DO YOU KNOW

THE **2030** TARGET FOR REDUCING MATERNAL DEATHS? ACT NOW TO END PREVENTABLE MATERNAL MORTALITY

STRATEGIES TOWARD ENDING PREVENTABLE MATERNAL MORTALITY (EPMM)

Is the core strategic plan to take forward the maternal health agenda and drive action to eliminate preventable maternal deaths within a generation. Developed by the WHO and partners, with extensive country consultation, it sets targets and actions to achieve this objective.

THE FIVE STRATEGIC OBJECTIVES OF THE **EPMM** ARE:

- ✓ ADDRESS INEQUALITIES IN ACCESS TO AND QUALITY OF HEALTH CARE
- ENSURE UNIVERSAL HEALTH COVERAGE
- ADDRESS CAUSES OF MATERNAL DEATHS AND DISABILITIES
- STRENGTHEN HEALTH SYSTEMS TO RESPOND TO WOMEN AND GIRLS
- ✓ ENSURE ACCOUNTABILITY TO IMPROVE QUALITY OF CARE AND EQUITY









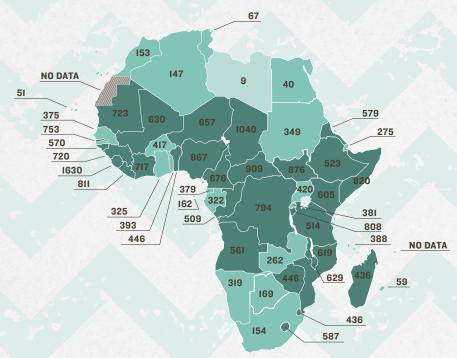






ENDING PREVENTABLE MATERNAL MORTALITY BY 2030

MMR IN 2010

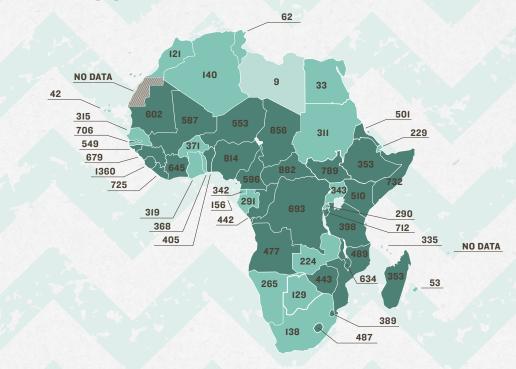


Sustainable Development Goal 3 sets a target of a global maternal mortality ratio (MMR)¹ of less than 70 per 100,000 live births by 2030. The Ending Preventable Maternal Mortality (EPMM) sets the following national targets to achieve this goal²:

- ✓ Countries with baseline MMR less than 420 in 2010: reduce MMR by at least two thirds from the 2010 baseline by 2030
- √ Countries with baseline MMR greater than 420 in 2010: should not have an MMR greater than 140 by 2030
- √ Countries with baseline MMR < 10 in 2010: achieve equity
 in MMR for vulnerable populations at the subnational level
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EPMM is developing a process to support countries to develop their own country level targets.

MMR IN 2015





Shading is based on the MMRs in 2010 to reflect the baseline for target setting

- 1 The Maternal Mortality Ratio (MMR) represents the number of maternal deaths per every 100,000 live births.
- 2 MMR targets: World Health Organization. (2015). Strategies toward ending preventable maternal mortality (EPMM). Geneva: WHO. p.7
 2010 and 2015 MMRs: WHO, UNICEF, UNFPA, World Bank Group & the United Nations Population Division. (2015). Trends in Maternal Mortality: 1990 2015. Estimates by WHO.

UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO.

COUNTRIES MM	R 2015	ARR*%	COUNTRIES	MMR 2015	ARR*%
ALGERIA	140	1.8	MADAGASCAR	353	3.2
ANGOLA	477	3.5	MALAWI	634	1.6
BENIN	405	1.4	MALI	587	2.2
BOTSWANA	129	2.5	MAURITANIA	602	1.4
BURKINA FASO	371	2.7	MAURITIUS	53	1.6
BURUNDI	712	2.2	MOROCCO	121	3.8
CABO VERDE	42	7.2	MOZAMBIQUE	489	4.2
CAMEROON	596	8.0	NAMIBIA	265	1.0
CENTRAL AFRICAN REPUBLIC	882	1.5	NIGER	553	1.8
CHAD	856	2.1	NIGERIA	814	2.0
COMOROS	335	2.6	RWANDA	290	6.0
CONGO	442	1.2	SADR	-	-
COTE D'IVOIRE	645	0.6	S. TOME AND PRINCIPE	156	3.0
DRC	693	1.0	SENEGAL	315	2.2
DJIBOUTI	229	3.3	SEYCHELLES	-	-
EGYPT	33	4.7	SIERRA LEONE	1360	2.6
EQUATORIAL GUINEA	342	5.4	SOMALIA	732	2.0
ERITREA	501	4.6	SOUTH AFRICA	138	-1.0
ETHIOPIA	353	5.0	SOUTH SUDAN	789	3.1
GABON	291	1.5	SUDAN	311	3.5
GAMBIA	706	1.5	SWAZILAND	389	2.0
GHANA	319	2.7	TANZANIA	398	3.7
GUINEA	679	1.7	TOGO	368	1.7
GUINEA-BISSAU	549	2.0	TUNISIA	62	3.0
KENYA	510	1.2	UGANDA	343	2.8
LESOTHO .	487	1.0	ZAMBIA	224	3.8
LIBERIA	725	2.9	ZIMBABWE	443	0.0
LIBYA	9	5.7	-		

^{*} Average annual % reduction in MMR 1990 – 2015
This table is available on
www.mamaye.org/en/evidence/mamaye-ending-preventable-maternal-mortality-infographic

This infographic was produced in collaboration with EPMM



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