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UNFPA West and Central Africa

Acceleration Paper

Towards Zero Preventable Maternal Deaths in West and Central Africa

Ensuring rights and choices for all

This paper was prepared by Gifty Addico, Chilanga Asmani, Boladé Banougnin, Patrick Gaparayi, Eugene Kongnyuy, Wilfred Ochan, Shible Sahbani, Hilma Shikwambi and Bernadette Ssebadduka.

United Nations Population Fund West and Central Africa Regional Office

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INTRODUCTION

UNFPA and partners are committed to moving forward faster. This paper is part of a series of "acceleration papers" that analyse bottlenecks and identify priority focus areas at regional and country level in West and Central Africa. The aim is to accelerate efforts to implement the International Conference on Population and Development (ICPD) Programme of Action and UNFPA's three transformative results: ending preventable maternal deaths, ending the unmet need for family planning and ending gender-based violence and all harmful practices. As UNFPA assesses progress in a midterm review of the UNFPA Strategic Plan, 2022–2025, these papers call for an acceleration of efforts to achieve the Sustainable Development Goals by 2030.

These transformative results will contribute directly to the achievement of the Sustainable Development Goals (SDGs), in particular to achieving good health and well-being, the advancement of gender equality, and the empowerment of women and adolescent girls, with a focus on eradicating poverty and reducing inequalities. UNFPA is committed to delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

This paper is the result of a co-creation by the UNFPA representatives from the Central African Republic, Ghana, Nigeria, the UNFPA Humanitarian Division in Geneva, and UNFPA advisors from the regional office. **This acceleration paper focuses on documenting the progress towards zero preventable maternal deaths in the region of West and Central Africa with a focus on maternal health, family planning and HIV prevention during the current strategic plan period.** The paper will describe what needs to be done, where and how, by considering the comparative advantage of UNFPA to accelerate progress towards ending preventable maternal deaths in the region by 2030 and considering the complex and interconnected health, humanitarian, demographic, economic and governance challenges.

1. THE WHAT AND THE WHERE: SITUATIONAL ANALYSIS

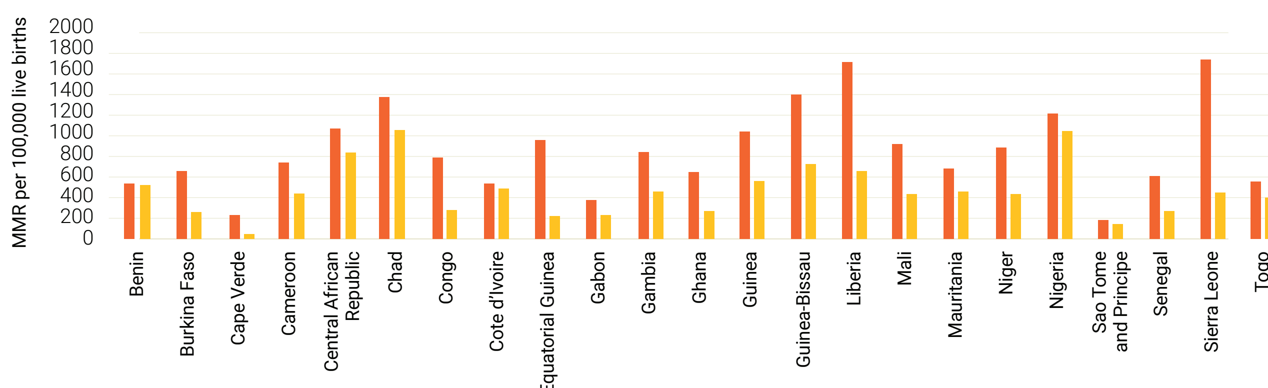
Pregnancy and childbirth are normal and healthy states that many women, couples and families aspire to at some point in their lives. In many low- and middle-income countries, however, pregnancy and childbirth result in death and disability for many women and girls. This is often the case in West and Central Africa. Reducing maternal mortality and morbidity remains at the centre of many national and international commitments, including the International Conference on Population and Development (ICPD) Programme of Action, the United Nations Secretary-General's Every Woman Every Child (EWEC) global strategy and the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals (SDGs). Goal 3 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, a two-thirds reduction in under 10 years. Most maternal deaths are preventable as the health-care solutions to prevent or manage complications are well known. All women need access to high-quality care in pregnancy, and during and after childbirth.

This paper examines the trends in maternal mortality in West and Central Africa, the progress towards ensuring women have the maternal health care they need, and the impact of megatrends such as migration, climate change, humanitarian crises, peace and security, and growing inequality.

1.1 MMR levels in West and Central Africa

West and Central Africa has seen a reduction in the maternal mortality ratio (MMR) from 1,017 to 750 deaths per 100,000 live births between 2000 and 2020.[1] This is consistent with the reduction globally from 890 to 724 deaths per 100,000 live births. This is good progress; however, the current MMR in West and Central Africa is still high and translates to 125,215 maternal deaths each year against a global total of 287,238. There are wide disparities within the region, with lower MMR in Cabo Verde (42) and Sao Tome and Principe (146) and much higher MMR in Chad (1,063) and Nigeria (1,046). While the MMR in Sierra Leone remains high, it is a country that has shown great progress in reducing maternal mortality from 1,750 in 1994 to 443 deaths per 100,000 live births in 2020. Figure 1 shows these trends for the countries in the region.

Figure 1: Trends in MMR in West and Central Africa, 1994–2020



Source: Trends in maternal mortality: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division.

1 World Health Organization. 2023. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Available at: www.who.int/publications/i/item/9789240068759

It is good to note that all countries in the region experienced a decrease in MMR between 1994 and 2020. The Central African Republic, Chad, Guinea, Guinea-Bissau, Liberia, Nigeria and Sierra Leone were among the countries that had very high MMR in 1994 at above 1,000 per 100,000 live births. Sierra Leone had the highest annual rate of reduction (ARR) of 5.29 per cent while Nigeria had the lowest ARR of 0.6 per cent.

The noteworthy reductions in maternal deaths can be attributed to several factors: the quality of antenatal, delivery and postpartum care, including improved access to basic and comprehensive emergency obstetric care, and management of unintended pregnancies and obstetric fistula.

Figure 2: Levels of MMR by category in sub-Saharan Africa

Three countries – all in sub-Saharan Africa – were estimated to have **extremely high MMR** in 2020 (above 1,000 per 100,000 live births): Chad, Nigeria and South Sudan.

Nine countries in sub-Saharan Africa were estimated to have very **high MMR** in 2020 (500 to 999 per 100,000 live births. Afghanistan also has a very high MMR.

Source: World Health Organization. 2023. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Available at: www.who.int/publications/i/item/9789240068759

Table 1: Countries in West and Central Africa can be categorized by MMR level

Low MMR (below 100 maternal deaths per 100,000 live births)	Cabo Verde
Moderate MMR (100 to 299 maternal deaths per 100,000 live births)	Burkina Faso, Congo, Equatorial Guinea, Gabon, Ghana, Sao Tome and Principe, Senegal
High MMR (300 to 499 maternal deaths per 100,000 live births)	Cameroon, Côte d'Ivoire, Gambia, Mali, Mauritania, Niger, Sierra Leone, Togo
Very high MMR (500 to 999 maternal deaths per 100,000 live births)	Benin, Central African Republic, Guinea-Bissau, Liberia
Extremely high MMR (over 1,000 maternal deaths per 100,000 live births)	Chad, Nigeria

Note: The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.

1.2 Drivers

The drivers of maternal deaths are complications during pregnancy, before birth, during birth and after birth. Hemorrhage is associated with a lack of resources, unskilled birth attendance, delivery in ill-equipped facilities, and a shortage of essential obstetric care supplies such as blood transfusions. Poor health-seeking behaviour, long distances to health facilities and lack of transport to tertiary facilities are also linked to the causes of maternal mortality in sub-Saharan Africa, which includes the countries of West and Central Africa. Delays in reaching health facilities due to poor infrastructure such as roads, communications and transport also contribute to maternal mortality. Delayed decisions to seek maternal care due to failure to recognize danger signs and lack of readiness are additional causes of maternal deaths. Delays in receiving appropriate care due to inadequate skilled health workforce, inadequate medical equipment and poor referral mechanisms also contribute to high maternal mortality.

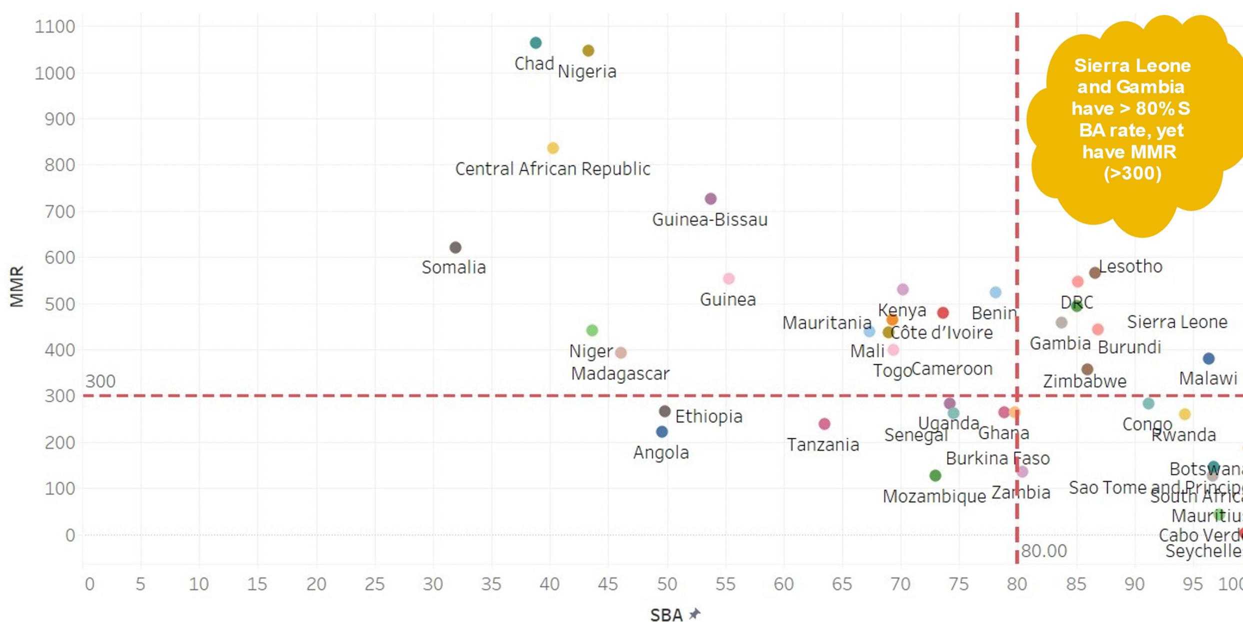
Adolescents are at higher risk of complications and death due to pregnancy. Adolescent girls are much more likely to die due to pregnancy and birth-related complications than older women, which is alarming considering that one in ten adolescents gives birth before her twentieth birthday. Other segments of the population experiencing significant challenges in accessing quality maternal health services include displaced populations, people living with disabilities and other vulnerable groups.

1.3 Skilled birth attendance

In West and Central Africa, however, access to skilled birth attendance (SBA) remains low with only 55 per cent of births attended by skilled health personnel. Births attended by skilled health personnel refers to competent maternal and newborn health professionals educated, trained and regulated to meet national and international standards. They are competent to provide and promote care to women and newborns that is evidence-based, human rights-based, quality, sociocultural-sensitive and dignified.

Despite increased coverage of proven maternal health interventions, many countries still experience high maternal mortality due to multiple factors leading to poor quality of care. For example, Benin, Cameroon, Côte d'Ivoire, Gambia, Mali, Mauritania, Sierra Leone and Togo have an SBA rate higher than 70 per cent yet their MMR remains higher than 300 deaths per 100,000 live births (Figure 3).

Figure 3: MMR versus skilled birth attendance scatter (SBA) in sub-Saharan Africa



Note on Figure 3: DRC stands for the Democratic Republic of the Congo. Source: World Health Organization. 2023. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Available at: www.who.int/publications/i/item/9789240068759

1.4 HIV and maternal health

Some 4.8 million people are living with HIV in West and Central Africa, according to UNAIDS.2 The countries with the highest number of people living with HIV are Nigeria followed by Cameroon, Côte d'Ivoire and Ghana. The HIV prevalence in West and Central Africa3 is at 1.1 per cent but HIV prevalence among adult women (1.6 per cent) is higher than among adult men (0.8 per cent). Countries with the highest HIV prevalence include Equatorial Guinea (6.5 per cent), Congo (3.9 per cent), Central African Republic (3.5 per cent), Gabon (3.0 per cent) and Cameroon (2.8 per cent). Sub-national analysis indicates that HIV prevalence exceeds 5 per cent in some areas of Cameroon, Central African Republic, Congo, Equatorial Guinea and Gabon. The HIV prevalence is 20 times higher among transgender people and 7 times higher among sex workers compared with adults aged 15–49 years. It is 7 times, 3 times and 2 times higher, respectively, among gay men, people who inject drugs and prisoners.

The annual number of new HIV infections in West and Central Africa has fallen by 49 per cent since 2010. This progress still falls far short of the 85 per cent decline needed to achieve the 2025 target of 50,000 new annual infections. Four countries have seen an increase in new infections during this period, including a 97 per cent increase in Congo as well as increases in Niger (+15 per cent), Mauritania (+11 per cent) and Equatorial Guinea (+7 per cent). Factors associated with increased HIV infection include limited access to healthcare, poverty and socioeconomic factors, high risk behaviours, conflict and displacement as well as lack of awareness and education.

The region has the world's highest number of pregnant women who are living with HIV but are

2 UNAIDS. 2023. The path that ends AIDS: 2023 UNAIDS Global Update. Available at: https://thepath.unaids.org/

3 UNAIDS West and Central Africa countries include the 23 UNFPA West and Central Africa Regional Office countries plus Burundi and the Democratic Republic of Congo.

not on treatment, accounting for 51 per cent of this group globally, or 115,400 women. This has a huge bearing on pregnancy outcomes and needs to be addressed through the provision of services for pregnant women.

1.5 Antenatal and obstetric care availability and use

Generally, maternal health systems struggle to address the needs of girls, women and other vulnerable populations even in normal times, let alone during humanitarian emergencies. In West and Central Africa, availability of health care services is poor. Priority medicines for saving the lives of mothers such as heat stable carbetocin, oxytocin, misoprostol, tranexamic acid and magnesium sulfate are not always available. Between 2015 and 2018, for example, the availability of essential medicines was 44 per cent in Chad and Liberia, 41 per cent in Niger, 31 per cent in Sierra Leone and 19 per cent in Mauritania.4 The lack of effective coverage and poor quality of care in maternal health services results in high maternal mortality and morbidity in the region. This situation is exacerbated during humanitarian emergencies.

It is important to note that planning and operationalizing national networks of referral for obstetric care remains a challenge in many of the countries with high maternal mortality. It is expected that the referral health facility is available 24 hours 7 days a week to provide emergency services. An analysis of maternal mortality by the World Health Organization Regional Office for Africa5 highlighted key points regarding the availability and utilization of maternal health services:

- The availability of comprehensive emergency obstetric care (CEmONC) was high in Benin (96 per cent). Other countries had very low availability of services: Burkina Faso (3 per cent), Togo (5 per cent) and Guinea (22 per cent) between 2015 and 2019.
- Basic emergency obstetric care (BEmONC) was more widely available: Chad (92 per cent), Benin (90 per cent), Liberia and Niger (89 per cent), Burkina Faso (88 per cent) and Guinea (78 per cent) between 2015 and 2018.
- The average availability of antenatal services across Africa was 81 per cent between 2015 and 2018. During this period in West and Central Africa, availability of antenatal care services was high in Sierra Leone (97 per cent), Chad (96 per cent), Niger (93 per cent), Benin (91 per cent), Liberia (90 per cent) and Mauritania (55 per cent). Through antenatal care visits, pregnant women can access HIV screening, micronutrient supplementation and treatment for hypertension to prevent eclampsia.
- From 2010 to 2019, countries with a high rate of women who made four or more antenatal care visits include Cabo Verde, Ghana, Guinea Bissau, Liberia and Sao Tome and Principe, all with an 80 per cent rate of antenatal care visits. Countries with the lowest rate of antenatal care visits were Chad (31 per cent), Guinea (35.3 per cent) and Niger (38.5 per cent).

Further analysis is needed to understand the impacts of humanitarian crises on access to sexual and reproductive health information and services for displaced people, refugees and asylum seekers and internally displaced people. Supporting the resilience of health systems to enable the everyday delivery of people-centred, equitable, quality maternal health information and services is a first step to ensuring that such services can continue in humanitarian settings.

4 World Health Organization. Undated. Service Availability and Readiness Assessment (SARA) 2018. Website at: www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara)/service-availability-and-readiness-assessment-(sara)-reports

5 Integrated African Health Observatory and World Health Organization African Region. 2023. Analytical Fact Sheet: Maternal Mortality: The Urgency of a Systemic and Multisectory Approach in Mitigating Maternal Deaths in Africa. Available at: https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet.pdf

2. THE WHY: MEGATRENDS AND MATERNAL HEALTH IN THE REGION

Emergent humanitarian settings as well as protracted conflict, post-conflict and disaster situations significantly hinder progress towards global goals for health and well-being, including targets for reducing maternal mortality. According to the Fragile States Index, two out of nine countries classified as "very high alert" or "high alert" are in West and Central Africa as of 2020: the Central African Republic and Chad.[6] These two countries carry a high burden of maternal mortality. Currently, eight countries in the region are experiencing a humanitarian crisis or are prone to humanitarian crises: Burkina Faso, Cameroon, Chad, Central African Republic, Congo, Mali, Niger and Nigeria. In-depth literature reviews and consultations with UNFPA Country Office maternal health focal points and other experts in the field are needed to strengthen data on the impacts of megatrends on maternal health.

In addition to growing humanitarian crises, other megatrends in Africa are described as deep and long-term transformation processes that are irreversible. Megatrends are interlinked and affect each other and at the same time they affect the population and their sexual and reproductive health. Below are some trends in West and Central Africa and their relationship to sexual and reproductive health.

2.1 Population growth

By 2050, the population of sub-Saharan Africa is expected to double, with Francophone West Africa experiencing the fastest population growth on a global level. Niger is the country with the highest fertility rate globally. While fertility rates may be going down in some countries in Africa, population growth will continue despite falling fertility levels because the average length of life has improved significantly across the continent and especially in sub-Saharan Africa, and because large parts of the population are children and young people. **Family planning programming makes a significant contribution to reduction of maternal and child mortality.** Efforts to further reduce fertility levels need to be continued. This can be achieved with family planning services, educational opportunities, awareness-raising campaigns and other contextually and culturally tailored programmes. Through such multisectoral approaches, women and adolescent girls can make informed decisions about pregnancy.

2.2 Urbanization

Urbanization is taking place faster in Africa than anywhere else in the world. The share of the urban population in Africa is forecast to rise to 50 per cent by 2050. In contrast to Asia, for instance, urban fertility rates in Africa remain high. In countries such as Mali, Niger and Nigeria, urban fertility rates are above 5 children per woman. In such countries, there is a need for urban planning to ensure equitable access to high-quality social services, including health and sexual and reproductive health services.

2.3 Migration

The United Nations estimates that more than 30 per cent of all forcibly displaced people reside in Africa, including 6.3 million refugees and asylum seekers, as well as 14.5 million internally displaced people

6 The Fund for Peace. Fragile States Index. Available at: https://fragilestatesindex.org/analytics/

(IDP).7 Up to 80 per cent of African migration occurs within the continent itself; most Africans migrate for family reasons, work or studies. About 86 per cent of cross-border migration within Africa is not primarily related to conflict. Africa hosts at least a quarter of the world's refugees and some of the largest displacement crises are currently occurring in Africa.

The ongoing conflicts in the Democratic Republic of the Congo, the Central African Republic, Cameroon, Mali and Nigeria, among others, have resulted in increasing numbers of refugees, most of whom have ended up in neighbouring countries. There are also returnees; for instance, some 1.5 million refugees returned to Nigeria from Cameroon and Niger in 2018.

It should be noted that the majority of IDPs are women and children and they often come from already marginalized groups. Due to their legal position and sheer number, they are particularly vulnerable to abuse and neglect, including human trafficking. Their needs for sexual and reproductive health services, including maternal health services increase during times of disruption and displacement, and yet many face multiple barriers to access.

2.4 A differentiated approach

The current maternal health situation requires a differentiated approach. The different trends outlined above shape the current maternal health situation in the countries of West and Central Africa. As shown in Figure 2, the MMR in West and Central Africa countries in 2020 varies from over 1,000 to 46 maternal deaths per 100,000 live births. Therefore, a one-size-fits-all approach towards zero preventable maternal deaths in the region is unlikely to work, given each country's unique context and challenges.

It is important to ensure universal health coverage (UHC) for comprehensive reproductive, maternal and newborn health care. It is also important to address inequalities in access to quality reproductive, maternal and newborn health care services and strengthen health systems while prioritizing women and girls. There is a need to critically examine issues such as child marriage, comprehensive sexuality education and youth-responsive services to address the high rates of adolescent pregnancies and their contribution to the high rates of maternal morbidity and mortality.

It will be important to continue placing maternal health high on the agenda of governments and development partners and reviewing policies, guidelines and programmes to ensure the availability of maternal health services including emergency obstetric care. Further, midwives are the most effective (and cost-effective) proposition to achieve the Sustainable Development Goals. Investing in midwives facilitates a positive pregnancy, birth and postnatal experience and increases access to safe and comprehensive contraceptive and abortion services (to the full extent of the law). Moreover, midwives improve general health outcomes. In humanitarian and fragile settings, midwives are often the only health care professionals providing sexual and reproductive health services, and they should remain a priority in the effort to reduce maternal deaths in West and Central Africa.

7 Center for Human Rights, University of Pretoria, 2019. #African MigrantsMatter Campaign. Available at: www.chr.up.ac.za/campaigns/africanmigrantsmatter

3. THE HOW: WHAT WORKS

Midwifery, family planning, EmONC and Maternal and Perinatal Death Surveillance and Response (MPDSR) are necessary approaches in the reduction of maternal mortality. In addition, different interventions will benefit different countries according to their MMR trends.

3.1 Commitment and capacity development

3.1.1 Investment and political commitment

The majority of countries in the region have established national targets for reducing the MMR, though the targets do not have aligned financing. The majority of countries in the region have also established national targets for reducing the neonatal mortality rate (NMR), though political commitment towards reducing stillbirths remains insufficient. The maternal and newborn health plans are costed and track allocations for maternal and newborn health specifically, including creating specific budget lines for emergency obstetric care.

Ending preventable maternal mortality requires a concerted effort from governments, health systems and communities to ensure health services are accessible and of high quality. Implementing accessible and high quality health services at subnational levels is crucial for tailored solutions, timely response, equity and inclusion as well as proximity to communities

3.1.2 Strengthening service delivery for quality and respectful care

Strengthening service delivery for quality and respectful maternal and newborn health care is essential to improve health outcomes, increase patient satisfaction and promote equity. This requires accessible, skilled, motivated and respectful health care providers; the availability of essential reproductive health commodities; and maintenance of appropriate equipment. It also requires community engagement to ensure services are responsive to their needs and preferences and that they are active partners in promoting the health of women and newborns. Midwives are critical to accelerating access to a full range of sexual and reproductive health and rights and reproductive justice and maternal and newborn health services for women and girls, in development as well as humanitarian contexts.

More emphasis on quality and respectful care needs to be prioritized hand-in-hand with the support for the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations.8 The MISP is a set of priority life-saving services and activities to be implemented at the onset of every humanitarian emergency to prevent excess sexual and reproductive health-related morbidity and mortality. This work includes ensuring the infrastructure, staffing and supplies to enable the service provision objectives of the MISP: prevent excess maternal and newborn morbidity and mortality, prevent unintended pregnancies, prevent sexual violence and respond to the needs of survivors, and prevent the transmission of HIV and reduce morbidity and mortality due to HIV and other STIs. It is also important to ensure that safe abortion care is available, to the full extent of the law.

3.1.3 Community engagement

Community engagement is another critical component of quality of care that remains missing in many countries. Mechanisms used to ensure community engagement include health committees, governing boards of health facilities, community dialogues/meetings on selected topics,

8 IAWG. Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations. Available at: www.unfpa.org/sites/default/files/resource-pdf/MISP-Reference-English.pdf

community scorecards, community health worker involvement and client satisfaction assessments. Routine maternal and perinatal death surveillance and response systems (MPDSR) that involve community-level stakeholders do not exist in many countries, and it will be important to build capacity.

3.1.4 Data and information systems

Data and information are a core component of the provision of quality MNH care because they allow for measurement, programme tracking, informed decision-making, evidence-based implementation and accountability. There are still challenges in ensuring availability and use of high-quality data. Strengthening the capacity of countries to conduct maternal and perinatal death surveillance and review should remain a priority.

3.2 Assessing the situation from the lens of AAAQ and resilience

UNFPA supports countries to apply an equity, gender and human rights lens when assessing the health system bottlenecks that contribute to high maternal mortality ratio in the region. Bottlenecks can be understood based on the World Health Organization's Availability, Accessibility, Acceptability and Quality (AAAQ) framework. The situation and trend analysis conducted for this acceleration paper has grouped the key bottlenecks to service delivery into the following categories:

Availability: Countries in West and Central Africa continue to face challenges in terms of ensuring the availability of the following maternal health services:

- Essential medicines for saving lives of mothers, e.g. heat stable carbetocin, oxytocin, misoprostol, tranexamic acid and magnesium sulfate
- Family planning services
- Items (infusion pumps, blood warmers and rapid infusers) for offering safe blood transfusion
- Emergency obstetric care services
- Antenatal care services
- Health workforce.

Accessibility: Women face challenges in terms of physical accessibility, affordability, accessibility of information for maternal health services, and essential medicines and medical supplies.

Acceptability: Social and cultural dynamics vary from country to country, yet they share some challenges in the acceptability of services. Efforts are still needed to ensure people-centred, respectful maternity care with informed consent, respect, confidentiality and non-discriminatory care.

Quality: Countries need to strengthen the skills of service providers, availability of adequate supplies that meet relevant standards, safety and sanitary levels at the place of care, and adherence to standard treatment protocols by providers.

Resilience: Countries need support to ensure resilient health systems. This improves the ability of countries to prepare and cope with shocks to their health systems. Four key functions supporting resilience are summarized below:

- Forecasting: the ability of the health system to anticipate challenges and resource needs for better preparedness, response and availability.
- Maintenance: the capacity of the health system to continue to deliver the same level (quantity, quality and equity) of basic health care services, including the MISP despite shock and disruption.
- Protection: the capacity of the health system to identify new vulnerabilities and deliver basic health care services, including the MISP, and protection to people despite disruptions.
- The ability to build back better: the capacity to introduce realistic reforms to improve (post-shock) health systems' planning, financing, delivery and financial protection capacity.

4. WHAT DOES THIS MEAN FOR UNFPA WCARO?

The UNFPA Regional Office will focus its work on accelerating the reduction of preventable maternal deaths in the spirit of the overall goal of the UNFPA Maternal and Newborn Health Thematic Fund, which supports countries to ensure that every woman, adolescent girl and newborn has equitable and accountable access to quality sexual, reproductive, maternal and newborn health and rights by strengthening health systems in countries with high burden of maternal morbidity and mortality. The three core principles of equity in access, quality of care and accountability will be applied in the following key focus areas:

4.1 Emergency obstetric and newborn care

Collaborate with partners to ensure skilled attendants to deliver quality and accessible essential sexual and reproductive health care, including EmONC. This will include work towards strengthening the national network of EmONC facilities and strengthening referral linkages within this network. It will also address the availability of essential drugs and capacity building for health care workers to administer such drugs safely, which remains critical for saving lives.

4.2 Midwifery

Strengthen the capacity of midwives to deliver rights-based quality sexual and reproductive health information and services that are women-centred, equitable, accountable and accessible. UNFPA WCARO will seek to continue to improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education. The Regional Office will continue to support countries to build and sustain the enabling environment for midwives and the interprofessional collaborative teams that provide maternity care services. The enabling environment for midwives supports the infrastructure, profession and system-level integration needed for midwives to effectively practice their full scope of work. Midwives work best when well supported in well-functioning health care facilities provided with adequate mentorship and working in inter-professional teams of sufficient size and skill. Periodic midwifery needs assessments in different areas such as education capacities and development should remain a priority.

There is growing evidence about the impact of midwifery in reducing maternal mortality. Midwives can provide about 90 per cent of the sexual, reproductive, maternal, newborn, child and adolescent (SRMNCAH) care needed, but they account for just 8 per cent of the global SRMNCAH workforce, according to *The State of the World's Midwifery 2021*.[9] From this analysis, midwives make up only 20 per cent of the total SRMNCAH workforce (in the 47 countries of the WHO African Region). While the world needs 900,000 more midwives, the largest shortage is in Africa, which needs another 500,000 midwives.

4.3 Maternal perinatal death surveillance and response

In collaboration with other partners, strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR programmes to improve quality of care.

9 UNFPA, WHO, ICM. The State of the World's Midwifery 2021. Available at: www.unfpa.org/publications/sowmy-2021

This will focus on building capacity for MPDSR implementation at all levels: strengthened MPDSR programme framework and coordination; strengthened capacity for improving the quality of maternal deaths reviews and implementation of responses; and strengthened reporting and operational research of the implementation of the MPDSR programme (processes and results on notification, review and response). MPDSR is a system for reviewing maternal deaths and establishing nationwide enquiries into deaths during pregnancy labour and puerperium. MPDSR is a system that measures and tracks all maternal and perinatal deaths in real time, helps to understand the underlying factors contributing to the deaths, and stimulates and guides actions to prevent future deaths.

4.4 Obstetric fistula and other morbidities

Support advocacy at the highest levels regionally and in-country for sustained commitments and leadership, and provide technical and financial support in countries where obstetric fistula persists. Fistula prevention, treatment and reintegration interventions require working with national governments through midwifery, taking an integrated and comprehensive approach to SRMNCAH, strengthening facility and capacity for quality surgical repair and care, linking with communities to shift harmful social norms, and improving the quality of social reintegration and rehabilitation programmes for obstetric fistula survivors.

4.5 Essential package of SRH information, services and supplies

Support countries to ensure availability and access to essential sexual and reproductive health (SRH) packages of services and information at every possible entry point and along the life course, including adolescent and youth-responsive SRH services. Essential services will include safe abortion care services, family planning, antenatal care, emergency obstetric services, GBV and HIV/STI prevention services. For safe abortion services, support countries to strengthen capacity for post-abortion care and treatment of incomplete abortion aligned with UNFPA programmatic guidance, World Health Organization guidelines and the national laws and policies. All of these services are essential for the reduction of maternal morbidity and mortality.

4.6 Maternal health services in situations of crisis

In collaboration with the humanitarian team, identify and respond to challenges related to delivery of high-quality maternal health services in situations of crisis. This will include strengthened implementation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations. It will also include the design of and support for the implementation of innovative approaches such as community-based information and service delivery (through community health agents and midwives) and self-care interventions for maternal health as recommended by the World Health Organization.

4.7 Gender and human rights

Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care. In collaboration with the Gender and Human Rights teams at UNFPA and other strategic partners, capacity will be built to ensure the application of human rights-based and gender transformative approaches throughout the cycle of maternal health programming. This will contribute to efforts to ensure no one is left behind and to address both health and non-health system factors including social, cultural and gender determinants.

Priority interventions based on the grouping of countries are proposed in Table 2.

Table 2: Priority interventions by maternal mortality country groups

MMR rate	Extremely high MMR (over 1,000 maternal deaths per 100,000 live births) Chad, Nigeria	Very high MMR (500 to 999 maternal deaths per 100,000 live births) Benin, Central Africa Republic, Guinea-Bissau, Guinea, Liberia	High MMR (300 to 499 maternal deaths per 100,000 live births) Cameroon, Côte d'Ivoire, Gambia, Mali, Mauritania, Niger, Sierra Leone, Togo	Moderate MMR (between 100 to 299 maternal deaths per 100,000 live births) Burkina Faso, Congo, Equatorial Guinea, Gabon, Ghana, Sao Tome and Principe, Senegal	Low MMR (below 100 maternal deaths per 100,000 live births) Cabo Verde
Emergency obstetric and newborn care (EmONC)	Support the identification and optimization of national EmONC facility networks innovative and well-defined models Support countries to collect and analyse national EmONC data through routine monitoring and surveys Improve access to high quality and respectful EmONC services, including in humanitarian settings	Support the identification and optimization of national EmONC facility networks' innovative and well-defined models Support countries to collect and analyse national EmONC data through routine monitoring and surveys Improve access to high quality and respectful EmONC services, including in humanitarian settings	Support the identification and optimization of national EmONC facility networks' innovative and well-defined models Support countries to collect and analyse national EmONC data through routine monitoring and surveys Improve access to high quality and respectful EmONC services, including in humanitarian settings	Support countries to collect and analyse national EmONC data through routine monitoring and surveys Improve access to high quality and respectful EmONC services, including in humanitarian settings	Support countries to collect and analyse national EmONC data through routine monitoring and surveys

Midwifery	Generate a comprehensive analysis of the current status of midwifery workforce in WCA Strengthen capacity of midwives to deliver rights-based quality sexual and reproductive health information and services Improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education Strengthen linkages of midwifery with comprehensive abortion care, HIV and STIs prevention, CSE, postpartum family planning, GBV, adolescent reproductive health and teen pregnancies	Generate a comprehensive analysis of the current status of midwifery workforce in WCA Strengthen capacity of midwives to deliver rights-based quality sexual and reproductive health information and services Improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education Strengthen linkages of midwifery with comprehensive abortion care, HIV and STIs prevention, CSE, postpartum family planning, GBV, adolescent reproductive health and teen pregnancies	Generate a comprehensive analysis of the current status of midwifery workforce in WCA Strengthen capacity of midwives to deliver right based quality sexual and reproductive health information and services Improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education Strengthen linkages of midwifery with comprehensive abortion care, HIV and STIs prevention, CSE, postpartum family planning, GBV, adolescent reproductive health and teen pregnancies	Generate a comprehensive analysis of the current status of midwifery workforce in WCA Strengthen capacity of midwives to deliver rights-based quality sexual and reproductive health information and services Improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education Strengthen linkages of midwifery with comprehensive abortion care, HIV and STIs prevention, CSE, postpartum family planning, GBV, adolescent reproductive health and teen pregnancies	Generate a comprehensive analysis of the current status of midwifery workforce in WCA Strengthen capacity of midwives to deliver rights-based quality sexual and reproductive health information and services Improve access and quality of midwifery service delivery through educating and training midwives, strengthening midwifery schools, improving the clinical and teaching skills of midwifery educators and scaling up innovative approaches to education Strengthen linkages of midwifery with comprehensive abortion care, HIV and STIs prevention, CSE, postpartum family planning, GBV, adolescent reproductive health and teen pregnancies

Maternal perinatal death surveillance and response (MPDSR)	Strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR as an essential accountability mechanism and a quality of care intervention	Strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR as an essential accountability mechanism and a quality of care intervention	Strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR as an essential accountability mechanism and a quality of care intervention	Strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR as an essential accountability mechanism and a quality of care intervention	Strengthen the country's capacity to identify and address causes of maternal and perinatal deaths through MPDSR as an essential accountability mechanism and a quality of care intervention
Obstetric fistula and other morbidities	Provide technical support for holistic, comprehensive aspects of eliminating obstetric fistula (including programming, policy, prevention, treatment, social reintegration with the latest evidence, strategies, tools and resources Support national governments and UNFPA Country Offices to support and promote integration of fistula and reproductive morbidity prevention and response as well as community engagement Continue to lead the Campaign to End Fistula in the region	Provide technical support for holistic, comprehensive aspects of eliminating obstetric fistula (including programming, policy, prevention, treatment, social reintegration with the latest evidence, strategies, tools and resources Support national governments and UNFPA Country Offices to support and promote integration of fistula and reproductive morbidity prevention and response as well as community engagement Continue to lead the Campaign to End Fistula in the region	Provide technical support for holistic, comprehensive aspects of eliminating obstetric fistula (including programming, policy, prevention, treatment, social reintegration with the latest evidence, strategies, tools and resources Support national governments and UNFPA Country Offices to support and promote integration of fistula and reproductive morbidity prevention and response as well as community engagement Continue to lead the Campaign to End Fistula in the region	Support national governments and UNFPA Country Offices to support and promote integration of fistula and reproductive morbidity prevention and response as well as community engagement	Support national governments and UNFPA Country Offices to support and promote integration of fistula and reproductive morbidity prevention and response as well as community engagement

Cross-cutting interventions	» Advocate for comprehensive SRH services and the availability and access to essential package of SRH information, services and supplies » Strengthen availability of maternal health services in situations of crisis » Addressing gender and human rights » Foster partnerships, South-South collaboration and coordination, and further explore foundation and non-traditional government partners » Ensure comprehensive sexual and reproductive health and rights is consistently included in conversations when addressing maternal and newborn health in the development–humanitarian–peace nexus » Strengthen application of the MISP and innovative approaches in humanitarian situations

5. CONCLUSION

There has been progress in reducing maternal mortality in West and Central Africa as indicated in the United Nations interagency estimates 1994–2020.[10] While this progress is celebrated, the annual rate of reduction is not fast enough to meet the 2030 targets for the Sustainable Development Goals, and there are wide variations between and within countries and certain population groups are still left behind. The emerging megatrends and the complex sociopolitical and humanitarian context of the region requires innovative and adapted approaches to ensure the gains made can be maintained and further accelerated. Innovations such as community-based approaches, digital technologies and task-sharing are among the approaches that can be taken into consideration to respond to the different contexts and ensure both demand and supply for maternal health services are addressed. Fostering partnership with the private sector, civil society, religious groups and other community-based organizations should also be considered as important approaches to address the many challenges.

Key actions include placing maternal health high on the agenda of governments and development partners and ensuring universal health coverage for comprehensive SRH services. There is a need to address inequalities in access to quality reproductive, maternal and newborn health services. Maternal health programmes need to be well-integrated in UHC and primary health care (PHC) frameworks and prioritized in both humanitarian and development settings.

Finally, mobilizing, allocating and releasing adequate resources for maternal health and ensuring accountability for improving health care services to women and girls at all levels should remain an important focus of efforts by UNFPA and partners to accelerate the reduction of preventable maternal deaths.

10 United Nations Population Division. Inter-agency child and maternal mortality estimates. Available at: www.un.org/development/desa/pd/content/inter-agency-child-and-maternal-mortality-estimates

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