



International
Labour
Office
Geneva

Achieving MDG 5 through Decent Work

MDG 5: Improve maternal health

For the first time in decades, encouraging progress has been made towards Millennium Development Goal 5 (MDG 5), with global maternal mortality rates having fallen by nearly 35 per cent. However, among low-income countries with longstanding high maternal death rates, progress varied considerably and only 23 countries are on track to achieve a 75 per cent decrease in maternal deaths by 2015. Stronger commitments and better cooperation between UN agencies, governments and other development partners are needed to broadly achieve MDG 5.

While most attention to maternal health and mortality has justifiably focused on health services and family planning, mothers are also workers, with particular need of support to protect their health while working and to ensure their economic security during pregnancy and after childbirth. The problems associated with maternity and childbirth are closely linked to poverty, inadequate working conditions and gender inequality.

Without paid maternity leave, poverty and the risks of lost income force many women to return to work too early, before they have physically recovered from childbirth.

Huge disparities exist in the lifetime risks of maternal death for women in rich and poor countries, and between the rich and poor in all countries. Ninety-nine per cent of maternal deaths occur in developing countries.

Maternity protection: A core issue

Maternity protection for women workers has been a core issue for the ILO since 1919, when it adopted the first international labour Convention on this issue. The original Convention has been revised on two occasions with a view to broadening the protection and making it more effective. The latest Maternity Protection Convention (No. 183) and Recommendation (No. 191) were adopted in 2000 and provide for:

- 14 weeks of maternity leave, including six weeks of compulsory post-natal leave;
- cash benefits at a level that ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living;
- access to free medical care, including pre-natal, childbirth and post-natal care, as well as hospitalization when necessary;
- health protection: the right of pregnant or nursing women not to perform work prejudicial to their health or that of their child;
- breastfeeding: minimum of one daily break, with pay;
- employment protection and non-discrimination.

More than 100 million people worldwide are pushed into poverty every year by the need to pay for health care; in some countries, these payments are the major reason families fall into poverty.

Progress towards MDG 5

Although maternal deaths decreased from 320 in 1990 to 251 per 100,000 live births in 2008, almost 343,000 women continue to die during pregnancy and childbirth every year. For every woman who dies, roughly 20 suffer serious injury or disability.

Ninety-nine per cent of these deaths and injuries occur in the developing world. Over time, maternal mortality has concentrated in sub-Saharan Africa, which shared more than half of global maternal deaths in 2008. The global AIDS epidemic is a major cause of paralysis, with high rates of HIV infection and AIDS-related illness among pregnant women having contributed to higher rates of maternal mortality in this region.

Scattered progress on MDG 5 is also linked to poverty and gender inequality – girls and women lack education and decision-making power, especially in relation to access to health care and decent employment opportunities.

Addressing maternal health through the framework of the Decent Work Agenda and integrating reproductive health issues in the workplace will help accelerate progress. In this regard the ILO is active in four key areas:

- maternal health and decent work;
- workplace education and services;
- social health protection: providing effective access to health care and financial protection; and
- decent work for health workers.

It is not an unreasonable demand for a woman to bear a child safely and to nurture that child after birth without risking her life or fearing losing her job, her income or her career. The response cannot just be a business or a market decision – it is a societal decision.

What the ILO does

The International Labour Organization (ILO) is the United Nations agency devoted to advancing opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. The ILO establishes universally shared international labour standards, which provide guidance for national law, policy and practice in maternity protection, social security,

and terms and conditions of work in the health sector. The ILO is tripartite, bringing together representatives of governments, employers and workers to jointly shape policies and programmes to promote the Decent Work Agenda.

Maternal health and decent work

Countless women lack access to decent work that would enable them to rise above poverty and work in safe conditions; many fall outside traditional legal and social protection systems that safeguard against vulnerability and provide access to health care. Through its Decent Work Agenda, the ILO aims to ensure that women benefit equally from employment, rights, social protection and dialogue. Specifically, the ILO works to counter the discrimination and dismissal on the basis of pregnancy or maternity often faced by women workers, to improve maternity protection and health through the workplace to ensure that work does not threaten the health of pregnant and nursing women or their newborns, and to ensure that maternity and women's reproductive roles do not jeopardize their economic security.

Workplace education and services

Workplaces serve as important entry points for health education. The ILO works with constituents to increase awareness of maternal health issues, develop workplace policies and programmes to improve maternal health, and undertake educational programmes to spur demand for health services. Through its constituents, the ILO helps expand education and services through a variety of workplace settings, reaching formal and informal economy workers, providing information and services for human resources training, occupational safety and health, and HIV prevention, treatment, care and support.

Social health protection: Providing effective access to health care and financial protection

More than half the world's population remains without any form of social protection, despite the recognition of social security as a basic human right by the UN Covenant on Economic, Social and Cultural Rights. The lack of adequate social protection is as much

The ILO conducts research, provides policy advice and technical assistance in the areas of maternity protection, social security, and terms and conditions of employment in the health sector. It commits its experience and expertise to global and national partnerships aimed at reducing maternal mortality.

a threat to women's health during pregnancy as it is to the lifelong health of all women, men and children. The ILO is promoting the extension of social health protection and the expansion of existing social security systems to include maternity cash benefits, medical benefits for pre- and postnatal care and childbirth, and income replacement during periods of maternity leave.



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Decent work for health workers

The working conditions of health workers are a serious concern in view of their impact on the delivery of health services in many countries. Health workers may not be provided with adequate safety equipment and training in the prevention of exposure to occupational hazards, such as HIV/AIDS and tuberculosis. Low wages, the lack of requisite medical supplies, the shortage of opportunities for career development, and inefficient administrative policies and working time arrangements are all demotivating factors that may undermine the quality of care. The shortage of health workers also limits the supply of health services in some areas. Policies to support and motivate health workers through better working conditions and incentives to succeed are urgently required to attract and retain workers in the health sector.

The ILO works to improve the situation and working conditions of health-care personnel by means of specific labour standards and sectoral activities. Ensuring decent work for

health workers is vital to improve health worker retention and support increases in quality and access to health services.

Highlights

International labour standards and national legal rights

Eighteen countries have ratified the Maternity Protection Convention, 2000 (No. 183), which greatly extends the scope of maternity protection beyond previous maternity protection Conventions.

Sixty-three countries have ratified at least one of the three maternity protection Conventions.

At least 167 ILO member States have passed some legislation on maternity protection.

Globally, 30 per cent of ILO member States fully meet the requirements of Convention No. 183. There has been a gradual improvement in maternity protection across the world, with more countries providing at least 14 weeks of maternity leave and shifting away from employer liability systems of financing toward more equitable financing systems.

Forty countries have ratified the Nursing Personnel Convention, 1977 (No. 149), which is intended to strengthen the rights of nursing personnel and to guide policy-makers and workers' and employers' representatives in planning and implementing nursing policies within the framework of national health policy.

Building policy commitment for improving maternity protection

Resolutions concerning the promotion of maternity protection at work were adopted by the International Labour Conferences in 1985, 2004 and 2009, giving particular attention to effective protection for women employed in informal activities and other vulnerable groups. They also called for the integration of maternity protection as part of social and economic policy.

Campaigning for maternal health and healthy women workers

ILO constituents participated in the first Global Forum on Human Resources for Health in Uganda in March 2008, and

The ILO participates in the Countdown to 2015 monitoring effort. Ratification of the Maternity Protection Convention, 2000 (No. 183) is among the Countdown indicators for the health systems and policies required for improving maternal, newborn and child health.

Maternity protection at work has two aims: to preserve the health of the working mother and her child; and to protect against economic vulnerability due to pregnancy and maternity.

The quality of health services rests squarely on the people who deliver them. Investing in the health workforce is vital in the effort to improve maternal and newborn health.

“Sometimes we finish working one month and there is no pay. The second month there is no pay, and the third month... if you have no other means of income, how can you survive? That is a very, very demotivating factor.” Jane Shihemi, Registered Nurse and Midwife, Kenya.

endorsed the Kampala Declaration and the Agenda for Global Action as guiding documents for initial steps in a coordinated global, regional and national response to the worldwide shortage and misdistribution of health workers.

Effective health systems of improved quality are needed to reduce maternal mortality, especially in rural areas. The ILO is working to achieve universal access to health care and extend social security to non-covered groups through its Global Campaign on Social Security and Coverage for All. The ILO Global Social Trust is mobilizing resources to finance social protection benefits in poor countries. The ILO is actively participating in the Partnership for Maternal, Newborn and Child Health (PMNCH), Women Deliver, and the Global Health Workforce Alliance.

UN Joint Crisis Initiatives

In response to the global financial and economic crisis, the UN has launched a joint crisis response comprising nine initiatives. The ILO is taking the lead on the Global Jobs Pact and the Social Protection Floor initiatives. The impact of recessions is not gender-neutral. Women tend to bear a disproportionate burden, as they are more likely than men to be in vulnerable jobs, lack social protection and have limited access to health services. The Social Protection Floor aims to promote policies that kick-start growth and support inclusive, sustainable development. It emphasizes the importance of health spending to prevent health deterioration associated with economic recessions.

Contribution of the social partners

In 2007, the International Trade Union Confederation (ITUC) launched a global campaign on maternity protection. Trade unions have worked at global, national and local levels to make maternity protection a reality, promoting the ratification and application of Convention No. 183 in collective agreements and labour legislation.

Employers and their organizations have recognized that the major obstacles faced by women in achieving equality derive from their reproductive roles and family responsibilities. Many corporate social responsibility initiatives and workplace education and services address such barriers.

Priorities

Protecting women workers during maternity is a basic human right and a key element of gender equality. There are many ways in which the needs of women workers can be incorporated into broader efforts to improve maternal health. Healthy birth outcomes, occupational health, protection against discrimination, and the productivity and profitability of enterprises are linked. Effective health systems of improved quality are needed to reduce maternal mortality, especially in rural areas. The right mix of investment, basic health policies and human resources policy can provide skilled health and birth attendants for safe delivery. Finally, improved services and access to them will not alone suffice to bring significant improvements in maternal health. Educating women and girls enables them to understand issues and seek health services when needed.

Social health protection: Providing effective access to health care and financial protection

- Implement, extend and improve social health protection schemes and coverage.
- Promote effective access to affordable, quality health care and provide financial protection against health-related costs.
- Cover all women with adequate maternal benefits including leave cash benefits, pre-/post-natal and childbirth, as well as hospital care when necessary.
- Develop and implement policies to support and motivate health workers through better working conditions and incentives to succeed that will attract and retain workers in the health sector.



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Maternity protection

- Implement principles of maternity protection and ratify Convention No. 183.
- Undertake awareness-raising and education campaigns on the importance of maternity leave and safe working conditions.
- Ensure adequate cash and medical benefits to promote maternal and child health, including during leave, pre-/post-natal and childbirth benefits, as well as hospital care when necessary.
- Train health workers on safe working conditions for pregnant women.
- Put measures and support in place to enable women to breastfeed at work.
- Take steps to ensure that women's jobs and livelihoods are secure throughout maternity.

Workplace education and services

Provide access to information, education and services at workplaces about:

- pre- and post-natal health and family planning;
- HIV/AIDS prevention, treatment and support;
- prevention of mother-to-child transmission of HIV/AIDS (PMTCT).

Support fathers' care-giving roles and their access to paid leave.

Train occupational safety and health personnel at the workplace on health throughout maternity, including HIV/AIDS prevention, treatment and support and PMTCT, and safe working conditions.

Decent work for health workers

- Ratify and implement the principles in the Nursing Personnel Convention, 1977 (No. 149).
- Create decent terms and conditions of employment for all health workers, including fair wage levels and timely payment of salaries, income and maternity protection benefits, safe working hours, policies preventing exposure to violence and occupational hazards, and HIV/AIDS awareness, treatment and support services.

- Involve health workers at all levels of health service policy-making, planning and reform.
- Promote social dialogue in the health sector.

ILO: National experience and success stories

Maternal health and decent work

- **Burkina Faso.** Paid maternity leave for informal economy workers. Trade unions have helped workers in the informal economy to unionize. Among the priorities of informal economy workers was the need for maternity protection. New mothers are now set to benefit from paid maternity leave through the Social Providence Fund for Informal Economy Workers (MUPRESSI), created by the unions, the ILO and DANIDA.
- **Uruguay.** Gender equality and maternity protection in collective bargaining. In 2008, a tripartite Commission for Equal Treatment and Opportunities was created, comprised of representatives of government and workers' and employers' organizations. The Commission will promote gender equality during negotiations by wage councils, including legal protection and guarantees of maternity rights, measures to promote a balance between economic activities and maternity and paternity, and the removal of discriminatory elements from hiring and promotion processes.

Workplace education and services

- **Cambodia.** Maternity protection and workplace education. Factory owners in the garment sector are working with employers' organizations and the ILO to strengthen awareness and implementation of maternal protection, health and breastfeeding measures through factory-based training and on-site childcare facilities, information

Around the world, governments, trade unions and employers and their organizations are taking innovative and far-reaching steps to realize Decent Work and make maternity protection, social health protection and decent work for health workers a reality.

Workplace programmes on HIV/AIDS and maternity protection stand to improve maternal and child health, by providing access to information and services on HIV/AIDS prevention and care, and on preventing mother-to-child transmission, and by establishing workplace supports so that mothers, whether HIV positive or negative, can make the best infant feeding choices for their children.

materials and a nationally televised soap opera series on workers' rights and responsibilities.

- **Peru.** Awareness raising on maternity protection and workers' rights. Trade unions, together with the ILO, are working to raise awareness and build capacity on maternity protection to promote social security reform. Extending maternity protection to atypical forms of dependent labour, as foreseen in Convention No. 183, is a key component of the proposed reform.

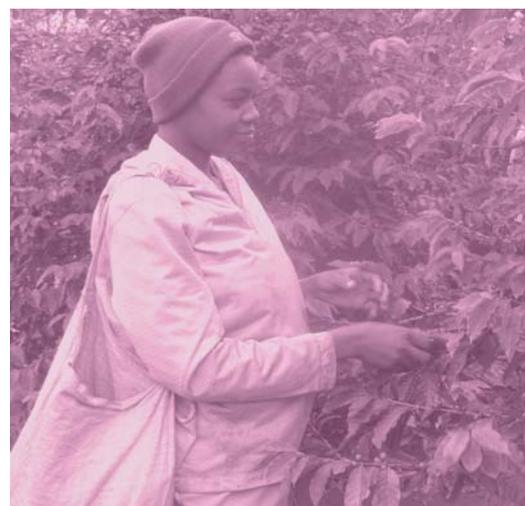
Social health protection: Providing effective access to health care and financial protection

- **Jordan.** Cash benefits during maternity leave. The ILO provided technical assistance and worked closely with government, employers and workers to provide guidance on the feasibility of a fair and affordable maternity cash benefits scheme within the national social security system.
- **India.** Maternity benefit scheme for informal workers. The Government is set to provide women with maternity benefits during pregnancy and for six months after childbirth while they are breastfeeding. The benefit extends to women not currently entitled to maternity leave benefits, who register at their local Anganwadi centre during pregnancy. The scheme is intended to promote health and partly offset the wage loss women may incur while caring for themselves and their children, and is part of a larger effort to reduce maternal and infant mortality.

Decent work for health workers

The **United Republic of Tanzania** was one of eight countries piloting UN reform efforts to "deliver as one". The United Republic of Tanzania identified maternal and newborn mortality reduction as one of its six joint programmes under the reform. Six UN agencies (UNFPA, UNICEF, WHO, WFP, UNESCO and ILO) are working with the Government of the United Republic of Tanzania and employers' and workers' organizations. The ILO is focusing on improving awareness of and access to maternity protection and improving

working conditions for health workers. The ILO has been supporting the Ministry of Labour and the Ministry of Health to address the working conditions of health workers in the Dodoma region, and to promote social dialogue. In addition, the ILO is supporting trade unions and professional associations representing health-care workers to improve their capacity and promote better working conditions of health care workers in the United Republic of Tanzania.



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ILO resources

ILO Conventions

- Maternity Protection Convention, 2000 (No. 183), and Recommendation (No. 191).
- Nursing Personnel Convention, 1977 (No. 149), and Recommendation (No. 157).
- Social Security (Minimum Standards) Convention, 1952 (No. 102).

ILO departments

Conditions of Work and Employment Programme (TRAVAIL)

For overall coordination, research, tools on maternity protection (www.ilo.org/travail)

International Labour Standards Department (NORMES)

For overall information and expertise on international labour standards (www.ilo.org/normes)

Programme on Safety and Health at Work (SAFEWORK)

For research and expertise on occupational safety and health (www.ilo.org/safework)

Social Security Department (SEC/SOC)

For information, research and tools on social health protection (www.ilo.org/secsoc and <http://www.ilo.org/gimi/gess>)

Sectoral Activities (SECTOR)

For information, research and tools on the health sector and social dialogue (www.ilo.org/sector)

Programme on HIV/AIDS and the World of Work (ILO/AIDS)

For information, research and tools on HIV/AIDS and the World of Work (www.ilo.org/aids)

Bureau of Workers' Activities (ACTRAV)

For information and tools for workers' organizations, including initiatives for gender equality and maternity protection (www.ilo.org/actrav)

Bureau of Employers' Activities (ACT/EMP)

For information and tools for employers' organizations, including initiatives for gender equality and maternity protection (www.ilo.org/actemp)

Bureau for Gender Equality (GENDER)

For technical cooperation, liaison with UN system and advocacy and outreach on gender equality, including maternity protection (www.ilo.org/gender)

International Training Centre (TURIN) (ITC/ILO)

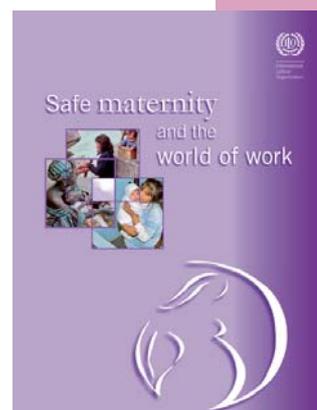
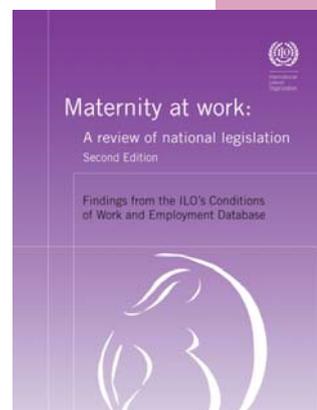
For training courses on gender equality, maternity protection, social health protection and social dialogue (www.ilo.org/turin)

ILO Field Offices

For national and regional activities on maternity protection, social health protection, decent work for health workers (www.ilo.org/global/regions)

ILO publications

- Maternity Protection Resource Package (forthcoming at www.ilo.org/travail)
- ILO Database of Conditions of Work and Employment Laws: Maternity Protection, at www.ilo.org/travail
- *Maternity at work. A review of national legislation*, Second edition, (ILO, 2010), at www.ilo.org/travail
- WISER Module 5 on Family-Friendly Policies (ILO, 2009), at www.ilo.org/travail
- *Protect the future: Maternity, paternity and work* (ILO, 2009), at www.ilo.org/gender
- *Gender equality at the heart of decent work* (ILO, 2009), at www.ilo.org/gender
- *Safe maternity and the world of work* (ILO, 2007), at www.ilo.org/travail
- *Social health protection: An ILO strategy towards universal access to health care*, draft for consultation (ILO, 2007), at www.ilo.org/secsoc
- *Social dialogue in the health services: A Tool for Practical Guidance* (ILO, 2004), at www.ilo.org/sector
- *Healthy beginnings: Guidance on safe maternity at work* (ILO, 2004), at www.ilo.org/travail
- Information sheet series on work and family and maternity protection, at www.ilo.org/travail



Further information:

Conditions of Work and Employment Programme
(TRAVAIL)

Social Protection Sector

International Labour Office

4, route des Morillons

CH-1211 Geneva 22, Switzerland

Tel: +41 22 799 6754

Fax: +41 22 799 8451

E-mail: travail@ilo.org

www.ilo.org/travail

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