

Strategy to Eliminate Preventable Maternal Mortality: International and Legal Aspects of Ensuring Women's Reproductive Right

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Abstract: This article discusses the adoption of the EPMM maternal mortality prevention strategy, including when, where, and for what purposes it was adopted. It also explores the meaning, importance, and expected results of the strategy. The reforms implemented in the field of maternal mortality prevention in the Republic of Uzbekistan are highlighted, along with the scientifically substantiated organizational and legal mechanisms that should be implemented in the country to address this problem. Furthermore, the article examines the relationship between the strategy and reproductive rights, as well as its alignment with international and national legal documents.

Keywords: strategy, maternal mortality, reproductive rights, international legal documents, national legal documents.

Relevance of the topic: Maternal mortality is defined as the death of a woman during pregnancy or within 42 days of its termination, excluding cases related to accidental or incidental causes. There is a single indicator globally used to measure maternal mortality – the ratio of maternal deaths per 100,000 live births, which is known as the maternal mortality ratio (MMR). According to data, maternal mortality remains a significant global health challenge in 2024. While the global maternal mortality ratio, which measures the number of maternal deaths per 100,000 live births, has significantly declined over the past two decades, large disparities persist across regions [1]. Furthermore, projections indicate that these numbers may rise in the coming years.

The adoption of the EPMM (Ending Preventable Maternal Mortality) strategy by the World Health Organization was a major step in this field. This approach requires each country to analyze its situation carefully, prioritize maternal health, and implement strategies to prevent maternal deaths. From this perspective, it is crucial to review and analyze the strategy in terms of its national legal practice, as well as its scientific-theoretical and practical aspects.

This academic article explores the distinctive features of the EPMM strategy, the advantages of adhering to this international document, and the necessary measures to prevent maternal mortality in our country. The main objective of this article is to answer the following question: “What reforms have been implemented in Uzbekistan following its ratification of the EPMM strategy by the WHO, and what issues still need to be addressed?”

Various scholars have investigated the theoretical and practical aspects of factors affecting maternal and child mortality globally and their implementation. For instance, the foreign researcher A.E. Yamin conducted studies on maternal and child mortality and reproductive rights. Based on international human rights practices, the researcher concluded that strengthening health legislation promotes responsibility, equality, and social justice in maternal and child health [2].

Similarly, the Pakistani scholar, pediatrician, and public health specialist Bhutta conducted extensive research on maternal and child health. In his studies, he highlighted the socio-economic factors of maternal and child mortality, such as poverty, education, and access to healthcare services, using mathematical methods [3].

European researcher J.E. Lawn focused on understanding the impact of social factors on maternal and child health, particularly addressing maternal and neonatal mortality. Research by various scholars has examined factors such as poverty, gender inequality, and limited access to medical services, and their negative effects on maternal and newborn health. Findings have demonstrated the importance of raising awareness about the social dimensions of maternal and child health and reducing maternal and neonatal mortality worldwide [4].

Jodi Heymann (2017) studied the influence of factors such as paid maternity leave, childcare support, and social protection programs on maternal and child health [5].

Renowned foreign researcher Karine Ronsmans (2003) studied various factors affecting maternal health outcomes, including the quality of medical services. Her research highlighted the interaction between social and healthcare system factors affecting maternal mortality rates, emphasizing the need to eliminate socio-cultural barriers that hinder access to skilled maternity care [6].

Uzbek researchers have also conducted several studies on protecting women's reproductive health. For example, G. Matkarimova studied women's gender and reproductive rights in the context of national and international law [7]. Another Uzbek researcher, S. Khodjaeva, focused on enhancing women's socio-political and legal activism. Similarly, G. Yuldasheva analyzed the incorporation of international human rights norms into national legislation, while S. Safayeva explored general social and national aspects related to women, and M.M. Inagamova studied organizational and legal approaches to protecting women's rights [8]. Additionally, D.U. Sufiyeva conducted research on the organizational and legal mechanisms for gender analysis of normative-legal documents [9].

B. Ismoilov conducted a theoretical and practical analysis of the issues of further developing national legislation based on international legal standards on women's rights [10].

B.A. Khonturaev carried out innovative research using advanced econometric models to understand the complex relationships between infant mortality, under-five child mortality, and maternal mortality in foreign countries [11]. Indeed, based on the above considerations, this strategy serves as an essential legal foundation for preventing maternal and child mortality globally.

Materials and Methods: Despite significant achievements in healthcare systems in recent years, maternal mortality remains one of the most critical global health issues. The EPMM (Ending Preventable Maternal Mortality) strategy aims to address this challenge. This strategy discusses when, where, and why it was adopted, its objectives, general meaning, significance, and expected outcomes.

In this scientific article, comparative analysis and forecasting methods will also be employed.

Discussion: The EPMM strategy for ending preventable maternal mortality was officially adopted by the World Health Organization (WHO) in 2015. Recognizing the need for consistent and focused global efforts to reduce maternal mortality, this strategy was developed at an international level. The general concept of the EPMM strategy revolves around the idea of "prevention." That is, to ensure that no woman dies due to complications related to pregnancy or childbirth, countries must improve the quality of their national healthcare systems. It emphasizes universal access to high-quality reproductive, maternal, and neonatal care. Additionally, it outlines the need to address poverty, education, and gender equality through the development and enforcement of national legislation.

Another key goal of the EPMM strategy is to reduce global maternal mortality to fewer than 70 deaths per 100,000 live births by 2030 through comprehensive frameworks and targeted actions.

This international legal document is open to all member states and is predicted to become the first global strategy by WHO aimed at protecting maternal and child health.

How are the objectives outlined in the EPMM strategy, particularly regarding maternal and child mortality, being addressed in Uzbekistan? What reforms are being implemented to prevent these adverse outcomes?

National Legislation: In analyzing the various normative-legal documents adopted in Uzbekistan for the protection of motherhood and childhood, it is appropriate to first highlight Article 78 of the Constitution, which states: "...Motherhood, fatherhood, and childhood are protected by the state."

To implement this constitutional provision, the Presidential Decree No. PQ-4513, dated November 8, 2019, "On improving the quality and expanding the scope of medical assistance to women of reproductive age, pregnant women, and children," established the "Council on Strengthening the Reproductive Health of the Population and Protecting the Health of Mothers and Children" under the Cabinet of Ministers [12].

The council has been tasked with systematically studying and analyzing the medical services provided to the population in different regions, identifying deficiencies, defining specific measures to address them, and monitoring their implementation. Another important document is the Presidential Decree No. PF-60, dated January 28, 2022, "On the Development Strategy of New Uzbekistan for 2022–2026." This decree outlined the tasks of improving the provision of high-tech medical assistance for women of reproductive age, pregnant women, and children, as well as equipping perinatal centers with necessary medical equipment and supplies, and staffing them with qualified personnel [13]. To implement these tasks, the Presidential Decree No. PQ-216, dated April 25, 2022, "On strengthening the protection of motherhood and childhood for 2022–2026," was signed and put into effect.

This decree outlined several tasks for the healthcare system, including:

Firstly, strengthening public awareness campaigns on the birth, development, and upbringing of healthy children, promoting proper nutrition, increasing physical activity, and fostering healthy lifestyle habits.

Secondly, providing free vitamins and minerals to children, pregnant, and nursing women, as well as implementing targeted screening programs for the effective prevention of diseases.

Thirdly, reconstructing, renovating, and strengthening the material and technical base of medical facilities that provide services to mothers and children during 2022–2026.

Finally, introducing high-tech and innovative diagnostic and treatment methods into practice and regularly improving the scientific potential of sector specialists.

Additionally, the protection of motherhood and childhood is one of the priority areas of Uzbekistan's social policy. Currently, 227 maternity facilities serve over 17 million women, including more than 9.1 million women of reproductive age, while 245 pediatric facilities provide services to over 11 million children under 18 years of age [14].

As a continuation of these reforms, the Presidential Decree No. PQ-296, dated September 8, 2023, "On measures to protect the health of mothers and children and strengthen the reproductive health of the population," defined the number of additional maternity beds to be established in maternity complexes during 2023–2027[15].

№ №	Names of regions	Total	2023	2024	2025	2026	2027
Total		4 321	500	653	1 051	1 057	1 060
1.	Republic of Karakalpakstan	113	22	16	25	25	25
2.	Andijan region	434	42	75	121	98	98
3.	Bukhara region	113	36	13	21	21	22
4.	Jizzakh region	127	60	11	18	19	19
5.	Kashkadarya region	540	42	85	137	138	138
6.	Navoiy region	199	40	28	43	44	44
7.	Namangan region	377	18	62	99	99	99
8.	Samarkand region	566	28	92	148	149	149
9.	Surkhandarya region	381	27	60	98	98	98
10.	Sirdarya region	118	60	10	16	16	16

11.	Tashkent region	418	53	62	101	101	101
12.	Fergana region	483	18	79	128	129	129
13.	Khorazm region	57	30	5	7	7	8
14.	Tashkent city	395	24	55	89	113	114

It is worth noting that as of October 1, 2023, the Republican Specialized Scientific and Practical Medical Center for Maternal and Child Health, along with its 14 regional branches, was established.

However, despite the positive developments being implemented, sadly, maternal mortality rates in our country continue to rise.

In analyzing the causes and consequences of maternal and infant mortality, we rely on statistical data. According to statistical analyses, an average of 140 women in Uzbekistan die annually due to complications within 42 days of childbirth. Specifically, in 2020, infant mortality was 6,860 cases, while maternal mortality accounted for 155 cases. In 2019, these figures were 6,432 and 145, respectively [16].

In 2022, a total of 172,068 deaths were recorded in the country. Of these, 8,056 were infants, and 130 women died during pregnancy or childbirth. In 2021, these figures stood at 8,206 infant deaths and 130 maternal deaths [17].

In the first nine months of 2023, the maternal mortality rate in Uzbekistan was 14.1 per 100,000 live births, compared to 13.1 per 100,000 live births during the same period in 2022. Notably, in Sirdarya region, the rate rose from 11.6 to 45.6 per 100,000 live births.

On November 14, 2023, in a report submitted by the Ministry of Health to the Legislative Chamber of the Oliy Majlis of Uzbekistan, it was noted that in January-September 2023, maternal mortality in Uzbekistan increased by 1% compared to the same period in 2022, reaching 14.1 per 100,000 live births. This indicates a rise in maternal mortality cases across the country.

The regional growth rates of maternal mortality in comparison to 2022 are as follows:

- Republic of Karakalpakstan: from 13% to 24.7%;
- Andijan region: from 7.9% to 13.6%;
- Sirdarya region: from 11.6% to 45.6%;
- Tashkent city: from 11% to 15.7%;
- Samarkand region: from 7.3% to 12.9%.

In this regard, at a video conference chaired by the President of Uzbekistan Shavkat Mirziyoyev, dedicated to priority directions in the healthcare sector for 2024, the issue of preventing maternal and infant mortality was identified as one of the most urgent issues.

The head of state emphasized, *“Each maternal and infant death should be considered an ‘emergency,’”* and assigned the following tasks based on foreign experience to healthcare officials [18]:

Firstly, training medical staff in 20 districts and cities with high maternal and infant mortality rates;

Secondly, updating the protocol for working with pregnant women and women of reproductive age in the "high-risk group";

Thirdly, training 8,500 midwives in reproductive health and prenatal care based on advanced practices;

Fourthly, inviting foreign experts to manage perinatal centers and equipping 229 maternity hospitals with modern medical equipment;

Finally, reducing maternal and child mortality, as well as hereditary diseases among children, by at least twofold by 2030, and reducing early deaths from cancer, cardiovascular, diabetes, respiratory, and infectious diseases by 2.5 times.

Furthermore, through the introduction of advanced practices from developed countries into Uzbekistan's healthcare system, efforts will be made to bring knowledgeable and capable specialists back to the country.

Research Findings: World leaders have committed to eradicating preventable maternal deaths, gender inequality, and domestic violence by 2030. The government of Uzbekistan is also implementing reforms to meet these commitments within the specified timeframe. Representatives of 179 countries that ratified the EPMM (Ending Preventable Maternal Mortality) strategy agreed on issues such as women's health, gender equality, sexual literacy, and equal access to social opportunities, aiming to establish institutional mechanisms at the national legislative level to politically support these goals.

According to UNFPA, over the past 25 years, maternal and child mortality has significantly decreased, and access to quality contraceptive services has improved. However, the opportunities provided are not evenly distributed among all families worldwide. Every day, approximately 800 pregnant women and children die from various causes, while 232 million women try to avoid pregnancy but lack access to modern contraceptive services. A budget of \$68.5 billion has been proposed to assist them. One of the expected outcomes by 2030 is to ensure continuity of education for girls and reduce early marriage rates. Achieving this goal will require \$35 billion [19].

Thus, it is essential to seriously consider the tasks outlined in the strategy to protect the rights and interests of mothers and children equally.

Analysis of Research Findings Based on the above considerations, the following organizational and legal tasks must be implemented to prevent maternal mortality in our country:

Firstly, reducing marriages among women aged 18 and pregnancies among women under 20, which are major causes of maternal and child mortality.

Secondly, ensuring that young mothers are registered in a timely manner, as failing to do so often leads to the late identification of various complications. It is essential to create conditions for diagnosing diseases during the mandatory medical examinations of young families, especially mothers, using modern medical equipment and tests.

Thirdly, raising the medical awareness of young mothers, explaining the diseases identified during pregnancy and their negative consequences, and implementing urgent preventive measures for treatment.

Fourthly, identifying factors that hinder the treatment and rehabilitation of young mothers' health, such as third-party interference (actions or inactions), and strengthening accountability in such cases.

A social survey conducted with young mothers during the research posed the question, *"Who opposes treatment, prevention, or examinations of diseases identified during pregnancy?"* Respondents answered as follows: 46% pointed to their mothers-in-law, 35% blamed their husbands, 17% mentioned other family members, and 2% cited their own irresponsibility. These figures highlight significant third-party interference in restoring maternal health. Promoting adherence to appropriate age gaps between children among mothers of childbearing age. From a medical standpoint, the age gap between each child should be 3-4 years to safeguard both the mother's health and the child from various complications.

Finally, Training midwives and maternity hospital staff to develop modern skills and knowledge, introducing advanced practices and new methods based on international experience into the national healthcare system.

Conclusion Based on the above analysis, preparations should begin to establish appropriate organizational, legal, and institutional mechanisms to fulfill the commitments of ensuring women's reproductive rights and preventing maternal mortality in our country.

Indeed, at the conference held in Nairobi, Kenya, in 2019, Uzbekistan committed to eliminating maternal mortality, gender inequality, and domestic violence by 2030.

To achieve this, the Senate of the Oliy Majlis of Uzbekistan adopted Resolution SQ-297-IV-con, approving the “Strategy for Achieving Gender Equality in Uzbekistan by 2030”. This strategy aims to ensure gender equality in all areas of public life and activities, including politics, economics, law, culture, education, science, and sports, by guaranteeing equal rights and opportunities for women and men.

Furthermore, comprehensive action programs for the phased implementation of the gender strategy from 2023 to 2030 are being approved and directed toward execution annually [20].

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