

Box 1 Country plans of action: priority interventions

Afghanistan

Establish MDSR on a pilot basis in maternity hospitals in Kabul and develop the necessary infrastructure for expanding this project in the country.

Djibouti

Strengthen the capacity of national public and private sectors in MDSR and train the required human resources in the International Classification of Disease, 10th revision (ICD10) and maternal audit at health facility and home levels.

Egypt

Improve the quality of the maternal mortality surveillance system in the country through training the required human resources in ICD10 and improve the level of supervisory and monitoring activities.

Iraq

Assess the currently implemented maternal death surveillance system, develop the tools necessary to improve the performance of the system and enforce regulations required for notifying maternal death within 24 hours.

Morocco

Improve the skills and knowledge of technical committees in provinces and cadres in maternity hospitals on maternal death “near-misses” and integrate MDSR into the national surveillance system.

Pakistan

Advocate the need for establishing a national surveillance system and involving lady health workers in strengthening the community component of this programme. Identify gaps and build capacity in secondary and tertiary hospitals, the private sector and maternity homes.

Sudan

Advocate for developing a notification policy, setting up the required national infrastructure and training on MDSR registration.

Tunisia

Strengthen staff capacity in maternal mortality surveillance at the national and regional levels, develop an up-to-date national evaluation system and improve community participation in MDSR.

Yemen

Establish a national committee on maternal mortality surveillance and response and build national capacity on a pilot basis in maternity hospitals and in the community.