Ending preventable maternal mortality is critical for the health of women and families, essential to sustainable development, and achievable within our lifetime. As the 2015 deadline for achieving the Millennium Development Goals (MDGs) approaches, discussions are ongoing regarding goals and targets for the post-2015 development agenda, with goals and targets articulated for ending preventable child deaths\(^1\) and ending preventable newborn deaths and stillbirths\(^2\).

The goal of ending preventable maternal mortality (EPMM) is within reach but progress needs to be accelerated, and maternal survival positioned in the context of every woman’s right to healthcare and the highest attainable level of health across the lifespan. This goal must be supported by a target and strategies to ensure that maternal health, along with sexual and reproductive health, as well as newborn and child survival, continue to be a development priority post 2015.

**Background**

The EPMM Working Group aims to mobilize global and country-level commitment for reducing maternal mortality, build consensus on targets and strategies to end preventable maternal deaths, and elaborate a framework for maternal health in the context of the reproductive, maternal, newborn and child health continuum of care within the post-2015 development agenda. The Working Group harnesses expertise in policy; advocacy; program implementation; measurement, monitoring and evaluation; and implementation research and includes representatives of countries, academic institutions, professional organizations, and partner agencies.

Members of this group first came together in April 2013, and have continued to meet through a series of ongoing consultations since then. Beginning in April 2013, the EPMM Working Group, in consultation with technical experts, outlined the technical basis and justification for targets for maternal mortality reduction at the global and country level, which were published in a Lancet commentary in August 2013\(^3\). A strategic framework to achieve the targets was developed collaboratively under the leadership of the World Health Organization (WHO) and the US Agency for International Development (USAID) and in consultation with stakeholders from Cameroon, India, Indonesia, and Nigeria, professional organizations and associations, multilateral agencies, maternal health advocates and donors. The framework was discussed at a meeting of the African Union in August 2013\(^4\).

To build momentum for an action plan to end preventable maternal mortality that is both ambitious and feasible, the EPMM Working Group came together again in January 2014 at the invitation of WHO, USAID, United Nations Population Fund (UNFPA) and the Maternal Health Task Force (MHTF). The aims of the meeting were to: reach agreement on a plan and timeline for finalizing the targets; forge consensus around the strategic framework; and identify action steps needed to ensure inclusion of maternal health/maternal mortality goals within the health component for the post-2015 development agenda.


Proposed targets for maternal mortality reduction post 2015

The EPMM Working Group members agree that the analytical basis for targets for ending preventable maternal mortality is well established, and propose the following metrics and global and country targets:

1. **Metric:** The proposed targets use the metric of the Maternal Mortality Ratio (MMR), defined as the number of maternal deaths per 100,000 live births. This ensures consistency over time and with previous development frameworks such as the MDGs.

2. **Global target:** The proposed global MMR target for post-2015 is 50/100,000 live births by 2035\(^5\) with milestone targets at 5-year intervals from 2020 through 2030.

3. **Annual rate of reduction:** Numerical targets are proposed for different groups of countries, based on the assumption of an Annual Rate of Reduction (ARR) of 5.75% between 2010 and 2035. This rate is slightly higher than that required to achieve the maternal mortality goal in the MDGs (5.5%).

4. **Country targets:** Countries enter the post-2015 period with widely varying baseline maternal mortality ratios. By 2035, no country should have an MMR >100. The proposal introduces the innovation of 5-year milestones, allowing for the development and implementation of context-specific strategies and trajectories for achieving the 2035 target. Proposed country targets are stratified by baseline MMR at 2010, with tailored country-specific targets and milestones to ensure feasibility and success. It is expected that all countries will focus on equity and a human rights-based approach as a cornerstone of their specific plans to end preventable maternal mortality.
   - Countries with a baseline MMR > 400 in 2010: proposed target is MMR of <100 by 2035, with country-specific 5-year milestones;
   - Countries with a baseline MMR between 100-400 in 2010: proposed target is MMR of <50 by 2035, with country-specific 5-year milestones;
   - Countries with a baseline MMR < 100 in 2010: proposed target is <50 across all internal subpopulations by 2035, with a particular focus on elimination of inequities among groups with poorer outcomes.

**Next steps**

The EPMM Working Group will continue to work with stakeholders on the proposed targets to ensure legitimacy and shared ownership and to enable the global maternal health community to move forward in unison with efforts to include maternal health and maternal mortality goals in the post-2015 development agenda, and in collaboration with the newborn and child health communities. The consultation process will include:

- Collaborating with partners to organize, solicit, and disseminate feedback from in-country technical, policy, advocacy, and civil society leaders, via blog postings and other mechanisms, in response to key topical questions about maternal mortality goal-setting and strategies post 2015
- Hosting a series of virtual and face-to-face country and regional consultations to facilitate discussions on maternal mortality goal setting and to gather input
- Working with country leads and partners to develop and refine the concept and implementation plan for individually designed 5-year milestones at each baseline MMR level

---

\(^5\) The previous target called for 75% reduction by 2015, and the proposed post-2015 global target requires a similar average percent reduction that is slightly more ambitious, requiring on average 77% reduction in global mortality.