

# Strategy for Accelerating Maternal Mortality Reduction in the Region of the Americas Based on Primary Health Care



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# PAHO



Pan American  
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*Strategy for accelerating maternal mortality reduction in the Region of the Americas based on Primary Health Care*

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# Introduction


*“In Latin America and the Caribbean (LAC), one maternal death was registered every hour in 2020.”*

In Latin America and the Caribbean (LAC), one maternal death was registered every hour in 2020. That same year, the trend in the maternal mortality ratio (MMR) for the Region of the Americas regressed alarmingly and unprecedentedly to the levels seen two decades ago (1). In addition to indicating a worsening of health outcomes, these figures also signal a deepening of inequalities, representing thousands of individual, unacceptable tragedies that in most cases could have been preventable. In 2020, the MMR in LAC was 88 deaths per 100 000 live births, far higher than the target of 30 deaths per 100 000 live births by 2030, set in the Sustainable Health Agenda for the Americas 2018-2030 (ASSA2030) (2).<sup>1</sup>

The COVID-19 pandemic exposed the vulnerabilities of the health infrastructure in LAC, exacerbating inequalities in access to health services, with profound repercussions on women (3). The pandemic not only had a considerable impact on excess maternal mortality, but also deepened inequities in access to essential sexual and reproductive health services (4). In the years prior to the pandemic, the MMR had plateaued, owing to the multiple barriers that women and adolescents in the Region face in accessing health services and quality care.

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<sup>1</sup> The SHAA2030 maternal mortality ratio target (30 maternal deaths per 100 000 live births by 2030) has been deemed preferable to that of the Sustainable Development Goals (70 per 100 000), since the latter is at the global rather than the regional level, and is poorly suited to the Region's reality and its potential to address preventable maternal deaths.



Although definitive official data for the years after 2020 are not available, monitoring of maternal deaths by the Pan American Health Organization (PAHO) during the pandemic shows that the number of maternal deaths was approximately three times higher in 2021 than in 2020 (5).

A high MMR, or an increase in this figure, is an alarm signal for health systems, which need to respond with effective, timely, sustainable, and comprehensive health policies, since MMR is an indicator not only for the health sector, but for all sectors involved in human development.

Maternal death is the result of a multifactorial process in which structural elements such as the economic system, environmental conditions, and culture interact. Other factors related to social inequality are also present, such as racism, poverty, gender inequality, and lack of access to the education system (6). The interaction of these factors, which are considered indicators of vulnerability, causes adverse maternal and perinatal outcomes (7). For this reason, strategies should be implemented that, while addressing the main causes of obstetric complications, also exert a positive influence on socioeconomic determinants by promoting interventions that help overcome these vulnerabilities.

Women in particular face social, cultural, economic, legal, and other gender-related barriers that limit their ability to meet their health needs. In many contexts, women have a limited degree of autonomy and decision-making power, including with regard to their health. In addition, domestic responsibilities and family care, as well as working conditions, reduce the time available to seek health services (8). Therefore, in order to achieve a sustainable reduction in maternal mortality, it is essential to address factors related to gender norms and roles.

Although socioeconomic and gender determinants have an indisputable influence on maternal mortality, nine out of ten maternal deaths could be prevented through measures such as universal access to quality maternal care services and modern contraceptive methods (9). This demonstrates that the health sector's performance

“*Scientific evidence shows that health systems with a solid foundation in primary health care (PHC) achieve better outcomes, greater equity, and reduced health expenditures.*”

can play a key role in reducing maternal mortality. Addressing the shortage or inequitable distribution of human resources for health, medicines, and basic technologies is a priority for the Region; sufficient, well-distributed, trained, equipped, and motivated health personnel are the backbone of any health system.

The current situation calls for urgent mobilization of the health systems of LAC countries in order to strengthen efforts to combat maternal mortality, especially in countries that are still far from achieving the SHAA2030 regional target. For this reason, a preventive, health-promoting, life-course-based approach is needed, with models of care centered on women, families, and the community (10).

Scientific evidence shows that health systems with a solid foundation in primary health care (PHC) achieve better outcomes, greater equity, and reduced health expenditures (11, 12). The outcomes are even better when combined with conditional transfer programs (13). Several scientific studies on large-scale PHC interventions have observed significant improvements in health coverage and equity in a number of countries, including Costa Rica, Cuba, Brazil, the Plurinational State of Bolivia, Mexico, Niger, Ghana, Gambia, Thailand, Sri Lanka, India, and Iran (14, 15).

To address this, PAHO proposes a strategy to accelerate the reduction of maternal mortality in the Region of the Americas, based on the expansion and strengthening of PHC. Since it can be expanded throughout the territory,

and given its interprofessional, integrated, and comprehensive approach, PHC plays a fundamental role in all actions involving health promotion, disease prevention, and the empowerment of women, families, and communities. This proposal includes the main strategic lines of action needed to guarantee universal and equitable access to

“*The strategy is aimed primarily at the most vulnerable women, who suffer the greatest burden of maternal mortality.*”





maternal health interventions, prioritizing basic levels of care, health promotion, and disease prevention.

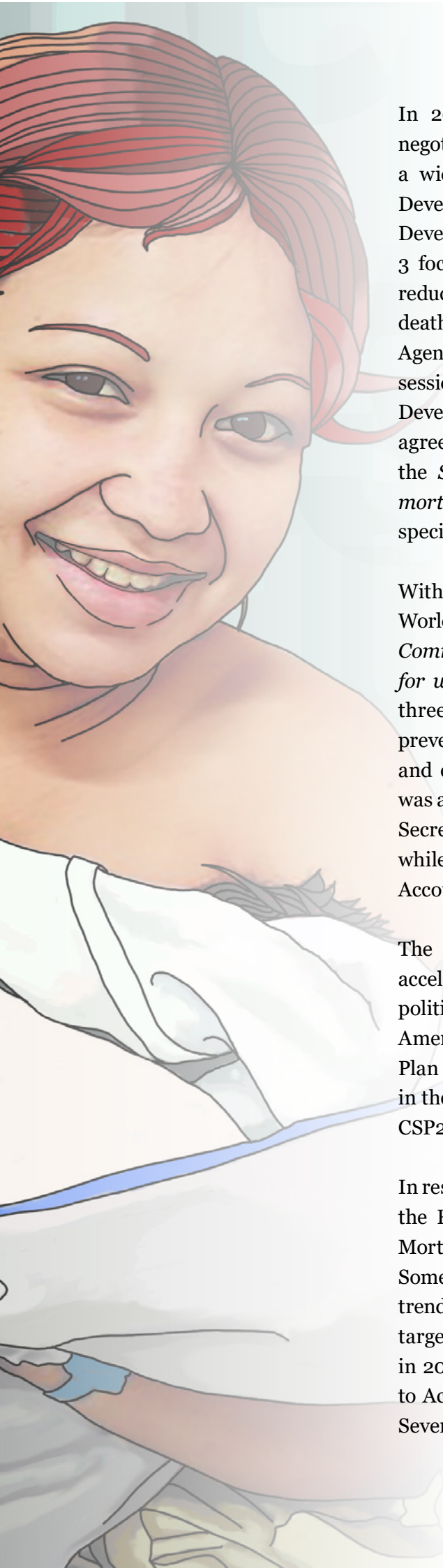
The strategy is aimed primarily at the most vulnerable women, who suffer the greatest burden of maternal mortality. The expected outcomes include strengthening health services in areas considered essential to caring for the women most at risk of maternal death.



Addressing maternal health issues in international forums is not new. The periodic reappearance of this issue on the global agenda is an unmistakable sign that our efforts have not achieved the initial goal of eliminating preventable maternal mortality.

Early precedents include the National Safe Motherhood Conference (Nairobi, 1987) (16), the International Conference on Population and Development (Cairo, 1994) (17), the Fourth World Conference on Women, (Beijing, 1995) (18) and the Millennium Summit (New York, 2000) (19). In the latter of these, the Millennium Development Goals (MDGs) were established; Goal 5 included target 5.A, which consists of reducing maternal mortality by 75% by 2015, compared to the figures for the year 2000. All of the world's countries made progress toward this target (20). However, less progress was made in the Region of the Americas than in other regions, and no country in the Region reached the target.

Specific resolutions on reproductive health, closely linked to maternal health, were also adopted by the World Health Organization (WHO). The World Health Assembly adopted resolutions addressing the specific issue of reproductive health, such as resolution WHA55.19, in 2002, (21) and resolution WHA57.12, in 2004 (22). Another important milestone was the adoption of the Montevideo Consensus on Population and Development, in 2013 (23).



In 2015, after several rounds of intergovernmental negotiations, in which contributions were received from a wide range of stakeholders, the 2030 Sustainable Development Agenda, which includes the Sustainable Development Goals (SDGs), was adopted (24). SDG 3 focuses on health; in particular, target 3.1 aims to reduce maternal mortality to less than 70 maternal deaths per 100 000 live births by 2030 (25). The 2030 Agenda was adopted by the General Assembly at its 70th session, during the 2015 United Nations Sustainable Development Summit. This global target builds on agreements previously reached during development of the *Strategies toward ending preventable maternal mortality (EPMM)*, in 2015 (26), as well as country-specific targets (27).

With the aim of achieving the health targets of SDG 3, the World Health Assembly adopted resolution WHA69.2, *Committing to implementation of the global strategy for women's, children's, and adolescents' health*, with three objectives: Survive, thrive, and transform to end preventable mortality; promote health and wellness; and expand enabling environments (28). The strategy was an attempt to address the call by the United Nations Secretary-General who, in 2010, promoted this strategy, while creating the Commission on Information and Accountability for Women's and Children's Health (29).

The Region of the Americas has also worked to accelerate mortality reduction through actions at the political and technical levels. In 1990, the 23rd Pan American Sanitary Conference approved the Regional Plan of Action for the Reduction of Maternal Mortality in the Americas (30), which was followed by Resolution CSP25.R13 on Population and Reproductive Health (31).

In response to the lack of progress in meeting the MDGs, the Regional Strategy for the Reduction of Maternal Mortality and Morbidity was adopted in 2002 (32). Something similar occurred in 2010, when estimated trends in maternal mortality reduction confirmed that target 5.A of MDG 5 had not been met. For this reason, in 2011, the Member States adopted the Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity (33).

“*In September 2018, PAHO Member States adopted the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030 (38), aimed at comprehensively addressing maternal, sexual, and reproductive health in LAC countries.*”

Given that mortality associated with violence against women increasingly affects pregnant women, the 1994 Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, known as the Convention of Belém do Pará, (34) which describes violence against women as a violation of human rights and fundamental freedoms, and establishes the right of women to live a life free of violence, is an important precedent. Along the same lines, in 2015 the 54th Directing Council adopted the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women, which includes a special section on obstetric violence (35), in line with the WHO declaration on *The prevention and elimination of disrespect and abuse during facility-based childbirth* (36).

In August 2009, the regional policy on the formation of Integrated Health Service Delivery Networks (37) was adopted, aimed at increasing equity in access to health services regardless of age, gender, race, language, place of residence, religion, political orientation, sexual orientation, educational level, or socioeconomic status.

In September 2017, the 29th Pan American Sanitary Conference adopted the Sustainable Health Agenda for the Americas 2018-2030: A Call to Action for Health and Well-being in the Region (2).

In September 2018, PAHO Member States adopted the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030 (38), aimed at comprehensively addressing maternal, sexual, and reproductive health in LAC countries. Its strategic lines of action include formulating transformative policies to reduce inequities, promote universal health and wellness, expand access to comprehensive health services, and strengthen information systems. Several other PAHO resolutions contribute directly or indirectly to improving maternal health.

“*Lastly, a turning point in the struggle to reduce maternal mortality was undoubtedly when the United Nations Human Rights Council recognized, in 2023, that preventable maternal mortality encompasses a range of determinants linked to health, development, human rights, and fundamental freedoms, when it adopted resolution A/HRC/RES/54/16 (39).”*

Lastly, a turning point in the struggle to reduce maternal mortality was undoubtedly when the United Nations Human Rights Council recognized, in 2023, that preventable maternal mortality encompasses a range of determinants linked to health, development, human rights, and fundamental freedoms, when it adopted resolution A/HRC/RES/54/16 (39).

PAHO has carried out multiple initiatives and programs to improve maternal health in the Region of the Americas, most notably the 2015 “Zero Maternal Deaths by Hemorrhage” initiative. The project focused its efforts on strengthening the capacity of health systems and services, empowering women, families, and communities, and improving public policies, laws, as well as plans and programs, that protect maternal health.

PAHO maintains cooperation with other United Nations agencies and with other organizations to promote maternal, sexual, and reproductive health. It is essential to maintain and strengthen these programs and collaborations in order to continue making progress in reducing maternal mortality in LAC. Many of these efforts are coordinated through an inter-institutional mechanism called the Maternal Mortality Reduction Working Group).<sup>2</sup>

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<sup>2</sup> Founded in 1988 and led by PAHO, it initially comprised the United Nations Population Fund, the United Nations Children’s Fund, the World Bank, the Inter-American Development Bank, and the United States Agency for International Development.

“*Prioritizing PHC was recognized as an effective strategic approach to recover lost gains in public health, as well as to expand access and reduce health inequities in the Region.*”

The importance of PHC in the health development agenda of the Region was emphasized in 2023, during the Alliance for Primary Health Care in the Americas (A4PHC), a regional forum for investment, innovation, and implementation of primary health care through collective action. Prioritizing PHC was recognized as an effective strategic approach to recover lost gains in public health, as well as to expand access and reduce health inequities in the Region. During the forum, A4PHC was presented, with the goal of addressing the challenges and promoting the acceleration of PHC in all countries of the Region through increased investment and the implementation of innovative practices. The priority of PHC in the technical cooperation and funding agenda is also fully shared by the academic community and development banks (3, 10).

In line with the above, other related documents have been adopted over the years, such as the Strategy for Universal Access to Health and Universal Health Coverage (40), and the Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (41).





## Situation Analysis

During 2020, nearly 800 women died every day worldwide from preventable causes related to pregnancy and childbirth, equivalent to one maternal death every two minutes. In LAC, there were an estimated 8 400 maternal deaths in the same year, representing 3% of the global total, and equivalent to one maternal death per hour. Sixty-two percent of the deaths occurred in South America; 23% in Central America; and 15% in the Caribbean sub-region. The MMR in LAC stood at 88 deaths per 100 000 live births (1). Some countries, including Brazil, Colombia, the Plurinational State of Bolivia, Dominican Republic, Guatemala, Haiti, Honduras, Mexico, Peru, and the Bolivarian Republic of Venezuela, have faced major difficulties in reducing MMR in recent years.

According to estimates made by the Maternal Mortality Estimation Inter-agency Group (MMEIG), in the period from 2000 to 2020 the MMR decreased by only 2.8%, equivalent to an annual reduction of 0.1% in the Region. In regions where maternal mortality is much lower, such as Europe, a reduction of 54% was achieved, equivalent to an annual reduction of 4.5%. In view of the progress in the overall level of development, the Region could do better.

Income inequality at the regional level remains considerable, with a Gini coefficient of 46.3% in 2018, making the Region the second most unequal in the world (42, 43). Women face greater economic and social hardship than men, which is reflected in higher unemployment rates, lower wages, and less access to health services and education. This in turn translates to higher maternal mortality rates among women residing in the most impoverished territories with the least institutional capacity, such as indigenous

and Afro-descendant populations, which represent approximately 25% of the total population of the Region (44). In addition, external factors, such as climate and humanitarian crises, can represent additional obstacles to equitable access to maternal, sexual, and reproductive health services.

According to WHO, 75% of maternal deaths are due to the following causes: severe hemorrhage, infections, arterial hypertension during pregnancy (preeclampsia and eclampsia), complications during delivery, and unsafe abortions (45). In LAC, among direct causes, maternal hemorrhage (generally postpartum) accounts for 23% of deaths; hypertensive disorders, 22%; complications of unsafe abortion, 10%; and postpartum or post-cesarean section sepsis, 8% (20). The figures for hypertensive disorders in LAC are almost double those of the rest of the world.

Improved access to modern contraceptive methods could prevent 29% of maternal deaths worldwide, many of them among adolescents (46). According to data from the report Health of Adolescents and Youths in the Region of the Americas, some 2000 women aged 10 to 24 years of age die every year from causes related to maternity, representing the fourth leading cause of death among 10-to-19 and 15-to-24-year-olds (47). LAC is the only region in the world that has not seen a reduction in child marriage and early unions in the last 25 years (48).

In 2022, WHO estimated a predicted deficit of at least 600 000 health professionals (medical, nursing, and midwifery personnel) in LAC by 2030, based on the target of 44.5 professionals per 10 000 population. Similarly, the human resources available for care are inequitably distributed, and efforts to promote increased services to rural or remote areas have not achieved the expected results (49). Thus, despite the progress that has been achieved, it is estimated that, in 2022, 4.2% of births in LAC were not attended by skilled personnel (50).

Some countries in the Region recorded significant increases in MMR in 2021, such as Brazil, which went from an MMR of 55.3 per 100 000 live births in 2019

“*The main factors that make it difficult for women to receive adequate care during pregnancy or childbirth are attributable to structural failures in the health systems. These failures cause deficiencies in access to services, insufficient levels of safety and quality of care, lack of trained health personnel, shortages of medical supplies, and a lack of institutional transparency.*”

to 113.1 per 100 000 live births in 2021; Mexico, which in 2019 had an MMR of 33.3 per 100 000 live births, reached figures in 2021 not seen for twenty years, with 53.1 maternal deaths per 100 000 live births (51, 52). The main factors that make it difficult for women to receive adequate care during pregnancy or childbirth are attributable to structural failures in the health systems. These failures cause deficiencies in access to services, insufficient levels of safety and quality of care, lack of trained health personnel, shortages of medical supplies, and a lack of institutional transparency. They also amplify access problems caused by the social determinants of health, such as income level, access to education, and ethnicity. In addition, gender norms that deny or limit the rights of women and girls exist in various localities and cultures in the Region.

The coverage and quality of the set of highly cost-effective interventions to prevent maternal death in LAC are still far from reaching the universal health goals defined by PAHO. The above factors represent challenges to transforming PHC-based health systems, and to the objective of eliminating barriers to accessing these interventions.



## Enabling conditions for the maternal mortality reduction strategy

“*This commitment must translate into a concrete and immediate increase in investments in PHC, with effective planning and monitoring instruments, as well as accountability mechanisms that include financial and flow models focused on providing resources to priority population groups and territories where barriers to accessing health services are prevalent. Only in this way will the hoped-for impact on MMR be achieved.*”

To achieve effective and sustainable results in reducing maternal mortality, countries need to formulate and implement policies, plans, and strategies to integrate and spur action by all public and private health system entities at all levels (central, regional, and local). The success of these policies depends on institutional conditions in the national health system capable of implementing initiatives to address maternal mortality.

**Political commitment and sufficient funding:** With respect to the public agenda, it is necessary for the governments of the Region to commit to prioritizing the strategy for maternal mortality reduction, through regulatory actions that support commitment to the SDGs and by allocating necessary and sufficient resources to implement the actions proposed in this strategy. This commitment must translate into a concrete and immediate increase in investments in PHC, with effective planning and monitoring instruments, as well as accountability mechanisms that include financial and flow models


focused on providing resources to priority population groups and territories where barriers to accessing health services are prevalent. Only in this way will the hoped-for impact on MMR be achieved.

**Multisectoral action:** Governments need to define and manage efforts to prevent and mitigate the social, cultural, economic, and legal barriers, and those related to low income, lack of access to education, safe drinking water, basic sanitation, and gender perspectives that limit the ability to meet women's health needs.

**Institutional transparency and continuous public access to reliable and updated data on the status of maternal health:** There need to be systems in place to monitor the implementation of actions, in order to measure progress and outcomes, using reliable, updated, and disaggregated data on maternal mortality (by population, territory, ethnicity, etc.). These data should be published and made available at the national, subnational, and local levels. Disclosure of such data should include information on resources invested to accelerate maternal mortality reduction.

**Consolidation of the PHC strategy:** It is necessary for countries to comply with their commitment to operationalize PHC as the core structure of health systems, through care models focused on the rights of women and pregnant women, in a territorial, family, and community context. Consolidation of the PHC strategy will establish a joint platform for implementing the maternal mortality reduction strategy. The strategy's lines of action include elements and principles such as universal access and universal coverage for essential maternal, sexual, and reproductive health services; comprehensive and integrated health care; the provision of services with an emphasis on health promotion and a family- and community-based approach; and the creation or strengthening of community participation mechanisms to improve health care for women, including pregnant women, and to enforce their rights.

**Legal frameworks that prioritize and protect women's rights and health:** It is necessary for countries to issue and adopt regulatory and legal instruments that recognize the particularities and vulnerabilities of women, in both the public and private sectors, along with constitutional and legal mechanisms to protect and enforce their rights.

A stylized illustration of a woman with dark skin and short hair, wearing a pink button-down shirt. She is smiling slightly. In the background, there is a faint illustration of a bicycle. The overall style is soft and artistic.

**Incorporation of the gender perspective into all public policies:** The incorporation of the gender perspective into all public policies is a condition that cannot be postponed. This condition promotes the exercise of women's autonomy and the exercise of their rights, particularly sexual and reproductive rights, and relates directly to women's health outcomes and to maternal health.

**Social mobilization for the protection of women, including pregnant women:** It is essential to establish tools and strategies that encourage the participation of civil society, the community, women, and their families, not only as a way to make maternal health more visible, but also to develop and strengthen the social capital of communities and safeguard the rights and well-being of women, including pregnant women.





## Objectives of the Strategy

The main objective of the strategy is to accelerate maternal mortality reduction in the Region of the Americas. This reduction will be achieved by implementing a set of deliberate, effective actions aimed at improving maternal health and meeting SDG 3 and, in particular, SHAA2030, which sets a target of reducing maternal mortality to 30 deaths per 100 000 live births in all countries.

The specific objective is to strengthen country efforts at the national and subnational levels through the development and strengthening of institutional capacities and technical competencies for providing and managing maternal health care, based on the PHC strategy.



## Strategic lines of action

*Based on the most recent scientific evidence and information, six strategic lines of action are proposed to positively impact maternal health and reduce preventable maternal mortality, namely:*

- *Strengthen governance and stewardship in health and in maternal health management.*
- *Expand and strengthen the first level of care, prioritizing territories and population groups with high MMR and maternal mortality.*
- *Strengthen health service networks, with an emphasis on maternal, sexual, and reproductive health care.*
- *Ensure the quality of maternal, sexual, and reproductive health care in integrated health service networks.*
- *Ensure that there are sufficient, well distributed, trained, equipped, and motivated human resources for health.*
- *Empower women, families, and communities to care for their own health care and effectively demand their rights with respect to sexual and reproductive health.*

Importantly, although these lines of action are applicable to all countries of the Region, their implementation must be adapted to the legal, political, and strategic framework of each country. This means that interventions should be dynamic and contextualized, strategically planned to address short- and long-term needs and priorities, and should adapt to ongoing changes in the primary causes of maternal mortality, as each country moves to reduce MMR (26). Due to the phenomenon of obstetric transition, maternal mortality patterns change based on demographic and epidemiological changes, low fertility, age at delivery, and the availability of health technologies. Each line of action in the plan formulates a series of recommendations or calls to action, which must be adapted to the local context.

## Strategic line of action 1: Strengthen governance and stewardship in health and in maternal health management

In order to improve maternal health outcomes and effectively reduce MMR figures, it is essential that health authorities exercise the leadership to drive innovations and improvements in the health system. Strengthening stewardship should also translate into a strengthened governance and a management model that prioritizes this public health problem, implementing a public policy plan that provides financial resources, inputs, and human resources, with the technical capacities needed to ensure the effectiveness of efforts to reduce maternal mortality. To achieve this, decision-making needs to be improved, along with the regulation of critical resources necessary to improve public policies and programs that directly impact maternal health and mortality.

As an immediate measure, all Member States are urged to have a plan for the accelerated reduction of maternal mortality. This plan should be designed with the participation of related sectors and civil society, and should, as appropriate, emphasize population groups and territories with high rates of maternal mortality. Similarly, the plans should be accompanied by the necessary financial resources for their implementation.

*It is crucial to strengthen assessment and monitoring capacities in order to identify and analyze unmet maternal health needs and to formulate evidence-based policies. Community mobilization is vital in conducting a comprehensive assessment of health needs, with an emphasis on equity considerations, while addressing barriers to access and the social determinants associated with the causes of maternal mortality.*

It is important to strengthen vital-statistics systems, surveillance of mortality and severe maternal morbidity (SMM), as well as measuring underreporting and masking in these information systems. Thus, it is necessary to apply methodologies to reduce underreporting of maternal deaths, with deliberate searches and reclassification of cases in all countries.

Similarly, it is necessary to improve capacities at the national level and among subnational teams in an effort to analyze and address maternal mortality and SMM, as well as forming collaborative networks for knowledge management. The monitoring process requires continuous verification of a minimum set of metrics and indicators that show the degree of progress in implementing the lines of action, achievement of intermediate results, and the overall impact of the plan, as well as suggesting any necessary adjustments.

Information and monitoring systems should also be developed or improved. This includes the reporting of adverse events, as well as the availability of clear and measurable progress indicators, and establishing achievable goals within a defined time frame. Moreover, in order to ensure the effectiveness of these measures, benchmarking practices can be implemented to compare results and processes against recognized standards, making it possible to identify areas that need improvement and optimize available resources.

“ [...] comprehensive maternal, sexual, and reproductive care in PHC should be achieved by strengthening the first level of care, employing trained multidisciplinary teams (with assigned target populations and territories), emphasizing maternal risk prevention practices and the empowerment of women.”

Governance mechanisms and structures must be defined and implemented to monitor and evaluate the plan and to assess the results of public policies designed to reduce maternal mortality, as well as mechanisms for accountability and continuous monitoring. This involves not only continuous evaluation of the results obtained, but also defining methodologies to predict the impact of interventions aimed at preventing maternal mortality.

The capacities of strategic actors at the national and subnational levels need to be strengthened and developed, in an attempt to: (a) formulate and implement actions to improve maternal health; (b) establish governance mechanisms and structures; (c) manage and plan financial, human, and technological resources; and (d)

implement comprehensive interventions to ensure access to quality maternal, sexual, and reproductive health services.

## Strategic line of action 2: Expand and strengthen the first level of care, prioritizing territories and population groups with high MMR and maternal mortality

PHC-based care models should be applied, centered on the individual and families. They should be geared to each particular territory and community, and evidence of their clinical efficacy and their impact on health indicators should be assessed. In addition, comprehensive maternal, sexual, and reproductive care in PHC should be achieved by strengthening the first level of care, employing trained multidisciplinary teams (with assigned target populations and territories), emphasizing maternal risk prevention practices and the


empowerment of women. Teams should have technical capabilities and sufficient technology available to provide contraceptives, rapid pregnancy tests; HIV, syphilis, and hepatitis B screening; and obstetric risk assessment scales.

It is important to expand the first level of care, in order to ensure access to all women, giving priority to women who are at higher risk of maternal morbidity and mortality, through the following measures: (a) define strategic actions within the framework and context of maternal health; (b) prioritize the territories and population groups with high maternal mortality ratios; (c) prioritize adolescent pregnancy prevention strategies; (d) invest in organizing integrated health service networks in underserved territories and population groups, incorporating innovations to improve health outcomes (such as digital health), while working to reduce geographic, financial, and cultural barriers to access; and (e) promote community participation and an intersectoral approach in order to address the underlying causes of maternal mortality.

Adjustments and mechanisms for socio-cultural adaptation should be applied, in order to provide maternal, sexual, and reproductive health services that are accessible and acceptable, respecting the traditional and cultural practices of the population and the characteristics of the territory.

Funding for maternal health and PHC must be increased, making high-impact investments in expanding health systems, so as to address the multiple barriers to access. This involves increasing public spending on health, targeting women and the most vulnerable population groups, with investments in human resources for health, infrastructure, health services organization, technology, and community participation.

In certain contexts, maternity homes should be established for pregnant women living in remote rural areas, as a mechanism to guarantee institutional childbirth.

An illustration of a woman's profile on the left side of the page, looking towards the right. Her hands are visible, with red nail polish, resting on her lap. The background features a stylized, abstract pattern of yellow and brown shapes, resembling a map or a network.

### Strategic line of action 3: Strengthen health service networks, with an emphasis on maternal, sexual, and reproductive health care

It is essential to strengthen national and subnational governance and planning mechanisms, as well as tools to regulate health care service networks aimed at maternal, sexual, and reproductive care. Regulations should be issued to define integrated, comprehensive health care networks for maternal, sexual, and reproductive health care. They should be designed to ensure continuity and complementarity between health care levels, as well as providing referral and counter-referral mechanisms and timely diagnosis and treatment of pregnant women at high obstetric risk, or in cases of extreme maternal morbidity or obstetric emergencies

It is important to invest in expanding medium and high complexity health service networks, with sufficient infrastructure, equipment, resources, medicines, and supplies to provide the essential conditions for maternal health care, especially in obstetric emergencies. Priority should be given to geographic areas with insufficient care, and where women are more exposed to obstetric risk.

Access to comprehensive maternal, sexual, and reproductive health services should be expanded within integrated health service networks. It is necessary to guarantee essential sexual and reproductive health services, eliminating all geographic, social, and cultural barriers to access; offer education and counseling on exercising women's sexual and reproductive rights; and provide contraceptive methods, as well as safe voluntary pregnancy termination (where legislation allows), prevention and detection of sexually transmitted infections, and prenatal care.

It is important to incorporate digital health technologies in integrated networks, in order to expand and improve access, quality, and decision-making capacity in maternal, sexual, and reproductive health services (53-57). Telehealth and telemedicine can make a significant



“*It is necessary to guarantee essential sexual and reproductive health services, eliminating all geographic, social, and cultural barriers to access; offer education and counseling on exercising women’s sexual and reproductive rights; and provide contraceptive methods, as well as safe voluntary pregnancy termination (where legislation allows), prevention and detection of sexually transmitted infections, and prenatal care.*”

contribution to bridging some health care gaps, as has been demonstrated by various successful experiences in different countries of the Region.

#### Strategic line of action 4: Ensure the quality of maternal, sexual, and reproductive health care in integrated health service networks

It is important to position quality and patient safety in maternal care as a central pillar for reducing maternal morbidity and mortality, employing a comprehensive and integrated approach, with a focus on safe, effective, respectful, and culturally appropriate care. To achieve this, national health policies, plans, and strategies need to be strengthened, especially those related to quality and patient safety, with specific lines of action aimed at maternal health services. The aim is to ensure that all women receive quality care during all stages of reproductive health, including the prenatal, delivery, and postpartum periods. This

comprehensive approach is essential to preventing and addressing both direct and indirect causes of maternal mortality, including preventable complications and access to emergency care.

Quality standards for maternal health services should be promoted and applied as an ethical imperative, and as a key tool to address the challenges associated with maternal mortality. The eight standards of care and 31 standard quality criteria proposed by WHO (58) for improving the quality of maternal and neonatal care in health institutions can serve as a guide in designing the components of policies, and for improving interventions,

in both health service network and private health care institutions.

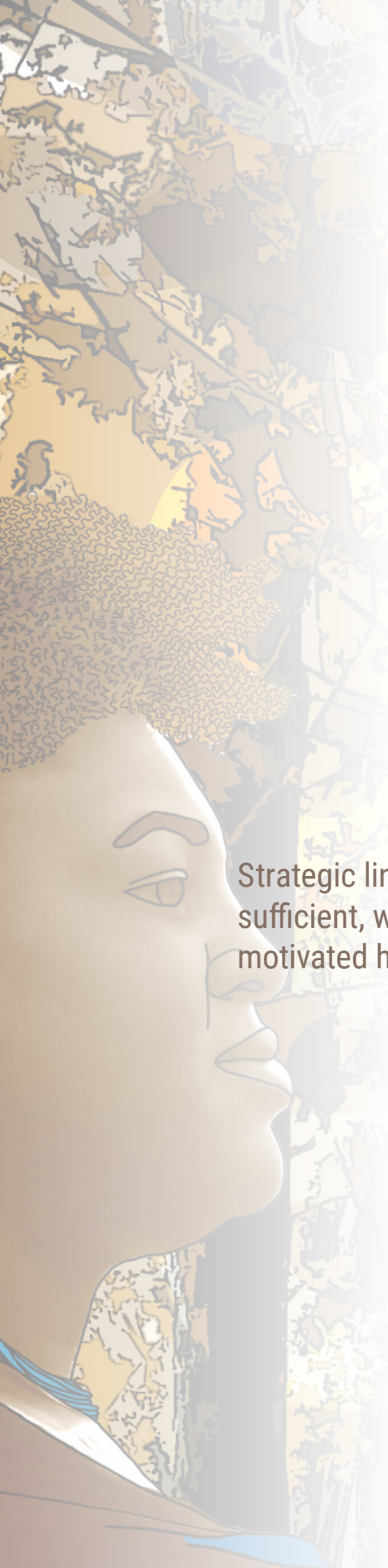
It is essential to design and implement multimodal maternal health strategies that include educational interventions. These strategies should include the use of appropriate evidence-based technologies, and clinical simulations to effectively address local needs, while maximizing the use of existing resources and overcoming barriers to care. Adaptability and innovation are key principles when designing specific, viable, sustainable, and effective solutions in each territory. Components can range from ongoing training of health workers (including health promoters) to adapting clinical standards, guidelines, pathways, and protocols to local contexts. They may also include the use of enabling tools such as checklists, specific service packages related to safe surgery or infection prevention and control, information campaigns, community empowerment actions, and ensuring the availability of essential equipment and supplies.<sup>3</sup>

Comprehensive quality and patient safety management should be established in order to ensure the effectiveness of interventions, with mechanisms for accountability and continuous monitoring. This involves not only the continuous evaluation of results obtained, but also an analysis of the impact of the actions carried out, enabling real-time adjustments when necessary. It is essential to develop or improve information and monitoring systems, including the reporting of

“*It is essential to design and implement multimodal maternal health strategies that include educational interventions. These strategies should include the use of appropriate evidence-based technologies, and clinical simulations to effectively address local needs, while maximizing the use of existing resources and overcoming barriers to care. Adaptability and innovation are key principles when designing specific, viable, sustainable, and effective solutions in each territory.*”

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<sup>3</sup> For example, the digitization and strategic use of clinical records, combined with early warning systems, clinical management, and referral protocols, illustrates how the integration of technology and management can improve maternal health outcomes. Once the components of multimodal strategies have been established, it is crucial to determine whether to implement them through sequential phases or synchronously. This approach makes it possible to effectively and sustainably integrate interventions, while allowing for adjustments based on feedback and evolving needs at the local level.

A stylized illustration of a woman's profile in shades of brown and tan, looking towards the right. The background features a large, textured tree with intricate branches and leaves, also in earthy tones. The overall style is artistic and modern.

adverse events, as well as making available clear, measurable indicators and establishing achievable targets within a defined time frame. Moreover, to ensure the effectiveness of these measures, benchmarking can be implemented to compare results and processes with recognized standards, both within and outside the organization, in order to detect areas for improvement and optimize available resources.

Among maternal health care providers, it is important to promote and implement clinical safety tools such as clinical practice guidelines, intervention packages, root cause analysis, checklists, early warning scales, and immediate response teams.

It is essential to promote the empowerment of women, especially with regard to the health of young and adolescent girls and young women, while improving the efficiency of primary care services and ensuring that patients' rights and safety are respected. This includes providing timely reproductive health care, prevention, and rapid intervention actions to address cases of abuse, and coordination in addressing mental health and other comprehensive care services.

## Strategic line of action 5: Ensure that there are sufficient, well distributed, trained, equipped, and motivated human resources for health

National human resource policies and plans for health should incorporate strategies or lines of action that include competency-based profiles, recruitment and retention, working conditions, professional careers, and distribution of personnel. They should also include information systems, based on the needs of PHC-based health systems in providing universal care for maternal, sexual, and reproductive health. This involves using analytical tools to determine the demand of women in a given territory or region, and adequately plan for the human resources needed to meet that demand.

It is important to have interprofessional teams with the technical competencies and capacity to provide maternal, sexual, and reproductive health care. These

teams need to have sufficient equipment, resources, medicines, and supplies to provide maternal, sexual, and reproductive health care. In addition, digital health resources should be available, as support, in hard-to-reach geographic areas. Also necessary are technical capacity and sufficient technology for providing contraceptives, rapid pregnancy tests, HIV, syphilis, and hepatitis B screening, and obstetric risk assessment scales.

“ [...] to have interprofessional teams with the technical competencies and capacity to provide maternal, sexual, and reproductive health care.”

Strategies and mechanisms should be put in place to increase the availability and sufficiency of human health resources for maternal, sexual, and reproductive health care, emphasizing areas where accessing care is difficult or where there is greater vulnerability. This involves the creation of compensation mechanisms, such as higher remuneration, non-financial incentives, and labor contracts that guarantee permanence.

It is important to adapt the regulation of professional practice and update legal and remuneration frameworks, encouraging the delegation of responsibilities and the redistribution of roles and tasks in health teams. This will help address the labor shortage improve the timeliness and responsiveness of health systems. This includes measures to: (a) develop or strengthen mechanisms to regulate professional midwifery; and (b) establish midwife education programs, standardizing curricula and providing accreditation based on standards that ensure quality care during childbirth, for the newborn, and during the puerperium.

In the short term, efforts should also be made to strengthen the capacities, skills, and abilities of health teams, in order to ensure the quality and safety of care in maternal, sexual, and reproductive health. Each country, according to its institutional structure, needs to strengthen its programs for updating skills and providing continuous training in pregnancy, childbirth and puerperium care, emphasizing critical obstetric practices, as well as training using simulations.

It is important to adopt and systematize technological innovations, especially at the first level of care, in order to improve workforce efficiency by enhancing digital health literacy in interprofessional teams directly involved in maternal, sexual, and reproductive care; reorganizing care models; developing new competencies; and regulating the use of such innovations.

Mentoring and technical advisory systems for maternal, sexual, and reproductive health care must be established as a way to support country teams in adopting and utilizing technological innovations in digital health.

Continuing education guidelines should be formulated to provide PHC health teams with tools to ensure, respect, and promote women's sexual and reproductive health rights, with a gender perspective, and to safely address situations of violence against women, which limit and hinder women's comprehensive care and quality of life.

## Strategic line of action 6: Empower women, families, and communities to care for their own health care and effectively demand their rights with respect to sexual and reproductive health

It is important to raise societal awareness of the seriousness of the current maternal mortality situation in the Region, in order to encourage social participation in accelerating the reduction of preventable maternal deaths. To this end, national and subnational external communication mechanisms need to be strengthened in order to ensure active citizen participation. It is also important to seek partnerships with organized civil society to identify permanent spaces for social dialogue on maternal mortality (53).

It is also important to promote policies and actions to empower women, their families, and the community, that ensure: (a) strengthening of people's agency to care for their own health and that of their environment; (b) recognition of their rights, and knowledge of the mechanisms to achieve this; and (c) strengthening of

relationships and linkages for community organization and action.

Sectoral and intersectoral actions should be implemented to strengthen social and community networks for the health care of women, pregnant women, and newborns, with mechanisms for identifying pregnant women who should be referred to health facilities when their own health and well-being, and that of their babies, is at risk.



## Final considerations

PAHO proposes a strategy to accelerate the maternal mortality reduction in the Region of the Americas, based on the expansion and strengthening of PHC. This strategy includes the main lines of action to guarantee universal and equitable access to maternal health interventions, prioritizing basic levels of care, health promotion, and disease prevention.

Member States are urged to formulate participatory action plans for the accelerated reduction of maternal mortality and to implement them, while adopting and adapting the proposed lines of action and ensuring the resources needed for their implementation.

The priority actions that PAHO will advance to strengthen the capacities of the countries within the framework of this strategy are: (a) present the technical and policy frameworks approved by the Member States, in order to define and implement national plans for the accelerated reduction of maternal mortality, based on PHC; (b) take the lead in establishing partnerships for joint and convergent action among partners and countries, with increased investment in and access to maternal and reproductive health; (c) provide technical cooperation and catalyze sustainable improvements in the capacity of national and subnational teams to analyze and respond to maternal mortality and severe maternal morbidity; (d) monitor the status of maternal mortality in the Region, as well as the progress of actions implemented by the countries to reduce it, through technological tools and solutions that ensure the monitoring of process, performance, and outcome indicators; (e) stimulate and encourage research, and document good practices and sharing of experiences



among multiple countries regarding maternal, sexual, and reproductive health; and disseminate knowledge and evidence on innovative tools, technologies, and practices, within the framework of PHC, in order to address maternal mortality.



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In Latin America and the Caribbean (LAC), one maternal death was registered every hour in 2020. That same year, the trend in the maternal mortality ratio (MMR) for the Region of the Americas regressed alarmingly and unprecedentedly to the levels seen two decades ago. In addition to indicating a worsening of health outcomes, these figures also signal a deepening of inequalities, representing thousands of individual, unacceptable tragedies that in most cases could have been preventable.

Maternal death is the result of a multifactorial process in which structural elements such as the economic system, environmental conditions, and culture interact. Other factors related to social inequality are also present, such as racism, poverty, gender inequality, and lack of access to the education system. The current situation calls for urgent mobilization of the health systems of LAC countries in order to strengthen efforts to combat maternal mortality, especially in countries that are still far from achieving the SHAA2030 regional target. For this reason, a preventive, health-promoting, life-course-based approach is needed, with models of care centered on women, families, and the community.

Scientific evidence shows that health systems with a solid foundation in primary health care (PHC) achieve better outcomes, greater equity, and reduced health expenditures.

To address this, PAHO proposes a strategy, aimed primarily at women who are in the most vulnerable situation, who are the ones who represent the greatest burden of maternal mortality, to accelerate the reduction of maternal mortality in the Region of the Americas, based on the expansion and strengthening of PHC.

#### *More information*

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