Since 1973 the Royal College of Obstetricians and Gynaecologists has regularly convened Study Groups to address important growth areas within obstetrics and gynaecology. An international group of eminent clinicians and scientists from various disciplines is invited to present the results of recent research and to take part in in-depth discussions. The resulting volume, containing enhanced versions of the papers presented, is published within a few months of the meeting and provides a summary of the subject that is both authoritative and up to date.

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Maternal and Infant Deaths: Chasing Millennium Development Goals 4 and 5

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DECLARATIONS OF PERSONAL INTEREST

All contributors to the Study Group were invited to make a specific Declaration of Interest in relation to the subject of the Study Group. This was undertaken and all contributors complied with this request. Oona Campbell heads the maternal health group at the London School of Hygiene & Tropical Medicine and coordinates the MARCH centre together with Pat Doyle. She is also a member of the DFID-funded research programme consortium ‘Towards 4+5’, which focuses on improving maternal and neonatal survival and health, of the Choices and Challenges in Changing Childbirth Research Group based in the Middle East, and of the Collaborative on Quality Care for Pregnancy & Childbirth (QCPC Collaborative). Lauren Foster Mustardé is a member of the Collaborative on Quality Care for Pregnancy & Childbirth. Karima Khalil is editing a volume on the research experience of the Choices and Challenges in Changing Childbirth Research Network, which is based at the Faculty for Health Sciences, The American University in Beirut (AUB), Lebanon. Support for the volume is a grant to AUB from the Ford Foundation. Kate Grady has a brother who is employed by AstraZeneca and her brothers and father are AstraZeneca shareholders. She is a member of the International Executive Board of the RCOG. Catriona Connolly is the founder of Scotland–Malawi Anaesthesia, a charity whose purpose is to deliver educational refresher courses on obstetric anaesthesia in Malawi. Wendy Graham is a Board member of the Partnership for Maternal, Newborn & Child Mortality, a member of the Maternal Mortality Leadership Group, a member of the Advisory Group of the Maternal Health Task Force and a Senior Research Fellow for the UK Department for International Development. G Justus Hofmeyr is an honorary member of the IPPF International Medical Advisory Panel. Julia Hussein is the scientific director of a consultancy arm of the University of Aberdeen called Ipact but this is run under a charitable and non-profit remit. Her department receives grant support and funding for consultancies, from charitable and non-profit organisations. She has done consultancies in maternal mortality reduction programmes for the UK government and UN agencies. She receives small sums of less than £600 a year as scientific editor on BJOG. Sean Kehoe has acted as an adviser for Sanofi Pasteur and received support to attend educational meetings. He is a member of the BGCS Council and the NCRI Ovarian Subgroup, and a spokesperson for WOW. Kate Kerber works for Save the Children in newborn health. Zoë Matthews is a trustee of White Ribbon Alliance UK. Jim Neilson undertakes medico-legal consultancy work on an infrequent basis. In addition to his role of Professor of Obstetrics and Gynaecology at the University of Liverpool, he is also NIHR Dean for Training (NIHR – Department of Health). Jane Norman's institution has received consultancy funding from a small drug company in regard to a drug to treat preterm labour. Her wife, Dr KM Seneviratne, is a consultant anaesthetist in the private sector. He is the chairperson of Vindana Reproductive Health Centre (private) Limited in Colombo, which is a tertiary healthcare centre providing a very successful in vitro fertilisation programme. His wife is the joint managing director of the centre. Since 1979 he has been actively involved in the Family Planning Association of Sri Lanka. He is the Sri Lanka representative of the overseas editorial representative group of the Journal of Obstetrics and Gynaecology Research. Andrew Weeks is a trustee of the Liverpool–Mulago Partnership, an organisation to promote links between Liverpool and Uganda. He was until recently an editor of BJOG and holds a patent for the Weeks Stationmaster, a device for measuring the descent of the fetal head in labour. Beverly Winkoff serves on the Board of the National Abortion Federation and the Society of Family Planning. Caitlin Shannon is a member of the Society of Family Planning.
Preface

The Millennium Development Goals (MDGs), created under the auspices of the United Nations, presented an opportunity for political, financial, medical and civil society leaders to focus on the huge disparities in global health provision. MDGs 4 and 5, which focus on child and maternal outcomes respectively, have proved more challenging than others to deliver. There are only 4 years left for these challenges to be realised.

The Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Paediatrics and Child Health and the Royal College of Anaesthetists, although principally responsible for UK-based healthcare issues, are aware of their global responsibilities to women’s and children’s health.

This Study Group was designed to focus on the excellence that these institutions can deliver. The speakers from all four disciplines were selected as outstanding contributors in this area of global health. Midwives, obstetricians, paediatricians and anaesthetists have provided a review that will act as a scholastic resource but also as an immensely useful reference for those involved in advocacy on behalf of women and children.

The RCOG’s global network has enabled us to draw examples from countries as diverse as Afghanistan and Egypt. Such illustrations demonstrate the required elements for success.

We hope that this work will prove a useful adjunct to those trying to tackle the issues of delivering MDGs 4 and 5 within the next 4 years.

Anthony Falconer
Senior Vice President, RCOG
The Millennium Development Goals

At the 2000 UN Millennium Summit, world leaders from rich and poor countries alike committed themselves – at the highest political level – to a set of eight time-bound targets that, when achieved, will end extreme poverty worldwide by 2015.

The eight Millennium Development Goals set out by the year 2015 to:

1. **end hunger and extreme poverty**
   - halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
   - achieve full and productive employment and decent work for all, including women and young people
   - halve, between 1990 and 2015, the proportion of people who suffer from hunger

2. **universal education**
   - ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
   - gender equity
   - eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

3. **gender equity**
   - reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

4. **child health**
   - reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
   - achieve, by 2015, universal access to reproductive health

5. **maternal health**
   - combat HIV/AIDS and other diseases
     - have halted by 2015 and begun to reverse the spread of HIV/AIDS
     - achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
     - have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

6. **environmental sustainability**
   - integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
   - reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
   - halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
   - by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

7. **global partnership**
   - develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty reduction – both nationally and internationally)
   - address the special needs of the least developed countries (includes: tariff- and quota-free access for the least developed countries’ exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction
   - address the special needs of landlocked developing countries and small island developing states (through the programme of action for the sustainable development of small island developing states and the outcome of the twenty-second special session of the general assembly)
   - deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
   - in cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
   - in cooperation with the private sector, make available the benefits of new technologies, especially information and communications.