal Health in the Pacific.* New Zealand: Family Planning International. 31p. Available at:

www.fpaid.org.nz/LinkClick.aspx?fileticket=Ysh5VrXjM6U%3d&tabid=438

Making Maternal Health Matter is a report that resulted from the Open Hearing on Maternal Health in the Pacific held by New Zealand Parliamentarians' Group on Population and Development in September 2009. It states that the progress towards reducing maternal deaths across the Pacific Island countries is uneven. On an average five women a day die due to pregnancy or childbirth related causes, in the Pacific region. The recommendations include calling on the New Zealand and Australian aid programmes to earmark 15% of Official Development Assistance for Sexual and Reproductive Health, with a proportion of that funding to be allocated specifically for family planning and care during and after pregnancy and childbirth. In addition, it recommends for political will, legislation and policies, gender equality, family planning services and access to contraceptives, funding for reproductive health, strengthening health systems, multi-sectoral collaboration, improved data collection, mitigating the effects of disasters, in order to reduce maternal deaths.

NORAD. 2009. *The global campaign for the health Millennium Development Goals 2010: putting the global strategy for women's and children's health into action.* Oslo: Office of the Prime Minister of Norway. 52p. Available at:

www.norad.no/en/Thematic+areas/Health+and+aids/Maternal%2C+child+and+women%27s+health/Media+advisory/_attachment/206908?_download=true&_ts=12c887d6f6b

This report provides an update on the efforts being made by countries and institutions in putting the Global Strategy for women's and children's health into action. It also provides an analysis of the country commitments, country reports from India, Indonesia, and Nepal in Asia, and civil society and the UN.

The UN Economic and Social Commission for Asia and the Pacific (UNESCAP), Asian Development Bank (ADB) & United Nations Development Programme (UNDP). 2010. *Achieving the Millennium Development Goals in an era of global uncertainty: Asia Pacific regional report 2009 – 2010.* Bangkok: United Nations 117p. ISBN: 9789211206043. Available at: [www.mdgasiapacific.org/files/shared_folder/documents/Regional MDG Report 2009-10.pdf](http://www.mdgasiapacific.org/files/shared_folder/documents/Regional_MDG_Report_2009-10.pdf)

The report takes stock of the achievement of MDGs in Asia-Pacific region on the backdrop of the global financial crisis, and other threats such as food-fuel shortage and climate change. It identifies some of the key challenges, and goes on to discuss the possible policy responses that may guide the region in its efforts to meet the challenges. In particular, it stresses on the role of social protection as well as regional and South-South cooperation for addressing some of the key challenges while strengthening global partnership.

The World Bank & International Monetary Fund. 2010. *Global monitoring report 2010: the MDGs after the Crisis.* Washington D.C.: World Bank. 172p. ISBN: 9780821383162. USD 29.95 Available at:

<http://issuu.com/world.bank.publications/docs/9780821383162?mode=embed&layout=http%3A%2F%2Fskin.issuu.com%2Fv%2Fflight%2Flayout.xml&showFlipBtn=true>

This report looks at the global economic crisis and assesses the negative impacts on developing countries—their growth, poverty reduction, and other MDGs, from a human

development perspective. It claims that while the recovery is underway, the impact of the crisis will continue to slowdown progress toward poverty reduction, particularly in low-income countries in Africa. As the crisis is global, the solutions for better development outcomes will also hinge on a rapid global economic recovery that improves export conditions, terms of trade, and affordable capital flows—as well as meeting aid commitments to low-income countries. The report sets out priorities for policy responses, both by developing countries and by the international community.

UNFPA. 2010. *How universal is access to reproductive health?: a review of the evidence.* New York: UNFPA. 52p. ISBN: 9780897149815. Available at: www.unfpa.org/webdav/site/global/shared/documents/publications/2010/uarh_report_2010.pdf

Focusing on the three indicators within MDG5b - adolescent fertility, contraceptive prevalence and the unmet need for family planning, this report reviews current data, trends and differentials in universal access to reproductive health. It demonstrates that while progress in the 1990 was substantial, over the years it has slowed; and disparities in access based on wealth, education and rural or urban residence have widened. It confirms the need to extend reproductive health to all, and that quality data are critical to monitor progress and identify priorities for action.

UNFPA. 2010. *Sexual and reproductive health for all reducing poverty, advancing development and protecting human rights.* 80p. ISBN: 9780897149792. Available at: www.unfpa.org/webdav/site/global/shared/documents/publications/2010/uarh_report_2010.pdf

This report responds to key questions of what universal access to reproductive health is; why it is important and progress made thus far. While it recognises the complexity of the task, and the barriers to achieving universal access, it maintains that ensuring sexual and reproductive health for all, in its broadest sense, is one of the surest and most effective ways to respect human rights, to promote equitable and sustainable development, and to achieve the Millennium Development Goals.

United Nations Development Group. 2010. *MDG Good Practices, Chapter 3 MDG-4, MDG-5, MDG-6 Child mortality, maternal health and combating diseases.* 124p. Available at: www.undg-policynet.org/ext/MDG-Good-Practices/GP_chapter3_mortality.pdf

This MDG good practice publication presents a list of various constraints and challenges to the achievement of the MDGs. Each good practice has addressed in a national and/or local context these challenges. It presents a diverse range of nationally-led programmes, policy interventions, and locally tailored support to address those specific challenges. Chapter 3 contains 51 good practice cases that contribute to the achievement of health related MDGs 4, 5 and 6, including examples of programmes or policies implemented or supported by governments and development partners, including UN funds, programmes and agencies, multilateral and bilateral development agencies, and civil society. These include case studies on utilisation of health services, lack of awareness, advocacy and public knowledge, public-private partnerships in reducing maternal mortality, reproductive health of married adolescent couples and resources for strengthening health systems from Bangladesh, Cambodia, India, Nepal, Vietnam, Indonesia, Thailand, and Philippines .

United Nations Development Group. 2010. *Thematic papers on the Millennium Development Goals.* 279p. Available at: www.undg.org/docs/11421/MDG-Report_for-website.pdf

The papers in this publication provide analysis of successful strategies, reasons for progress, critical gaps, a summary of key lessons and future measures that will accelerate MDG progress under different conditions and contexts. The focus of the papers is on the national and local level and in country-led, and covers a range of immediate and underlying factors that appear to be important or essential in enabling progress under differing conditions and country circumstances.

United Nations. 2010. *The UN Millennium Development Goals Report 2010*. New York: United Nations Department of Economic and Social Affairs. (DESA) 80p. ISBN 9789211012187
Available at: www.mdg5b.org/sites/default/files/MDG_Report_2010_En.pdf

This 2010 report is part of the periodic assessment of progress towards the MDGs. Progress towards the eight Millennium Development Goals is measured through 21 targets and 60 official indicators. This report presents data that has been compiled by an Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs.

Waage, Jeff, et al. 2010. The Millennium Development Goals: a cross-sectoral analysis and principles for goal setting after 2015. *The Lancet*, DOI:10.1016/S0140-6736(10)61196-8.
Available at: <http://download.thelancet.com/flatcontentassets/pdfs/S0140673610611968.pdf>

This study provides a cross-cutting analysis of the challenges facing the implementation of the MDGs, such as the fragmentation and lack of synergy between the MDGs and the lost opportunities created by limited goals. It also suggests principles for goal development post-2015, explores the implications of these principles on health, and concludes that future health development goals should focus on sustainable health systems built around delivering health objectives across the life-course.

WHO & UNFPA. 2010. *Measuring sexual health: conceptual and practical considerations and related indicators*. Geneva: WHO. 15p. Available at:
http://whqlibdoc.who.int/hq/2010/who_rhr_10.12_eng.pdf

This document is an outcome of the working group meeting to elaborate indicators on sexual health and healthy sexuality, sexual violence and female genital mutilation. It is recommended that this document be read as an annex to the *National-level monitoring of the achievement of universal access to reproductive health. Conceptual and practical considerations and related indicators*. Link to this document is provided in this document.

WHO, UNICEF, UNFPA & World Bank. 2010. *Packages of interventions for family planning, safe abortion care, maternal, newborn and child health*. Geneva: WHO. 20p. Available at:
http://whqlibdoc.who.int/hq/2010/WHO_FCH_10.06_eng.pdf

This document describes the key effective interventions organised in packages across the continuum of care through pre-pregnancy, pregnancy, childbirth, postpartum, newborn care and care of the child. The packages are defined for community and facility levels in developing countries and provide guidance on the essential components needed to assure adequacy and quality of care. It focuses on seven packages that are needed for ensuring quality reproductive health, maternal, neonatal and child health care services, which are family planning, safe abortion care, pregnancy care, childbirth care, postpartum care of the mother, care of the newborn, and care during infancy and childhood. Interventions, supplies and commodities

needed at all levels- home and community, first level of health facility, and referral facility is also provided.

World Health Organization. et al. 2010. *Trends in maternal mortality: 1990 to 2008, estimates developed by WHO, UNICEF, UNFPA and The World Bank.* Geneva: WHO. 55p. ISBN: 9789241500265. Available at: http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf

An important reference material when assessing the progress of MDG 5a, this report covering the period from 1990 to 2008, claims that the maternal deaths worldwide has dropped by a third. While the progress is notable, in order to realise the Millennium Development Goal (MDG) target, maternal mortality has to decline at a rate of 5.5% per year. Because of the major gaps in both qualitative and quantitative data in maternal mortality, trends are calculated through statistical modeling. It highlights that: ten out of 87 countries with maternal mortality ratios equal to or over 100 in 1990, are on track with an annual decline of 5.5% between 1990 and 2008, while 30 made insufficient or no progress since 1990; maternal mortality decreased by 26% in sub-Saharan Africa; in Asia, the number of maternal deaths also is estimated to have dropped from 315 000 to 139 000 between 1990 and 2008, a 52% decrease; and 99% of all maternal deaths in 2008 occurred in developing regions, with sub-Saharan Africa and South Asia accounting for 57% and 30% of all deaths respectively. The estimates show that preventing pregnancy and child birth related deaths is possible through investments in the national health systems and improving quality of care

World Health Organisation & United Nations Children's Fund. 2010. *Countdown to 2015 decade report (2000–2010) with country profiles: taking stock of maternal, newborn and child survival.* Geneva: WHO. 195p. ISBN 9789241599573. Available at: www.countdown2015mnch.org/documents/2010report/CountdownReportAndProfiles.pdf

This 2010 report covering the decade 2000-2010 presents the state of maternal, new born and child survival for sixty eight priority countries, which account for 95% of all maternal and child deaths. Of the 68 countries monitored 11 are from Asia and include: Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, and Philippines. It documents changes in the maternal and child mortality and coverage of interventions including continuum of care, health systems and policies to save lives of women, newborns and children, and funding. While some countries are making progress towards achieving the goals MDGs4-5, there are many countries where interventions have been poor, or stalled thus making it difficult for these goals to be met. Snapshots of country profiles are provided for all the countries reviewed. Despite the fact that some countries are making slow progress, it is optimistic that with accelerated political commitment and financial investment the MDGs 4-5 can be achieved.

Youth Coalition. 2010. MDG Factsheet Series: 1) The linkages between the MDGs and young women's health, 2) The linkages between the MDGs, young people and HIV, and 3) The linkages between the MDGs and comprehensive sexuality education for young people. Ontario, Canada: Youth Coalition. Available at: www.youthcoalition.org/site08/html/index.php?id_art=286&id_cat=7

Three factsheets on the linkages between the MDGs and the critical issue related to young people's (women's) health, HIV, and comprehensive sexuality education.

Family Planning International and the Secretariat of the Pacific Community. 2009. *A measure of the future: women's sexual and reproductive health risk index for the Pacific 2009*. Washington, D.C.: Population Action International. 27p. Available at: www.populationaction.org/Publications/Reports/A_Measure_of_the_Future/Summary.shtml

This publication builds on the 2007 PAI study titled, *A measure of survival: calculating women's sexual and reproductive risk*. The last two decades have seen a significant improvement in the sexual and reproductive health and rights (SRHR) of Pacific Island women. However, women continue to suffer death and injury from preventable reproductive health problems every year, which have negative consequences for Pacific families, communities, societies and economies. This fact challenges the governments of Pacific Island Countries and Territories (PICTs), development organisations and civil society groups to work harder, faster, and more cooperatively, towards ensuring that all Pacific Island women can realise their full SRHR. It provides a reproductive risk index and accompanying narrative that together outline the SRHR issues that Pacific Island women continue to face.

Hulme, David. 2009. *Reproductive health and the Millennium Development Goals: politics, ethics, evidence and an unholy alliance*. Manchester, UK: Brooks World Poverty Institute. 29pp. Available at: www.bwpi.manchester.ac.uk/resources/Working-Papers/bwpi-wp-10509.pdf

This paper provides a chronological account of the evolution of the concept and policy of reproductive health and its initial entry, and subsequent exclusion, from UN declarations. It particularly highlights the political role of faith-based groups in this process, and presents an assessment of the impact of excluding reproductive health from the MDGs on global poverty reduction, and more importantly on the women dying as a result of unsafe abortion. Further, it questions the historically privileged but ambiguous status of the Holy See at the UN.

IIMMHR. 2009. *No more needless deaths: a call to action on human rights and maternal mortality*. 28p. USA: IIMMHR. Available at: <http://righttomaternalhealth.org/spotlight-archive>

This publication of the IIMMHR outlines five reasons why ensuring women's human rights is essential to eliminating preventable maternal death and injury.

Singh, S. et al. 2009. *Adding it up: the costs and benefits of investing in family planning and maternal and newborn health*. New York: Guttmacher Institute and United Nations Population Fund. Available at: <http://www.guttmacher.org/pubs/AddingItUp2009.pdf>

This report presents an economic argument for investing in two key SRHR areas: contraceptive services and pregnancy-related and newborn care. It found that doubling the world's current annual spending of US\$12 billion on these two programmes in developing nations would have dramatic results—unwanted pregnancies would decline by 67%, unsafe abortions would be cut by 73%, maternal deaths would drop by 70% and newborn deaths would be reduced by 44%. Other health, societal and economic benefits would follow. The report notes that these improvements can only be achieved by simultaneously investing in family planning and maternal and newborn health care. Regional findings are also available as stand-alone fact sheets. The fact sheet on investing in family planning and maternal and newborn health in South Central and Southeast Asia.

Singh, S. et al. 2009. *Barriers to safe motherhood in India*. New York: Guttmacher Institute. 36p. Available at: <http://www.guttmacher.org/pubs/2009/07/29/Safe-Motherhood-India.pdf>

This review states that despite the recent decline in numbers, maternal mortality remains unacceptably high. India contributes to nearly one-quarter of the world's maternal deaths, which in turn affects the global target of reducing maternal deaths by 75%. It looks at policies, programmes, initiatives, and funding that affects maternal health. While gathering data on maternal deaths is problematic, it recommends that innovative data gathering tools such as the Maternal and Perinatal Death Inquiry and Response (MAPEDIR) project need to be implemented across the country more widely. Further, it recommends doubling their efforts especially in states with high maternal deaths, in order to reduce maternal mortality and meet the MDGs targets by 2015.

Thanenthiran, S. & Racherla S. J. 2009. *Reclaiming & redefining rights – ICPD+15: status of sexual and reproductive health and rights in Asia*. Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).161p. ISBN: 9834423421. Available at: www.arrow.org.my/images/publications/ICPD+15/Reclaiming&RedefiningRightsICPD+15.pdf

This monitoring report is the third in the review of ICPD Programme of Action (PoA) monitoring done by ARROW and her partners. It takes a comprehensive look at the status of SRHR across 12 countries in Asia, 15 years after the landmark conference in 1994. Covering five critical areas of women's empowerment, reproductive health, reproductive rights, sexual health and sexual rights, it reports that progress across the 12 countries reviewed is uneven. To ensure that the ICPD and MDGs are met, the report makes four key recommendations: i) policy changes that are underpinned by commitment to the ICPD PoA and are respectful of reproductive rights and sexual rights; ii) ensuring universal access to affordable, quality gender-sensitive SRH services through functional and integrated health systems, starting from the primary health care level; iii) continued and sustained investments in women's SRHR by both the government and the donors; and iv) improvement of access to services of adolescents, marginalised groups of women and those with diverse sexual orientation and gender identities.

Women Deliver. 2009. *Focus on 5 women's health and the MDGs*. New York: Women Deliver in consultation with Family Care International and selected non-governmental organizations, individuals, and multilateral and UN agencies, including UNFPA. 22p. Available at: www.womendeliver.org/assets/Focus-on-5.pdf

The MDG5 is widely acknowledged as having made least progress, and the most underfunded of all the health goals. Women's sexual and reproductive health and rights are critical to the fulfillment of the other goals and if not addressed can be detrimental to their achievements. This briefing paper targets policymakers, civil society groups, and advocates, to mobilize action for investing in maternal, newborn, and reproductive health. It outlines why decision-makers need to prioritise saving lives of women and strategic actions needed to improve vital health services for mothers and their newborns in the developing world.

NORAD et al. 2008. *Costing tools*. The Partnership for Maternal, Newborn & Child Health through the Health Systems 20/20 and BASICS Projects, and the Partnership for Maternal, Newborn and Child Health (PMNCH). Available at: www.who.int/pmnch/topics/economics/costing_tools/en/index.html

Available on the PMNCH website, the costing tools were set up to help countries with the costing and budgeting of health programs and interventions. The website provides access to the different costing tools and budgeting frameworks for health and an interactive costing tool guide

that takes users through the costing process with the help of questions. One of the tools is the reproductive health costing tool, which helps to estimate the resource requirements and costs of providing an essential package of reproductive/maternal health intervention at country/ state and provincial levels.

WHO & UNFPA. 2008. *National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators*. Report of a WHO/UNFPA Technical Consultation, 13–15 March 2007, Geneva. 52p. ISBN: 9789241596831 Available at: http://whqlibdoc.who.int/publications/2008/9789241596831_eng.pdf

The publication prepared jointly by WHO and UNFPA, makes recommendations on a set of indicators to monitor progress towards the achievement of universal access to sexual and reproductive health. Specifically five priority aspects of SRHR and possible indicators of programmatic linkages between sexual and reproductive health services and HIV prevention, care, and treatment are made in the report.

OTHER RELEVANT RESOURCES

The resources listed below include publications that present a rights-based approach, and/ or linkages to gender equality, poverty, climate-change, and disability issues.

Anderson, E. & McKay, A. 2010. *Human rights, the MDG income poverty target, and economic growth*. Dev Reports and Policy Papers. East Anglia: School of International Development. 49p. ISSN: 1756-7904. Available at: www.uea.ac.uk/polopoly_fs/1.148727!RPP6%20Anderson-McKay.pdf

This paper asks the fundamental question whether the targets, indicators and strategies in relation to income poverty (MDG 1) are consistent with the human rights framework. It identifies five feasible ways in which the MDG income poverty target can be aligned with a human rights approach that is through existing mechanisms of national poverty lines, poverty reduction policies and targets. The analysis is based mainly on a review of recent Poverty Reduction Strategy Papers and national Millennium Development Goal Reports from seven countries: Bangladesh, Cambodia, Ethiopia, Indonesia, Kenya, Uganda and Vietnam. Based on this analysis, a series of recommendations are made, in order to better align income poverty targets and indicators with key human rights principles, and to ensure that economic growth strategies do not conflict with human rights principles.

ARROW. 2010. *Understanding the critical linkages between gender-based violence and sexual and reproductive health and rights: fulfilling commitments towards MDG+15*. Malaysia: ARROW.12p. Available at: www.arrow.org.my/publications/GBVBrief.pdf

The objective of this advocacy brief is to inform policy-makers and decision makers on the critical linkages between eliminating gender-based violence (GBV) and achieving the MDGs, particularly improving maternal health and providing universal access to reproductive health (RH). Recommendations include: building a strong evidence base to better support policy interventions; enacting and implementing progressive laws and policies that promote, protect and fulfill gender equality, including anti-domestic violence and anti-gender-based violence policies; and promoting and adopting an inter-sectoral response to addressing gender-based violence that also incorporates a health sector response.

Averting Maternal Death and Disability Program. 2010. Needs Assessment of Emergency Obstetric and Newborn Care: Data Collection Modules. Available at: <http://amddprogram.org/d/content/needs-assessments>

This publication provides details for planning, in order to address gaps or problems in Emergency Obstetric Care (EmOC) services - a first and critical step to improving equitable access to EmOC and to strengthening the overall health system. They contain documents needed to plan for and conduct an EmONC needs assessment

Durano, Marian & Sen, Gita. 2010. On the importance of gender in the MDGs. In *DAWN Informs*. Manila, Philippines: Development Alternatives with Women for a New Era (DAWN). Available at: www.dawnet.org/uploads/newsletters/2010-June.pdf

Integrating social issues such as gender, caste, ethnicity, into policy analysis and programming is challenging as they cannot easily translate to technological solution and quick fixes. This difficulty has resulted in setting up default components of health systems and women become the default health care system. Funding flows to health, and discrimination and criminalisation has also affected health outcomes. The authors argue that the danger in promoting gender equality as enhancing the performance of all MDGs is that this will put a heavy burden for providing the evidence when causalities are debated. They state that gender equality should be valued for what it is.

Health Equity Initiatives. 2010. *Between a rock and a hard place: Afghan refugees and asylum seekers in Malaysia*. Kuala Lumpur: Health Equity Initiatives. 36p. Available at: http://refugeerightsasiapacific.org/pdf/Afghan_RNA_final%20report_June%20_2010.pdf
Email: sharunaverghis@yahoo.com

This report highlights the chronic multi-dimensional deprivation experienced by the Afghan refugees and asylum seekers in Malaysia. The study based on 73 interviews with Afghan refugees, provides insights into the refugees' dilemmas, especially with regard to the way in which global events and developments related to Afghanistan and Afghan refugees intersect with their daily lives, influencing the decisions they make and sometimes even dangerous options they consider in their quest for effective refugee protection and more sustainable life solutions. It calls on countries hosting refugees from Afghanistan including Malaysia, Indonesia, Pakistan, Iran, India to recognize refugees and accord them the protection required under international law including the right to work and access to health care services and education; countries of resettlement to increase resettlement quotas for Afghan refugees; and countries of transit and destination of Afghan refugees to recognize and integrate the special protection needs of refugees and asylum seekers within the enforcement of border control and anti-trafficking strategies.

Kabeer, Naila. 2010. *Can the MDGs provide a pathway to social justice? : the challenges of intersecting inequalities*. New York: UNDP. 66p. Available at: www.ids.ac.uk/go/idspublication/can-themdgs-provide-a-pathway-to-social-justice-the-challenges-ofintersecting-inequalities

Bringing together evidence from Latin America, South / Southeast Asia and Sub-Saharan Africa, the report demonstrates that inequalities matter for the achievement of the MDGs. Not only does it slow down the pace of growth that translates into poverty reduction, but it especially affects excluded groups who are not able to benefit from aggregate trends, and they matter for

the prospects of MDG achievement and long-term sustainable development. From the evidence on the relationship between social exclusion and the MDGs two broad generalisations made here are: that the intersecting and mutually reinforcing nature of the inequalities which give rise to social exclusion are persistent and resistant to the forces of change; and yet they are not immutable. The author proposes a number of strategic policy options that can help to transform the MDGs into a pathway between developed and developing countries.

Berer, Marge. 2009. Task-shifting: exposing the cracks in public health systems. *Reproductive Health Matters*, Vol. 17, No. 33, pp. 4–8.

This issue of the RHM journal contains papers on innovative efforts to increase access to skilled reproductive health care particularly in resource-poor settings, e.g. where physicians are in short supply; or when physicians are not needed because trained mid-level providers such as nurses, nurse-midwives, auxiliary nurses, general practitioners, medical or clinical officers etc. provide the services as the skills required in a procedure have been simplified. The papers in this volume argue that the shifting of tasks from physicians to mid-level providers, in the absence of sufficient numbers of either, is no more likely to be successful than giving traditional birth attendants minimal training and no resources to deal with obstetric emergencies. While the mid-level providers have made significant contributions by taking on the additional workload they cannot be expected to make up for all the systemic shortcomings around them.

Bradbury, Jill and Clark, Jude. 2009. Millennium an alternative framework for understanding development and the relations between structure development goalposts: researching the score on and off the field. *Journal of Health Management*, Vol. 11, pp.391-404.

The paper critiques the MDGs at three conceptual levels – the theorizing of development; structural analysis of the goals; and the centrality of people, especially the different groups of people (e.g. divided by race, class, gender etc.). It suggests exploring an alternate framework for understanding development and the relations between structure and agency by theorising the themes of gender, national identity and childhood/youth. The authors suggest a narrative methodology that focuses on social change, stakeholder participation and are based on value of social justice

Centre for Reproductive Rights (CRR). 2008. *Briefing paper: using the Millennium Development Goals to realise women's reproductive rights*. New York: CRR. 28p. Available at: <http://reproductiverights.org/en/document/using-the-millennium-development-goals-to-realize-womens-reproductive-rights>

This briefing paper focuses on the links between MDGs and the different international human rights framework, thus putting forth the opportunities for advocating for women's reproductive rights. It states that the MDGs are rooted in the principles of human rights. While they are political commitments, being signatories to the international human rights treaties obliges governments to fulfill these obligations over the political ones. The paper analysis the MDGs targets to promote gender equality, improve maternal health and to combat HIV/AIDS the corresponding human rights frameworks, thus providing an excellent tools to enable policy makers to implement the MDGs using the rights-based framework.

Ghai, Anita. 2009. Disability and the Millennium Development Goals: A missing link. *Journal of Health Management*, Vol. 11, No. 2, pp. 279-295.

Locating disability issues within the discourse of the MDGs, the author questions the very feasibility of achieving the development goals if the disabled population have been left out of the agenda. Defining the meaning of disability, it charts the disability issues in specific goals. It also discusses the ways in which state policies have addressed disability in a globalising context, and outlines the paradox of identity politics and its nuances. The author concludes by asking to expand the democratic spaces to ensure that the rights and needs of disabled people within the MDGs are secured.

Homer, Caroline S.E., Hanna, Elizabeth, & McMichael, Anthony J. 2009. Climate change threatens the achievement of the Millennium Development Goal for maternal health. *Midwifery*, Vol. 25, pp. 606–612.

This article highlights some of the main maternal health issues in relation to climate change and to show how climate change will, increasingly, jeopardise our efforts to improve maternal health and achieve the MDG goals. While governments need to be accountable in reducing the impact of climate change on the environment and health, the author suggests that adaptation should include public education to inform about health risks, enhanced infectious disease control programmes, improved surveillance of risk factors and health outcomes, capacity building of the health-force to deal with climate change health effects in the future.

Reichenbach, Laura & Roseman, Mindy Jane (Eds.). 2009. *Reproductive health and rights: the way forward*. Philadelphia: University of Pennsylvania Press. viii, 292p. ISBN: 9780812241525 [print copy only]

This collection of critical essays by leading experts from diverse disciplines asserts that the International Conference on Population and Development (ICPD) agenda still has great merit. It grapples with the fundamental questions about the relationships among population, fertility decline, reproductive health, human rights, poverty alleviation, and development and assesses the various arguments – demographic, public health, human rights-based, and economic – for and against ICPD today. Even as it explores shortcomings and recommends ways to strengthen the reproductive health and rights approach.

WHO. 2005. *Addressing violence against women and achieving the Millennium Development Goals*. Geneva: Department of Gender, Women and Health Family and Community Health. 45p. Available at: www.who.int/gender/documents/women_MDGs_report/en/index.html

Violence is a major obstacle to development and is recognised as a both public health and human rights concern. This publication highlights the connections between the Millennium Development Goals (MDGs) and the prevention of violence against women by showing how: working towards the MDGs will reduce violence against women; and vice-versa preventing violence against women will contribute to achieving the MDGs. While clarifying the links between MDGs and violence against women, it shows how to translate these into action.

Averting Maternal Death and Disability Program (AMDD). 2003. *Using the UN process indicators of emergency obstetric services: Questions and answers*. New York: Columbia University, 2003. Available at: www.amddprogram.org/v1/resources/UsingUNIndicatorsQA-EN.pdf

In an attempt to make the collection and interpretation of data as accessible as possible to clinicians and facility managers in hospitals and health clinics, as well as to public health

programme managers, this AMDD workbook addresses some frequently asked questions. These include: what and why the process indicators are and were developed for; how does one define the major direct obstetric complications; what are signal functions, how are they measured, and why do we use them; what if a facility performs almost all of the signal functions; which registers should we use to gather data; how should we record complications in the facility registers; and how are data abstracted from the registers?

WEBSITES

ARROW & Partners'. Women Are Watching Their Governments: MDG 5 Watch Campaign

www.mdg5watch.org

This is an interactive, web-based campaign/report on the progress of MDG 3 and 5 for and in 12 Asian countries, created by ARROW and partners.

ARROW's Sexual and Reproductive Health and Rights (SRHR) Database of Indicators

www.srhrdatabase.org

This is a comprehensive database providing data and analysis on 79 rights-based indicators to compare the status of sexual and reproductive health and rights in 12 Asian countries. The database is an outcome of ICPD+15 monitoring project - a collaborative monitoring partnership with 22 partners (women's NGOs and research and academic organizations), across 12 countries in the Asian region.

Choike page on MDGs

www.choike.org/2009/eng/informes/302.html

This website provides news, reports and updates from civil society perspectives, as well as key resources.

End Poverty 2015 Millennium Campaign

www.endpoverty2015.org/

The Millennium Campaign blog is a useful entry point for news, views, resources and information on the MDGs.

EuroNGOs MDG page

www.eurongos.org/Default.aspx?ID=3757

The site contains resources, links, newsfeeds, international policies on sexual and reproductive health and rights, population and development.

G-8 Watch 2010

www.who.int/pmnch/media/g8watch_2010/en/index.html

Hosted on the WHO website it monitors the commitments of the G-8 group, PMNCH activities, blogs, G8 Initiatives, parliamentary action, archives, publication and links.

Inter Press Service Page on MDG

www.ipsnews.net/mdgs/

This news portal monitors progress towards 2015 in achieving the MDGs, and provides news related to the MDGs, with featured stories on civil societies highlighting voices from the South.

IWHC MDG page:

www.iwhc.org/index.php?option=com_content&task=view&id=3359&Itemid=549

The page provides information to key conferences and agreements, MDGs, CSW and CPD, links to resources and key references.

Marie Stopes' Five by Fifteen Website

<http://fivebyfifteen.org/>

The site highlights contributions that family planning and reproductive healthcare can make to achieving MDG5. It provides an interesting tool to calculate impact MSI is making towards this goal.

MDG 5b: A Promise Is a Promise: Universal Access to Reproductive Health

www.mdg5b.org

The MDG5b website provides statistics, statements, blogs, news and resources on MDGs 5a & b on maternal health and universal access to reproductive health.

MDG Info 2010

www.devinfo.info/mdginfo2010

Provides wide access to the official MDG dataset maintained by the UN Statistics Division, until November 2010.

MDG Monitor - An Initiative of the UN

www.mdgmonitor.org/

This living website is designed as a one-stop-shop for information on progress towards MDGs, globally and at the country level. Progress on all 8 goals are tracked and presented through interactive maps, which are country specific. Additional information include, news updates, links to UN and other participating agencies, information for journalists.

MDGs in the Pacific

www.undp.org.fj/index.php?option=com_directory&Itemid=57

This section of the UNDP Fiji website provides a summary of the Pacific's progress in all 8 MDGs, as well as a scorecard.

Millennium Development Goals Indicators

<http://mdgs.un.org/unsd/mdg/Default.aspx>

The official MDG Indicators website presents the data, definitions, methodologies and sources for more than 60 indicators to measure progress towards the MDGs.

PacificInfo

www.pacificinfo.org

Two customized databases that provide Millennium Development Goals (MDGs) data on 15 Pacific Island Countries and to monitoring and evaluation framework for the United Nations Development Assistance Framework using MDG and Pacific Plan indicators.

The Partnership for Maternal, Newborn and Child Health

www.who.int/pmnch/en/

This site provides updates and resources related to maternal, newborn and child health.

UN Action on MDGs by UN Non-Government Liaison Service

www.un-ngls.org/orf/MDG/unaction?page=type_urls

This interactive website provides information on MDGs and actions taken by the UN, NGOs, at country and regional levels, resources, statistics, press stories and links

UNDP Millennium Development Goals Country Progress

www.undp.org/mdg/countries.shtml

This site compiles the most recent country reports that measure progress towards the Millennium Development Goals. Regional MDG reports are also available on this site.

UNESCAP MDGs in Asia and the Pacific

www.mdgasiapacific.org

The UNESCAP site provides information on various MDG initiatives in Asia and the Pacific and tracking and monitoring tools.

WGNRR: their 2010 call to action is on mdg5

www.wgnrr.org/call-action

This page contains the call for action and initiatives by WGNRR to defend internal human rights commitments and respect for SRHR and justice.

Women Deliver

www.womendeliver.org/

This site provides information on the conference and initiatives, blogs, news updates and resources.

World Health Organisation: MDG5

www.who.int/topics/millennium_development_goals/maternal_health/en/index.html

The maternal health pages on the WHO website provides access to publications, updates, and other related information on maternal health and MDG5.

www.who.int/reproductivehealth/topics/mdgs/en/index.html

The SRH pages on the WHO website provide access to publications, updates, and other related information on MDG5.

WHO: Commission on Macroeconomics and Health

<http://www.who.int/macrohealth/en/>

The CMH site hosted on the WHO website contains national macroeconomics and health reports, country level actions, libraries, publications and leads to useful information and links.