

Current Health Event

Maternal Mortality

Maternal Mortality (MM) is a major public health issue facing women globally; every day around 830 women die from pregnancy and birth related complications. 99% of the global maternal mortalities occur in developing countries, most of these maternal deaths could be prevented.

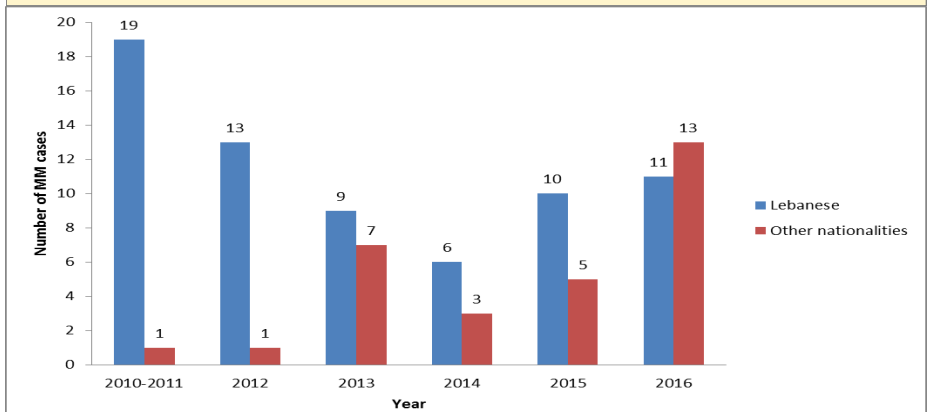
Editorial note:

The maternal mortality ratio (MMR) is the number of maternal deaths in a population during some time interval divided by the number of live births occurring in the same period. MMR is an indicator of the quality of life of a population and of the functioning of the health system. In 2015 it was 20 times higher in developing countries of the world compared to developed ones (*Maternal Mortality fact sheet, WHO website*). The MMRs in countries of the Middle East and North Africa (MENA) region vary widely from a country to another. MMR in the MENA region was 221 maternal deaths per 100,000 live births in 1990 and dropped to 110 in 2015 which is a 50% improvement over 25 years (*Trends in Maternal Mortality: 1990 to 2015, WHO report*).

In terms of annualized rate of change in MMR, Lebanon currently ranks first among the countries of the MENA region (-7.5% from 1990 to 2013) (*The Lancet 2014: Global, regional, and national levels and causes of maternal mortality during 1990–2013*). In Lebanon, the number of maternal deaths dropped from 65 in 1990 to 24 in 2016. 17% of MM cases in 2016 were below 20 years of age.

A Maternal and Neonatal Mortality Notification System was officially launched in 2011 by the Lebanese Ministry of Public Health (MOPH). It was later named Vital Data Observatory and included data on live births. All hospitals in Lebanon report monthly to the MOPH on the births, and the neonatal and maternal deaths occurring at

Fig. 1: Distribution of MM cases in Lebanon from 2010 till 2016 by nationality



their facilities through an online application. In Lebanon the main cause of maternal death is postpartum hemorrhage followed by hypertensive disorders of pregnancy (*Maternal Mortality in Lebanon: A Story of Success, 2016*).

From 2010 till 2014 the number of Lebanese MM cases was decreasing. However, since 2015, MM cases among Lebanese and Syrian Refugees increased (Figure 1). Whether this is due to the overstretched capacities of the health system or to other factors, further investigation is required.

In order to fulfill target 3.1 of the Sustainable Development Goal (SDG) 3- which aims at reducing the global maternal mortality ratio to less than 70 per 100 000 live births by 2030- MOPH was committed to improving maternal health.

Across the years, the MOPH conducted multiple interventions aiming at regulating maternal healthcare. In collaboration with different stakeholders, MOPH invests efforts at different levels with main focus on primary healthcare centers (PHCs), whereby currently around 50 PHCs provide a subsidized package of maternal and child healthcare services. In 2003, when the highest rates of MM cases were reported in Akkar, the MOPH launched the Wadi Khaled Initiative in collaboration with Makassed Association which focused on delivering maternal and child healthcare services in Akkar.

The model was successful in decreasing MM cases and was replicated in 2015 in Bekaa, Tripoli, and Beirut, with the support of the World Health Organization (WHO) and funds from the European Union.

Improving maternal health is one of WHO's key priorities. In line with SDG 3, namely target 3.1, WHO is working with the MOPH on developing a national reproductive, maternal, neonatal, child health strategic plan in accordance with the United Nations global strategy on women's, children's and adolescents' health.

Notifiable Diseases in Lebanon [cumulative n° of cases among all residents (among Syrians)] as of 31 May 2017

Disease	2016	2017	Apr.	May
Vaccine Preventable Diseases				
Polio	0 (0)	0 (0)	0 (0)	0 (0)
AFP	123 (17)	35 (7)	4 (1)	3 (2)
Measles	44 (18)	59 (14)	9 (2)	8 (5)
Mumps	486 (86)	126 (17)	28 (6)	9 (6)
Pertussis	97 (18)	38 (11)	8 (4)	3 (0)
Rabies	0 (0)	0 (0)	0 (0)	0 (0)
Rubella	12 (6)	1 (1)	0 (0)	0 (0)
Tetanus	2 (0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	367 (48)	139 (28)	30 (5)	10 (2)
Water/Food Borne Diseases				
Brucellosis	402 (165)	108 (41)	18 (5)	10 (1)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	11 (2)	3 (1)	0 (0)	0 (0)
Typhoid fever	598 (11)	205 (7)	46 (3)	32 (1)
Viral Hep. A	519 (78)	213 (31)	32 (2)	39 (2)
Other Diseases				
Leishmaniasis	58 (52)	15 (15)	0 (0)	0 (0)
Meningitis	458 (63)	117 (28)	22 (7)	28 (8)
Viral Hep. C	116 (8)	48 (1)	12 (0)	6 (0)