

**Brief Record of Meeting:
Capturing Maternal Mortality in the 2010 Round of Census
29th September 2006
Department for International Development (DFID), London**

❖ **Meeting Objectives**

- Reach consensus on potential of 2010 Census round to measure pregnancy-related mortality
- Identify priority research gaps and ways of addressing them
- Discuss options to address capacity constraints at country level

❖ **Potential Outcomes of Meeting**

- Recommendations to the UN Statistical Commission and to text of *Principles & Recommendations* for the 2010 Census
- An advocacy and communications strategy for promoting the capture of pregnancy-related deaths in the 2010 Census
- A resource mobilization strategy
- A proposed package of supporting materials for countries, and assignment of roles and responsibilities for their development.

❖ **UN Principles and Recommendations for National Population and Housing Censuses for 2010 round; Presenter: Francesca Perucci, UN Statistics Division**

- Background provided on the 2010 World Programme on Population and Housing Censuses
- The draft update of *Principles and Recommendations for Population and Housing Censuses*, generated by UN Statistics Division (UNSD) expert and working groups, will be submitted to the UN Statistical Commission for approval at its 38th session in March 2007
- Text on the measurement of broad causes of mortality, including HIV/AIDS, accidents and external causes and pregnancy-related mortality, was adopted by the UNSD Expert Group and will be presented at the March 2007 Statistical Commission meeting (see Annex 1)
- While it would not be appropriate to reopen the discussions at this late stage, it may be possible to suggest some modification to the existing text which was made available to meeting participants, and to include references to guidance materials.

Discussion following presentation:

- Three introductory questions raised by participants:
 1. Is this the first time that maternal mortality (MM) or pregnancy-related mortality¹ (PRM) have been mentioned in the *Principles and Recommendations*?
Response: there was brief mention in the document for the 2000 Census round, but not a specific question advocated
 2. How strong is the endorsement from UNSD for including a question in the Census on household deaths in the past 12 months? This is crucial as it provides the entry-point to inclusion of questions on maternal deaths.
Response: support for questions on household deaths is strong and should indeed be used as a basis for advocating the addition of MM questions in view of the marginal additional costs.
 3. How common is it for the Statistical Commission to change text on the basis of recommendations from working groups?

¹ Whilst the meeting participants' acknowledged the difference between maternal mortality and pregnancy-related mortality, it was agreed that to avoid confusion it was preferable for now to use the former term and regard this as synonymous to pregnancy-related mortality, but to also advocate for research to provide evidence on the significance of the difference between the two definitions.

Response: comments are best presented as a letter to the Commission on behalf of this expert meeting indicating suggestions to the text, rather than a revised version of the text.

- Participants were reminded of possible opposition to using the Census as a tool for measuring MM, as was apparent at the Safe Motherhood 10th anniversary.
- The Safe Motherhood 20th anniversary (October 2007) thus provides a critical window of opportunity for advocacy of the Census as one approach.
- The communication strategy must stress that the Census is not being advocated as the only approach to measuring MM, but as one of a “basket” of tools to measure MM. However, it is critical to emphasize the value added of the census in generating sub-national data and for robust socio-economic/demographic disaggregation.
- Advocacy for the Census itself is also required in the many African countries where one has not been carried out for many years.
- A meeting in July 2006 revealed that major donors seem to be mobilizing considerable resources for Census 2010 in order to help meet the needs of MDG monitoring.

❖ **Country experiences in using the Census to measure maternal mortality; Presenter: Cynthia Stanton, Johns Hopkins University and IMPACT**

- The experiences of five countries (Benin, Iran, Lao, Madagascar & Zimbabwe) that have already included MM questions were analyzed at a workshop in Nairobi in 1999. A workshop to analyze data from three additional countries (Nicaragua, Honduras & Paraguay) is planned for November 2006.
- The various MM question(s) used highlighted the importance of advice at the design stage
- The necessary adjustment of data from each country was discussed at length, with particular regard to the element of judgment involved

Discussion following presentation:

- It was reiterated that the Census cannot be a replacement for collecting information from surveys or routine systems, but should be thought of as complementary, particularly for generating data at sub-national levels and for important differentials.
- The distinction between maternal deaths and pregnancy-related deaths must be acknowledged, with a view to consistency in any communication strategy (see footnote above).
- We must be aware of the biases which may arise from how we identify maternal deaths, particularly those that are abortion related
- The use of the Census to measure MM essentially trades sampling error (inherent in other methods of measuring MM) for non-sampling error.

❖ **Future work to support countries; Presenter: Ken Hill, Harvard Initiative for Global Health**

- Outlined the process stages for implementing a Census, from design to analysis to publication
- KH assumes that about 30-40 countries will be interested in including MM questions in the 2010 round, roughly 6-8 per region
- Likely constraints to the process include finding appropriate country collaborators, time & resources for in-country training workshops, and the staggered timing of Censuses.

Discussion following presentation:

- HMN will support expansion of the pool of trained experts in this area— using a “training of trainers” approach which will commence with the HIGH-IMPACT-UNFPA-funded workshop in Nicaragua in November 2006
- UNSD is currently developing training programmes for Census preparation and questionnaire design. One option may be for KH and CS’s presentations from this meeting to be included in these programmes.
- A suggestion was to target demography students by incorporating a census training module in universities masters degrees. Census-related jobs could then be offered upon course completion.
- Participants enquired whether UNFPA country support teams (CSTs) might be well suited to provide in-country training. Response from Vincent Fauveau (UNFPA) that this could be possible, but that CSTs are likely to be disbanded soon.
- Other training-related opportunities include the updating of the MEASURE Evaluation analysis manual, its possible development into a Computer-Assisted Learning Package, and the (longer-term) development of a Distance-based Learning Course. IMPACT and HIGH are in discussion regarding the former of the two opportunities.

❖ UNFPA Support to 2010 census round; Presenter: Vincent Fauveau, UNFPA

- Discussed the successes and failures of individual country cases in which censuses have been implemented
- UNFPA is unlikely to fund Census activities directly, but rather on a country-by-country basis
- It was stressed that advocacy and support should be prioritised for countries according to the following criteria:
 - currently planning the next Census round
 - significant maternal mortality burden and population size
 - experience of measuring adult mortality

Discussion following presentation:

- Suggested action: create a log of priority countries according to the above criteria
- Remaining questions: who will provide technical assistance to countries? Who will provide funding to countries?

❖ Discussion 1

- Key elements of letter to the Statistical Commission (communication strategy):
 - using measurement of adult mortality as a starting point is crucial. People are receptive, and it provides an easy lead-in to the integration of MM questions
 - all messages should be presented within the broader context of the MDGs in general & MDG5 in particular.
 - a positive approach may be more successful with the Statistical Commission. i.e., commending them first for including PRM in this new text, then suggesting improvements
 - regarding the distinction between MM and PRM, consensus reached that for advocacy purposes, MM should be used in the communication strategy to maintain consistency with MDGs
- 3 key messages:
 - emphasise MDG 5
 - MM questions present only a marginal additional cost if you are already measuring adult mortality
 - technical support and guidance is available
- Suggestion by participants to send these key messages to Rosemary Bender (Statistics Canada, Chair, 2010 UN Principles and Recommendations Expert Group) for her input.

❖ Discussion 2

- Possible advocacy channels/events:
 - Statistics Commission, 38th session March 2007
 - IAEG, November 2006
 - IUSSP, next meeting 2009. Too late for advocacy, but some data can be prepared by then. John Cleland (LSHTM) is the new IUSSP President
 - MAPS (World Bank), next meeting 18 October 2006. Carla AbouZahr (HMN) on steering committee
 - Paris 21
 - Safe Motherhood 20th anniversary event, October 2007
 - IMMPACT Symposium, February 2007
 - PMNCH Steering Committee, next meeting likely in November. Wendy Graham (IMMPACT) on steering committee
 - CCSA, September 2007
- Additional groups for advocacy: NGOs, gender groups (e.g., White Ribbon Alliance)
- Suggestion by Oona Campbell (LSHTM) to submit a letter to the *Lancet* in response to the recent Maternal Survival series, advocating use of the Census as a tool for measuring MM.

❖ Outstanding issues

- Capacity building:
 - Computer Assisted Learning (CAL) packages for Census training
 - Distance learning
 - Training through in-country organisations (e.g., CELADE)
- Cost of adding MM questions to Census (estimate of additional costs)
 - likely to be minimal as only 1-3 additional questions are necessary, and are administered to ~1% of households
- Research issues flagged for exploration by the proposed International Reference Group on Maternal Mortality Measurement (IRG – interim title) (proposed during MM Research & Development Priorities meeting, 28th 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.

❖ Summary of follow-up actions

- Send key messages to Rosemary Bender, Chair of Statistical Commission (Carla AbouZahr, HMN) - **URGENT**
- Log/matrix of priority countries for Census (Julia Bunting, DFID)
 - who is planning to carry out a census in the next round? (Annet Mahanani, HMN to work provide Julia with list of HMN countries)
 - which countries have experience with Censuses and measuring MM?
 - how many have experience with measuring adult mortality?
 - which have a high MM burden and large population?
 - which are on the Statistics Commission? see:
<http://unstats.un.org/unsd/statcom/commission.htm>
- Two-page advocacy piece on key messages and the case for measuring maternal mortality (Ken Hill, HIGH) – **URGENT**

- Analysis of country data: Nicaragua, Honduras, Paraguay, Benin, South Africa, Lao (Ken Hill to send proposal to HMN)
- Summary of in-country training needs for implementing the Census (Cindy Stanton, Johns Hopkins/IMMPACT)
- Update of MEASURE Guidelines on measuring MM through Census (Cindy Stanton & Ken Hill, and discussion with IMMPACT (Wendy Graham) on conversion to CAL package)
- Preparation of training manual: text for interviewers, model tabulations, etc. (Cindy Stanton)
- Investigation of additional costs associated with measurement of MM through Census (Cindy Stanton)
- IRG to consider work plan for meeting research needs – see above (Wendy Graham)
- Preparation of strategy for mechanisms of technical support, including mapping of possible institutions/individuals to provide technical support (Carla AbouZahr)
 - ALL to send in names of institutions and contact address.
 - Wendy Graham to provide costing of technical support packages.
- Channels for capacity building (CAL package, other relevant institutions, training of trainers) (Wendy Graham)
- Prepare proposal for an analysis workshop at Harvard Initiative for Global Health (HIGH) for South Africa, Benin, Laos and possibly Lesotho & Mozambique to be addressed at the next Nairobi workshop planned for November 2006 (Ken Hill)
- Contact PMNCH about including Census as a topic in next steering committee meeting in November (Wendy Graham) - **URGENT**
- Contact MAPS group to enquire about including Census as a topic in October meeting (Carla AbouZahr; Julia Bunting) - **URGENT**
- Draft response letter to the *Lancet* (Oona Campbell, LSHTM), offer feedback and agree to submission
- Advocacy, with emphasis on the capturing Adult Mortality (not only MM) through census.
 - UNSD to do advocacy through Paris21
 - UNFPA, WHO, UNICEF through country representatives.
 - Safe motherhood community through PMNCH
 - Approach/target members of Statistical Commission
- Further communication: agreed that HMN and IMMPACT to provide focal points for continuing communication and momentum, with London meeting participants as initial network of interested parties.

- ❖ **Accompanying documents:** meeting agenda; Power Point presentations: opening session/HMN; UN Principles & Recommendations (UNSD/FP); Country Experiences (JHU/IMMPACT/Cindy Stanton); Country Support Work (HIGH/Ken Hill); UNFPA Experience (Vincent Fauveau); (IMMPACT/Wendy Graham).

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❖ Abbreviations

APHA	American Public Health Association
CCSA	Committee for the Coordination of Statistical Activities
CST	country support team
DFID	Department for International Development
IAEG	Inter-agency Expert Group on MDG Indicators
IMPACT	Initiative for Maternal Mortality Programme Assessment
IRG	International Reference Group (interim title)
IUSSP	International Union for the Scientific Study of Population
LSHTM	London School of Hygiene & Tropical Medicine
MAPS	Marrakech Action Plan for Statistics
MDG	Millennium Development Goal
MM	maternal mortality
PAA	Population Association of America
PMNCH	Partnership for Maternal, Newborn & Child Health
PRM	pregnancy-related mortality
UNSD	United Nations Statistics Division
UNFPA	United Nations Population Fund
VA	verbal autopsy

❖ Annex 1

Text adopted by the *Expert Group on the 2010 World Programme on Population and Housing Censuses* that will be presented to the 38th session of the UN Statistical Commission in February 2007 (courtesy of Francesca Perucci, UNSD)

When information is collected on household deaths in the past 12 months (or some other reference period), countries may wish to ask a pair of follow-up questions concerning cause of death. After ascertaining the name, age and sex of the deceased person and date of death, two additional questions could be asked: (a) Was the death due to an accident, violence, homicide or suicide? and (b) If the deceased was a women aged 15 to 49, did the death occur while she was pregnant or during childbirth or during the six weeks after the end of pregnancy? Ideally, both of these questions should elicit a simple “yes/no” answer, although in some cases the only available answer may be “unknown” or “not sure”.

Data derived from such questions could be used to better understand the trends in levels and some causes of adult mortality. At the processing stage, reported deaths would be tabulated according to broad categories of cause of death: external, pregnancy related, other, and unknown. Ignoring the “unknown” responses, both external and pregnancy-related deaths could provide valuable information in countries where no other sources of information to systematically obtain causes of death are available. Of course, such information is approximate and must be interpreted with caution after careful evaluation and often adjustment. Nevertheless, using these simple questions should make it possible to derive some useful information about major trends in mortality which are otherwise difficult to obtain.

There is no universal agreement about the feasibility of collecting reliable cause-of-death information as part of a population and housing census. The approach described here has been advocated by at least one group of experts and has been incorporated into at least one national census (that of South Africa in 2001). A key motivating factor in both cases has been the desire to gain a better understanding of trends and levels of adult mortality, particularly in the context of HIV/AIDS. Although deaths due to AIDS would fall into the residual (or “other”) category, major changes in this category between successive censuses (or between censuses and sample surveys) might be indicative of trends in AIDS mortality. Of course, such information would require careful interpretation, taking into account the overall epidemiological situation of a country.