



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

Provisional Agenda Item 4.10

CE148/16, Rev. 1 (Eng.)

8 June 2011

ORIGINAL: SPANISH

PLAN OF ACTION TO ACCELERATE THE REDUCTION OF MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY

Introduction

1. PAHO, in its capacity as an agency that provides technical support agency to the ministries of health of the Americas, is proposing the “Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity” as a further step in improving women’s health, thus contributing indirectly to the countries’ efforts to bridge the gap that is impeding the achievement of Millennium Development Goal 5 (1).
2. This document is based on the preamble of the Constitution of the World Health Organization (WHO), which states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human without distinction of race, religion, political belief, economic or social condition.”(2) This proposal is related to the Regional Plan of Action for the Reduction of Maternal Mortality in the Americas (1990) (3), the resolution “Population and reproductive Health” (1998) (4), the Regional Strategy for Maternal Mortality and Morbidity Reduction (2002) (5), the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008) (6), the Plan of Action on Adolescent and Youth Health (2009) (7) and issues related to safe hospitals and integrated health services networks (2009) (8).
3. Following these commitments by the Member States, there was a 29% decrease in maternal mortality throughout the Region in the period 1990-2010, according to basic health indicator data published by PAHO (9) and provided by the ministries of health. However, this decline falls short of what is needed to achieve MDG 5.

4. As a result, it is proposed that key interventions proven to be effective in reducing maternal morbidity and mortality in strategic areas be intensified in the period 2012-2017, with a guarantee of unrestricted access to preconception, prenatal, delivery, and postpartum care provided by skilled personnel at quality institutions.

Background

5. Women's health, and issues related to maternity in particular, have been addressed on several occasions at international forums such as the Conference on Safe Motherhood in Nairobi, Kenya (1987) (10), the International Conference on Population and Development in Cairo, Egypt (1994) (11), the Fourth World Conference on Women in Beijing, China (1995) (12), and the Millennium Summit (2000) (1).

6. In 2002 and 2004, the World Health Assembly adopted two resolutions related to reproductive health: WHA55.19 (13) and WHA57.13 (14), while the WHO Executive Board adopted Resolution EB113.R11 (15), which is also related to this issue. Recently, Resolution R11/8 of the United Nations Human Rights Council (2009) (16) recognized the fact that preventable maternal morbidity and mortality involves a constellation of issues connected with health, development, human rights, and fundamental freedoms. The adoption of measures to guarantee these rights, pursuant to international norms, would contribute to reducing maternal mortality (17-23). Recently, the 50th Directing Council of the Pan American Health Organization (PAHO) submitted the matter for consideration through a technical document entitled *Health and Human Rights* (document CD50/12 [2010]) (24), subsequently adopting Resolution CD50.R8 (2010).

7. At the regional level, the issue has been dealt with at several meetings of the PAHO Governing Bodies. In 1990, the 23rd Pan American Sanitary Conference (3) approved the Regional Plan of Action for Maternal Mortality and Morbidity Reduction in the Americas. The year 1998 marked the adoption of Resolution CSP25.R13 on Population and Reproductive Health (document CSP25/15) (4), while the Regional Strategy for Maternal Mortality and Morbidity Reduction was adopted in 2002 (document CSP26/14) (5).

8. Barely four years remain in which to achieve the MDG 5 targets, and a further 46% reduction is required for that purpose. This led to four meetings on the issue in 2010: the Regional Conference of Women Leaders (25); the Women Deliver II Conference (26), which emphasized the limited investment that has been made so far to address the problem of maternal mortality; the response by the Group of Eight, with its Muskoka Initiative (27); and the United Nations Secretary General's call to implement a plan to promote a reduction in maternal mortality (28). PAHO added to this effort at its 50th Directing Council in 2010, by giving new impetus to the Safe Motherhood Initiative.

9. The ministers of health of the Region indicate in paragraph 53 of the Health Agenda for the Americas 2008-2017 (29) that “Sexual and reproductive health is a priority issue in the Region. It is imperative to provide women with a continuous care that starts prior to conception and continues during pregnancy, childbirth, and puerperium, including care of the newborn” as a means of reducing health inequalities between, as well as within, countries.

Situation analysis

10. According to the figures published in Basic Health Indicators 2010 (9) for Latin America and the Caribbean (LAC), there were 9,500 maternal deaths that year, representing a maternal mortality ratio (MMR) of 88.9 per 100,000 live births. Nine of the Region’s countries have MMR figures above the regional average: Bolivia, the Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Paraguay, Peru, and Suriname. The majority of deaths occur in childbirth and the first hours postpartum. Almost none of the countries are reducing maternal mortality at a rate sufficient to meet the MDG 5 target—even those with lower MMR figures, such as Canada and the United States.

11. Approximately 95% of maternal mortality in LAC is due to direct causes/complications and can be prevented by using knowledge currently available in the countries. The most frequent causes are postpartum hemorrhage (21%), pregnancy-induced hypertension (26%), complications of abortion in unsafe conditions (13%), sepsis (8%), obstructed labor in countries where the proportion of institutional deliveries is low (12%), and other direct causes (15%).

12. Violence against women is another risk factor for maternal death. WHO has demonstrated that some 15% to 71% of women are the victims of physical and sexual violence perpetrated by their partners (30), with the figure ranging from 4% to 32% during pregnancy. In 90% of these cases, the assailant is the biological father (31). Although violence does not tend to be considered as a cause of maternal mortality, three U.S. cities confirmed that it had been the leading cause in 20% of cases (32).

13. Many maternal deaths are related to unwanted pregnancy and limited access to contraceptives—a situation evidenced by the high percentage of unmet contraceptive needs: from 20% to 40% (9) in the general population, and higher yet among adolescents. Adding to this problem is the fact that many countries have laws restricting access to contraceptives—a specific example being bans on emergency oral contraceptives (33).

14. Coverage figures for prenatal care and care during delivery appear high, but this obscures existing inequities. For example, it is noteworthy that only 46% of pregnant women in rural populations have four prenatal check-ups, while 74% of urban women

do (34). Other marginalized communities, such as the poor, and indigenous and Afrodescendant populations, have lower coverage and high MMR rates.

15. Often, the prenatal and delivery care that is within the reach of women fails to meet internationally recommended standards, and pregestational monitoring is practically nonexistent in the Region. Furthermore, essential obstetric services are not distributed uniformly and are often of poor quality, due to a lack of well-trained personnel with the necessary skills. Moreover, not all institutions can satisfy basic requirements or provide all the necessary supplies, such as laboratory reagents and safe blood. In short, there are deficiencies of coverage, quality, availability of supplies, continuity of care, and equitable access to health services without discrimination in terms of the women's geographical, economic, or cultural characteristics.

16. Severe maternal morbidity has received less study in LAC. It is estimated that there are as many as 20 cases for each maternal death recorded (35), and up to one-quarter of the women may suffer severe and permanent sequelae. Maternal morbidity is concentrated in certain geographical areas and populations in particular countries, and regional and national morbidity reduction initiatives must be targeted accordingly.

17. This situation analysis and the proposal presented below are consistent with the desired outcomes for the fourth strategic objective of the WHO Medium-term Strategic Plan 2008-2013, particularly expected results 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, and 10.1 for the entire organization, which correspond to the expected results for the PAHO Strategic Plan for the Region.

Proposal

18. Existing preventable maternal mortality reflects current inequities and lack of empowerment for women. Although socioeconomic, cultural, and environmental determinants are key factors for reducing maternal mortality, certain concrete measures directly linked to reducing maternal mortality could be adopted in the health sector. They include structuring health services to provide care for women before pregnancy, during the prenatal period, in childbirth, and during the puerperium. This Plan of Action is designed to specifically address critical elements that can help prevent maternal deaths.

19. The general objectives of the Plan of Action are:

- (a) to help accelerate the reduction in maternal mortality, and
- (b) to strengthen surveillance and prevention of severe maternal morbidity.

20. Four strategic areas and nine interventions of proven benefit to maternal and perinatal health have been identified and prioritized.

21. The plan is to be executed between 2012 and 2017 by strengthening partnerships at different levels, e.g., with the Regional Working Group (RWG) for the Reduction of Maternal Mortality, scientific societies, academic journals, and civil society.

Strategic area 1: Prevention of unwanted pregnancies and their resulting complications.

Objective 1: Increase the use of modern contraceptive methods by women of reproductive age.

Effective interventions

- Increase contraceptive coverage (including the use of emergency contraceptive measures) and the coverage of counseling on preconception family planning and post-obstetric care.

Goal 1: By 2017, the countries of the Region will have reduced the incidence of unmet contraceptive needs by 20%.

Indicators

- Rate of use of modern contraceptive methods by women of reproductive age. (Baseline 60%. Target: 70%).
- Number of countries that have national data on postpartum and/or post-abortion contraceptive counseling provided by their health services. (Baseline: to be determined.¹ Target: 90%).

Activities at the regional level

- 1.1 Engage in promotion to reduce the adverse influence of educational, cultural, social, and religious factors in the delivery of contraceptive services.
- 1.2 Disseminate the *Family Planning: A Global Handbook for Providers*, a decision-making tool published by the World Health Organization that gives family planning users and providers a set of medical criteria to determine eligibility for the use of contraceptives.
- 1.3 Organize training workshops for the instruments.
- 1.4 Promote the establishment, with other partners, of a regional fund for the procurement of contraceptive supplies.

¹ Data are being compiled to determine the baselines for various indicators. The hope is to be in a position to include this information after the 148th Session of the Executive Committee.

Activities at the national level (Member States, with support from PAHO)

- 1.5 Formulate and/or adapt national laws and regulatory frameworks for universal access to modern contraceptive methods.
- 1.6 Ensure that adolescents have access to information on sexual and reproductive health, especially information on delaying the start of sexual activity.
- 1.7 Promote plans and programs that include the spacing of pregnancies.
- 1.8 Formulate a national family planning plan with its respective budget to address the needs of different population groups.
- 1.9 Hold training workshops for health workers, with special emphasis on primary health care and contraceptive methods, especially emergency contraceptive methods.
- 1.10 Guarantee the supply—and supply logistics—of contraceptives within the Integrated Health Services Network, and at primary health care facilities in particular.
- 1.11 Promote the strengthening of national and local committees, and urge that they address the issue of preventing unwanted pregnancies.
- 1.12 Implement mass communication strategies on sexual and reproductive health.

Strategic area 2: Universal access to free, high-quality maternity services in the Integrated Health Services Network (IHSN).

Objective 2: Ensure that quality maternal health care services are offered within the IHSN.

Effective interventions

- Access to free, high-quality pregestational, prenatal, delivery and puerperium care.
- Birthing centers
- Use of evidence-based practices.
- Timely referral and counter-referral.

Goal 2.1: By 2017, the Region's countries reach a level where four or more prenatal check-ups are programmed for 70% of pregnancies.

Goal 2.2: By 2017, the countries of the Region reach a level where 60% of women have post-partum check-ups during the first 15 days after discharge.

Goal 2.3: By 2017, territories with problems of geographical access have adopted the birthing-center strategy within the IHSN.

Goal 2.4: By 2017, the use of selected beneficial practices to reduce maternal morbidity and mortality has increased.

Indicators

- Number of countries with 70% coverage of four or more prenatal visits. (Baseline: to be determined. Target: 90% of countries.)
- Institutional coverage of deliveries. (Baseline: 89.8%. Target: 93%.)
- Number of countries that have at least 60% coverage for the immediate postpartum period. (Baseline: to be determined. Target: 80% of the countries.)
- Number of countries that use oxytocics in 95% of cases during the postpartum period. (Baseline: to be determined. Target: 100% of countries.)
- Number of countries that use magnesium sulfate in 95% of cases of preeclampsia/eclampsia. (Baseline: to be determined. Target: 100% of countries.)
- Number of countries with safe blood available in 95% of the facilities that provide care in childbirth. (Baseline: to be determined. Target: 100% of the countries.)

Activities at the regional level

- 2.1 Disseminate the *Guides for the HPC-Focused Continuum of Care of Women and Newborns*, encompassing care from preconception through the postnatal period.
- 2.2 Disseminate the perinatal technologies developed by CLAP/PAHO.
- 2.3 Disseminate the birthing-center strategy.
- 2.4 Disseminate manuals on obstetric emergencies and on creating the conditions for efficiency.
- 2.5 Disseminate the WHO virtual library on sexual and reproductive health.
- 2.6 Publicize successful maternal and perinatal models in the Region, in addition to models taken from the Safe Motherhood Initiative.

Activities at the national level

- 2.7 Formulate and national adapt laws and regulatory frameworks for universal access to quality maternity services.
- 2.8 Formulate and execute a national safe motherhood plan with its respective budget, including systems for referral and counter-referral.
- 2.9 Organize training workshops for health workers focusing on primary health care from preconception through the puerperium.
- 2.10 Set up birthing centers.
- 2.11 Ensure that prenatal check-ups cover blood pressure, uterine height, maternal weight, anemia, proteinuria and syphilis/HIV screening.

- 2.12 Evaluate the efficiency of the IHSN and promote improvement in this area.
- 2.13 Provide for proper reporting and for the monitoring and supervision of services.
- 2.14 Organize user satisfaction surveys.
- 2.15 Establish regulations concerning support for pregnant women during labor and delivery.

Strategic area 3: Skilled human resources.

Objective 3: Guarantee the number of skilled personnel for preconception, prenatal, delivery and postpartum care in IHSN facilities.

Effective interventions

- Ensure the availability of skilled health workers for preconception, prenatal, delivery, and postpartum care in basic and emergency obstetric units.
- Ensure the 24-hour availability of staff to attend births.

Goal 3: By 2017, 90% of the countries of the Region have 80% coverage of delivery and postpartum care provided by skilled personnel, as defined by WHO.

Indicators

- Number of countries that have 80% or higher coverage of delivery care provided by skilled personnel, as defined by WHO. (Baseline: 43. Target: 48.)
- Number of countries that have 80% or higher coverage of postnatal care provided by skilled personnel, as defined by WHO. (Baseline: 23. Target: 48.)

Activities at the regional level

- 3.1 Support the formulation and strengthening of college or graduate-level programs that train human resources to provide preconception, maternal, and perinatal care.
- 3.2 Prepare training materials for personnel that include the use of new information technologies.

Activities at the national level

- 3.3 Identify the number of existing human resources by occupational category and competencies, and determine the gap between existing levels and those necessary for quality care.
- 3.4 Define the minimum skills and contents that health care workers should have mastered to provide the preconception, maternal and perinatal care that the country needs.

- 3.5 Formulate a national human resources plan with its respective budget.
- 3.6 Formulate and implement strategies to provide continuing training for health care workers in preconception, maternal, and perinatal care at the different levels of care.
- 3.7 Create incentives to improve the hiring and retention of personnel for underserved populations and areas (rural and remote areas).

Strategic area 4: Strategic information for action and accountability.

Objective 4: Strengthen information systems and maternal and perinatal health monitoring in the framework of IHSN information systems.

Effective interventions

- Institute and consolidate information and perinatal and maternal monitoring systems.
- Establish committees with community participation, to analyze maternal mortality.

Goal 4: By 2017, 60% of the countries of the Region have systems capable of generating information on maternal and perinatal health within their IHSNs.

Indicators

- Number of countries where IHSN has an operative perinatal information system. (Baseline: 16 countries. Target: 29.)
- Number of countries where IHSN has a registry system for severe maternal morbidity. (Baseline: to be determined. Target: to be determined.)

Activities at the regional level

- 4.1 Promote the use of perinatal clinical histories, with computer providing for automated analysis of information.
- 4.2 Disseminate CLAP/PAHO Perinatal Information System.
- 4.3 Develop material for training in how to interpret the information.
- 4.4 Promote the strengthening of epidemiological surveillance and the formation of committees to analyze severe maternal mortality and morbidity.

Activities at the national level

- 4.5 Formulate and adapt regulatory frameworks for the use of perinatal clinical histories.
- 4.6 Implement a national plan with its respective budget to strengthen information systems and maternal and perinatal health monitoring systems.
- 4.7 Organize training workshops for health workers on preparing clinical histories, vital statistics certificates, and the analysis and use of the information.
- 4.8 Establish or strengthen intersectoral committees with community participation, to analyze severe maternal morbidity and mortality.
- 4.9 Allocate the budget and personnel needed to oversee compliance with standards of care.

22. To develop these strategic areas, PAHO will work with other organizations using an interprogrammatic approach, prioritize countries with the most urgent needs and interventions with the greatest impact, build networks, and mobilize resources. PAHO will provide technical cooperation for the implementation, monitoring, and evaluation of the plan, and will disseminate it. It will also provide support for the systematization of best practices, encourage sharing of the most positive experiences, and promote cooperation among the countries.

Monitoring, assessment, and evaluation

23. This plan of action promotes the achievement of Strategic Objectives 4² and 10³ of the PAHO Strategic Plan. The expected regional-level results relating to the plan are detailed in Annex B. Monitoring and the evaluation of the plan will be in line with the framework of the Organization's results-based management, as well as with its processes for monitoring and evaluating performance. In this connection, progress reports will be prepared based on available information at the end of each biennium.

24. Data will be verified, using sources such as vital statistics, national health surveys, and specific studies for this plan. In addition, the following impact indicators will be recorded:

- (a) Total maternal mortality ratio, and with a breakdown by cause.
- (b) Total severe maternal morbidity ratio, and with a breakdown by cause.

² SO 4: To reduce morbidity and mortality and improve health during key stages of the life cycle, including pregnancy, childbirth, the neonatal period, childhood, and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

³ SO 10: To improve the organization, management, and delivery of health services.

25. There are plans to conduct an assessment during the process, with a view to instituting corrective measures as necessary. At the conclusion of the period covered by the plan, an evaluation will be conducted to determine the strengths and weaknesses of overall execution and the factors that account for the successes and the failures, as well as to determine future actions.

Conclusion

26. Despite the attention given in the Region to the issue of reducing maternal morbidity and mortality, progress remains inadequate. Although information on cost-effective interventions is available that could prevent more than 80% of maternal deaths, mothers and their babies continue to face financial, geographical, and social barriers that impede their access to quality services. PAHO hopes that the approval and implementation of this Plan of Action, with the broadest commitment of the countries of the Americas will allow women and children to exercise their basic rights, while fostering social justice.

Action by the Executive Committee

The Executive Committee is requested to review the document presented and to study the possibility of recommending that the Directing Council adopt the resolution that appears in Annex A.

References

1. United Nations. United Nations Millennium Declaration [Internet]. Fifty-fifth session of the UN General Assembly; 2000 Sept. 13. New York: UN; 2000 Sept.18 (Resolution A/RES/55/2) [cited 2011 Feb. 24]. Available from: <http://www.un.org/millennium/declaration/ares552e.pdf>.
2. World Health Organization. Constitution of the World Health Organization. [Internet] In: WHO Basic Documents. Geneva, Switzerland: WHO; 2010. p. 1 [cited 2011 Apr. 25]. Available from: http://www.who.int/governance/eb/who_constitution_en.pdf
3. Pan American Health Organization. Regional plan of action to reduce maternal mortality in the Americas. 23rd Pan American Sanitary Conference; 1990 Sept. 24-28; Washington (DC), US. Washington (DC): PAHO; 1990 (Document CSP23/10).

4. Pan American Health Organization. Population and reproductive health [Internet]. 25th Pan American Sanitary Conference; 1998 Sept. 21-25; Washington (DC), US. Washington (DC): PAHO; 1998 (Document CSP25/15) [cited 2011 Feb.24]. Available from:
http://www.paho.org/english/gov/csp/csp25_15.pdf.
5. Pan American Health Organization. Regional strategy for maternal mortality and morbidity reduction [Internet]. 26th Pan American Sanitary Conference; 2002 Sept. 23-27; Washington (DC), US. Washington (DC): PAHO; 2002 (Document CSP26/14) [cited 2011 Feb. 24]. Available from:
<http://www.paho.org/english/gov/csp/csp26-23-e.pdf>.
6. Pan American Health Organization. Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care [Internet]. 48th Directing Council; 2008 Sept. 29-Oct. 3; Washington (DC), US. Washington (DC): PAHO; 2008 (Document CD47/7) [cited 2011 Feb. 24] Available from:
<http://www.paho.org/english/gov/cd/cd48-07-e.pdf>.
7. Pan American Health Organization. Plan of action on adolescent and youth health [Internet]. 49th Directing Council, 2009 Sept. 28-Oct. 2; Washington (DC), US. Washington (DC): PAHO; 2009 (Document CD49/12) [cited 2011 Feb. 24]. Available from: <http://new.paho.org/hq/dmdocuments/2009/CD49-12-e.pdf>.
8. Pan American Health Organization. Integrated health services delivery networks based on primary health care [Internet]. 49th Directing Council; 2009 Sept. 24-Oct. 2; Washington (DC), US. Washington (DC): PAHO; 2009 (Resolution CD49.R22). [cited 2 Mar. 2011] Available from:
[http://new.paho.org/hq/dmdocuments/2009/CD49.R22%20\(Eng.\).pdf](http://new.paho.org/hq/dmdocuments/2009/CD49.R22%20(Eng.).pdf).
9. Pan American Health Organization. Health situation in the Americas: Basic Indicators 2010 [Internet]. Washington (DC), US: PAHO; 2011 [cited 2011 Feb. 24]. Available from:
http://new.paho.org/hq/index2.php?option=com_content&do_pdf=1&id=3528.
10. World Health Organization / World Bank / United Nations Population Fund. Safe Motherhood Conference: Safe Motherhood Initiative; Nairobi, Kenya; 1987. Geneva, Switzerland: WHO; 1988.
11. United Nations Population Fund. International Conference on Population and Development; September 1994; Cairo, Egypt. Summary of the program of action. [Internet]. New York: UNDP; 1994 [cited 2011 Feb. 24]. Available from:
<http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>.

12. United Nations. Fourth World Conference on Women: action for equality, development and peace; 1995 Sept. 4; Beijing, China [Internet]. New York: UN; 1995 [cited 2011 Feb. 24]. Available from:
<http://www.un.org/womenwatch/daw/beijing/official.htm>
13. World Health Organization. WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration [Internet]. 55th World Health Assembly; 2002 May 13-18; Geneva, Switzerland. Geneva, Switzerland: WHO; 2002 (Resolution A55/19) [cited 2011 Feb. 24]. Available from:
<http://www.who.int/mediacentre/news/notes/notewha55/en/index.html>.
14. World Health Organization. Reproductive health [Internet]. 57th World Health Assembly; 2004 May 17-22; Geneva, Switzerland. Geneva: WHO; 2004 (Document A57/13) [cited 2011 Feb. 24]. Available from :
<http://www.cptech.org/ip/health/who/wha57.html>.
15. World Health Organization. Reproductive health: draft strategy to accelerate progress towards the attainment of international development goals and targets [Internet]. 113th Meeting of the Executive Board; 2004 Jan. 19-24; Geneva, Switzerland. Geneva: WHO; 2004 (Resolution EB113.R11) [cited 2011 Feb. 24]. Available from:
http://www.searo.who.int/LinkFiles/Reated_Links_EB113R11.pdf.
16. United Nations. Preventable maternal mortality and morbidity and human rights [Internet]. Eleventh Session of the Human Rights Council; 2009 June 2-19; Geneva, Switzerland. Geneva: WHO; 2009 (Resolution 11/8) [cited 2011 Feb. 24]. Available from:
<http://www2.ohchr.org/english/bodies/hrcouncil/11session/>.
17. Pan American Health Organization. Strategic objective 7: To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches. In: Proposed Strategic Plan 2008-2010 [Internet]. 27th Pan American Sanitary Conference; 2007 Oct. 1-5; Washington (DC), US. Washington (DC): PAHO; 2007 (Official Document 328) [cited 2011 Mar. 2]. Available from:
<http://www.paho.org/english/gov/csp/csp27-od328-e.htm>.
18. United Nations. International Covenant on Civil and Political Rights [Internet]. Twenty-first Session of the United Nations General Assembly; 1966 Dec. 16; New York: UN; 1966 (Resolution A (XXI), entry into force: 1976 Mar. 23) [cited 2011 Mar. 2]. Available from:
<http://www2.ohchr.org/english/law/ccpr.htm>.

19. United Nations. International Covenant on Economic, Social and Cultural Rights [Internet]. Twenty-first Session of the United Nations General Assembly; 1966 Dec. 16; New York: UN; 1966 (Resolution 2200 A (XXI), entry into force: 1976 Jan. 3) [cited 2011 Mar. 2]. Available from:
<http://www2.ohchr.org/english/law/cescr.htm>.
20. United Nations. Convention on the Elimination of All Forms of Discrimination Against Women [Internet]. Thirty-fourth Session of the United Nations General Assembly; 1979 Dec. 18; New York: UN; 1979 (Resolution 34/180, entry into force: 1981 Sept. 3) [cited 2011 Mar. 2]. Available from:
<http://www.un.org/Depts/dhl/resguide/r34.htm> .
21. United Nations. Convention on the Rights of the Child [Internet]. Forty-fourth Session of the United Nations General Assembly; 1989 Nov. 20; New York: UN; (Resolution 44/25, entry into force: 1990 Sept. 3) [cited 2011 Mar. 1] Available from:
<http://www2.ohchr.org/english/law/crc.htm>.
22. United Nations High Commissioner for Refugees (UNHCR). American Convention on Human Rights: “Pact of San José, Costa Rica” [Internet]. Inter-American Specialized Conference on Human Rights; 1969 Nov. 22; San Jose, Costa Rica. Depository: General Secretariat of the Organization of American States, Washington (DC), United States (Series on Treaties, No. 36 – UN Registration 8/27/1979 No. 17955). [cited 2011 Mar. 2] Available from:
<http://www.unhcr.org/refworld/docid/3ae6b36510.html> .
23. Organization of American States. Additional Protocol to the American Convention in the Area of Economic, Social and Cultural Rights: Protocol of San Salvador [Internet]. Eighteenth Session of the OAS General Assembly, Inter-American Commission on Human Rights, 1988 Nov. 14-19; San Salvador, El Salvador. Washington (DC): OAS; 1992 (Treaty A/52, entry into force: 1999 Nov. 16.) [cited 2011 Mar. 2]. Available from:
<http://www.cidh.oas.org/Basicos/English/basic5.Prot.Sn%20Salv.htm>.
24. Pan American Health Organization. Health and human rights [Internet]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 2010 Sept. 27-Oct. 1; Washington (DC), US. Washington (DC): PAHO; 2010 (Document CD50/12, and Resolution CD50.R8) [cited 2011 Mar. 2]. Available from:
http://new.paho.org/hq/index.php?option=com_content&task=view&id=3149&Itemid=2401&lang=en.

25. Regional Working Group for Reducing Maternal Mortality/United Nations Population Fund. Conferencia Regional de Mujeres Líderes: Muerte materna: “Romper el silencio, sumar nuestras voces” [Internet]; 2010 May 27-28; Lima, Peru. UNFPA; 2010 [cited 2011 Feb. 24]. Available from: <http://lac.unfpa.org/public/cache/offonce/pid/5692;jsessionid=F8AF32A0363D827C0EAD33690C9BB8BE>.
26. Women Deliver. Delivering solutions for girls and women [Internet]. In: The Women Deliver 2010 Conference; 2010 Jun. 9; Washington (DC), US. Washington (DC): Women Deliver [cited 2011 Feb. 24]. Available from: <http://www.womendeliver.org/conferences/-2010-conference/>.
27. Muskoka 2010 G-8 Summit. Major Initiative to improve the health of women and children in the world’s poorest regions [Internet]. Muskoka, Ontario, Canada; 2010 Jun. 25-26 [cited 2011 Feb. 24]. Available from: <http://www.canadainternational.gc.ca/g82010/index.aspx>.
28. United Nations. Global Strategy for Women’s and Children’s Health. [Internet] Secretary General Ban Ki-moon [Internet]. New York: UN; 2010 Sept. 22 [cited 2011 Feb. 24]. Available from: <http://www.un.org/spanish/sg/globalstrategy.shtml>.
29. Pan American Health Organization. Health Agenda for the Americas: 2008-2017 presented by the Ministers of Health of the Americas in Panama City, June 2007 [Internet]. Washington (DC), US: PAHO; 2007 [cited 2011 Feb. 24]. Available from: http://www.paho.org/English/DD/PIN/Health_Agenda.pdf.
30. Garcia Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses. [Internet]. Geneva, Switzerland: World Health Organization; 2005 [cited 2011 Mar. 2]. Available from: <http://www.who.int/reproductivehealth/publications/violence/24159358X/en/index.html>.
31. Garcia-Moreno C, Ed. Addressing violence against women and achieving the Millennium Development Goals. [Internet] Geneva, Switzerland: World Health Organization; 2005 [cited 2011 Mar. 2]. Available from: http://www.who.int/gender/documents/violence/who_fch_gwh_05_1/en/.
32. Campbell J, Garcia-Moreno C, Sharps P. Abuse during pregnancy in industrialized and developing countries. *Violence Against Women* 2004;10(7):770-789.

33. Heise L, Garcia-Moreno C. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. (eds.). World report on violence and health. [Internet]. Geneva, Switzerland: WHO; 2002 pp. 95-124. [cited 2011 Mar. 2]. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf
34. Abou-Zahr C, Wardlaw T. Antenatal care in developing countries: promises, achievements and missed opportunities: an analysis of trends, levels and differentials: 1990-2001 [Internet]. Geneva, Switzerland: WHO; 2003 [cited 2011 Mar. 2]. Available from: <http://whqlibdoc.who.int/publications/2003/9241590947.pdf>.
35. World Health Organization. Global Survey on Maternal and Perinatal Health Research Group. Maternal near miss and maternal death in the World Health Organization's 2005 global survey on maternal and perinatal health. *Bull World Health Organ*. [Internet] 2010;88(2):113-119 [cited 2011 Feb. 24]. Available from: <http://www.scielosp.org/pdf/bwho/v88n2/v88n2a12.pdf>.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

CE148/16, Rev. 1 (Eng.)
Annex A
ORIGINAL: SPANISH

PROPOSED RESOLUTION

PLAN OF ACTION TO ACCELERATE THE REDUCTION OF MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report, *Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity* (document CE148/16),

RESOLVES:

To recommend that the Directing Council adopt a resolution written in the following terms:

PLAN OF ACTION TO ACCELERATE THE REDUCTION IN MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY

THE 51st DIRECTING COUNCIL,

Having reviewed the Director's report, *Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity* (document CD51/___);

Taking into account the proposed international mandates in the Regional Plan of Action to Reduce Maternal Mortality in the Americas (document CSP23/10 [1990]); the resolution "Population and Reproductive Health" (CSP25.R13 [1998]); the Regional Strategy for Maternal Mortality and Morbidity Reduction (CSP26/14 [2002]); Resolutions WHA55.19 (2002), WHA57.13 (2004), and EB113.R11 (2004) on reproductive health, adopted by the World Health Assembly and the WHO Executive Board, respectively; the forums of Nairobi, Kenya (1987), Cairo, Egypt (1994), Beijing,

China (1995); the Millennium Declaration (2000), and the Health Agenda for the Americas 2008-2017;

Taking into account Resolution R11/8 of the Human Rights Council of the United Nations (2009), Resolution CD50.R8 of the 50th Directing Council of PAHO (2010), and the technical document “Health and Human Rights” (CD50/12), as well as the high degree of complementarity between this plan and other objectives established in the PAHO Strategic Plan 2008-2012, Amended (Official Document 328 [2009]);

Emphasizing that maternal mortality is a manifestation of inequity that affects every country in the Region, that there are cost-effective interventions within the sector to effect the desired reduction that are capable of having a real impact within a short timeframe;

Considering the importance of having a plan of action that makes it possible for Member States to respond effectively and efficiently,

RESOLVES:

1. To approve the present Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and to further its consideration in policies, plans, and development programs, as well as in proposals and discussions of national budgets, allowing them to address the issue of improving maternal health.
2. To urge the Member States to:
 - (a) consider the Health Agenda for the Americas 2008-2017 and the call by the United Nations Secretary General in 2010 to implement a plan to help reduce maternal mortality;
 - (b) adopt national policies, strategies, plans, and programs that increase women’s access to health programs and services adapted to their needs, including in particular promotion and prevention programs related to primary health care provided by skilled personnel that integrate preconception, pregnancy, delivery, and postpartum care, making all of these services free for the most vulnerable populations;
 - (c) promote a dialogue between institutions in the public and private sector and civil society to prioritize women’s lives as a human rights and development issue;

- (d) adopt a human resources policy that addresses the issue of quantity and quality to respond to the needs of women and newborns;
- (e) improve the capacity to generate information and research for the development of evidence-based strategies that address the needs of this population group and whose results can be monitored and evaluated;
- (f) undertake internal review and analysis of the relevance and viability of this plan in the national context, based on national priorities, needs, and capacities.

3. To request the Director to:

- (a) support the Member States in implementing the present Plan of Action, in keeping with their needs and their particular demographic and epidemiological characteristics;
- (b) promote implementation and coordination of this Plan of Action, ensuring its horizontal nature through programs, the Organization's various regional and subregional offices, and collaboration with and among the countries in the design of strategies and sharing of resources and capacities to implement their women's health plans;
- (c) promote and strengthen information systems and maternal health surveillance, and encourage operations research to design relevant strategies and carry out interventions based on the Region's specific needs and contexts;
- (d) support the Member States in developing and creating capacities for training appropriately distributing of maternal and neonatal health personnel;
- (e) consolidate and strengthen technical cooperation with the committees, organs, and rapporteurships of the United Nations and Inter-American bodies, in addition to promoting partnerships with other international and regional organizations, scientific and technical institutions, organized civil society, the private sector and others, within the framework of the Regional Working Group for the Reduction of Maternal Mortality;
- (f) report periodically to the Governing Bodies on progress and constraints in implementing the Plan of Action, as well as on changes made in the Plan to adapt it, as necessary, to new circumstances and needs.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE148/16, Rev. 1 (Eng.)
Annex B

**Report on the Financial and Administrative Implications for the
Secretariat of the Proposed Resolution**

1. Agenda item: Item 4:10: Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity

2. Linkage to Program Budget:

(a) Area of work:

Strategic Objective 4: “To reduce morbidity and mortality and improve health during key stages of life such as pregnancy, childbirth, the neonatal period, childhood, and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.”

RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector, and partnerships with UN and Inter-American system agencies (e.g., NGOs).

RER 4.2 Member States supported through technical cooperation to strengthen national/ local capacities to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent, and older adult health.

RER 4.3 Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.

RER 4.4 Member States supported through technical cooperation to improve neonatal health.

RER 4.6 Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.

RER 4.7 Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high-quality reproductive health services.

Strategic Objective 10: To improve the organization, management, and delivery of health services.

RER 10.1 Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.

3. Financial implications of this Agenda item:

(a) Total estimated cost of implementing the resolution over the full effective period (rounded to the nearest ten million US dollars; includes expenses for personnel and activities).

The interventions and proposed budgetary impact of this plan of action cannot be shouldered by PAHO alone; consequently, regional, subregional, and national collaboration with other United Nations agencies and other major stakeholders is essential.

The cost of implementing the plan of action is calculated at US\$ 30 million for the entire plan.

This includes maintaining the current staff, hiring additional staff, and carrying out activities at the regional, subregional, and national level.

(b) Estimated cost for the 2012-2013 biennium (rounded to the nearest 10 million US dollars; includes expenses for personnel and activities):

US\$10 million.

(c) Of the estimated cost given in (b), what portion could be subsumed under existing program activities?:

US\$ 600,000 can be subsumed under the existing program activities planned for the 2012-2013 biennium.

4. Administrative implications of this Agenda item:

(a) Indicate at what levels of the Organization measures will be taken:

The work will be undertaken at the country level, and will focus on priority countries and other countries with high maternal mortality figures.

Integration with other programs in the areas of community, family, gender, and indigenous populations, as well as health determinants and health services, will be essential for the Plan.

(b) Additional needs for personnel (indicate the additional needs in terms of the equivalent in full-time positions, specifying the profile for such personnel):

- 1 regional adviser
- 1 secretary
- 15 national staff

(c) Time periods (indicate broad time periods for the implementation and evaluation activities):

2011: Approval of the Plan of Action.

2012-2017: Implementation of the Plan (in phases).

Phase 1 (2011): Preparation of the Plan of Action and monitoring strategy in the four languages of the Region, and establish baseline.

Phase 2 (2012-2013): Adoption of baseline, organization of two regional meetings (in Spanish and English). Fifteen countries with high maternal mortality rates implement the Plan of Action (national meetings and technical support).

Phase 3 (2014-2015): Mid-term evaluation of the period. Fifteen countries continue carrying out the Plan of Action, implementation is monitored, and national meetings are held.

Phase 4 (2016-2017): Final evaluation, presentation of results, and recommendations.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE148/16, Rev. 1 (Eng.)

Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.10: Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity.

2. Responsible unit: Family and Community Health/The Latin American Center for Perinatology, Women and Reproductive Health (CLAP-SMR).

3. Preparing officer: Collaborative effort of the PAHO/WHO Working Group, United Nations agencies, international experts, and other partners.

4. List of collaborating centers and national institutions linked to this Agenda item:

- National ministries of health, women, education, youth, and social affairs
- Canadian International Development Agency (CIDA, Canada)
- Spanish Agency for International Cooperation and Development (AECID, Spain)
- U.S. Agency for International Development (USAID, United States)
- United Nations Agency for Women (UN Women)
- Swedish International Development Agency (ASDI, Sweden)
- National Research Center for Maternal and Child Health (CENISMI, Dominican Republic)
- Rosarino Center for Perinatal Studies (CREP, Argentina)
- Economic Commission for Latin America and the Caribbean (ECLAC)
- Adolescent and Youth Confederation of Ibero-America and the Caribbean (CODAJIC)
- International Confederation of Midwives (ICM)
- Johns Hopkins Bloomberg School of Public Health (United States)
- Family Care International (United States)
- Latin American Federation of Obstetrics and Gynecology Societies (FLASOG)
- International Federation of Gynecology and Obstetrics (FIGO)
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- Maternal and Perinatal Group of Caldas (Colombia)
- Inter-American Parliamentary Group (GPI) (Panama)
- Alan Guttmacher Institute (United States)
- Maternal and Perinatal Specialized Institute (IEMP) (Peru)
- National Perinatology Institute (INPER) (Mexico)
- National Institutes of Health (NIH) (United States)
- Pathfinder International (United States)
- Population Council (United States)
- University of Antioquia birthing center, Centro Nacer (Colombia)
- University of Cuenca, Institute of Medical Sciences (Ecuador)
- University of Chile (Chile)
- Emory University (United States)
- University of Puerto Rico (United States)

- Universidad del Valle (CEMIYA) (Colombia)

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

There are links with paragraphs 2 and 7 of the “Statement of Intent,” and with all “Principles and Values” (paragraphs 9 to 12), as well as with the areas of action described in the Health Agenda for the Americas.

Statement of Intent:

Paragraph 2. The Governments reiterate their commitment to the vision of a region that is healthier and more equitable with regard to health, addresses health determinants, and shows improved access to individual and collective health goods and services – a region where each individual, family and community has the opportunity to develop to its greatest potential.

Paragraph 7. The Governments of the Americas emphasize the importance of ensuring that stakeholders and institutions working in health will benefit from a concise, flexible, dynamic, and high-level health agenda that guides their actions, facilitates the mobilization of resources, and influences health policies in the Region.

Principles and values:

Paragraph 9. *Human rights, universality, access, and inclusion.* The constitution of the World Health Organization states that: “enjoyment of the highest obtainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic, or social condition.” In order to make this right a reality, the countries should work toward achieving universality, access, integrity, quality, and inclusion in health systems that are available for individuals, families, and communities. Health systems should be accountable to citizens for the achievement of these conditions.

Paragraph 10. *Pan American solidarity.* Solidarity, defined as collaboration among the countries of the Americas to advance shared interests and responsibilities in order to attain common targets, is an essential condition to overcome the inequities with regard to health and to enhance Pan American health security during crises, emergencies, and disasters.

Paragraph 11. *Equity in health.* The search for equity in health is manifested in the effort to eliminate all health inequalities that are avoidable, unjust, and remediable among populations or groups. This search should emphasize the essential need for promoting gender equity in health.

Paragraph 12. *Social participation.* The opportunity for all of society to participate in defining and carrying out public health policies and assessing their outcomes is an essential factor in the implementation and success of the Health Agenda.

Areas of action:

- Strengthen the national health authority.
- Address health determinants.
- Increase social protection and access to quality health services.
- Reduce health inequalities between countries and inequities within countries

- Reduce disease burden and risks.
- Strengthen the management and development of health workers.
- Take advantage of knowledge, science, and technology.
- Enhance health security.

6. Link between Agenda item and Strategic Plan 2008-2012:

The action plan is directly linked with Strategic Objective 4: “To reduce morbidity and mortality and improve health during key stages of life including pregnancy, childbirth, the neonatal period, childhood, and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.”

More specifically, this Plan of Action will contribute to achieving the following region-wide expected results: 4.1 “Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector, and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).”

4.2 “Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions, and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent, and older adult health.”

4.3 “Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.”

4.7 “Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high-quality reproductive health services.”

The plan is also linked to Strategic Objective 10: To improve the organization, management, and delivery of health services.

RER 10.1: The Member States supported through technical cooperation to ensure equitable access to health care services of good quality, particularly for vulnerable population groups.

7. Best practices in this area and examples from countries within the Region of the Americas:

In addition to being based on verified successful experiences in the Region, this plan will take advantage of the systematization of the best practices used under the Safe Motherhood Initiative, which is being promoted this year by PAHO.

The Region has had a wide range of successful experiences in reducing maternal mortality, extending from Haiti—where one undertaking reduced maternal in certain areas, provided free access to services and transportation, and ensured that trained midwives provided support to women giving birth (Free Obstetric Services)—to countries such as Brazil, where the

adoption of a universal social protection system improved outcomes by reducing maternal mortality (*Unified Health System/UHS*). Under Uruguay's National Integrated Health System (SNIS), a mechanism was adopted whereby payments are linked to achieving milestones in maternal and neonatal care processes and outcomes. The system, which is aided by a software developed by PAHO (the Perinatal Information System), has led to an improvement in maternal and neonatal care. Another activity noteworthy for reducing maternal mortality in remote geographical areas is the creation of more birthing centers in Peru. Incorporating these establishments in the country's integrated health services has improved access to institutional delivery.

8. Financial implications of this Agenda item:

The interventions and proposed budgetary impact of this plan of action cannot be shouldered by PAHO alone; consequently, regional, subregional, and national collaboration with other United Nations agencies and other major stakeholders is essential.

The cost of implementing the plan of action at all levels (interinstitutional, regional, subregional, national and local) is calculated at US\$ 3 million for the entire period. This includes retaining current staff, contracting additional staff, and implementing the above-specified activities at all levels, as well as holding regional and national meetings, providing direct support to the countries, and monitoring and evaluating the plan as a whole.