

# Accounting for maternal deaths in the era of SDGs: Juridification, social practices and implications on maternal death audits in Ethiopia

*-A multidisciplinary PhD project, combining law, anthropology and medical ethics*

## The research project

Efforts to catalyse action to reduce the unacceptable burden of the yearly 300 000 women dying from pregnancy related causes are of vital importance to achieve the Sustainable Development Goals on Health and Gender Equality. Maternal mortality is centrally placed as a key development indicator used to compare the quality of clinical care, health systems in general, gender equality and women's standing between and within countries [1, 2].

The Maternal Death Surveillance and Response system (MDSR) is a key strategy to reduce maternal mortality and has been implemented in Ethiopia since 2013 to record and review maternal deaths. The MDSR system represents a continuous cycle of identification, notification and review of maternal deaths followed by interpretation of review findings, response and action [3]. The overall aim is to identify and address gaps in order to prevent future deaths, but to date around 10 % of expected deaths are reported. The process of reviewing maternal deaths entails a broad range of ethical and legal issues regarding the legal regulations of health care provision, the principle of no name no blame in the review process, confidentiality, participant consent and data access.

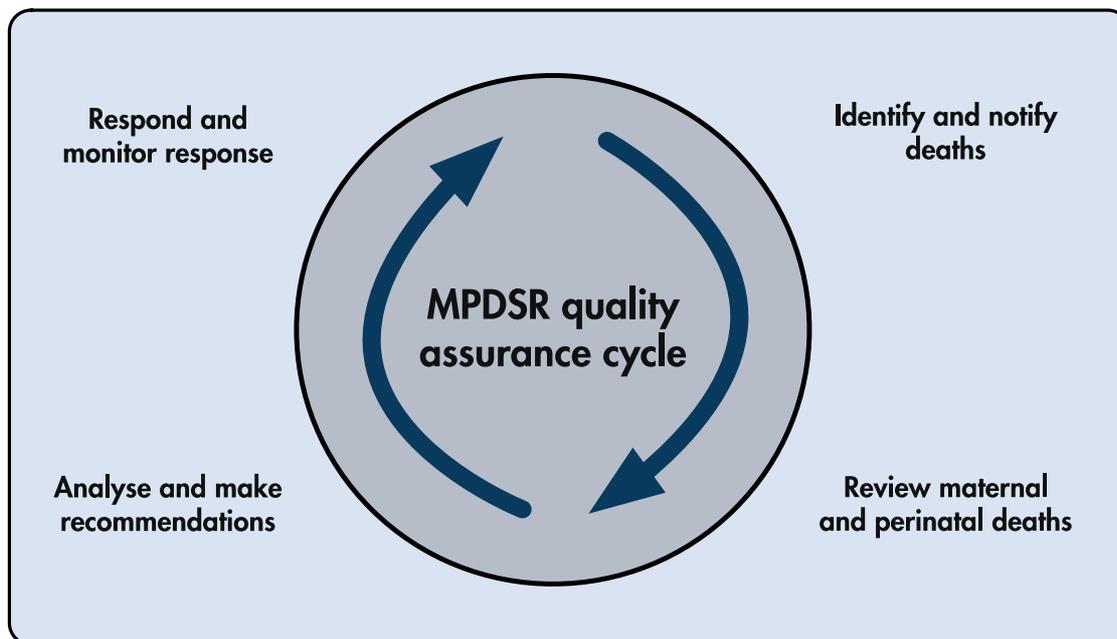


Figure 1: MPDSR quality assurance cycle (adapted from WHO[3])

Like many Sub-Saharan countries, Ethiopia has very limited legal regulations surrounding health care provision. In the absence of adequate legal framework that supports a confidential and non-punitive system and malpractice laws, health workers risk to be charged with first-degree murder in the legal system in the aftermath of a maternal death. The rapid increase in juridification, including legal malpractice claims the last year, has led to the first-time introduction of indemnity insurances for medical practitioners (see photo). Health workers and bureaucrats strive to balance conflicting demands when

implementing the MDSR system: to report and review all deaths openly and to avoid personalised accountability for deaths. The challenges involved in death reviewing add to already complex bedside rationing among health workers, impacted by severe resource scarcity, tough decisions and adverse outcomes [4]. Health workers' fear of blame and punishment including legal repercussions in the aftermath of maternal deaths is a major challenge in the implementation of maternal deaths audits [5]. The fear of blame may lead to an unwillingness of frontline health workers to fully participate and to provide accurate information in the audit process and thus act as a barrier to the quality improvement cycle.

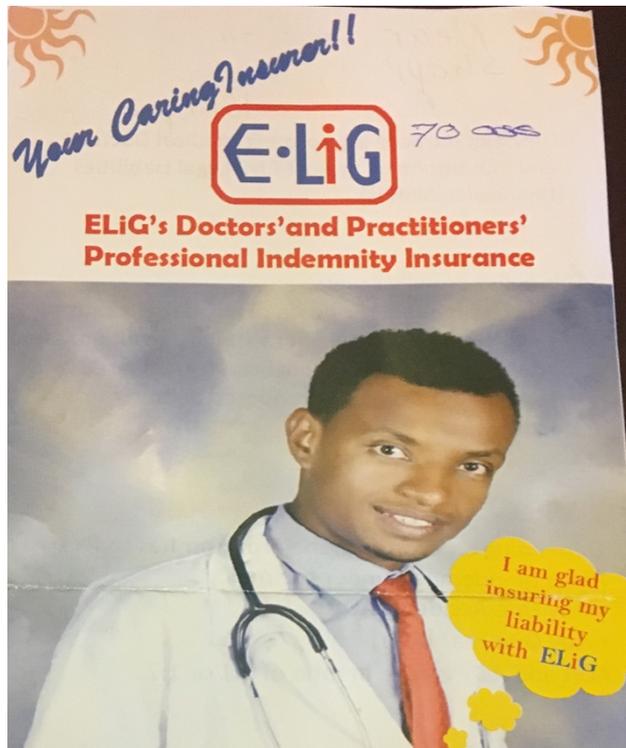


Figure 2: Ethio Insurance advertising for indemnity insurance

Maternal death reviews reflect struggles over authoritative knowledge and inherent power relations of the actors involved. Whereas researchers have been addressing the issue of maternal death reviews in various ways and localisations, there is a lack of empirical studies of how comprehensive national MDSR systems work in resource-poor settings and interact with local legal and political structures. This project seeks to explore these dynamics in Ethiopia, drawing on the ethnographic, context based methodologies of anthropology, medical ethics and the human rights framework of law.

### **Aims and research questions**

In a context of high maternal and perinatal mortality, the overall aim of this study is to contribute to the understanding of death surveillance and review systems in low resource settings, relevant to policy makers and implementers in the field of maternal health. While the purpose of the MDSR system is to document underlying causes of death and address weaknesses to improve care and survival, it involves a transparency that may represent a threat to the health professions, to the health system and to the state. In this complex terrain of conflicting interests, this project will investigate the medico-legal landscape of death reporting and reviewing, at the intersection of juridification and

professional discretion [6]. Based on participatory research methods involving professional associations, it will more specifically aim to develop recommendations for a legal framework balancing the needs for health worker protection and the needs for increased health worker responsibility for poor birth outcomes in the Ethiopian setting.

The study will investigate the following research questions:

1. How is the MDSR programme interpreted by actors at different levels and how are medico-legal concerns including social and legal accountability mechanisms practiced in health systems?
2. How are the identified medico-legal and accountability practices coordinated through relations of accountability, power and control, and how are interests and priorities at different scales aligned and negotiated?
3. What are the requirements of a medico-legal and accountability framework conducive for MDSR and other quality improvement systems in the Ethiopian setting?

The project will contribute to the scientific body of knowledge on health interventions by building on the health law and policy literature, health system theory, medical ethics and critical medical anthropology. To track the medico legal frictions surrounding the MDSR system at the different levels of implementation, the project will use ethnographic methodology with multi-sited fieldwork involving a wide range of study participants including policy makers, health workers and users of maternal health services. The sites and the detailed methodology will be developed in collaboration with the candidate.

### **The research environment**

The proposed PhD study will be part of a two country comparative interfaculty and interdisciplinary project with the title: *Numerical Narratives of Maternal and Perinatal Mortality: Maternal and Perinatal Death Surveillance and Response Systems in Ethiopia and Tanzania*.

The project springs out of the faculty of law and the research groups on Global Health Anthropology at the Centre for International Health and the Bergen Centre on Ethics and Priority Centre at the Faculty of Medicine, and is rooted in long term collaboration in maternal and reproductive health, medical ethics and policy research between the Faculties of Medicine and Law.

The current collaborative group, involving altogether seven researchers from the two mentioned faculties has been developing an EU application for *Horizon 2020 work programme, SC1-BHC-19-2019 Implementation Research for Maternal and Child Health* in collaboration with partner institutions in Europe and sub-Saharan Africa that received positive comments from the evaluators. The project will also form the basis for an application to the Norwegian Research Council in the spring of 2019.

The planned PhD study is one of several PhDs and post docs that are planned and active within the collaboration in Ethiopia and Tanzania. The project has already recruited two candidates from the medical student research track (Forskerlinjen), as well as one PhD candidate from Centre for International Health. The PhD study applied for here will complement the above mentioned studies, and will constitute formative research for the development of future external funding applications.

### **Supervisory team**

Professor Henriette Sinding Aasen, the Faculty of Law at UiB will head the supervisory team and support the candidate in incorporating perspectives from the human

rights framework and issues related to social citizenship, legal framework of maternal health care delivery and juridification.

Professor Astrid Blystad and Karen Marie Moland, Department of Global Public Health and Primary Care, UiB, will draw on 30 years of medical anthropology research in Eastern Africa on maternal and reproductive health, and on the dynamics of global policy initiatives and local interpretation, in supervising the candidate.

Associate professor Ingrid Miljeteig from the Bergen and Addis Ababa Centre for Ethics and Priority Setting and the Department of Global Public Health and Primary Care, UiB will draw on extensive experience from research on medical ethics in Ethiopia, including studies on bed side rationing and moral stress among health care providers. All supervisors will contribute to the design of the study, analysis, and publishing.

## References

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