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Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality

Report by the Director-General

INTRODUCTION

1. With only six years remaining, many countries are still not on track to reach the Sustainable Development Goals targets for reducing maternal and child mortality by 2030. Target 3.1 is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births; however, 46 countries are projected to have a ratio greater than 140 maternal deaths per 100 000 live births by 2030, more than double the level set by target 3.1. Target 3.2 is to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births. However, 63 countries are off track to meet the target for newborn mortality by 2030 and 54 countries are off track to meet the under-5 mortality target by 2030. Investing in and radically reorienting to a primary health care approach and addressing health and care workforce shortages are key. Acceleration to reach the 2030 targets is still possible, as evidenced by the impact of the scaled-up implementation of strategies and solutions to prevent maternal and child mortality in a number of countries.

CURRENT TRENDS

2. In 2020, the global maternal mortality ratio was estimated to be 223 maternal deaths per 100 000 live births, meaning that 287 000 women died from a maternal cause. From 2016 to 2020, only one WHO region (the South-East Asia Region) recorded a significant decline in maternal mortality. In two WHO regions (the African Region and the Eastern Mediterranean Region), neither an increase nor a decrease in maternal mortality was recorded. In three WHO regions (the European Region, the Region of Americas and the Western Pacific Region), there were statistically significant increases in the maternal mortality ratio between 2016 and 2020. As at 2020, more than four in five countries worldwide were off track to meet their Ending Preventable Maternal Mortality target in line with Sustainable Development Goals target 3.1.

3. The stillbirth rate is an important marker of quality of care in pregnancy and childbirth. The Every Newborn Action Plan target for 2030 is 12 or less stillbirths per 1000 live births. In 2021, almost 1.9 million babies were stillborn at 28 weeks or more of gestation, with a global stillbirth rate of 13.9 stillbirths per 1000 total births. The burden of stillbirths is highest in sub-Saharan Africa (21 per 1000 total births) and central and southern Asia (16 per 1000 total births), with the two regions accounting for three quarters of all stillbirths.

4. In 2021, about 2.3 million children died during the first month of life – nearly 47% of the under-5 deaths in that year. The leading causes of neonatal death are preterm birth and intrapartum-related complications (birth asphyxia/trauma), lower respiratory tract infections, congenital anomalies, and neonatal sepsis and meningitis. Congenital anomalies account for almost 5% of all neonatal mortality and they form a higher percentage of neonatal deaths in countries with low levels of neonatal mortality, reaching as high as 20%. In countries with high levels of neonatal mortality, neonatal infections constitute a higher percentage of neonatal deaths.

5. The estimated preterm birth rate in 2020 was 9.9 per 100 live births, with an estimated total of 13.4 million preterm births in year 2020. This figure is similar to the estimates of 13.8 million preterm births in the year 2010, demonstrating no significant change in the number of preterm births over the last decade. Preterm birth remains the leading cause of under-5 mortality globally.

6. In 2021, 5 million children died before turning 5 years of age, of whom 2.7 million were children aged 1–59 months. Globally, the mortality rate of children aged 1–59 months is 21 deaths per 1000 children aged 28 days. Children aged 1–59 months in sub-Saharan Africa face the greatest risk, with a mortality rate of 48 deaths per 1000 children, more than twice the global rate. With respect to the proposed target for achieving by 2030 a global mortality rate among children aged 1–59 months of 13 deaths per 1000 children aged 28 days, 42 countries are currently off track and need urgent assistance to meet this target. The leading cause of death worldwide in post-neonatal children (aged 1–59 months) continues to be acute respiratory infections (including pneumonia), diarrhoea and malaria.

7. In 2022 worldwide, 148.1 million children under 5 years of age were stunted, 45 million were wasted and 37 million were overweight. Stunting has been declining steadily worldwide over the last decade, with 22.3 % of children under 5 years of age affected in 2022 and 72% of those living in the South-East Asia Region (34% of the global share) and the African Region (38% of the global share). In 2022, an estimated 6.8% of children under 5 years of age were affected by wasting, of whom 13.7 million (2.1%) suffered from severe wasting. More than half of all children with severe wasting live in the South-East Asia Region (59%) and another 17% live in the African Region. Current levels of obesity have persisted for the last two decades in almost every region. Globally, about 37 million children under 5 years of age are currently overweight, an increase of nearly 4 million since 2000.

8. Inequalities in early childhood development are widespread around the world. For example, a recent analysis of household survey data from 95 low- and middle-income countries shows that the percentage of children who are not developmentally on track in health, learning and psychosocial well-being (Sustainable Development Goal indicator 4.2.1) across those 95 countries is more than 20% higher in low-income than in upper-middle-income countries (38.7% versus 18.0%).

9. Global child and adolescent mortality rates peak among children aged under 5 years of age, fall to a low rate among adolescents aged 10–14 years and then increase again. In 2021, global mortality rates were 38 deaths per 1000 live births for children aged under 5 years of age, 3 deaths per 1000 children aged 5–9 years and the same rate for young adolescents aged 10–14 years. For adolescents aged 15–19 years, the rate was slightly higher, at 5 deaths per 1000, reflecting increased mortality from injuries, both unintentional and intentional. Between 1990 and 2021, mortality rates decreased among all child and adolescent age groups, with the older adolescent age group (aged 15–19 years) seeing the smallest rate of reduction.

10. The global adolescent birth rate for girls aged 15–19 years was 41.3 births per 1000 girls in 2023, down from 47.2 in 2015, while for girls aged 10–14 years it also declined, from 1.8 births per 1000 girls in 2015 to 1.5 per 1000 girls in 2023.

11. About 8% of the world's young children (aged 5–9 years) and 14% of the world's adolescents (aged 10–19 years) live with a mental disorder. Anxiety is the most prevalent mental disorder among older adolescents (aged 15–19 years), with 4.6% of them experiencing an anxiety disorder and higher rates among girls.

12. The WHO's *Global Status Report on Physical Activity 2022* indicated that more than three quarters of all countries had reported conducting national surveillance of physical activity among children and adolescents. In the countries concerned, more than 80% of adolescents are estimated to not meet WHO guidelines on physical activity for health.

PROGRESS TOWARD COVERAGE OF KEY INTERVENTIONS

13. In 2020, 966 million women of reproductive age globally were using some method of contraception, with 874 million using a modern contraceptive method and 92 million using a traditional contraceptive method. The proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (Sustainable Development Goal indicator 3.7.1) is 77% globally, a 10% increase since 1990. In sub-Saharan Africa, this proportion continues to be among the lowest in the world at 56%, though it has increased faster than in any other region of the world, having more than doubled since 1990. Although this proportion increased for adolescents (aged 15–19 years) worldwide from 45% in 2000 to 61% in 2020, it remains low compared to the proportions reported for older age groups.

14. To measure the service coverage dimension of universal health coverage (Sustainable Development Goal indicator 3.8.1), a composite index of representative essential health services is considered. This index includes indicators related to reproductive, maternal, newborn, and child health, infectious diseases, noncommunicable diseases, and health service capacity and access. The most significant improvements since 2000 were observed in the infectious disease component of the service coverage, which recorded improvements by an average of 7% per year. In contrast, the service coverage index scores for the other components – noncommunicable diseases; reproductive, maternal, newborn and child health; and health service access and capacity – saw only gradual increases (1% or less per year) prior to 2015, followed by continued minimal or no improvements in recent years.

15. An examination of 16 key interventions in sexual, reproductive, maternal, newborn and child health,[1] using data from 136 low- and middle-income countries for the period 2017–2022, indicates that the world is far from achieving universal coverage for these interventions, with the largest gaps involving family planning services, breastfeeding and treatment of childhood illnesses.

16. The reproductive, maternal, newborn and child health composite coverage index, which is derived from household survey data of 89 mostly low- and middle-income countries dating from 2011 to 2020, is different from the reproductive, maternal, newborn and child health component of the universal health coverage index service coverage index and is very useful for assessing inequities. It is the weighted

[1] The 16 interventions include: treatment of pregnant women living with HIV; postnatal visit for babies; immunization with rotavirus vaccine; skilled health personnel at birth; neonatal tetanus protection; antenatal care (at least four visits); postnatal visit for mothers; population using, at least, basic drinking water services; care-seeking for children under 5 years of age with symptoms of pneumonia; early initiation of breastfeeding; exclusive breastfeeding (for up to six months); demand for family planning satisfied with modern contraceptive methods; oral rehydration solution treatment for diarrhoea for children under 5 years of age; continued breastfeeding (for the first year); immunization with the first dose of a measles-containing vaccine; and immunization with the third dose of diphtheria-tetanus-pertussis vaccine among 1-year olds.

average of eight indicators in four stages along the continuum of care.[1] Higher coverage rates for reproductive, maternal, newborn and child health interventions were found among those living in richer households (median coverage of 73% among the richest quintile versus 58% among the poorest quintile across 88 countries); those with more education (median coverage of 71% among those with secondary or higher education versus 56% among those with no education across 78 countries); and those living in urban areas (median coverage of 70% in urban areas versus 63% in rural areas across 89 countries).

17. The latest available WHO/United Nations Children's Fund estimates also show that since the coronavirus disease (COVID-19) pandemic, diphtheria–tetanus–pertussis immunization coverage has almost recovered to 2019 levels but measles-containing vaccine coverage shows less recovery. Global coverage with a third dose of diphtheria, tetanus toxoid and pertussis-containing vaccine increased from 81% in 2021 to 84% in 2022. The proportion of children receiving a first dose of measles vaccine increased from 81% in 2021 to 83% in 2022 but remains below the 2019 level of 86%. The number of children missing out on any vaccination – so-called zero-dose children – decreased from 18.1 million in 2021 to 14.3 million in 2022, nearly as low as the pre-pandemic level in 2019 of 12.9 million.

OBSTACLES TO REACH 2030 MATERNAL AND CHILD MORTALITY TARGETS

18. There is growing recognition that community health workers are effective in the delivery of a range of preventive, promotive and curative health services related to reproductive, maternal, newborn and child health. In 2019, the Health Assembly adopted resolution WHA72.3, in which it "highlighted the role of community health workers in advancing equitable access to safe, comprehensive health services in urban and rural areas and the reduction of inequities, including with respect to residence, gender, education and socioeconomic position, as well as their role in gaining the trust and engagement of the communities served". However, the levels of support provided to community health workers and of their integration into health systems are uneven across and within countries.

19. Obstacles to accessing health care and reaching the 2030 Sustainable Development Goals targets on maternal and child mortality are multifactorial. In addition to problems with the organization and weaknesses of the health system overall, other factors include limited awareness of the needs and available care; the need for out-of-pocket payments; being located at a greater distance from health facilities; inadequate health infrastructure; the lack of adequate access to quality medicines, equipment and commodities; and the shortage of a competent health and care workforce. Although midwives, if in sufficient numbers and fully educated, regulated and integrated within an interdisciplinary team, can provide about 90% of the sexual, reproductive, maternal, newborn, child and adolescent health care services needed, they account for less than 10% of the global health workforce; by 2030, there will be an estimated shortage of 750 000 midwives. A successful and equitable scale-up of life-saving interventions requires investment in the education, employment and retention of the health workforce; the potential of midwives and community health workers can be fully harnessed when they are fully integrated in and supported by interdisciplinary and multi-professional teams.

[1] Reproductive health (demand for family planning satisfied with modern methods); maternal health (antenatal care coverage with at least one visit and skilled attendance at birth); child immunization (Bacillus Calmette-Guérin, measles and diphtheria tetanus toxoid and pertussis immunization coverage); and management of childhood illnesses (oral rehydration therapy for diarrhoea and care seeking for suspected pneumonia).

20. An estimated 8 million newborns are born with a birth defect each year, of whom an estimated 240 000 die as a result in their first month of life. Nonetheless, the effective prevention and management of birth defects is a part of routine health services and more could be done to strengthen the detection, treatment and management of birth defects, thereby improving child survival and quality of life.

21. There is also poor recognition of the fact that maternal ill-health and disability are not just medical problems but also social issues that are influenced by a complex interplay of factors. Although the preventable deaths of millions of women each decade may be due to the biomedical complications of pregnancy, childbirth and the postpartum period (for example, postpartum haemorrhage, hypertensive disorders of pregnancy, infection or abortion), there is growing evidence that persistent inequities in global health and socioeconomic development contribute significantly to poor maternal health. A total of 121 of 185 countries analysed have remained in the same maternal mortality transition stage since 2000, despite continued global efforts to address the biomedical causes of maternal deaths.

22. Poor quality care is recognized as a very significant obstacle to reducing maternal, newborn, child and adolescent mortality. Data from various countries consistently show ongoing and systematic deficiencies in the quality of health care provided to diverse population groups. For example, more than 8 million individuals annually in low- and middle-income countries die from conditions that should be manageable by their health systems. Shockingly, 60% of these deaths stem from inadequate quality of care, while the remaining deaths result from the underutilization of health services. A robust, high-quality health system has the potential to avert 1 million newborn fatalities and half of all maternal deaths each year.

23. Maternal and child populations are particularly vulnerable to climate change. Between 2030 and 2050, the climate crisis is expected to cause about 250 000 additional deaths per year, with substantial and long-term impacts on the health of populations. A growing body of knowledge links climate change to adverse maternal, newborn and child health outcomes that threaten to worsen levels of mortality. Pregnancy heightens vulnerability to heat, infectious diseases and air pollution. In addition, infants and children have unique pathways of exposure and sensitivity to climate hazards, given their immature physiology and nutritional needs.

ACCELERATION TO REACH 2030 MATERNAL AND CHILD MORTALITY TARGETS IS POSSIBLE

24. There is ample evidence on effective interventions to monitor and improve the health and well-being of women and children. Strategies have been developed that incorporate this evidence in order to support countries in identifying the high-impact interventions to be included in their national health sector plans. These strategies include the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); Ending Preventable Maternal Mortality; Every Newborn Action Plan; the Roadmap to Combat Postpartum Haemorrhage between 2023 and 2030; the Child Survival Action call; and the Global Accelerated Action for the Health of Adolescents initiative. Countries that are off track from reaching 2030 maternal and child mortality targets could accelerate progress toward national and global health targets by adopting such strategies and implementing them at scale.

ACTION BY THE EXECUTIVE BOARD

25. The Board is invited to note the report and provide further guidance on action that could be taken, in particular, in respect of the questions set out below.

- What actions do Member States recommend for accelerating progress towards achieving:
  - Sustainable Development Goal target 3.1 (on reducing maternal mortality)?
  - Sustainable Development Goal 3.2 (on ending preventable deaths of newborns and children and reducing neonatal mortality)?
- What do Member States propose should be the role of the WHO Secretariat in supporting these actions?

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