Data and measurement for maternal mortality and the SDGs

Doris CHOU, MD
Medical Officer, Department of Reproductive Health and Research

Twitter @HRPresearch
GOOD HEALTH AND WELL-BEING

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
HIGH-LEVEL POLITICAL FORUM 2017

The meeting of the high-level political forum on sustainable development in 2017 convened under the auspices of the Economic and Social Council, will be held from Monday, 10 July, to Wednesday, 19 July 2017. Including the three-day ministerial meeting of the forum from Monday, 17 July, to Wednesday, 19 July 2017.

The theme will be “Eradicating poverty and promoting prosperity in a changing world”. The set of goals to be reviewed in depth will be the following, including Goal 17: Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development, that will be considered each year.

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Forthcoming Report on progress for GSWCAH
Global MNH Monitoring Frameworks

- **Ending Preventable Maternal Mortality (EPMM)**
- **UN Agencies / WHO**
- **Every Newborn Action Plan (ENAP)**

**Metrics**
- EPMM Core Metrics Phase I (2015)
- EPMM Indicators for Key Themes Phase II (2016)
- Global Strategy Indicator Framework
- WHO MoNITOR
- ENAP Core Metrics (2014)
MONITOR Advisory Group

- The Vision: clear, independent, harmonized, and strategic advice for global and country teams engaged in maternal and newborn measurement and accountability

- (YR 1) Priorities for measurement and monitoring
  - Mapping existing indicators
  - Framework for collection and measurement of these indicators
  - Identify the gaps in measurement and make recommendations on harmonized measures
Data for women’s and children’s health

- Critical role of **DATA** in the SDGs, GSWCAH
- Evolution/strengthen use, collection, action from data via CRVS
- Country perspective on how data are collected, interpreted...and for what purpose?
EPMM Strategies Report

• Direction-setting report released in 2015
• Outlines global targets and strategies for reducing maternal mortality in the SDG period
• 11 Key Themes
  o Guiding Principles
  o Cross-Cutting Actions
  o Strategic Objectives
Development of the EPMM Strategies

Report

2013
- April: African Union Meeting: report developed to share targets
- August: Lancet commentary: “Ending preventable maternal deaths: the time is now”
- December: EPMM Working Group formed

2014
- April: Stakeholder meeting in Bangkok achieves consensus on EPMM targets and topline strategic objectives
- May: Every Newborn Action Plan (ENAP) is published and launched at World Health Assembly (WHA)
- EPMM targets included in ENAP and ratified at WHA
- June: EPMM draft report presented at the Partnership for Newborn, Maternal, and Child Health (PMNCH) Partners Forum, Johannesburg

2015
- February: Publication of EPMM Strategies report on World Health Organization (WHO) website
- May: EPMM report launched at WHA side event
- September: Sustainable Development Goals (SDGs) launch with EPMM maternal mortality ratio target included
- EPMM fed into the updated Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016–2030) [Global Strategy (2016–2030)]
- EPMM and ENAP strategic priorities combined in technical working paper “Ending preventable maternal and newborn deaths and stillbirths”
- Global Strategy (2016–2030) launches with EPMM maternal mortality ratio target included
DEVELOPMENT OF EPMM MONITORING FRAMEWORK
# 11 Key Themes in EPMM

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Cross-cutting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower women, girls, and communities</td>
<td>Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted</td>
</tr>
<tr>
<td>Integrate maternal and newborn health, protect and support the mother-baby dyad</td>
<td>Allocate adequate resources and effective health care financing</td>
</tr>
<tr>
<td>Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks</td>
<td></td>
</tr>
<tr>
<td>Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Five Strategic Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td>Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td>Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities</td>
</tr>
<tr>
<td>Strengthen health systems to respond to the needs and priorities of women and girls</td>
</tr>
<tr>
<td>Ensure accountability in order to improve quality of care and equity</td>
</tr>
</tbody>
</table>
EPMM Comprehensive Monitoring Framework

Phase I
- A core set of MH indicators with direct causal link to mortality for global monitoring and reporting by all countries

Phase II
- A robust menu of well-vetted, research-validated monitoring options for tracking key system drivers and social determinants of MH
- A menu/pick-list that countries can select from, while ensuring that standard definitions and meta data will allow cross-country comparisons and national benchmarking
<table>
<thead>
<tr>
<th>IMPACT</th>
<th>CORE EPMM INDICATOR</th>
<th>CORE ENAP Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maternal mortality ratio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal cause of death</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent birth rate</td>
<td></td>
</tr>
<tr>
<td>COVERED: Care for all</td>
<td>4. Four or more antenatal care visits</td>
<td>Content of antenatal care</td>
</tr>
<tr>
<td></td>
<td>5. Skilled attendant at birth</td>
<td>Content of postnatal care</td>
</tr>
<tr>
<td></td>
<td>6. Institutional delivery</td>
<td>Respectful maternity care</td>
</tr>
<tr>
<td></td>
<td>7. Early postnatal/postpartum care for woman and baby (within 2 days of birth)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Met need for family planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Uterotonic immediately after birth for prevention of post-partum hemorrhage (among facility births)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Caesarean section rate</td>
<td>Met need for EmONC</td>
</tr>
<tr>
<td>INPUTS and Counting</td>
<td>Availability of functional EmONC facilities</td>
<td></td>
</tr>
<tr>
<td><strong>IMPACT</strong></td>
<td><strong>CORE EPMM INDICATOR</strong></td>
<td><strong>CORE ENAP Indicators</strong></td>
</tr>
<tr>
<td>------------</td>
<td>------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Maternal mortality ratio</td>
<td>Maternal mortality ratio</td>
</tr>
<tr>
<td></td>
<td>Maternal cause of death</td>
<td>Stillbirth rate</td>
</tr>
<tr>
<td></td>
<td>Adolescent birth rate</td>
<td>Neonatal mortality rate</td>
</tr>
<tr>
<td></td>
<td>Four or more antenatal care visits</td>
<td>Skilled attendant at birth</td>
</tr>
<tr>
<td></td>
<td>Skilled attendant at birth</td>
<td>Early postnatal care for mothers and babies</td>
</tr>
<tr>
<td></td>
<td>Institutional delivery</td>
<td>Essential newborn care</td>
</tr>
<tr>
<td></td>
<td>Early postnatal/postpartum care for woman and baby (within 2 days of birth)</td>
<td>Antenatal corticosteroid use</td>
</tr>
<tr>
<td></td>
<td>Met need for family planning</td>
<td>Neonatal resuscitation</td>
</tr>
<tr>
<td></td>
<td>Uterotonic immediately after birth (among facility births)</td>
<td>Kangaroo mother care</td>
</tr>
<tr>
<td></td>
<td>Caesarean section rate</td>
<td>Treatment of serious neonatal infections</td>
</tr>
<tr>
<td></td>
<td>Maternal death registration</td>
<td>Emergency Obstetric Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care of Small and Sick Newborns</td>
</tr>
<tr>
<td></td>
<td>Availability of functional EmONC facilities</td>
<td>Every Mother Every Newborn Quality Initiative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth Registration</td>
</tr>
</tbody>
</table>

**COVERAGE:**
Care for all

**INPUTS and Counting**
The **25 indicators and 6 stratifiers from Phase II** can be grouped into these **maternal health topic areas**:

- **Health System Strengthening**: 22 indicators
- **Human Rights**: 16 indicators, 6 stratifiers
- **Universal Health Coverage**: 8 indicators
- **Empowering Women, Girls & Communities**: 10 indicators
- **Improving Measurement & Metrics**: 4 indicators

*Areas of interest are not mutually exclusive*
Linking Efforts in MNH Measurement
Areas for refinement and development

- “Holdovers from MDG” era
  - MMR and skilled health personnel
- Some need investment in the development of measurement methods and instruments, including:
  - Quality of care
  - Essential adolescent services
  - Governance, accountability and participation
  - Shared indicators with other sectors
- Specific populations/situations
Take away points

- EVERYONE, EVERYWHERE has something to do
  - Health care professional associations
  - NGOs and CSOs
  - Adolescents and youth
  - Academic and research centers
  - UN agencies

- Meaningful improvement on measurement needs investment and strategic implementation
Ending Preventable Maternal Mortality

For more information, visit:

**World Health Organization**

who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/

**Maternal Health Task Force**

www.mhtf.org/projects/ending-preventable-maternal-mortality/