

**Brief Record of Meeting:
Measuring Maternal Mortality: Research & Development Priorities
28th September 2006
Department for International Development (DFID), London**

❖ **Meeting objectives**

- To identify research and development priorities for measuring maternal mortality
- To propose ideas, opportunities and next steps for addressing top priorities
- To facilitate networking
- To explore the case for establishing an “international reference group” (IRG) on maternal mortality measurement.

❖ **Potential outputs from meeting**

- Journal commentary on R&D priorities
- Proposed action plan for next steps
- Plan for network and/or international reference group on maternal mortality measurement
- Brief record of the meeting.

❖ **Updates from host initiatives**

- Separate updates were presented on IMMPACT and the Health Metrics Network (HMN).
- IMMPACT Principal Investigator, Wendy Graham, described the project’s work to date, its current transition into Phase II, and future work plans.
- HMN Deputy Executive Secretary, Carla AbouZahr, described the framework and goals of HMN, and outlined country support activities to date.

❖ **Feedback on advance research & development (R&D) questionnaire & introduction to small group work**

- Three R&D themes were used to group priorities identified in questionnaires returned by participants (response rate: 12/28):
 - The need for better data on maternal mortality (MM)
 - The need for more/better measurement methods
 - The need for improved communication on & capacity for measurement
- Reported priorities in each theme were used as the basis for Small Group Work Session 1
- Four groups were asked to identify two types of R&D priorities and to propose activities to meet these: a). the most critical (needing action now, with likely results in the short-term i.e. within ~ next 2 years) and b). most vital (needing action now, with likely results in the medium term i.e. within ~ next 5 years). Remaining priorities were grouped together and regarded as important but unlikely to yield results within the next 5 years.
- Individual group findings are given in Annex 1 below.

❖ **Small group work session 1 and plenary: Agreed top critical/vital R&D priorities**

- Top critical priorities:
 - Levels data
 - Trends data
 - Data from proxy indicators
 - Causes methods
 - Cheaper/better methods
 - Managing “imperfect” MM data
 - Capacity for good registers
- Top vital priorities:
 - Differentials data
 - Causes data
 - Evaluation methods
 - Standardised measurement “kit”
 - Qualitative methods
 - Vital registration
 - Advocacy for measurement
 - Capacity for writing-up/ dissemination/policy

❖ **Small group work session 2: next steps to attain R&D top priorities**
(Three small groups, divided into broad constituencies)

• **Statistics-related agencies**

Next Steps:

1. Combine priorities for data on levels, trends, differentials, and proxy indicators with the priority of cheaper/better methods to measure MM, through additional research.
2. Develop VR systems and better/wider advocacy on an ongoing basis.

• **International agencies**

Next Steps:

1. For Improving data
 - improve utilisation/analysis of existing data
 - modify existing tools (e.g., DHS) for more refined data analysis (combining qualitative & quantitative data, looking at differentials, etc)
 - collate information from different data sources.
2. For improving & developing methods
 - develop and test methods for collecting surveillance data in communities (e.g., pictorial methods)
 - consolidate and validate existing methods/tools in a standard “kit” for evaluating complex interventions (including programmes & policy changes).
3. For improving communication
 - educate policy makers about uses & limitations of existing data
 - learn from/listen to decision makers about data needs
 - advocate for mechanisms/bodies to make data easily available (e.g., websites, designated units within MoHs)
 - make new methods available to programme managers.

• **Researchers**

Next Steps:

1. Combine key critical priorities identified in Small Group Session (need for improved data on levels/trends of MM, cause of death, proxy indicators) into 2 broader domains: a). improved methods and b). improved capacity for analysis/interpretation.
2. Link these with additional goals of improving HISs, VR, and national databases.
3. Flag these goals and research domains as core functions of the proposed IRG.
4. (Note: researchers agreed importance of addressing sub-national (micro-level) data needs and capacity constraints, as well as national and international needs).

❖ **Conclusions**

• **Case for an International Reference Group (IRG – note: interim title)**

- There was consensus among participants that the creation of an IRG is both timely and useful.

- Participants emphasised key points regarding the creation of an IRG:
 - o Establishing the legitimacy of the group is critical early on, especially regarding developing countries' participation – with their involvement formally encouraged and facilitated
 - o The remit of the IRG as a group that moves beyond discussion into action must be apparent immediately
 - o Helping to improve communication between policy makers and programme managers should be an on-going role for the IRG
 - o The IRG should emphasise its role as an independent technical resource, which recognises and utilises information and inputs from multiple sources including institutions, agencies and developing country partners
 - o Importance of a common database on MM, accepted and endorsed by countries and agencies, which is approved by IRG and maintained by agreed agency.
- The possibility of “twinning” with other statistical groups was suggested by HMN.
- Questions were raised about the intended participants of the IRG, and whether limiting it to “measurement experts” will marginalise key stakeholders.
- There was wide agreement on the creation of an open network (web-based) of interested parties in the measurement of MM as a complement to the IRG, which could include a register of on-going R&D activities.
- It was agreed that preparing a journal commentary on R&D priorities in MM measurement should wait until after the formation of the IRG.
- The opportunities for linking the creation of an IRG with the approaching IMMPACT Symposium (Feb 21-24th 2007, London) and the Safe Motherhood 20th anniversary (Oct 2007) were highlighted.
- There was consensus among participants that the optimal starting point is to draft Terms of Reference (ToR) for the IRG.
- Proposed early activities of IRG: contribute to upcoming 2005 global estimation process; advance priorities for research related to Census (see addendum); devise algorithm for informing/guiding country choices for the measurement of MM; develop/advise on FAQs on MM; formulate work plan to advance crucial priorities identified at London meeting.

❖ Follow-up actions

- Prepare draft of note of meeting for circulation by mid-October (LF & WJG /IMMPACT)
- ToRs, proposed membership & name for the IRG to be drafted by IMMPACT (WJG) and HMN (CAZ) by the end of October to circulate to meeting attendees, with a view to constitution and first meeting before the end of 2006
- Identify “best practices” in networking and prepare 1-2 pages on proposed set-up for MM network (OC/LSHTM and LF/IMMPACT)
- IMMPACT and HMN agreed to act as focal agencies during set-up of proposed IRG and MM network.

❖ **Thanks**

- To DFID, especially Julia Bunting, for providing excellent meeting venue
- To Lauren Foster for organisational support
- To participants for attendance at short notice.

❖ **Accompanying documents:** Meeting agenda, PowerPoint presentations (opening session; IMMPACT update; HMN update; feedback on R&D questionnaire)

❖ **Participants**

Carla AbouZahr
Health Metrics Network
abouzahr@who.int

Fariyal Fikree
Population Reference Bureau
ffikree@prb.org

Sam Adjei
IMMPACT, University of Aberdeen;
Ghana Health Service
s.adjei@abdn.ac.uk

Veronique Filippi
London School of Hygiene & Tropical
Medicine; IMMPACT
veronique.filippi@lshtm.ac.uk

Mohamed Mahmoud Ali
WHO- Reproductive Health Research
alim@who.int

Wendy Graham
IMMPACT, University of Aberdeen
w.graham@abdn.ac.uk

Linda Bartlett
UNICEF, Afghanistan
lbarlett@unicef.org

Kenneth Hill
Harvard Initiative for Global Health
kenneth_hill@harvard.edu

Ana Betran
WHO- Making Pregnancy Safer
betrana@who.int

Julia Hussein
IMMPACT, University of Aberdeen
j.hussein@abdn.ac.uk

David Brauhnoltz
IMMPACT, University of Aberdeen
d.brauhnoltz@abdn.ac.uk

Tiziana Leone
London School of Economics
t.leone@lse.ac.uk

Julia Bunting
Department for International Development
j-bunting@dfid.gov.uk

Annet Mahanani
Health Metrics Network
mahananiw@who.int

Peter Byass
IMMPACT, University of Aberdeen
p.byass@abdn.ac.uk

Zoe Matthews
University of Southampton
z.matthews@soton.ac.uk

Oona Campbell
London School of Hygiene & Tropical Medicine
oonna.campbell@lshtm.ac.uk

Susan Murray
HLSP Institute
susan.murray@hlsp.org

Alec Cumming
IMMPACT, University of Aberdeen
alec.cumming@abdn.ac.uk

Francesca Perucci
United Nations Statistics Division
perucci@un.org

Vincent Fauveau
UNFPA
fauveau@unfpa.org

Shea Rutstein
Measure DHS
shea.o.rutstein@orcmacro.com

Lale Say
WHO- Reproductive Health Research
sayl@who.int

Francisco Songane
Partnership for Maternal, Newborn & Child
Health
songanef@who.int

Cynthia Stanton
Johns Hopkins University; IMMPACT
cstanton@jshph.edu

Ann Starrs
Family Care International
astarrs@familycareintl.org

❖ **Apologies from absent invitees**

Endang Achadi
University of Indonesia; IMMPACT
mcindo@indo.net.id

Rosemary Bender
Statistics Canada
rosemary.bender@statcan.ca

Yermane Berhane
University of Addis Ababa
rhr.aau@ethionet.et

Stan Bernstein
UNFPA
bernstein@unfpa.org

Mushtaque Chowdhury
Bangladesh Rural Advancement Committee
(BRAC)
mushtaque.arc@brac.net

Sue Fawcus
University of Cape Town
fawcuss@iafrica.com

Theo Lippeveld
John Snow International
tlippeveld@jsi.com

Carine Ronsmans
London School of Hygiene & Tropical
Medicine; IMMPACT
carine.ronsmans@lshtm.ac.uk

Rabbi Royan
UNFPA
royan@unfpa.org

❖ **Abbreviations**

HIS	health information system
HMN	Health Metrics Network
IMMPACT	Initiative for Maternal Mortality Programme Assessment
IRG	International Reference Group (interim title)
LSHTM	London School of Hygiene & Tropical Medicine
MDG	Millennium Development Goal
MM	maternal mortality
MoH	Ministry of Health
R&D	research & development
ToR	terms of reference
VR	vital registration

❖ **Annex 1: Group Work Session 1; Synthesis from group work proformas**

NEED FOR BETTER DATA ON MM (Group 1)

Top CRITICAL Priorities (Cs)	Activities to attain this priority
Levels (national)	<ul style="list-style-type: none"> • cross-sectional analysis of data from all sources • advising countries on options for data collection • review of methods & estimates by proposed IRG
Trends (estimates at least every 5 yrs)	<ul style="list-style-type: none"> • guidance on integration of data sources • all activities listed above
Top VITAL Priorities (Vs)	
Differentials	<ul style="list-style-type: none"> • progress towards improving vital registration (VR) systems • small area analysis of census & other data on household deaths • advocacy for use of census to collect household death data
Causes data (including induced abortion)	<ul style="list-style-type: none"> • in countries with complete VR, improve attribution of cause of death • in other countries, progress in verbal autopsy and death certification

METHODS DEVELOPMENT (Group 2)

Top CRITICAL Priorities (Cs)	Activities to attain this priority
Causes of death methods	<ul style="list-style-type: none"> • review of existing sources of data • consolidate/standardise cause of death classification via expert review • revise common instruments
Cheaper/better methods (general)	<ul style="list-style-type: none"> • publish new methods (IMMPACT and other groups) • implement and validate these new methods
Top VITAL Priorities (Vs)	
Evaluation methods	<ul style="list-style-type: none"> • consider design issues for trials • improve methods for measuring & linking (models) process & outcomes
Vital registration (VR)	<ul style="list-style-type: none"> • in countries with complete VR, ensure that MM info is being captured • explore incentives for community leaders & politicians to invest in VR • conduct more qualitative work on barriers to VR

(**Note:** 2 priorities this group thought important but unlikely to yield results within the next 5 years were: methods for data synthesis, and methods for imputation.

Other priorities added by group & regarded as "Vital": improved methods for measuring maternal morbidity; use of administrative systems to improve vital registration).

COMMUNICATIONS & CAPACITY (a) (Group 3)

Top CRITICAL Priorities (Cs)	Activities to attain this priority
"Imperfect" MM data	<ul style="list-style-type: none"> • clearer explanations of interpretation & utility of existing data • improve presentation of data appropriate to target audiences • emphasise importance of empirical data when only models are available
Use of proxy indicators	<ul style="list-style-type: none"> • use in communication of key determinants of MM

- carry-out more R&D to determine significance of indicators and tools available for measurement

Top VITAL Priorities (Vs)

Standardised measurement “kit”

- compile standardised methods with guidance/decision trees on what to use & when
- a possible mandate of the proposed IRG

Advocacy

- advocate beyond absolute numbers—the wider determinants and consequences of MM
- emphasise links between MDG5 and other MDGs

COMMUNICATIONS & CAPACITY (b) (Group 4)

Top CRITICAL Priorities (Cs)

Activities to attain this priority

Capacity for good registers

- Unspecified

Capacity building (various)

- recognise different methods needed for capacity building: short & long-term trainings, workshops, resource development (web-based libraries, materials)

Top VITAL Priorities (Vs)

Qualitative methods

unspecified

Capacity to process & analyse surveys and censuses

- establish an expert group (IRG) to provide technical assistance
- advocate for designation of specific HIS divisions/units within all governments, or strengthening of existing divisions
- advocate for short and long-term certificate trainings in measurement

Capacity for writing-up/dissemination

- provide IT technical assistance to countries to develop web-based information libraries including data sets & country reports

(Note: 2 priorities this group thought important but unlikely to yield results within the next 5 years were: capacity for innovative methods by developing country researchers; capacity to implement a functioning health information system).

❖ **Addendum**

Research issues flagged for exploration by the IRG at the “Capturing Maternal Mortality in the 2010 Round of Census” meeting; 29th September, London

- cause of death ascertainment during census (follow-up or sample census?)
- cultural issues affecting data capture e.g. male interviewers or interviewees
- adjustment of census data with regard to a) pregnancy-related mortality b). estimates at sub-national level
- benefit/detriment of using three versus one question on pregnancy-related deaths
- evidence of difference/significance of using pregnancy-related versus maternal mortality definition
- promote/invite papers on use of existing census data to raise profile – possible outlets: IUSSP special session; PAA; APHA;
