



COMMONWEALTH SECRETARIAT

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Dear Ms McCafferty and Baroness Tonge

Maternal Morbidity Hearings

The Secretary-General, H E Kamalesh Sharma, has asked me to thank you for your letter of 28 July 2008 inviting the Commonwealth Secretariat to submit written evidence on Maternal Morbidity for the Hearings on 8 and 9 December 2008 in the UK Parliament. We sincerely apologise for the delay in responding to your deadline of 26 September for written submissions. We hope that our submission may still be considered.

This is indeed an important area for the Secretariat and I enclose our submission, which provides a general overview of issues and action in this area, and a country case study on Tanzania. Should you require further information or clarification please do not hesitate to contact Ms Peggy Vidot, Tel: 020-77476320, Email: p.vidot@commonwealth.int.

*Yours sincerely,
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Maternal Morbidity: an Overview and a Tanzania Case Study

Overview

Over the years, maternal mortality has remained one of the major public health problems in developing countries. According to the World Health Organization (WHO, 2005¹) half a million women are still dying annually as a result of pregnancy and complications related to pregnancy and childbirth. Available figures show that 99% of maternal births take place in the developing world, and 60% of maternal deaths take place in Commonwealth countries. Of the top 20 countries with the highest maternal mortality rates, seven are in the Commonwealth: Cameroon, Lesotho, Malawi, Nigeria, Sierra Leone, Tanzania and Zambia.² Sub-Saharan Africa accounts for nearly half of the global number of maternal deaths, whilst one third of the deaths take place in South Asia³.

Additionally, for each one woman who dies as a result of pregnancy or childbirth, a further 20 women will suffer serious or chronic health consequences⁴. The main complications include obstetric fistulae, uterine prolapse and post natal depression. These can have severe physical, psychological, social and economic repercussions for both the woman and her family.

The WHO Partnership for Maternal, Newborn and Child Health⁵ lists the five main direct causes of maternal death as, haemorrhage, obstructed labour, sepsis, abortion and its complications, and hypertensive disorders of pregnancy, especially eclampsia. Haemorrhage is the leading cause of maternal death in both Africa and Asia⁶. All of these causes can, in the most part, be prevented and effective interventions are available to manage these conditions. The concerns, however, over the continued high level of maternal mortality rates in developing countries led the global community, through WHO, to call for assessments of the underlying causes of all maternal deaths and what measures were needed to prevent these unnecessary deaths. Maternal Death Reviews were identified as an approach for gathering improved data on the causes and characteristics of maternal deaths.

If the goal of reducing maternal and perinatal mortality is to be realised, it is imperative that the magnitude of the problem and the underlying reasons for maternal deaths are known, to ensure that evidence based policies and interventions are adopted. Maternal and perinatal death reviews identify the chain of events and factors that lead to low quality and limited availability of care, as well as inefficient services. Maternal death reviews are a tool that has been widely recommended and used by countries to: (1) reduce maternal and perinatal deaths; (2) improve the quality of care given to women and children; and (3) improve accountability among health care providers.

The WHO Report of 2005 noted that in England and South Africa, where maternal death reviews had been introduced and actions taken on their recommendations, there had been significant reductions in maternal mortality rates. This study also found that avoiding maternal deaths is possible in resource poor countries, if appropriate information is available to decision makers.

The Health Section of the Commonwealth Secretariat has been working with member countries with high Maternal Mortality Ratios (MMR) to help them meet the health related Millennium Development Goals (MDGs), namely MDGs 4, 5 & 6. It has advocated for health policies to improve women's health and reduce maternal mortality, worked with countries to build capacity to

¹ www.who.int

² www.unfpa.org/upload/lib_pub_file/717_filename_mm2005.pdf

³ www.childinfo.org/maternal_mortality.html

⁴ www.unfpa.org/mothers/morbidity.htm

⁵ www.who.int/pmnch/activities/countries/tanzania/en/index1.html

⁶ www.childinfo.org/maternal_mortality.html

increase the number of births attended by skilled personnel, and assisted countries' capacity to carry out maternal death reviews.

The Tanzania Experience

Tanzania is one of the Commonwealth countries with the highest MMR. In Tanzania, maternal mortality data vary by urban to rural location. According to the Tanzania Demographic and Health Survey (TDHS) 2004⁷, the MMR in Tanzania was estimated at 578 per 100,000 live births. This rate has not declined since the 1999 figure of 529 per 100,000 (the difference is not statistically significant). The main challenges to reducing maternal mortality in Tanzania are: (1) there has been little change in the number of births attended to by skilled personnel - only 46% of births are attended to by a skilled attendant (UNDP, 2004⁸); (2) improvements are needed in health infrastructure to ensure adequate access to health care; (3) the status of women in society limits their access to information and their autonomy over reproductive health decision making, further exacerbating poor access to reproductive and other health services; and (4) HIV and AIDS has further increased maternal mortality.

Tanzania adopted the Safe Motherhood Initiative (SMI) programme in 1987⁹. The review of 10 years of Safe Motherhood implementation in 1997 in Colombo, Sri Lanka¹⁰, noted that broad interventions embraced in the SMI needed to be revised to have an accelerated impact. Measuring progress and the development of process indicators were important. However, it was also acknowledged that misclassification of maternal death was a common phenomenon which needed to be addressed. Furthermore, all maternal deaths needed to be counted and investigated as many countries were not notifying all maternal deaths, especially in countries with high percentage of home deliveries.

Tanzania has been undertaking maternal death reviews since 1984 though at different levels and in only certain health facilities. The country required assistance to carry out these reviews in a more comprehensive and systematic manner. In 2005, the Commonwealth Secretariat, in response to a request from Tanzania and in partnership with East, Central and Southern African (ECSA) Health Community and in collaboration with WHO, assisted Tanzania to begin systematically institutionalising maternal death reviews within health services.

The process (see Box 1) required the tools developed by WHO to be adapted for use at different types of health facilities in Tanzania. Local experts worked together to adapt the guidelines and to develop training manuals. The Reproductive and Child Health Section (RCHS) of the Ministry of Health provided strong leadership to this process.

Three of Tanzania's health regions were identified as pilot sites. Committees at different administrative levels were established to provide oversight of the process. The Regional Health

Box 1. The maternal death review process in Tanzania

1. All maternal deaths occurring in a health facility were notified using notification forms provided and these were submitted to a named co-ordinator in the health facility.
2. The co-ordinator requested a summary of the case and called for a meeting within 24 hours to review the case.
3. The discussion was guided by the case summary and records of the meeting were recorded.
4. A plan of action was developed for implementing corrective actions and other interventions to prevent further occurrence of deaths due to similar

⁷ www.measuredhs.com/countries/country_main.cfm?ctry_id=39

⁸ www.tz.undp.org/mdgs_goal5.html

⁹ www.safemotherhood.org

¹⁰ www.searo.who.int/en/Section13/Section36/Section129/Section396_2163.htm

Management Teams and the Council Health Management Teams were fully involved in all aspects of the design and implementation of the project.

The maternal death reviews were carried out only in public health facilities. The reviews were confidential and carried out with health workers and facility staff. The reviews sought to: (1) improve the service; (2) ascertain the causes of death; and (3) identify reasons as to why appropriate care could not be provided in a timely manner to avert deaths.

Overall, the review identified provider, administrative, client and community-related factors that explained the level of maternal mortality observed. These included: (1) lack of supplies and equipment in health facilities; (2) insufficient skilled personnel; (3) delayed decision making at family level to seek medical attention; and (4) delay in providing appropriate treatment at the health facility.

Based on the findings for one of the cases reviewed for which the cause of death was an eclamptic fit, the following interventions were implemented:

- Training in the management of obstetric emergencies;
- Staff with appropriate skills were made available to provide 24 hour care;
- Increased availability of medications and supplies;
- Strengthened supervision at all levels; and
- Involvement of the community in communication activities to encourage early booking for antenatal care and early recognition of signs of complications.

Tanzania has learnt from the process of the pre-testing in the three regions and is working towards using the experiences and information gathered to strengthen maternal and perinatal care. The main challenges were: (1) incomplete patient files and case documentation; (2) the capacity to interpret and synthesize data being collected; (3) the implementation of change in response to lessons learnt from reviews; (4) limited resources; and (5) sustained political commitment to maternal death reviews.

Tanzania has initiated a pilot with the potential to significantly reduce maternal mortality and improve women's health within its resource constraints. The country will require further assistance to expand the maternal health programme and to address the underlying factors that cause maternal deaths. Assistance will be needed at various levels, for example, technical capacity building and help with data collection and analysis. The experience and information collected from the project can provide useful lessons learned, not only for Tanzania as they expand on the programme, but also for countries that are implementing maternal death reviews.

Conclusion

Experience over the past decade has shown that no single intervention is by itself sufficient to improve maternal and newborn health and reduce morbidity and mortality. Women's access to quality care has become a moral and political imperative.

States need to guarantee health entitlements for mothers, newborns and children. Maternal health policies must be evidenced based and for this to occur data must be derived from maternal death reviews.

Women need be empowered to partake in decision making regarding their health. This means addressing the numerous barriers currently preventing women to do so, starting with the girl child issues. The Commonwealth Secretariat is doing this through both its Education and Gender

Sections and the Commonwealth Plan of Action for Gender Equality 2005-2015 which seeks to address the discrimination suffered by women and girls in many countries which limit their access to reproductive health services.

The international community needs to provide more financial and technical assistance for strengthening health systems to help institutionalise these reviews in maternal health programmes. Countries will only be able to develop more effective policies to address the high maternal mortality when information about underlying reasons for maternal deaths become known. Maternal death reviews are a low cost but effective way of achieving this goal.

The Commonwealth Secretariat will continue to promote high level advocacy for policies and strategies to address the reduction of high maternal mortality. It will also explore opportunities to work in partnership with regional and global health organisations to assist member countries with addressing implementation issues for reducing high maternal mortality.

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