



ISSUE BRIEF

Advancing Maternal Health Equity

Overcoming inequities to help reduce maternal mortality globally

The importance of equity in maternal health

Achieving Sustainable Development Goal (SDG) 3 and its maternal health targets means that all women will have access to high-quality, respectful care before, during and after pregnancy, regardless of the conditions in which they are born, grow, live, work and play.

However, the disparities in maternal health outcomes and maternal mortality rates within and between countries are vast. Eliminating preventable maternal deaths requires an intentional focus on equity. The global health community must confront the inequities that contribute to disproportionate numbers of women dying from complications of pregnancy and childbirth because of their income, age, education, race, ethnicity, geography or culture.

For more than a decade, MSD for Mothers has been working to help create a world where no woman has to die while giving life. We are committed to closing the maternal health equity gap by addressing the systemic barriers – social drivers of health – that lead to stark differences in health outcomes for mothers worldwide. We work alongside grantees and collaborators to increase equitable access to safe, high-quality and respectful care during pregnancy and childbirth.

MSD for Mothers is a core component of our company's priority to extend access to solutions that address unmet medical needs. Health equity is deeply embedded in our Environmental, Social, Governance and Global Diversity and Inclusion commitments and we strive towards it through far-reaching policies, programs and partnerships. At MSD, we focus on areas where we can make meaningful, measurable and lasting impact on societal barriers to health, while also tackling important structural factors, like systemic racism, which drive underlying inequities.

“Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. **Health equity is achieved when everyone can attain their full potential for health and well-being.**”¹

WORLD HEALTH ORGANIZATION



Understanding the current state of maternal health equity

In 2020, women living in low- and middle-income countries (LMICs) accounted for almost 95% of all maternal deaths and, according to the World Health Organization (WHO), most of these deaths could have been prevented.² The COVID-19 pandemic exacerbated longstanding disparities in health by disrupting access to essential health care services and overburdening weak health systems.³ In the U.S., maternal mortality rose dramatically during the COVID-19 pandemic - especially among women.⁴

Underserved communities, women who are poor, immigrants, from racial and ethnic minority groups and living in rural areas - regardless of country or region - are disproportionately affected by worse maternal health outcomes.⁵ The 10 countries with the worst maternal mortality rates are also among the world's 50 poorest.⁶ A woman in Sierra Leone is 10 times more likely to die than a woman in South Africa and a woman in South Africa is about 15 times more likely to die than a woman in France.⁷ In the U.S., the Centers for Disease Control and Prevention (CDC) reports that Black women are up to three times more likely than White women to die from pregnancy and childbirth-related causes and that a Black woman with a college degree is still more likely to die than a White woman who did not finish high school.⁸

Pathways to advance maternal health equity

Examining disparities in maternal health outcomes, understanding the drivers of these inequities, and addressing the social determinants of health are essential steps to improve the quality of maternal health care for all women and advance health equity.

Governments, donors, implementers and communities must consider the impact of their actions on equity and avoid exacerbating systemic inequities that result in poor maternal health outcomes. We believe that equity must be at the center of efforts to end preventable deaths and improve the quality of care that women receive during pregnancy, childbirth and beyond. Without equitable access to high-quality care, we will not achieve progress towards reducing maternal mortality globally, the SDGs, and Universal Health Coverage.

To reduce disparities in pregnancy and childbirth-related outcomes, stakeholders must focus intentionally on equity. We suggest the following guiding principles to address the drivers of inequity and improve maternal health:

1. Leverage data and emerging analytics

The equitable design of programs and policies is dependent on having a comprehensive picture of the factors that can affect women's health outcomes. Strong data systems and processes to make data-driven decisions are essential to guide programs and policies that will advance equity.

High Impact Actions:

- Disaggregate data at national and local levels to identify and understand health disparities among different geographies and populations.
- Develop clear measurement and reporting frameworks to assess how governments, donors, program implementers and communities are addressing inequities that contribute to disparities in maternal health.
- Make data visible to communities and increase transparency in how policies, programs and services are advancing maternal health equity.



2. Meaningfully listen and integrate women's voices

A critical step in examining disparities in maternal health services is understanding the experience of women from the communities that experience the greatest barriers in accessing care. Programs that consistently integrate these women's perspectives throughout design, implementation and evaluation will be more likely to close equity gaps.

High Impact Actions:

- Establish formal, systematic processes for soliciting and incorporating the priorities of women from underserved communities in setting policy agendas and include women with lived experience in efforts to shape new policies that affect all women's access to high-quality maternity care.
- Require that all collaborators – advisors, researchers, program implementers – integrate the perspectives of the communities with the highest rates of maternal mortality into their work.
- Invest in health literacy, proactive engagement and incentives to encourage women's participation in quality improvement efforts, especially women from marginalized communities who are at the greatest risk of poor maternal health outcomes.



3. Improve the quality of maternity care wherever women seek care

In LMICs, many women across all income levels seek maternal health care from both public and private providers. Although improving the quality of maternity care – including women's access to quality-assured medicines – is essential to ending maternal mortality and reducing disparities, private health providers are often excluded from these efforts.

High Impact Actions:

- Elevate disparities in maternal health as a public health challenge and set benchmarks to close these gaps throughout the entire health system – from large, urban government hospitals to private, rural midwifery practices.

- Invest in quality improvement efforts that explicitly address disparities in maternal health outcomes in both the public and private health sectors.
- Establish a culture of accountability among policy makers, health providers and communities for delivering high-quality, equitable care – regardless of where women seek care – by developing metrics that track progress in health outcomes and reducing disparities.

4. Scale and sustain innovations that advance equity

Implement innovative solutions address the historical root causes of structural and institutional racism embedded in our medical and social systems can have a powerful impact. Interventions that can expand broadly to new geographies and populations – especially underserved communities – in a sustainable and equitable way are an excellent investment in population health.

High Impact Actions:

- Demonstrate the impact of equity-focused approaches on improvements to the overall health system to secure political and financial support for continued investment.
- Identify opportunities for co-funding or external funding to accelerate growth and sustain impact of interventions that focus on reducing the maternal health equity gap.
- Disseminate best practices and key learnings from interventions that have succeeded in closing equity gaps to encourage scale-up and replication in other contexts.

Examples of How MSD for Mothers is Advancing Maternal Health Equity

Here are a few examples of recent progress in advancing maternal health equity globally. [MSD for Mothers](#) – MSD’s global initiative to help create a world where no woman has to die while giving life – is proud to support this work and catalyze improvements in maternal health through financial support and technical expertise.

Recognizing organizations that are championing equitable maternal health:

The [Kenneth C. Frazier Award for Maternal Health Equity](#) annual was created to honor the legacy of Kenneth C. Frazier, former CEO of MSD, who championed the advancement of equitable maternal health outcomes and called for pregnancy and childbirth to be safe for all. The Kenneth C. Frazier Award for Maternal Health Equity is given annually to one organization that exemplifies commitment to and progress toward more equitable, high-quality maternal health care.

The 2022 recipient of the award was Mali Health, whose leadership is representative of the marginalized groups that the organization serves. Mali Health’s comprehensive program helps women prepare for birth by connecting them to health information, to the midwives at their health centers, and to each other. The 2023 recipient is ARMMAN, an India-based non-profit seeking to address systemic gaps in health care throughout the country by leveraging technology to support healthy pregnancies and safe child.

Developing life-saving messaging for diverse audiences:

In response to the startling finding that over 80% of maternal deaths in the U.S. are preventable, the CDC designed a national social marketing campaign, titled “Hear Her”, with support from MSD for Mothers via the CDC Foundation. [CDC’s Hear Her Campaign](#) prevent maternal deaths by disseminating potentially lifesaving messages about warning signs of urgent health problems that could arise during and after pregnancy.

To ensure that the campaign resonates with communities most affected by maternal mortality, the team conducted focus groups with over 70 participants, including Black women with lived experiences of pregnancy-related complications. Evaluations revealed insights into audience needs and local market nuances, which led the Hear Her team to design additional materials – in English and Spanish – to expand the campaign’s reach. More recently, the CDC Foundation developed culturally appropriate educational resources for American Indian and Alaska Native communities – which have disproportionately high rates of maternal mortality – and has scaled these resources to the broader clinical community, including those working in obstetrics, pediatrics and other fields such as emergency medicine and primary care.



Training health care workers to provide culturally competent care:

Since 2016, MSD for Mothers has been working with Sociedade Beneficente Israelita Brasileira Albert Einstein, a leading hospital network in Brazil, and in collaboration with the Ministry of Health as well as State and Municipal Secretariats of Health, to improve the quality of maternity care across the country. Todas as Mães Importam (All Mothers Matter) has been working to reduce the maternal mortality ratios of participating public hospitals and maternity centers by 30%.

After determining that Afro-Brazilian women living in poverty were more likely to die from pregnancy and childbirth complications – due to less access to health education and prenatal care, as well as structural biases in the health system – the team developed anti-racism and racial equity trainings for staff and social workers at these facilities. In addition, hospitals began collecting and stratifying maternity care indicators by race so that they could track progress in reducing racial disparities in care. In the most recently completed initiative supported by MSD for Mothers in the state of Bahia, the participating health institutions witnessed a 72% drop in MMR related to sepsis, hemorrhage and hypertensive syndromes in two years. As a result, this solution now has the potential to be scaled to several other states and public hospitals across the country.

Activating communities to report maternal deaths:

Nigeria has the highest number of maternal deaths in the world, accounting for more than one-quarter of all maternal deaths, as well as a high rate of maternal mortality. Giving Birth in Nigeria, an advocacy effort led by [Africare](#), [Nigeria Health Watch](#) and [EpiAfric](#), empowers communities to report maternal deaths using citizen reporting, storytelling and social media. The project aims to enhance the public’s understanding of why women are dying and increase maternal death surveillance and response in six states.

Giving Birth in Nigeria advocates for widespread adoption of maternal death surveillance systems, including community perspectives in maternal death reviews, and greater partnership among multisectoral stakeholders to create sustainable solutions that will help save women's lives. The collaboration's report "[Why Are Women Dying While Giving Birth In Nigeria?](#)" identifies trends in maternal mortality and recommendations to improve maternal health with the hope of bringing visibility to the most vulnerable women and children in Nigeria - those in remote and hard to reach communities.

Overcoming barriers to emergency care for women in rural areas:

Nearly half of women in Kenya who give birth in rural areas have to walk to the nearest facility, placing them at risk of not receiving timely, life-saving care. [MamaLink](#) - a coalition composed of partners including [Rescue.co](#) and [Jacaranda Health](#) - is a solution centered on emergency transportation through the coordination of private and public ambulances on a digital and cloud-based platform that is working to reduce response time to obstetric emergencies from days to minutes so that women receive the care they need as quickly as possible. MamaLink is supported by [Strengthening Systems for Safer Childbirth](#), a global initiative launched by MSD for Mothers that invests in locally-driven solutions to accelerate progress in access to safe, high-quality, respectful maternal health care.

Ensuring equitable access to quality maternal health care:

[Together for Her Health](#) is a digital platform that educates women in India on what quality maternity care look like and offers them personalized care plans while giving them the opportunity to anonymously rate the quality of care they receive. The goal is to improve access to quality maternal health care and provide support for all pregnant women.

To ensure that the platform is expanding across India in an equitable way, the developers are determining how to reach a greater proportion of low-income women, a group that could benefit the most from this digital tool. As a first step, they are examining the specific needs of these women and will then develop strategies to meet them, such as adding local languages, soliciting women's input on the type of information that is most useful to them and using communications channels that are familiar.

Improving equitable access to lifesaving medicines:

Postpartum hemorrhage (PPH) - or excessive bleeding after childbirth - is the number one cause of maternal mortality, especially in LMICs. [Smiles for Mothers](#) is a project in Nigeria that is using an iterative, human-centered design approach to help make sure that women know the signs of PPH and that health care workers know how to prevent and manage this life-threatening event.

Smiles for Mothers is identifying, supporting and advancing evidence-based practices for effectively, safely and sustainably introducing new solutions as part of the routine standard of care and in accordance with WHO guidelines. The project's goal is to raise awareness about innovations that can prevent PPH and elevate their importance nationally and at the county level - supporting MSD for Mothers, commitment to improving access to high-quality PPH medicines worldwide.

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1. World Health Organization. (2023). [Health Equity](#).
 2. World Health Organization. (2023). [Maternal mortality](#).
 3. World Health Organization. (2023). [Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division](#).
 4. BMJ. (2023). [Covid-19: US maternal mortality rose during pandemic](#)
 5. Chmielewska, B., Barratt, I., Townsend, R., Kalafat, E., van der Meulen, J., Gurol-Urganci, I., O'Brien, P., Morris, E., Draycott, T., Thangaratnam, S., Le Doare, K., Ladhani, S., von Dadelszen, P., Magee, L., & Khalil, A. (2021b). [Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis](#). The Lancet Global Health, 9(6).
 6. WHO. (2023). [Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division](#).
 7. WHO, UNICEF, UNFPA, World Bank Group, & United Nations Population Division. (2019). [Trends in Maternal Mortality, 2000 to 2017](#).
 8. Knight, M., Bunch, K., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., & Kurinczuk, J.J. (2022). [Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20](#). Oxford Population Health, Maternal, Newborn and Infant Clinical Outcome Review Programme.
 9. Campbell, O. M. R., Benova, L., MacLeod, D., Baggaley, R. F., Rodrigues, L. C., Hanson, K., Powell-Jackson, T., Penn-Kekana, L., Polonsky, R., Footman, K., Vahanian, A., Pereira, S. K., Santos, A. C., Filippi, V. G. A., Lynch, C. A., & Goodman, C. (2016). [Family planning, antenatal and delivery care: cross-sectional survey evidence on levels of coverage and inequalities by public and private sector in 57 low- and middle-income countries](#). Tropical Medicine & International Health, 21(4), 486-503.

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