

MPDSR: Understanding why women and babies die to ACT on the evidence

Webinar Launch of the MPDSR Global Report and Legal Manual

Wednesday, 19 February 2025

8am New York, 2pm Geneva , 6pm Islamabad.

Duration: 1 hour



Speakers



Opening remarks – Dr. Anshu Banerjee, Director, Department for Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization.

Part 1:

Overview of MPDSR – Dr. Allisyn Moran, Head of the Maternal Health Unit, Department for Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization.

The Global Report at a glance: ‘Maternal and perinatal death surveillance and response: global report on decade of implementation’ – Meera Thapa Upadhyay, Medical Officer, Maternal Health, World Health Organization.

The experience of Cameroon: Using an integrated management system to strengthen maternal and perinatal death reporting and MPDSR – Dr. Alphonse Ngalame, gynecologist-obstetrician and public health specialist, World Health Organization, Cameroon Country Office.

Part 2:

Introduction to the Legal Manual ‘Strengthening legal and regulatory frameworks for maternal and perinatal death surveillance and response’ – Eszter Kismödi, Sexual and Reproductive Health and Rights Lawyer, Chief Executive, Sexual and Reproductive Health Matters-SRHM.

The experience of Pakistan: Applying the Legal Manual – Syed Miqdad Mehdi, Legal Expert/Advocate High Court.

Part 3: Questions and Answers



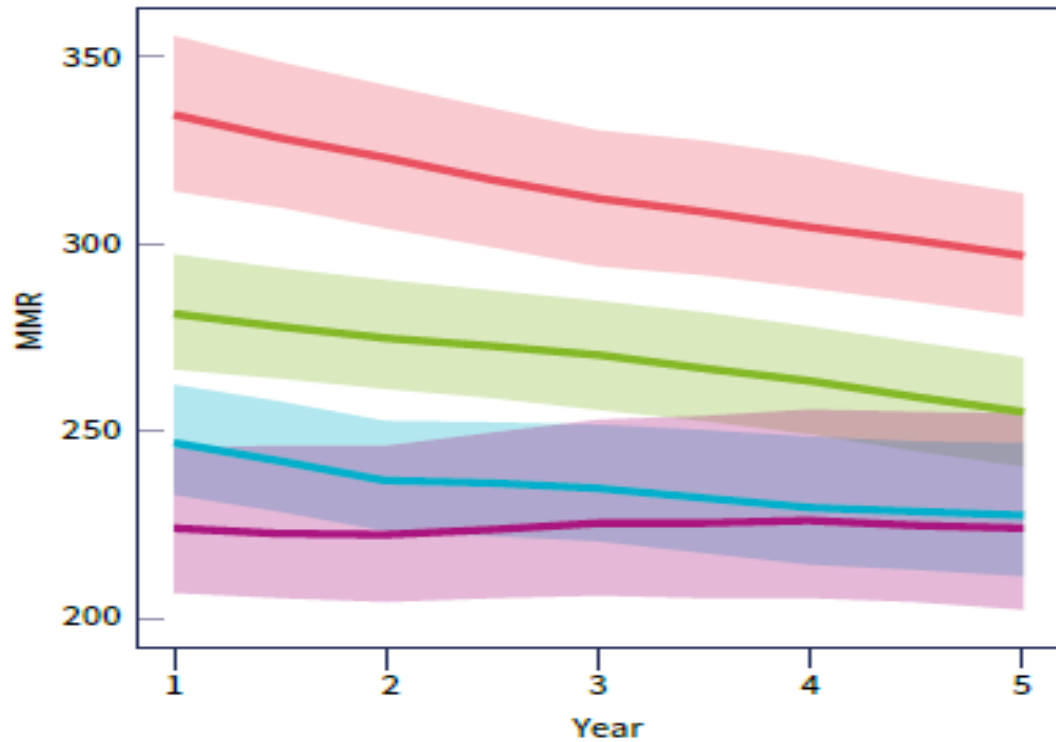
Overview of Maternal and perinatal death surveillance and response

*Allisyn Moran
WHO MCA MAH
19 February 2025*

MATERNAL, NEONATAL MORTALITY AND STILLBIRTH RATES HAVE STAGNATED

4.5 million deaths worldwide

MMR stratified by 5-year time period, 2000 -2020



Period

2001-2005

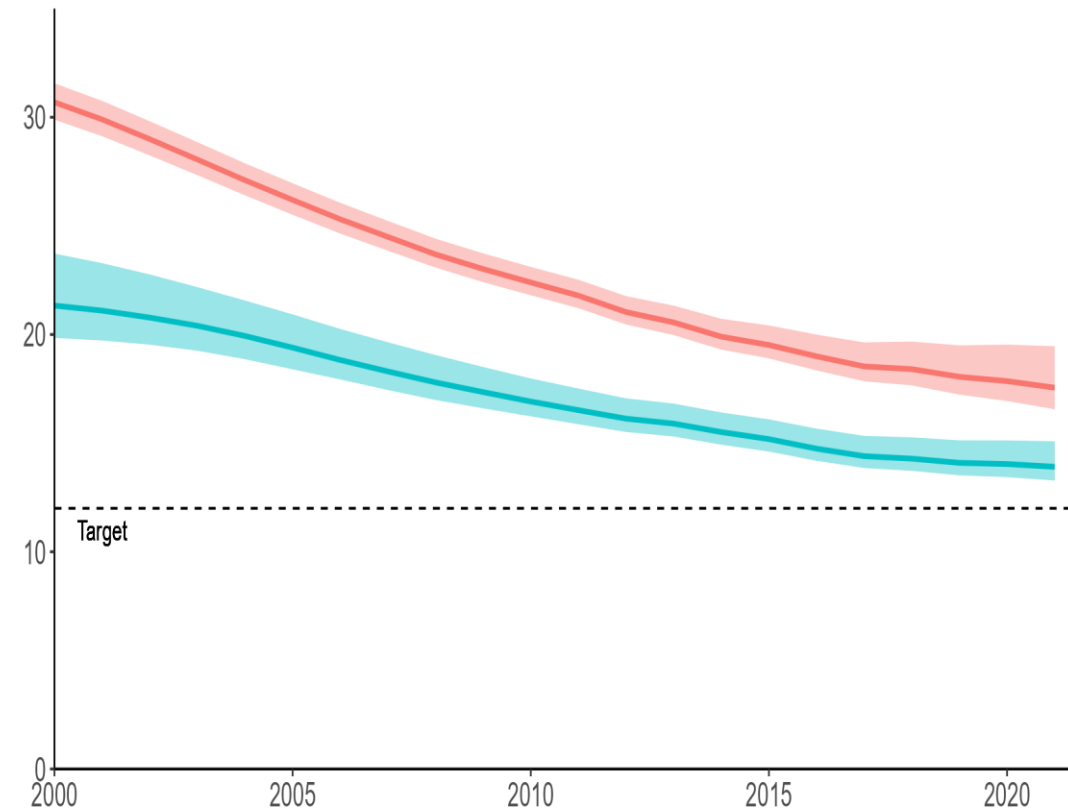
2006-2010

2011-2015

2016-2020

Shaded area indicates 80% uncertainty intervals.

NMR and stillbirth rate, 2000 -2021



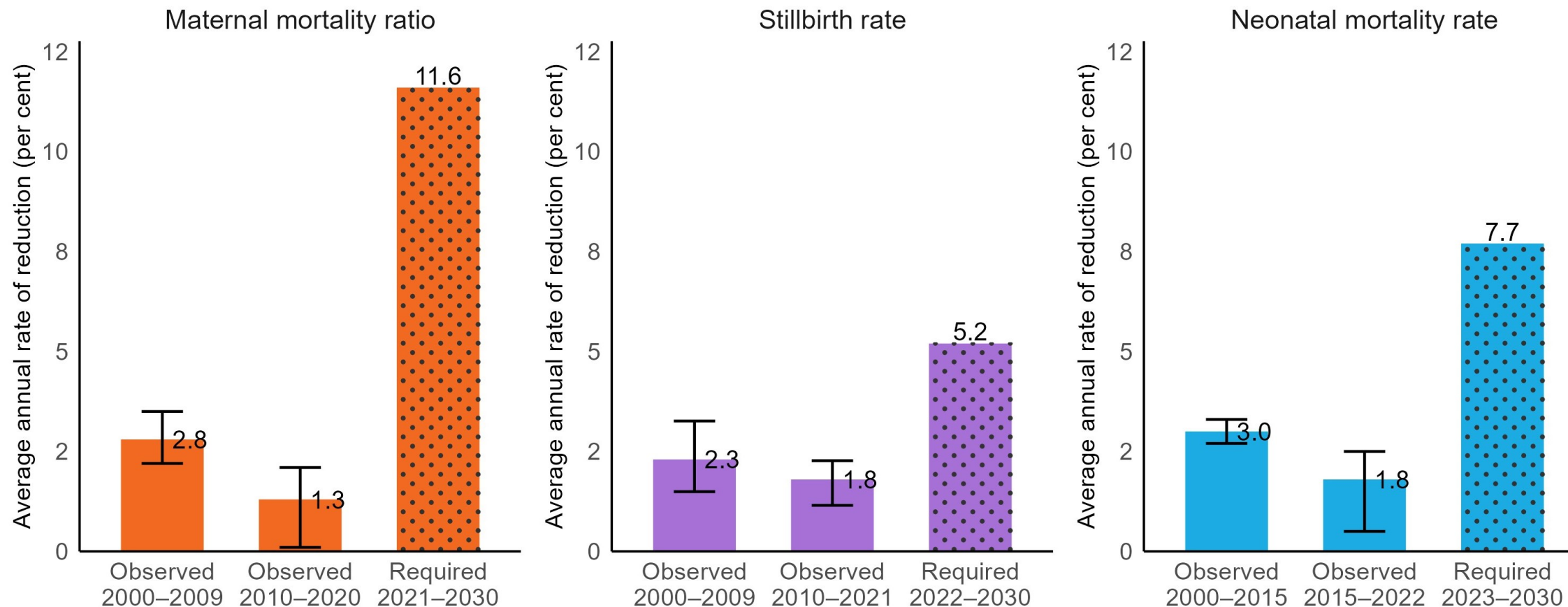
Neonatal mortality rate

Stillbirth rate

Deaths per 1,000 live births

Deaths per 1,000 total births

ACCELERATION IS NEEDED TO ACHIEVE SDGs 3.1 and 3.2



Source: MMEIG, 2023; UN-IGME 2024



Every Woman Every Newborn Everywhere targets and milestones

MMR global average < 70/100,000 live births
SBR <12/1000 total births
NMR <12/1000 live births

90%

Every pregnant woman

ANC 4 or more



Antenatal care

90%

Every birth

Skilled attendant at birth



Intrapartum care

80%

Every Woman and newborn

Early postnatal care



Postnatal care and Essential Newborn Care

80%

Availability of emergency care

Access to emergency obstetric care and availability of SSNUs



Emergency care for woman and newborn

Social determinants

Empowered & informed decision making



Education, gender, multi-sectoral

Policy and plans, Investment, Response and Resilience, Quality of care, Health workforce, Medical commodities and devices, Data for Action
Equity, Accountability, Research/innovation/knowledge exchange

How can we achieve these targets?

Implementing packages of interventions with Quality and Equity

Antenatal Care



Normal care

- Infection control, screening, health promotion, vaccination, prevention and identification of complications, comprehensive abortion care, referral

Managing complications

- Managing pre-existing conditions, and complications

Skilled care at birth



Normal care

- Infection control, labour management using LCG, prevention and identification of complications, referral

Managing complications

- Manage complications (e.g. PPH, PE/E, PTB, infection, birth asphyxia, appropriate caesarean section)

Postnatal and essential newborn care



Normal care

- Infection control, screening, health promotion, vaccinations, PP FP, essential newborn care, prevention and identification of complications, referral

Managing complications

- Manage complications (e.g. newborn conditions, birth defects, maternal mental health, PPT, PE/E, infections)

Availability of emergency care



Access to emergency care

- Emergency obstetric and newborn care
- Small and sick newborn care units with CPAP
- Intensive care for obstetric and newborn complications (e.g. specialist care, obstetric surgery, NICUs)

Social determinants



Empowered & informed decision making

- Female education and school enrollment
- Gender equality
- Nutrition
- Ending child marriage
- Coordinated multi-sectoral action
- Legal protection

Leadership and Governance, Midwifery, Quality assured Commodities, Financial and social protection, Community engagement, Data for Action

Priorities from MNH Acceleration plans

Political leadership/political will and investment – domestic and global resources (e.g. donor commitment to support EWENE plans- USAID, GFF)

Contextualized approaches and strategies – MNS Transition framework (e.g. various countries)

Quality of Care – antenatal, intrapartum and postpartum care (e.g. LCG implementation, management of complications – PPH)

Health workforce – training, recruitment, retention, mentorship – midwifery models of care, neonatal nursing – (e.g. Rwanda 4X4 plan)

Improve infrastructure – availability and access to quality care (e.g. Tanzania)

MNH Commodities – procurement, quality assurance, supply chain management (e.g. Kenya and PPH commodities)

Data systems – track EWENE targets and report progress (e.g. Zambia scorecard), strengthen MPDSR

Partner coordination – accountable leadership, professional associations, academic institutions, use of real time data (e.g. Uganda)

Multi-sectoral action – addressing critical issues using a multi-sectoral approach (e.g. adolescent pregnancy in Zambia and Uganda)

Thank you



The Global Report at a glance:

‘Maternal and perinatal death surveillance and response: global report on decade of implementation’

Meera Thapa Upadhyay

Maternal Health Unit

Department of Maternal Newborn Child and Adolescent Health & Ageing
WHO Geneva



Maternal and perinatal death
surveillance and response

Global report on decade of implementation



MPDSR

1

Reduce maternal and newborn mortality by improving the quality of care and strengthening health systems

2

Identify the gaps in care and respond with actionable interventions

3

Use information and data from death reviews to improve health care delivery

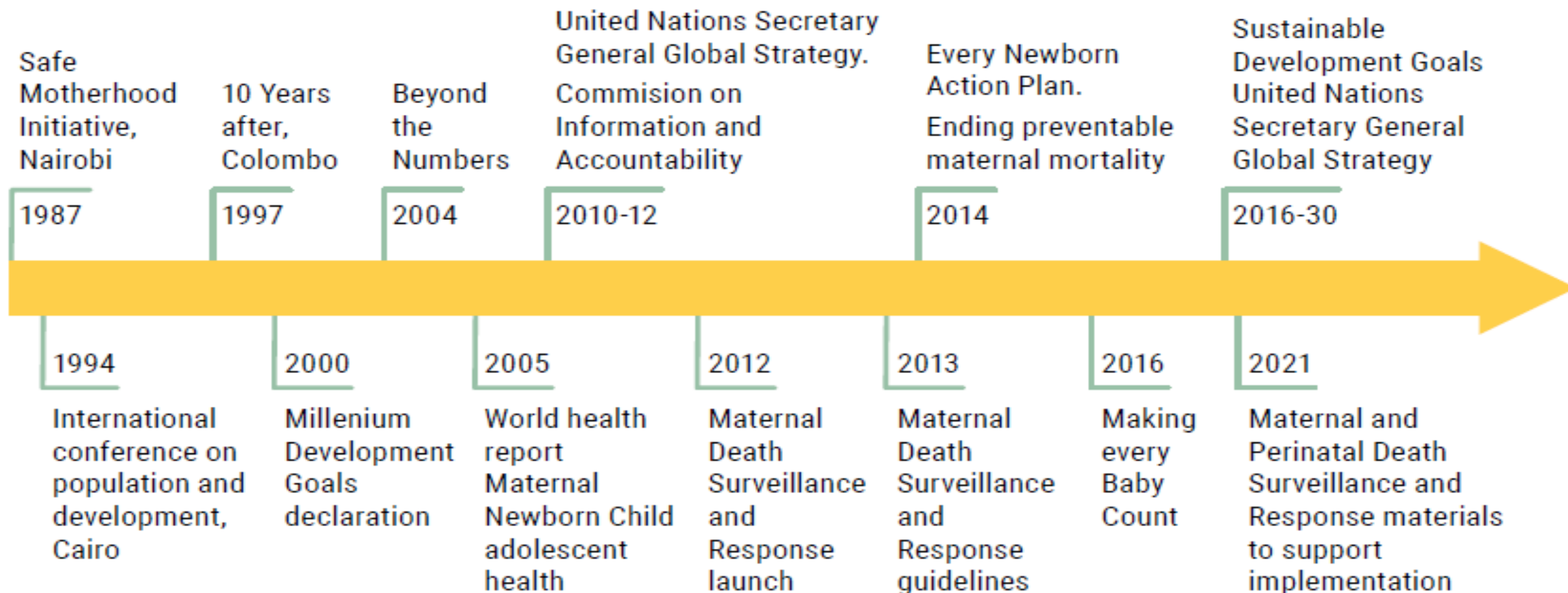
4

Advocate for resource allocation, policy change, capacity building to ensure access to life saving interventions to mother & newborn

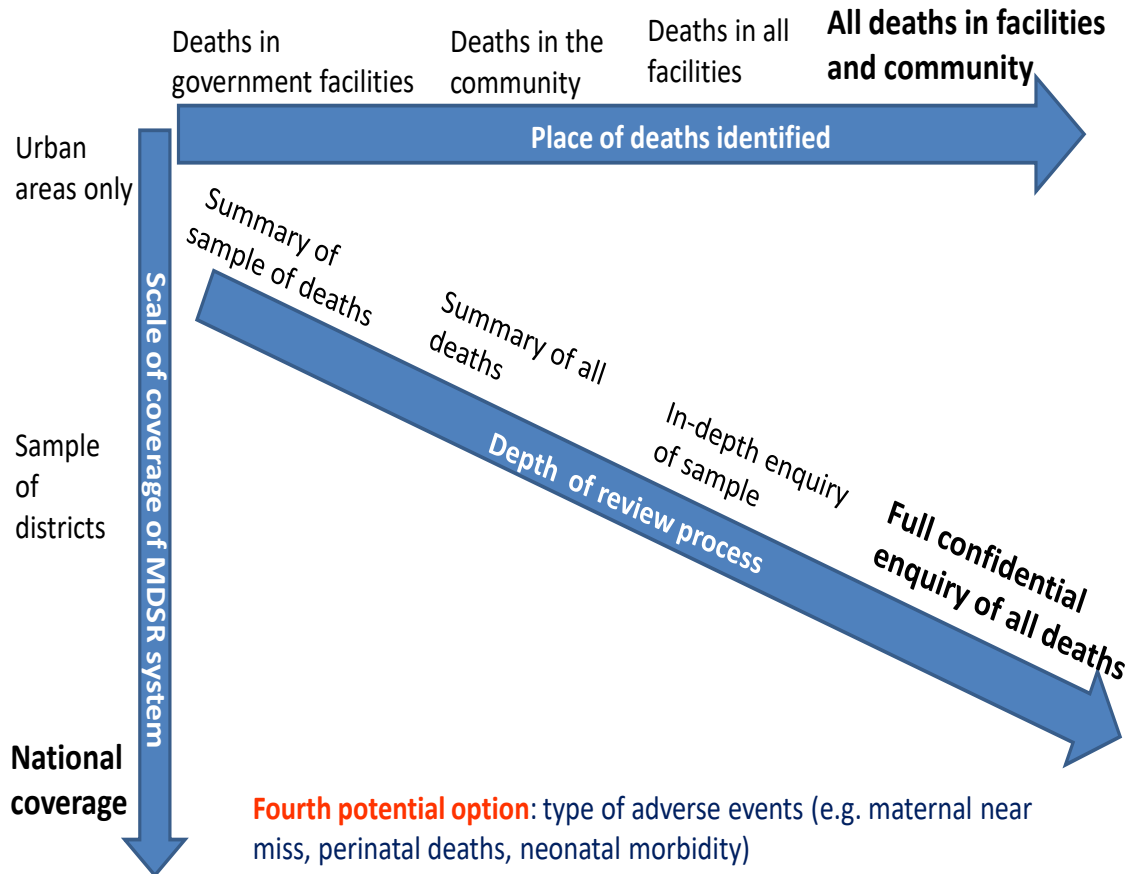
Engage with community and raise awareness

Promote accountability and continuous improvement

Milestones : Global efforts on MPDSR implementation



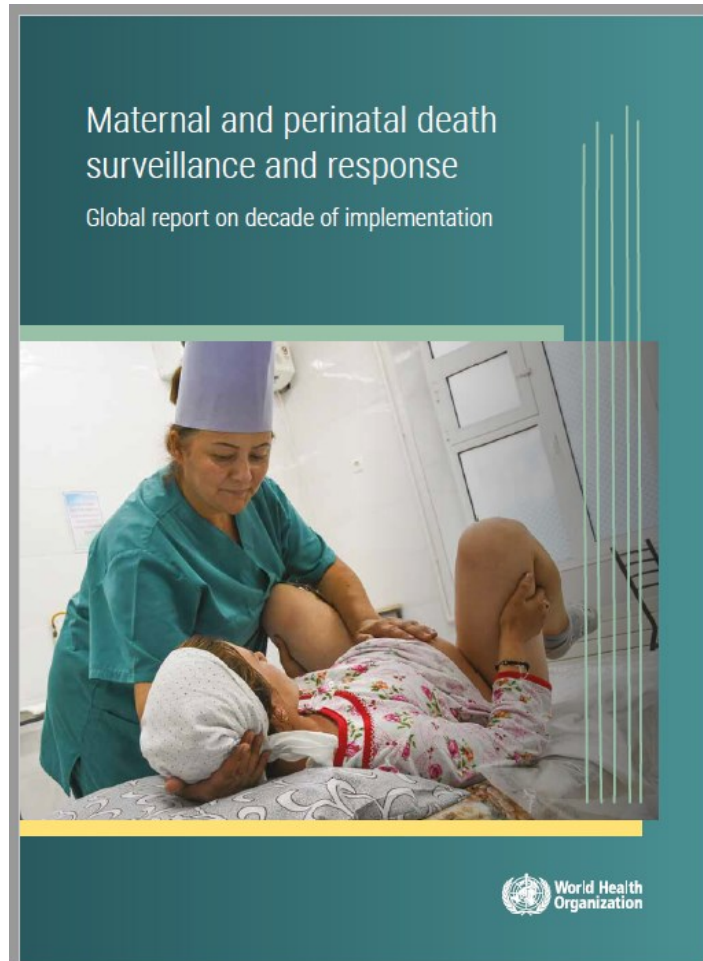
Guidance for implementation of MPDSR



- The WHO application of ICD-10 to deaths during the perinatal period
- Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths



MPDSR Global Report



- **Inter-agency steering committee**

- Provide feedback on planned activities, study protocol and tools, contribute to topics for country case studies
- Share available data on MPDSR implementation

- **Secondary analysis of global and regional data and published reports**

- WHO, UNFPA, UNICEF, UNHCR, other partners
- Covered different aspects of MPDSR implementation

- **8 country case studies**

- Different focus but used similar protocols and study tools
- Included literature review and in-depth interviews with key stakeholders

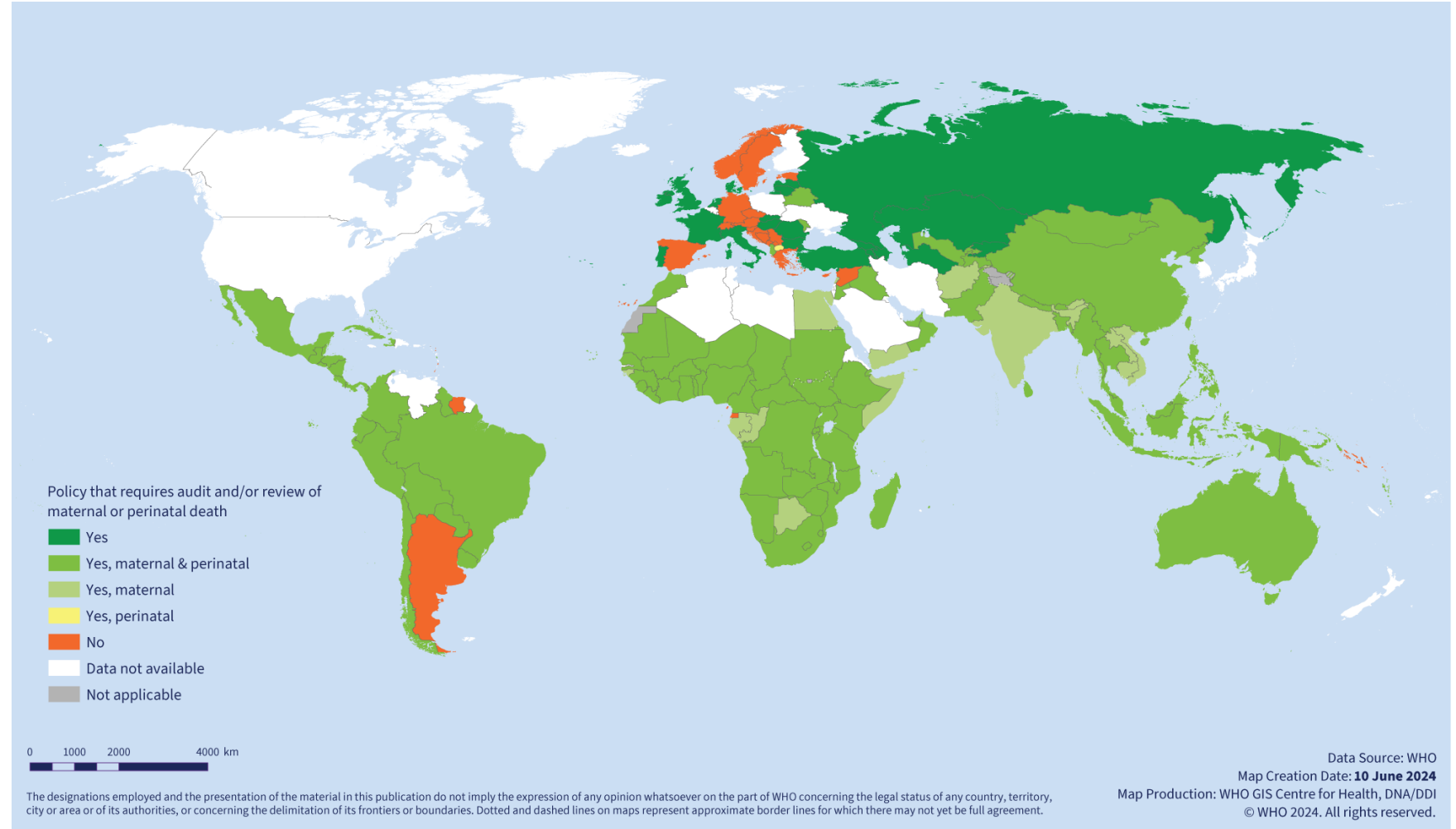
[Link: Maternal and perinatal death surveillance and response: global report on decade of implementation](#)

MPDSR National Policies

National policy/guideline/law that requires audit and/or review of maternal death, as reported in 2023 WHO SRMNAH policy survey and 2021 European action plan for sexual and reproductive health survey

Sixty per cent of responding countries report having a **policy/guideline/law that requires the audit and/or review of both maternal and perinatal deaths.**

Only 10% of responding countries report that their national policies/guidelines/laws require audit/review of only maternal deaths.



What we have learnt - 1

There has been progress in implementation of MPDSR over the last decade:

- More countries implementing maternal death reviews, some implementing neonatal death reviews and few stillbirth reviews
- “Disconnect” between Maternal and Perinatal death review processes

MPDSR systems should be integrated with existing national monitoring systems

- Maternal and perinatal mortality and morbidity data are monitored as part of Colombia’s Public Health Surveillance System
- Cameroon has integrated MDSR with Integrated Disease Surveillance and Response system



What we have learnt - 2

Committed leadership is key to success

Fear of blame and punitive actions are major impediments to successful MPDSR implementation

- The need for a regulation framework has been highlighted by Nigeria and Pakistan.
- Colombia has a successful mortality and morbidity surveillance system supported by legal framework

Professional associations can make important contributions

- Nigerian obstetricians have successfully engaged with parliamentarians to address legal issues related to MPDSR
- North Macedonian professionals worked with the govt and UN agencies to start perinatal death reviews

Establishing a community of practice helps to maintain the momentum



What we have learnt - 3

Monitoring “Response” is poor

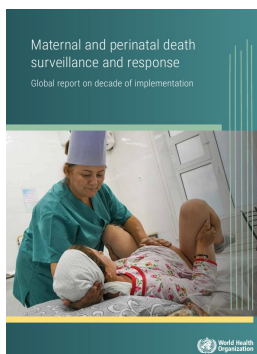
- Weakest link in the MPDSR cycle
- Sri Lanka routinely monitors implementation of recommendations – 96% implemented

Include community voices in review processes

- Improves the quality of the review process both in the community and in facilities.
- *“..We use social autopsy as the social response in the community. So, high engagement of the community is our strength and community think this is important to them to learn and know, blame issue, therefore, doesn't come”*
(Bangladesh)

MPDSR can be successfully implemented even in some fragile and humanitarian settings

- Uganda case study
- EMRO Regional consultation – August 2024



What we have learnt - 4

Digital technology

Can improve reporting and timely collection of better-quality information

- *“Whenever a death occurs, they fill it over the app. So, it’s very easy. Previously we had to run to get the form and to fill it and to do all these things.it was very difficult to get that time to do it. Now, it has become very much easier.” (Pakistan)*

Helps to build capacity in MPDSR implementation – cost effective and faster

- Used successfully to build capacity during the COVID 19 pandemic in Africa, Asia and Latin America

Periodic webinars have contributed to

- Dissemination of guidance and best practices
- Advocate for and raise awareness and interest



Uganda- Refugees

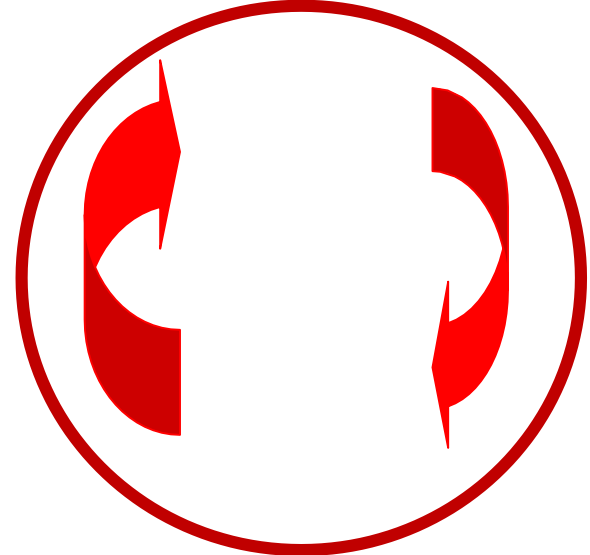
Nigeria - Bill

Cameroon - IDSR

Surveillance

Sri Lanka - Response

Response action



Identify deaths

Colombia – Mortality & Morbidity

Bangladesh - Community

Review deaths

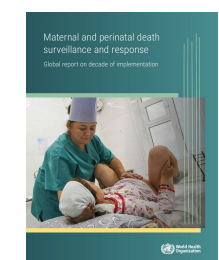
Report deaths

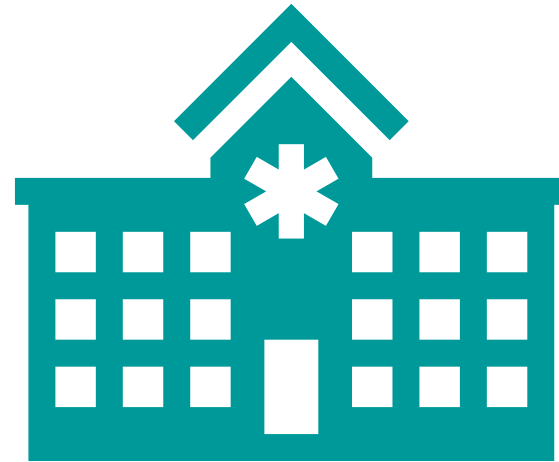
North Macedonia PDR

Response

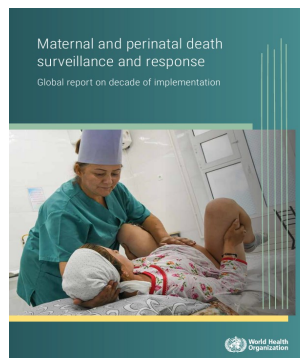
Pakistan – Digital App

MPDSR – Case Studies





Thank you



The experience of Cameroon: Using an integrated management system to strengthen maternal and perinatal death reporting and MPDSR –

Dr. Alphonse Ngalame,

Gynecologist-Obstetrician and Public Health Specialist,

World Health Organization, Cameroon Country Office.



Maternal and perinatal death
surveillance and response

Global report on decade of implementation



Experience on the Activation and Operationalization of the MPDSR – Incident Management System (MPDSR - IMS)



Activation

MPDSR-IMS activated by MoH 5th april 2021: For 6 months in 2 2 phases :

- ❖ **Phase 1** : Planning and ressources mobilisation,
- ❖ **Phase 2** : Implementation of planned activities in incident action plan.

Its structure in Phase 1 comprised 4 essential sections :

- ❖ Incident management
- ❖ Operations
- ❖ Planning
- ❖ Logistics, administration and finance

MPDSR - IMS in Cameroon

Goals and Objectives

Goals:

Put an end to preventable MPD via the MPDSR - IMS in order to ensure the continuity of essential RMNCAH services in an emergency context and by accelerating the process of quality and time MPD data collection.

Specific objectives:

- Plan Phase 1 activities
- Mobilise resources and implement Phase 2 activities
- Ensure quality MPD notification
- Ensure a coordinated response to MPD
- Report and share best practices on MPDSR in Cameroon with other countries

Role of WHO

MPDSR - IMS

- Activation
- MPD incident plan of action

INTERVENTIONS CARRIED OUT WITH WHO'S TECHNICAL AND FINANCIAL SUPPORT:

- High level advocacy for activation of MPDSR - IMS by MoH
- Capacity building of IMS staff in MoH
- Allign with lessons learned from COVID-19 - IMS supported and animated by WHO
- Via the existing Integrated system and response to diseases (SIMR)
- Via the collection and analyses of MPD data

RESSOURCES MOBILISED:

Logistic support for holding of meetings and production of SITREPs:


- Desktops, - laptops, - printers, - hard discs,
- chasubles, - video-conference kits - internet boxes.



Results

1. Biweekly MPDSR online meetings 2021 - 2022
2. Renewed implication and funding from partners for MPDSR
3. Improved notification and reporting of MPD cases in health districts.
4. Increased coverage of MPDSR nationwide, creation of MPD review committees in all HF.
5. Clear engagement of Ministry of Health and its technical and financial partners for MPDSR.
6. MPD integrated into the weekly IMRD / DOEP situation reports, rapid decision making.
7. Elaboration and validation of Cameroon MPDSR Technical Guidelines in 2024

Results

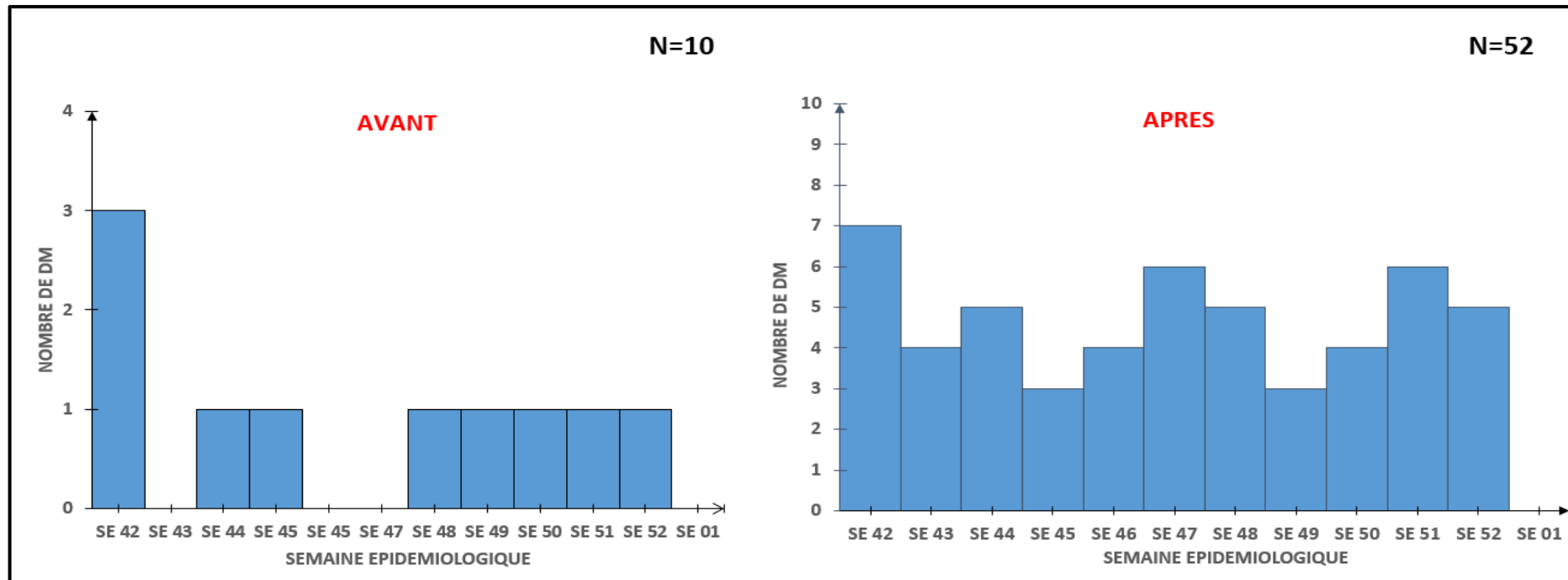
 MALADIES A DECLARATION HEBDOMADAIRE SE 05, 2025									
MAPE	Nouveaux Cas	Nouveaux Décès	Échantillons prélevés	Cas confirmés	Cumul Cas	Cumul décès	Cumuls Échantillons prélevés	Cumul cas confirmés	Observations
Morsures de chien	91	0			187	0			TOUTES LES REGIONS
Morsures de serpent	75	0			150	24			TOUTES LES REGIONS
Rage	0	0		1	10	0		1	
Rougeole	31	0			50	0			
COVID-19	0	0			0	0			
SRAS	43	0			74	0			
Syndrome grippal	4676	0			9260	11			TOUTES LES REGIONS
TNN	0	0			0	0			
Variole du Singe (Mpox)	3	0			4	0			SW(2/0), CE(1/0)
Variole	0	0			0	0			
Accouchement assisté	7651				15035				TOUTES LES REGIONS
Décès maternels		41				96			TOUTES LES REGIONS
Décès néonatal tardif		9				30			
Naissance vivante	7598					0			TOUTES LES REGIONS
Mortinaissance	0				0				
Décès néonatal précoce		52				95			TOUTES LES REGIONS

Source: DHIS2 SE 5_06/02/25_08H00

Results

INVESTIGATION ON INCREASED MD IN FAR NORTH REGION - CAMEROON: EW42 – EW52, 2021

42 initially un-notified MPD, benefited from notification, investigation and response. HCPs in the health districts concerned had their capacities reinforced (Kaélé, Maroua 2 and Yagoua).



Challenges

- Loss of Dr Martina BAYE (2022): Champion
- Weak implication of actors: state and non state
- No or inadequate financial resources
- Scale up to include all regions and health districts
- Unstable internet connectivity
- Tertiary hospitals resistance to carry out MPD reviews using the tools provided

MPDSR - IMS in Cameroon - Way Forward

- Coordination: Revive biweekly MPDSR online meetings
- Capacity building for supervisory and implementing health staff
- Continue integration of MPDSR into weekly routine HIMS
- Produce & disseminate the new MPDSR technical guidelines
- Re-activate the central and regional MPD review committees
- Mobilise necessary financial resources for MPDSR
- Implement Cameroon MPDSR roadmap (Bujumbura, 2023):
- Boost motivation and engagement of all stakeholders
- Improve MPD data completeness in DHIS2 to include community deaths



**Official launching of
the MPDSR / IMS by
H.E. The Minister of
Public Health, Dr.
MANAOUNA Malachie
in the presence of the
Representative of the
WR, October 12, 2021.**

**OPERATIONALIZATION OF THE INCIDENT
MANAGEMENT SYSTEM AND MATERNAL
AND PERINATAL DEATHS SURVEILLANCE
AND RESPONSE**



**One of the 8 Best Practices
documented by WHO Cameroon and
shared in the WHO Africa Regional
Office Compendium in 2022**



**Sensitization campaign for the promotion of the
maintaining of essential RMNCAH services in order to
mitigate the indirect effects of the COVID-19 pandemic in
Cameroon, championed by the Minister of Public Health
Dr. MANAOUA Mallachie,
in the presence of the WR, Dr. Phaniel HABIMANA**



Active search for cases of Facility and Community MPD in the Far North Region - Cameroon



**Technical support for the onset of MPD reviews in Maroua and Kaele Health Districts
(Far North Region – Cameroon)**

MPDSR Case Study (2022)

- Introduction and Justification
- Methodology
- Results

Title of Case Study: Role of MPDSR technical guidelines and the activation of the MPDSR/IMS on boosting the performance against MPD in Cameroon

Context and Justification

- DHS 2011: MMR 782, NNMR 32, DHS 2018: MMR 406, NNMR 28
- MPDSR in Cameroon since 2014
- Follow up of WHO 2016 Global Report (Time to Respond)
- Elaboration of 2022 report
- Several country case studies
- Implementation of MPDSR
- 6 countries worldwide
- AFRO: 2 countries: Cameroon and Nigeria

General Objective

- Document lessons learned from the implementation of MPDSR in Cameroon since 2014 and advocacy to mobilize more funds worldwide to support and fill the gaps.

Specific Objectives

- Present a national case study on MPDSR, with emphasis on successes and innovations;
- Identify and understand the gaps and challenges encountered in MPDSR implementation as well as propose solutions;
- Identify and share key information for a successful MPDSR implementation in Cameroon.

Methods 1

Type of Study:

- Mixed Method study:
 - Qualitative: KII
 - Quantitative: Data review

Phases:

1. Preparatory phase:
 - Composition of working groups
 - Obtention of Clearances: Ethical and administrative
2. Data collection:
 - Training of investigators
 - Literature review
 - Indepth interviews with key informants (IDI, KII)
3. Data analysis
 - Transcription of IDI
 - Structured reporting

Results - 1

- **Maternal Mortality** : 406 MD / 100 000 LB (DHS - 2018)
- **Neonatal Mortality** : 28 ND / 1000 LB (DHS - 2018)
- **Major causes of maternal deaths :**
 - Hemorrhage (25%),
 - Pre-eclampsia - Eclampsia (15%),
 - Infections (12%)
 - Abortion related complications (30%)
- **Major causes of neonatal deaths :**
 - Birth asphyxia, - Prematurity, - Neonatal infections
- **Main causes of stillbirths** : Prematurity, Asphyxia



Results - 2

- **Maternal deaths surveillance:** effective since 2014
- **Perinatal deaths surveillance:** effective since 2014
- **Maternal death review and response:** effective since 2014
- **Activation of incident management system (IMS):** Yes, 2019 and Oct 12, 2021

Results- 3



World Health
Organization
Cameroon

World Health
Organization

Proportion of health facilities implementing MPDSR in Cameroon:

- 95% for surveillance and notifications
- 40% for maternal death reviews
- < 5% for perinatal death reviews



Results - 4



**World Health
Organization**
Cameroon

World Health
Organization

16 Key Informant Interviews:

- Ministry of Health (02)
- Obstetrician - Gynecologists (03)
- Pediatricians (03)
- Hospital Managers (02)
- Midwives / Nurses (02)
- WHO / UNICEF : (02)
- NGOs and CSOs (02)



THANK YOU / MERCI



Part 2

1. Introduction to the Legal Manual ‘Strengthening legal and regulatory frameworks for maternal and perinatal death surveillance and response’

Eszter Kismödi, Sexual and Reproductive Health and Rights Lawyer, Chief Executive, Sexual and Reproductive Health Matters-SRHM.

2. The experience of Pakistan: Applying the Legal Manual

Syed Miqdad Mehdi, Legal Expert/Advocate High Court.



Strengthening legal and regulatory frameworks for maternal and perinatal death surveillance and response

Introduction to the Legal Manual ‘Strengthening legal and regulatory frameworks for maternal and perinatal death surveillance and response’

Eszter Kismödi, Sexual and Reproductive Health and Rights Lawyer, Chief Executive, Sexual and Reproductive Health Matters-SRHM.



Part 3:

Questions & Answers

Moderated by

Dr. Allisyn Moran

Head of the Maternal Health Unit

Department for Maternal, Newborn, Child and Adolescent Health and Ageing

World Health Organization

