

MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR)



World Health
Organization



1

Luc de Bernis
ITM Colloquium Rabat 11/2015

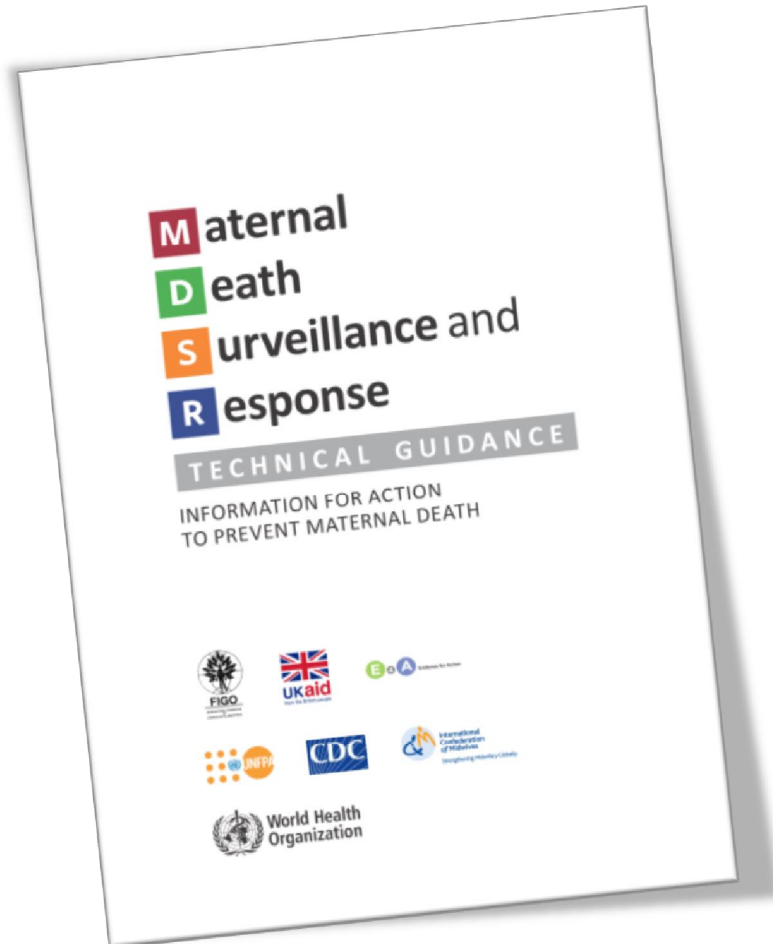
GLOBAL CONTEXT

- Low progress (2015: 303.000 maternal deaths – MMR 216)
- SDGs and Global Strategy (EWEC2):
Survive, Thrive, Transform
- Target 2030: MMR 70 (less than 140) - EPMM
- Challenge: need for increased ARR for maternal, stillbirth and neonatal mortality

- What strategies???
- Equity, holistic and inter-sectoral approaches, universal access to SRH&R, ASRH, SBA, Community mobilisation, Mortality & Morbidity, ...
- **MDSR**

DEFINITION

Maternal Death Surveillance and Response (MDSR)



Maternal Death Surveillance and Response (MDSR) “promotes routine identification and timely notification of maternal deaths and is a form of continuous surveillance linking health information system and quality improvement processes from local to national level. It helps in quantification and determination of causes and avoidability of maternal deaths” (WHO, 2013)

OBJECTIVES

Primary Goal

- to *eliminate preventable maternal mortality* by obtaining and strategically using information to guide public health actions and monitoring their impact.

Overall Objectives

- to *provide information that effectively guides immediate as well as longer term actions* to reduce maternal mortality; and
- to count *every maternal death*, permitting an assessment of the true magnitude of maternal mortality and the impact of actions to reduce it.

MDSR

A REVOLUTIONARY CONCEPT

Maternal Death Surveillance and Response (MDSR)



In the absence of reliable vital registration data, maternal mortality estimates are based on statistical models

ESTIMATES

large scale surveys
retrospective
not timely
lack of precision
expensive
no action

MDSR

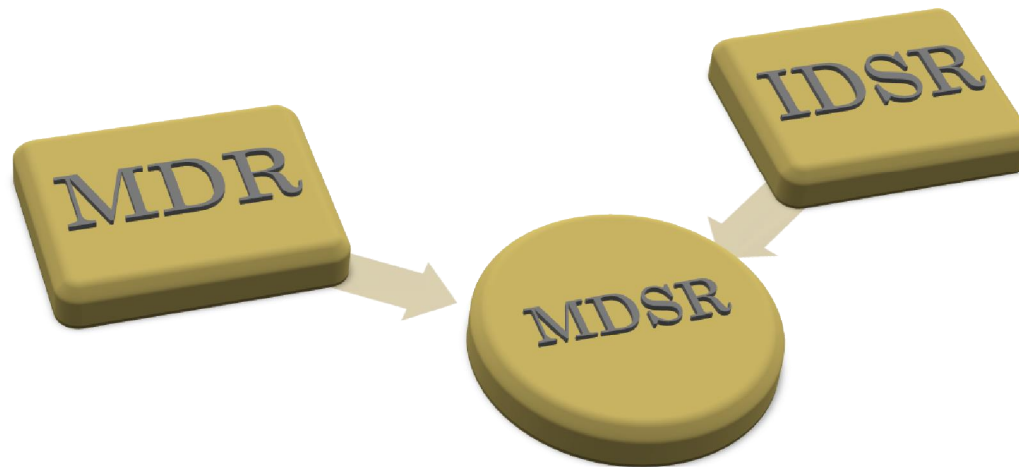
each death counts (equity)
current situation
timely
accurate and complete data
cost-effective
action-oriented

FROM MATERNAL DEATH REVIEW TO MDSR

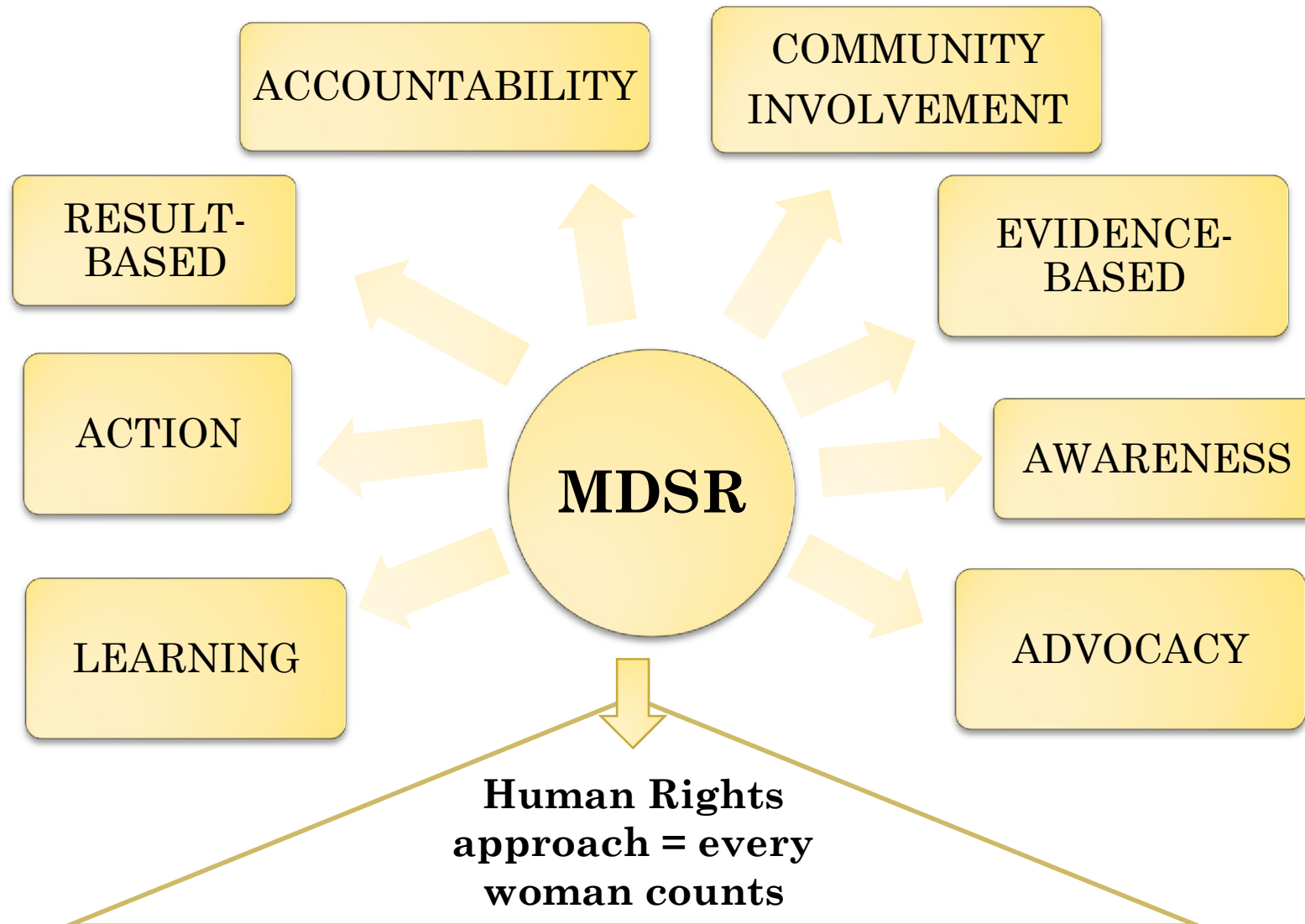
Maternal Death Surveillance and Response (MDSR)



1. Surveillance systems and responses were originally developed for communicable and non-communicable diseases : Integrated Disease Surveillance and Response (IDSR).
2. Many countries conduct maternal death reviews (MDR) to investigate the causes of maternal deaths.
3. MDSR combines together these two strategies (picture)
4. MDSR differs from MDR because of 1)it is a *continuous* action and 2) closely linked to *action* and response.



PRINCIPLES AND COMPONENTS



DATA SOURCES

Maternal Death Surveillance and Response (MDSR)

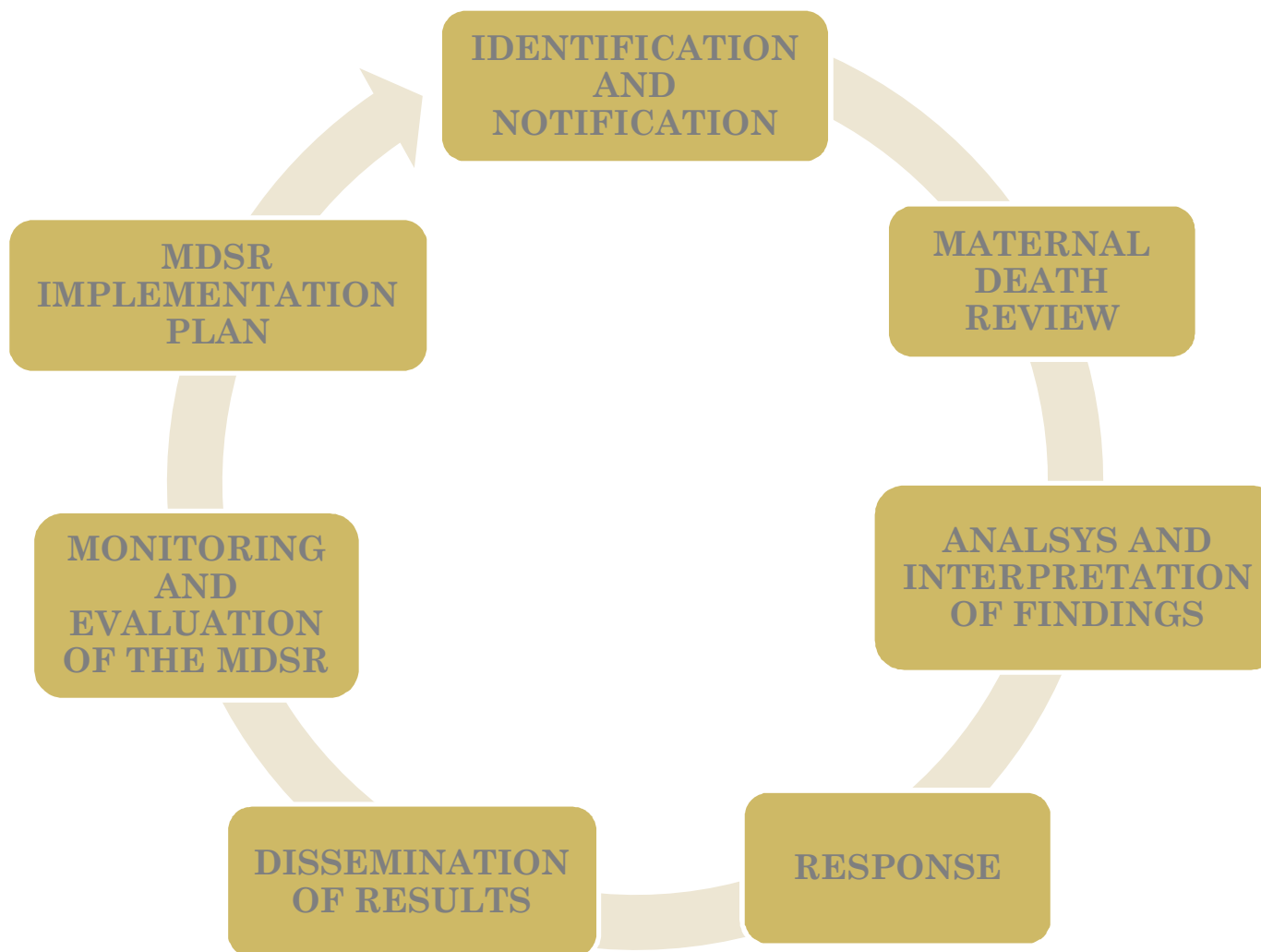


Two main sources of information:

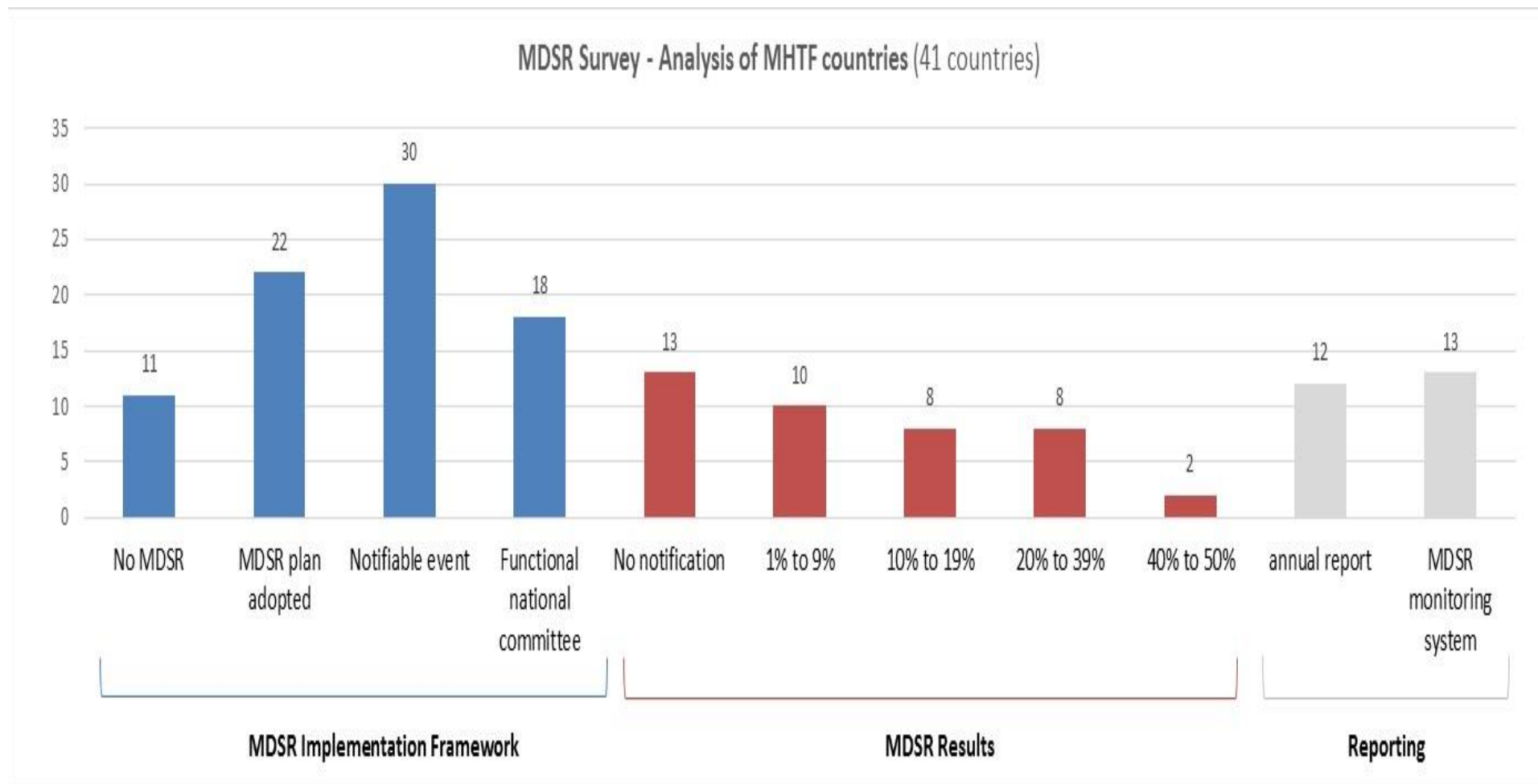
1. **Within the health system**, facilities should be required to report all deaths of women during pregnancy, delivery and the postpartum period. All such deaths should be routinely reviewed or audited as an integral aspect of health-care quality improvement. Reporting systems, preferably internet-based, should be linked to review and action.
1. **At the community level**, local networks of informants from the health, administrative or traditional authorities should report maternal deaths. They should primarily use cell phones to immediately notify deaths to district authorities who then report up the chain to the national level. There the data received from both health facilities and the community are reviewed, compiled and analyzed.

SEVEN TECHNICAL STEPS TO ESTABLISH AND MONITORING THE MDSR MECHANISM

Maternal Death Surveillance and Response (MDSR)

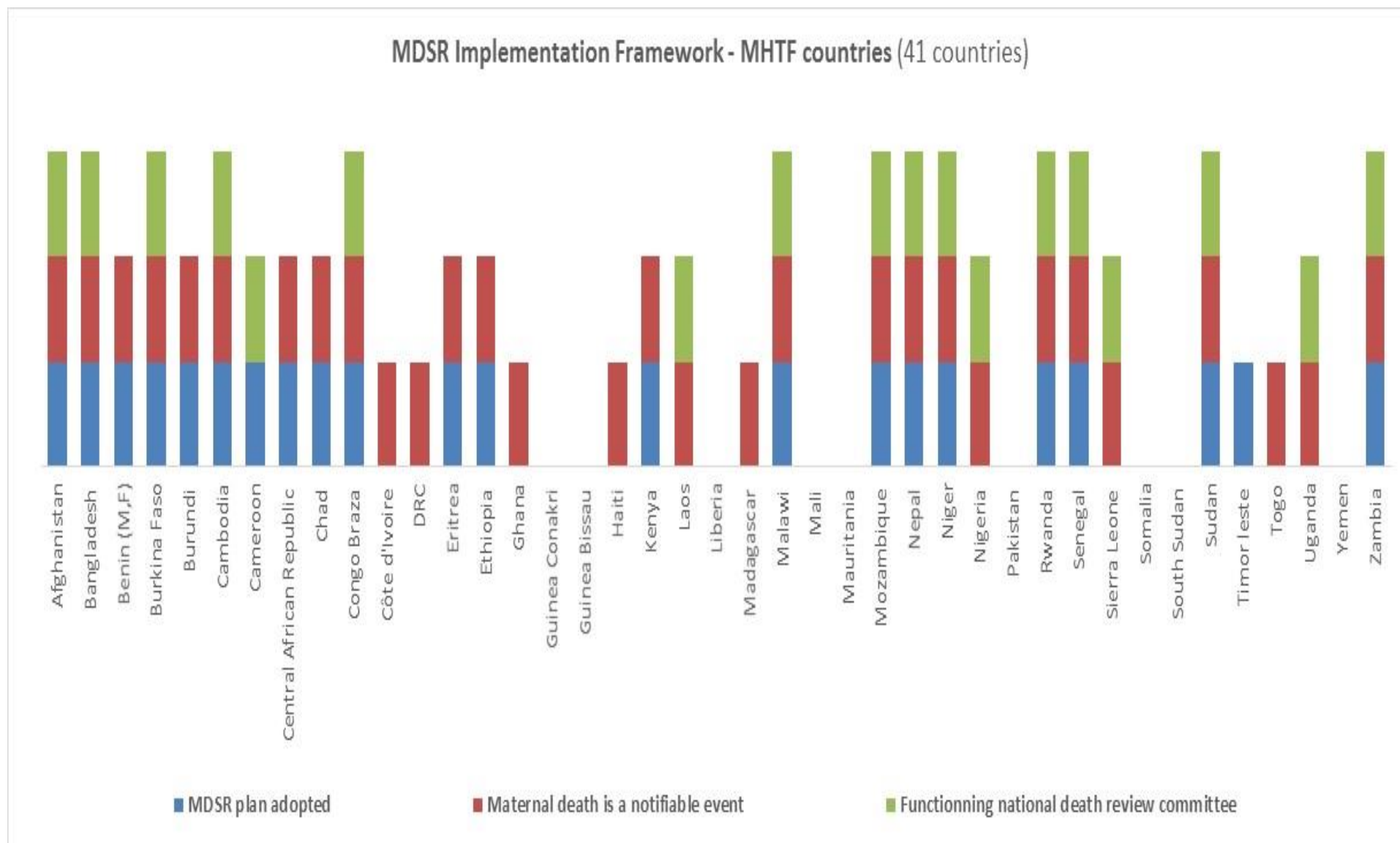


Overall Analysis . focus on 41 countries of the Maternal Health Thematic Fundq(UNFPA)



Source: WHO/UNFPA MDSR Survey – October 2015

Country Analysis - focus on 41 countries of the Maternal Health Thematic Funds (LINEPA)



CHALLENGES (1)

Maternal Death Surveillance and Response (MDSR)



At community level:

- Training and mobilising CHWs/TBAs to identify and report on each woman (15-49 year old) death;
- Confirm a maternal death (abortion, pregnancy, childbirth, post-partum: 42 days, one year, more?)
- Conduct a verbal autopsy (cause? circumstances), with recommendations (to the community, to the district)
- Reporting
- Follow-up of the recommendations

CHALLENGES (2)

Maternal Death Surveillance and
Response (MDSR)



At facility level:

- Documenting each case, telling the story, including before reaching the facility, at home, at health post/center level, during transportation
- Maternal death review: cause, avoidability, recommendations (to the community, the health post/center, the hospital team including management)
- Reporting
- Follow-up

CHALLENGES (3)

Maternal Death Surveillance and Response (MDSR)



- At district level and national levels
 - Training
 - Monitoring the system and, in particular, the responses
 - Collecting, analysing and reporting to sub-national and national levels: the minister of health should have a monthly (regular) dashboard with numbers, localisation, causes and actions
- Sub-national and national actions to be defined, implemented and monitored.

BARRIERS (1)

(CASE OF STUDIES: TANZANIA, MALAWI)

Maternal Death Surveillance and
Response (MDSR)



Challenges in conducting facility-based maternal death review (Tanzania)

Inadequate knowledge and skills

Insufficient staff commitment

Insufficient resources

Poor managerial support

Poor documentation of hospital records

Lack of blame-free environment

BARRIERS (2)

(CASE OF STUDIES: TANZANIA, MALAWI)

Maternal Death Surveillance and
Response (MDSR)



Challenges in conducting facility-based maternal death review (Malawi)

Lack of openness on cultural practices

Threatening potential court case

Communications problems

Poor planning

Lack of political will

Lack of human and material resources

THANK YOU