

54th DIRECTING COUNCIL

67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 28 September-2 October 2015

Provisional Agenda Item 4.13

CD54/23
25 September 2015
Original: Spanish

METHOD FOR THE ESTIMATE OF MATERNAL MORTALITY IN THE PERIOD 1990-2015

Concept Paper

Background

1. The public health policies and interventions implemented over the past 15 years in the Region of the Americas have permitted great progress toward the achievement of the Millennium Development Goals (MDGs).
2. Reducing maternal mortality has been one of the main lines of action in policies and programs aimed at improving women's health. Indeed, through national and regional efforts, maternal mortality in the Region declined by 40%, on average, between 1990 and 2013.¹
3. The Maternal Mortality Estimation Inter-agency Group—composed of the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Bank, and the United Nations Population Division—has changed the method for estimating this indicator this year. This change in the estimation method, which was not adopted with the due consensus of the Member States, creates serious technical difficulties, as it affects traceability and comparability in the measurement of progress toward the MDG targets.
4. The Inter-agency Group has estimated maternal mortality for the period 1990-2015 using a statistical model that conflicts with that of the WHO International Statistical Classification of Diseases and Related Health Problems (ICD-10), leading to dissimilar measurement both between countries and over time. For the technical teams of the Region's ministries of health, this method has caused serious problems in terms of comprehension and replicability.

¹ See: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9552%3A2014-11-countries-latin-america-caribbean-reduced-maternal-mortality-new-data-show&catid=740%3Anews-press-releases&Itemid=1926&lang=en

5. Furthermore, with this method, maternal deaths occurring less than one year after delivery and maternal deaths from sequelae of direct obstetric causes (ICD-10, codes O96 and O97) are included in the estimate of the maternal mortality ratio. This decision contradicts the method used in the ICD-10, resulting in a lack of homogeneity and comparability in the calculation of this indicator.

6. The applicable WHO quality standards for data publication state that, before estimates are published, WHO must consult with the Member States to verify that the estimates for each country are coherent and timely.

7. However, the method used and presented to the countries was not approved by all the States involved through an extensive and transparent consultation.

8. In this regard, it should be noted that ministries of health of the Region of the Americas have sent formal communications to WHO requesting a review of this method to ensure that measurement is uniform, transparent, evidence-based, and replicable, and that it helps to improve accountability.

Proposal

9. The countries of the Region have recognized the persistent challenge of reducing maternal mortality and have therefore agreed, in coordination with other regions, to keep this indicator in the Sustainable Development Goals. The PAHO/WHO Member States must strengthen their commitment to continuing and expanding measures in this regard, and to sharing the lessons learned in order to meet national and regional targets.

10. Nevertheless, it is believed that the change in method proposed by the Inter-agency Group for estimating maternal mortality will create confusion among the public and within the ministries of health that could call into question the countries' commitment and the achievements reported within the framework of the MDGs.

11. Accordingly, and with the intention of helping to meet commitments that guarantee human health and well-being, based on the principles of transparency and accountability that have guided the countries of the Region toward the achievement of the MDGs, the following actions should be considered: *a)* request that WHO respect the method established in the ICD-10 for estimating maternal mortality in the period 1990-2015 to ensure traceability in the measurement of the MDGs; *b)* request that a forum be created for dialogue with WHO and the other members of the Inter-agency Group in order to review the preparation, validation, and adoption of methods for estimating health-related indicators; and *c)* request that application of the new method for estimating maternal mortality—defined by consensus, approved by all the Member States, and aligned with the international standards established for this purpose by WHO itself (ICD-10)—begin in 2016.

Annex



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

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PROPOSED RESOLUTION

METHOD FOR THE ESTIMATE OF MATERNAL MORTALITY IN THE PERIOD 1990-2015

THE 54th DIRECTING COUNCIL,

(PP1) Having considered the document *Method for the Estimate of Maternal Mortality in the Period 1990-2015* (Document CD54/23);

(PP2) Recalling that the Millennium Development Goals (MDGs) were established in September 2000 to achieve eight goals to fight a range of problems related to poverty, education, gender, health, the environment, and development by 2015 through the adoption of the United Nations Millennium Declaration (Resolution A/RES/55/2);

(PP3) Noting that, thanks to the MDGs, very significant improvements were achieved, including a global reduction in maternal mortality;

(PP4) Recognizing the importance of periodically evaluating progress toward meeting the MDG targets;

(PP5) Recalling that the initial indicators were prepared in 2002 and first used in 2003;

(PP6) Considering that, based on the recommendations of the Inter-Agency and Expert Group, the initial indicators were modified in Resolution A/RES/60/1 (2005) of the United Nations General Assembly to include four new targets, replacing the method adopted in 2003;

(PP7) Considering that after two years of public consultations, interaction with civil society, and negotiations among the Member States of the United Nations, the 2030

Agenda for Sustainable Development was adopted on 25 September at the United Nations Sustainable Development Summit 2015;

(PP8) Having observed that intense work has been done in recent years to end the stagnation in maternal mortality and accelerate its reduction, resulting in a significant decline and global progress toward the established target; and observing, furthermore, that reducing maternal mortality has been one of the main lines of action in policies and programs to improve women's health, and that, through national and regional efforts, maternal mortality declined by 40%, on average, between 1990 and 2013 in the Region;

(PP9) Recognizing that most of the countries have not reached the MDG target of reducing the maternal mortality ratio by 75% between 1990 and 2015, and that, as a result, its reduction remains a central challenge on the new agenda, which is why agreement has been reached with other regions to keep this indicator in the Sustainable Development Goals;

(PP10) Considering that the Maternal Mortality Estimation Inter-agency Group—composed of WHO, UNFPA, UNICEF, the World Bank, and the United Nations Population Division—has made estimates of maternal mortality for the period 1990-2015 using a statistical model that conflicts with the method of the WHO International Statistical Classification of Diseases and Related Health Problems (ICD-10), yielding dissimilar measurements both between countries and over time, which could be interpreted as a lack of commitment to international agreements;

(PP11) Concerned, because the recent change in the method used by the Inter-agency Group to estimate this indicator—adopted without due consensus with the Member States—creates a rupture affecting the historical traceability of the 1990-2015 series, as well as comparability in the measurement of progress toward meeting the MDG targets; jeopardizes homogeneity in terms of comparability among the countries; and causes a lack of international governance in the calculation of this important indicator, resulting in serious problems for the technical teams of the ministries of health in terms of comprehension and replicability;

(PP12) Considering that the new development agenda proposes 17 objectives that will govern global development programs over the next 15 years, mainly through actions focused on people, the planet, prosperity, the strengthening of global peace, and access to justice,

RESOLVES:

(OP)1. To call on the Inter-agency Group, through the WHO Regional Office for the Americas, to return to the method for estimating maternal mortality for the period 1990-2015 agreed upon by the Member States in accordance with the criteria established in the ICD-10; to express its disagreement with the arbitrary and untransparent way in which

the change in methodology was made; and to try to create a forum for dialogue to learn the reasons for this decision.

(OP)2. To urge the Member States to:

- a) reaffirm their commitment to the target of reducing the maternal mortality ratio, as established in the Millennium Development Goals;
- b) work in collaboration with the experts of the Inter-agency Group on the processes for estimating the maternal mortality ratio.

(OP)3. To request the Director to:

- a) advocate, in her capacity as Director of the WHO Regional Office for the Americas, for WHO to inform the members of the Inter-agency Group that the Member States have an interest in establishing a forum for dialogue to review the proposed modification of the estimation method to ensure that it is uniform, transparent, evidence-based, and replicable, and that it helps to improve accountability;
- b) promote respect for the method established in the ICD-10 for estimating maternal mortality for the period 1990-2015, in order to ensure traceability in the measurement of the MDGs;
- c) advocate for adherence to and monitoring of quality standards when data are published; and for consultation with the Member States on any change or modification in order to ensure that the estimates corresponding to each country are coherent and timely;
- d) prioritize regional efforts to contribute to meeting commitments that guarantee well-being and human health, based on the principles of transparency and accountability that have guided the countries of the Region toward the achievement of the MDGs;
- e) advocate for implementation of the new method for estimating maternal mortality— defined by consensus, approved by all the Member States, and aligned with the international standards established for this purpose by WHO itself (ICD-10)—beginning in 2016;
- f) promote consensus among the Member States, through the governance mechanisms already established by WHO, aimed at devising an alternative indicator to monitor maternal deaths occurring within less than one year of delivery and maternal deaths from sequelae of direct obstetric causes; or else, failing that, arrange for a modification of the provisions of the aforementioned standards.

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