

Thematic Reference Indicators (TRIs)	
HLT_TRI_1 Maternal mortality Maternal mortality ratio (SDG 3.1.1)	
Contribution to sub-objective of M21-24	<i>Sub-objective 7: Strengthening equitable access to quality basic services</i>
Contribution to 2030 Agenda: SDG target	<u>SDG target 3.1</u> : By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
Definition (description, specification, qualification)	<p>Maternal mortality refers to deaths due to complications from pregnancy or childbirth.</p> <p>The period under consideration refers to pregnancy (antenatal care), childbirth (intrapartum care), and care and support in the weeks after childbirth (postnatal and postpartum care).</p> <p>The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100 000 live births, for a specified time period.</p> <p>Define the ratio in relation to the number of live births.</p>
Measuring unit	<p>a) Number of maternal deaths</p> <p>b) Number of live births</p>
Disaggregation dimension (sex, age group, ethnicity or other identity criteria of LNOB)	One targeted left behind/vulnerable population group (to be prioritised according to the context)
Data source	<p>Primary source: implementing project partners (for regional or districts specific data). Household surveys, population census, sample or sentinel registration systems, special studies</p> <p>Secondary source: Data on maternal mortality and other relevant variables are obtained through databases maintained by WHO, the United Nations Population Division, UNICEF, and The World Bank. https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/ Data available from countries varies in terms of source and methods.</p>
Rationale	<p><u>Theory of change</u></p> <p>If global maternal mortality ratio of less than 70 deaths per 100 000 live births (SDG target 3.1) could be achieved</p> <p>then quality of health systems and access to basic health services are fundamentally improved</p> <p>because maternal mortality is a proxy indicator for the quality and availability of basic health services, in particular the ratio of birth attendance by professional health personal during pregnancy (antenatal care), during childbirth (intrapartum care), and care and support in the weeks after childbirth (postnatal and postpartum care).</p> <p>The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (94%) occurred in low-income and lower-middle-income countries, and almost two thirds (65%) occurred in the African Region (World Health Organization (WHO)). In 2015, the global maternal mortality</p>

	ratio stood at 216 maternal deaths per 100,000 live births. Achieving the target of less than 70 maternal deaths by 2030 requires an annual rate of reduction of at least 7.5 per cent, more than double the annual rate of progress achieved from 2000 to 2015.
Possible messages of aggregation, synthesis and contribution	The Swiss international cooperation programmes have contributed to a reduction of maternal mortality to XX per 100,000 live birth in country X.
Thematic responsibility	Focal Point Health