

Summary report on the

Regional meeting on maternal death surveillance and response

WHO-EM/WRH/094/E

Rabat, Morocco
7–9 October 2013



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Regional Office for the Eastern Mediterranean

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1. Introduction

A meeting on maternal death surveillance and response was held in Rabat, Morocco, from 7 to 9 October 2013. The meeting was jointly organized by the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) and United Nations Population Fund Arab States Regional Office (UNFPA/ASRO) in collaboration with the Ministry of Health of Morocco. The meeting was attended by 43 participants from 10 countries of the Eastern Mediterranean Region: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan, Tunisia and Yemen. Also in attendance were concerned staff from UNFPA and WHO.

The objectives of the meeting were to:

- map current maternal death surveillance and response (MDSR) initiatives;
- review current status of country MDSR processes and methodologies;
- identify major bottlenecks for implementing MDSR;
- identify specific country needs for scaling up of MDSR;
- update information on tools for MDSR (including new information technologies, both at community and facility levels); and
- develop country plans for scaling up MDSR initiatives.

Dr Maha El-Adawy, Regional Technical Adviser, Sexual and Reproductive Health, UNFPA Arab States Regional Office, represented UNFPA in the opening session. He emphasized the urgent need to accelerate progress towards achieving Millennium Development Goal no. 5 (MDG5) especially in Member States that were still suffering of the high burden of maternal morbidity and mortality. He referred to the Johannesburg declaration and the Dubai declaration, both issued in 2013, as paving the way for Member States to fulfil their commitment for saving the lives of mothers and children.

Mr Yves Souteyrand, WHO Representative, Morocco, represented WHO in the opening session. He noted that the meeting was a step forward to further strengthen the practical use of maternal death reviews, and implement other components of MDSR at regional and country levels to improve quality of care to accelerate the reduction of maternal mortality and have the information necessary to measure the impact of these efforts, with specific focus on maternal and child health acceleration plans in MDG priority countries.

Dr Hafid Hachri, Head of Ambulatory Care Division, Ministry of Health, Morocco, stated that one of the main achievement made in Morocco was developing a country maternal and child health acceleration plan. The meeting was timely and consistent with the Moroccan efforts to promote maternal and child health in line with the national constitution safeguarding the rights of women and children in the country.

Dr Ramez Mahaini, Coordinator, Maternal and Child Health, WHO Regional Office for the Eastern Mediterranean, outlined the overall purpose of the meeting, which was to build regional and country capacities towards institutionalization of maternal deaths surveillance and response for improving quality of care in the Arab States and Eastern Mediterranean Region, with specific focus on maternal and child health acceleration plans in MDG priority countries.

The meeting was organized into technical presentations, presentations on country experiences and group work. The group work focused on developing recommendations on death reviews and drafting country workplans for scaling up maternal death surveillance and response in line with the existing roadmaps for information and accountability in the participating countries. Concerned staff from UNFPA and WHO joined the working groups and provided technical guidance and assistance where necessary.

Dr Hafid Hachri (Morocco) and Dr Laila Lachri (Morocco) were elected Chair and co-Chair, respectively.

2. Summary of discussions

Surveillance systems are essential for providing accurate information leading to the development of evidence-based approaches for improving public health, including reproductive and maternal health. The synergistic strength gained from an appropriately established surveillance system infrastructure enables systematic monitoring of determinants of health and evidence-based action through various stages of programme management including planning, implementation and evaluation. MDSR is an evolution of maternal death reviews that emphasizes maternal death as a notifiable event, the timely reporting of maternal deaths, a review process for all maternal deaths that produces recommendations to prevent future deaths, and response that includes the implementation of the recommendations.

Concerned with the slow progress towards achieving the targets of MDG5 in some countries, the United Nations Secretary-General launched a Global Strategy for Women's and Children's Health in September 2010. A commission for accountability and information was established in 2011 to encourage countries and their partners to be more accountable for women's and children's health. Ten MDG5 priority countries in the Region are implementing this strategy: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen. The Commission has put forward an accountability framework, which ensures active engagement at country level through eight implementation components, including MDSR.

In its 59th session in 2012, the Regional Committee endorsed maternal and child health as a strategic public health priority with specific focus on MDGs 4 and 5 priority countries in the Region. An initiative on saving

the lives of mothers and children was launched in Dubai, January 2013. Regional and national workshops were also conducted in 2012 to develop capacity in information and accountability country assessment and hence build national consensus and formulate country roadmaps for implementation.

MDSR assessment elements cover the following areas, which were discussed by participants during the meeting.

Notification

There is a national policy requiring notification of all maternal deaths (maternal death is a notifiable event within 24 hours).

Capacity to review and act

- There is national capacity to review and act as part of a system of maternal death surveillance and response.
- There is district capacity to review and act as part of a system of maternal death surveillance and response.

Hospitals/facilities

- Hospital reporting of maternal deaths is nearly complete (over 90%) and timely (within 24 hours) and provides reliable cause of death using ICD.
- All maternal deaths occurring in hospitals (public and private) are reviewed.

Quality of care

Quality of care assessments are conducted on a sample of maternity facilities on a regular basis (at least once every two years).

Community reporting and feedback

- All community maternal deaths are reported to districts within 24 hours.
- Electronic devices are used to get faster and more complete reporting from communities and initiate necessary response.
- Verbal autopsies are done for community maternal deaths.
- Communities receive feedback and are involved in the review.

Review of the system

The maternal death surveillance and response system is reviewed annually in terms of completeness of surveillance and quality of the response, including actions to improve quality of care. Scoring of the MDSR country situation is assessed accordingly.

It was noted that the maternal mortality surveillance system is well developed in Egypt, Morocco and Tunisia; developed to some extent in Iraq and Sudan; and poor in Afghanistan, Djibouti, Pakistan, Somalia and Yemen.

Country plans of action

The draft country plans of action underlined priority interventions for scaling up MDSR according to the current situation in the participating countries, focusing on the following areas:

- Notification (advocacy at high level for maternal death reporting within 24 hours);
- Hospital and facility;
- Capacity to review and act;
- Quality of care
- Community reporting and feedback; and

- Review of the system.

The main focus of country plans of action is summarized as follows.

Afghanistan: establishing MDSR on a pilot basis in maternity hospitals in Kabul and developing necessary infrastructure for expanding this project in the country.

Djibouti: strengthening the capacity of national public and private sectors in MDSR and training the required human resources in ICD10 and maternal audit at the health facility and home levels.

Egypt: improving the quality of the maternal mortality surveillance system in the country through training the required human resources in ICD10 and improving the level of supervisory and monitoring activities.

Iraq: assessing the currently implemented maternal death surveillance system, developing the tools necessary to improve the performance of the system and to enforce regulations required for notifying maternal death within 24 hours.

Morocco: improving the skills and knowledge of technical committees in provinces and cadres in maternity hospitals on maternal near miss and integrating of MDSR in the national surveillance system.

Pakistan: advocating the needs for establishing national surveillance system and involving the lady health workers in strengthening the community component of this programme; identifying gaps in the country and building capacity in secondary and tertiary hospitals, private sector and maternity homes.

Sudan: advocating for developing a notification policy, setting up required national infrastructure and training MDSR registers.

Tunisia: strengthening staff capacity in maternal mortality surveillance at the national and regional levels, developing an up-to-date national evaluation system and improving community participation in MDSR.

Yemen: establishing a national committee on maternal mortality surveillance and response and building national capacity on a pilot basis in maternity hospitals and in the community.

3. Next steps

The participants expressed appreciation for the UNFPA/WHO joint meeting on maternal death surveillance and response and expressed interest in further strengthening such critical areas of work in the Region, with specific focus on maternal and child health acceleration plans in MDG priority countries.

The participants were requested to discuss the draft workplans for establishing/strengthen national capacity in maternal death surveillance and response and finalize them with the concerned officials of the ministry of health and other relevant stakeholders.

The country workplans developed should be submitted to WHO and UNFPA no later than 21 November 2013.

Technical support to backstop implementation of the national activities will be available through WHO and UNFPA in line with the existing country maternal and child health acceleration plans and country roadmaps of information and accountability.

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