Towards Ending Preventable Maternal Deaths: The role of research in supporting improved health outcomes for women

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Maternal Health Caucus
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2014 report sets ambitious targets for 2020 and identifies priority interventions

2015 report reviews progress against targets and identifies areas where additional effort is needed

www.usaid.gov/actingonthecall
Acting on the Call 2015: Updates on Progress

**Description:** Examines current intervention coverage estimates alongside 2014 AOTC “Targets”

**Data Source:** DHS, MICS, 2014 AOTC (LiST)

**Countries:** Mali, Liberia, Nigeria, DRC, Yemen, Malawi, Nepal, Bangladesh, Kenya, Senegal, Zambia and Ghana
...setting the stage for a “grand convergence”

Maternal Deaths by Year

- 523,000 deaths in 1990
- 289,000 deaths in 2013

Maternal Mortality Ratio (per 100,000 live births)

OECD Upper Limit OECD MMR
Maternal Lives Saved from Family Planning Scale Up
2012-2020

Thousands of Maternal Lives Saved

Source: Lives Saved Tool (LiST) Best Performer Model May 2015
Projected Reduction in Maternal Deaths Due to Satisfying Unmet Needs for Contraception

Source: DHS Analytical Studies No. 50, 2015; based on DHS data between 2006-2012
We can save

600,000 women

By 2020
How can research and research utilization help achieve this goal?
Good Ideas, But Not Sufficient

• Training
• Dissemination of information
• Passing laws/mandates/regulations
• Providing funding/incentives
• Organization change/reorganization

Experimental data show they can produce 5-15% of intended outcomes

What else is needed?

**How Strategies are Implemented Matters**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Randomized Controlled Trials Odds ratio</th>
<th>All “Adequate” Studies Odds ratio</th>
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<tbody>
<tr>
<td>Community coordination and organization</td>
<td>..</td>
<td>4.6**</td>
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<tr>
<td>Local adaptation of the intervention</td>
<td>9.3</td>
<td>4.3 *</td>
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<td>Broad-based support of various stakeholders</td>
<td>..</td>
<td>3.9 *</td>
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<tr>
<td>Consultation and engagement of powerful interest groups</td>
<td>2.8</td>
<td>3.8**</td>
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<tr>
<td>Flexibility and modification through stakeholder feedback</td>
<td>..</td>
<td>3.4 *</td>
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<tr>
<td>Representation from powerful interest groups</td>
<td>2.4</td>
<td>3.0 *</td>
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<tr>
<td>Constraints reduction plans</td>
<td>6.7</td>
<td>2.7 *</td>
</tr>
</tbody>
</table>

* Pvalue<0.05; ** Pvalue<0.01
Health Research Program (HaRP) Research-to-Use Pathway

**Priority Setting**
- Strategic planning, problem identification, and priority setting

**Product Development**
- Applied research to create tools, approaches, and interventions
  - Develop and test intervention efficacy, effectiveness and cost
  - Field studies/trials
  - Pilot test
  - Develop + refine program approaches
  - Improve product effectiveness

**Introduction**
- Catalytic Activity to facilitate adoption of product
  - Advocacy/advocacy research
  - Market analysis and consumer research
  - Develop packaging/delivery approaches
  - Engage policy and decisionmakers
  - Adapt and introduce into policy and programs
  - Adaptation at scale one or several countries
  - Improve program effectiveness

**Field Implementation**
- Country Level Program/Policy Roll out/Diffusion into Regular Use
  - Political and resource commitment
  - Partnerships
  - Integration with existing programs
  - Monitoring and systematic evaluation

**International Validation**

**Policy**
HaRP supported implementation research on respectful maternity care

- Physical Abuse
- Undignified Care
- Lack of informed consent
- Lack of confidentiality
- Discrimination
- Abandonment of Care
- Detention in Facilities

Source: Bowser and Hill, TRAction Project 2010
The prevention and elimination of disrespect and abuse during facility-based childbirth

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.

Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.

Accelovate Approach

• The Accelovate approach is designed to overcome barriers at several points along the research-to-use continuum, with a focus on Maternal and Newborn Health (MNH).

Accelovate Results

• Enable increased availability of innovative and affordable health technologies
• Increased use of new health technologies in developing countries