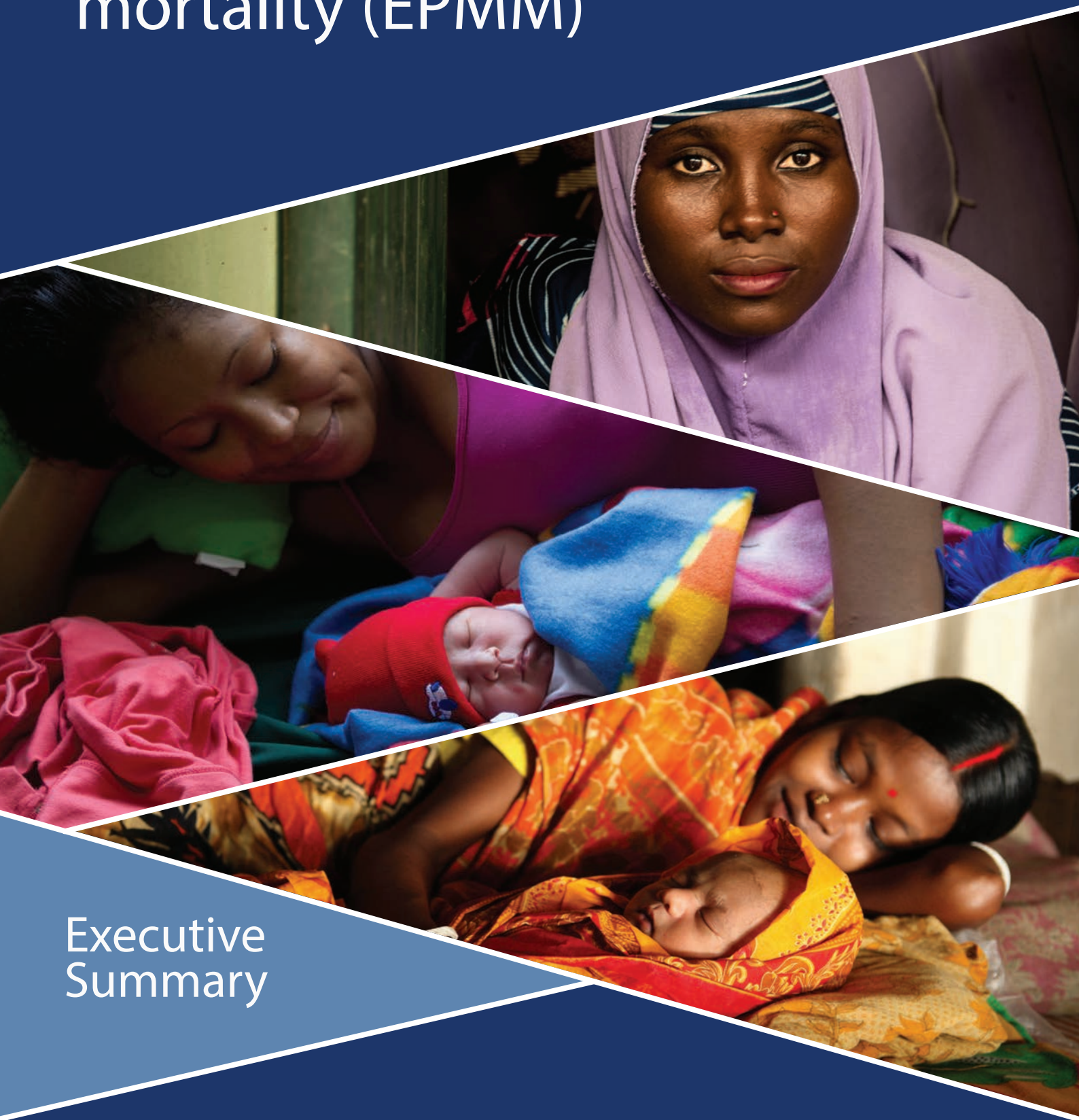


Strategies toward ending preventable maternal mortality (EPMM)



Executive Summary

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Ending preventable maternal mortality (EPMM) remains an unfinished agenda and one of the world's most critical challenges. Maternal health, wellbeing and survival must remain a central goal and investment priority in the post-2015 framework for sustainable development. "A grand convergence" is within reach (1), where through concerted efforts we can reduce the highest levels of maternal deaths worldwide to rates now observed in the best-performing middle-income countries.

EPMM targets and strategies are grounded in a human rights approach to maternal and newborn health, and focus on eliminating significant inequities that lead to disparities in access, quality as well as outcomes of care within and between countries. Attention to maternal mortality must be accompanied by improvements along the continuum of care, including commitments to sexual and reproductive health, family planning, and newborn and child survival. High-functioning maternal health programmes must address the changing environment described in the "obstetric transition" (2), in which the primary causes of maternal death shift toward indirect causes as fertility and maternal mortality ratios decline. Essential to understanding the immediate and underlying causes of maternal deaths and developing evidence-informed, context-specific programme interventions to avert future deaths, is the ability to count every maternal and newborn death.

In the transition from the MDGs to the Sustainable Development Goals (SDGs) (3), attention to reduction of maternal mortality and morbidity must be accompanied by improvements along the continuum of care for women and children. In particular linkages with the Every Newborn Action Plan (ENAP) (4) under the broad umbrella of the Global Strategy for women's, children's, and adolescent health are crucial. The Global Strategy for women's and children's health which is an update of the UN Secretary General's Global Strategy 2010–2015 (5) will help to mobilize global, regional, national and community-level commitment for sexual and reproductive health, maternal, newborn and child survival (6).

Targets for the Post-2015 Maternal Health Strategy

Maternal health stakeholders strongly support the continued need for a specific global target for maternal mortality reduction in the post-2015 development framework, with the ultimate goal of ending all preventable maternal deaths. The proposed national targets are ambitious yet feasible given the evidence of progress achieved over the past 20 years.

Global targets to increase equity in maternal mortality between countries

By 2030, *all* countries should reduce maternal mortality ratio (MMR) by at least two thirds of their 2010 baseline level. The average global target is an MMR of less than 70/100 000 live births by 2030. The supplementary national target is that *no* country should have an MMR greater than 140/100 000 live births (a number twice the global target) by 2030.

Global target:

Average global maternal mortality ratio (MMR) of less than 70 maternal deaths per 100 000 live births by 2030.

Supplementary national target:

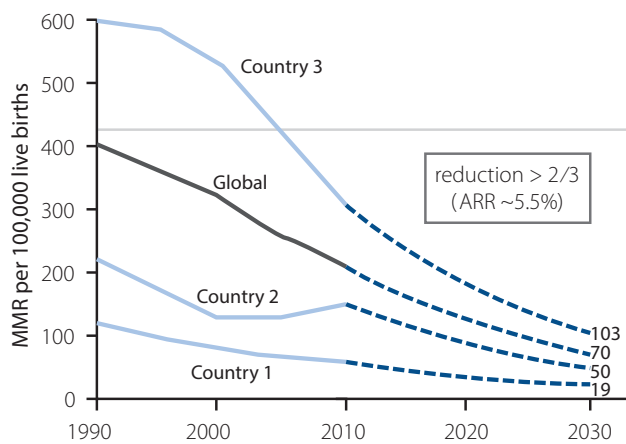
By 2030, no country should have an MMR greater than 140, a number twice the global target.

Country targets to increase equity in maternal mortality

The global MMR <70 by 2030 target may not necessarily apply to individual countries. However, regardless of its baseline MMR each country should accelerate efforts to achieving the global target.

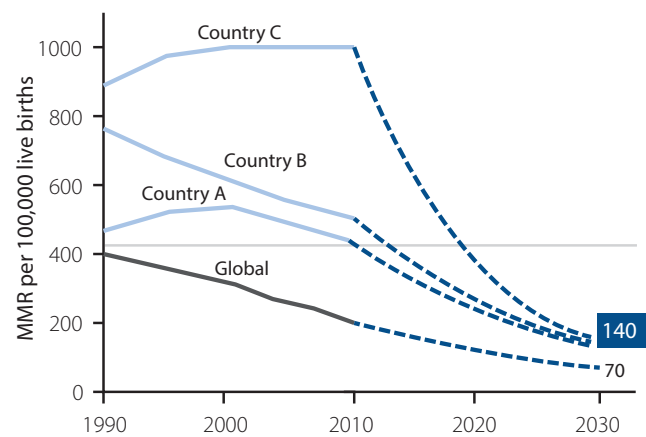
- Countries with baseline MMR <420 in 2010 (the majority worldwide) should reduce its MMR by at least two thirds by 2030.
- Countries with baseline MMR >420 in 2010 should not have an MMR greater than 140 by 2030.
- Countries with baseline MMR <10 in 2010 should aim to achieve equity in MMR for vulnerable populations at the subnational level.

Countries with baseline MMR <420



ARR: annual rate of reduction.

Countries with baseline MMR >420



A special target for all countries in addition to reducing their national average MMR is to reduce the extremes of between-country inequity in global maternal survival by focusing on equity and eliminating disparities in maternal mortality among subpopulations regardless of their baseline MMR. Countries with the highest MMRs (MMR >420) need to reduce their MMR at an annual rate of reduction (ARR) greater than 5.5% while for countries with the lowest MMRs (MMR <10) that may find it difficult to achieve a two thirds reduction from baseline, need to achieve within-country equity in maternal survival in subpopulations with higher risk of maternal death.

Strategic Framework for Policy and Programme Planning to Achieve MMR Targets

The proposed maternal health strategic framework applies across the continuum of health care relevant to ending preventable maternal and newborn mortality and maximizing the potential of every woman and newborn to enjoy the highest achievable level of health. It includes sexual, reproductive, maternal, newborn and adolescent health care, family planning, attention to infectious and chronic noncommunicable diseases and social determinants that contribute to maternal mortality.

It calls for a shift from a system focused on emergency care for a minority of women to wellness-focused care for all. This includes preventive and supportive care that responds to women's needs and strengthens their capabilities in the context of respectful care. It focuses on promotion of normal reproductive processes with first-line management of complications and access to back-up emergency treatment when needed. It emphasizes availability, accessibility, acceptability and quality of services

(AAAQ), as well as human rights principles (such as participation, information and accountability), ensured through a robust enabling environment. This framework prioritizes effective interdisciplinary teamwork and integration across facilities and community settings. It offers guidance consistent with the human rights principle of progressive realization, which calls for progressive measures within maximum available resources, including immediate steps that must be taken irrespective of resource constraints (e.g. ensure equality and non-discrimination) (7).

The key clinical interventions for EPMM are known and now countries must move beyond doing the right things to do things right. A firm grounding in implementation effectiveness is important, since programme priorities are subject to change as countries transition through stages towards lower levels of maternal mortality. Alongside effective clinical interventions, the non-clinical aspects of respectful maternity care are also important. Strengthening health systems to deliver the correct interventions both effectively and equitably, with reliable high quality under dynamic conditions is a priority as is intersectoral collaboration and cooperation at every stage. Service delivery must be responsive to local conditions, strengths and barriers, and people-centric (driven by people's aspirations, experiences, choices and perceptions of quality).

The framework for EPMM is intentionally non-prescriptive and offers broad strategic objectives rather than a list of clinical interventions. Each strategic objective includes illustrative examples of global best practices that may be adapted, adopted and monitored to ensure that they are effective in context. Interventions and measures of success will need to be tailored to the local context based on epidemiology, geography, health systems capacity and available resources. The framework emphasizes the importance of short-, medium- and long-term programme planning to achieve and maintain high-performing systems that can deliver improved outcomes.

Guiding Principles for Policy and Programme Planning

Empower women, girls, families and communities

Prioritizing the survival and health of women and girls requires recognition of their high value within the society through attention to gender equality and empowerment. Interventions that facilitate women's capacity to care for, and choose for themselves contribute to their empowerment. This includes women's autonomy over their own reproductive lives and health-care decisions, access to health-care services and options, and the ability to influence the quality of those services through participatory mechanisms. Planning should prioritize equal access to resources, education, information and focused efforts to eliminate gender-based violence and discrimination, including disrespect and abuse of women using health-care services. Achieving substantive equality calls for governments to address structural, historical and social determinants of health, and gender discrimination including economic inequality and workplace discrimination, to ensure equal outcomes for women and girls. Supporting women's ability to make active decisions positively influences the health of their children and families.

Integrate maternal and newborn care, and protect and support the mother–baby relationship

The health outcomes for mothers, their newborns and children are inextricably linked; maternal deaths and morbidities impact newborn and child survival, growth and development. Therefore, a vital part of the framework is to protect and support the mother–baby relationship and to encourage the integration of strategies and service delivery for both. Newborn health outcomes are enhanced when necessary care is provided without separation from the baby's mother. Such integration of care is also

more acceptable to women and families, and efficient for the health system. Maternal and newborn health services should be delivered together whenever this can be done without compromising quality of care for either.

Prioritize country ownership, leadership, and supportive legal, regulatory and financial mechanisms

Country ownership and leadership are needed to ensure that strategies for EPMM translate into action within countries. Country ownership applies to health care leaders and policy makers, and also to civil society through community input and participation. Leadership encompasses enabling environments, and refers to enabling policies and financial commitments by country leaders, and also development partners and funders. Supportive legal mechanisms include laws and policies that uphold human rights in the context of maternal health care, mechanisms for legal redress for those abused or abandoned in the course of seeking care, as well as supportive employment laws for legal licensure of the maternity care workforce. Supportive regulatory mechanisms enable effective human resources management, and improved data on causes of maternal and newborn deaths and stillbirths. Supportive financial mechanisms aim to achieve universal health coverage (UHC), donor harmonization and efforts to ensure that funding does not impose structural barriers, such as short funding cycles or technical stovepipes.

Apply a human rights framework to ensure that high-quality sexual, reproductive, maternal and newborn health care is available, accessible and acceptable to all who need it

The human rights treaty monitoring mechanisms within the United Nations system, supported by the Office of the High Commissioner for Human Rights (OHCHR), have highlighted prevention of maternal mortality and provision of maternal health services within state obligations. The United Nations Human Rights Council has also recognized high rates of maternal mortality and morbidity as unacceptable and a violation of human rights, emphasizing that maternal mortality is not solely a health and development issue, but also a sign of discrimination against women. The OHCHR guidance for addressing maternal mortality and morbidity using a rights-based approach includes empowerment, participation, non-discrimination, transparency, sustainability, accountability and international assistance as fundamental principles. This OHCHR guidance specifically highlights enhancing the status of women, ensuring sexual and reproductive health rights including addressing unsafe abortion, strengthening health systems, and improving monitoring and evaluation as necessary elements of a rights-based strategic framework for reducing maternal mortality and morbidity. As it becomes possible to envision an end to preventable maternal and newborn deaths, the scope of strategic planning must move towards supporting and encouraging optimal outcomes for all women. Thus, the uppermost priorities of a health agenda for a sustainable future must include educating and empowering women and girls, gender equality, poverty reduction, universal coverage and access, and equity within the overall context of a rights-based approach to health and health care.

Cross-cutting Actions for EPMM

Improve metrics, measurement systems and data quality

Counting every maternal and perinatal death through the establishment of effective national surveillance and civil registration systems in every country, as articulated in the recommendations of the Commission for Information and Accountability, is a priority. Standard definitions for causes of death, available in the current International Classification of Diseases manual, and clarification from the World Health Organization (WHO) on the application of these definitions to deaths during pregnancy,

childbirth and the puerperium (8) allow for valid comparisons within and across countries. The Maternal Death Surveillance and Response and similar Perinatal Death Surveillance, including confidential inquiries and collection of quality of care data on near misses and severe morbidities are important mechanisms for ensuring that every death is counted, for the purpose of accountability, to track equity and to ensure programme effectiveness.

Prioritize adequate resources and effective health-care financing

This imperative refers both to development partners and donors in the global community, and to political leaders and financial decision makers in countries. It encompasses adequate allocation of resources through specific, transparent budget lines for maternal and newborn health. It also refers to health care financing for UHC as well as financing mechanisms and incentives to ensure equity, increase coverage and improve quality. Budget transparency, assured through budget monitoring, analysis and advocacy, is an important way for civil society beneficiaries to verify that policy commitments are fulfilled. A human rights approach to monitoring maternal health budgets ensures that policy decisions, including allocation of financial resources, are carried out on the basis of transparency, accountability, non-discrimination and participation.

Five Strategic Objectives to Guide Programme Planning Towards EPMM

1. Address inequities in access to and quality of sexual, reproductive, maternal and newborn health care

It is important for all countries to increase efforts to reach vulnerable populations with high-quality primary and emergency sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services. Existing disparities must be recognized and analysed so they can be addressed and eliminated, calling for improved data on inequities and their effect on reproductive and maternal health. Programme planners need to better understand barriers to access (such as financial, legal, gender- or age-related, cultural, geographic, or fear of disrespectful care) and factors, including values and preferences, that make care acceptable to all who need it and encourage sustained demand at scale. To this end, valid equity indicators are needed so that disaggregated data on barriers can be routinely collected to help design, implement and monitor interventions to eliminate them. Recognizing that inequity in maternal health includes systematically uneven quality and not just access, efforts must also ensure that the care that is offered to all populations is of comparably high quality.

2. Ensure UHC for comprehensive sexual, reproductive, maternal and newborn health care

The UHC encompasses two equally important dimensions:

- (i) reaching all people in the population with essential health care services, and
- (ii) protecting them from financial hardships due to the cost of health care services.

Ensuring access without discrimination, especially for the poor, vulnerable and marginalized segments of the population is a major focus of the UHC. For governments, this means determining the set of essential SRMNCAH services and commodities, using evidence of cost-effectiveness to identify the essential package, with specific provisions to protect families accessing emergency obstetric and newborn care from financial catastrophe. Applying a human rights approach to UHC suggests a pathway to progressive universalism. Transparency and participatory mechanisms to include civil society in both the decision making process and the monitoring and evaluation of UHC programmes are necessary to maximize ownership and promote accountability.

3. Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities

No global strategy can prescribe a list of interventions that will maximize progress toward EPMM in every country. To prioritize programme elements, each country must first understand the most important causes of maternal deaths in its population, necessitating improvements in the quality of registration and reporting of causes of maternal death, and take into consideration that those that carry stigma, including abortion and HIV infection, are likely to be underreported or misclassified. Unmet need for family planning also contributes substantially to maternal mortality, and it is estimated that for every maternal death, 20–30 more women experience acute or chronic pregnancy-related morbidities (9,10). These important determinants of survival must be addressed, and the scope of programme planning broadened to include structural and social barriers that contribute to maternal death.

Planning effective context-specific strategies in each country draws from the primary causes of maternal death, prevalence of key diseases and malnutrition, burden of maternal morbidity and unmet need for family planning, capacity and reach of the health system, and the human and financial resources available for implementing effective interventions to address population health needs. The stages of a progressive obstetric transition suggest programme priorities that may take precedence at each stage; this framework cannot be applied indiscriminately but provides a basis for country-specific analysis and adaptation based on local findings. Governments and partners should make effective interventions available at scale by building on existing successful reproductive and maternal health services, taking into account cost- and programme-effectiveness. Each strategy should include a systematic approach to implementing evidence-based standards and protocols, and to monitoring and evaluating their outcomes.

4. Strengthen health systems to respond to the needs and priorities of women and girls

Health system strengthening includes both the health system “hardware” (e.g. ensuring the availability of essential health infrastructure, amenities and commodities) and “software” (e.g. the organization and management of service delivery, improving transparency and countering corruption, ensuring mechanisms for participation and community engagement and prioritizing respectful care norms and values). Engaging all stakeholders is critical. Priorities include expanding health promotion and preventative services, and improving integration of all forms of care for women, newborn and adolescents. Ensuring service availability and readiness at the facility level requires regular assessment and improvement of essential health infrastructure and amenities. While much attention has been focused on increasing facility-based care, it is equally important to focus attention on community-based primary care and effective referral systems, ensuring seamless coordination across time, settings and disciplines and between facilities. Governments must provide support and resources to deploy health care providers (midwives, doctors, and other skilled maternity care providers, including specialists) in adequate numbers to meet population needs. Likewise, country-level workforce management is necessary to ensure optimal recruitment, distribution and retention of health workers; as well as supportive supervision and task-shifting as needed to improve access to care. Professional associations play an important role in establishing norms for the regulation of health care workers and setting professional standards for their education and core competencies. Increased cooperation with other sectors (such as finance, education, energy, water and sanitation, nutrition, social services, mobile telecommunications technology and private health care services) is needed. Transparent and accountable governance entails informed and constructive involvement of all relevant stakeholders in policy and programme development.

5. Ensure accountability to improve quality of care and equity

Planning for accountability emphasizes two equally important dimensions: (i) the improved ability to measure and report progress towards EPMM, and (ii) the range of actions that citizens and civil society actors take to hold government and health system leaders accountable for their commitments in the area of maternal and newborn health care. To track progress and ensure accountability for maternal health outcomes, improved data availability and quality is needed, with specific attention to strengthening civil registration systems to provide reliable information on cause of death. Facility level accountability also contributes significantly to improved maternal and newborn health outcomes, through establishment of quality standards and performance measures that are evaluated at the point of service through continuous quality improvement activities. For effective social accountability, participatory mechanisms must be created at every level of the health system, across public and private sectors. This helps ensure that services are responsive to the community's needs and demands, and that accountability mechanisms are transparent and inclusive.

Conclusion

The ultimate goal of the post-2015 maternal health strategy is ending preventable maternal mortality – EPMM. The plan to achieve this goal is grounded in a holistic, human rights-based approach to sexual, reproductive, maternal and newborn health, and rests on the foundation of implementation effectiveness, which is context-specific, systems-oriented, people-centric and prioritizes equity. Reaching the goal is achievable with political will backed by financial commitment, involvement of all stakeholders, concerted attention to support high-burden countries and the improved ability to transparently monitor progress.

References

See web link: www.who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/

PHOTO CREDITS (top to bottom)

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