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REVIEW ARTICLE

Obstetrics

Five decades of advancing global maternal and newborn health and rights: Milestones and initiatives

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Abstract

Global efforts have for decades aimed to reduce maternal and newborn mortality through initiatives, declarations, and high-level strategies. This article reviews the evolution of the global maternal and newborn health (MNH) agenda from the 1970s to the present, highlighting key conferences, political commitments, strategies, and advocacy movements that have shaped progress. Landmark events such as the Alma-Ata Declaration, the Safe Motherhood Initiative, the International Conference on Population and Development which reframed MNH within a rights-based approach, the Millennium Development Goals, and later the Sustainable Development Goals laid the groundwork for national and global accountability in MNH. Despite progress, the health of women and newborns remains an unfinished agenda. Evidence suggests that in 2023, approximately one woman died from maternal causes related to pregnancy and childbirth every 2 min, one newborn died every 14 s, and a stillbirth occurred every 17 s. Universal health coverage goals have stalled, with minimal gains in service coverage since 2015 emphasizing the need for urgent, united action and investments in healthcare systems, including training and empowering nurses and midwives. A global campaign was launched through World Health Day 2025 to renew commitment to ending preventable maternal and neonatal deaths. Despite the severe cuts made this year to official assistance for health and development, ongoing political will, financial investment, and societal change are needed more than ever. This moment presents an opportunity to recommit to ensuring that women and newborns not only survive but thrive well beyond 2025.

KEYWORDS

global initiatives, global landmark conferences, maternal mortality, neonatal mortality, stillbirth

Abbreviations: COIA, Commission on Information and Accountability for Women's and Children's Health; ENAP, every newborn action plan; EPMM, ending preventable maternal mortality; EWEC, Every Woman Every Child; FIGO, International Federation of Gynecology and Obstetrics; ICPD, International Conference on Population and Development; MCH, maternal and child health; MDG, Millennium Development Goal; MMR, maternal mortality ratio (number of maternal deaths during a given time period per 100000 live births during the same time period); MNCH, maternal, newborn and child health; MNH, maternal and newborn health; NMR, neonatal mortality rate (number of deaths during the first 28 completed days of life during a given time period per 1000 live births during the same time period); PMNCH, Partnership for Maternal, Newborn & Child Health; SBR, stillbirth rate (number of stillbirths during a given time period per 1000 total births during the same time period); SDG, Sustainable Development Goal; SRH, sexual and reproductive health; SRHR, sexual and reproductive health and right; SRMNAH, sexual, reproductive, maternal, newborn and adolescent health; TBA, traditional birth attendant; UHC, universal health coverage; UNICEF, United Nations Children's Fund; WHO, World Health Organization.

1 | INTRODUCTION

Maternal and neonatal mortality and stillbirths are among the most significant causes of death in today's world. Even though most of these deaths are preventable, and the rates have been reduced significantly in recent decades, the latest estimates indicate that in 2023, approximately one woman died from maternal causes related to pregnancy and childbirth every 2 min, one newborn died every 14 s (accounting for almost half of all deaths to children under 5 years of age), and a stillbirth occurred every 17 s (one in 70 births was a stillbirth) (see definitions in Box 1 and latest data in Table 1). These deaths are not evenly distributed across the globe, and the region that accounts for the largest proportion of each of these types of deaths is sub-Saharan Africa.[1–3]

BOX 1 Definitions of terms related to maternal and perinatal mortality

Maternal death

Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from unintentional or incidental causes.[4]

Neonatal death

A death that occurs during the first 28 completed days after a live birth (days 0–27).[5]

Stillbirth

The complete expulsion or extraction from a woman of a fetus following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. For international reporting it is recommended to report stillbirths of 28 or more completed weeks of gestation.[5]

The main causes of maternal death are obstetric hemorrhage, indirect obstetric causes (e.g., noncommunicable diseases and chronic conditions), and hypertensive disorders of pregnancy.[6] The leading causes of death among newborns are preterm birth (live birth before 37 completed weeks of gestation), birth complications (asphyxia and trauma), congenital anomalies, and lower respiratory infections.[2] The causes and risk factors for stillbirth still require further study.[3] Other factors affecting maternal health outcomes include social determinants of health, such as education, ethnicity, race, gender and income; harmful gender norms, biases and inequalities that obstruct the rights of women and girls; weak health systems that lack adequately trained and competent health workers and essential medical supplies, providing poor quality care with little accountability; and external factors, such as climate change, conflict and humanitarian crises.[7]

Most of these deaths are preventable with relatively inexpensive interventions, which is why Professor Mahmoud Fathallah, the late founder of the United Nations Safe Motherhood Initiative and a former president of the International Federation of Gynecology and Obstetrics (FIGO), said, "Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving."[8] In 1988, when he first made this statement while voicing a short film by the World Health Organization (WHO) called *Why Did Mrs X Die?*, the global maternal mortality ratio (MMR) was very high, with ratios in many African countries estimated to be above 1000 deaths per 100 000 live births.[9]

Improving maternal and child health, and particularly reducing the high levels of maternal and child mortality, have been the focus of several global conferences and high-level action plans and strategies since the late 1970s. However, despite efforts and progress at the global, regional, and national levels, maternal and newborn mortality rates remain unacceptably high, especially in sub-Saharan Africa,[1–3] and progress has even stagnated 2015. Health systems are underperforming in many low- and middle-income countries, where women and newborns often receive inadequate and poor-quality care.[10]

The aim of the paper is to provide an overview of global key events, initiatives, and political commitments during the decades from the 1970s until the present, which have facilitated, shaped and guided the global, regional and national MNH agenda. With 5 years left to reach the Sustainable Development Goals (SDGs) by the close of 2030,[11] this is a good time to take stock of successes and failures. Meeting the SDG global target of less than 70 maternal deaths per 100 000 live births[12] would require an average annual rate of reduction of maternal mortality of 14.8%, and achieving 12 or fewer newborn deaths per 1000 live births would require an average annual rate of reduction of 8.6% between 2023 and 2030.[1,2]

2 | THE 1970S AND 1980S: LAYING FOUNDATIONS FOR PROGRESS

The initial foundations for international cooperation on social goals were laid with the event of the first United Nations-led World Population Conference, which took place five decades ago in Bucharest, Romania, in 1974.[13] The discussions, involving representatives from 135 countries, addressed emerging population issues and highlighted the importance of integrating population policies with broader socioeconomic development goals to improve the quality of life for all. By the end of the 12-day event, the first World Population Plan of Action was adopted. With an emphasis on population control and the interdependence of population variables and socioeconomic development, the comprehensive plan included recommendations for countries to respect individuals' rights to determine the number and spacing of their children, promote responsible parenthood education, and ensure access to family planning services. One of the

TABLE 1 Latest key data on maternal, neonatal mortality, and stillbirths, 2023.

	Global number of deaths in 2023	Global mortality in 2023	Reduction in global mortality from 2000 to 2023	Deaths occurring in sub-Saharan Africa as a proportion of all deaths in 2023	Mortality in sub-Saharan Africa in 2023
Maternal mortality[1]	260000	MMR[a]: 197 per 100000 live births	40% (from 328)	70%	MMR: 454 per 100000 live births
Neonatal mortality[2]	2.3 million	NMR[b]: 17 per 1000 live births	44% (from 31)	46%	NMR: 26 per 1000 live births
Stillbirths[3]	1.9 million	SBR[c]: 14 per 1000 total births	37% (from 23)	48%	SBR: 22 per 1000 total births

[a]The maternal mortality ratio (MMR) is the number of maternal deaths during a given time period per 100000 live births during the same time period.
[b]The neonatal mortality rate (NMR) is the number of deaths during the first 28 completed days of life during a given time period per 1000 live births during the same time period.
[c]The stillbirth rate (SBR) is the number of stillbirths during a given time period per 1000 total births during the same time period.

stated goals was to reduce mortality levels, particularly infant and maternal mortality.

A decade later, in 1984, a follow-up conference was held—the International Conference on Population, in Mexico City, Mexico—to review progress and plan for the further implementation of the World Population Plan of Action, taking into account the latest research and data provided by the 147 governments represented.[14] The conference brought to light some shifts in the perspectives of several key member states since the previous conference. The United States, for example, now considered population a neutral factor in relation to development, while many low- and middle-income countries[15] expressed stronger support than before for family planning programs (123 of the countries were actively promoting family planning). The conference focused on the promotion of health, well-being, employment, and education, with an emphasis on the human rights of individuals and families. It also highlighted the importance of international cooperation and efficient policy-making in relation to population control and socioeconomic development.[16]

Another landmark conference that shaped the direction forward for maternal and child health (MCH) was the International Conference on Primary Health Care, in Alma-Ata, Kazakhstan, which took place in 1978, in between the two population conferences. The Alma-Ata conference marked the first step in recognizing primary health care as the key to "Health for All" by the year 2000 and health as a fundamental human right. The conference was organized by the WHO and the United Nations Children's Fund (UNICEF). The Alma-Ata Declaration was the first international attempt to consider health within a single framework. It highlighted MCH and family planning as essential components of primary health care.[17] In 1979, the World Health Assembly endorsed the Alma-Ata Declaration and launched the Global Strategy for Health for All by the Year 2000,[18] which was formally adopted in 1981 and included targets for newborn birthweight and infant mortality and demanded, "trained personnel attending pregnancy and childbirth, and caring for children up to at least 1 year of age" as part of primary health care available to all.[19,20]

While there was a boost in the early 1980s for family planning and child health, no similar political and funding commitments were seen to reduce maternal mortality. This provoked the authors Rosenfield and Maine in 1985 to publish their seminal paper "Maternal health—A neglected tragedy: Where is the M in MCH?" They argued for "a dramatic shift in priorities" and "major investment in a system of comprehensive maternity care,"[21] citing the 500000 annual maternal deaths as estimated by WHO's Director-General during the World Health Assembly in 1979. These concerns prompted the formulation of the Safe Motherhood Initiative, which was launched at the Safe Motherhood Conference in 1987 in Nairobi, Kenya. At the event, WHO's director-general acknowledged that maternal mortality had indeed been a neglected tragedy, "because those who suffer it are neglected people, with the least power and influence over how national resources shall be spent; they are the poor, the rural peasants, and, above all, women."[22] One of the goals set out at the conference was to reduce maternal mortality by 50% by 2000.[23] This was not achieved as only an 11% reduction in the MMR was observed between 1990 and 2000.[24] The Safe Motherhood Conference did, however, bring attention to the need to reinvigorate relevant government policies, follow best practices and improve measurement and monitoring methods.

One of the key strategies in the Safe Motherhood Initiative was to ensure that women were assisted during childbirth and countries initiated large-scale training programs for traditional birth attendants (TBAs).[25] A decade after the start of the Safe Motherhood Initiative, the failure of not linking TBAs to the health system to provide an enabling environment was recognized. The focus then shifted to ensuring that women gave birth with the assistance of a skilled attendant as defined by the WHO, the International Confederation of Midwives, and FIGO in 2004.[26] This definition was revised in 2018 and published

TABLE 2 MDG and SDG targets and indicators relevant to maternal and neonatal health.

MDG targets for 2015 and indicators[28]	SDG targets for 2030 and indicators[11]
 MDG 4 – Reduce child mortality	 SDG 3 – Ensure healthy lives and promote well-being for all at all ages
 MDG 5 – Improve maternal health	 SDG 5 – Achieve gender equality and empower all women and girls
Maternal mortality	
Target 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	**Target 3.1**: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
Indicator 5.1: Maternal mortality ratio	*Indicator 3.1.1: Maternal mortality ratio*
Indicator 5.2: Proportion of births attended by skilled health personnel	*Indicator 3.1.2: Proportion of births attended by skilled health personnel*
Child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate *Indicator 4.1: Under five mortality rate* *Indicator 4.2: Infant mortality rate*	**Target 3.2**: By 2030, end preventable deaths of children under 5 years of age, with all countries aiming to reduce under five mortality to at least as low as 25 per 1000 live births *Indicator 3.2.1: Under five mortality rate*
Neonatal mortality	
No MDG target was set for neonatal mortality.	**Target 3.2**: By 2030, end preventable deaths of newborns, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births *Indicator 3.2.2: Neonatal mortality rate*
Universal access to sexual and reproductive healthcare services, reproductive rights, and universal health coverage	
Target 5.B: Achieve, by 2015, universal access to reproductive health[a] *Indicator 5.3: Contraceptive prevalence among women aged 15 to 49, married or in a union* *Indicator 5.4: Adolescent birth rate (aged 15–19 years) per 1000 women in that age group* *Indicator 5.5: Proportion of women aged 15–49 attended one or four or more times by any provider during pregnancy* *Indicator 5.6: Proportion of women aged 15–49 worldwide, married or in union, who have an unmet need for family planning or who are using any method of contraception*	**Target 3.7**: By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes *Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods* *Indicator 3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group* **Target 3.8**: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all *Indicator 3.8.1: Coverage of essential health services* **Target 5.6**: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences *Indicator 5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care* *Indicator 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education*

Abbreviations: MDG, Millennium Development Goals; SDG, Sustainable Development Goals.

[a]This target was added in 2007, based on a target previously stated in the 1994 ICPD Programme of Action.[29]

in a joint statement to support measurement of progress on SDG target 3.1 (see Table 2), which calls for skilled health personnel to provide care during childbirth.[27] These skilled health personnel:

> are competent maternal and newborn health professionals educated, trained and regulated to national and international standards. They are competent to:
>
> (i) provide and promote evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care to women and newborns;
>
> (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience
>
> (iii) identify and manage or refer women and/or newborns with complications

The 2018 joint statement highlighted the need for expanded guidance on education, training, and regulation for these skilled health personnel.

3 | THE 1990S: BUILDING MOMENTUM AND SETTING THE BASELINE FOR GLOBAL GOALS

Major topic-specific conferences in the 1990s expanded upon the various concerns brought to light at the 1987 Safe Motherhood Conference[23] and built the momentum for setting a range of global goals and targets, centered largely on the recognition and promotion of women's rights and the need for women's empowerment. These initiatives combined with growing political support were pivotal to the later establishment of the Millennium Development Goals (MDGs).[30] The World Summit for Children in 1990 in New York, United States, focused on working "to bring attention and promote commitment at the highest political level, to goals and strategies for ensuring the survival, protection, and development of children as key elements in the socioeconomic development of all countries and human society."[31] The Summit resulted in the World Declaration on the Survival, Protection and Development of Children, including a goal to reduce the under-five mortality rate by one-third by 2000.[31]

The International Conference on Population and Development (ICPD) in Cairo in 1994 was the third decennial conference—after those in Bucharest and Mexico City—convened by the United Nations to address major issues related to population growth. The official aim of this pivotal meeting was to formulate a consensus position on population and development for the next 20 years. The ICPD marked a paradigm shift in the domain of human reproduction and health with respect to the well-being and needs of individuals, the empowerment of women, respect for human dignity, and in particular the affirmation of sexual and reproductive health (SRH) as a fundamental human right.[32–34] The ICPD Programme of Action set objectives for improving the health and survival of women, infants, and children and promoting reproductive health and rights more broadly. Objectives included to reduce health disparities between and within countries rapidly; to improve the survival of girl children, mothers, and women who seek abortion; to promote breastfeeding; and to ensure comprehensive, accessible and affordable reproductive health information and services that will support decisions about family planning and meet needs sensitively across the life cycle. The relevant specific ICPD targets are outlined in Box 2. The outcomes anticipated from the ICPD Programme of Action included the empowerment of women and gender equality; the integration of population and development strategies into national policies; and shifting the focus onto individual needs and rights rather than demographic targets.[35]

Another landmark conference was the 1995 Fourth World Conference on Women, held in Beijing, with the theme "Look at the World through Women's Eyes." The conference produced the Beijing Declaration and Platform for Action, which were adopted unanimously by 189 countries.[36] The Declaration called for the empowerment of women and the protection of human rights and freedoms throughout the life course—emphasizing that women's rights are human rights—and also underlined women's equal rights to access to and full participation in power structures and government decision-making. The Beijing Declaration and Platform for Action provide not only a framework for women's rights and empowerment but also a framework for achieving equality between men and women. Although not legally binding, these documents promote practices and goals that every government should adhere to and emphasize that governments should be held accountable for their actions in this regard.[37–39] The objectives relevant to MNH included increased access for women to quality health services; strengthened preventive programs and women's health promotion; gender-sensitive initiatives addressing SRH issues; increased research and information dissemination on women's health; and increased resources, follow-up, and monitoring for women's health.[37]

BOX 2 Targets relevant to maternal and child health, morbidity, and mortality and reproductive health and rights in the 1994 ICPD Programme of Action[35]

Targets for child survival and health

- Countries should strive to reduce their infant and under-five mortality rates by one-third, or to 50 and 70 per 1000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country.
- By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1000 live births and an under-five mortality rate below 45 per 1000.

Targets for women's health and safe motherhood

- Countries should strive to effect significant reductions in maternal mortality by the year 2015. A reduction in maternal mortality by half the 1990 levels by the year 2000 and a further half by 2015.
- All births should be assisted by trained persons, preferably nurses and midwives but at least trained birth attendants.

Targets for reproductive rights and reproductive health

- All countries should strive to make accessible, through the primary healthcare system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.

4 | 2000 TO 2015: THE MILLENNIUM DEVELOPMENT GOAL ERA

The major conferences held in the 1990s generated political will and momentum that paved the way for the Millennium Summit in September 2000, where 189 countries signed the United Nations Millennium Declaration. This declaration reaffirmed their commitment to the United Nations and its values and listed several agreed targets to be achieved by 2015 under the topic of "Development and poverty eradication," including "to have reduced maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates," as well as other targets on poverty, hunger, safe water, education, major diseases and special assistance to children orphaned by HIV/AIDS.[30,40] The United Nations Millennium Project subsequently developed a plan of action for achieving the eight Millennium Development Goals (MDGs),[40] and the Millennium Campaign aimed to inspire and mobilize citizens and organizations to support the MDGs.[41,42]

MDG4 was "Reduce child mortality" and its only target was to reduce the under-five mortality rate. No MDG targets were set for neonatal mortality or stillbirths for 2015. MDG5 was "Improve maternal health" and included target 5.A: "Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio." MDG target 5.B: "Achieve, by 2015, universal access to reproductive health" (which was proposed in 1994 in the ICPD Programme of Action) was only added in 2007,[43] after world leaders at the World Summit in 2005 recognized the relatively limited attention given to reproductive rights and family planning in the MDGs,[44] and the United Nations General Assembly took note of the United Nations Secretary-General's report in 2006 calling for a target for reproductive health to be added.[45] The relevant MDG targets and indicators are provided in Table 2.

To support progress toward MDGs 4 and 5, it was clear that maternal, newborn, and child health (MNCH) programs needed to be scaled up and carefully monitored using clear process indicators and that this must be done based on good-quality and timely data. To support the measurement and monitoring challenges, a collaboration was established among United Nations agencies, academic institutions, and implementing partners in 2003, called Countdown to 2015 (CD2015). By producing progress reports on MNCH every 2–3 years, this initiative provided the crucial independent monitoring and analysis needed to hold governments to account for their progress—or lack of progress—toward reducing maternal, newborn, and child mortality, with a focus on priority countries.[46] The final CD2015 report in 2015 covered 75 priority countries, which accounted for approximately 95% of all maternal, newborn and child deaths, providing exemplary country-level progress reporting. Only four of the priority countries achieved both MDGs 4 and 5: Cambodia, Eritrea, Nepal, and Rwanda,[47] due to political actions and commitments in those countries.

In 2005, the burden of neonatal mortality became a prominent part of the global health agenda when stakeholders acknowledged the need to focus efforts on reducing neonatal mortality to achieve MDG 4—to reduce child mortality.[48] The "Neonatal Survival" series was published in *The Lancet* in March 2005, clearly highlighting the burden of neonatal deaths as a proportion of child mortality. The authors of the series proposed the inclusion of a new target for MDG4: a 50% reduction in neonatal mortality between 2000 and 2015.[49] In 2005, WHO published the World Health Report 2005 on the theme "Make every mother and child count," examining equity and progress in MCH. One aspect discussed in the report was the neglect of the issue of the health of newborns, along with a proposal that in future the focus should be MNCH rather than MCH.[50] The report identified an overall slowing of the rate of reduction in maternal and child mortality, and this challenge was subsequently reflected in a resolution that emerged from the Fifty-eighth World Health Assembly (WHA58.31)—"Working towards universal coverage of maternal, newborn and child health interventions."[51] The resolution urged WHO Member States to commit resources to address the health workforce crisis and to improve measurement and monitoring to assess progress toward national and international targets.[51] In the same year, the Partnership for Maternal, Newborn and Child Health (PMNCH) was established, comprising organizations belonging to the Partnership for Safe Motherhood and Newborn Health, the Healthy Newborn Partnership, and the Child Survival Partnership, all collaborating to support countries in achieving MDGs 4 and 5. PMNCH remains active and is guided by the PMNCH 2021–2025 Strategy, which supports evidence-based advocacy for change and accountability for women's, children's, and adolescents' health outcomes.[52]

In 2007, the first Women Deliver global conference was held. It was a gathering of nearly 2000 advocates, researchers, policymakers, and global leaders from 115 countries, putting the world on notice that the deaths of more than 500 000 women each year in pregnancy and childbirth will no longer be tolerated. The Women Deliver conference, held in London to mark the 20th anniversary of the Safe Motherhood Initiative, brought new ammunition to the case for investing in MNH.[53]

In 2010, recognizing that only 5 years were left to achieve the MDGs and with millions of maternal, neonatal, and child deaths still happening every year, the United Nations secretary-general, Ban Ki-moon, launched the Global Strategy for Women's and Children's Health.[54] The strategy set out key areas for urgent action, including increased, predictable, and sustainable financing; integrated delivery of health services and interventions; strengthening of health systems and the workforce; innovating approaches to financing, development, and delivery of services; and enhanced monitoring, evaluation and accountability.[54] Every Woman Every Child (EWEC) was launched at the same time—a global movement to enact the Global Strategy—by mobilizing and intensifying national and international action and resources.[55] Secretary-General Ban Ki-moon subsequently requested that WHO should ensure global reporting, oversight, and accountability for the Global Strategy, and in response to this request the Commission on Information and Accountability for Women's and Children's Health (CoIA) was established in 2011. In the 2015 final report of CoIA's independent Expert Review Group,[56] the authors described a vision for further work after

2015, including a conceptual framework for the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030, which is discussed in the next section of this paper.

Due to the lack of progress in achieving MDGs 4 and 5, in 2012 the United Nations Human Rights Council requested the United Nations Office of the High Commissioner for Human Rights (OHCHR) to prepare "technical guidance on the application of a human rights-based approach to the implementation of policies and programs to reduce preventable maternal morbidity and mortality" to support countries and policy-makers. As stated in the guidance document:

"International human rights law includes fundamental commitments of States to enable women to survive pregnancy and childbirth as part of their enjoyment of sexual and reproductive health and rights (SRHR) and living a life of dignity. Sound public health practice is crucial to enable States to fulfil these basic rights, but it must be complemented by broader measures to address women's empowerment".[57] OHCHR's technical guidance provides recommendations related to planning and budgeting, implementation of best practices, accountability, and international assistance and cooperation.[57]

In the same year, UNICEF, Ethiopia, India, and the United States hosted the 2-day Child Survival Call to Action meeting to create a roadmap toward ending preventable childhood deaths.[58] This paved the way for the first-ever Global Newborn Health Conference the following year in 2013, in Johannesburg, South Africa.[59] Representatives from 50 countries participated in the 4-day conference, which focused on scaling up low-cost, high-impact interventions to address the main causes of newborn mortality.

The Every Newborn Action Plan (ENAP) was a major global initiative launched in 2014, providing a road map of goals, targets, and strategic actions for ending preventable newborn mortality and stillbirths, with complementary objectives for ending preventable maternal deaths.[60] Led by UNICEF and WHO, with guidance from experts, partners, and multistakeholder consultations, the action plan was developed within the EWEC framework. The goals, targets, and strategic actions proposed in ENAP were based on evidence presented in *The Lancet* "Every Newborn" series published in the same year[61] (in a follow-up to their 2005 "Neonatal Survival" series[49]), which provided updated data on global progress in newborn health and survival, along with proposed targets for the post-2015 SDG agenda, with the aim of giving every newborn a healthy start in life.[62] The action plan was endorsed at the World Health Assembly in May 2014, with a resolution urging Member States to take action following several steps, including revising their strategies and policies, allocating adequate resources, improving measurement and monitoring, as well as sharing best practices and lessons learned.[63]

Stillbirths had been a relatively unrecognized public health issue due to lack of sufficient reliable data, but in 2009 several new reviews on the subject were published in a supplement of *BMC Pregnancy and Childbirth*, and subsequently, in 2011, *The Lancet* published its "Stillbirths" series, presenting an analysis of estimates and trends and calling for stillbirths to be included in all relevant MNCH initiatives, including global targets and national plans for stillbirth reduction, and data collection and monitoring initiatives.[64] With the launch of ENAP,[60] the issue of stillbirth became part of a global initiative for the first time, with a goal and

BOX 3 Every newborn action plan (ENAP) and ending preventable maternal mortality (EPMM) goals and targets

ENAP

Goal 1: Ending preventable newborn deaths

- By 2030, all countries will reach 12 or fewer newborn deaths per 1000 live births, resulting in an average global neonatal mortality rate of nine deaths per 1000 live births.
- By 2035, all countries will reach the target of 10 or fewer newborn deaths per 1000 live births, resulting in an average global neonatal mortality rate of seven deaths per 1000 live births.[60]

Goal 2: Ending preventable stillbirths

- By 2030, all countries will reach 12 or fewer stillbirths per 1000 total births, resulting in an average global stillbirth rate of nine deaths per 1000 total births.
- By 2035, all countries will reach the target of 10 or fewer stillbirths per 1000 total births, resulting in an average global stillbirth rate of eight deaths per 1000 total births.[60]

EPMM

Main global target

By 2030, all countries should reduce the maternal mortality ratio (MMR) by at least two-thirds of their 2010 baseline level. The average global target is an MMR of less than 70 maternal deaths per 100 000 live births by 2030.[65]

Supplementary national target

By 2030, no country should have an MMR higher than 140 maternal deaths per 100 000 live births.[66]

Country targets to increase equity in maternal mortality by 2030, depending on baseline MMR in 2010

- For countries with an MMR less than 420 in 2010: Reduce the MMR by at least two-thirds from the 2010 baseline by 2030.
- For countries with an MMR greater than 420 in 2010: The rate of decline should be steeper so that in 2030, no country has an MMR greater than 140.
- For all countries with low baseline MMR in 2010 (below 70): Achieve equity in MMR for vulnerable populations at the subnational level.[66]

targets for its reduction, along with those for ending neonatal deaths (see Box 3).

Similar to ENAP, a global strategy focusing on ending preventable maternal mortality (EPMM) was also developed collaboratively in 2014 among United Nations partners and other stakeholders to guide the SDG target-setting for maternal mortality.[67] In 2015, a follow-up EPMM strategy paper included a supplementary national target as well as country-level targets. The targets are shown in Box 3. Along with guiding principles and cross-cutting actions, the EPMM strategic framework included the following five strategic objectives:

- Address inequities in access to and quality of sexual, reproductive, maternal, and newborn health care.
- Ensure universal health coverage (UHC) for comprehensive sexual, reproductive, maternal, and newborn health care.
- Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities.
- Strengthen health systems to respond to the needs and priorities of women and girls.
- Ensure accountability to improve quality of care and equity.

The global MMR target set for EPMM was later adopted and included in the SDG agenda, as SDG target 3.1. The ENAP global target for reducing newborn deaths by 2030 was also adopted as an SDG target, which was significant progress after the lack of such a target under the MDGs; however, no target for reducing stillbirths was included in the SDGs (see Table 2), which are discussed further in the next section of this paper.[11]

5 | 2015 TO THE PRESENT: THE SUSTAINABLE DEVELOPMENT GOAL (SDG) ERA

In 2015, the global community transitioned from the MDGs to the 2030 Agenda for Sustainable Development and the SDGs, among which is the health-related SDG, Goal 3: "Ensure healthy lives and promote well-being for all at all ages" and also Goal 5: "Achieve gender equality and empower all women and girls," which includes universal access to SRHR. The 2030 agenda takes a more comprehensive and people-centered approach to development, encompassing 17 goals that balance other economic and social development goals along with the topics previously covered by the MDGs. The agenda also recognizes a human rights-based approach to sexual, reproductive, maternal, and newborn health and the need for multisectoral participation.[68] The relevant SDG targets and indicators on mortality, universal access to SRH services, and universal health coverage are presented in Table 2.

In alignment with the SDGs, and to help push them forward, a renewed Global Strategy was also launched for the 2016–2030 period: The Global Strategy for Women's, Children's and Adolescents' Health. The updated Global Strategy outlined an ambitious action and measurement agenda structured around three pillars: "Survive (end preventable deaths), Thrive (endure health and well-being) and Transform (expand enabling environments)."[69] To monitor and track the Global Strategy's progress, an indicator and monitoring framework was launched, which includes 60 indicators.[70] Similarly, Countdown to 2030 (CD2030) was launched in 2016 following the adoption of the SDGs and the new Global Strategy, with the aim of continuing to support regional and country capacity to improve coverage measurement and monitoring.[46]

Two series of publications by *The Lancet* were published in 2016, titled "Stillbirths: ending preventable deaths by 2030" and "Maternal Health."[71,72] The 2016 Stillbirths series was a follow-up to the series published in 2011, and it offered a roadmap for eliminating stillbirths by focusing on five priority areas: (i) leadership; (ii) increased voice, especially of women; (iii) implementation of integrated interventions with commensurate investments; (iv) improved measurement and monitoring; and (v) investigation into crucial knowledge gaps. The authors stressed that the 2030 agenda provides the opportunity for all stakeholders to work toward ending the burden of stillbirths,[72] although unfortunately no target for the reduction of stillbirths was included within the SDGs.

Meanwhile, *The Lancet*'s 2016 "Maternal Health" series had a call to action as its theme: "Every woman, every newborn, everywhere has the right to good quality care." The authors acknowledged the progress made in MNH since 1990, while pointing out that progress during the MDG era fell short of the targets, particularly in sub-Saharan Africa. To achieve SDG target 3.1 (reducing the global MMR to less than 70)[11] and to fulfill the vision of the new Global Strategy,[69] the authors suggested a five-point action plan involving the efforts of multilateral agencies. The action plan raises the need for (i) quality health services that correspond to the local needs and emerging challenges; (ii) equity promotion using UHC as a vehicle; (iii) health systems strengthening, including the health workforce capacity, data and surveillance, as well as the resilience to handle crisis situations, (iv) financing needed to ensure progress; and (v) better evidence for accountability and metrics to inform policies and programs.[71]

To mark 25 years after the landmark 1994 International Conference on Population and Development (ICPD) in Cairo,[32] where the world promised that every woman and girl would enjoy universal access to SRH, ICPD25 was held in Nairobi, Kenya, in 2019, under the banner of "Accelerating the Promise." ICPD25 provided the opportunity for partners to recommit to existing agreements and use the political and financial momentum at the time (the early years of the SDG era) to enhance partnerships and increase action toward more fully realizing the ICPD Programme of Action (refer to Box 2).[73]

The International Maternal Newborn Health Conference took place in Cape Town, South Africa, in 2023,[74] 8 years after the Global Maternal and Newborn Health Conference in Mexico City, Mexico, in 2015.[75] These significant conferences provided the opportunity to bring together members of the international MNH communities

to discuss programs, policies, research findings, and advocacy strategies with a view to accelerating improvements in MNH—increasing women's and babies' chances of survival and preventing more stillbirths. The value of all such international conferences, which result in an expression of commitments or objectives, lies in the subsequent translation of those commitments into concrete and coordinated actions with the aim of achieving meaningful targets and goals, such as the SDGs.[11]

The WHO's report titled "Born too soon: decade of action on preterm birth" was published in 2023, the second landmark report on the scale of preterm birth globally, as a follow-up to the first "Born too soon" report published in 2012.[76] The report focused on the future, setting an agenda to reduce the burden of preterm birth to meet the SDGs, given that preterm birth is the main cause of neonatal death.[77] *The Lancet* series on "Small Vulnerable Newborns" was also published in 2023 and presents a new conceptual framework that brings preterm birth, small for gestational age, and low birth weight together under the term "small vulnerable newborns."[78] Every fourth baby in the world is born too soon or too small (or both), and the authors suggest a strategy to ensure that every baby has a chance to be born alive and at the right time and size.[79] The strategy on small vulnerable newborns contains three pillars to be executed at national and global levels:

- Problem recognition – Make prevention a health priority.
- Intervention implementation – Scale-up high-quality care for women, particularly during pregnancy and at birth.
- Increased accountability – Improved measurement and monitoring.

To enhance the use and implementation of evidence from the Born too soon report 2023, the content of the report was published as a supplement including seven articles in BMC Reproductive Health (to be published 24 June 2025).[80]

The Lancet Global Health's series titled "Maternal health in the perinatal period and beyond" was published at the end of 2023, and it sent a clear message that the progress being made in maternal health is too slow. It calls for action to achieve maternal health targets, including well-being throughout the life course, noting that a focus on only surviving pregnancy and childbirth is no longer sufficient. Specially since 2020, the world has undergone significant changes because of severe climate change-related events, spreading of infectious diseases, wars, and economic crises, all of which have contributed to reductions in available funding and budget allocations for health care. The authors argue that maternal health strategies applied at the start of the SDG era, which mainly focused on addressing biomedical causes of mortality, have been shown to be insufficient and a more holistic approach is needed to mitigate the effects of a range of maternal health determinants and increase access to quality care.[81]

At the Seventy-seventh World Health Assembly in May 2024, a resolution was passed to accelerate progress toward reducing maternal, newborn, and child mortality to achieve SDG targets 3.1 and 3.2, in light of concerns that progress to advance the SDG agenda had stalled (Resolution 77.5, under Agenda Item 11.7).[82] The agenda/resolution also aligns with other global MNH initiatives—ENAP, EPMM, and Immunization Agenda 2030—which reinforce the SDG targets and detail additional targets related to the coverage of essential services. A document was compiled listing all the relevant targets and indicators along with the related mechanisms and reference documents/links to facilitate programming and monitoring.[83] The agenda/resolution highlights that there is "global health emergency" related to high rates of maternal and neonatal mortality and stillbirths, with recent data indicating that progress in reducing maternal deaths has stagnated and, in some regions, reversed. The key changes called for by the resolution were:

- A comprehensive, evidence-based approach to address the multifaceted challenges presented by high maternal mortality rates, including the need for timely antenatal care, skilled personnel attending births, quality labor monitoring, and postpartum care
- Expansion and strengthening of midwifery services, including trained midwives who can deliver 90% of essential sexual, reproductive, maternal, newborn, and adolescent health services, potentially saving 4.3 million lives annually by 2035
- Increased investment, political commitment, and accountability to ensure health for all, including addressing mistreatment and discrimination in childbirth (labor and delivery), particularly in low- and middle-income countries.

6 | HEALTH WORKFORCE AND UNIVERSAL HEALTH COVERAGE

Advancement toward improved MNH outcomes and achievement of the SDGs (including SDG target 3.8: UHC) and the ENAP and EPMM targets requires strong health systems and competent healthcare providers. Health workers must be educated to national and/or international standards and supported by enabling working environments. This is especially challenging when it is estimated that there will be a shortfall of 11 million health workers by 2030, mostly in low- and lower-middle-income countries.[84]

The WHO designated 2020 as the International Year of the Nurse and the Midwife,[85] making it a unique opportunity to promote nursing and midwifery worldwide, and despite the events and effects of the COVID-19 pandemic, this initiative served as the momentum for producing the first ever State of the World's Nursing report.[86] The 2020 report was a landmark for the nursing community, with the primary theme being "investing in education, jobs and leadership." Nurses are often referred to as the backbone of health systems and are central to all aspects of health care and health services throughout the life course—from promotive and preventive services to curative and palliative care—and they play an important role in achieving UHC.[86] The second report was launched in May 2025 with the theme "Investing in education, jobs, leadership and service delivery."[87]

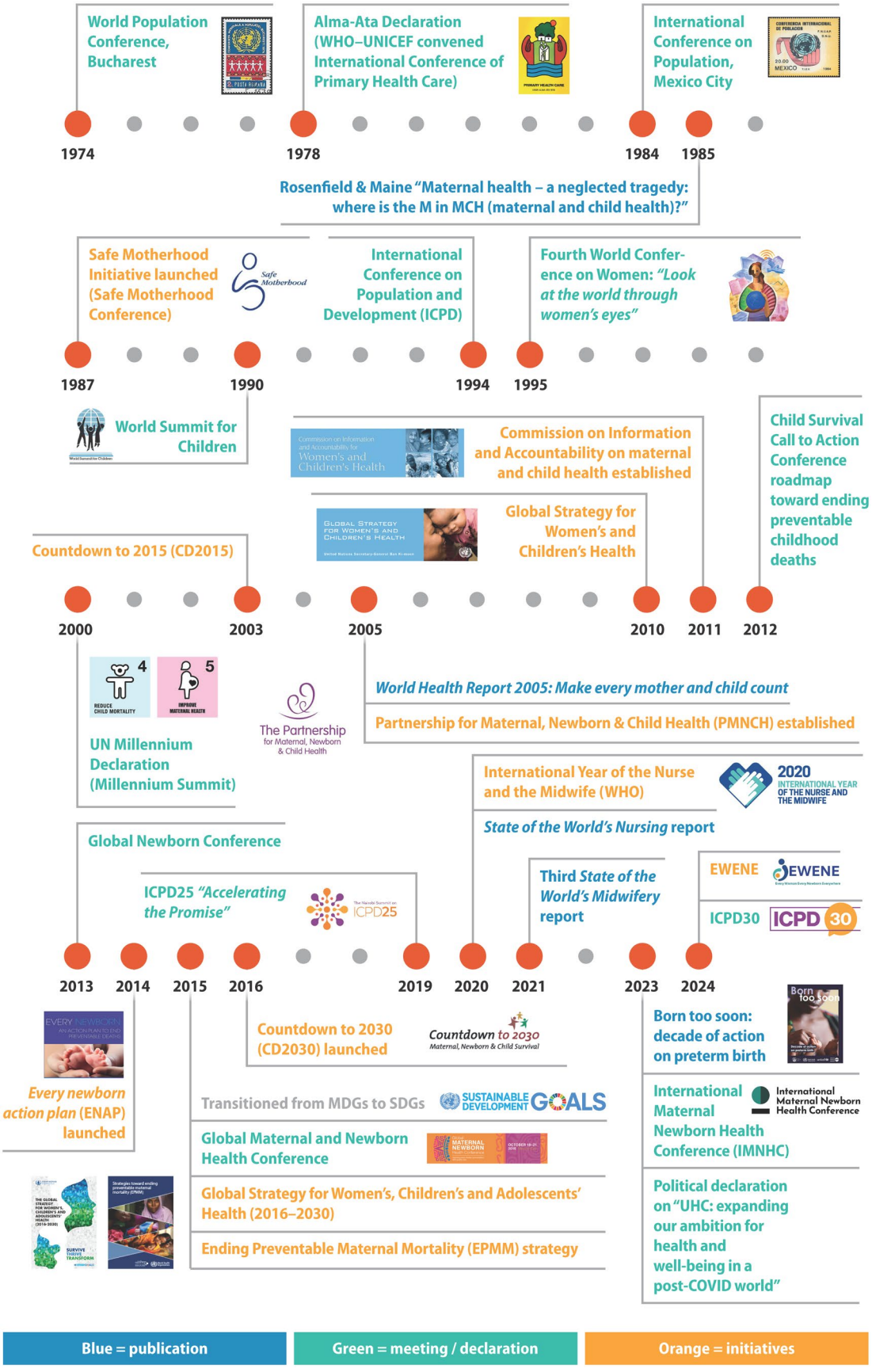

FIGURE 1 Selected maternal and newborn health initiatives, events/declarations and publications.

TABLE 3 Trends in United Nations estimates of maternal mortality ratios, neonatal mortality rates and stillbirth rates 1990, 2000, 2010, 2015, 2020, and 2023.

World	1990	2000	2010	2015	2020	2023
Maternal mortality ratio (number of maternal deaths per 100000 live births)[96]	391	328	253	228	211	197
Neonatal mortality rate (number of deaths per 1000 live births)[97]	37	31	22	20	18	17
Stillbirth rate (number of stillbirths per 1000 total births)[98]	NA	23	17	16	15	14

The third State of the World's Midwifery report was published in 2021, titled "Building a health workforce to meet the needs of women, newborns and adolescents everywhere,"[88] touching on similar topics to those addressed in the 2025 nursing report.[87] There are insufficient numbers of healthcare providers for sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH), and the SRMNAH workforces in many countries are expected to fall short of the targets of the 2030 agenda.[89] The 2021 report highlights four areas where greater investments are needed to meet global demand for midwives and access to quality MNH care:

- Health workforce planning, management, and regulation in the work environment
- High-quality education and training of midwives
- Midwife-led improvements to SRMNAH service delivery
- Midwifery leadership and governance.[88]

In the year 2021, during the COVID pandemic, an estimated 40000 more women died due to pregnancy or childbirth—an increase to 322000 maternal deaths from 282000 the previous year.[1] This upsurge was linked not only to direct complications caused by COVID-19 but also widespread disruption of maternity services.[90]

Achieving UHC includes "financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all."[11] Progress toward UHC has stalled since the start of the SDG era; the population-weighted global UHC service coverage index score only increased by three points from 65 to 68 (out of 100) between 2015 and 2021.[91] At the United Nations General Assembly high-level meeting in September 2023, world leaders approved a new political declaration on UHC titled "Universal health coverage: Expanding our ambition for health and well-being in a post-COVID world."[92] By adopting the political declaration, heads of state recognized the urgent need for action—including financial investments—to progress toward UHC by 2030.

7 | CONCLUSION

This paper provides a summary of events related to global MNH since the early 1970s. Figure 1 depicts selected MNH initiatives, events/declarations, and publications. In the middle of the year 2023, the world passed the midpoint of the implementation of the SDG 2030 agenda, and as things stand now in 2025, the world is falling short of meeting most of the SDG goals including targets related to MNH.[93] While the SDG framework is not legally binding, countries and stakeholders have attempted to support the SDG 2030 agenda via numerous different avenues and applied various levels of accountability. UN Women (the United Nations Entity for Gender Equality and the Empowerment of Women) and the United Nations Department of Economic and Social Affairs, Statistics Division, in The Gender Snapshot 2022, estimated that at the current rate of progress it would take just short of another 300 years to remove discriminatory laws and close prevailing gaps in legal protections for women and girls.[94] In the 2022 progress report on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), titled "Protect the promise," the United Nations Secretary-General's Global Advocate for Every Woman Every Child, H.E. Kersti Kaljulaid, said in the foreword: "It is not an option to give up on the vision of a world in which all have the opportunity to reach their fullest potential. This is a promise we must all unite to protect fiercely and without compromise."[95] Data indicating slow progress clearly show that we are faced with an unfinished MNH agenda and accelerated action is needed if we want to honor the promises the world signed up for in 2015.[93] It has been emphasized in both the State of the World's Nursing 2025 report and the State of the World's Midwifery 2021 report[86,88] that investment in training and education is needed to enable nurses and midwives to achieve their potential. High-quality education and training are needed to develop and maintain a competent heath workforce that can provide quality and evidence-based care to improve the survival and well-being of women and newborns.

The latest data (Table 3) do paint a rather gloomy picture of the current state of MNH based on the slow progress in reducing mortality, providing a poor reflection of the state of health and well-being and human rights around the world.[1,2] Nevertheless, this timeline of events shows that there is increasing political will, more commitments, and greater momentum to address problems related to maternal and neonatal mortality and morbidity within the global health agenda.

In 2024, EPMM and ENAP fully joined forces under the new name Every Woman Every Newborn Everywhere (EWENE), a partnership managed by WHO, UNICEF, and the United Nations

Population Fund.[99] With this initiative working across United Nations agencies and with bilateral donors, foundations and implementing partners at the global, regional, and country levels, there is now greater momentum than ever, in the final years of the SDG era, to align investments with the critical MNH priorities that have been clearly set out.[99] World Health Day 2025, celebrated on 7 April, with the theme of "Healthy beginnings, hopeful futures," kicks off a year-long global campaign on MNH to urge governments and the health community to ramp up efforts to end preventable maternal and neonatal deaths, and to prioritize women's longer-term health and well-being.[100] Despite the severe cuts made this year to official assistance for health and development and disruption of the global aid ecosystem,[101] let's seize the day and ensure that women and newborns will survive and thrive in 2025 and beyond.

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The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

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