



UNFPA submission: OHCHR Follow-up report on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity

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Introduction

The United Nations Population Fund- UNFPA, works in more than 150 countries and territories to strengthen comprehensive sexual and reproductive health as an essential part of health systems, including access to contraception, quality maternal and newborn health services, HIV prevention, and comprehensive sexuality education. It also works to advance gender equality and to empower women to decide freely on their fertility and sexuality free from coercion, discrimination and violence, including by preventing and addressing gender-based violence (GBV) and harmful practices such as, female genital mutilation (FGM), child, early, and forced marriage (CEFM) and gender-biased sex selection (GBSS).

In responding to this call for submissions, UNFPA has focused on those questions most pertinent to its mandate and its work around the globe.

Responses

Does your organization regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of COVID-19 pandemic? Please elaborate on good practices and challenges in this regard.

UNFPA supports countries to **collect and analyze data on maternal mortality** by supporting **Maternal and Perinatal Deaths Surveillance and Response (MPDSR)** process and the development of national MPDSR annual reports. Analysis in national reports include the number of maternal deaths notified/reported; the number of maternal deaths by region/province; the number and percentage of health facility deaths; the number and percentage of Community deaths (including deaths in transit); the number of maternal deaths by cause of deaths (direct/indirect); when possible analysis of maternal deaths by complications at delivery, mode of delivery, type of birth attendant, by age, parity, socioeconomic status, area of residence, education level, ethnicity, HIV status/preexisting conditions, antenatal care received).

Challenges in collecting this data, include: the incompleteness of data, quality of the reporting and identification of causes of deaths.

UNFPA also supports countries to **monitor their national network of health facilities providing emergency obstetric and newborn care (EmONC)**. This includes the monitoring through routine systems of the number of women facing major direct obstetric complications in these health facilities and the related number of maternal and newborn deaths notified and reviewed. During COVID-19, UNFPA specifically supported countries to monitor the number of maternal deaths due to COVID-19. Such monitoring of EmONC health facilities is supported in ten countries in sub-Saharan Africa.

Please elaborate on the main causes that may have led to poor maternal health outcomes in the context of COVID-19 pandemic in your context? Please also describe the impact of the COVID-19 pandemic

response on the availability and accessibility and quality sexual and reproductive health, including maternal health services for women and girls.

A study published in the Lancet Global Health in 2021¹ found that maternal and fetal outcomes worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression. Some outcomes show considerable disparity between high-resource and low-resource settings.

The availability, accessibility, and affordability of SRMNAH services worsened during the pandemic, with stringent lockdowns, supply chain breakdowns, strains on the health system to prioritize prevention and treatment actions for COVID-19, fear factor and simply non prioritization of essential SRMNH services.

There is an urgent need to learn from the lessons provided by the pandemic and to prioritise safe, accessible, and equitable maternity care within the strategic response of future health crises.

Please provide information on whether there is a particular group of women in your country and/or context who have been disproportionately affected by the pandemic and response measures when accessing sexual and reproductive health, including maternal health services. (For instance, adolescents, women living with HIV, indigenous women, racial and ethnic minority women, women from rural areas, persons with diverse sexual orientations, gender identities etc.)

The COVID-19 pandemic has accentuated disparate health outcomes faced by women and girls from marginalized groups, in particular afrodescendent and indigenous women and girls, as well as women and girls living in urban locations and in poorer households. In Latin America, COVID-19 has caused a 20-year setback in maternal health in the region, with a 15% increase in maternal mortality between 2016 and 2020.² Afrodescendent and indigenous women and girls have been disproportionately impacted.

The forthcoming UNFPA Fact Sheet on the Maternal Health of Women and Girls of African Descent in the Americas (forthcoming May 2023), highlights that three key causes have resulted in these disparity in outcomes for afrodescendent women and ethnic minorities:

1. There is a **dearth of quality health data disaggregated by race/ethnicity and gender** collected and analysed. As a result, any poor maternal and sexual and reproductive health outcomes for women and girls of African descent and indigenous **remain invisible** in many countries.
2. National and local **policies**, plans and programmes **overlook** the particular **health-related vulnerabilities faced by ethnic minorities**.
3. The intersection of **structural racism and sexism** in health service delivery and medical education **hampers access to and provision of** quality comprehensive **maternal and sexual and reproductive health care** for women and girls of African descent in the Americas.

¹ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00079-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00079-6/fulltext)

² <https://www.who.int/publications/i/item/9789240068759>

The fact sheet makes a number of recommendations for States, international organizations to take to address.

What measures has your organization undertaken in order to mitigate the impact of COVID-19 pandemic on maternal health? Please elaborate on any lessons learned, good practices as well as challenges faced.

To ensure continuity of maternal and newborn health services during the COVID-19 pandemic, UNFPA efforts focused on strengthening health system capacity, procuring and delivering essential supplies and personal protective equipment (PPE) for health workers, ensuring access to sexual, reproductive, maternal health and gender-based violence services, as well as supporting communication and community engagement on protective measures.

In collaboration with the pharmaceutical company Takeda, UNFPA supported 132 health facilities providing EmONC services in the following countries that were among the most affected by COVID-19 in SubSaharan Africa: Benin, Guinea-Conakry, and Togo.

The following objectives and strategic interventions have been identified by UNFPA and the Ministries of Health of the three focused countries in collaboration with partners, such as WHO and UNICEF:

1. Protect staff working in the targeted maternity units with access to essential medical equipment (including personal protective equipment) and adhere strictly to the infection prevention and control (IPC) measures.
2. Ensure safe environment for maternity units with required hygiene standards in place to prevent COVID-19 infection.
3. Strengthen the provision of maternal and newborn health services to ensure continuity of maternal and newborn health services in COVID-19 context.
4. Strengthen coordination mechanisms of Ministry of Health and partners to respond to COVID 19. As a result, from August 2020 to August 2021, 387,191 women and newborns received reproductive, maternal and newborn care, 56 midwives were hired to ensure the continuity of services, 363 healthcare providers had their skills strengthened, and 1,329 received protective equipment. Specifically, 225,548 women and newborns received care for safe childbirth. Among them, 19,948 women facing obstetric complications were treated.