

IMPROVING MATERNAL HEALTH MEASUREMENT CAPACITY AND USE

NATIONAL DIALOGUE



Photo Credit: White Ribbon Alliance Nigeria

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Special thanks to Federal Ministry of Health Nigeria, White Ribbon Alliance Nigeria, and Women & Health Initiative at the Harvard T.H. Chan School of Public Health.



“At White Ribbon Alliance Nigeria, we believe that solutions to health problems in our society, including high rates of maternal mortality, lie with the people. We continue to explore opportunities to work with people to improve maternal health outcomes in Nigeria.”

- Dr. Nanna Chidi-Emmanuel
Board of Trustees Chair, White Ribbon Alliance Nigeria

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Abbreviations

BMGF	Bill & Melinda Gates Foundation
EPMM	Ending Preventable Maternal Mortality
IMHM	Improving Maternal Health Measurement Capacity and Use
WRA	White Ribbon Alliance
MOH	Ministry of Health
MMR	Maternal Health Ratio
MH	Maternal Health
EMONC	Emergency Obstetric Newborn Care
ARR	Annual Rate of Reduction
SDG	Sustainable Development Goals
W&HI	Women and Health Initiative
FCI-MSH	Family Care International Program of Management Sciences for Health
WHO	World Health Organization
MNCH	Maternal, Newborn and Child Health
NDHS	Nigerian Demographic and Health Survey
NSHDP	National Strategic Health Development Survey
MCSP	Maternal and Child Survival Program
EU–UN	European Union–United Nations
TBA	Traditional Birth Attendant
WWW	What Women Want
QOC	Quality of Care
CSO	Civil Society Organization
RMNCH	Reproductive, Maternal, and Newborn Child Health
RHC	Reproductive Health Care
IP	Implementing Partner
MDA	Ministry Department and Agency
FP	Family Planning

Improving Maternal Health Measurement Capacity and Use National Dialogue | 5th March 2020 | Abuja, Nigeria

Dialogue Report

Background

Maternal mortality is widely recognized as a key human rights issue (Rosenfield et al., 2006). The maternal mortality ratio (MMR) is a critical indicator of a woman's status in a society and of her access to quality maternal health services.¹ When a woman dies during pregnancy, birth, or the postpartum period, often behind the direct cause of death lies a complex interplay between a myriad of social, cultural, and economic factors.

Despite reductions in maternal deaths globally, maternal mortality is unacceptably high. According to [Trends in Maternal Mortality: 2000-2017](#), about 295 000 women died during and following pregnancy and childbirth in 2017, a 35 percent reduction from 2000. The average annual rate of reduction (ARR) in global MMR during the 2000–2017 period was 2.9 percent.²

However, progress toward ending preventable maternal mortality is uneven, and inequity continues to be seen across and within geographies. To achieve Sustainable Development Goal (SDG) 3, Target 1 of less than 70 maternal deaths for every 100,000 live births, the world must do things differently, including addressing the broader social and structural determinants of maternal health and survival.

In 2015, WHO released [“Strategies toward Ending Preventable Maternal Mortality \(EPMM\)”](#) (EPMM Strategies),³ a direction-setting report outlining global targets and strategies for reducing maternal mortality in the 2015–2030 SDG era. The targets and strategies, which are the result of extensive consultations with stakeholders worldwide, are grounded in research and a human rights approach to maternal and newborn health and focus on eliminating the significant inequities that lead to disparities in access, quality, and outcomes of care within and between countries.

The Global EPMM Working Group, following the launch of the EPMM Strategies report, initiated efforts to develop a comprehensive monitoring framework to track progress toward achievement of the EPMM strategic objectives and priority actions. It was determined that a strong monitoring framework can help national governments make strategic planning decisions and demonstrate the return on investment. With support from the Bill & Melinda Gates Foundation and led by the Women and Health Initiative (W&HI) at the Harvard T.H. Chan

¹ Fawole OI, Adeoye IA. Women's status within the household as a determinant of maternal health care use in Nigeria. *Afr Health Sci*. 2015;15(1):217-225. doi:10.4314/ahs.v15i1.28

² Trends in maternal mortality: 2000–2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization, 2019

³ Strategies towards ending preventable maternal mortality (EPMM). Geneva: World Health Organization; 2015.

School of Public Health on behalf of the EPMM working group, the [Improving Maternal Health Measurement Capacity and Use](#) (IMHM) project is working to advance maternal health measurement capacity through the development and validation of indicators to inform global standards and encourage the adoption of those indicators through targeted engagement and support to countries.

The dialogue in Nigeria is part of a series of seven organized by the White Ribbon Alliance (WRA) and the Family Care International Program of Management Sciences for Health⁴ (FCI-MSH) under the IMHM project. The aim of these dialogues is to collect input from a range of stakeholders on national priorities for adoption of EPMM indicators and to support their integration and use to foster achievement of the EPMM Strategies. Additionally, the dialogues bring much needed attention to critical social and systemic determinants of maternal health and survival within national policies, plans, and frameworks.

Dialogue Objectives

The dialogue aimed to bring together stakeholders that influence the provision and performance of maternal healthcare from across the range of sectors to discuss system factors that affect maternal health and survival. The purpose was to shine light on the distal determinants of maternal health, discuss country priorities for advancing mortality reduction and improving system performance to end preventable mortality, identify advocacy opportunities, and build measurement capacity by introducing new and useful metrics.⁵

The dialogue was attended by 45 participants drawn from ministries, departments, and agencies of the Federal Government, the Niger State Commissioner of Health, donors and partners, academia, civil society organizations, religious groups, women groups, community representatives, and youth and media representatives.⁶

The specific objectives of the dialogue were:

- Review and discuss WHO EPMM Strategies and related indicators and how they may advance maternal health in Nigeria.
- Identify opportunities to integrate and strengthen focus on social determinants of maternal health within relevant national policies, plans, and programs.
- Identify country strategic priorities for ending preventable maternal mortality and ways to strengthen monitoring and use of data from distal and social indicators in Nigeria to help measure progress.
- Build on the availability and use of existing monitoring data to identify key advocacy needs and opportunities for advancing maternal health in Nigeria.

⁴ FCI-MSH organized consultations in Francophone Africa and the Latin American and Caribbean Region.

⁵ The final agenda can be found in Annex 1.

⁶ The participant list can be found in Annex 2.

Welcome Remarks by Dr. Nanna Chidi-Emmanuel, Chair Board of Trustees, WRA Nigeria



Figure 1. Dr. Nanna Chidi-Emmanuel, Board Chair, WRA Nigeria

The WRA Nigeria Chair warmly welcomed all guests to the event. She noted that WRA is a people-led movement for reproductive, maternal, and newborn health and rights, that WRA is focused on exploring opportunities to work with people around the world to achieve better health outcomes, and that solutions to health problems lie with the people who will most benefit from them. Dr. Chidi-Emmanuel reinforced the objectives of the EPMM IMHM national dialogue, urging all participants to actively participate and offer action-oriented recommendations that would push the EPMM agenda forward.

Goodwill Messages



Figure 2. Dr Mohammed Makusidi Niger State Commissioner for Health

Foremost among the goodwill messages was that of the Commissioner of Health of Niger State, Dr. Masukudi Mohammad. While appreciating the work of WRA and other partners in Niger State, he expressed sadness at the unacceptable health indices, especially maternal mortality in Nigeria. He said the Niger state government has declared a state of emergency in the health sector to squarely confront the challenges facing the sector while acknowledging the need to do things differently to change the abysmal narrative. Dr.

Muhammad conveyed warm regards from the

people of Niger state and commended the organizers for convening a national dialogue to address EPMM.

Prof. Oladapo Ladipo, President and CEO of the Association of Reproductive and Family Health in Nigeria, expressed sadness with the performance of the government in terms of healthcare, particularly maternal health care, despite the investments made in the sector.





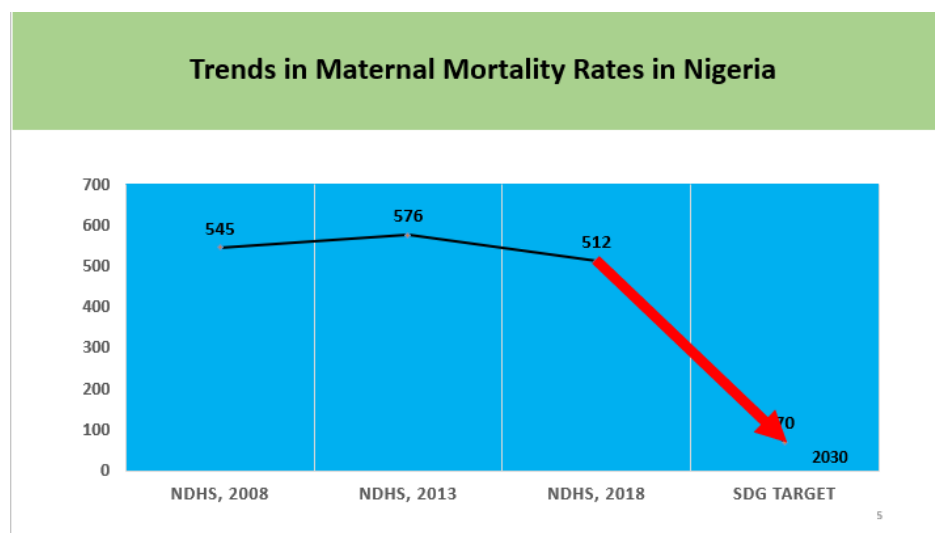
Figure 3. Prof. Oladapo Ladipo, the President and CEO of the Association of Reproductive and Family Health in Nigeria

He observed that health, especially maternal health, does not seem to be a priority of the government, noting that the Abuja Declaration of allocating 15 percent of the budget to health has been implemented only to one-third of the target. He also mentioned that one of the challenges to healthcare in Nigeria was the lack of manpower, with medical personnel migrating to other countries daily for better opportunities. He advised that the government create an enabling environment for medical professionals to thrive and work effectively.

He commended WRA for its initiative and encouraged them not to rest on their oars to achieve the aim of EPMM.

Improving the Upstream of Maternal Health Determinants–The Nigerian Context (Presented by Dr. Binyerem Ukaire, Head Safe Motherhood Branch, Federal Ministry of Health (FMOH))

In speaking to the reality of the situation of maternal mortality in Nigeria, the FMOH representative shared findings from the latest Nigeria Demographic and Health Survey (NDHS), conducted in 2018, which found that 1 in 34 women of child-bearing age risk die from pregnancy and childbirth. The current MMR in Nigeria is 512 per 100,000 live births (NDHS 2018), a slight decrease from 576 per 100,000 live births in 2013.



Nigeria contributes about 10–15 percent of the global maternal mortality burden, which **warranted the maternal health situation to be declared an emergency in 2018** based on the premise that it is unacceptable for women to die from preventable conditions. To this end, policies have been developed or revised, including:

- Review and development of the National Strategic Health Development Plan II
- Development and launch of the Roadmap on Accelerated Reduction of Maternal and Newborn Mortality in Nigeria, 2019–2021
- Provision of the Basic Healthcare Provision Fund
- Review and development of the National Reproductive Health Policy, 2017
- Development and launch of the Family Planning Blueprint and launch of the Green Dot Logo to promote child spacing
- Review and development of the National Maternal and Perinatal Surveillance and Response Documents
- Revised National Task Shifting and Sharing Policy, 2018

While it was acknowledged that some achievements have been recorded, more needs to be done to sustain political commitment, focus on implementation, and provide steady and predictable disbursement of funds for effective healthcare delivery to prevent maternal mortality.

Overview of EPMM Strategies, EPMM Monitoring Framework, and IMHM Project by Dr. Rima Jolivet



Figure 4. Dr. Rima Jolivet, Principal Investigator, IMHM Project, Women & Health Initiative, Harvard T.H. Chan School of Public Health

Dr. Rima Jolivet, Principal Investigator of the IMHM project, began her presentation by providing an overview of the EPMM Strategies.⁷

- [EPMM Strategies](#) is a direction-setting report released in 2015 that outlines global targets and strategies for reducing maternal mortality in the SDG period.
- These strategies are unique in that they not only apply to the immediate causes of maternal death and disability but also aim to address risk factors that begin long before delivery. These include social determinants such as place of residence, socioeconomic status, empowerment and gender dynamics, as well as institutional factors such as national resource

⁷ EPMM and IMHM presentations by Dr. Rima Jolivet, Women & Health Initiative, Harvard T.H. Chan School of Public Health, can be found in Annex 3.

allocation, data availability, health system infrastructure and political accountability for evidence-based health system performance.

- The EPMM Strategies comprise guiding principles, crosscutting actions, and strategic objectives, and together, they make up the 11 Key Themes (Table 1. EPMM Key Themes).

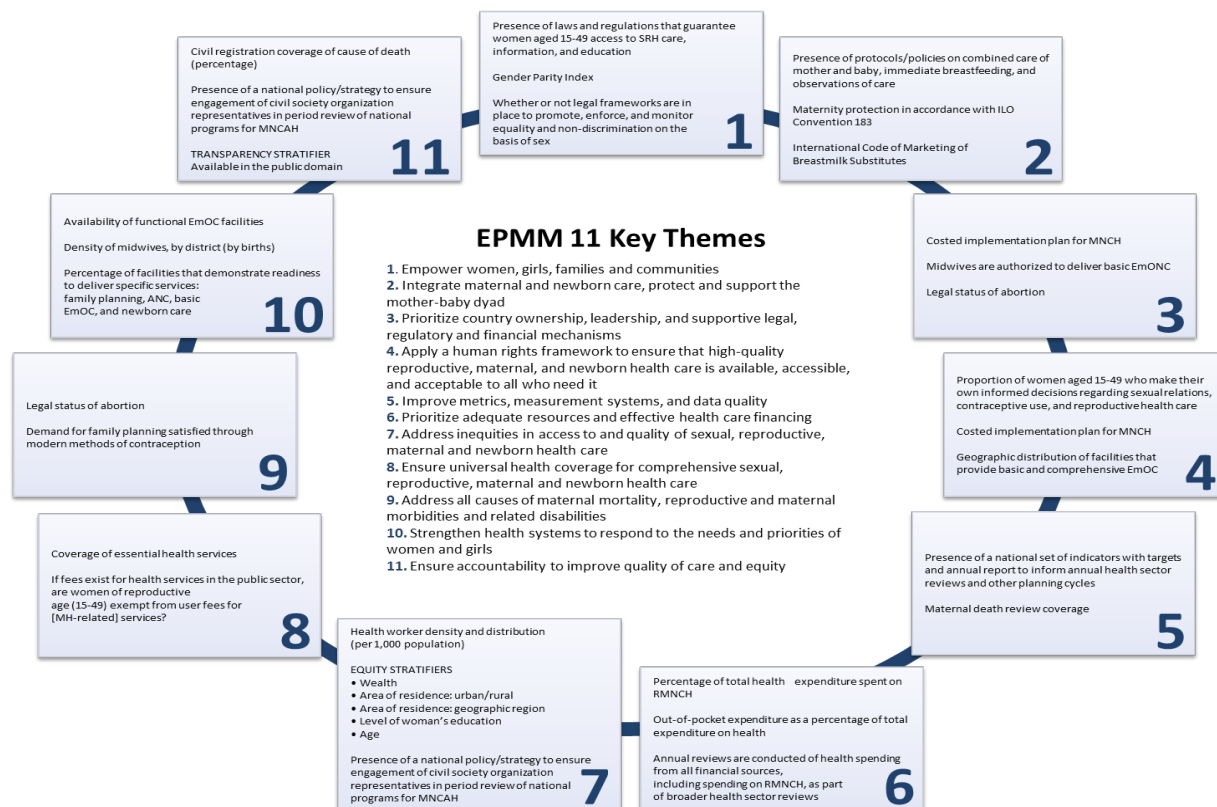
11 Key Themes

Guiding Principles	Empower women, girls, and communities
	Integrate maternal and newborn health, protect and support the mother-baby dyad
	Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
	Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it
Cross-cutting Actions	Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted
	Allocate adequate resources and effective health care financing
Five Strategic Objectives	Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare
	Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare
	Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities
	Strengthen health systems to respond to the needs and priorities of women and girls
	Ensure accountability in order to improve quality of care and equity

Next, Dr. Jolivet explained the development of the EPMM Monitoring Framework.

- Work to develop the EPMM indicators, which occurred in two phases, was co-led by Harvard T.H. Chan School of Public Health and USAID, with in-kind support from WHO and the Maternal and Child Survival Program (MCSP).
- Phase I sought to reach a consensus on a “minimum data set” of core maternal health metrics that every country, at a minimum, should collect and report for global comparisons. These are the most common indicators for tracking progress toward addressing the direct causes of maternal death. Phase 1 was completed in October 2015.

- The EPMM Strategies take a much broader look at the factors that impact maternal health and survival across the lifecycle and across the continuum of care and even at the societal and health system levels.
- Therefore, Phase II was undertaken to provide a supplemental set of indicators that countries and development partners can use to drive progress and track progress toward addressing the full spectrum of determinants of maternal survival. Phase II was completed in 2016.



Dr. Jolivet also provided an in-depth overview of the IMHM project.

- Three-year project funded by the Bill & Melinda Gates Foundation with in-kind support from the EPMM Working Group.
- Led by W&HI at Harvard T.H. Chan School of Public Health with specific work done by WHO and White Ribbon Alliance/FCI Program of MSH.
- The goal of the project is to further develop and promote adoption and routine use of a robust, research-validated, field-tested monitoring framework for the EPMM Strategies whose key themes highlight the social determinants of maternal health and survival, to better support global and country level improvement efforts.
- Specifically, the project seeks to test and validate a subset of core indicators and further develop a subset of additional indicators based on national-level priorities and to foster multi-stakeholder dialogue in countries on the importance of addressing the broad

spectrum of determinants of maternal survival and the value of monitoring as a mechanism to drive improvement in these areas.

- The countries participating in the IMHM project national dialogues are Kenya, Cote d'Ivoire, Bangladesh, India, Mexico, Pakistan, and Nigeria.

Dr. Jolivet explained that Indicators that will undergo testing and validation through the IMHM project come from Phase II of the [EPMM indicator development process](#), since indicators from Phase I, which are focused on the proximal (i.e., facility-based) determinants of maternal health and survival represent the minimum set of core maternal health metrics that are routinely collected and reported at national and global levels. EPMM Phase II indicators cover the broad range of social, political, economic, and health system determinants of maternal health and survival, and there is less experience tracking many of them at national and global levels. These indicators generally fall into three categories: policy, health system strengthening and financing, and service quality (Availability, Accessibility, Acceptability and Quality, or “AAAQ”). Up to 10 measures (9 indicators and 1 stratifier) are being tested and validated in three research settings through partnerships with the Instituto de Efectividad Clínica y Sanitaria (IECS, Argentina), Population Council (PopCouncil, India), and the University of Ghana School of Public Health (Ghana).

About the Phase II Indicators

The Phase II process was designed to engage stakeholders worldwide to reach consensus on the most important, relevant, and useful indicators for monitoring national and global progress related to the distal determinants of maternal health. Through a series of 12 webinars, a public comment period, and a final expert meeting, more than 150 experts discussed and debated, ultimately agreeing on a set of 25 ‘core’ indicators and six stratifiers that correspond to each of the 11 key themes outlined in the EPMM Strategies report. Also, as part of this process, a set of ‘additional’ indicators were suggested to be potentially refined and included.

Overview of IMHM Validation Research in Ghana, Dr. Ernest Kenu, University of Ghana School of Public Health



Figure 5. Dr. Ernest Kenu. University of Ghana School of Public Health

Dr. Ernest Kenu, Co-Primary Investigator for the University of Ghana School of Public Health team on the IMHM multi-country indicator validation study, presented this research. The research is being conducted in Argentina, Ghana, and India, with data collection planned during 2020. The aim of the research is to contribute to a robust, research-validated, field-tested monitoring framework for the EPMM Strategies. The specific objective is to improve maternal health measurement capacity by conducting research to validate up to nine

(9) core EPMM indicators and one (1) standard stratifier that reflect maternal health policies and health system performance, using a variety of methods.

Dr. Kenu stated that for each indicator, 1–3 validation questions were developed to guide the research, drawing upon a definitional framework for validity under development by WHO. The validation questions generally address two levels of validation:

- Does the value of the indicator reported match the national data on record?
- Is there evidence that the indicator reliably or optimally measures the construct it is designed to measure?

In underscoring the importance of national consultations to determine maternal health measurement priorities, Dr. Kenu detailed that consultations with key stakeholders in all three IMHM research countries resulted in a high degree of convergence. For instance, there was consensus across all three countries on 9 EPMM indicators that should be included in the research; in Ghana, one additional EPMM indicator was prioritized at country level; thus Ghana will undertake research to test 10 EPMM indicators.

EPMM Indicators for Validation through the IMHM Project		
COMMON INDICATORS FOR TESTING/VALIDATION		
6	Legal status of abortion	All
10	If fees exist for health services in the public sector, are women of reproductive age (15–49) exempt from user fees for (MH-related health) services	All
12	Health worker density and distribution (per 1,000 population)	All
13	Density of midwives, by district (by births)	All
14	Midwives are authorized to deliver basic emergency obstetric and newborn care	All
17	Availability and functional EmONC facilities	All
18	Geographic distribution of facilities that provide basic and EmONC	All
20	Maternal death review coverage	All
22	Demand for family planning satisfied through modern methods of contraception	All
COUNTRY SPECIFIC INDICATORS FOR TESTING VALIDATION		
1	Presence of laws and regulations that guarantee women aged 15–49 access to sexual and reproductive health care, information, and education	Ghana

Plenary discussion on the major challenges to an effective, high-performing maternity care system in Nigeria

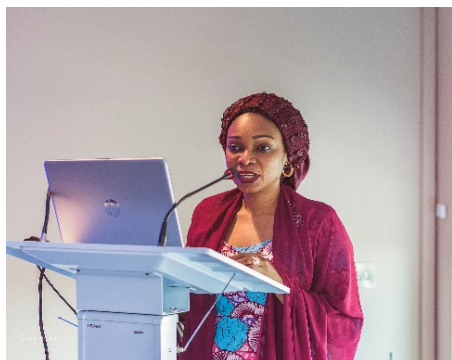


Figure 6. Ms. Hadiza Dorayi, Coordinator, EU-UN Spotlight

Moderating the plenary session on the challenges confronting an effective maternity system in Nigeria, the coordinator of the EU–UN Spotlight Initiative for ending violence against women and girls, Hadiza Dorayi, started by complimenting organizers for convening the dialogue, describing it as “the right step in the right direction.”

Discussion focused on a major challenge in Nigeria, the high percentage of pregnancies (25 percent) in the country that are high risk women below 18 years of age. Participants suggested that appropriate legislation should be made to tackle the issue of child marriage. They also opined that high-risk pregnancies can be avoided if a positive attitude to use of contraception is adopted. The met need for contraception can be the most effective and quickest way to achieve EPMM. National statistics document over 3.5 million underage marriages in Nigeria every year.



The following key discussion points were offered from the floor:

In support of the need to address early marriage and family planning through favorable legislation, another challenge is the dire need for awareness and support among religious and community leaders, because of their role as gatekeepers and influencers on social norms as well as the cultural and religious sensitivities of the community.

Nigeria has robust policies on health generally, but implementation is the major challenge. The reason for poor policy implementation is the limited intersectoral and multidisciplinary approach, lack of synergy, and “people working in silos.” It was suggested that all agencies involved in implementation need to work together to produce visible results while forging viable partnerships with community leaders to be actively involved in health activities, in proper recordkeeping, and accountability.

The issue of proper measurement, reliable data gathering, and validity of presented statistics was discussed as another major challenge and there was the suggestion that data collection should be improved. It was recommended that the national formula should not be linked to population numbers to encourage political backing of child spacing.

The issue of political will, political dynamics, and investment in the health sector were raised as pervasive problems. Discussants emphasized that the government has failed to prioritize the health sector, which is evident in both funding and implementation of health policies, and lack of availability of proper health facilities. It is vital to ensure that citizens, civil society, and

stakeholders apply pressure on government to take healthcare, especially maternal health, more seriously.

Observing that Nigeria ranks very low on the human development index, with low life expectancy (which has maternal mortality as one of its strong links), a participant proposed that life expectancy should become one of the performance measurement indices of government.

Other matters brought forward include:

- Lack of skilled care at birth is one of the challenges of achieving EPMM. There is a need for review and appropriate regulation of traditional birth attendants (TBAs).
- The need for universal health coverage and the implementation of a basic healthcare provision fund.
- The place of young people as contributors to the present maternal mortality rate in society and the need for social behavior change communication tailored to youth.
- The need for men to be seen not just as stakeholders but also as a target audience.
- The need for ownership of interventions to ensure sustainability.
- The need to focus on accountability and that healthcare be an issue that every politician faces before elections.

What Women Want Survey and Findings–Betsy McCallon and Tariah Adams⁸

The CEO of the WRA Global secretariat, Betsy McCallon, introduced the audience to the What Women Want (WWW) campaign. She said that the goal of WWW is to generate political commitment, investment, and accountability for what women want for their health, as defined by women themselves so that their voices can be heard and their needs put forward in the global



Figure 7. Betsy McCallon, CEO, White Ribbon Alliance

conversation. She noted that many of women and adolescent girls' demands from the WWW campaign speak directly to EPMM Strategies and the 11 Key Themes, social determinants of health, and the need for multisectoral approaches. Out of over 1 million responses from 114 countries, the most pressing need of women globally is respectful and dignified care, followed by water, sanitation, and hygiene (WASH), with reliable access to medicines and supplies coming third.

⁸ What Women Want Survey and Findings presentation, by Betsy McCallon, White Ribbon Alliance, and Tariah Adams, White Ribbon Alliance Nigeria, can be found in Annex 4.



Figure 8. Tariah Adams. Senior Communication Officer, WRA Nigeria

Tariah Adams presented the WWW Nigeria survey findings and shared that in Nigeria, the foremost needs identified by women and girls were WASH, followed by respectful and dignified care. In third place came the need for increased, competent, and better-supported female service providers. The WWW findings will be launched formally in Nigeria at both national and state level. WRA Nigeria will work with members and partners to develop the WWW advocacy agenda, which will have clear linkages with the

EPMM strategy, especially relating to the social and structural determinants of maternal health. WRA Nigeria will also work with stakeholders to secure clear commitments to address the findings of the WWW report.

Prioritization of Core EPMM Indicators Group Scoring Exercise⁹

Participants were divided into six groups to discuss and prioritize key themes in the EPMM framework and related core indicators most important for national monitoring of maternal and newborn health in Nigeria. Each group was asked to evaluate the 11 EPMM themes according to the defined criteria: 1) is the theme relevant, 2) is the theme important, 3) is the theme useful, 4) is the theme feasible to monitor, and 5) is the theme a high priority driver for ending preventable maternal deaths. The criteria were scored using a 4-point scale from strongly disagree (–1) to strongly agree (+2).

Each group engaged in debate to identify the three EPMM themes that are most important to address to move toward ending preventable maternal mortality in Nigeria. For each of the prioritized themes, each group was asked to choose from the core indicators associated with that theme the one they felt is most important for Nigeria to monitor. Participants were asked to report back to the wider group on the top three themes that they chose as well as the associated priority indicator for each theme, and to share their rationale and the highlights of their discussions. After enthusiastic deliberations, each group presented their reports and how they arrived at their key themes.

Report back from Group 1
Top three EPMM Key Themes
1. Ensure country ownership, leadership, and supportive legal regulatory, and financial framework
<i>Most important indicator to track in this area:</i>
Costed implementation plan for maternal, newborn, and child health
2. Allocate adequate resources and effective health care financing
<i>Most important indicator to track in this area:</i>
Percentage of total health expenditure spent on reproductive, maternal, newborn, and child health

⁹ The worksheet template and instructions, scoring criteria for EPMM key themes, and list of all Phase II core indicators by key EPMM theme can be found in Annex 6.

3. Strengthen health systems to respond to the needs and priorities of women and girls
<i>Most important indicator to track in this area:</i> Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care

Report back from Group 2
Top three EPMM Key Themes
1. Prioritize adequate resources and effective health care financing
<i>Most important indicator to track in this area:</i> Annual reviews are conducted of health spending for all financial sources, including spending on RMNCH, as a part of broader healthcare reviews
2. Ensure accountability to improve quality of care and equity
<i>Most important indicator to track in this area:</i> Transparency stratifier. "Available in the public domain"
3. Empower women, girls, families, and communities
<i>Most important indicator to track in this area:</i> Presence of laws and regulations that guarantee women aged 15–49 access to sexual and reproductive healthcare, information, and education

Report back from Group 3
Top three EPMM Key Themes
1. Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
<i>Most important indicator to track in this area:</i> Costed implementation plan for maternal, newborn, and child health
2. Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted
<i>Most important indicator to track in this area:</i> Set of indicators with targets and annual reporting to inform annual health sector reviews and other planning cycles
3. Strengthen health systems to respond to the needs and priorities of women and girls
<i>Most important indicator to track in this area:</i> Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care

Report back from Group 4
Top three EPMM Key Themes
1. Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
<i>Most important indicator to track in this area:</i> Costed implementation plan for maternal, newborn, and child health
2. Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it
<i>Most important indicator to track in this area:</i> Proportion of women who make their own informed and empowered decisions

3. Address inequities in access to and quality of sexual, reproductive, maternal and newborn health care
<i>Most important indicator to track in this area:</i> Health worker density and distribution

Report back from Group 5
Top three EPMM Key Themes
1. Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
<i>Most important indicator to track in this area:</i> Costed implementation plan for maternal, newborn, and child health
2. Ensure accountability in order to improve quality of care and equity
<i>Most important indicator to track in this area:</i> Presence of a national policy/strategy to ensure engagement of CSO representatives in periodic review of national program for MNCH delivery
3. Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it
<i>Most important indicator to track in this area:</i> Proportion of women aged 15–49 who make their own informed and empowered decision regarding sexual relations, contraceptives use and RHC

Report back from Group 6
Top three EPMM Key Themes
1. Improve metrics, measurement system, and data quality to ensure that all maternal and newborn deaths are counted
<i>Most important indicator to track in this area:</i> Proportion of women aged 15–49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use and reproductive healthcare
2. Apply a human rights framework to ensure that high quality reproductive, maternal and newborn healthcare is available, assessable and acceptable to all who need it
<i>Most important indicator to track in this area:</i> Proportion of women aged 15–49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use and reproductive healthcare
3. Allocate adequate resources and effective healthcare financing
<i>Most important indicator to track in this area:</i> Percentage of total health expenditure spent of reproductive, maternal, newborn and child health

Top Three Areas of Consensus

At the end of the exercise, all participants came to a consensus as to what they considered the top three priorities for EPMM in Nigeria by synthesizing the six reports:

- 1) Ensure country ownership, leadership, and supportive legal, regulatory and financial frameworks (four of six groups prioritized this theme).
 - The most important indicator to track: Costed implementation plan for maternal, newborn, and child health.
- 2) Allocate adequate resources and effective healthcare financing (three of six groups prioritized this theme).



Figure 9. Participants during the group work

Most important indicators to track:

- Percentage of total health expenditure spent of reproductive, maternal, newborn, and child health
 - Annual reviews are conducted of health spending for all financial sources, including spending on RMNCH, as a part of broader healthcare reviews
- 3) Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it (three of six groups prioritized this theme)

Most important indicator to track:

- Proportion of women aged 15–49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use and reproductive healthcare

Identifying Advocacy Needs and Opportunities for Advancing Maternal Health and Enhancing Policy, Programmatic, and Resource-related Decision-making

Moderated by Christiana Asala, Senior Program Manager for WRA Nigeria, this session identified advocacy activities based on the three priority themes. The summary of suggestions are as follows:

- 1. Government at all levels should commit to country ownership, purposeful leadership and supportive legal, regulatory, and financial frameworks to end preventable maternal mortality**

Dialogue participants started the discussion by highlighting that the health agenda is not prioritized and poor political commitments hinder progress in addressing preventable maternal mortality. Participants were particularly concerned at the lack of high-level political commitment at both national and state levels. While there are health policies to address various health issues of concern, they are poorly implemented due to lack of coordination between relevant ministries, departments, and agencies.

Illustrative advocacy objectives:

- Government to champion the implementation of the “Roadmap on Acceleration and Reduction of Maternal and Neonatal Mortality in Nigeria”
- Governors and commissioners for health to set up a multisectoral team to address maternal and neonatal mortalities to drive accountability and political commitment across relevant entities at the state level.

Power mapping, state-by-state, will be required to identify key champions and key influencers as well as to identify political drivers. Convening entities, such as the Governors’ Forum, could elevate the issues and compare progress and strategies across states.

2. Federal, state, and local governments should allocate adequate domestic resources and ensure effective, transparent, and accountable healthcare financing

Participants highlighted that the domestic resource commitment for healthcare is grossly inadequate. Despite the Basic Health Care Provision Fund and other funding sources, the domestic budget for health is only 1 percent CRF and can only cover a small percentage of the population. The high cost of accessing healthcare and out-of-pocket spending remain major reasons why women do not access available services. The lack of investment results in poor-quality services and therefore poor outcomes. Further, a lack of transparency and engagement with the health budgets were cited as constraints to improving accountability and driving results.

Illustrative advocacy objectives:

- Government should establish a National Health Insurance Commission to guarantee universal health coverage for all citizens.
- The National Council of Health should conduct multisectoral annual review of health spending at multiple levels
- State commissioners for health should track and disseminate state-specific budget allocations and releases for health

3. Federal and state ministries of health, civil society, and human rights commissions should apply a human rights framework to ensure that high-quality reproductive, maternal, and newborn healthcare is accessible, available, and acceptable to all who need it.

Participants highlighted the lack of understanding of human rights frameworks and national obligations as a barrier to accountability. Further, participants noted the need for a deep focus on community education, participation, and feedback on rights and respectful, quality care.

Illustrative advocacy objectives:

- National Human Rights Commission, civil society, community-based organizations, and development partners to engage community leaders and carry out community sensitization
- State and local government and national and state primary health care development agencies to create platforms for communities to provide feedback to the health system on quality of care

Participants concluded the discussion by highlighting that improving maternal mortality in Nigeria goes beyond the health system and must include sociopolitical and economic determinants of health to accelerate efforts to save the lives of women and girls. Stakeholders reached consensus that government must take leadership for more effective domestic resource mobilization and allocation to healthcare, empower women and girls to make better reproductive health decisions, and ensure access to quality healthcare to end preventable maternal mortality in Nigeria. It was agreed that WRA Nigeria would further develop the advocacy plans and next steps, convening relevant stakeholders to advance this agenda.

Panel Discussion on Social and Systemic Determinants of Maternal Health in Nigeria: A Multisectoral Approach

The final panel discussion was moderated by Dr. Adaeze Oreh, Secretary, WRA Nigeria Board of Trustees. She summarized the priorities that were identified by the multi-stakeholder plenary group of participants, and asked each panelist to reflect on and interpret how their sector could contribute to driving progress by ensuring country ownership, supportive legal and regulatory frameworks, allocating adequate resources and effective healthcare financing, and applying a human rights framework to ensure available and accessible high quality reproductive maternal and newborn health care to those who need it.

Panelists included:

- **Dr. Masukudi Muhammad**, Niger State Commissioner of Health (state government)
- **Dr. Francis Ohanyido**, Deputy Chair, WRA Nigeria, Board of Trustees (advocacy)
- **Bless-me Ajani**, FP 2020, Nigeria Focal Youth Representative (youth/consumer)
- **Dr. Muiyiwa Ojo**, WHO Nigeria (development partner)
- **Rita Momoh**, Community Health Worker/midwife (frontline health worker)

The state government representative, Dr. Muhammad, stated that state governments can declare states of emergency in the health sector to stimulate more action in the area of healthcare delivery. They can also take deliberate steps to strengthen interagency and partner coordination mechanisms. He added that states can also adopt basket funding to ensure non-duplication of funds and cost effectiveness. The Ministry of Health should coordinate all

relevant stakeholders such as the Ministries of Finance, Budget and Planning, Women Affairs, as well as primary healthcare authorities.

The advocacy representative, Dr. Francis Ohanyido, mentioned that political will and domestic resource mobilization contribute significantly to sustainability. He stressed the importance of organic community structures, not dependent on particular projects, to garner community ownership that will last beyond project implementation timelines. Dr. Ohanyido canvassed for a mandatory social health insurance scheme to cater to citizens who are struggling with the burden of out-of-pocket expenses for health, which further impoverishes them and plunges them into debt. He gave the example of men masquerading under religious or sociocultural beliefs to prevent their wives from going to hospital when their opposition stems from lack of resources to pay the resulting bills.

Rita Momoh, a midwife and a community health worker, clarified that the needs of Nigerians are straightforward and basic. She highlighted that the government should be sincere in its health agenda and provide what is important and relevant to people. Mrs. Momoh gave the example of providing insecticide-treated nets to women instead of the preferred approach of offering free malaria drugs and information on how to keep their environment clean to prevent mosquitoes. She emphasized that proper education would go a long way to solve a lot of health problems.

Dr Muiyiwa Ojo, the WHO representative, said that Nigeria is one of 57 countries that have the most severe shortage of health workers in the world. The WHO/EPMM recommendation is for governments to strengthen the healthcare workforce, provide appropriate regulatory support, pre- and in-service training, and sufficient resources to deploy healthcare providers in adequate numbers. Dr. Ojo urged that there must be more investment in human resources for health. He urged leaders to invest in health, because only a healthy society is productive.

Bless-me Ajani, a youth and consumer advocate, made a point on the heightened need for appropriate disaggregation of data, saying that if young people are not categorized separately from other demographic groups like adult men and women, then they will not be adequately provided for. Speaking as the FP2020 Youth Focal Person, he specified there have to be intentional efforts made for interventions that make young people a priority. He advocated for social behavioral change communication targeting young people.

Communique

At the end of the deliberations, stakeholders developed their recommendations in the form of a communique that was shared at plenary for validation by all participants.¹⁰

¹⁰ The final Communique can be found in Annex 6.

Closing Remarks

The Executive Director of WRA Nigeria, Mr. Tonte Ibraye, expressed profound gratitude on behalf of the organizers to all participants for their enthusiasm and commitment to ending preventable maternal mortality in Nigeria, as evidenced by the action-oriented and robust communique. He appreciated all the partners, presenters, panelists and moderators as well as the entire WRA team. He encouraged everyone to be part of the WRA movement so that together, the dream of EPMM will become a reality.

Annexes:

Annex 1: Agenda



National Dialogue
Ending Preventable Maternal Mortality
Improving Maternal Health Measurement Capacity and Use in Nigeria
Thursday, 5 March 2020, Fraser Suites, Central Business District, Abuja

Objectives

- Review and discuss WHO Ending Preventable Maternal Mortality (EPMM) strategies and related indicators and how they may advance maternal health in Nigeria.
- Identify opportunities to integrate and strengthen focus on social determinants of maternal health within relevant national policies, plans, and programs.
- Identify country strategic priorities for ending preventable maternal mortality and ways to strengthen monitoring and use of data from distal and social indicators in Nigeria to help measure progress.
- Build on the availability and use of existing monitoring data to identify key advocacy needs and opportunities for advancing maternal health in Nigeria.

AGENDA

Time	Session	Speaker
08:30-09:00	Registration	All
09:00-09:05	Recitation of the Second Stanza of the National Anthem	All
09:05-09:15	Welcome Remarks	Dr. Nana Chidi-Emmanuel , Chair Board of Trustees, WRA Nigeria
09:15-09:40	Goodwill Messages (5 min each)	UNFPA, BMGF, WHO, Parliamentarians, Niger State Commissioner of Health
09:40-09:50	Opening Remarks	Prof. Oladapo Ladipo , President and CEO, Association of Reproductive and Family Health in Nigeria
09:50-10:00	Consultation Overview	Mr. Tonte Ibraye , National Coordinator, White Ribbon Alliance, Nigeria
10:10-10:30	Improving the upstream (macro and policy level) of maternal health determinants–Nigeria context	Dr. Binyerem Ukaire , Head Safe Motherhood Branch, Federal Ministry of Health

	How is Nigeria working to address social and systemic determinants of maternal health	
10:30–11:10	Group Photo/Tea Break	All
11:10–11:50	Overview of Ending Preventable Maternal Mortality: strategies and monitoring framework ‘Overview of IMHM Project: Goals, Objectives, Phase 2 indicators’ IMHM Research in Ghana	Dr. Rima Jolivet, Women and Health Initiative (W&HI), Harvard T. H. Chan School of Public Health Dr. Ernest Kenu, University of Ghana School of Public School
11:50–12:10	Plenary Discussion/Questions: - Which are the major challenges to an effective, high-performing maternity care system in Nigeria? - What sectors need to coordinate more closely to improve maternal health and survival in Nigeria?	Facilitator: Hadiza Dorayi, Coordinator EU-UN Spotlight Initiative for Ending Violence Against Women and Girls
12:10 – 12:25	What Women Want survey and result findings	Betsy McCallon, Chief Executive Officer, White Ribbon Alliance Global Secretariat Tariah Adams, WWW Nigeria results
12:25–12:30	Introduction to group work guidelines	Betsy McCallon & Rima Jolivet
12:30–01:30	Country strategic priorities for ending preventable maternal mortality: <i>Participants will discuss and prioritize key themes in the EPMM framework and related core indicators they feel are most important for national monitoring of maternal and newborn health.</i>	All
01:30–02:15	Lunch	All
02:15–03:00	Report Back	
03:00–03:45	Identifying advocacy needs and opportunities for advancing maternal health and enhancing policy, programmatic and resource-related decision-making in Nigeria	Christiana Asala, Program Manager White Ribbon Alliance Nigeria. Moderator
3:45–4:30	Social and systemic determinants of maternal health in Nigeria—multi-sectoral approach. Reflections on the strategies, indicators and advocacy priorities with a multi-sectoral lens	Dr. Adaeze Oreh, Secretary, WRA Nigeria Board of Trustees- Moderator Panelists: Dr. Masukudi Muhammad: Niger State Commissioner of Health Dr. Francis Ohanyido,

		Deputy Chair, White Ribbon Alliance Nigeria, Board of Trustees • Bless-me Ajani, FP 20–20, Nigeria Focal Youth Representative • Dr. Muyiwa Ojo, World Health Organization, Nigeria • Rita Momoh, Community Health Worker/Midwife
04:30–04:45	Reading and adoption of communique Discussion • Recap of the day, highlights and commitments by rapporteur	Ndidi Chukwu , EPMM National Dialogue Focal Officer for WRA Nigeria
04:45–04:50	Vote of thanks	Tonte Ibraye , National Coordinator, WRA Nigeria
04:50–05:00	Tea break/ Closing	All

Annex 2: List of Participants



**National Dialogue
Ending Preventable Maternal Mortality (EPMM)
Improving Maternal Health Measurement (IMHM) Capacity and Use in Nigeria
Participant List**

S/No.	Name	Organization
1	Dr Binyerem Ukaire	Head Safe Motherhood Branch, Federal Ministry of Health
2	Dr Chris Ega	Assistant Director, Safe Motherhood Branch
3	Mrs Edima Akpan Anthony	Safe Motherhood Branch
4	Dr. Francis Ohanyido	Deputy Chair, White Ribbon Alliance Nigeria, Board of Trustees
5	Hadiza Dorayi	Coordinator EU-UN Spotlight Initiative for Ending Violence Against women and Girls
6	Prof. Oladapo Ladipo	Association for Reproductive Health and family planning
7	Dr Nanna-Chidi Emmanuel	WRA Nigeria Board of Trustee Chair
8	Dr Adaeze Oreh	Secretary WRA Board of Trustee
9	Dr. Mohammad Makusidi	Niger State Commissioner of Health
10	Rita Momoh	Wellbeing Foundation Africa
11	Christopher Sunday	Wellbeing Foundation Africa
12	Bless-me Ajani	Nigeria FP 2020 Youth Representative
13	Mariam Dorayi	Nigerian Youth
14	Wuni Olabalu	WACID Consulting
15	Dr. Sampson Ezikeanyi	Senior Policy Advisor UNFPA
16	Dr, Muiyiwa Ojo	WHO Nigeria Focal point for Maternal Sexual and Reproductive Health program
18	Dr. Moji Odeku	CCP/NURHI2
19	Chinwe Onumonu	Palladium
20	Mrs Ladi Bako,	Director and Head Health Promotion Division
21	Dr Nneka Onwu	Maternal health desk National Primary Health Care Development Agency
22	Margret Edison	National Population Council
23	Christy Oliko	Federal Ministry of Women Affairs
24	Yalwa Usman	Federation of Muslim Women Association Nigeria
25	Iyabo Amosun	National Bureau of Statistics

26	Ito Udem	Education as a Vaccine (EVA)
27	Aanu Rotimi	Health Reform Foundation of Nigeria
28	Opeyemi Ibitoye	WRA Nigeria Niger State
29	Kaseina Dashe	Rapporteur
30	Theresa Joseph Williams	Society of Obstetricians and Gynecologists of Nigeria
31	Jennifer Omale	ACIOE Foundation
32	Bami Odusote	ACIOE Foundation
33	Bilkisu	Pathfinder International
34	Chidera Chukwu	Palladium
35	Tonte Ibraye	WRA Nigeria
36	Christy Asala	WRA Nigeria
37	Tariah Adams	WRA Nigeria
38	Ndidi Chukwu	WRA Nigeria
39	Ernest Kenu	Ghana School of Public Health
40	Joy John	WRA Nigeria
41	Maryann Uebari	WRA Nigeria
42	Sounye Jacob	WRA Nigeria
43	Oluwadamilola Olaogun	USAID
44	Rima Jolivet	Harvard University, Women and Health Initiative
45	Betsy McCallon	White Ribbon Alliance Global Secretariat

Annex 3: EPMM IMHM presentations, Dr. Rima Jolivet, Women & Health Initiative, Harvard T.H. Chan School of Public Health, and Dr. Ernest Kenu, University of Ghana School of Public School.

Ending Preventable Maternal Mortality

Multi-Stakeholder Dialogue on
Improving Maternal Health Measurement Capacity and Use
Dr Rima Jolivet and Dr Ernest Kenu
Abuja, Nigeria, 5 March 2020

Presentation Overview

- EPMM Strategies
 - MMR Targets and Key Themes
- EPMM Global Monitoring Framework
 - Phase I: Coverage and impact of key interventions
 - Phase II: Policy and health system indicators
- Improving Maternal Health Measurement Capacity and Use (IMHM)
 - Focuses on the EPMM Phase II indicators
 - Project overview: Technical work and country engagement
 - Outputs and planned approach

GLOBAL & NATIONAL EPMM TARGETS

Global MMR Targets

All countries reduce MMR by at least 2/3



To reach a global average MMR of <70



No country ends with MMR >140 by 2030

National EPMM Targets

For countries with MMR less than 420 at baseline

Reduce MMR by at least 2/3

*For countries with MMR greater than 420 at baseline
(including Nigeria)*

The rate of decline should be steeper so that in 2030, no country has an MMR >140

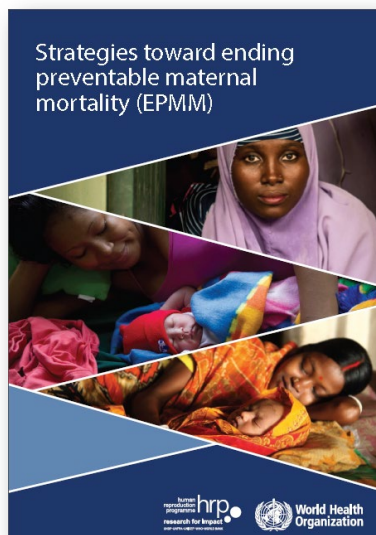
For countries with low MMR at baseline

Achieve equity for vulnerable populations at subnational level

EPMM STRATEGIES

Strategies toward ending preventable maternal mortality (EPMM)

- Direction-setting report released in 2015
- Outlines global targets and strategies for reducing maternal mortality in the SDG period
- 11 Key Themes
 - Guiding Principles
 - Cross-Cutting Actions
 - Strategic Objectives



11 Key Themes

Guiding Principles	Empower women, girls, and communities
	Integrate maternal and newborn health, protect and support the mother-baby dyad
	Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks
	Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it
Cross-cutting Actions	Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted
	Allocate adequate resources and effective health care financing
Five Strategic Objectives	Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare
	Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare
	Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities
	Strengthen health systems to respond to the needs and priorities of women and girls
	Ensure accountability in order to improve quality of care and equity

DEVELOPMENT OF EPMM MONITORING FRAMEWORK

Developing the Monitoring Framework

Phase 1

- A core set of priority, methodologically robust indicators with direct relevance for reducing preventable mortality for global monitoring and reporting by all countries
- Completed: October 2015

Phase I Metrics

IMPACT	CORE INDICATOR	ADDITIONAL PRIORITY AREA FOR INDICATOR DVPT
COVERAGE: Care for all	1. Maternal mortality ratio	
	2. Maternal cause of death	
	3. Adolescent birth rate	
	4. Four or more antenatal care visits	Content of antenatal care
	5. Skilled attendant at birth	Content of postnatal care
	6. Institutional delivery	Respectful maternity care
	7. Early postnatal/postpartum care for woman and baby (within 2 days of birth)	
	8. Met need for family planning	
	9. Uterotonic immediately after birth for prevention of post-partum hemorrhage (among facility births)	
COVERAGE: Care for complications	10. Caesarean section rate	Met need for EmONC
INPUTS: Counting	11. Maternal death registration	
INPUT: Availability	12. Availability of functional EmONC facilities	

Phase I Metrics



- *BMC Pregnancy and Childbirth*, August 2016
- Describes the Phase I process and outcomes

bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1035-4

Developing the Monitoring Framework

Phase 2

- A menu of indicators to track social, political and economic determinants of maternal health and survival to be adopted by countries within their national monitoring frameworks
- Completed: October 2016

Phase II Methodology

- Map existing indicators for priority recommendations from each EPMM Key Theme
- Convene technical, policy, and country experts on each topic to evaluate existing indicators based on specific criteria and choose up to 3 strongest existing indicators for each Key Theme
- Finalize core set of EPMM Phase II indicators to form up a menu of proposed measures for tracking progress toward EPMM

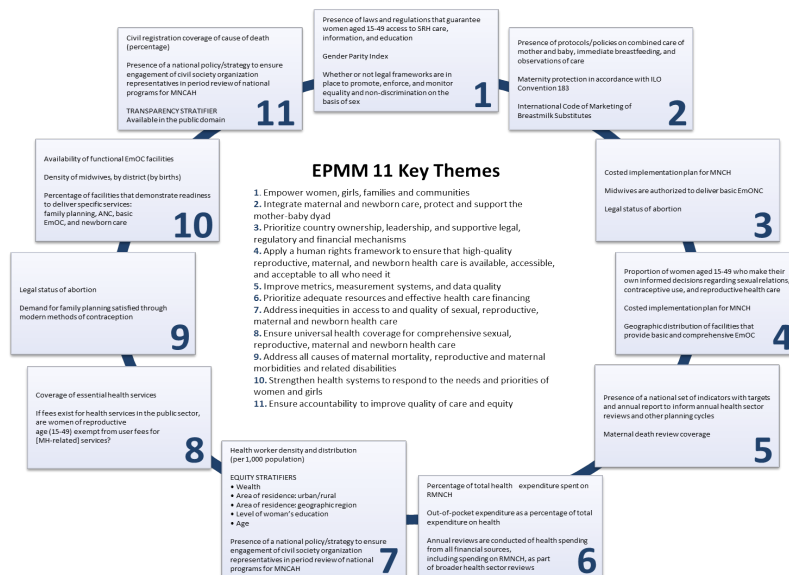


Phase II Methodology

Selection Criteria

- Relevance
- Importance
- Interpretability and Usefulness
- Validity
- Feasibility and Data Availability
- Harmonization

Phase II Indicators By Key Theme



Phase II Metrics



- *BMC Pregnancy and Childbirth*, June 2018
- Describes the Phase II process and outcomes

Jolivet et al.
BMC Pregnancy and Childbirth

IMPROVING MATERNAL HEALTH MEASUREMENT CAPACITY AND USE (IMHM) PROJECT

Project Overview

MULTI-PARTNER INITIATIVE

Led by Women & Health Initiative at Harvard T.H. Chan School of Public Health with specific work done by WHO and White Ribbon Alliance/FCI Program of MSH and research partner organizations in 4 countries

3-YEAR PROJECT

Funded by the Gates Foundation with in-kind support from the EPMM Working Group

GOAL-ORIENTED

Working to provide much-needed knowledge, research, and evaluation data as well as validated measurement tools for tracking progress towards ending preventable maternal mortality

Primary Outcomes

- 1** A well-developed, research-validated monitoring framework for ending preventable maternal mortality
- 2** Research-validated indicators for ending preventable maternal mortality are incorporated into global and national monitoring frameworks

FOCUS OF THE IMHM PROJECT: THE EPMM PHASE II INDICATORS

(Details in the meeting folder)

**RESEARCH TO TEST & VALIDATE A
SUBSET OF CORE PHASE II INDICATORS**

Request for Proposals for Country Research Partners

- Thirty proposals received
- Robust selection criteria and 3 rounds of scoring
- One organization in each of three world regions selected: LAC, Africa, Asia

RESEARCH PARTNERSHIPS

- IECS, Argentina
- University of Ghana School of Public Health
- Population Council India

EPMM Indicators for Validation through the IMHM Project

COMMON INDICATORS FOR TESTING/VALIDATION		
6	Legal status of abortion	ALL
10	If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services	ALL
12	Health worker density and distribution (per 1,000 population)	ALL
13	Density of midwives, by district (by births)	ALL
14	Midwives are authorized to deliver basic emergency obstetric and newborn care	ALL
17	Availability of functional EmOC facilities	ALL
18	Geographic distribution of facilities that provide basic and EmOC	ALL
20	Maternal death review coverage	ALL
22	Demand for family planning satisfied through modern methods of contraception	ALL
COUNTRY SPECIFIC INDICATORS FOR TESTING VALIDATION		
1	Presence of laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information, and education	GHANA

IMHM Project support to WHO: Research on improving cause of death data for use in MMR estimation

- **Analysis to validate** cause of death certification derived from MDSR and civil registration
- **Testing** the use of maternal cause of death data for MMR estimation
- **Technical assistance** to countries on improving cause of death data so it can contribute to better MMR estimates

*Led by
WHO/RHR*

ADDITIONAL INDICATOR DEVELOPMENT: RECOMMENDATIONS FROM PHASE II

Additional Indicator Development

- Technical consultation in March 2020 to develop a small number of additional indicators to fill identified measurement gaps
- Requested by participants in EPMM Phase II indicator development process
- Prioritized by country level stakeholders in IMHM Project

CATEGORIES FOR DEVELOPMENT

- *Changes Recommended to an Existing Indicator*
- *Development of an Aspirational Indicator*
- *Advance an Indicator Currently Under Development*

Additional Indicator Development

- The indicators requested can be categorized into two groups:
 - A. Indicators to measure constructs related to human rights: Respectful Maternity Care, accountability and empowerment
 - B. Indicators to measure constructs related to the collection and effective use of data, especially data about births and perinatal deaths

COUNTRY ENGAGEMENT: ENCOURAGING ROUTINE ADOPTION AND USE OF PHASE II INDICATORS

National dialogues

- Partnering with WRA and MSH to host series of dialogues, co-sponsored by Ministries of Health (MOH)
- Convening key in-country stakeholders (representatives of the MOH, multilateral agencies, civil society organizations, care programmers and providers, community leaders, maternal health advocates)
- Dialogues to bring focus to social determinants of MH, discuss in-country priorities for advancing EPMM, identify advocacy opportunities, and build MH measurement capacity

Communications

- Visit the IMHM Project page on the Harvard Women & Health website
 - <https://www.hsph.harvard.edu/women-and-health-initiative/projects/improving-maternal-health-measurement-capacity-and-use/>

IMHM INDICATOR VALIDATION RESEARCH

Improving Maternal Health Measurement Capacity and Use
Dr Ernest Kenu
Abuja, Nigeria, 5 March 2020

Presentation outline

- Aim and objectives of the study
- Validity definition
- Methods
 - Study site selection
 - Indicators selected for validation
 - Validation questions
- Timelines

Aim and Objectives

- Aim: To develop a robust, research-validated, field-tested monitoring framework for the EPMM Strategies to support global and country level efforts to improve maternal health
- Specific Objective: To improve maternal health measurement capacity by conducting research to validate up to nine (9) core indicators and one (1) standard stratifier that are not routinely collected and reported at a national level in Argentina, Ghana and India using a variety of methods.

EPMM Indicators for Validation through the IMHM Project

COMMON INDICATORS FOR TESTING/VALIDATION		
6	Legal status of abortion	ALL
10	If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services	ALL
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17	Availability of functional EmOC facilities	ALL
18	Geographic distribution of facilities that provide basic and EmOC	ALL
20	Maternal death review coverage	ALL
22	Demand for family planning satisfied through modern methods of contraception	ALL
COUNTRY SPECIFIC INDICATORS FOR TESTING VALIDATION		
1	Presence of laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information, and education	GHANA

WHO MoNITOR Expert Advisory Group Working to Better Define Validity in MNH Measurement

Criterion Validity:

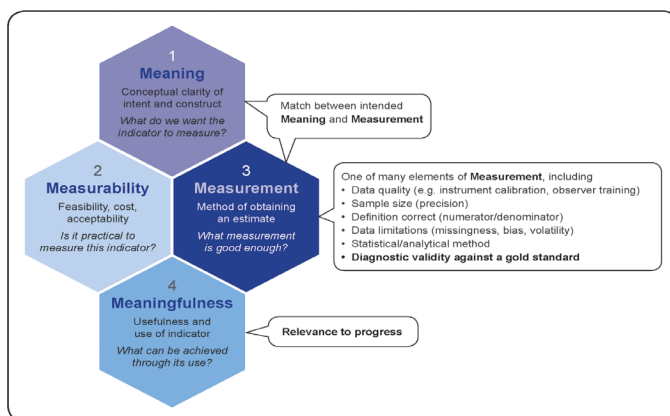
- Assessment of criterion validity, also referred to as diagnostic validity, examines whether the operationalization or measurement of a construct behaves as expected. A common way to examine criterion validity is to compare a measurement with a “gold-standard” or reference standard.

Convergent validity:

- Assessment of convergent validity examines the extent to which one measurement is similar to (converges with) other measurements to which it should be related, based on a common underlying construct (i.e. assessment of different methods of capturing the same construct). New or indirect measures are sometimes referred to as surrogate or proxy indicators.

Construct validity:

- An assessment of construct validity examines whether a given measurement technique accurately reflects the construct it is intended to measure.



Citation: Benova L, Moller A-B, Moran AC (2019) "What gets measured better gets done better": The landscape of validation of global maternal and newborn health indicators through key informant interviews. PLoS ONE 14(11)

Methodologies for validation

Type	Question	Assessment process
Diagnostic-style validation	How does an indicator compare to an objective measure of truth?	Comparison with gold standard (biomarker, observer, medical records)
Comparison/ Convergent validity	How do estimates from various data sources/models compare? Do they relate plausibly (external consistency)?	Situations with no gold standard –measuring or testing assumption of how indicators relate
Verification	Is there objective evidence to corroborate the reported indicator?	Most commonly used for validating policy and health system level indicators
Search for valid proxy	How do different indicators that are supposed to point to the same underlying construct relate to one another?	What is the most efficient way of capturing a complex construct? Which indicator performs most reliably as a predictor of a construct?
Indicator adjustment	What are useful ways to re-define an indicator to capture the intended construct more meaningfully?	Linking various data sources to obtain a better estimate, adjusting numerators or denominators

Citation: Benova L, Moller A-B, Moran AC (2019) "What gets measured better gets done better": The landscape of validation of global maternal and newborn health indicators through key informant interviews. PLoS ONE 14(11)

Method development

Defining validity

- For each indicator, we developed 1-3 validation questions to guide the research
- We drew upon the WHO definitional framework for validity
- Often, two levels of validation:
 1. Does the value of the indicator reported match the national data on record?
 2. Is there evidence that the indicator reliably or optimally measures the construct it is designed to measure?

Method development

Site selection

- Index to categorize maternal health system performance
- One region from the top and bottom quartiles, and within them one high performing district and one low performing district

Data sources/methods

- Primary and secondary data collection
- Policy document review, facility record review, questionnaires
- Surveys with providers, women, family members

Indicators and the validation questions

Indicator (1): (Number of countries with laws and regulations that guarantee full and equal access to women (and men) aged 15 years and older to sexual and reproductive health care, information and education

Do the laws or regulations as recorded on the national statute in Ghana match the definition of the indicator, fully including all 13 components? (Presence of laws)

How does the value of the indicator change using two different methods of computation (scoring)?

How does the law, as expressed in the national statute, compare to the Countdown indicator metadata and to the information available on the WHO Global Abortion Policies Project Database for the country?

Indicator (6): Legal Status of Abortion

Is there evidence that providers are consistently applying the law for each of the grounds on which abortion is legal?

Does the free care law or policy in the country provide all of the categories of services included in the indicator free of charge or fees to users?

For the categories of services that should be free according to the law/policy in the country, is there evidence that women are paying user fees for them?

If evidence is found that demonstrates that women are paying for services that are supposed to be free according to the law/policy in the country, is there evidence that user fees are being levied in a systematically differential way to women?

Indicator (10): Are the following health services provided free of charge at point of use in the public sector for women of reproductive age?

Indicators and the validation questions

Indicator (12): Health worker density and distribution [of midwifery professionals] (per 1,000 population); and

How does the definition of a midwife/midwifery professional on record in the country compare to the numerator in Indicator (12) [ILO definition] and to the ICM midwifery competencies?

What proportion of practicing midwives meet the ICM standard for competency as evidenced by an analysis of the tasks they have performed in the last 90-day period?

How does the value of the estimate differ based on the denominator used?

Indicator (13): Density of midwives, by district (by births)

Does the national regulatory framework (law, guideline, policy) in the country that authorizes midwives and midwifery professionals to deliver emergency maternal and newborn care match what has been reported for this indicator for all seven BEmONC signal functions?

Indicator (14): Midwives are authorized to deliver basic emergency obstetric and newborn care (BEmONC)

For signal functions that midwives and midwifery professionals are authorized to perform according to the national regulations, is there evidence that they have performed these tasks in settings where emergency care is provided within the last 90-day period?

Indicator (17): Availability of functional basic and comprehensive emergency obstetric care (C/BEmOC) facilities, and

Indicator (18): Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care (C/BEmOC)

Indicator (20): Maternal death review coverage

Do facilities within the study settings that are designated as B/CEmOC facilities by the health system in each country demonstrate evidence that they have performed all corresponding signal functions within the previous 3 months as defined in the meta data for these indicators?

How does the value of the indicator differ based on the denominator used: 500,000 population/district vs. 20,000 birth/district vs. travel time (<2 hours for BEmONC and <12 hours for CEmONC)?

How does evidence from the facility level on maternal death reviews compare to the coverage of maternal death reviews reported at district level, through state of district reporting programs?

How does the number of facility deaths captured through review of facility patient register data compare to the number of deaths reported at the district level?

How does the value of the indicator reported compare to the value calculated using primary data?

Indicator (22): Demand for family planning satisfied through modern methods of contraception

How does a direct measure of satisfaction of her demand for FP (woman's self-report) compare to the derived result provided by the DHS algorithm based on fifteen questions used to calculate the indicator (same woman surveyed) (construct validity)?

How does the value of the indicator vary based on a new data source/estimation method compared to an established source/method?

PLANS FOR INDICATOR TESTING IN GHANA

Research settings

Country	1 st level		2 nd level	
Argentina	Region	Centro	Provinces	Santa Fe
		Noroeste		Buenos Aires
				Jujuy
				Salta
Ghana	Region	Brong Ahafo	Districts	Techiman North
		Northern		Sunyani Municipal
				Bunkpurugu-Yunyoo
				Tolon
India	State	Tamil Nadu	Districts	Thiruvallur
		Uttar Pradesh		Krishnagiri
				Meerut
				Gonda

THANK YOU!

Questions?

whi@hsph.harvard.edu

Thank you

Annex 4: What Women Want Survey and Findings, Betsy McCallon, White Ribbon Alliance, and Tariah Adams, White Ribbon Alliance Nigeria



THE WHITE
RIBBON
ALLIANCE
HEALTHY WOMEN
HEALTHY WORLD

What Women Want:
**Demands for quality reproductive and
maternal healthcare for women and girls**

Betsy McCallon & Tariah Adams

March 5, 2020

Ending Preventable Maternal Mortality & Improving Maternal Health Measurement Capacity



whiteribbonalliance.org

About *What Women Want*

- The global *What Women Want* campaign sought to ask one million women and adolescent girls a powerful open-ended question: **What is your one request for quality reproductive and maternal health services?**
- Why? Too often, women's voices are overlooked in healthcare decision-making. *What Women Want*'s goal is to generate political commitment, investment, and accountability for what women want for their health, as they define it.





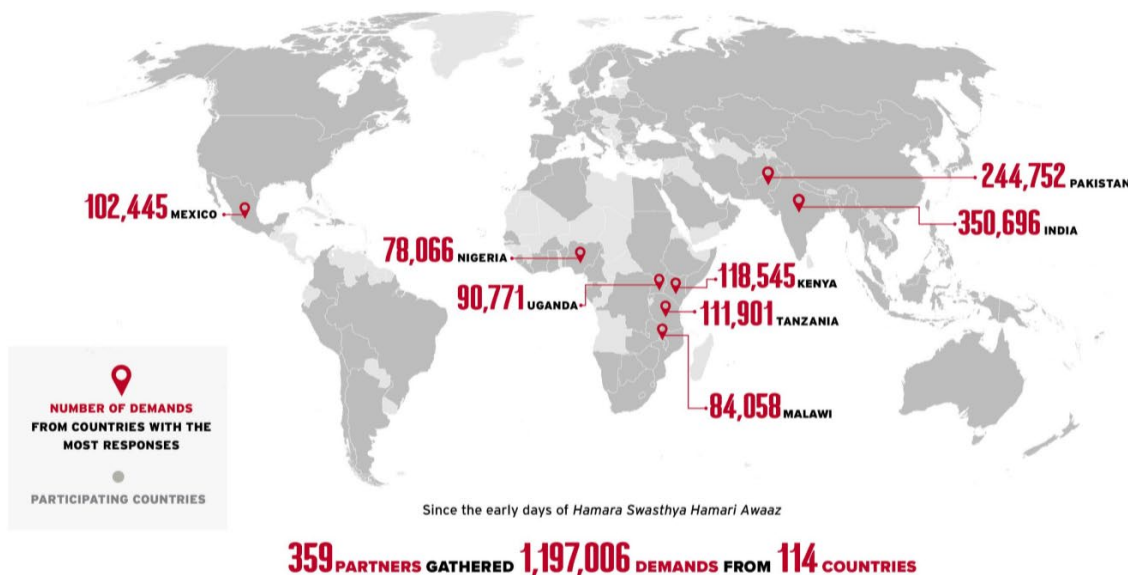
About *What Women Want*

Response collection and analysis

- WRA and partner organizations collected responses primarily through on-the-ground community mobilization efforts.
- Survey responses were transferred to excel spreadsheets and translated into English when necessary.
- Trained WRA staff manually coded most of the data using the qualitative analysis software NVivo. There were a total of 61 codes/categories.



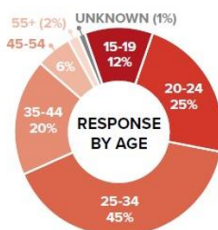
Women and girls have spoken, now it's time to listen.



114 COUNTRIES

359 PARTNERS

1,197,006 DEMANDS



The top twenty demands for quality reproductive and maternal healthcare from women and girls globally are presented, as are the results disaggregated by age group.* Many women and girls provided more than one demand, which are reflected in the results. The 143,556 responses from the original *Hamara Swasthya Hamari Awaaz* campaign are not included.

*Demands from those with unknown ages are included in the global totals, but disaggregated data is not provided for this group.

TOP TWENTY DEMANDS:

1. Respectful and dignified care: **103,584**
2. Water, sanitation and hygiene: **90,625**
3. Medicines and supplies: **82,805**
4. Increased, competent, and better supported midwives and nurses: **65,028**
5. Increased, fully functional and closer health facilities: **59,388**
6. Increased, competent and better supported doctors: **59,015**
7. Free and affordable services and supplies: **58,268**
8. Antenatal information, personnel, services and supplies: **53,668**
9. Labor and delivery information, personnel, services and supplies: **45,323**
10. Timely and attentive care: **43,290**
11. Transportation infrastructure: **39,557**
12. Improved health, well-being, maternal, reproductive and/or general health services: **37,076**
13. Family planning information, personnel, services and supplies: **36,121**
14. Ethical, lawful, non-abusive and secure care : **34,081**
15. Food and nutrition information, personnel, services and supplies: **31,688**
16. Child health and welfare information, personnel, services and supplies: **30,601**
17. More female providers : **26,267**
18. Increased, competent and better supported health providers (general): **21,873**
19. Counseling and awareness on maternal, reproductive and general health and services: **20,840**
20. Menstrual health: **17,729**



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What Women Want demands and Ending Preventable Maternal Mortality (EPMM)

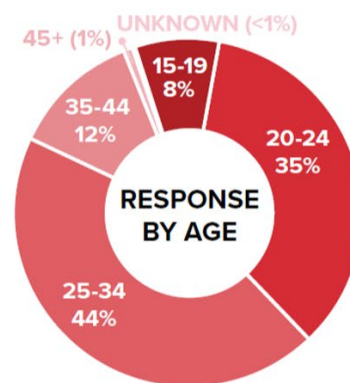
- Many of the women's and adolescent girls' demands from the *What Women Want* campaign speak directly to EPMM Strategies and the 11 Key Themes, social determinants of health, and the need for multi-sectoral approaches.
- *What Women Want* responses can be used as a marker of 'global demand' to aid in the prioritization of additional indicators.
- The *What Women Want* campaign itself is embedded within Theme 1: Empower women, girls, and communities.





What Women Want: Nigeria

Ranking	Demands from 78,066 Nigerian women and girls
21.16%	Water, sanitation & hygiene (WASH)
19.68%	Respectful and dignified care
11.95%	Increased, competent and better supported female providers
10.96%	Increased, fully functional and closer facilities
8.11%	Medicines and supplies
7.42%	Labour & delivery information, services and supplies
6.36%	Free, affordable or insured healthcare
5.82%	Ethical, lawful, non-abusive and secure care
4.32%	Family planning information, services and supplies
4.22%	Counseling and awareness







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Annex 5: Prioritization of Core EPMM Indicators Group Scoring Exercise

Worksheet: Understanding Priorities in Nigeria for Adoption of Core EPMM Indicators into the national MNH monitoring framework

You have been asked to review the CORE EPMM indicators for each Key Theme below over the next 45 minutes.

Indicators for each EPMM Key Theme are grouped together, and each Key Theme has its own scoring section where you can input scores. As you review each Key Theme, take note if monitoring progress in this area is **relevant, important, useful, feasible, and a priority** for stakeholders in Nigeria, using the scoring criteria found on Page 2.

AS A GROUP, reflect on each EPMM Key Theme and weigh each criterion according to the following scale:

- -1 strongly disagree
- 0 disagree
- 1 Agree
- 2 Strongly agree

Then, AS A GROUP, decide which indicator to track progress in the area of the Key Theme, if any, is a top priority for monitoring in Nigeria. You will then be asked to share back your findings with the larger group.

BEFORE YOU START

Before you start, select a: **facilitator, note-taker, and reporter.**

The **Facilitator** will be responsible for facilitating group work and discussion for the 45-minute session, ensuring each indicator is reviewed and scored, and that all voices in the group are heard.

The **Note-taker** is responsible for completing the worksheet(s) and handing back in a copy of the assignment to meeting organizers.

The **Reporter** will report back to the wider group at the end of the session, on the following:

1. Your top scoring Key Themes in order of priority (top 3)
2. The most important indicator to track progress in the area of each top priority Key Theme
3. Summary highlights of your group's conversation, including rationale for choices
4. Any major areas of disagreement/lack of consensus

SCORING CRITERIA

1) This Key Theme is **RELEVANT**.

For example:

- *You believe that tracking progress in this area is significantly associated with improved maternal health and survival in your country*
- *You believe tracking progress in this area would address an important knowledge or measurement gap in your country*
- *You believe tracking progress in this area directly supports EPMM strategies for reducing preventable maternal mortality in your country*

2) This Key Theme is **IMPORTANT**.

For example:

- *You believe tracking progress in this area resonates, and will be valuable to decision makers and stakeholders in your country*
- *You believe there is likely to be political will to support for tracking progress in this area, e.g., adopting and making progress in this area would be a political win in your country*
- *You believe tracking progress in this area “makes a difference” for improving maternal health and survival in your country and across the region in various contexts*
- *You believe the availability of global comparisons of progress in this area would drive improvement*

3) This Key Theme is **USEFUL**.

For example:

- *You believe that tracking progress in this theme will point to areas for improvement and can advance strategic planning, policy or programming at different levels of the system in your country*
- *You believe that the issue that this key theme calls attention to is still a big enough problem that tracking it is likely to spur change in your country*

4) Monitoring this Key Theme is **FEASIBLE**.

For example:

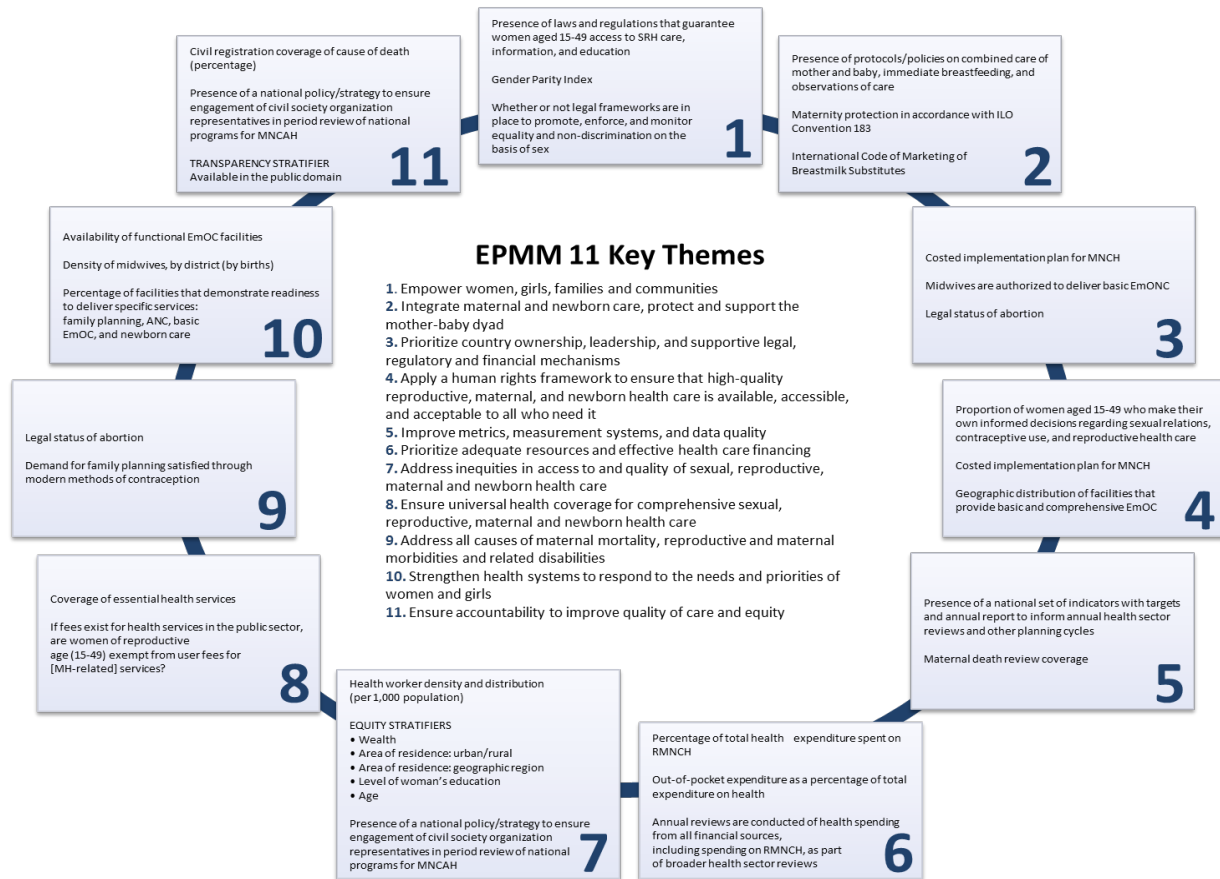
- *You believe there are available data of acceptable quality to collect the data to measure the top indicator in this area in your country*
- *You believe these data can be obtained with reasonable and affordable efforts in timely manner*
- *You believe that collecting these data would not overly increase the reporting burden on your country directly supports EPMM strategies for reducing preventable maternal mortality in your country*

5) This Key Theme is a **PRIORITY** in Nigeria.

For example:

- *You believe that, compared to the other Key Themes, this one is among the most important to implement and monitor in your country*

Figure 1. Phase II Indicators by Key Theme



INSTRUCTIONS: PART 1

Below you will find individual tables that will help you prioritize monitoring in the area of each EPMM Key Theme using the criteria provided. The Key Theme is bolded and italicized, the point system is to the right of the indicator, and the associated indicators are below.

- AS A GROUP, review each Key Theme and use the guidance above to help determine whether the criteria have been met
- AS A GROUP, score each Key Theme on whether it is relevant, important, useful, feasible, and is a high-priority to start to implement and monitor using the following scale:
 - -1 strongly disagree
 - 0 disagree
 - 1 Agree
 - 2 Strongly agree
- After you have scored each Key Theme, total the scores in the space provided and choose the most important indicator in this area that you would like to see monitored in Nigeria.

EPMM 11 KEY THEMES AND ASSOCIATED CORE INDICATORS

<i>1. Empower women, girls, and communities</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Presence of laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information, and education 2. Gender Parity Index 3. Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-discrimination on the basis of sex	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

2. <i>Integrate maternal and newborn health, protect and support the mother-baby dyad</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Presence of protocols/policies on combined care of mother and baby, immediate breastfeeding, and observations of care 2. Maternity protection in accordance with ILO Convention 183 3. International Code of Marketing of Breastmilk Substitutes	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

3. <i>Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Costed implementation plan for maternal, newborn, and child health 2. Midwives are authorized to deliver basic emergency obstetric and newborn care 3. Legal status of abortion	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	
4. <i>Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available,</i>	Strongly Disagree: -1 Disagree: 0

<i>accessible, and acceptable to all who need it</i>	Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: - Proportion of women aged 15-49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care - Costed implementation plan for maternal, newborn, and child health - Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care (EmOC)	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

<i>5. Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: - set of indicators with targets and annual reporting to inform annual health sector reviews and other planning cycles - Maternal death review coverage	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

<i>6. Allocate adequate resources and effective health care financing</i>	Strongly Disagree: -1 Disagree: 0
--	--------------------------------------

	Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Percentage of total health expenditure spent on reproductive, maternal, newborn, and child health 2. Out-of-pocket expenditure as a percentage of total expenditure on health 3. Annual reviews are conducted of health spending from all financial sources, including spending on RMNCH, as part of broader health sector reviews	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

7. Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Health worker density and distribution (per 1,000 population) 2. of a national policy/strategy to ensure engagement of civil society organization representatives in periodic review of national programs for MNCAH delivery 3. Standard stratification of all measures by: wealth, area of residence, level of education, and age	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

8. Ensure universal health coverage for comprehensive sexual,	Strongly Disagree: -1 Disagree: 0
--	--------------------------------------

<i>reproductive, maternal, and newborn healthcare</i>	Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Coverage of essential health services (specified) 2. If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for (specific maternal health) services Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

<i>9. Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Legal status of abortion 2. Demand for family planning satisfied through modern methods of contraception Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

<i>10. Strengthen health systems to respond to the needs and priorities of women and girls</i>	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	

This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Availability of functional emergency obstetric care (EmOC) facilities 2. Density of midwives, by district (by births) 3. Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

11. Ensure accountability in order to improve quality of care and equity	Strongly Disagree: -1 Disagree: 0 Agree: 1 Strongly Agree: 2
This Key Theme is relevant	
This Key Theme is important	
This Key Theme is useful	
Monitoring in the area of this Key Theme is feasible	
This Key Theme is a high priority driver for ending preventable maternal deaths in Nigeria	
Total	
Core Indicators: 1. Civil registration coverage of cause of death (percentage) 2. Presence of a national policy/strategy to ensure engagement of civil society organization representatives in periodic review of national programs for MNCAH delivery 3. Transparency stratifier: "Available in the public domain"	
Which (if any) is the most important indicator for Nigeria to monitor in the area of this Key Theme?	

INSTRUCTIONS: PART 2

- Review the Total scores from each Key Theme above and write your top three, in order of prioritization/highest score, in the section below
- The group's **reporter** will then report back to the wider group on the:
 - Top three EPMM Key Themes in order of priority
 - Most important indicator(s) to monitor progress in the area of each of the top three Key Themes

- Summary highlights of your group's conversation, including cross-cutting reasons identified for priority indicators
- Any major areas of disagreement/lack of consensus

Top three EPMM Key Themes		Total Score
1.		
Most important indicator to track in this area:		
2.		
Most important indicator to track in this area:		
3.		
Most important indicator to track in this area:		

Annex 6: Communique

COMMUNIQUE ISSUED AT THE END OF THE ONE-DAY NATIONAL STAKEHOLDERS' DIALOGUE ON ENDING PREVENTABLE MATERNAL MORTALITY (EPMM) AND IMPROVING MATERNAL HEALTH MEASUREMENT (IMHM) CAPACITY AND USE IN NIGERIA, HELD ON THURSDAY 5TH MARCH 2020, AT FRASER SUITES ABUJA, NIGERIA.

Preamble:

The one-day National Stakeholders Dialogue on Ending Preventable Maternal Mortality (EPMM) and Improving Maternal Health Measurement (IMHM) Capacity and use was organized by the Department of Family Health of the Federal Ministry of Health and White Ribbon Alliance with support from the Women and Health Initiative of the Harvard T. H. Chan School of Public Health.

The dialogue was attended by 45 participants drawn from ministries, departments, and agencies of the Federal Government, the Commissioner of Health of Niger State, donors and partners, academia, civil society organizations, religious groups, women groups, community representatives, youth and media representatives. Presentations were made on the social and systemic determinants of maternal health in Nigeria; [Strategies towards Ending Preventable Maternal Mortality](#), which outlines global targets and strategies for reducing maternal mortality in the 2015–2030 Sustainable Development Goals era; The 11 Key Themes for EPMM and Phase II Core Indicators; the global and national monitoring framework; and feedback and results of the What Women Want global campaign with focus on the needs of Nigerian women. After the presentations, participants brainstormed on major challenges facing maternal health performance, reviewed the EPMM themes, and prioritized the themes and indicators for Nigeria.

Participants at the dialogue **observed** that:

- The health agenda is not prioritized in the political space and the resulting poor political commitment hinders progress in tackling preventable maternal mortality
- Government and community ownership is fundamental to guarantee sustainability of relevant interventions geared towards reduction of maternal mortality
- Nigeria has developed health policies to address various health issues but they are poorly implemented. This can be attributed to a disconnect between relevant ministries, departments, and agencies of government, which impedes and delays implementation
- Domestic resource commitment to healthcare by government is grossly inadequate and a far cry from the Abuja Declaration, despite the Basic Health Care Provision Fund (BHCPF) and other funding sources. Even though all states in Nigeria have committed to the BHCPF and are at different levels of implementation, it is only a minimum of 1 percent CRF, and so can only cover a small percentage of the population.

- Government should, as a matter of priority, facilitate mandatory health insurance coverage for all citizens and ensure the establishment of the National Health Insurance Commission
- Poor approach to maternal health data instrument design, data gathering, reporting and measurement exists in Nigeria
- Medical tourism, brain drain, uneven distribution of health workforce, meager remuneration, and low health worker motivation remain challenges to effective service delivery
- Sociocultural issues that affect health-seeking behaviors and health literacy continue to hinder successful uptake of service delivery where it exists
- The challenge of high-risk pregnancies attributed to early child marriage as well as other risk factors like too many and poorly spaced pregnancies persist across the nation
- Sustained gaps exist in girl-child education and women literacy and skills acquisition which aim to empower women to make positive reproductive health choices
- The high cost of accessing healthcare and out-of-pocket spending remain major reasons why women do not access available services
- Girls and women identified water, sanitation, and hygiene at health facilities and respectful and dignified care as their top priorities for quality reproductive and maternal healthcare
- It is also important to reflect on and unbundle the concept of “human rights” so as to properly articulate what the national obligations towards RMNCAH is by putting human rights in proper perspective

We therefore **recommend** that these EPMM themes be prioritized:

- The federal, state and local governments should allocate adequate domestic resources and ensure effective, transparent, and accountable healthcare financing
- Government at all levels should commit to country ownership, purposeful leadership, and supportive legal, regulatory, and financial frameworks to end preventable maternal mortality
- Federal and state ministries of health, civil society, and human rights organizations should apply a human rights framework to ensure that high-quality reproductive, maternal and newborn healthcare is accessible, available, and acceptable to all who need it.

We the stakeholders present hereby commit to **advocate** for:

- Commitment to implementing the Roadmap for Accelerated Reduction of Maternal and Newborn Care
- Multisectoral annual review of health spending at multiple levels
- Advocacy to community and religious leaders to provide platforms for communities to provide feedback on quality of care

Having actively brainstormed on the EPMM strategies and indicators, we believe that improving maternal mortality in Nigeria goes beyond the health system and must include sociopolitical and economic determinants of health if we must accelerate efforts to save the lives of women and girls in Nigeria. Stakeholders at the end of the dialogue reached the consensus that government must take leadership for more effective domestic resource mobilization and allocation to healthcare, empower women and girls to make better reproductive health decisions, and ensure access to quality healthcare to end preventable maternal mortality in Nigeria.

Signed:

Federal Ministry of Health
Niger State Ministry of Health
World Health Organization
UNFPA
West African Academy of Public Health
WACID
ARFH
FP-2020 youth representative
National Bureau of Statistics
Society of Obstetricians and Gynecologists of Nigeria
Federation of Muslim Women Association of Nigeria
HP+/Palladium
Save the Children
UN-EU Spotlight Initiative
National Primary Health Care Development Agency
Health Reform Foundation of Nigeria
CCP/NURHI2
Corona Management system
National Population Commission
ACIOE Foundation
FOMWAN
Pathfinder International
USAID
Wellbeing Foundation Africa
White Ribbon Alliance Nigeria

Annex 7: Press coverage - Newspaper publication from the dialogue

Expert calls for ban on child marriage in Nigeria

PREMIUM TIMES NIGERIA

By Ayodeji Adegboyega, 03/05/2020

The President of the Association for Reproductive and Family Health, Oladepo Ladipo, has called for a ban on child marriage in Nigeria to reduce complications arising from childbirth by children, such as vesicovaginal fistula (VVF).

Mr Ladipo, who is an obstetrics and gynaecology expert, said child marriage contributes to the high maternal mortality rate in the country.

He spoke on Thursday at a one-day National Stakeholders' Dialogue on Ending Preventable Maternal Mortality (EPMM) in Nigeria. The event was organised by the White Ribbon Alliance Nigeria in collaboration with the Department of Family Health, Federal Ministry of Health.

The dialogue was organised to review and discuss strategies and related indicators on EPMM and how they may advance maternal health in Nigeria.

Mr Ladipo said high maternal death rate should be recognised as an emergency by all levels of government in Nigeria.

"Facilities needed to look after pregnant mothers must be put in place, equipped appropriately and we must ensure we have trained personnel to look after the pregnant mothers," he said.

"There is also a need to improve health literacy in the country. The importance of citizens utilising government facilities should be highlighted and the facilities available in every community should be known by all citizens because sometimes, the government in their wisdom may put a facility in a community and it is underutilised," he said.

Mr Ladipo also advised against high-risk pregnancies – pregnancy below the age of 18 and above the age of 35, pregnancy occurring too often less than 18 -24 months, and frequent pregnancy.

He said family planning is an important strategy for reducing maternal mortality and the lowest hanging fruit that the government should grab.

"Unfortunately, our contraceptive prevalence rate is shamefully low, about 12 per cent, and you can see the effect on the population," Mr Ladipo said.

Speaking at the event, the chairperson, White Ribbon Alliance Nigeria, Nanna Chidi-Emmanuel, said the dialogue was for the discussion and prioritisation of strategies and related indicators for the Nigerian context.

She said it is important that Nigeria is responsive to the emergency state of maternal mortality.

“We have done all the paperwork and passed all the needed policy, resources are available but it is urgent that action must roll and therefore we must recognise that beyond the health sector, we must have a sector-wide approach, engaging all the sectors that tend to all the community, individual and the women,” she said.

She said prevention is the most cost-effective intervention.

WHO strategies

Five years ago, the World Health Organisation (WHO) released strategies towards Ending Preventable Maternal Mortality (EPMM).

The framework describes 11 priority themes for EPMM, which originated from consultations with stakeholders around the globe. The consultations were conducted by the EPMM Working Group to guide the development of a comprehensive strategic framework needed to reach the Sustainable Development Goal targets for maternal mortality.

The strategies include empowering women, girls, and communities; integrating maternal and newborn health, protecting and supporting the mother-baby dyad.

Health Experts Call For State Of Emergency To End Maternal Mortality In Nigeria

KAPITAL 929 FM

By Modupe Aduloju

Experts in the health sector at a National Dialogue for ending preventable maternal mortality have called for state of emergency to end maternal deaths in the country.

At the event in Abuja, the chairperson, board of trustees, White Ribbon Alliance, Nigeria, Dr Nanna Chidi-Emmanuel said there was the need for social, political will and collective efforts to end preventable maternal mortality in Nigeria.

The chairperson called for multi-sectoral approach, ownership and community engagement to end the trend.

Health Experts Call For State Of Emergency Over Maternal Mortality In Nigeria

“From our respective expertise and perspectives, we have a critical view on the most pressing problems and solutions for addressing maternal mortality, outside of the known package of clinical interventions and measurements at health facility level.”

“This dialogue provides us an opportunity to reflect, to discuss and debate, and to identify opportunities to look beyond the health system but also explore social, political, and economic determinants of health to accelerate our collective efforts to end preventable maternal mortality in Nigeria.”

The President, Association for Reproductive and Family Health, Professor Oladapo Ladipo observed that the number of women dying from pregnancy and childbirth complications every year in Nigeria was becoming worrisome.

Health Experts Call For State Of Emergency Over Maternal Mortality In Nigeria

“It is shameful that Nigeria still contributes significantly to global maternal death figure. We estimate that we are losing more mothers annually, through pregnancy, childbirth and post-partum complications,” .

“Without any doubt, there is a great rationale for all hands to be on deck to ensure that our mothers do not die unnecessarily,”we need the federal,state and local governments to come up with plans and programmes.”

On his part,the Niger state commissioner for health, Dr. Mohammed Makusidi said presently the state was rated one of the worse in maternal health, in the country.

Dr Makusidi said some of the challenges militating against improvement of maternal health in the state include ,the terrain large mass area and insecurity.

Five years ago, the World Health Organisation (WHO) released strategies towards Ending Preventable Maternal Mortality(EPMM).