

Call to action: Zero Preventable Maternal Deaths in the Americas



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PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Introduction

According to data published by the United Nations in February 2023, the Latin American and Caribbean (LAC) region had one maternal death every hour in 2020. By that same year, the maternal mortality ratio (MMR) in the region reverted to the levels of two decades ago.

The Americas Region is undergoing a triple transition, including demographic, epidemiological, and obstetric changes; characterized by a marked and steady decrease in fecundity, increase in the age of women at their first childbirth, high and increasing levels of institutional births, high levels of surgical deliveries, and an increase in the burden of preconceptional non-communicable diseases that increase mortality from indirect obstetric causes.

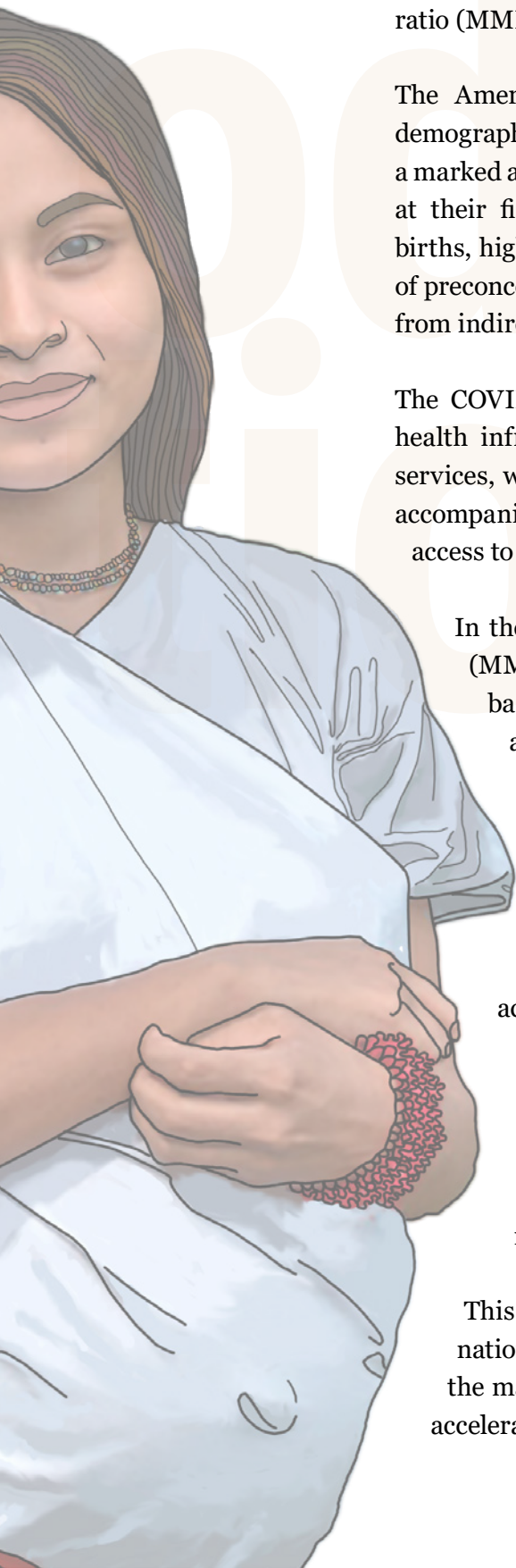
The COVID-19 pandemic exposed the vulnerabilities of the region's health infrastructures, exacerbating inequalities in access to health services, with a profound impact on women's lives. The pandemic was accompanied by excess maternal mortality and deepened inequities in access to essential sexual and reproductive health services.

In the years prior to the pandemic, the maternal mortality ratio (MMR) in the Americas had stagnated, as a result of the multiple barriers to access to health and quality care faced by women and adolescents in the Region.

This situation has highlighted the fragility of progress in the region, which needs to increase the current rate of maternal mortality reduction to achieve the regional goal of the Sustainable Health Agenda for the Americas (SHAA) of 30 deaths per 100,000 live births by 2030 and achieve the SDG goal of 3.1.

The current scenario demands an urgent mobilization of the governments of LAC countries to strengthen actions aimed at combating maternal mortality, especially in those countries with high mortality rates or high numbers of maternal deaths in absolute numbers.

This call urges countries to enhance immediate action at the national and subnational levels, with recommendations to address the main structural challenges of maternal health with the aim of accelerating the reduction of maternal mortality.



Situation analysis

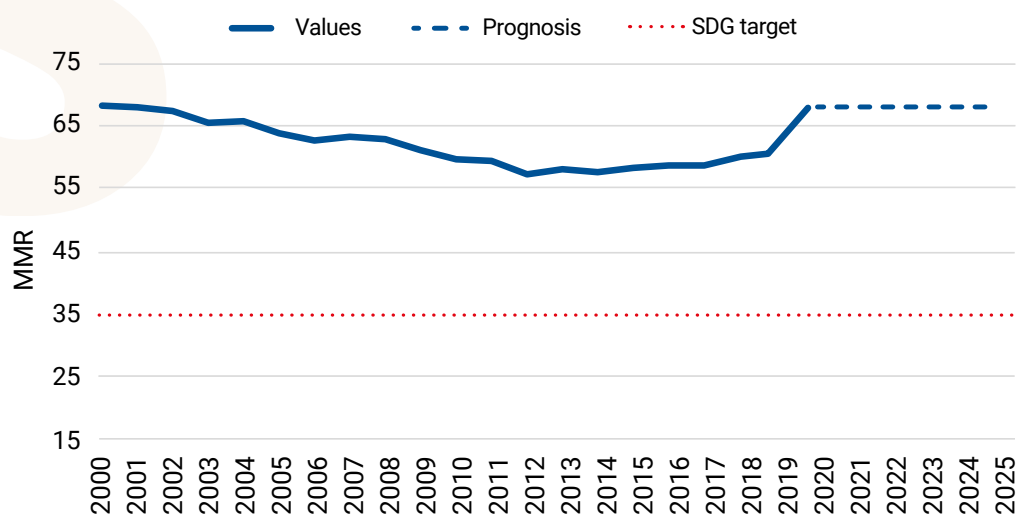
The 2023 United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG) estimates include information from the period 2000-2020. The global number of maternal deaths fell from 446,000 in 2000 to 287,000 in 2020, representing a 36.0% reduction. According to estimates in the region, the number of maternal deaths was approximately 9,200 (3.0% of global maternal mortality) in 2020, meaning that there was one maternal death per hour.

The regional MMR showed a downward trend from 2000 to 2014, with an average annual decrease of 1.2%. This reflected progress in reducing maternal mortality in that period. However, the average annual decrease was 2.8% globally.

In 2015 the regional MMR increased from 58 maternal deaths per 100,000 live births to 68 in 2020, representing an average annual percentage increase of 3.1%, while globally there was an average annual decrease of 0.3%. These data indicate a worrying divergence between regional and global trends in maternal mortality over the five-year period.

In 2019, PAHO alerted Member States to the slow progress in reducing maternal mortality worldwide and in the Americas in particular, expressed by a low percentage rate of annual reduction in maternal mortality. Based on this, a projection was made in the trend required to reduce maternal mortality by 2025 (being SHAA's intermediate goal to reach a regional MMR of 35 or fewer deaths per 100,000 live births).

Figure 1: Maternal Mortality Rate Trends in the Americas region



Source: Elaborated made based on United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG) (2020).

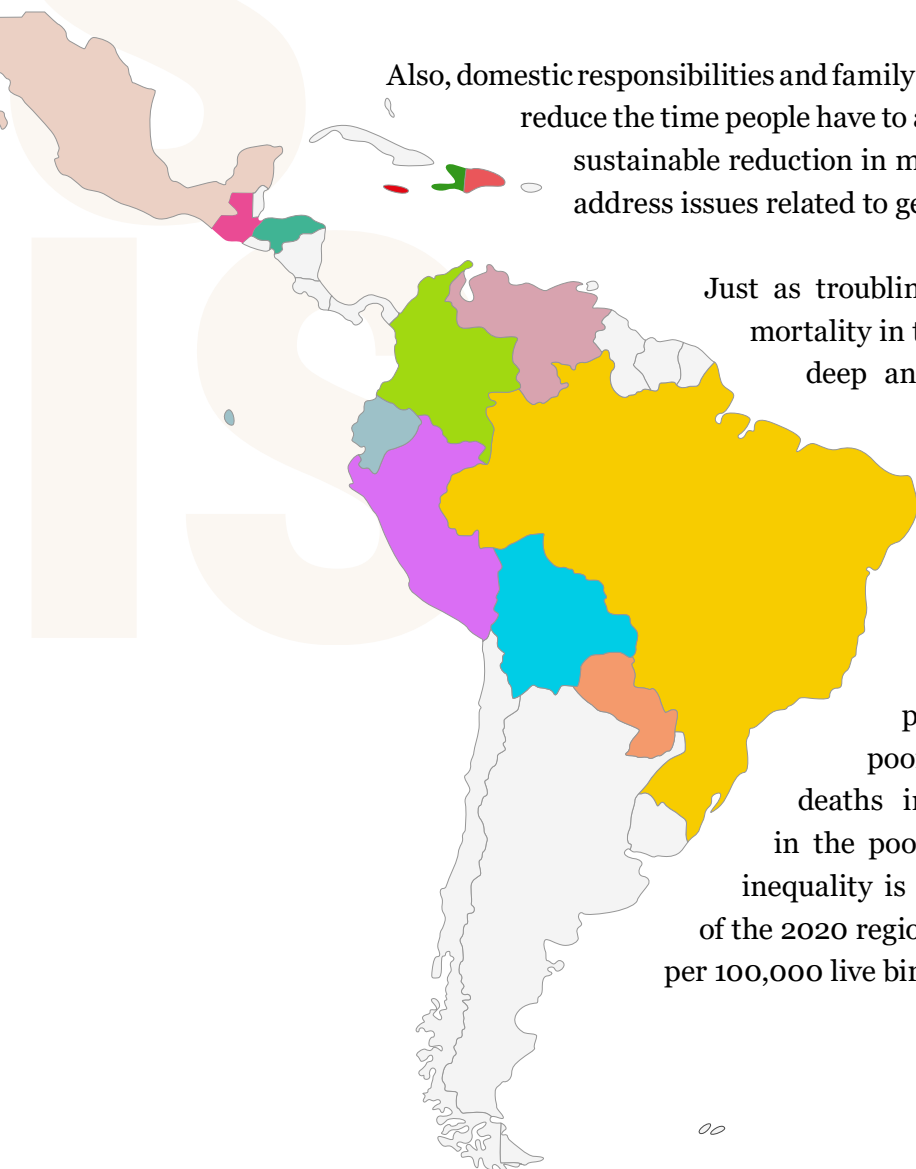
The current MMEIG estimates include what happened only in 2020 but not in 2021, the last year with a high impact on maternal mortality from COVID-19, a year in which maternal mortality was even higher in the Americas. This assertion is based on PAHO's publication of the latest epidemiological update on COVID-19 in pregnancy; showing that for every COVID-19-related maternal death reported to PAHO in 2020, 2.75 more maternal deaths were reported in 2021.

According to the following prioritization criteria, some countries have been selected considering their high absolute number of maternal deaths, their high MMR or the combination of both indicators. Twelve countries were considered a priority: Bolivia, Brazil, Colombia, Guatemala, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, the Dominican Republic and Venezuela. Identifying these countries will allow efforts and resources to be focused where the need to improve maternal health is most urgent.

Maternal death is the result of a multifactorial process caused by the interaction of structural elements such as the economic system, environmental conditions, and culture. In addition, other factors of social inequality are involved, including racism, poverty, gender inequality and lack of access to the education system. The interaction of these factors, considered attributes of vulnerability, conditions adverse maternal and perinatal outcomes.

Also, domestic responsibilities and family care, as well as working conditions, reduce the time people have to access health services. To achieve a sustainable reduction in maternal mortality, it is essential to address issues related to gender norms and roles.

Just as troubling as the magnitude of maternal mortality in the region – if not more so – is the deep and persistent inequality observed between and within countries. According to the most recent estimates by the Interagency Group's MMR, in countries ranked according to per capita income, in 2020 there was an excess of 140 maternal deaths per 100,000 live births among the poorest; in fact, half of all maternal deaths in the region were concentrated in the poorest 22%. The magnitude of this inequality is more than double the magnitude of the 2020 regional average of 68 maternal deaths per 100,000 live births.



In addition to working on the social determinants of maternal health, this situation requires focusing on the most socially vulnerable territories and populations, so as not to leave anyone behind.

Therefore, new strategies are required to address the main causes of obstetric complications, focusing on their positive impact on the determinants, while implementing reparative interventions on vulnerabilities.

Call to action

The implementation of policies, plans or strategies that integrate public and private structures at all levels of health systems in a call for action, demand conditions that contribute to the reduction of maternal mortality. These conditions include:

Political commitment and sufficient funding	All governments in the region must commit to prioritizing women's health and reducing maternal mortality in their public agendas.
Intersectoral action	Governments should prioritize intersectoral actions to prevent and mitigate social, cultural, economic, and legal barriers that limit access to maternal health services.
Institutional transparency	and public and continuous access to all data on the state of maternal health.
Consolidation of the Primary Health Care strategy	As a platform to reduce maternal mortality incorporating PHC elements and principles into the lines of action.
Legal frameworks	that prioritize and protect women's rights and health. Develop mechanisms and legal constitutional requirements for the protection and enforceability of women's rights.
Incorporation of the gender approach	in all public policies. This condition promotes the exercise of women's autonomy and the exercise of their rights, specifically, their sexual and reproductive rights.
Social mobilization	for the protection of women, including those pregnant. Build tools and strategies that generate the engagement of civil society, not only as a means to make maternal health visible but also to develop and strengthen social capital.

Lines of action

As an immediate action, all member countries are urged to develop a ***National Plan for the Accelerated Reduction of Maternal Mortality based on PHC***. This plan should be designed also engaging the stakeholders and civil society, and include, if necessary, the appropriate focus on populations or territories where maternal mortality is concentrated. Based on the most recent information and scientific evidence available, six lines of action are proposed to achieve a positive impact on maternal health and the prevention of preventable maternal mortality. These are:

Action Line 1:

Strengthen governance and stewardship in health and maternal health management

Improving maternal health outcomes and effectively reducing maternal mortality ratios requires the leadership of health authorities, with leadership capacity to drive innovations and improvements in the health system. Strengthening stewardship should translate into: i) formulation and implementation of national and subnational actions to improve maternal health, ii) definition of governance mechanisms and structures, iii) management and planning of financial, human and technological resources, iv) implementation of comprehensive interventions that guarantee access to and quality of maternal health services, sexual and reproductive health and v) improvement of information systems that allow the follow-up and monitoring of the strategy and the processes of accountability.

Action Line 2:

Expand and strengthen the first level of care, prioritizing territories and populations with high MMR and maternal mortality

It is necessary to expand the first level of care, ensuring access to all women, prioritizing those who live in conditions of higher risk of maternal morbidity and mortality. This implies: i) defining strategic actions within the framework of the maternal health situation, ii) focusing on or prioritizing the territories and populations that concentrate high maternal mortality ratios, iii) deploying health teams in the territories that have the necessary resources to provide essential benefits for maternal, sexual and reproductive health, (iv) investing in the organization of integrated health service networks by incorporating innovations to improve health outcomes, and reducing geographical, financial and cultural barriers to access; and v) promoting the participation of the community and an intersectoral approach to address the underlying causes of maternal mortality.

Action Line 3:

Strengthen health service networks with an emphasis on maternal, sexual and reproductive health care

It is necessary to strengthen national and subnational planning mechanisms, as well as tools for regulating care within health service networks for maternal, sexual and reproductive care. This implies investing in the expansion of maternal health service networks and expediting regulations that define integrated and comprehensive health service networks for maternal, sexual and reproductive care, ensuring continuity and complementarity between levels of health care; referral and counter-referral mechanisms and the timeliness in the diagnosis and treatment of pregnant women at high obstetric risk or in cases of extreme maternal morbidity or obstetric emergencies.

Action Line 4:

Ensure the quality of maternal, sexual and reproductive health care in integrated health service networks

Position quality and patient safety in maternal care as a central pillar to reduce maternal morbidity and mortality. This requires: i) Promoting and implementing quality standards in maternal health services, ensuring that all women receive safe, effective, respectful and culturally relevant care, ii) implementing comprehensive quality management and patient safety strategies to guarantee the effectiveness of interventions, with accountability mechanisms and continuous monitoring, and iii) promoting and implementing maternal clinical safety tools among health service providers, including, but not limited to clinical practice guidelines, cost-effective interventions, root cause analysis, checklists, an early warning scales and immediate response teams.

Action Line 5:

Ensure sufficient human resources for health, well distributed, trained, equipped and motivated

Ensure that the national policies or plans for Human Resources for Health incorporate strategies or lines of action on profiles by competencies, recruitment and retention, working conditions, professional career development and distribution of personnel, as well as data systems in accordance with the needs of PHC-based health systems towards universal health, for maternal, sexual and reproductive health care. This implies: i) adapting professional practice regulations and updating legal and remuneration frameworks and ii) developing and strengthening the capacities, skills and abilities of health teams for pregnancy, childbirth and postpartum care.

Action Line 6:

Empower women, families and communities for health care and enforceability of sexual and reproductive rights

Raise awareness of the seriousness of the current situation of maternal mortality in LAC, to encourage society to participate in actions to accelerate the reduction of preventable maternal deaths. This requires: i) strengthening national and subnational mechanisms for communication, ensuring concrete citizen participation, ii) promoting policies and actions for the empowerment of women, their families and communities that guarantee the recognition of their rights and the mechanisms to enforce them.

PAHO priority actions

Present technical and policy frameworks approved by Member States to define and implement National Plans for the ***Accelerated Reduction of Maternal Mortality based on PHC***.

Lead partnerships for joint and convergent action between partners and countries with expanded investment and access to maternal and reproductive health.

Establish technical cooperation and catalyze the sustainable improvement of national capacities and subnational teams in the analysis and response of maternal mortality and severe maternal morbidity.

Monitor the state of maternal mortality in the region and in each country, disaggregating the information by subnational levels and according to other key variables. Also, follow the progress of any actions implemented to reduce maternal mortality, through tools or technological solutions that ensure the monitoring of process, performance and result indicators.

Encourage and incentivize research and document good practices and exchange of multi-country experiences on maternal, sexual and reproductive health and disseminate knowledge and evidence on innovative tools, technologies and practices, implemented under the framework of PHC, to address maternal mortality.