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Ending Preventable Maternal Deaths by 2035: A proposal

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May 28, 2013
WomenDeliver
Kuala Lumpur, Malaysia



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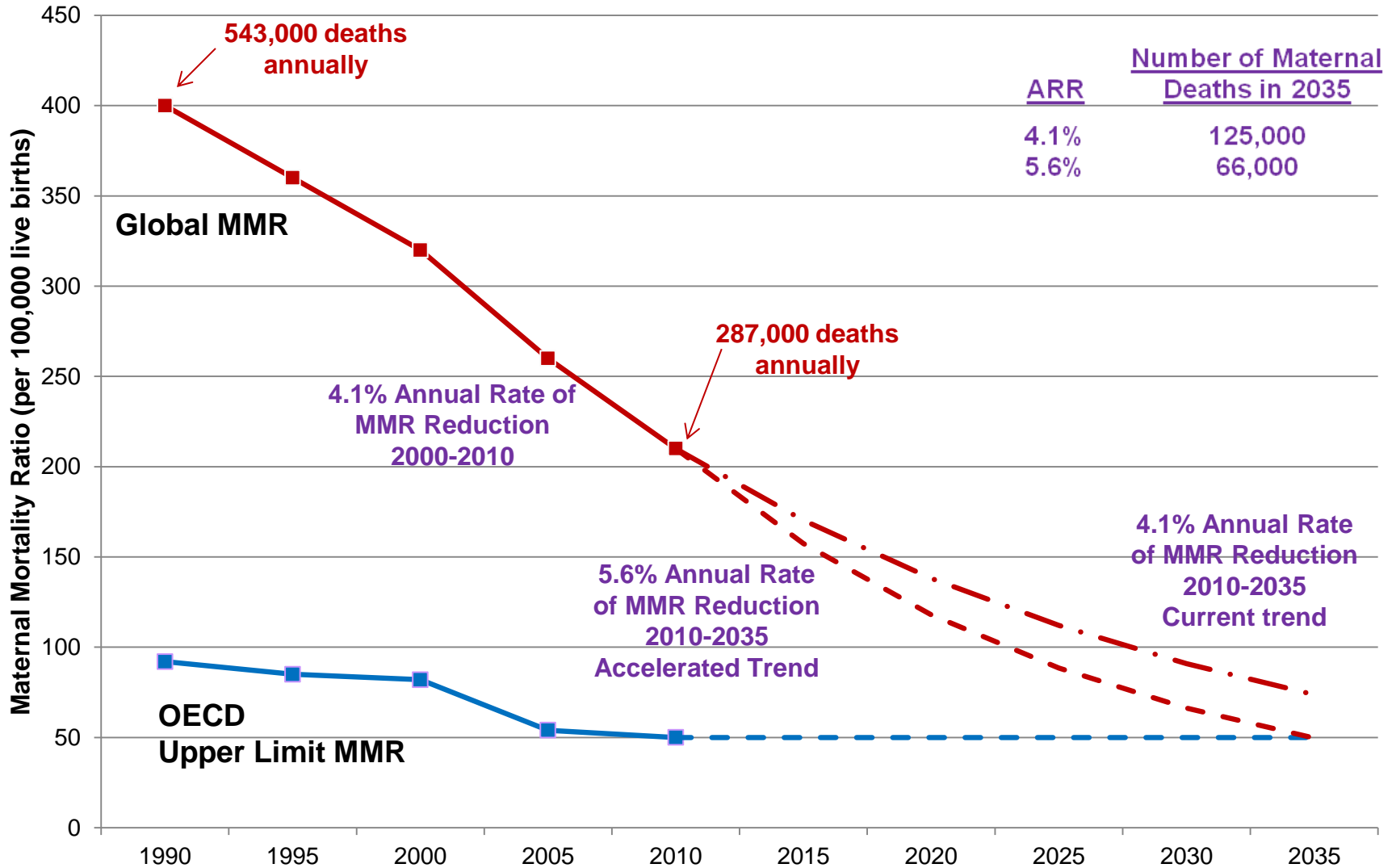
Objectives of the talk

- 1. Contribute to setting a target for reduction of preventable maternal mortality**
- 2. Considerations for strategies for reduction of preventable maternal mortality**
- 3. Summary**



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Ending preventable maternal deaths worldwide by 2035-reaching MMR = 50



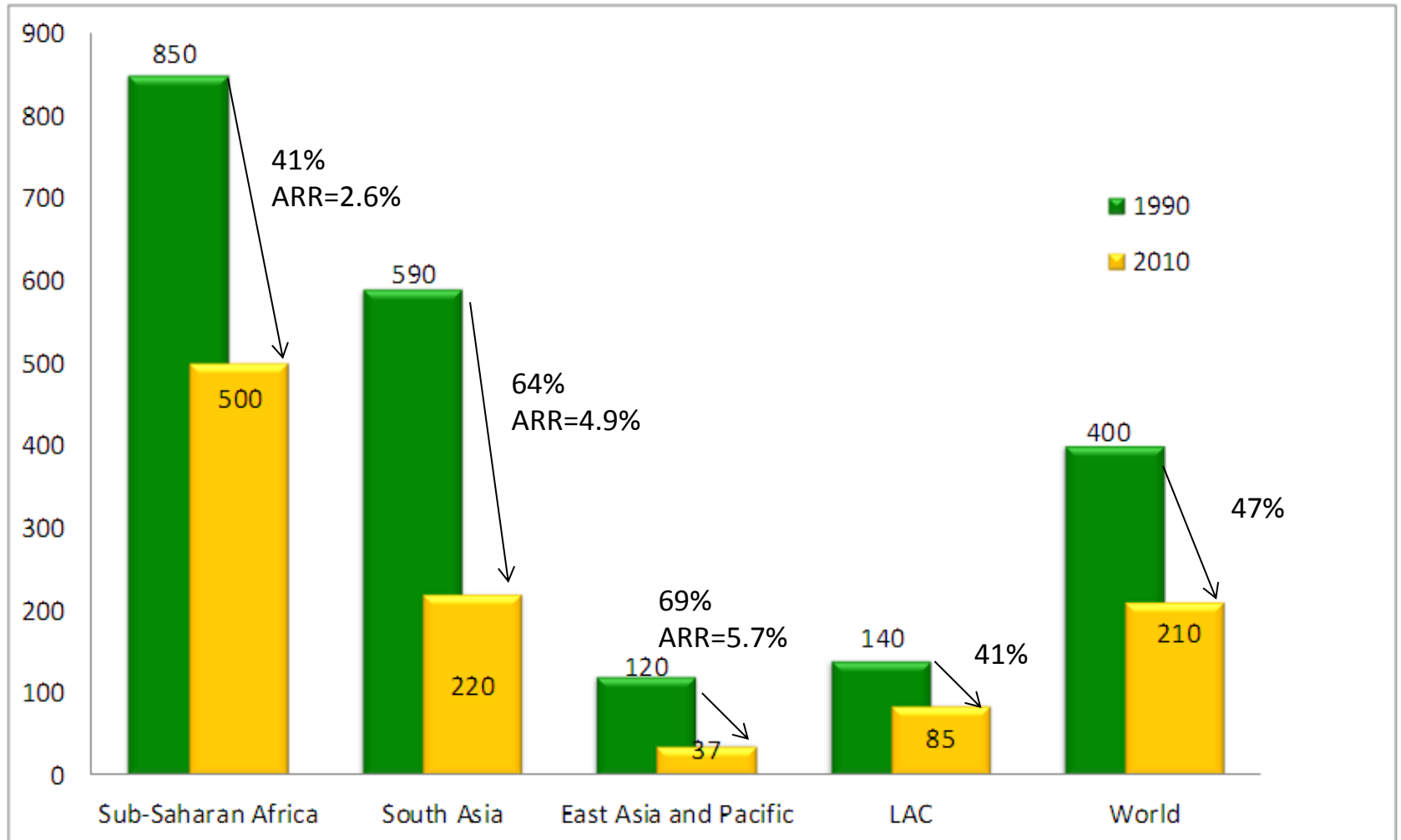
Source: UN Estimates for Trends in Maternal Mortality 1990-2010



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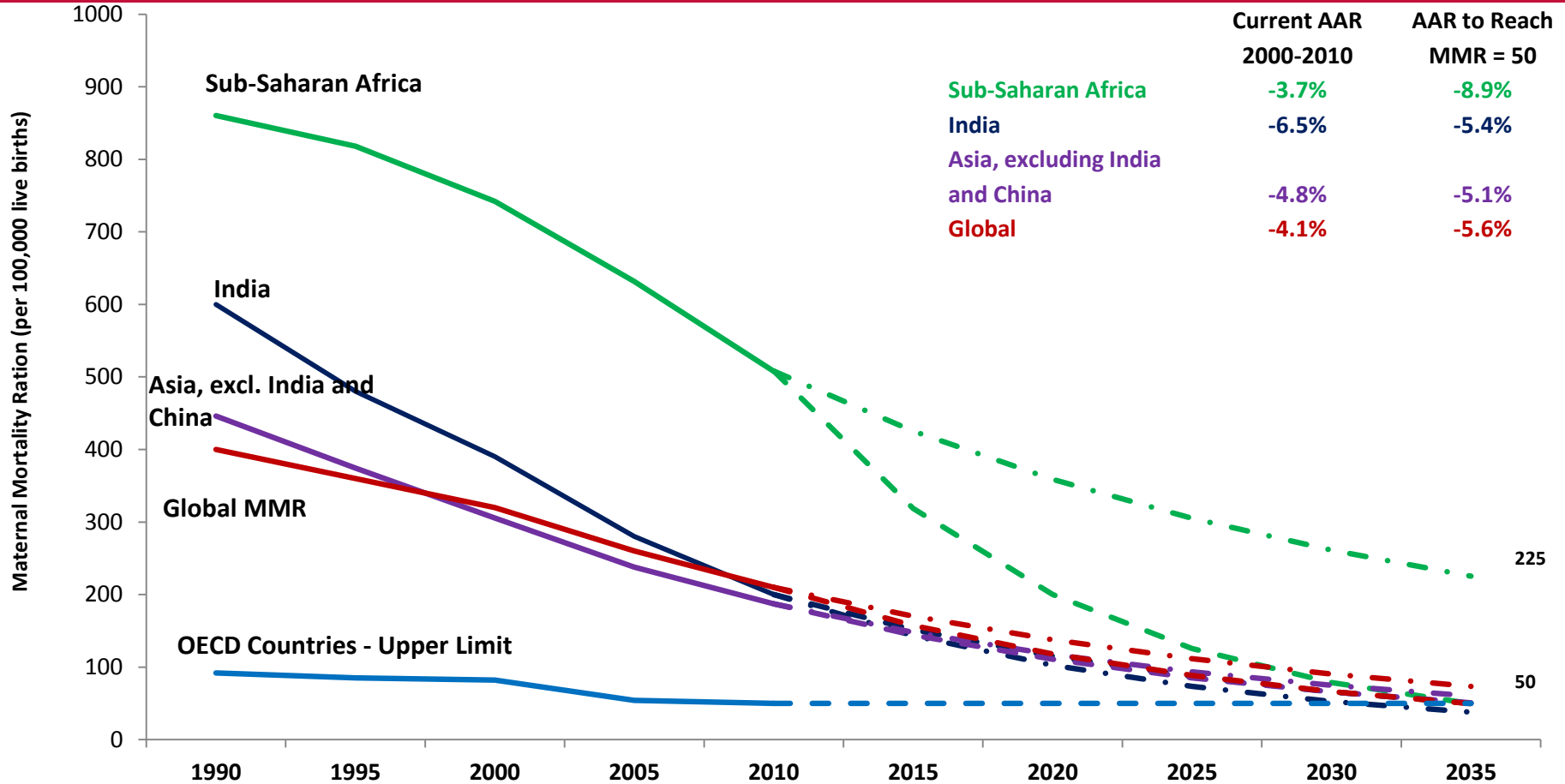
While maternal mortality has declined globally between 1990 & 2010, there has been considerable regional variation

MMR: maternal deaths per 100,000 live births



Trends in Maternal Mortality: 1990 to 2010. UN Estimates, 2012

Countries require different rates of reduction to end preventable maternal deaths by 2035 – reaching MMR = 50



Asia: Afghanistan, Bhutan, Cambodia, Indonesia, Iran, Iraq, Kyrgyzstan, Lao, Morocco, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Tajikistan, Turkmenistan, Uzbekistan, VietNam, Yemen

Africa: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Togo, Uganda, Tanzania, Zambia, Zimbabwe



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Ending preventable maternal and child deaths and unmet need for FP: five areas to accelerate progress

Geography

- Increase efforts in focus countries where most deaths and high fertility occur

High burden populations

- Re-focus country health systems on scaling-up access for underserved populations

High impact solutions

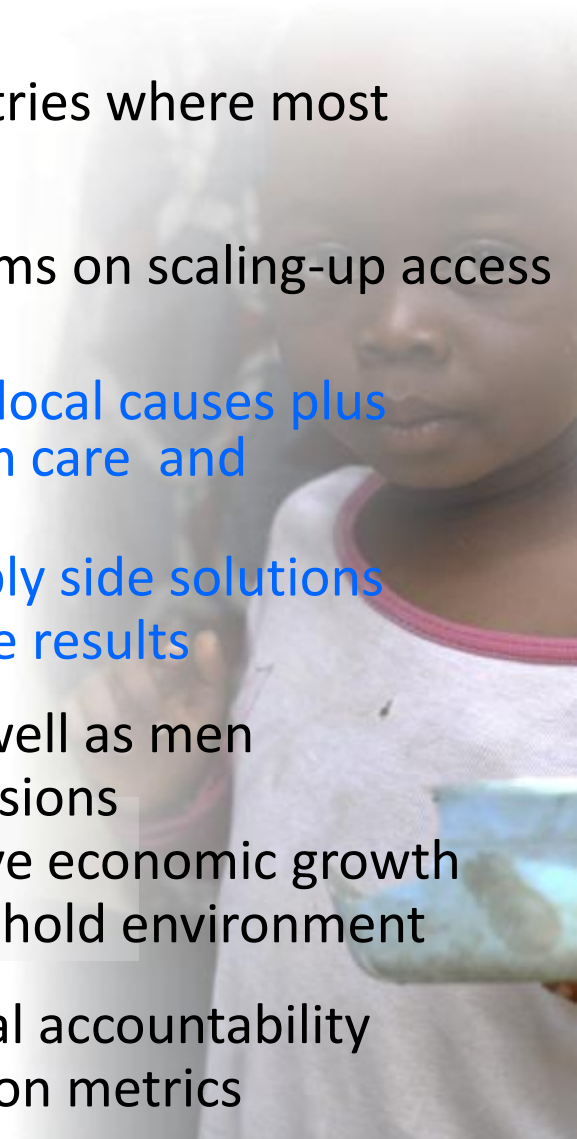
- Target implementation based on local causes plus known solutions—FP, intrapartum care and immed postpartum + referral
- Scale & sustain demand and supply side solutions
- Invest in innovations to accelerate results

Enabling Environment

- Educate girls and women—as well as men
- Empower women to make decisions
- Enact smart policies for inclusive economic growth
- Improve community and household environment

Mutual accountability

- Create transparency and mutual accountability
- Define shared goals and common metrics
- Invest in information systems

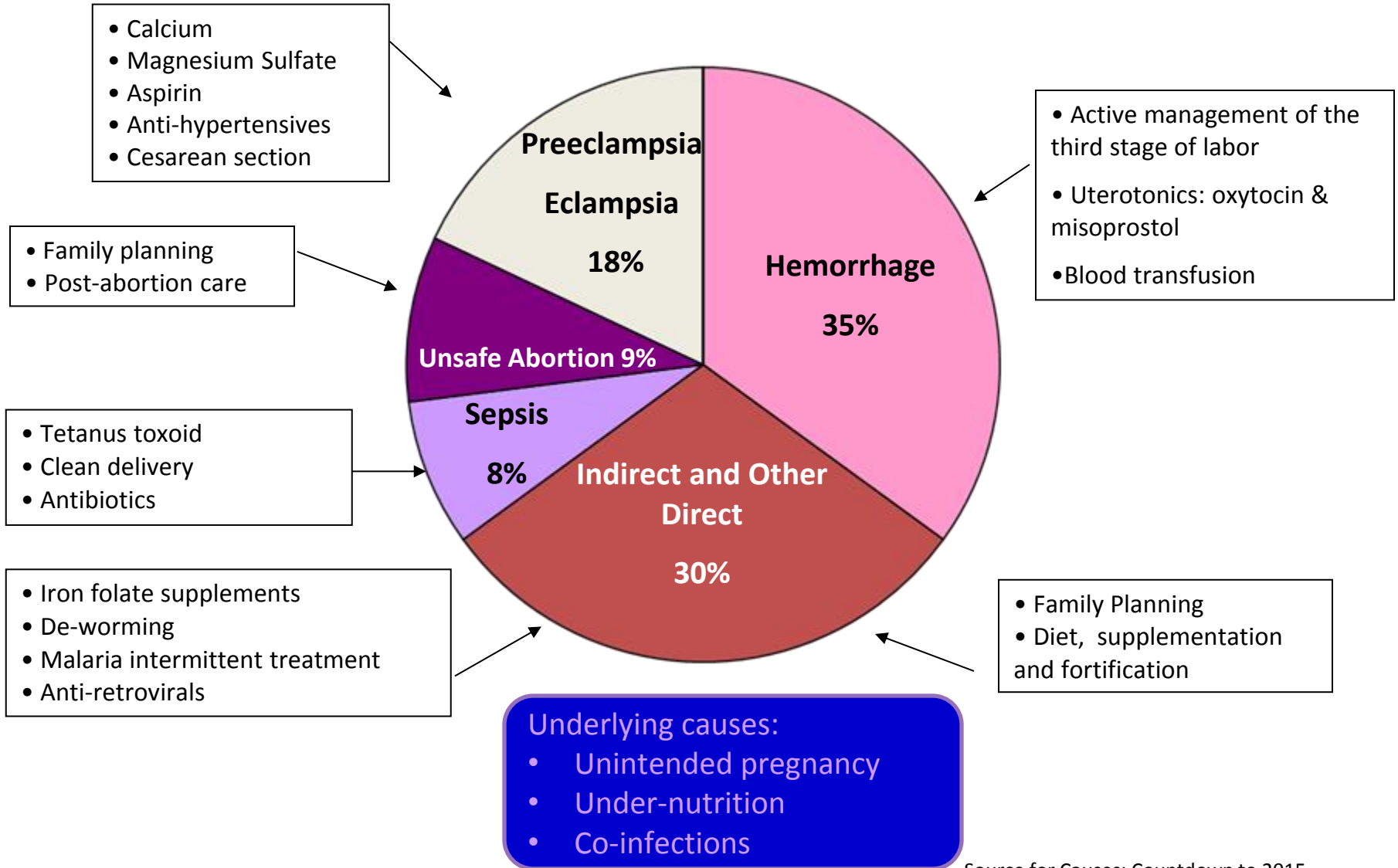




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High Impact Practices

Proven interventions can address the leading causes of maternal death, both direct and indirect





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Focus on implementation!

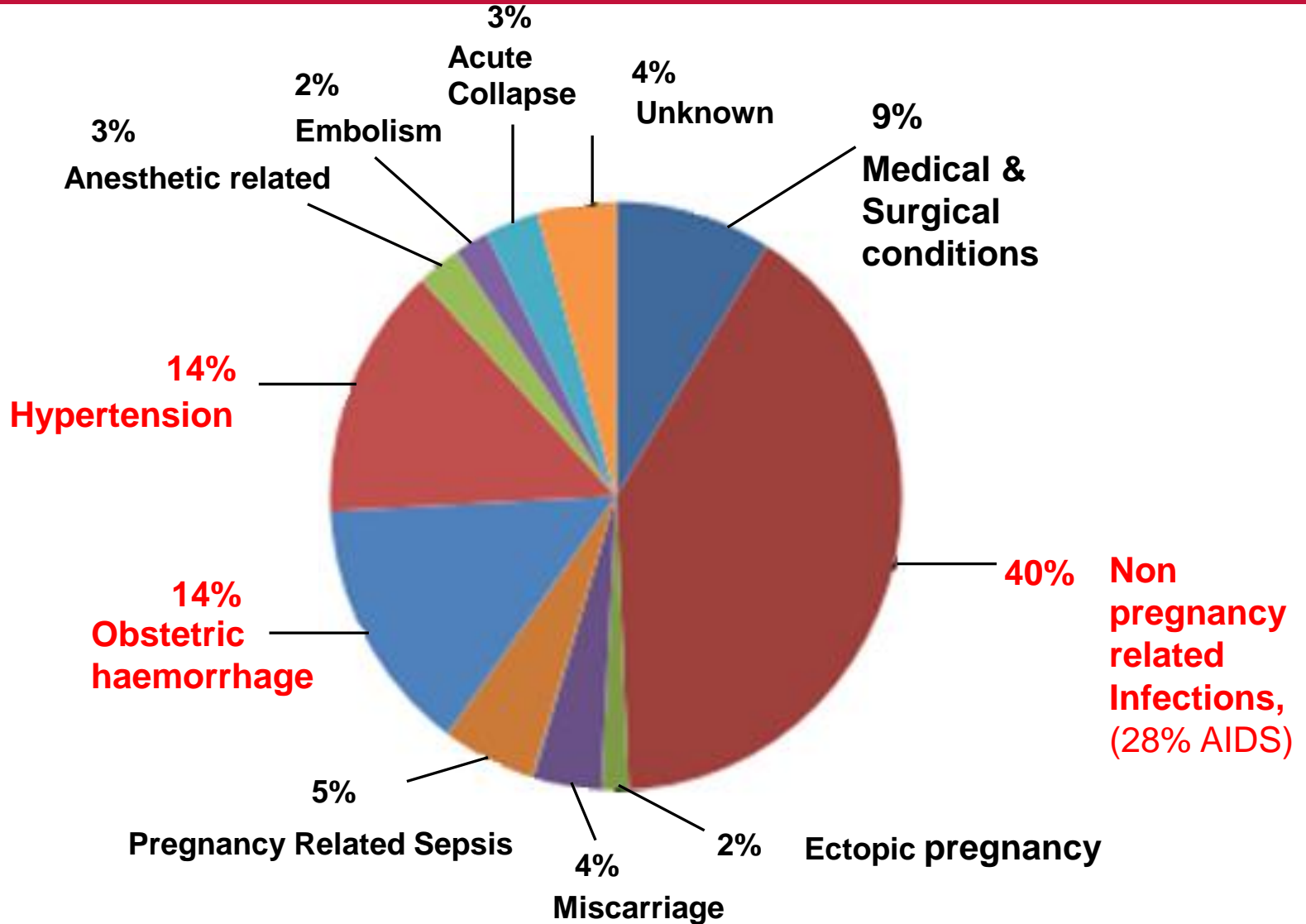
1. Use local causes of maternal deaths

2. Recognize the impact of the shift worldwide in pattern of birth and high unmet need
3. Build on contextual opportunities
4. Accelerate with innovations available



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Growing evidence of co-infections as the major cause of maternal death in SSA

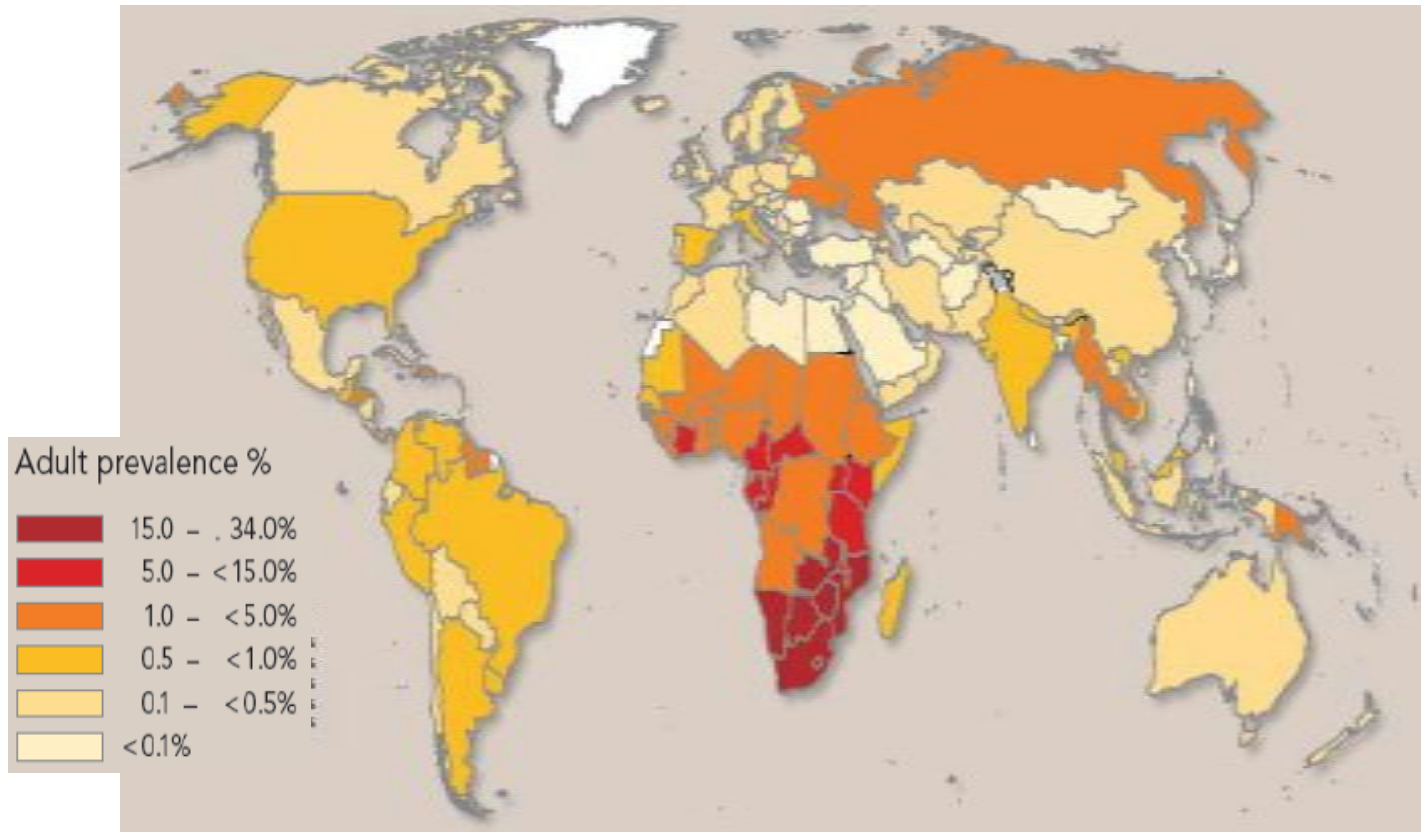


Source: Saving Mothers 2008-2010. Fifth report of Maternal Deaths, South Africa



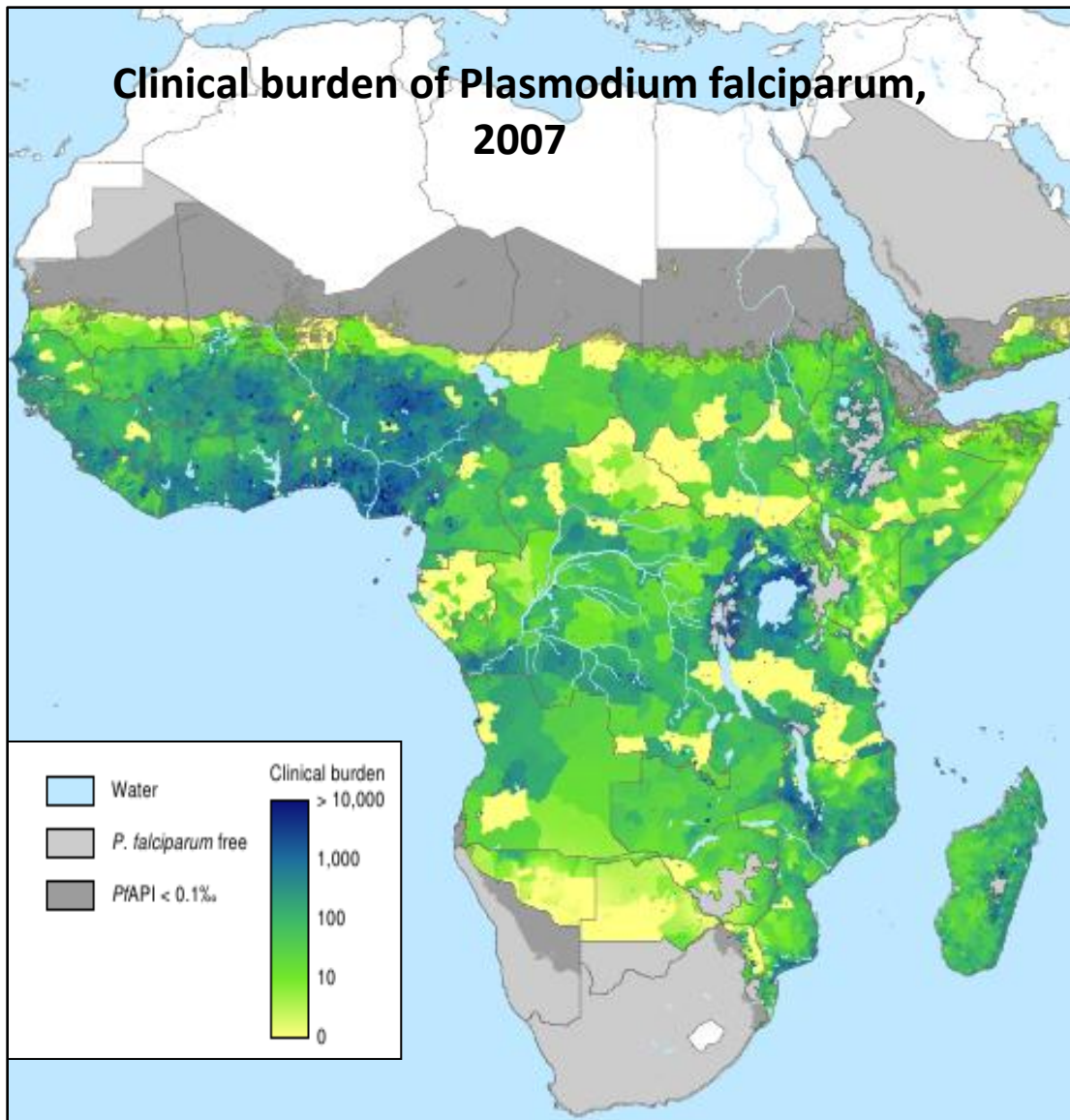
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Heterogeneity of HIV Epidemics Worldwide



Prevention responses need to be tailored to diverse epidemics

Maternal mortality is also high in areas of epidemic and endemic malaria



Country	MMR
Mozambique	490
Zambia	440
Malawi	460
Kenya	360
Uganda	310
Tanzania	460
Nigeria	630
DR Congo	540
Rwanda	340
Senegal	370
Ethiopia	350
Rwanda	340
Mali	540
Ghana	350
Liberia	770
Senegal	370
Madagascar	240

Source: 2010 Malaria Atlas Project, available under the Creative Commons Attribution 3.0 Unported License.



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Focus on implementation!

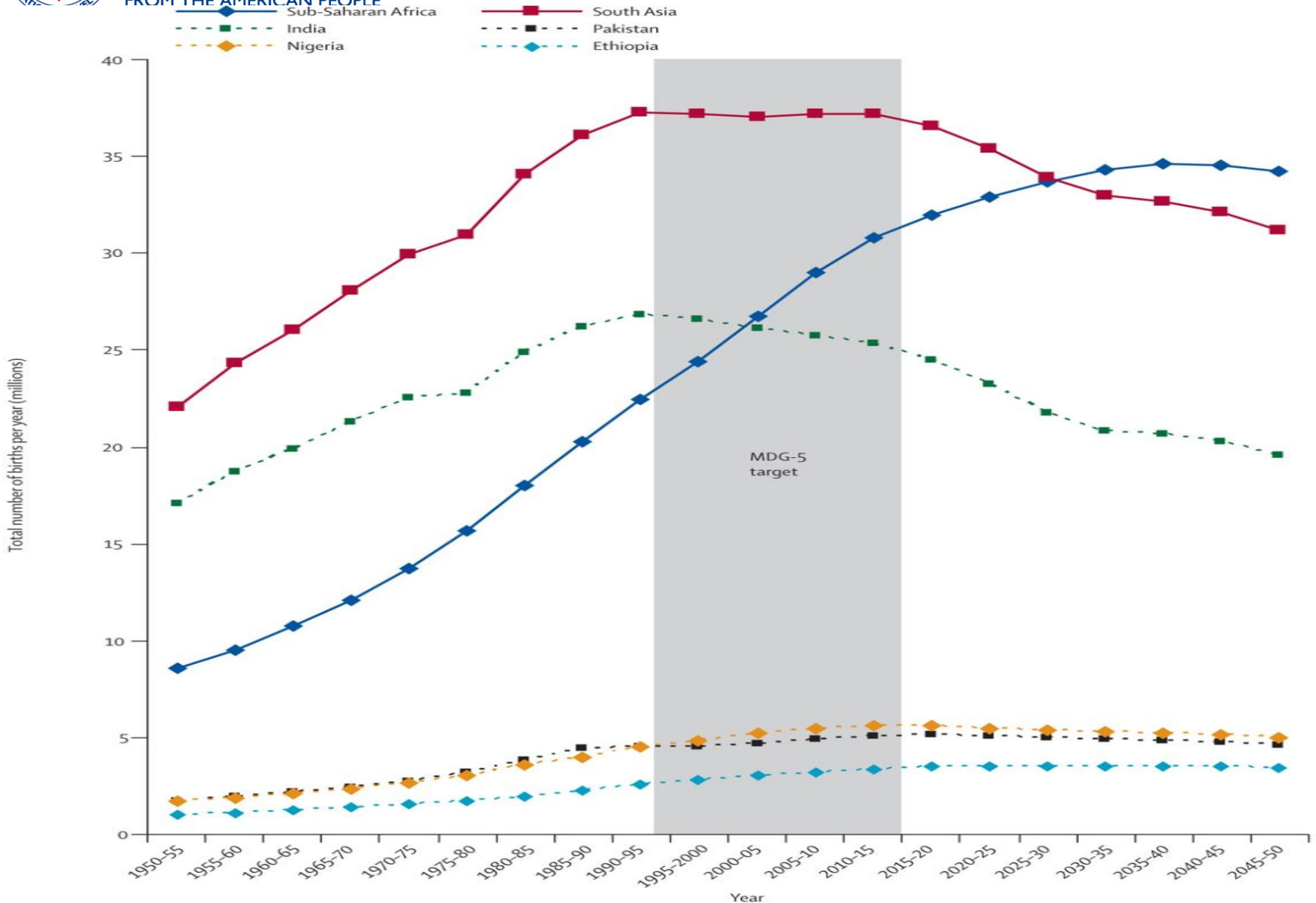
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Shift in birthing pattern



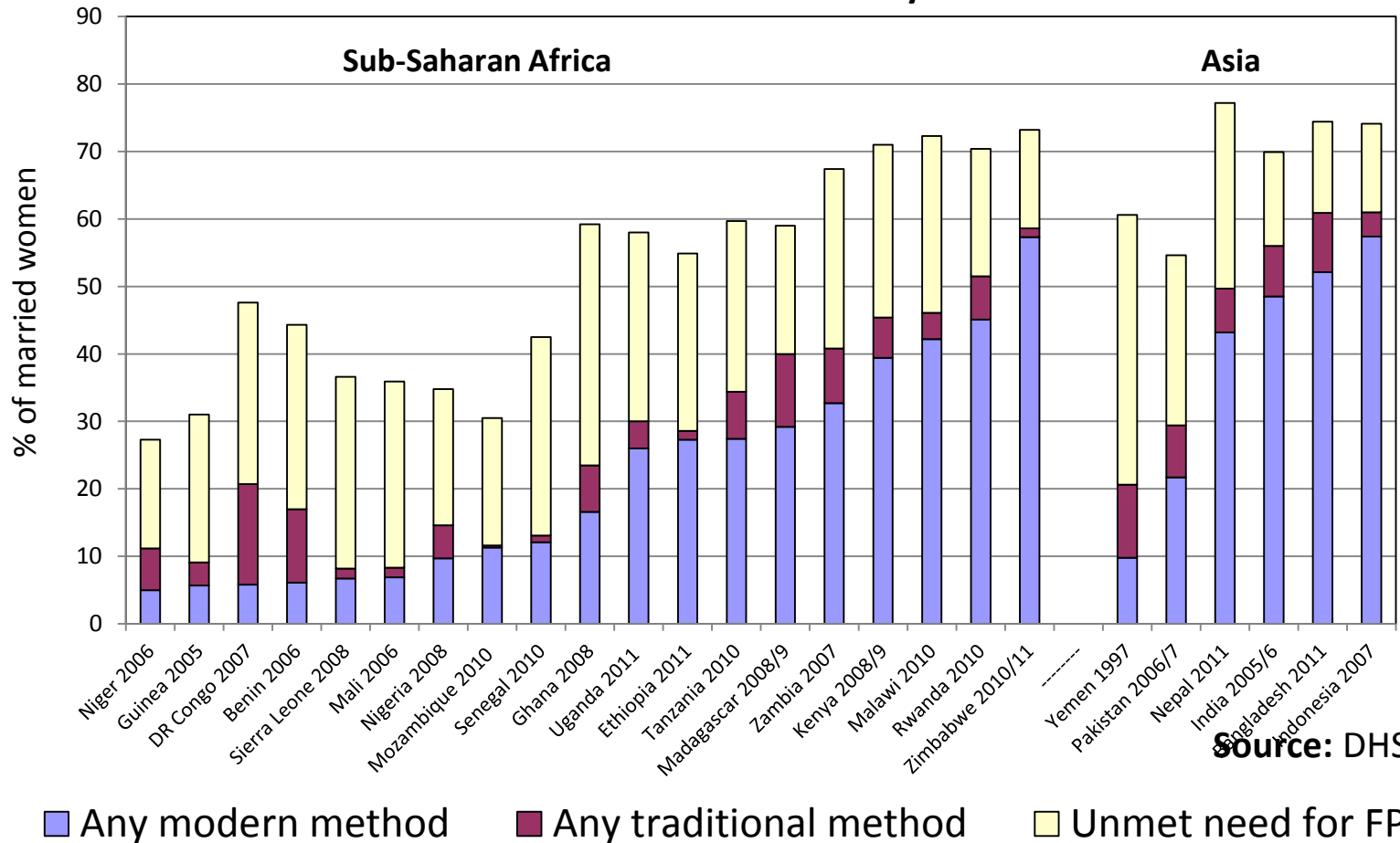
Source: Ronsmans C et al. 2006. Maternal mortality: who, when, where, and why. Lancet.;368(9542):1189-200.



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Women with unmet need vs women using MCPR: SSA 1-5/1 vs 1:1 In Asia

Modern and Traditional Method Utilization and Unmet Need among Married Women in MCH Priority Countries



Source: DHS



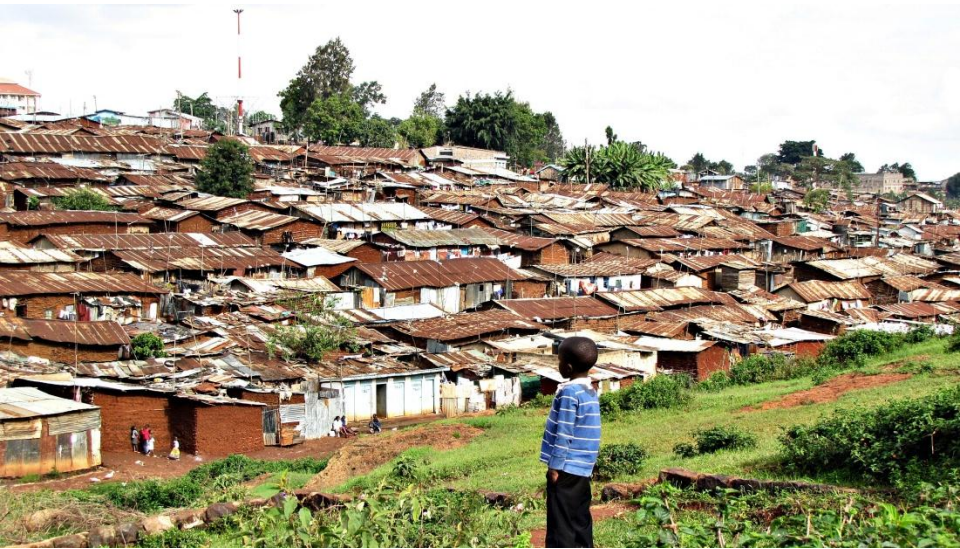
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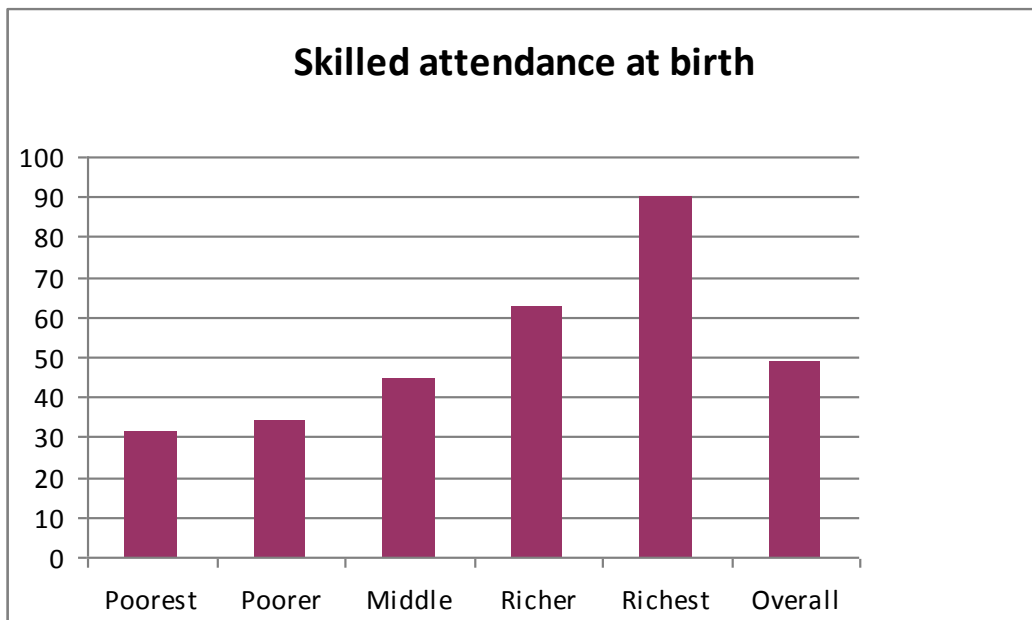


Nearly 50% of people (LMIC) live in urban areas!

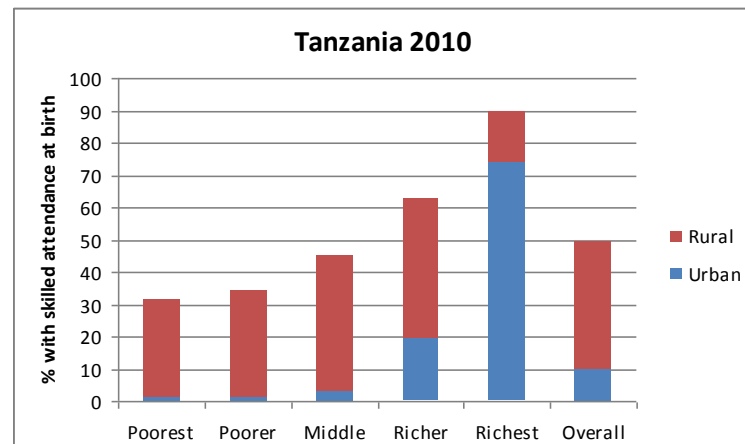




Urbanization and the poor (Tanzania 2010)



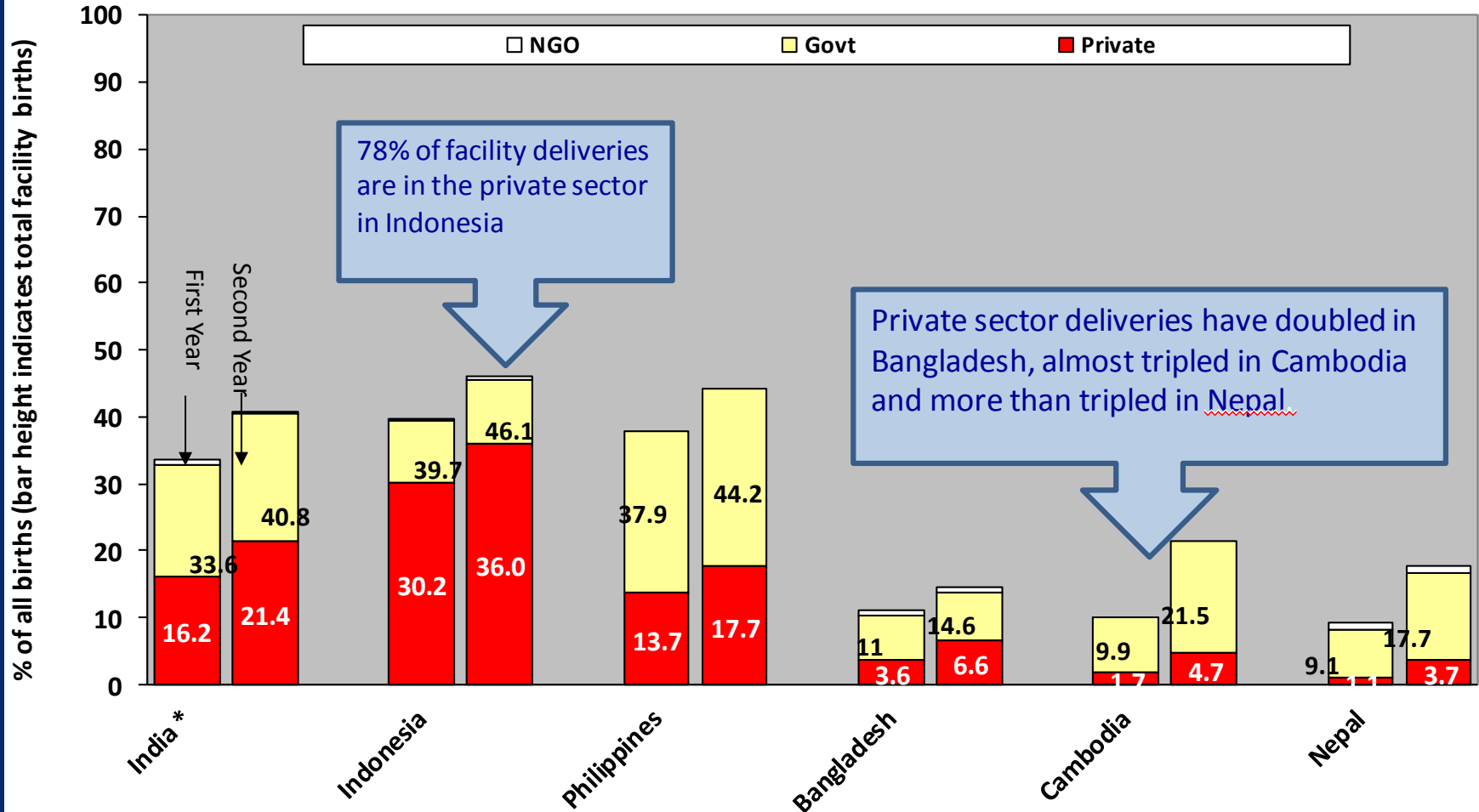
There is usually greater access to care in urban areas – but not among the poor





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Changing context: Privatization of facility births is increasing especially in Asia





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Changing Context: Financial Incentives – Increase use of maternity services

Incentives	Effects
Performance based incentives	<ul style="list-style-type: none">• Most show association with ↑ quality• DRC (small study) did not show association between PBI and institutional deliveries
Insurance	<ul style="list-style-type: none">• Most show positive correlation with SBAs and facility delivery• 6 studies show positive correlation with C/S
User fee exemptions	<ul style="list-style-type: none">• ↑ facility delivery rates• ↑ C/S rates, in some cases
Conditional cash transfers	<ul style="list-style-type: none">• 6 studies show positive effect on birth with SBAs• 3 studies show positive effect on birth in a hospital
Vouchers	<ul style="list-style-type: none">• Most show ↑ SBA or facility delivery

Source: Forthcoming PLoS Med Collection on Financial Incentives for Maternal Health Services



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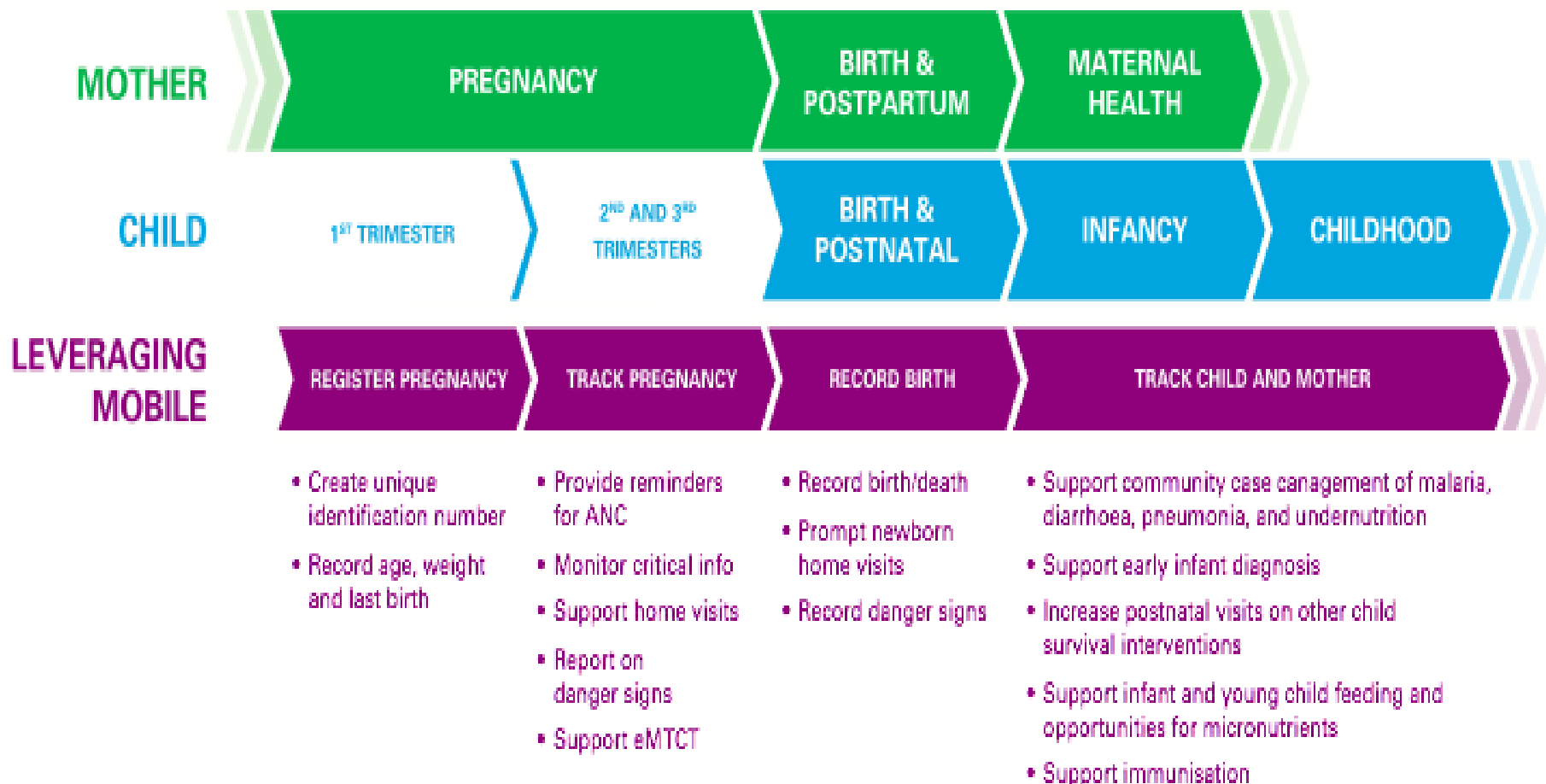
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Innovations— mHealth has potential to be a powerful accelerator of progress

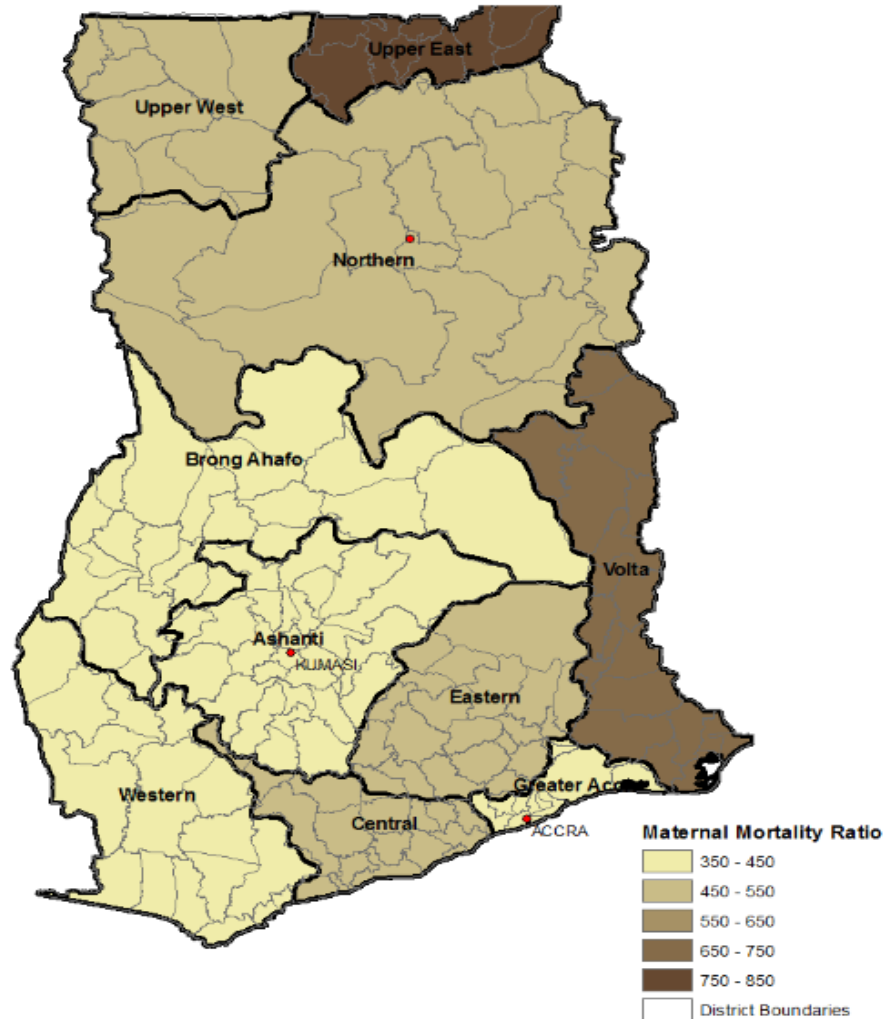




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Innovations: Mapping progress by local areas

Pregnancy-Related Maternal Mortality Ratio
Ghana Census 2010



Matthews Z et al 2013, Arusha



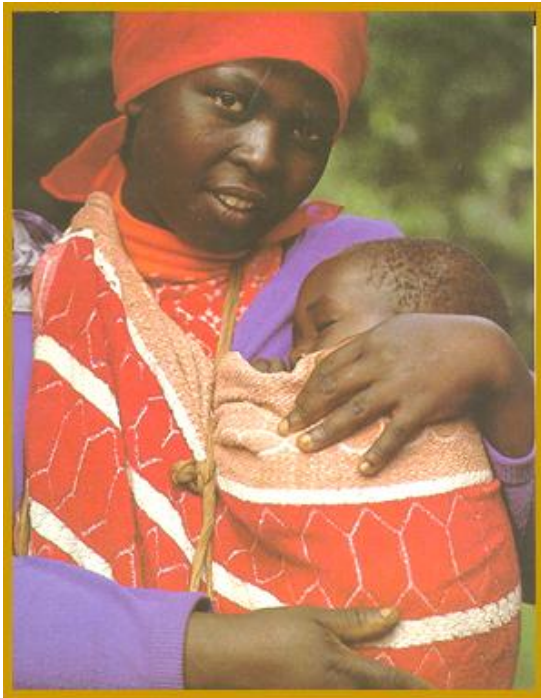
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Not business as usual!

1. Target setting—plausible/aggressive target (number or %), timing—by when; milestones every 5 years?
2. Reaching the target— Strategies based on local causes of maternal death, infrastructure and contextual factors
3. More data needed—in shorter time periods (real time?)
 - Link maternal, newborn and child strategies with targets
 - Know epidemiology and demographics of maternal mortality
 - Contextual issues
 - Privatization of services
 - Financing initiatives
 - Decentralization
 - Urbanization



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Many thanks