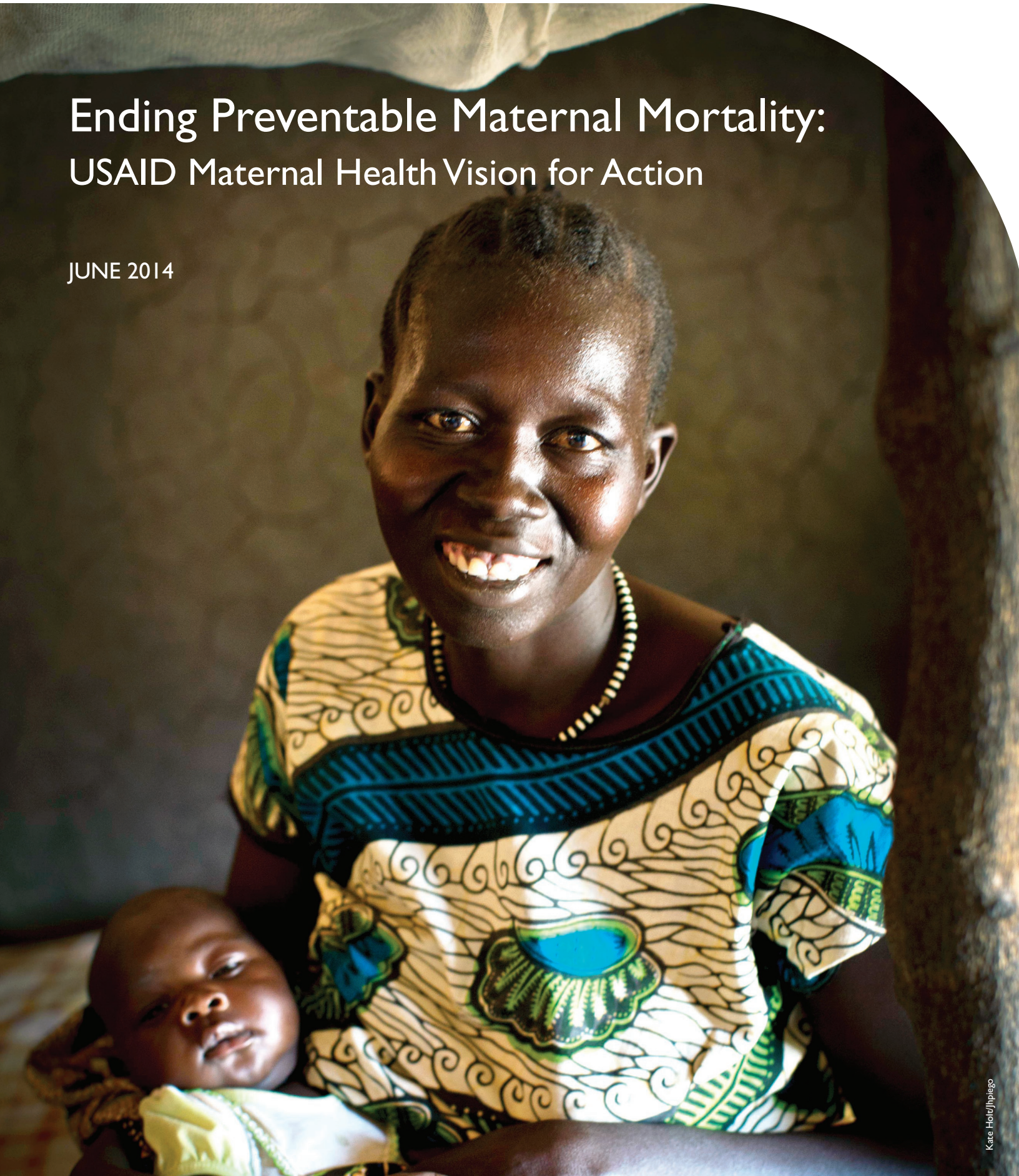




**USAID**  
FROM THE AMERICAN PEOPLE

# Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action

JUNE 2014



# TABLE OF CONTENTS

- Message from the Administrator . . . . . **3**
- Acronyms. . . . . **4**
- Summary . . . . . **5**
- Introduction . . . . . **6**
- A Bold Vision . . . . . **7**
- Global Targets Toward Ending Maternal Mortality . . . . . **8**
- Achieving the Vision Is Possible. . . . . **9**
- USAID’s Strategic Focus . . . . . **10**
- Achieving the Vision . . . . . **11**
- Measuring Progress. . . . . **15**
- Reaching Vulnerable Women and Ensuring Life-Saving Care for All . . . **16**
- Building on USAID’s Development Capacity . . . . . **17**
- Moving Forward . . . . . **18**
- References . . . . . **19**



## MESSAGE FROM THE ADMINISTRATOR

I am very pleased to share with you the U.S. Agency for International Development's (USAID's) 2014–2020 Maternal Health Vision for Action to ensure no woman dies from preventable causes as a result of pregnancy and birth. A cornerstone of our commitment to empowering women worldwide, this Vision represents a new way of working – one driven by cutting-edge data analysis and groundbreaking partnerships that deliver real, measurable results. Most importantly, it reflects the determination and commitment of the U.S. Government to end preventable child and maternal death by 2035.

Across the world, mothers give and protect life, nurture hope and potential and support communities large and small. Yet, for too many women worldwide, bringing children into the world can be dangerous or even deadly. The reality that we know today is unacceptable and heartbreaking as nearly 300,000 mothers and 3 million newborns continue to die every year from causes we know how to prevent.

Furthermore, the disparity between rich and poor nations is still staggering. Over a lifetime, a woman's risk of dying as a result of pregnancy and birth in sub-Saharan Africa – at what should be one of the most joyous moments of her life – is more than 47 times higher than here in the United States.

With a new model of development grounded by high-impact partnerships and affordable, proven innovations, we can make strides toward a brighter future for mothers across the developing world. We have played a significant role in building consensus on global targets and the principles and strategies needed to improve maternal survival. Important global trends – from lower fertility rates to improved access to education – have further shaped this moment as an unprecedented opportunity to accelerate progress.

The Vision for Action for 2014–2020 builds on an improving evidence base and promotes action-oriented leadership. It fully aligns with new global goals set in Bangkok in 2014: achieve an average maternal mortality ratio (MMR) of less than 70 per 100,000 by 2030 and ensure no country will have an MMR

greater than 140 in 2030. These targets will move us toward a world where a mother's country does not determine her risk of death related to pregnancy.

Created with input from our Missions, global health experts and an array of partners from science and civil society, this Vision will target our resources where they are needed most and in the most effective manner. It will enable us to scale up proven interventions and ensure that gains are sustainable. It will ground our efforts in evidence by investing in cutting-edge measurement and evaluation systems. And it will help us form game-changing partnerships that allow us to innovate faster and mobilize more resources.

From Nepal to Rwanda, we've seen this approach realize extraordinary results. By improving maternal and child survival, we drive broad-based economic growth and reduce birth rates. Families are able to invest more in nutrition, businesses and their children's education, advancing the next generation of leaders in the markets of the future.

At its core, this policy provides a blueprint for how we will work to achieve our vision of sustainable development, empowering local leaders to direct their own development. We will advocate for rapid progress through pragmatic action plans in 24 priority countries, promote public health through country programs and international partnerships, build capacity for scale and sustainability, seize opportunities to work collaboratively, and invest in research to continuously advance progress. Focus also remains on the essential task of strengthening local health systems, including their financing and governance, human resources and health information technology.

When a mother dies as a result of pregnancy or childbirth, it threatens her newborn's chance of survival, lowers her other children's chances for survival and education, and hurts her family and her country's prosperity. With a smart, focused, innovative approach, we know we can save millions of mothers and their children and create ripples of change that transform the future for all.

Rajiv J. Shah  
USAID Administrator  
June 2014

## ACRONYM LIST

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>EPMM</b>	Ending Preventable Maternal Mortality
<b>GH</b>	Global Health
<b>HIV</b>	Human Immunodeficiency Virus
<b>MCH</b>	Maternal and Child Health
<b>MCHIP</b>	Maternal and Child Health Integrated Program
<b>MDG</b>	Millennium Development Goals
<b>MMR</b>	Maternal Mortality Ratio
<b>OECD</b>	Organization of Economic Cooperation and Development
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	U.S. Agency for International Development
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization



Dave Burrows/jpipego

## SUMMARY

The world has made impressive progress in reducing maternal mortality over the past two and a half decades. Despite this progress, 289,000 women worldwide still die each year as a result of pregnancy and childbirth. Most of these women live in poor nations, and the disparities are immense: the lifetime risk of maternal mortality for a woman living in sub-Saharan Africa is over 47 times greater than for a woman living in the United States.<sup>1</sup> We know that most of these deaths are preventable. Women should not face unequal risks of death or disability due to pregnancy and childbearing, simply because of where they live. We possess the knowledge, tools, and resources to end this disparity. With a concerted effort from the international community and with strong political commitment, we can end preventable maternal deaths within a generation.

Ending Preventable Maternal Mortality (EPMM), now an internationally accepted goal, reflects a convergence of rich and poor nations focused on reducing maternal deaths. Our goal is to reduce the maternal mortality ratio (MMR) to a global average of less than 70 per 100,000 live births by 2030, and to < 50 per 100,000 live births by 2035.

In 2013, representatives from the World Health Organization and USAID proposed an ambitious but achievable goal in *The Lancet Global Health* to reduce the global average MMR to less than 50 per 100,000 live births by 2035.<sup>2</sup> This level is the equivalent of the high end of Organization for Economic Cooperation and Development (OECD) countries in 2010. Subsequent to *The Lancet* article, at an April, 2014 meeting hosted by the WHO, the Maternal Health Task Force, United Nations Population Fund, USAID and the Maternal and Child Health Integrated Program, representatives from 30 countries agreed on a 2030 global target MMR of less than 70 per 100,000 live births, with no country level greater than 140. The 2030 target places the world on a trajectory toward 2035 and the convergence of rich and poor nations for risk of maternal death. Achieving these goals would effectively end preventable maternal mortality.

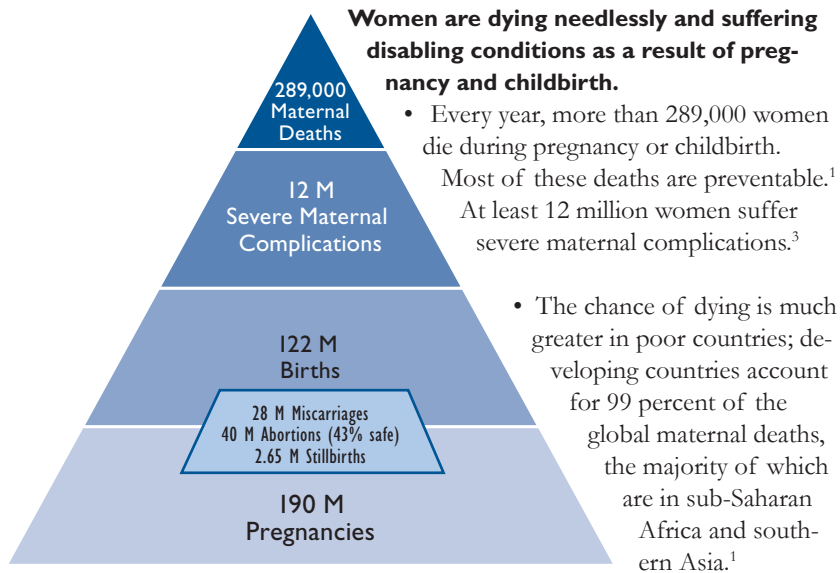
USAID has been a leading voice in the growing global consensus to end preventable maternal mortality. Optimizing maternal health and promoting female empowerment and gender equality are fundamental to achieving our mission: partnering to end extreme poverty and promote resilient, democratic societies while advancing our security and prosperity. Millions of women around the globe still do not receive the family planning and maternal health care they need to survive and thrive. We envision a world where no woman dies from preventable maternal causes, and maternal and fetal health are improved. Because of the beneficial impact that increased attention and care for childbearing women has on child survival, our efforts to end preventable maternal death will also contribute to the end of preventable newborn and child death.

The Vision for Action for Ending Preventable Maternal Mortality endorses an integrated, comprehensive, and holistic approach to improve maternal and fetal health at the country level. Emphasis is placed on equity, respect for women and convergence of countries in reducing disparities in risk of maternal death.

The Vision outlines the strategic approaches, geographic areas of focus, and drivers which serve as a lens and guide for targeted, context-specific, country-based programming that will result in sustainable programs and improved maternal and fetal health. In partnership with a wide array of stakeholders, USAID will advocate rapid progress, promote public health through country ownership and international partnerships, build capacity for scale and sustainability, support innovation, seize opportunities to work collaboratively across disciplines and sectors, and invest in evidence and research to drive progress toward the goal. For USAID, ending preventable maternal mortality is a development challenge as well as a health challenge, and as a development agency, USAID has unique contributions to inform the global agenda to make the EPMM vision a reality.

# INTRODUCTION

Maternal and child health has long been a priority of USAID’s health programming. Today it is clearer than ever that healthy mothers contribute not only to our global health objectives but also to the full range of USAID’s development objectives, from promoting broad based economic growth to increasing food security to supporting peacebuilding and building democratic states. Our success in achieving our core mission of partnering to end extreme poverty and promoting resilient democratic societies, rests, in part, on our success in helping to end preventable maternal mortality.



Source: Singh and Darroch, 2012; Stanton and Brandes 2012

- Disparities are enormous: the lifetime risk of maternal mortality in women living in sub-Saharan Africa is over 47 times greater than for those in the United States.<sup>1</sup>
- Among the 122 million women who have a live birth annually, 10 percent suffer complications and disability.<sup>4,5</sup> Maternal mortality is the “tip of the iceberg” of a broader array of maternal ill-health that adversely affects both childrens’ and mothers’ health, development, and ability to productively contribute to their communities and societies.

### Discrimination impedes a woman from her right to access quality, respectful maternity care.

- Key drivers of inequity in coverage and access to quality services may include poverty, cultural and gender norms, age, ethnicity, religion, economic status, social stigma, and geographical location.
- Preventable death and suffering persists due to a myriad of factors, including a failure to provide quality services and a woman’s lack of agency to utilize services.

### Weak health systems underlie poor care and health outcomes.

- Health systems are challenged by weak overall capacity. Challenges include a lack of leadership and management skills, staff, and supplies; inadequate financing and budgetary allocations; inadequate water and sanitation, electrical, and other infrastructure; poor or disjointed information systems; and lack of use of data for improved policy formulation and implementation.

### Despite the challenges, we can end preventable maternal mortality, and we can do it in a generation.

- Maternal mortality has already fallen significantly over the past two decades. We know better than ever before what the direct and indirect causes of maternal death are and what it will take to prevent such death.
- By working with host country leadership and other partners to reach the most vulnerable and focusing on the key drivers of maternal health, we can achieve the bold vision of ending preventable maternal deaths in a generation.



Ali Khurshid/Lighthouse Photography/Ipiego

# A BOLD VISION

The USAID Maternal Health Vision for Action lays out USAID’s contribution to achieving global targets on the road to ending maternal mortality in a generation. Our ultimate goal is an effective end to preventable maternal mortality by 2035, with a global target of no more than 50 maternal deaths for every 100,000 live births. USAID has helped to galvanize global consensus, and this Vision for Action sets a frame for USAID’s work to 2020, which we see as an important contribution to achieving global targets for 2030 and 2035.

A steady drumbeat is already underway to end preventable maternal mortality. The USAID Maternal Health Vision supports global efforts to reduce maternal deaths, including the United Nations (UN) Every Woman Every Child campaign, Family Planning 2020, the UN Commission on Life Saving Commodities, the UN Commission on Information and Accountability, A Promise Renewed to accelerate reduction in child mortality, and the global Every Newborn Action Plan.

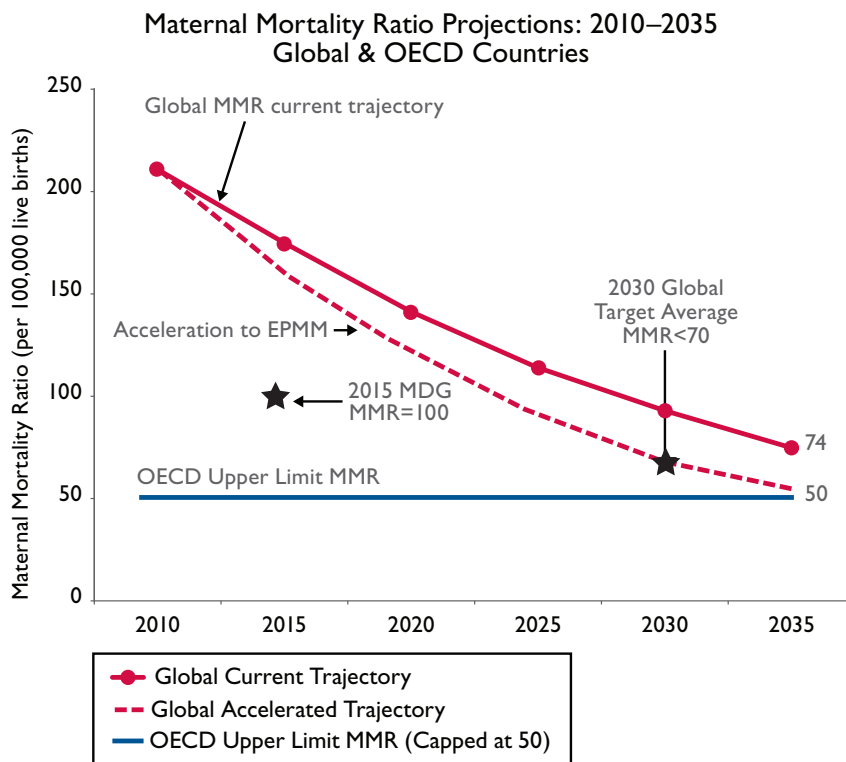
Since the last USAID Maternal Health Strategy was developed in 2003, the context for maternal health programming has changed significantly. USAID-funded programs are changing alongside this shifting context by:

- Expanding the focus on care to address indirect causes of maternal death, including HIV and AIDS, malaria, tuberculosis, malnutrition, and other diseases

- Ensuring quality and respectful care that promotes dignity and empathy
- Moving toward universal health coverage
- Advancing partnerships with the private sector
- Ensuring accountability for quality respectful care by supporting national and global advocacy and putting information in the hands of citizens

Despite recent progress, efforts to reach the Millenium Development Goal (MDG) 5 – improving maternal health – have fallen short. If we are to end preventable maternal mortality, the rate of global maternal mortality ratio (MMR) reduction must accelerate. This Vision sets out a plan for USAID to contribute to driving accelerated MMR reduction by:

- Focusing geographically on USAID’s 24 Maternal and Child Health (MCH) priority countries
- Promoting ten strategic drivers that together enable and mobilize individuals and communities; advance quality, respectful care; and strengthen health systems and continuous learning
- Ensuring that we reach the most vulnerable through consistently applied approaches for action that will underpin all programming



Source: WHO, UNICEF, UNFPA, The World Bank, United Nations, 2014

## Global Targets Toward Ending Preventable Maternal Mortality

### ▶▶ 2015

- Millennium Development Goal 5 (MDG 5) sets a target of 75 percent reduction in maternal mortality, from 400/100,000 live births to 100/100,000 between the 1990 baseline and 2015.
- Although progress has fallen short of achieving this MDG by 2015, every region of the world has made important gains, and globally, maternal mortality has fallen by 45 percent over the past two decades.

### ▶▶ 2030

- In April 2014, the World Health Organization, Maternal Health Task Force, United Nations Population Fund, USAID and the Maternal Child Health Integrated Program, and representatives from 30 countries agreed on a global target for a maternal mortality ratio (MMR) of less than 70/100,000 live births by 2030, with no single country having an MMR greater than 140. This will require that we collectively build on past efforts, accelerate progress and ensure strong political commitment from all stakeholders.

Source: Targets and Strategies for Ending Preventable Maternal Mortality. Consensus Statement. April 2014. Geneva: WHO

## USAID's Contribution Toward Ending Preventable Maternal Mortality

### ▶▶ 2020

- As a pathway to the agreed upon global targets for 2030 and beyond, USAID will contribute to ending preventable maternal mortality in 24 priority countries by increasing use of family planning, maternity care, and infectious disease and nutrition services.

### ▶▶ 2035

- USAID will contribute to leadership of the international community to achieve an effective end to preventable maternal mortality.
- In practice, this equates to a global MMR target of less than 50/100,000 live births. This target is the high end of Organization for Economic Cooperation and Development (OECD) countries in 2010.





Amy Cotter/USAID

## ACHIEVING THE VISION IS POSSIBLE

Significant progress has been made since 1990 to decrease the number of maternal deaths. This has been achieved with the leadership of national and local governments, in joint efforts with civil society and the private sector, and with support from USAID and other development partners. Successful countries have taken different pathways to reduce maternal mortality – approaches that are designed to meet the needs in local contexts. Examples of success in countries facing challenges of significant poverty, geographic features that limit access to services, cultural norms that isolate women, and weak health systems show that, despite these challenges, improving maternal and fetal health globally is achievable. For example, Cambodia reduced maternal mortality by 84 percent, surpassing the MDG 5 goal, and graduating from MCH priority country status. The country’s rapid economic growth, improved communications with over 60 percent mobile phone ownership, and government investment in transport infrastructure and in health facilities has contributed to this dramatic progress.<sup>6</sup>

Improvements in maternal health in Rwanda, which has already achieved MDG 5, is due in part to national health insurance that has made maternity care affordable and to increased use of modern health care services. Transport for referrals has improved, as has quality of care.<sup>7</sup>

Despite poverty and other challenges, Bangladesh has achieved a 5 percent annual rate of reduction in maternal mortality since 1990. Economic growth, decreased fertility, increased use of facilities, improved roads, and girls’ education have all contributed to progress in Bangladesh.<sup>8</sup>

Overall, developing countries of the world increased their annual rate of reduction of MMR from -2.2 percent in the period from 1990 to 2005 to -3.4 percent between 2005 and 2013.<sup>1</sup> By seizing on positive global trends in factors associated with reduced maternal risk (including reduced fertility rates, increased rates of female education and increased per capita gross domestic product), we have an unprecedented opportunity to realize a world where no woman dies from

preventable maternal causes, and maternal and fetal health are improved.

Projections from past progress in maternal mortality reduction since 1990 show that many countries, particularly in Asia, are close to reaching a trajectory to achieve the 2030 targets. Approximately 25 countries with very high MMRs, specifically those with an MMR > 420 in 2010, which are largely in sub-Saharan Africa, will need to triple annual rates of reduction of MMR; this level of acceleration will require a concentrated effort by national governments, working closely with international partners, civil society and the private sector to accelerate progress.

While such a level of progress may seem unrealistic, recent signs are encouraging. For example, in the past few years we have seen new country government policies, as in Kenya, to address financial barriers by providing free maternity care.<sup>9</sup> In India, conditional cash transfers have resulted in increased uptake of maternity services.<sup>10</sup> Performance-based incentives to improve quality of care and encourage women to seek maternity care show positive results in increased institutional deliveries and the quality of antenatal care.<sup>11</sup> In addition, the international community is galvanizing and supporting countries to meet women’s need for family planning, and international initiatives are more effectively addressing infectious diseases and malnutrition that influence pregnancy outcomes. By focusing on high burden countries, collaborating with a wide array of partners, concentrating on improving access, quality of care and referral systems, and holding governments accountable, the vision is achievable.

The following sections of this Vision for Action set out the fundamental principles of our approach to reducing maternal mortality. These principles rely on a geographic focus on 24 priority countries; concentrate our efforts on the key drivers that enable and mobilize individuals and communities, advance quality, respectful care, and strengthen health systems and learning; and ensure that our work reaches all women, regardless of circumstance.

# USAID'S STRATEGIC FOCUS

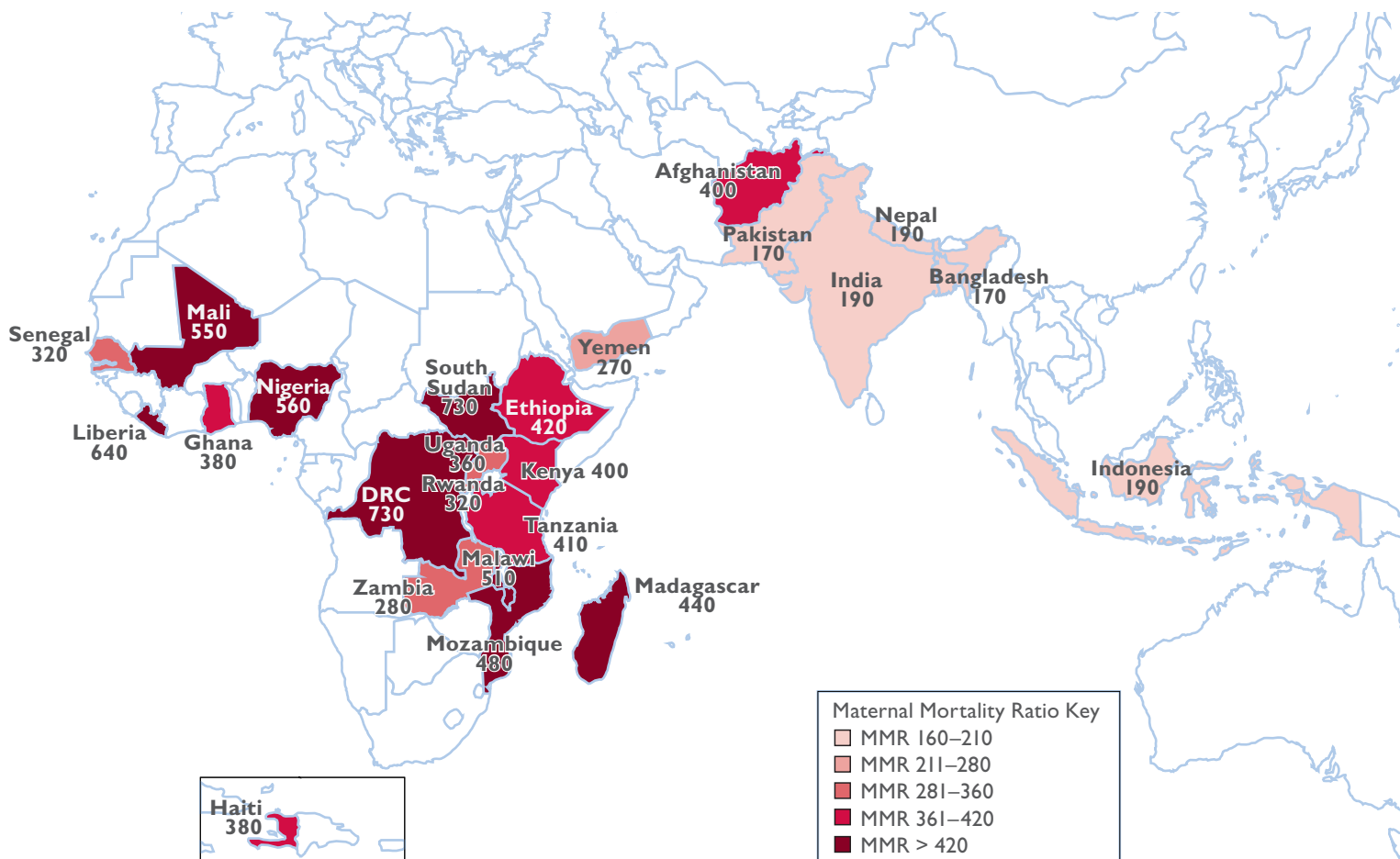
The USAID Maternal Health Vision for Action focuses geographically on 24 countries where 70 percent of maternal deaths occur.

Selected because of the magnitude and severity of maternal and child deaths as well as country commitment, USAID health program presence, and opportunity for partnerships, 24 countries are given priority within USAID maternal and child health programs:

- Africa: Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Sudan, Tanzania, Uganda, and Zambia
- Asia: Afghanistan, Bangladesh, India, Indonesia, Nepal, and Pakistan
- Middle East: Yemen
- Latin America and the Caribbean: Haiti

USAID will continue targeted support to select non-priority countries and regions according to country context and need. For example, some countries coming out of conflict are initiating or restarting development programs; others are progressing to diminishing need for external assistance while strengthening health systems for sustainability. Within countries, USAID focuses on approaches tailored to the specific and dynamic country situations to accelerate mortality reduction and achieve national impact. In each focus country, USAID will coordinate with government counterparts to design and implement activities based on the country context – including epidemiology, geography, culture, strength of the health system, country plans, local as well as other evidence, and the roles of other development partners and stakeholders. Within countries, USAID's programs will focus on the most vulnerable. Plans will vary and evolve depending upon where and with whom women give birth and the primary causes of maternal mortality.

Maternal Mortality Ratio in 24 MCH Priority Countries (2013)



Source: WHO, UNICEF, UNFPA. The World Bank, United Nations 2014.



Kate Holt/jhpiego

## ACHIEVING THE VISION

To achieve our vision, USAID is committed to three primary components, which will be critical to making progress and achieving our overall goals. These components are:

1. Enabling and mobilizing individuals and communities
2. Advancing quality, respectful care
3. Strengthening health systems and continuous learning

For each of these areas, the Vision for Action identifies the strategic drivers that enable progress toward achieving the targets that are set out in the next section.

### ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

Fundamental to saving the lives of childbearing women is recognition that the community is an essential part of the health system and that empowered individuals in the community are indispensable for taking responsibility for their own care. The formal health care system is responsible for the health and survival for its citizens.

#### Strategic Driver 1

##### Improve individual, household, and community behaviors and norms

Prospects for a healthy outcome for both mother and baby improve when all women and families have adequate knowledge and are supported by their communities to: choose whether and when to become pregnant; enter pregnancy as free from infection as possible and with good nutritional status; and maintain healthy behaviors during pregnancy, birth, and postpartum by accessing

family planning, antenatal care, skilled care for delivery in health facilities, and postnatal care. USAID will strengthen positive individual and community involvement through:

- Supporting programs to improve healthful maternal and household behaviors, including seeking care for uncomplicated pregnancy and birth and for prompt treatment of complications;
- Advancing community mobilization efforts to build capacity of women, families, and communities to actively engage with each other and health providers and managers to improve the quality of services and to hold health systems accountable.

#### Strategic Driver 2

##### Improve equity of access to and use of services by the most vulnerable

Quality maternal health care is fundamental to the survival of pregnant and childbearing women. Quality care includes access to services, goods and information, and removal of age, marital status, social, cultural, racial, ethnic, geographic, economic, legal and political barriers that put pregnant women and their newborns at peril. Women and girls must have access to affordable, quality, respectful maternity care. Men, boys and other decision-makers must also be engaged as advocates and change agents. Improving maternal health strengthens not only the individual woman, but also her family and community. USAID will continue to address the key drivers of inequity in access to and provision of quality services through:

- Supporting the transformation of social and cultural norms through community-led initiatives and programs in the maternal health context;

- Linking with other sectors to support improvements in education, training, and employment opportunities for girls and women and to decrease child marriage and delay childbearing;
- Reducing barriers to safe delivery services and rapid referrals for emergency obstetric and newborn care using a systems approach;
- Catalyzing government action to increase national budget allocations for maternal and newborn health and nutrition and promoting innovative financing reforms to decrease economic barriers to use of maternal health services.

### ADVANCING QUALITY, RESPECTFUL CARE

This component of the Vision for Action focuses on family planning, maternity care, infectious disease, and nutrition programs that are all critical to reduce maternal mortality. In addition, this component highlights previously neglected maternal and fetal health along with mortality reduction and the importance of behaviors of childbearing women and their caregivers that relate to quality of care and protection of human rights.

#### Strategic Driver 3

##### Strengthen integration of maternal health services with family planning

Family planning is an integral element of improved maternal and fetal health. Family planning improves health outcomes by reducing the number of times that a woman is exposed to risks of pregnancy and the annual numbers of births; reducing the number of high-risk pregnancies by ensuring healthy timing and spacing of pregnancy;

and meeting the modern contraceptive needs of millions of women who want to prevent pregnancy. Continued advocacy for family planning and provision of services for improved maternal and newborn health and survival are crucial. To reduce unmet need for family planning and increase opportunities for healthy timing and spacing of pregnancies, USAID strategies include:

- Educating women, girls, men, and their families on family planning's role in ensuring pregnancies are timed and spaced to occur at the healthiest point in a woman's life;
- Expanding the mix of available contraceptives to help women effectively delay, time, space, and limit pregnancies to achieve their fertility intentions;
- Promoting post-abortion and postpartum family planning care that offers a full range of family planning information, counseling, and services;
- Advancing policies to support informed choice, empowerment, and gender equality and to meet women and girls' family planning, health, and education needs.

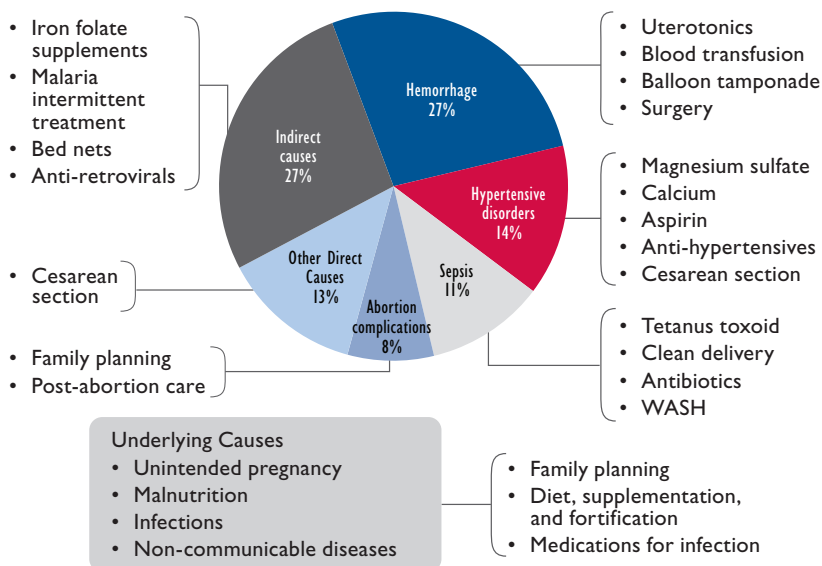
#### Strategic Driver 4

##### Scale up quality maternal and fetal health care

The direct causes of maternal death are well-known – obstetric hemorrhage (primarily postpartum), severe pre-eclampsia and eclampsia, puerperal sepsis and unsafe abortion<sup>12</sup> – as are effective interventions to mitigate them.<sup>13, 14, 15, 16</sup> Those interventions can be best delivered through quality maternity care provided by skilled health providers in facilities who are working in teams to ensure that all women can be attended throughout the antepartum, intrapartum, and postpartum periods and with back-up support through referral mechanisms.<sup>17</sup> Through a programmatic framework supporting demand, sustainable service quality, and an enabling environment, USAID will assist the design, implementation, expansion, and evaluation of integrated, comprehensive strategies through:

- Expanding and scaling up high-impact interventions for the complications that kill;
- Supporting the integration of interventions that address stillbirth and preterm birth;
- Strengthening the referral system and response to manage complications and life-threatening emergencies;
- Promoting the use of standards and evidence-based guidelines for improved quality care;
- Increasing the use of evidence-based process improvement and regulatory strategies.

### Global Causes of Maternal Death and Selected Key Interventions



Source: Say L. et al. 2014; PMNCH 2011; Benova et al. 2014; WHO 2012

## Strategic Driver 5

### Prevent, diagnose, and treat the indirect causes of maternal mortality and poor birth outcomes

Though the main indirect causes of maternal death vary across countries and regions, taken together indirect causes contribute to over a quarter of maternal deaths. These indirect causes, especially HIV and AIDS, tuberculosis, malaria, sexually-transmitted infections, urinary tract infections, and other opportunistic infections, contribute to a large and growing proportion of maternal and fetal deaths and morbidities where these infections are prevalent. In particular, HIV and AIDS during pregnancy increase the risk of death for both the woman and her baby. Maternal under-nutrition, anemia and overweight/obesity also contribute to poor birth outcomes. Integration of maternal health services with newborn and child health, family planning, infectious diseases, nutrition, and water, sanitation and hygiene is a priority to promote cost-effective and client friendly services. USAID strategies include:

- Strengthening the provision of quality, integrated antenatal care for prevention, screening, diagnosis, and treatment of infectious and non-communicable diseases and for improving nutritional status;
- Improving the acceptability of, adherence to, and quality of evidence-based prevention and treatment interventions for infectious diseases and malnutrition for women through pregnancy, labor and delivery, and the postpartum period.

## Strategic Driver 6

### Increase focus on averting and addressing maternal morbidity and disability

Women's ability to feed their infants, nurture themselves and their families, and be productive members of their communities rests on a full recovery from pregnancy. However, an estimated 10 percent of women who give birth each year suffer complications of varying severity. For those women who do not die, there can be long-term morbidities and disabilities resulting from these complications.

While USAID maternal health programs have long contributed to prevention and management of maternal morbidities as a consequence of addressing maternal mortality, USAID will continue to give special attention to prevention and surgical repair of obstetric fistula, a serious injury that occurs from prolonged and obstructed childbirth, as well as the treatment of anemia. Additional complications may go beyond biomedical conditions to include violence, family disruption, and economic consequences for the family and for the health system generally. USAID strategies to address morbidity and disability include:

- Developing, testing, and implementing interventions for selected disabling maternal morbidities;



Kate Holt/MCHIP/jhpiego

- Building capacity to manage and sustain programs to address selected morbidities and disabilities;
- Advocating for global and national attention and programs to address maternal morbidities and disabilities.

## Strategic Driver 7

### Advance choice and respectful maternity care and improve working conditions for providers

Growing evidence is emerging on disrespect and abuse of women giving birth.<sup>18</sup> This includes documentation that disrespect and abuse is widespread throughout the world, the manifestations are highly varied, and the perceptions of abuse differ between women and their caregivers. Disrespect and abuse is not only a violation of women's basic rights, it is also a deterrent to using life-saving health services. Until recently, a "veil of silence" has obscured widespread humiliation and abuse of women in facilities during childbirth, a time of intense vulnerability for women. Unfortunately, women may have normalized this disrespect or are unable to freely choose individual procedures. A potential contributing factor to disrespectful and abusive care is that many skilled birth attendants, especially female providers, work in extremely difficult, stressful, isolated, and unsafe environments. These health care workers and attendants are often poorly paid, demoralized, and disrespected. Concerted attention to this issue of positive provider attitudes is therefore fundamental to ensuring the rights of health workers and to providing quality of care. USAID strategies include:

- Implementing and documenting the effect of methods to promote compassionate and respectful treatment of childbearing women;
- Promoting policies to support women's choices of care;

- Advocating at global, national, and local levels to recognize, address, and hold accountable those responsible for disrespect of and unsatisfactory conditions for women in family planning and maternity care and for their health care providers.

## **STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING**

Good maternal and fetal health are necessarily dependent upon a functioning health system. This is crucial for saving lives and preventing disability in the short term and is essential for sustainability. Furthermore, new opportunities and the critical need to invest more wisely demand targeted research and analyses to guide policy maker, programmer, and clinician decisions.

### **Strategic Driver 8**

#### **Strengthen and support health systems**

Improving maternal health is necessarily a health systems initiative because of the need to work within existing service structures and strengthen system efforts aimed at improving overall performance in addition to maternal care specifically. Given this connection with the larger health system, maternal health programs must actively engage health system governance to address factors directly affecting maternal outcomes, including financing, devolution, urbanization, and privatization. USAID will promote interventions aimed at:

- Promoting public and private sector resource mobilization to transition toward greater sustainability of health systems;
- Building the competency of health providers and promoting policies, budgets, and regulations to address the needed skill level mix, appropriate deployment, retention, and motivational efforts;
- Strengthening supply chain systems, supporting regulatory efforts, ensuring availability of essential quality maternal and newborn health commodities, and the availability and maintenance of necessary equipment;
- Fostering quality of care through advocacy, legal, and regulatory mechanisms with both private and public sector providers;
- Improving referral systems at all levels to ensure women receive timely quality emergency obstetric services;
- Advocating for availability and use of essential water, sanitation, and electricity in maternal newborn facilities.

### **Strategic Driver 9**

#### **Promote data for decision-making and accountability**

To track progress toward global, national, and local goals and targets, there is need to strengthen the availability and quality

of data on maternal and fetal mortality and health to inform decision-making and promote accountability. New technologies, including mobile and mapping applications, will assist in this effort. USAID strategies include:

- Developing, testing and refining metrics that assess norms and behaviors, service availability, equity and quality of maternal and fetal care, coverage of key interventions, and maternal morbidities;
- Supporting multiple data collection efforts for systematic monitoring and evaluation of processes and outcomes;
- Strengthening efforts to enumerate all maternal, fetal, and neonatal deaths at community and facility levels, including cause of death, so the magnitude and characteristics of mortality can be understood and addressed;
- Improving use of data by decision-makers, community members, civil society, and professional organizations to improve the management and quality of programs and inform resource allocation.

### **Strategic Driver 10**

#### **Promote innovation and research for policy and programs**

Enhanced research is essential to improve policies and their implementation and ultimately to scale up high-impact maternal health interventions and programs. To address gaps in knowledge and improve systematic review of data for decision-making to improve policies and programs, USAID relies on identification and testing of new technologies and approaches, implementation research, and rigorous monitoring and evaluation, as well as secondary data analysis. In collaboration with other partners, USAID will focus on:

- Building knowledge for improved policies, program design, and implementation of, for example, programmatic and individual factors affecting maternal and fetal health status, outcomes, and consequences;
- Supporting demand for and utilization of quality services – especially by the most vulnerable – based on documented context-specific needs and opportunities;
- Identifying, testing, and implementing innovative and neglected tools, technologies, and approaches to improve the quality of services toward more effective maternity care, integrated services, and improved referral systems, as well as respectful treatment of individuals;
- Facilitating research utilization and uptake of high-impact interventions at scale and documentation of their use through health management systems and other records.



## MEASURING PROGRESS

Jhpiego

USAID builds on its long history of supporting data collection, analysis, and use for maternal and fetal health and family planning. In order to ensure progress toward the 2030 MMR target and the ultimate 2035 goal of convergence with the 2010 upper limit MMR of OECD countries, USAID will aim to contribute to the following targets at the national level in the 24 priority countries by 2020 (see table).

In addition to tracking progress on these outcome indicators, USAID will support the monitoring and tracking of process indicators to assess coverage and quality of maternal and fetal interventions in key programs and countries. These indicators will include the availability of comprehensive and emergency obstetric and neonatal care; readiness of facility to provide quality care, such as having adequate staffing; 24/7 services; availability of essential medicines; coverage of uterotonics during the third stage of labor; use of the partograph for all births; and appropriate management of complications. In addition, we will support special studies in USAID-supported programs to measure unmet need, near miss, and behavior change interventions to increase demand for and use of life-saving services.

Indicator*	Baseline 2013	Target 2020
Antenatal care, at least one visit	80%	90%
Antenatal care, at least four visits	44%	65%
Use of skilled birth attendant	51%	60%
Facility delivery	34%	60%
Facility delivery, rural	25%	45%
Facility delivery in bottom two wealth quintiles	7%	20%
Cesarean-section, rural	3.7%	5%
Cesarean-section in bottom two wealth quintiles	0.87%	3.5%
Postnatal care for women within two days of birth, regardless of birth location	38.7%	55%

\* Data source: Demographic and Health Surveys



Carrie Ngonjo and Ellen Brazier/EngenderHealth

## REACHING VULNERABLE WOMEN AND ENSURING LIFE-SAVING CARE FOR ALL

By focusing on the relevant drivers that reduce maternal mortality, USAID intends to contribute to accelerating progress toward ending preventable maternal mortality. But we will not succeed unless we commit to reaching the most vulnerable. Inequity in access to health information, referral systems, and care often underlies poor maternal and fetal outcomes. USAID commits to ensuring that every woman's life is valued and respected, no matter who she is, where she lives, or what her situation is. This can be achieved through community mobilization and social and behavior change interventions for women and their communities; the promotion of both quality and accessibility of services through community outreach and in health care facilities; and the tackling of barriers to the use and provision of life-saving services through strengthening health systems and other means. Women and their families will be supported to give voice to their preferences and choices. Policymakers, managers, and health care providers will be supported to offer affordable, effective, life-saving decisions. Moreover, results from research will provide critical information to shape programs designed to reach vulnerable women and ensure improved maternal care.

The following approaches for action guide USAID's aim to reach all women:

- **Focus on women, girls, and gender equity** with specific attention to the mother-baby dyad throughout the maternity period.
- **Promote and advocate for women's informed choice** in use of family planning, maternity care, and other health services.
- **Strengthen the continuum of care from household to hospital** to improve pregnancy outcomes.
- **Promote policies and programs based on the best available evidence and local ownership.**
- **Build capacity** for quality of care, scale, and sustainability.



# BUILDING ON USAID'S DEVELOPMENT CAPACITY

Ensuring the survival and health of women is an imperative in its own right. But it is also a development priority because of the critical roles that women play in the nurture and education of their children as productive workers in their societies, as vibrant contributors to global economic growth, and as leaders in building democratic societies. This Vision for Action focuses closely on USAID's investments in health with the most proximate effects on maternal and fetal health outcomes, as well as on newborn and child survival.

In addition to focusing on health sector improvements, USAID will leverage investments in other sectors and seize opportunities to work collaboratively across disciplines to yield greater benefits for women and for development. Healthy pregnancy outcomes for mothers and their children are integral to many of USAID's priorities, including our core mission to partner to end extreme poverty and promote resilient, democratic societies. As a development agency, USAID brings skills and resources to bear across many fields that ultimately influence women's health, such as girls' education, economic growth and productivity, food security and nutrition, and democracy and governance. Vulnerable women are a major target group for assistance in times of crisis and can be powerful forces for peace and security in fragile and conflict-affected countries. USAID will continue to find points of intersection between these efforts and our health sector programs, leveraging broader efforts and creating linkages that will improve women's lives and help to improve maternal health outcomes.

Country ownership and partnerships are essential to achieving these ambitious targets. With country leadership to improve maternal health, the likelihood of national level buy-in, strengthened capacity, and sustainability is greater. USAID will support government counterparts to set a country-specific agenda tailored to address the

challenge of ending preventable maternal mortality. We will work even more closely with governments whose own funding for health is increasing as they are realizing the benefits of accelerated economic growth. USAID will also support partnerships with local, national, regional, and global non-governmental organizations (NGOs); academia; professional associations, and others who contribute to ending preventable maternal mortality. Moreover as a development agency, we will collaborate more efficiently with other units of the U.S. Government and find new private partners to assist countries to ramp up health services for women. Partnerships with UN agencies and associated global movements will allow for increased opportunities to accelerate progress. Through partnerships and by building on USAID's existing development capacity, resources can be channeled most effectively. In addition, USAID will support innovation and research in order to improve approaches that work in local contexts, develop new technologies or their applications to improve effectiveness and efficiencies, and improve understanding of the changing nature of the immediate, underlying, and basic determinants of healthy pregnancy outcomes.

The numbers of maternal deaths, stillbirths, and deaths of newborns remain unacceptably high. Nevertheless, ending preventable maternal mortality by 2035 is possible through an increased focus on the ten strategic drivers to sharpen evidence-based plans rooted in country and local context. We have consensus on the technical approaches and interventions that work at the community level, as well as in health clinics and hospitals, and between these levels for referrals. To accelerate progress, the focus will remain on reducing deaths and improving maternal and fetal health within a rapidly changing health systems environment. USAID will work with partners to meet the global 2030 maternal mortality target, and end preventable maternal deaths by 2035.

## MOVING FORWARD

In coordination and integration with newborn and child health, family planning, nutrition, infectious disease, and water, sanitation and hygiene programs as well as in linkage with relevant programs in other sectors including education, economic growth, and democracy and governance, USAID will use the Maternal Health Vision for Action to guide its maternal health programs.

The Bureau for Global Health (GH) will publish a supplement to the Vision for Action, which will elaborate on the evidence for the overall approach and strategic drivers in the Vision for Action. GH will issue a Maternal Health Indicator Brief that will provide specific guidance for selection, data gathering, and use of maternal health indicators – that includes and goes beyond the selected indicators with targets in the Vision for Action – to measure progress and improve programming. Through USAID global projects, relevant tools will be provided to guide as-

essment, implementation, evaluation, and scale-up on key topics related to community, service delivery, and health systems that will include: pharmaceuticals, quality improvement, referrals, use of WHO evidence-based clinical standards, and relevant scorecards and dashboards.

USAID GH will work alongside USAID Missions, governments, and partners in the 24 MCH priority countries to use the Vision for Action with its strategic drivers as a lens to guide country assessments and new USAID program and project designs, and to contribute to development or revision of national reproductive and maternal health strategies and plans. Furthermore, USAID will use the Maternal Health Vision for Action for global dialogue with multilateral and bilateral development partners, NGOs and the private sector to guide strategic investments for Ending Preventable Maternal Mortality.



Kate Holt/jpigo

“Women are not dying of disease we cannot treat ... they are dying because societies have yet to make the decision that their lives are worth saving.”

– Mahmoud Fathalla

# REFERENCES

1. WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division. *Trends in Maternal Mortality 1990–2013*. May 2014. Geneva: WHO
2. Bustreo F, Say L, Koblin M, Pullum TW, Temmerman M, Pablos-Mendez A. Ending preventable maternal deaths: The time is now. (Comment) *The Lancet Global Health*. Epub 2013/08/19
3. Stanton ME, Brandes N. A new perspective on maternal ill-health and its consequences. *J Health Popul Nutr*. 2012; 30(2):121–3. Epub 2012/07/31
4. Huda FA, Ahmed A, Dasgupta SK, Jahan M, Ferdous J, Koblin M, et al. Profile of maternal and foetal complications during labour and delivery among women giving birth in hospitals in Matlab and Chandpur, Bangladesh. *J Health Popul Nutr*. 2012; 30(2):131–42. Epub 2012/07/31
5. Singh S, Darroch J. *Adding It Up: Costs and Benefits of Contraceptive Services, Estimates for 2012*. New York, NY: Guttmacher Institute, UNFPA, 2012
6. WHO. Cambodia reduces maternal mortality. WHO Western Pacific Region. Accessed 5/28/2014
7. Overseas Development Institute. Why is Rwanda doing better than Malawi, Niger and Uganda? In Overseas Development Institute Briefing Paper 74: Delivering Maternal Health. London: Overseas Development Institute. May 2012
8. icddr. Maternal mortality and health care survey 2010. *Health and Science Bulletin*; June 2011; 9(2), 1–4
9. Bourbonnais N. Implementing Free Maternal Health Care in Kenya: Challenges, Strategies and Recommendations. Kenya National Commission on Human Rights. Epub 2013/11/06 (Nov 6, 2013)
10. Glassman A, Duran D, Fleisher L, Singer D, Sturke R, Angeles G et al. Impact of conditional cash transfers on maternal and newborn health. *J Health Popul Nutr*. 2013; 31(4, Suppl 2):48–66
11. Eichler R, Agarwal K, Askew I, Iriarte E, Morgan L, Watson J. Performance-based incentives to improve health status of mothers and newborns: What does the evidence show? *J Health Popul Nutr*. 2013; 31(4, Suppl 2): 36–47
12. Say L, Chou D, Gemmill A, Tuncalp O, Moller A, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Global Health*. 2014. [http://dx.doi.org/10.1016/52214-109x\(14\)70227-x](http://dx.doi.org/10.1016/52214-109x(14)70227-x)
13. The Partnership for Maternal, Newborn & Child Health. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, Switzerland: PMNCH, 2011
14. Benova L, Cumming O, Campbell O. Systematic review and meta-analysis: Association between water and sanitation environment and maternal mortality. *Trop Med Int Health*; 2014. 19(4): 368–87. Epub 2014 Feb 10
15. WHO. WHO recommendations for the prevention and treatment of postpartum haemorrhage. Italy: World Health Organization Department of Reproductive Health and Research, 2012
16. Bhutta ZA, Das JK, Rizvi A, Gaffey MF, Walker N, Horton S, et al. Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet*. 2013; 382(9890): 452–77. Epub 2013/06/12
17. Campbell OM, Graham WJ. Lancet Maternal Survival Series steering group. Strategies for reducing maternal mortality: Getting on with what works. *The Lancet*. 2006; 368(9543):1284–99. Epub 2006/10/10
18. Bowser D, Hill K. Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis. USAID-TRAction Project, Harvard School of Public Health, University Research Co., LLC. Epub 2010/09/20 (Sept 20, 2010)

**U.S. Agency for International Development**

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

**[www.usaid.gov](http://www.usaid.gov)**