

– Nine steps to –
REDUCE MATERNAL MORTALITY



prevent the preventable
zero
maternal
DEATHS

The nine steps

STEP ONE

Develop public policies that energetically address the great gaps in equity, in order to achieve universal access and coverage in maternal and sexual and reproductive health.

STEP TWO

Allocate the necessary resources for the implementation of public policies related to access and universal coverage in maternal and sexual and reproductive health.

STEP THREE

Generate, disseminate and use evidence to inform policies to reduce maternal morbidity and mortality, fomenting South-South cooperation among countries in the region.

STEP FOUR

As part of a rights-based approach, strengthen citizen participation and accountability. Empower citizens to promote health equity and reduce existing access barriers.

STEP FIVE

Improve the quality of maternal and sexual and reproductive health care as an essential element to reduce maternal mortality and to

guarantee the right to health for all women, regardless of their social status, including the promotion of a comprehensive response to unsafe abortion.

STEP SIX

Invest in the health workforce to improve working conditions and foster commitment to quality care, especially in primary care, with a particular emphasis on professional midwives given that increased access to competent and regulated professional midwives could save millions of lives each year.

STEP SEVEN

Identify the barriers people face in accessing the maternal health services to which they are entitled, and the populations that are most affected by these barriers.

STEP EIGHT

Ensure universal access to contraceptive methods.

STEP NINE

Address the sexual and reproductive health needs of adolescent populations, recognizing their rights and their impact on country development.

Nine steps to reduce maternal mortality

In the past decade, the reduction of maternal mortality in Latin America and the Caribbean has shown signs of a marked slowdown (1), which the COVID-19 pandemic further exacerbated (2). This trend jeopardizes the achievement of established global, regional, and national goals.

According to an analysis by the Regional Task Force on Maternal Mortality Reduction (GTR), in Latin America and the Caribbean, maternal deaths increased by 9% from 2019 to 2020 (2). This represents a setback of 20 years in maternal health indicators in the region and underscores the fragility of the progress made in the past. The COVID-19 pandemic weakened the pillars of universal sexual and reproductive health coverage – availability, access and demand for sexual and reproductive health services, resources and equipment (3,4,5,6).

Maternal deaths are a manifestation of inequity in gender, ethnicity, race, place of residence, educational attainment and socioeconomic status. Data show that maternal mortality rate (MMR) is higher indigenous women, women of African descent, women living in poverty, migrants, and women residing in rural areas (2). For example, in Paraguay in 2021, the MMR of women with no schooling was five times higher than that of women with university education (2).

Evidence indicates that 90% of maternal deaths can be prevented through a combination of measures including providing quality maternal care, ensuring universal access to modern contraceptive methods, and addressing inequities in access to health services (7). These preventable deaths are a violation of women's right to life (8).

The current scenario is a call to action. It is time to take up maternal health as a regional priority. Ending preventable maternal morbidity and mortality requires the commitment of governments, strategic allies and civil society to address the root causes of these deaths. The time to invest in women and newborns is now.

Accelerating the reduction of maternal morbidity and mortality will require the adoption of evidence-based practices that consider the local context and vulnerable populations most vulnerable to poor maternal outcomes, while also enhancing the national capacity to implement and sustain them. Undertake a series of strategic steps that address both the public policy and health systems arenas, with a mandate to leave no one behind.¹

¹ The steps listed here are based on the Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality: Strategic Directions for the Decade 2020-2030. It can be downloaded here: https://lac.unfpa.org/sites/default/files/resource-pdf/geco-238_gtr_interagencystrategicconsensus_2020_2030_english_final_0.pdf

Step one



Develop public policies that energetically address the great gaps in equity, in order to achieve universal access and coverage in maternal and sexual and reproductive health.

Recommendations

- Focus on the most underserved and historically marginalized populations.
- Promote regulations that support gender equality, investing in training and recognition of women's leadership in all sectors.
- Adopt a life course approach to the health of women, children, and adolescents.
- Promote multisectoral collaboration to prioritize the health challenges faced by women, children and adolescents.
- Establish clear and realistic goals for universal sexual and reproductive health coverage and access, updating the essential package of services and interventions.
- Take measures to comply with the global and regional commitments subscribed to by the countries of the region.



Step two



Allocate the necessary resources for the implementation of public policies related to access and universal coverage in maternal and sexual and reproductive health.

Recommendations

- Prioritize the investment of international cooperation for the development of Latin America and the Caribbean in sexual and reproductive health and maternal health.
- Increase public spending on health as a percentage of the gross domestic product (GDP).
- Ensure equitable and cost-effective allocation and execution of financial resources in health.
- Strengthen innovative programs for mobilizing national resources for investment in health, based on partnerships between the government, private sector and civil society.





Step three

Generate, disseminate and use evidence to inform policies to reduce maternal morbidity and mortality, fomenting South-South cooperation among countries in the region.

Recommendations

- Review and revise legal and regulatory frameworks to ensure that they are responsive to agreed regional and international commitments, and that they support the implementation of effective, evidence-based programs, including ensuring safe conditions for the termination of pregnancy.
- Promote the use of cost-effective interventions to reduce severe maternal morbidity and mortality based on knowledge, evidence, and proven tools.
- Foster research and innovation –combining science, technology, social, financial and business innovations– to identify and develop effective, quality interventions and deliver them to where they are most needed.
- Evaluate the effectiveness of digital solutions for health systems strengthening.



Step four

As part of a rights-based approach, strengthen citizen participation and accountability. Empower citizens to promote health equity and reduce existing access barriers.

Recomendaciones

- Continue to deepen the culture of accountability at the country level by building capacity to enforce citizens' rights and hold governments accountable.
- Promote the development and strengthening of national and subnational transparency, and monitoring and evaluation mechanisms, with a broad base of civil society partnerships.
- Promote strong alliances between different stakeholders, including organized civil society, to enable discussion of results and proposals for improvement and follow-up.



Step five



Improve the quality of maternal and sexual and reproductive health care as an essential element to reduce maternal mortality and to guarantee the right to health for all women, regardless of their social status, including the promotion of a comprehensive response to unsafe abortion.

Recommendations

→ Promote evidence-based protocols and quality standards in maternal and reproductive care.

→ Adopt a humanized, holistic and rights-based model of care for each woman and newborn that takes into account the interpersonal dimensions of care and ensures the active participation of women, families and communities.

→ Improve the quality of and access to prenatal care that includes respectful, inclusive and non-discriminatory care.

→ Strengthen the capacity of health systems for the prevention, early detection, and effective management of the main causes of direct and indirect maternal mortality, including those related to unsafe abortion based on the Primary Health Care Strategy, within the framework of universal access and coverage (9).

→ Promote coordination and integrated approaches among health sectors, particularly with in neonatal health, HIV and family planning sectors.

→ Promote childbirth as a natural, woman-centered and positive experience (10), avoiding overmedicalization and implementing intercultural health strategies within the framework of the principles for respectful maternal care.

→ Guarantee dignified and respectful conditions for quality of care for women in abortion and postabortion situations.

→ Ensure the responsiveness of health systems and adequate competencies in health teams for the identification and qualified resolution of cases of termination of pregnancy in countries where abortion is legal, including during health and humanitarian emergencies.



Step six

Invest in the health workforce to improve working conditions and foster commitment to quality care, especially in primary care, with a particular emphasis on professional midwives given that increased access to competent and regulated professional midwives could save millions of lives each year. (11)

Recommendations

- Attract, motivate, support, empower and train health personnel in the provision of quality maternal and sexual and reproductive health services.
- Invest in human resources for health, with specific budgets, including for the hiring of professional midwives and birth attendants, especially at the primary level of care (11). Ensure adequate distribution of health personnel to achieve balanced teams that provide services to all populations.
- Review and update competencies and composition of health teams to support diverse, appropriate and coordinated capabilities with clear job descriptions for each team member.
- Build consensus on evidence-based standards and regulations, in order to establish a clear role for traditional health care providers and birth attendants, and determine their role within the health care system.
- Ensure quality education and continuous training of health personnel.



Step seven

Identify the barriers people face in accessing the maternal health services to which they are entitled, and the populations that are most affected by these barriers.

Recommendations

- Increase investments in health information systems that present disaggregated population data at the decentralized level.
- Generate capacities for the analysis and use of relevant information and evidence for policy and programmatic decision-making, both at the national and local levels.
- Strengthen maternal morbidity and mortality surveillance and response systems including maternal mortality registration mechanisms and disseminate the use of guidelines for epidemiological surveillance and response to maternal morbidity and mortality (12).
- Introduce and/or strengthen national surveillance of extreme maternal morbidity (near miss systems).
- Support the implementation of a unified regional registry to monitor the quality of maternal care, disaggregated by type of population, age, geographic distribution, ethnicity or other locally relevant condition.



Step eight

Ensure universal access to contraceptive methods.

Recommendations

- Ensure voluntary access to modern methods of contraception, including long-acting reversible methods (subdermal implants and intrauterine devices) and emergency contraception, with emphasis on adolescents, migrant women, women of African descent, women with disabilities, and indigenous women.
- Introduce and/or strengthen contraceptive counseling services.
- Supply health centers with the necessary equipment to ensure regular and timely access to a wide range of modern contraceptive methods.
- Strengthen the logistics systems for sexual and reproductive health supplies up to delivery to end users.





Step nine

Address the sexual and reproductive health needs of adolescent populations, recognizing their rights and their impact on country development.

Recommendations

- Intensify efforts to expand coverage and timely access to adolescent and youth-friendly sexual and reproductive health services, eliminating barriers to consent as needed.
- Generate favorable political, legal and programmatic conditions for adolescents' timely access to family planning counseling and modern contraceptive methods, including long-acting reversible methods and emergency contraception.
- Invest in the creation of friendly spaces for the prevention of teenage pregnancy and for the care of pregnant adolescents. This includes attention to the needs of adolescents under 15 years old.
- Ensure the quality, confidentiality and warmth of services provided to adolescents by strengthening the capacities of health personnel.

- Strengthen coordination with the pediatric health sector and institutions working on sexual abuse prevention, incorporating multisectoral interventions to identify and respond to cases of domestic or sexual violence in adolescents.
- Promote community information and communication strategies with adolescents for behavioral change.
- Incorporate new technologies to reach adolescent populations, such as social networks and digital health applications.
- Intensify efforts to provide comprehensive sexual education and access to sexual and reproductive health services in and out of schools.
- Work intersectorally to identify, attend and follow up on cases of mental health risk, and to prevent adolescent suicides associated with pregnancy and other conditions related to sexual and reproductive health.



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Zero Maternal Deaths Campaign: Prevent the Preventable

This initiative is a call to action launched by the Regional Task Force for the Reduction of Maternal Mortality (Grupo de Trabajo Regional para la Reducción de la Mortalidad Materna [GTR]) to reposition maternal mortality as a central priority in the public, political and operational agenda of the governments of Latin America and the Caribbean, and thus accelerate the reduction of maternal deaths.

About GTR

The GTR is an inter-agency mechanism formed by technical agencies within the United Nations, bilateral and multilateral cooperation agencies, non-governmental organizations and professional networks in Latin America and the Caribbean. Since its inception in 1998, the GTR has promoted collaboration and synergy among different regional actors to implement policies and programs to reduce maternal morbidity and mortality in the region by generating high-level political commitments for the implementation of effective and efficient maternal health practices; mobilizing global and national funding for the implementation of sustainable maternal health programs; promoting the monitoring of joint maternal reduction strategies; raising awareness of the problem of maternal morbidity and mortality through advocacy actions in global, regional and national platforms; and

This campaign is also supported by Every Woman Every Child Latin America and the Caribbean (EWEC-LAC), the regional interagency mechanism for coordinating the adaptation and implementation of the Global Strategy for the Women's, Children's and Adolescent's Health (2016-2030) in Latin America and the Caribbean.

disseminating knowledge, best practices and lessons learned from the region in the field of maternal health.

Members of the GTR include the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), the Inter-American Development Bank (IADB), the World Bank, the International Confederation of Midwives (ICM), the Latin American Federation of Obstetric and Gynecological Societies, (Federación Latinoamericana de Sociedades de Obstetricia y Ginecología [FLASOG]), Fòs Feminista, Management Sciences for Health (MSH) and MOMENTUM Country and Global Leadership.

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