

Ending Preventable Maternal Mortality (EPMM)

A RENEWED FOCUS FOR IMPROVING MATERNAL AND NEWBORN HEALTH AND WELLBEING



Globally, maternal mortality declined by almost 38% from 2000 to 2017.¹ Yet an estimated 810 women continue to die each day due to complications of pregnancy and childbirth with the majority of deaths in low- and middle-income countries. For every woman who dies of pregnancy-related causes, many more suffer from morbidity, disabilities and long-term ill-health. The Sustainable Development Goal (SDG) 3.1 sets out that by 2030, the global maternal mortality ratio (MMR) is reduced to less than 70 per 100,000 live births, and no country should have an MMR more than 140 per 100,000 live births (Box-1).

Box 1: Recommended national targets to increase equity in global MMR reduction²

- For countries with MMR less than 420 in 2010 (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 so that in 2030, no country has an MMR greater than 140.
- For all countries with low baseline MMR in 2010: achieve equity in MMR for vulnerable populations at the subnational level.

Given the current pace of progress, it is estimated that the world will fall short of the global Sustainable Development Goals (SDG) target by more than one million lives as well as a burden on maternal health and well-being. In addition, as of 2019, there were an estimated 2 million stillbirths; half of these deaths happened during labour and childbirth (intrapartum stillbirths).³ The deaths and disabilities that occur during pregnancy and childbirth have far reaching effects on women and the newborns. While many countries have made significant advancements, significant disparities in equitable coverage of essential maternal and perinatal health interventions remain as barriers in many settings.

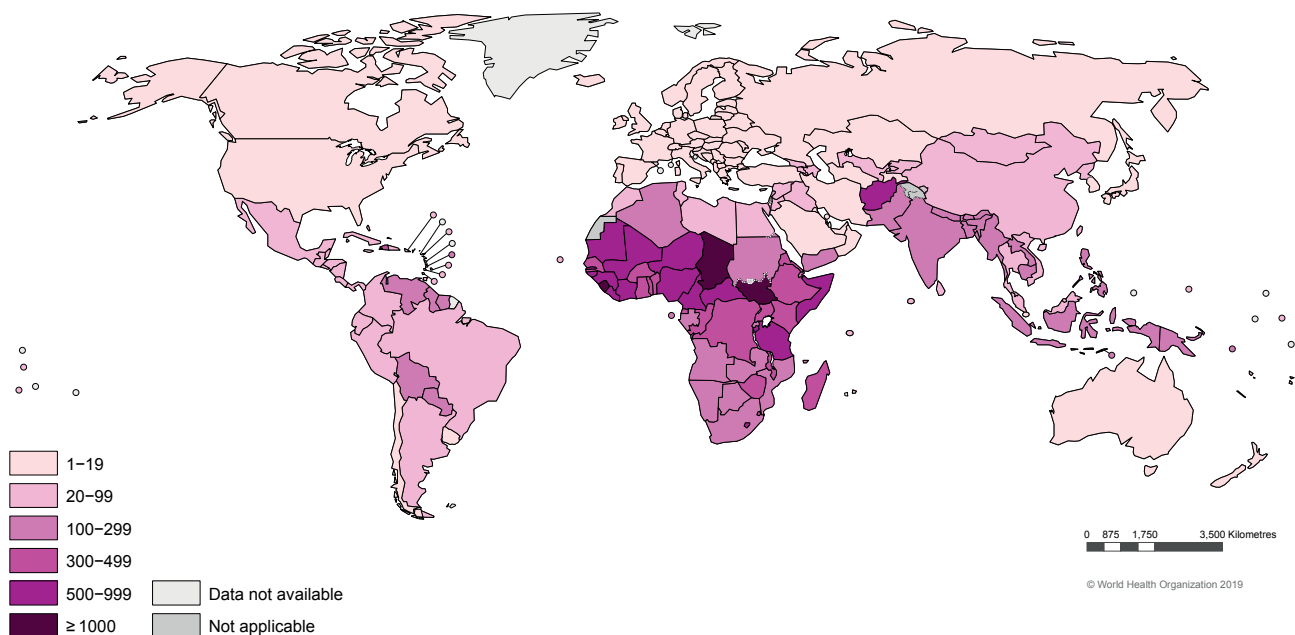


Figure - 1: Maternal Mortality Ratio (MMR) in 2017 (source: <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017>)

In 2015, the strategies for Ending Preventable Maternal Mortality (EPMM), a global multi-partner initiative, outlined broad strategies for maternal health programmes.² EPMM aims to improve maternal health and wellbeing and achieve the SDG target for MMR. Reaching the SDG targets is grounded in a holistic, human rights-based approach to sexual, reproductive, maternal and newborn health, and rests on the foundation of health system strengthening that supports effective implementation for universal health coverage.

1 WHO, UNICEF, UNFPA, World Bank, UNDP. Trends in maternal mortality: 2000 to 2017. Geneva: World Health Organization; 2019.
 2 World Health Organization. Strategies toward ending preventable maternal mortality (EPMM). Geneva: World Health Organization; 2015.
 3 UNICEF, WHO, World Bank Group and United Nations. A Neglected Tragedy- The Global Burden of Stillbirths; 2020. <https://www.unicef.org/reports/neglected-tragedy-global-burden-of-stillbirths-2020>

This system strengthening is context specific, systems-oriented, people-centric and prioritizes equity. With a renewed focus to support countries to accelerate efforts and achieve the goals and targets related to improving maternal and newborn health and wellbeing along the continuum of care, EPMM partners are committed to work with country leadership and the ministries of health to adopt and implement action-oriented plans and track progress at national and sub-national level.

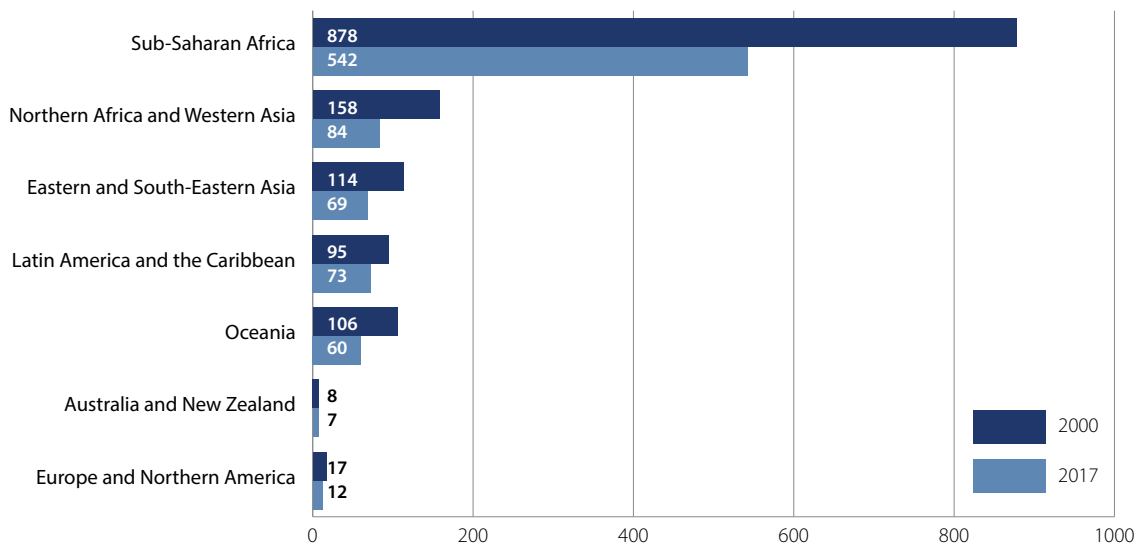


Figure - 2. Disparities in MMR across regions (Source: WHO, UNICEF, UNFPA, World Bank, UNDP. Trends in maternal mortality: 2000 to 2017. Geneva: World Health Organization; 2019.)

Box 2: EPMM Strategies²

Empower women, girls, and communities






Guiding Principles	Integrate maternal and newborn health, protect and support the mother-baby dyad
	Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
	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
Cross-cutting Actions	Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted
	Allocate adequate resources and effective health care financing
Five Strategic Objectives	Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare
	Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare
	Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities
	Strengthen health systems to respond to the needs and priorities of women and girls
	Ensure accountability in order to improve quality of care and equity

Five coverage targets and ten milestones towards advancing maternal health are proposed by EPMM

In an effort to accelerate progress toward the SDG targets and goals, EPMM has established coverage targets and milestones to track progress to 2030. These coverage targets and milestones were developed in consultation with relevant stakeholders and partners at national, regional and global level, and also ensured alignment with the targets and milestones launched by Every Newborn Action Plan (ENAP) in September 2020.⁴

Coverage targets for 2025

To achieve high-quality maternal and newborn healthcare, i.e., antenatal care, childbirth care, postnatal care as well as improvement in some broader determinants, such as, gender equality, women's empowerment, and others, five targets are set for three levels: Global, National and Sub-national. The first three of the five targets are common with the ENAP targets, given the importance of maintaining the maternal and newborn dyad.

<p>Target 1 Every Pregnant Woman (EPMM/ ENAP target)</p> 	<p>Indicator: Four or more antenatal Care contacts Global target: 90% global coverage of four or more antenatal care contacts National target: 90% of countries have > 70% coverage Subnational target: 80% of districts have > 70% coverage</p>
<p>Target 2 Every Birth (EPMM/ ENAP target)</p> 	<p>Indicator: Births attended by skilled health personnel Global target: 90% global average coverage of births attended by skilled health personnel National target: 90% of countries with > 80% coverage Subnational target: 80% of districts with > 80% coverage</p>
<p>Target 3 Every Woman & Newborn (EPMM/ ENAP target)</p> 	<p>Indicator: Early Routine Postnatal care (within 2 days) Global target: 80% global coverage of early postnatal care National target: 90% of countries with > 60% coverage Subnational target: 80% of districts with > 60% coverage</p>
<p>Target 4 Every Pregnant Woman with obstetric complications (EPMM target)</p> 	<p>Indicator: Proportion of the population covered by Emergency Obstetric Care (EmOC) health facilities within 2 hours of travel time Global target: at least 60% of the population able to physically access the closest EmOC health facility within 2h of travel time National target: 80% of countries with > 50% of the population able to physically access the closest EmOC health facility within 2h of travel time</p>
<p>Target 5 On broader determinants of maternal health (EPMM target)</p> 	<p>Indicator: Proportion of women aged 15-49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care (SDG 5.6.1.) Global target: 65% of women making their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care National target: 80% of countries enact legal and policy changes that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education</p>


⁴ Ending preventable newborn deaths and stillbirths by 2030, UNICEF and WHO, 2020.






Milestones towards progress

Ten milestones are proposed for tracking the implementation of the EPMM strategies to accelerate progress for maternal health and well-being in high-burden settings. The EPMM milestones, reviewed by the global, regional and country level stakeholders, were developed for 10 key areas - policies and plans, quality of care, equity, data for action, investment, health workforce, response and resilience, commodities, accountability, research, innovation and knowledge exchange (Figure-3).



Figure - 3: Framework for EPMM milestones towards progress.

<p>Milestone 1: Policies and Plans</p> 	<p>All countries have developed and implemented plans and policies as well as set targets for improving maternal and newborn survival and health and for preventing stillbirths, in line with WHO guidelines.</p>
<p>Milestone 2: Quality of Care</p> 	<p>All countries have adopted and are implementing the WHO standards for respectful, effective maternal and newborn care, including prevention of stillbirths and care after death, and have a system for learning from experience.</p>
<p>Milestone 3: Equity</p> 	<p>All countries are routinely tracking progress in addressing disparities in access to maternal and newborn healthcare at national and sub-national level.</p>
<p>Milestone 4: Data for action</p> 	<p>All countries are routinely tracking, collecting and using data to track progress in reaching targets for stillbirths and maternal deaths as well as the EPMM coverage targets to 2025 and the quality of care at national and sub-national levels using routine data or if appropriate from surveys or service readiness assessments.</p>
<p>Milestone 5: Investment</p> 	<p>All countries have allocated sufficient domestic and international resources to strengthen their health systems and implement their plans for improving maternal and neonatal survival and health and for preventing stillbirths.</p>

<p>Milestone 6: Workforce</p>		<p>All countries have developed and are implementing strategies and plans to increase the number, distribution, mentoring and retention of skilled health personnel for maternal and newborn health and to enhance their competence for respectful maternal and newborn care, prevention of stillbirths and care after death.</p>
<p>Milestone 7: Response and resilience</p>		<p>All countries have a preparedness and response plan that includes promoting maternal and newborn survival and health and preventing stillbirths and have a coordinated mechanism in place for its implementation, ensuring procurement of emergency supplies and monitoring survival and health outcomes.</p>
<p>Milestone 8: Commodities</p>		<p>All countries can ensure timely procurement, equitable distribution and access, appropriate use and maintenance of essential medical commodities and products (equipment, technologies and diagnostics) to facilitate the delivery of high-quality, affordable maternal and newborn healthcare, including care to prevent stillbirths.</p>
<p>Milestone 9: Accountability</p>		<p>All countries have developed and implemented accountability mechanisms to improve maternal health and prevent stillbirths, including coordination of stakeholders, and processes to count and review maternal deaths, stillbirths and newborn deaths and have promoted a shift in potentially harmful social norms.</p>
<p>Milestone 10: Research, Innovation and Knowledge Exchange</p>		<p>All countries are generating and using emerging evidence, including knowledge exchange, to improve maternal and newborn health and survival and to end preventable stillbirths.</p>

Call for action

Achieving the ambitious targets and goals will require urgent acceleration of progress. EPMM partners call on all stakeholders to take action and increase sustained commitment and investment to improving maternal and newborn survival and well-being. This will require context-specific actions at national and sub-national levels. EPMM will be working closely with the Every Newborn Action Plan (ENAP) to assess status and advancements along the pathway to achieve the targets. The EPMM Partners urges governments and the maternal and newborn health stakeholders to:

- Adopt the EPMM coverage targets in their national policies and strategies to improve maternal health along the continuum of care and reduce maternal mortality in their specific contexts
- Convene national stakeholder groups to establish national and subnational tracking and accountability mechanisms that will guide progress toward agreed upon goals
- Enhance domestic fiscal resources and empower domestic human resources to address disparities in maternal health
- Exert leadership within the donor community to drive more effective use of cooperative resources for maternal health along the continuum of care, and
- Strengthen intersectoral policy dialogues encompassing female education and security, human rights-based approach to sexual, reproductive, maternal and newborn health, and address the barriers in progress in a comprehensive way.

EPMM steering committee

World Health Organization (WHO)

United Nations Population Fund (UNFPA)

United Nations Children's Fund (UNICEF)

United States Agency for International Development (USAID)

World Bank

Global Financing Facility (GFF)

Bill and Melinda Gates Foundation (BMGF)

Foreign, Commonwealth & Development Office, UK

Ministry of Public Health, Cameroon

Ministry of Health, Ghana

Ministry of Health, Mexico

Ministry of Health, Sudan

Federal Ministry of Health, Ethiopia

Society of Obstetricians and Gynaecologists, Nepal

MAMTA-India

Jhpiego

Save the Children

International Confederation of Midwives (ICM)

International Federation of Gynecology and Obstetrics (FIGO)

MSD for Mothers

White Ribbon Alliance

Partnership for Maternal, Newborn & Child Health (PMNCH)

Management Sciences for Health (MSH)

Harvard School Public Health

Columbia University

Population Council

United Nations Institute for Training and Research (UNITAR)

Global Health Visions