Maternal Death Surveillance & Response
&
Quality of Care

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World Health Organization, Geneva
Multi-country Workshop to Develop Accountability Framework in AFRO. Harare, 1-3 October 2012.

Why is MDSR important?

- Maternal mortality continues to be unacceptably high in many countries, particularly in SSA.

- Maternal death surveillance provides information for taking appropriate actions to prevent deaths.

- Successful Maternal Death Surveillance and Response (MDSR) helps to strengthen national civil registration and vital statistics.
"A maternal death surveillance and response system that includes maternal death identification, reporting, review and response can provide the essential information to stimulate and guide actions to prevent future maternal deaths and improve the measurement of maternal mortality."

Multi-country Workshop to Develop Accountability Framework in AFRO.
Harare, 1-3 October 2012.

MDSR - a continuous action cycle

Surveillance

Response action

Review deaths

Response

Identify deaths

Report deaths

MDSR - a continuous action cycle
Multi-country Workshop to Develop Accountability Framework in AFRO.
Harare, 1-3 October 2012.

MDSR - relationship to the CoIA recommendations

QoC improvement

Response action

Review deaths

QoC measurement

Surveillance

Identify deaths

Report deaths

Vital registration

MMR tracking

World Health Organization
Identify & report

- Legal status of reporting maternal deaths (notifiable event, for whom, confidentiality)
- Mechanisms and channels for reporting (use of cell phones, web-based systems to report to districts, regions, and central health administration)
- Timeliness of reporting (within 24 hrs for facility deaths)
- Denominator tracking (WRA, WRA deaths, pregnancies, deliveries)
- Mechanisms to assess completeness of reporting and data accuracy
- Review, compilation, and analysis of data at national level
## Priority diseases, Conditions and Events for Integrated Disease Surveillance and Response - 2010

<table>
<thead>
<tr>
<th>Epidemic prone diseases</th>
<th>Diseases targeted for eradication or elimination</th>
<th>Other major diseases, events or conditions of public health importance</th>
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</thead>
<tbody>
<tr>
<td>Acute haemorrhagic fever syndrome*</td>
<td>Buruli ulcer</td>
<td>Acute viral hepatitis</td>
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<tr>
<td>Anthrax</td>
<td>Dracunculiasis</td>
<td>Adverse events following immunization (AEFI)</td>
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<tr>
<td>Chikungunya</td>
<td>Leprosy</td>
<td>Diabetes mellitus</td>
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<td>Cholera</td>
<td>Lymphatic filariasis</td>
<td>Diarrhoea with dehydration less than 5 years of age</td>
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<tr>
<td>Dengue</td>
<td>Neonatal tetanus</td>
<td>HIV/AIDS (new cases)</td>
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<tr>
<td>Diarrhoea with blood (<em>Shigella</em>)</td>
<td>Noma</td>
<td>Hypertension</td>
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<tr>
<td>Measles</td>
<td>Onchocerciasis</td>
<td>Injuries (Road traffic Accidents)</td>
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<tr>
<td>Meningococcal meningitis</td>
<td>Poliomyelitis¹</td>
<td>Malaria</td>
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<tr>
<td>Plague</td>
<td></td>
<td>Malnutrition in children under 5 years of age</td>
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<tr>
<td>SARI**</td>
<td>¹Disease specified by IHR (2005) for immediate notification</td>
<td>Maternal deaths</td>
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<tr>
<td>Typhoid fever</td>
<td></td>
<td>Mental health (Epilepsy)</td>
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<td>Yellow fever</td>
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<td>Rabies</td>
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</tbody>
</table>

*Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever

**National programmes may wish to add Influenza-like illnesses to their priority disease list

<table>
<thead>
<tr>
<th>Diseases or events of international concern</th>
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<tbody>
<tr>
<td>Human influenza due to a new subtype¹</td>
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<tr>
<td>SARS¹</td>
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<tr>
<td>Smallpox¹</td>
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<tr>
<td>Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition.</td>
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</tbody>
</table>

¹Disease specified by IHR (2005) for immediate notification
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Review & Act

- Orientation of all stakeholders to a lesson learning culture
- Action-oriented review mechanisms (circumstances, possible avoidable factors, possible actions to improve care at all levels)
- Legal framework for protection of families & providers
- Active civil society engagement (circumstance fully elucidated, feasibility of recommendations)
- Implementation/follow-up of actions to improve care (districts & local level)
- Annual review process to inform district and national policy & programming

MDSR: Response
Multi-country Workshop to Develop Accountability Framework in AFRO. Harare, 1-3 October 2012.

MDSR dimensions for phased scaling-up

- Deaths in government facilities
- Deaths in the community
- Deaths in all facilities
- All deaths in facilities and community

Urban areas only

Sample of districts

National coverage

Place of deaths identified

Scale of coverage of MDSR system

Depth of review process

Full confidential enquiry of all deaths

Summary of sample of deaths

Summary of all deaths

In-depth enquiry of sample

Fourth potential option: type of adverse events (e.g. maternal deaths only, or also newborn &/or near miss cases)
- Assessment of quality of adolescent health services
- Quality of Maternal and Perinatal Care in Hospitals
- Assessment of EmOC services
- IMCI Health Facility Survey
- Service Availability & Readiness Assessment (SARA)
- Data Quality Assessment

MDSR - one element of QoC measurement and improvement
### Maternal death surveillance and response

**Score:** (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening; (4) Already present, no action needed

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>Maternal death surveillance and response</th>
<th>Score</th>
<th>Possible Actions</th>
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<tbody>
<tr>
<td>1. <strong>NOTIFICATION:</strong></td>
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<tr>
<td>a. There is a national system of maternity causes of death (within 24 hours)</td>
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<td>2. <strong>CAPACITY TO REVIEW AND ACT:</strong></td>
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<tr>
<td>a. There is a national system of maternity causes of death</td>
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<td>b. There is a district level system of maternity causes of death</td>
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<td>3. <strong>HOSPITALS:</strong></td>
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<td>a. Hospital reporting (over 90%) and timely (on a reliable cause of death)</td>
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<td>b. All maternal deaths (public and private) are reviewed on a monthly basis</td>
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<td>4. <strong>QUALITY OF CARE:</strong></td>
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<td>a. Quality of care assessments, with feedback every two years</td>
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<td>5. <strong>COMMUNITY REPORTING AND FEEDBACK:</strong></td>
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<td>6. <strong>REVIEW OF THE SYSTEM:</strong></td>
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**Key Points:**

1. **Notification**
2. **Capacity to review and act**
3. **Reporting from facilities**
4. **Quality of care**
5. **Community reporting and feedback**
6. **Review of the system**