

# Targets and Strategies for Ending Preventable Maternal Mortality

## consensus statement

*Every day approximately 800 women die from preventable causes related to pregnancy and childbirth*



### Overview

- ▶ In April 2014, United Nations (UN) agencies, donors, country stakeholders and other development partners came together in Bangkok, Thailand for a “Consultation on targets and strategies for ending preventable maternal mortality (EPMM)”. The aims were to forge consensus on maternal mortality reduction targets for inclusion in the post-2015 development agenda, as well as to identify maternal health strategies that will assist countries to achieve those targets. The discussions were the culmination of earlier technical consultations that employed specific analytical methods to define feasible maternal mortality targets.
- ▶ The meeting was convened by the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the Maternal Health Task Force (MHTF), and the Maternal and Child Health Integrated Program (MCHIP), with support from agencies and donors, and input from the EPMM Working Group. It was attended by over 95 participants from 34 countries, most of which are challenged with high rates of maternal mortality.
- ▶ The consultation affirmed that ending preventable maternal mortality is within reach, and that the necessary acceleration of progress can be achieved by positioning maternal survival in the context of every woman’s right to health care and the highest attainable level of health across the life course. This goal must be supported by targets and strategies for the post-2015 development agenda, since sexual and reproductive health – along with newborn and child survival – are crucial elements of sustainable development.

## Outcomes

### 1. Targets for equitable post-2015 maternal mortality reduction

The meeting generated a shared understanding of the need for a specific global target for reducing maternal mortality, focusing on the ultimate goal of ending all preventable maternal deaths. To achieve this goal, progress needs to be accelerated. Based on the current annual rate of reduction (ARR) and different contextual realities, the following targets were agreed:

**Global Target:**

Average global target 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.

These targets are ambitious yet feasible, and are necessary to focus attention on strategies to improve maternal health moving forward. There was unanimous support for proposing that the global target be included in the post-2015 development agenda.

The methodology for setting these targets and the choice of indicators were accepted and endorsed by the group. The current Millennium Development Goal target calls for a 75% reduction in maternal mortality (from 1990 levels) by 2015, which translates into an ARR of 5.5% for most countries. The proposed post-2015 global target will require a similar overall reduction.

Achieving the global target implies that all countries contribute to the shared global goal by reducing their MMR by at least two thirds by 2030. In order to meet the global target, countries with the highest MMRs (i.e. MMR >420) will need to reduce their MMR at an ARR that is steeper than 5.5%. Therefore, the supplementary national target was defined, aiming at eliminating extremes of inequity in global maternal survival.

### 2. Country targets to increase equity in global MMR reduction

Participants agreed that there must be a concerted national and global effort to address persistent inequity within some sub-groups, in order to achieve both national and global targets. The global community should work together to reduce extremes of mortality and eliminate situations in which some countries have MMRs far higher than the global average. The supplementary national target is intended to stimulate decisive action in countries with high levels of MMR. In prioritizing equity considerations, participants acknowledged that expanded and improved equity measures should be developed in order to eliminate disparities in MMR between sub-groups in countries.

## Country target-setting:

The 2030 MMR target of less than 70 applies at the global level but not necessarily for individual countries. Two sets of national targets are recommended (see figure):

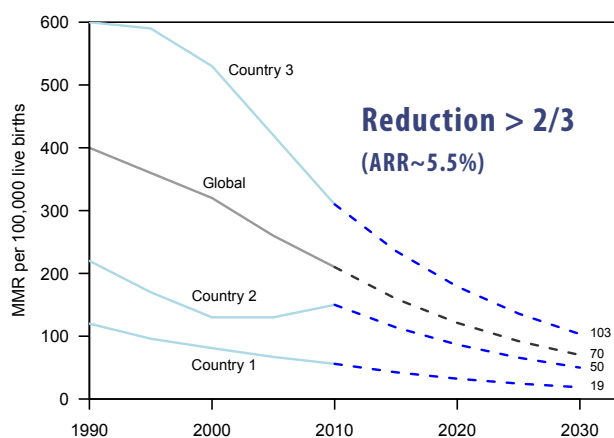
For countries with MMR less than 420 in 2010 (i.e. the majority of countries worldwide):

Reduce the MMR by at least two-thirds from the 2010 baseline by 2030.

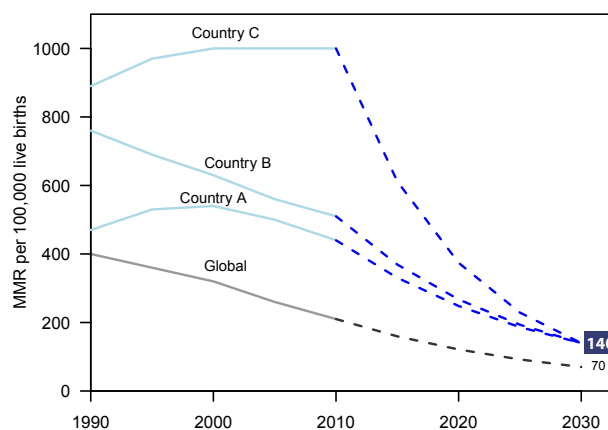
For all countries with baseline MMR greater than 420 in 2010:

The rate of decline should be steeper, and in 2030, no country should have an MMR over 140.

Countries with baseline MMR < 420



Countries with baseline MMR > 420



This target-setting was accompanied by **recognition of the need for improved measurement approaches and data quality to allow more accurate tracking of country progress**. In some regions, it may be appropriate to define more ambitious targets. This may contextualize the targets and allow collaboration and best practice sharing at the regional level.

### 3. Establishment of a 2020 interim milestone to track progress towards the ultimate 2030 MMR targets

To support countries to closely monitor progress towards their individual national targets for 2030, and understand the effectiveness of their chosen mortality reduction strategies, a major interim milestone is proposed to be measured in 2020.

## Strategic objectives for policy and programme planning to achieve MMR targets

A framework of broad strategic objectives in support of the goal of ending preventable maternal mortality was discussed and revised based on input and feedback from participants. There was agreement on the following strategic framework, under which key interventions and measures of success must be developed.

### Ultimate Goal: Ending Preventable Maternal Mortality

Guiding principles for achieving this goal:

- Empowering women, girls and communities.
- Protecting and supporting the mother-baby dyad.
- Ensuring country ownership, leadership, and supportive legal, regulatory and financial frameworks.
- Applying a human rights framework to ensure that high quality reproductive, maternal and newborn health care are available, accessible and acceptable to all who need them.

Cross-cutting actions for achieving this goal:

- Improving metrics, measurement systems and data quality to ensure that all maternal and newborn deaths are counted.
- Allocating adequate resources and effective health care financing.

Five strategic objectives that contribute to achieving this goal:

1. Addressing inequities in access to and quality of reproductive, maternal, and newborn health care services.
2. Ensuring universal health coverage for comprehensive reproductive, maternal and newborn health care.
3. Addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities.
4. Strengthening health systems to respond to the needs and priorities of women and girls.
5. Ensuring accountability in order to improve quality of care and equity.



Maternal Health Task Force



Maternal and Child Health Integrated Program

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