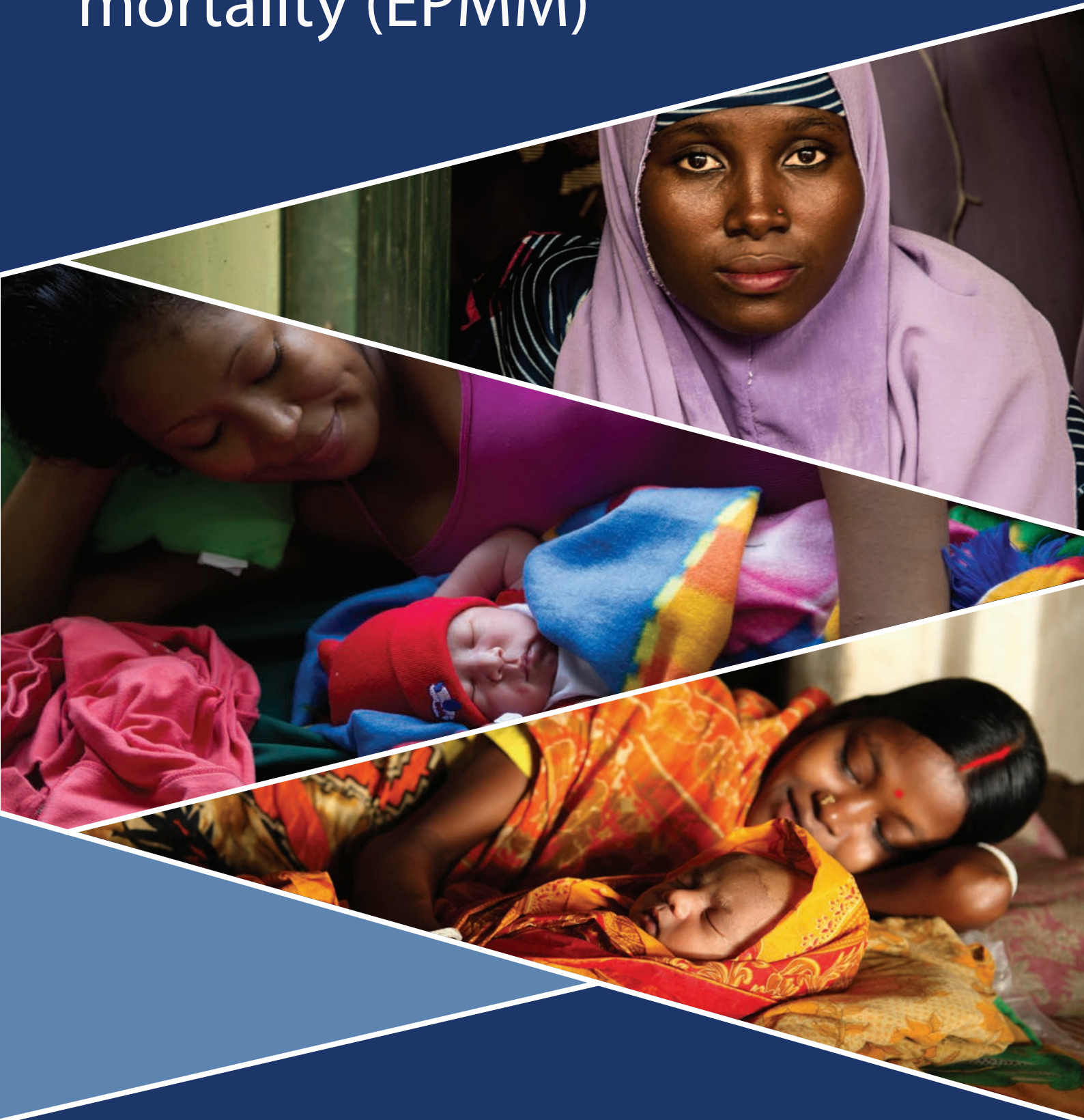


Strategies toward ending preventable maternal mortality (EPMM)



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Abbreviations

AAAQ	availability, accessibility, acceptability and quality of services
AMDD	Averting Maternal Death and Disability program
ARR	annual rate of reduction
CEDAW	Committee on the Elimination of Discrimination against Woman
ENAP	Every Newborn Action Plan
EPMM	eliminating ending preventable maternal mortality
GFF	Global Financing Facility
HIV	human immunodeficiency virus
HRC	United Nations Human Rights Council
HRP	Human Resource Planning
IHI	Institute for Healthcare Improvement
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MDSR	maternal death surveillance and response
MHTF	Maternal Health Task Force
MMR	maternal mortality ratio
OHCHR	Office of the High Commissioner for Human Rights
PMNCH	Partnership for Maternal, Newborn and Child Health
RHR	Reproductive Health and Research
SRMNCAH	sexual, reproductive, maternal, newborn, child, and adolescent health
UHC	universal health coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WASH	water, sanitation and hygiene
WHO	World Health Organization

Introduction

As the 2015 target date for the Millennium Development Goals (MDGs) nears, ending preventable maternal mortality (EPMM) remains an unfinished agenda and one of the world's most critical challenges despite significant progress over the past decade. Although maternal deaths worldwide have decreased by 45% since 1990, 800 women still die each day from largely preventable causes before, during, and after the time of giving birth. Ninety-nine per cent of preventable maternal deaths occur in low- and middle-income countries (1). Within countries, the risk of death is disproportionately high among the most vulnerable segments of society. Maternal health, wellbeing and survival must remain a central goal and an investment priority in the post-2015 framework for sustainable development to ensure that progress continues and accelerates, with a focus on reducing inequities and discrimination. Attention to maternal mortality and morbidity must be accompanied by improvements along the continuum of care for women and children, including commitments to sexual and reproductive health and newborn and child survival.

The time is now to mobilize global, regional, national and community-level commitment for EPMM. Analysis suggests that "a grand convergence" is within our reach, when through concerted efforts we can eliminate wide disparities in current maternal mortality and reduce the highest levels of maternal deaths worldwide (both within and between countries) to the rates now observed in the best-performing middle-income countries (2). To do so would be a great achievement for global equity and reflect a shared commitment to a human rights framework for health.

High-functioning maternal health programmes require awareness of a changing epidemiological landscape in which the primary causes of maternal death shift as maternal mortality ratios (MMRs) decline, described as "obstetric transition"(3). Strategies to reduce maternal mortality must take into account changing patterns of fertility and causes of death. The ability to count every maternal and newborn death is essential for understanding immediate and underlying causes of these deaths and developing evidence-informed, context-specific programme interventions to avert future deaths.

The EPMM targets and strategies are grounded in a human rights approach to maternal and newborn health, and focus on eliminating significant inequities that lead to disparities in access,

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