Welcome

My name is Dr Louise Hulton, Programme Director of Evidence for Action and Co-ordinator of this Network.

I would like to welcome you to the first Action Network Newsletter for professionals, policy makers, academics and advocates committed to making every maternal death count.

What is the Action Network?

The Action Network is hosted by Evidence for Action on behalf of the WHO Maternal Death Surveillance and Response Working Group.

Launched at the recent FIGO conference, this virtual network responds to the recognised need to build a global community of practice in this area. The network will provide:

- Access to resources, including international or country-specific guidelines
- A forum for learning hosting training materials and the latest recommended practice
- Case studies and best practice, particularly examples of action and response, where MDRs have made a difference
- The opportunity to connect with regional experts, champions and experienced professionals in and between countries, regionally and globally
- A regular newsletter which will share the latest news and views from members and others, provide notice of relevant meetings, and highlight new resources

Over the longer term we hope to offer training opportunities and provide interactive support where members have questions or need advice.

Why an Action Network?

There is a real opportunity for the Action Network to:

- Help maternal death reviews achieve their full potential
- Strengthen professional linkages between individuals and groups working to use maternal death reviews and near miss audits
- Better connect professional, policy makers and activists
- Help strengthen the response and action cycle
- Improve quality and survival
- Connect, learn, challenge, inspire and act

In our view the potential that maternal death reviews offer has not been realised and that we all need extra energy and focus to create and drive the life-saving changes necessary to improve survival and improve quality of care. From a review of the literature and following conversations with many experts in this field the missing ingredient has been the response and action step. Much of the focus to date has been
on the process of doing maternal death reviews and less focus has been directed towards how to translate the learning from death reviews into meaningful improvements in quality. Our hope is that this Network will stimulate debate, share learning and ideas, connect, inspire and motivate so that together we can help make learning from the death of a woman in pregnancy or childbirth a powerful force for change.

Connect | Inspire | Challenge | Learn | Act

The Network will connect health care providers and professionals, academics, politicians, decision makers and activists who share a common goal, it will inspire through the sharing of stories of success; it will challenge us to think big and be ambitious; it will share resources and experience so that we can all learn more and it will motivate all those with a part to play to act so that every maternal death counts.

This is the first ever Network newsletter. I would welcome feedback, your ideas and to include your contributions in future editions. We will only know what is going on around the world if we share – so please share! Tell us what you are doing? Any success stories; challenges? What are your training needs? We think there are too few stories of success in the existing literature. It is difficult to pin point the ingredients of success if we do not learn from each other. Let us know if you have a success story you would like to share so that you can help inspire.

In addition to providing a mechanism for a stronger global network, there are opportunities to establish sub networks at country level to bring together the great minds and energy of individuals and groups interested in making every death count. See the case study below where in Sierra Leone an Action Network has been established and is soon to be launched. Chaired by the First Lady it will champion action, monitor and drive change so that everyone can learn from maternal death reviews and act to improve survival.

In this busy world it is often difficult to keep in touch with latest evidence and events and guidelines so we will attempt to keep up to date for you (with your help, of course!) and share resources so that we can all learn from latest thinking.

In this Newsletter we feature an article by Aditi Iyer et al. Deciphering Rashomon which introduces an approach to verbal autopsies implemented in India; a useful PMNCH and WHO briefing on maternal death surveillance and response and a longer paper by Sennen Hounton et al. Towards elimination of maternal deaths: maternal deaths surveillance and response which makes the case for maternal death surveillance and response systems and highlights steps in establishing one.

New guidance on MDSR is soon to be published by WHO and CDC and we give a taster of what this will contain. When it is available we will make sure it is shared via this network.

We also hope that this network will provide the opportunity for healthy debate and challenge. We all want the same thing – more women to survive pregnancy and childbirth. We bring to the issue different expertise and experience and often get stuck in the detail and forget the bigger picture. Let’s use this as a forum to bring diverse opinions and experience together to improve the work we all do.

Our first challenge is what we do we call the Network. Let us know what you think of the following options:
@ The Maternal Death Review and Response Network
@ The Maternal Survival Action Network
@ The Maternal Death Surveillance and Response Network
@ The Action Network
Membership

Membership of the network is open to any group or individual with an interest in maternal death reviews and near miss audits. Membership is free, but new members will be asked to complete a simple questionnaire relating to their professional background and areas of expertise or needs and to observe an informal code of practice in terms of sharing materials and lessons.

If you know anyone who you think would like to be a member, please forward them this newsletter. Please email me at l.hulton@evidence4action.net to become a member.

Learn

Resources | Training

The WHO are planning a training opportunity on Maternal Death Surveillance and Response for professionals who have prior experience of MDRs, are able to support in-country MDSR implementation tailored to the situation and are willing to commit at least 10 days a year to support country implementation. This training is part of a drive to increase the skills and technical expertise among professionals who are committed to strengthening maternal death review systems in their countries. The training is planned for mid July 2013. If you would like to know more or would be interested in being considered for this training please send your details to me.

Resources | New guidance

Watch this space! New guidance on Maternal Death Surveillance and Response will soon be available.


The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) will soon be publishing helpful technical guidance for Maternal Death Surveillance and Response (MDSR). This technical guidance introduces critical concepts of MDSR, including goals and objectives, and specific instructions on implementation of each surveillance component. It outlines how districts can set up MDSR processes to strengthen surveillance and response. This document is intended to be for health professionals, health-care planners and managers, policy-makers working in maternal health, and those who measure maternal mortality. We will alert you and circulate as soon as this is available.

Resources | Journal articles


Published in the journal Reproductive Health in January 2013, Towards elimination of maternal deaths: maternal deaths surveillance and response has been written by a number of maternal health experts from academic institutions and international agencies. The paper argues that current methods for estimating maternal mortality lack precision and are not suitable for monitoring progress in the short run.

National maternal mortality ratios alone do not provide useful information on where the greatest burden of mortality is located, who is concerned, what are the causes, and more importantly what sub-national variations occur. In response to this, the paper calls for the establishment of MDSR systems, noting that they are not yet established in most countries, despite their potential value for policy making and accountability. The paper usefully highlights fundamental parts of and steps in establishing a MDSR system. It is argued that establishing an MDSR system will help to achieve MDG 5, improve quality of maternity care, and eliminate maternal mortality.
Recently published in the journal *Global Public Health* in March 2013, *Deciphering Rashomon* introduces an approach to verbal autopsies that engages with the *Rashomon* phenomenon: the presence of multiple, and often conflicting, narratives about the same death due to differing interests, uneven knowledge, and power asymmetries among stakeholders. The paper includes a useful review of methodologies for social and verbal autopsies of maternal deaths. It then describes in detail the approach proposed by the authors.

This approach evolved from the Gender and Health Equity Project in Koppal, India and differs from other verbal autopsies in its approach to data collection and its framework of analysis. Data collection entails working with and triangulating multiple narratives, and minimising power inequalities in the investigation process. The framework of analysis focuses on the missed opportunities for death prevention as an alternative to (or deepening of) the Three Delays Model.

This framework assesses the behavioural responses of health providers, as well as community and family members at each opportunity for death prevention and categorises them into:
- non-actions
- inadequate actions
- inappropriate actions
- unavoidably delayed actions

The paper demonstrates the application of this approach to show how verbal autopsies can delve beneath multiple narratives and rigorously identify health system, behavioural and cultural factors that contribute to avoidable maternal mortality.

**Implementing Maternal Death Surveillance & Response.** *A briefing note produced by the Partnership for Maternal Newborn and Child Health (PMNCH) and the Department of Maternal, Newborn, Child and Adolescent Health in WHO.*

The PMNCH have produced a useful summary on implementing MDSRs. This resource was used as a “note for discussion” at the Asia-Pacific Leadership and Policy Dialogue in Manila, November 2012. In just two pages, it provides a clear overview of why MDSR systems are important, what they are, how to implement one with an example from Malaysia, and a list of additional resources. The summary is helpful to anyone wanting a general understanding of MDSRs and their implementation, with an option to find out more by going to the list of resources.

**Act**

**Updates from around the world**

**Ethiopia**

The Ethiopian Ministry of Health are moving ahead with a plan to establish a national system to report, review and respond to maternal deaths. A technical advisory group have recently devised a draft set of guidelines which describe how the system will work and includes tools needed to report and analyse deaths. Some of the district and referral hospitals are reviewing some maternal deaths and also in some instances
near misses’. Nine of the leading hospitals in Ethiopia have been part of the recent multinational LOGIC programme which has been supported by FIGO. As only 14% of the population deliver within health facilities the vast majority of maternal deaths are not reviewed. Tigray region has recently started the MDR system in all its woredas and health facilities, using its own MDR reporting format.

From March 2013 a technical advisory group from the University of Aberdeen will be supporting the Ministry of Health to introduce and cascade a system of maternal death reporting, review and response across six of the regions.

Nigeria
In Nigeria a range of different MDR tools are used throughout the country, work has been on going to harmonize data collection mechanism for MDRs. The Society for Obstetrics and Gynaecology (SOGON) and the Federal Ministry of Health (FMOH) have finalized MDR guidelines and tools which is now awaiting FMOH approval. Once approved, SOGON will test out the tools in tertiary teaching hospitals.

The National Primary Health Care Development Agency has already conducted MDRs in selected primary health care facilities where the midwives service scheme is implemented. An MDR report will be released soon. There are a number of at the state level initiatives where Development partners are working with facility staff to conduct MDRs.

Tanzania
MDRs are conducted by a team of health professionals in the specific health facility using questions in a Ministry of Health and Social Welfare (MOHSW) MDR form as soon as they occur. A copy of the filled form is forwarded to various levels of maternal and perinatal health care systems: district, region, zone and MOHSW. However, there is currently no mechanism to determine whether the various suggested actions are implemented as there no system to document and track actions.

Inspire
Case study | Sierra Leone

In Sierra Leone, implementation of MDRs is making gradual progress. Sierra Leone’s national MDR framework focuses on facility-based MDRs. The Ministry of Health and Sanitation (MOHS) consolidated results from MDR implementation in thirteen district hospitals in 2011. There is widespread agreement by experts and activists that the use of findings for service delivery improvements in the current model of implementing MDRs could be significantly strengthened. In response to this the MOHS has recently finalised new MDR guidelines and tools, and is planning to scale up MDR coverage to all primary health facilities (notification of deaths) and some non-public sector facilities in 2012-2013. A review of current processes and challenges is underway to identify opportunities to strengthen MDRs and make better use findings at facility level. The intention is to strengthen the system so by identifying context-specific barriers and enablers to the use of MDR findings for quality of care improvements.

A Maternal Survival Action Network for Sierra Leone
In an exciting new development Sierra Leone are establishing an Action Network to be developed and hosted by the CARMMA Initiative under the office of the First Lady with backend coordination and technical support provided by Evidence for Action. This will be championed by the First Lady. The network will convene policy makers, managers, clinicians and civil society committed to helping to ensure maternal death reviews make a difference.

The network, a sub network of the Global Network, will facilitate the sharing of national evidence; enable quality of care improvement by advocating for resource mobilisation, mentorship, training and other
relevant high impact interventions from MDR recommendations are realised. Most importantly the Network will track progress on actions from MDR recommendations and motivate, connect and advocate so that response happen. They will set targets based on priority MDR recommendations set by National MDR Committee and Reproductive Health and Family Planning.

They will act as a catalyst for facilitating change around releasing bottle necks in areas where inadequate progress on actions on MDR recommendations are being made. They will bring partners together to identify areas of input and synergies. The network will engage non-state actors like media, CSO, Community, traditional or religious leaders and others to raise profile of need to prioritise action on MDR recommendations and generate positive survival messaging and advocate for partners to take action on MDR recommendations.

The Action Network, like this Global Network, will showcase examples of learning and action and it will provide a forum within which national members can problem solve and share experience.

**Membership and composition**

Membership is by invitation and not representation, and is open to any group or individual with an interest in increasing maternal survival through quality of care improvement methods especially taking forward MDR recommendations.

Members are to be selected based on the capacity as change agents, influencers and/or opinion leaders and expertise and knowledge on specific issues central to implementing MDR recommendations.

**Thank you and goodbye**

Thank you for reading this newsletter. Please share it with your colleagues and others who may wish to join. And please share your news and views - we need inspiration from all over the world.

Very best,
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