An Advocacy Model for Reducing Maternal Mortality, Morbidity, and Disability
What is REDUCE?

REDUCE is an advocacy process to stimulate policy dialogue and strategic planning on maternal health and safe motherhood. Even though more than 515,000 women die each year from complications of pregnancy or childbirth, women’s health does not figure prominently in health budgets.

The goal of REDUCE is to mobilize decision makers to take appropriate action to reduce maternal mortality and morbidity. REDUCE brings together local champions of women’s health issues and energizes them around a coherent set of goals.

The REDUCE process uses interactive computer models with international and country-specific data to estimate the impact of poor maternal health and care on:

- Maternal and child deaths,
- Short- and long-term illnesses and disabilities, and
- Productivity.

Maternal death is the death of a woman during pregnancy, delivery, or the six weeks following the birth of her baby.
Using the best available empirical data, REDUCE projects the survival, health, and economic impact of maintaining the status quo versus implementing known interventions that result in reductions in mortality and morbidity. The data provide **sound arguments** for giving higher priority to maternal health in policy formation, strategy development, and resource allocation. This information is used to develop clear and compelling country-specific **advocacy presentations** that highlight the importance of investing in women’s health.

**REDUCE** provides a **framework for discussion** on the most appropriate interventions in a given setting. It does not compare the cost-effectiveness of different interventions or prioritize them. Each country team determines the appropriate mix.

**REDUCE** is a **flexible tool** that can serve different advocacy objectives, as defined by the country team. For example, increased emphasis can be placed on life-saving skills, community interventions, newborn survival, etc.

**REDUCE’s models examine health and obstetric factors contributing to maternal mortality, morbidity, and disabilities, including:**

- Hemorrhage
- Infections, such as sepsis
- Tetanus
- Pregnancy-related high blood pressure
- Unsafe abortions
- Obstructed labor
- Malaria and anemia
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**REDUCE** develops local capacity for data analysis and advocacy through a two-week participatory process that includes the following six elements:

1. **Formation of a multidisciplinary team** of about 15 local health professionals, economists, demographers, sociologists, and others to engage in evidence-based advocacy.

2. **Collection and review of local and international data**, such as:
   - Population-based surveys
   - Published scientific studies
   - Country-specific surveys and studies
   - Health services information
   - WHO’s Global Burden of Disease Report
   - Save the Children’s State of the World’s Mothers

3. **Data entry and analysis** of the estimated consequences of poor maternal health including maternal and child deaths and disabilities and related productivity losses.

4. **Consensus-building** among team members on priorities and strategies for safe motherhood.
5 Training of the team in the use of computer models, advocacy planning, and the development of computer-generated presentations with persuasive scripts.

6 Advocacy with government officials and representatives from donor agencies, civil society, and the media to raise awareness about safe motherhood, create a forum for discussion, and stimulate action.
Safe motherhood is a human right. Women have the right to appropriate health services that enable them to enjoy safe childbirth.

Maternal deaths threaten the survival of others in the family, depriving them of one who nourishes, nurtures, and provides for the family.

Maternal deaths also deprive nations of citizens who could contribute to the country’s social, economic, and political development.

REDUCE in Mozambique

In August 2001, the Ministry of Health in Mozambique organized a workshop, with support from the World Health Organization’s Africa Regional Office, to develop a REDUCE application for the country. Based on the REDUCE models, it was estimated that improvements in maternal care in Mozambique, resulting in a 30 percent reduction in maternal deaths by 2010, would:

- Save 12,700 women’s lives and
- Avert 223,000 disabilities.
Who can use REDUCE?

Advocates for maternal health and safe motherhood from government agencies, civil society, and the media can use REDUCE to raise awareness of the high costs of maternal mortality.

REDUCE in Senegal

In April 2001, the Ministry of Health, with technical assistance from CEFOREP, a regional Center for Training and Research in Reproductive Health, developed a country application of the REDUCE model. Participants in the workshop also included UNICEF, UNFPA, USAID and its project partners, and nongovernmental organizations.

In July and August 2001, the Senegal REDUCE team held four district advocacy events, attended by a total of 310 local officials, opinion leaders, and members of the local media. These events stimulated lively discussions and debate, as well as features on maternal health on national and regional radio stations and in daily newspapers.
REDUCE is an advocacy tool of the Academy for Educational Development’s Center for Health Policy and Capacity Building. The initial development of REDUCE was funded by USAID, Bureau for Africa, Office of Sustainable Development through the Support for Analysis and Research in Africa (SARA) Project.

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