



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE** **54<sup>th</sup> SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 23-27 September 2002*

---

### ***RESOLUTION***

#### ***CSP26.R13***

#### **REGIONAL STRATEGY FOR MATERNAL MORTALITY AND MORBIDITY REDUCTION**

##### ***THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE,***

Having considered Document CSP26/14, Regional Strategy for Maternal Mortality and Morbidity Reduction;

Being aware of the unnecessarily high death rate of women as a result of complications from pregnancy and childbirth; and

Taking into account that research results and practical experience have demonstrated that specific interventions, such as Essential Obstetric Care (EOC) and Skilled Attendance at Birth, can reduce the incidence and severity of major complications associated with pregnancy, childbirth, and the postpartum period for mothers and their newborns,

#### ***RESOLVES:***

1. To urge the Member States to:
  - (a) adopt the Millennium Summit Declaration goal of reduction of maternal mortality ratios by 75%, from 1990 levels, by the year 2015; improve the intracountry ratios, especially urban-rural disparities, and reduce maternal morbidity;
  - (b) ensure that the reduction of maternal and neonatal morbidity and mortality is a health sector priority and that women and adolescent girls have ready and affordable access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to *inter alia*, promote safe motherhood;

- (c) endorse and support evidence-based interventions, such as Essential Obstetric Care and Skilled Attendance at Birth, to reduce maternal mortality and morbidity;
  - (d) adhere to guidelines issued jointly in 1997 by the World Health Organization, the United Nations Children's Fund, and the United Nations Fund for Population Activities, recommending that for every 500,000 people there be four facilities offering basic EOC and one facility offering comprehensive EOC;
  - (e) endorse and support evidence-based health promotion interventions so that women, families, and communities can plan for obstetric complications, identify problems early, and respond appropriately;
  - (f) develop key partnerships between local and national governments, health services, professional associations, women's organizations, and other nongovernmental organizations, in order to enhance efforts to reduce maternal mortality and morbidity, in addition to ensuring interagency collaboration when promoting and implementing maternal mortality and morbidity reduction strategies.
2. To request the Director to:
- (a) support in establishing and implementing mechanisms to strengthen information and surveillance systems for monitoring progress in the reduction of maternal mortality and morbidity;
  - (b) develop mechanisms to assist Member States to make a long-term commitment, both political and programmatic, including financial support within available resources, to implement updated safe motherhood interventions and maternal mortality and morbidity reduction strategies;
  - (c) develop, in consultation with the United Nations Organizations, a program of work which fully integrates safe, reliable, and high quality family planning methods as well as information, education, and counseling to reduce early and unplanned pregnancies, prevent sexually transmitted infections and HIV/AIDS in the work program of PAHO and at the country level.

*(Eighth meeting, 26 September 2002)*