

Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

Draft decision proposed by Egypt, Ethiopia, Paraguay, Somalia, South Africa and United Republic of Tanzania

The Executive Board, having considered the report by the Director-General on the acceleration towards the Sustainable Development Goal targets for maternal mortality (3.1)¹ and newborn and child mortality (3.2),²

Decided to recommend to the Seventy Seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;

(PP1) Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related to health and well-being, including Sustainable Development Goal targets 3.1 and 3.2 on maternal, newborn and child survival, and that it will contribute to realizing the enjoyment of the highest attainable standard of physical and mental health and well-being and achieve a more equitable and sustainable world;³

(PP2) Recalling the global commitments to achieve by 2030 Sustainable Development Goal target 3.1 on maternal mortality: reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average, and target 3.2 on newborn and child mortality: end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal

¹ By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

² By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming 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.

³ United Nations General Assembly resolution REC/78/3 (2023) “Universal Health coverage: expanding our ambition for health and well-being in a post-COVID world”. Political declaration of the high-level meeting on universal health coverage (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/84/PDF/N2330684.pdf?OpenElement>, accessed 22 January 2024).

mortality to at least as low as 12 deaths per 1000 live births and under-5 mortality to at least as low as 25 deaths per 1000 live births;

[(PP2 bis) Cognizant that haemorrhage, hypertensive disorders of pregnancy,¹ sepsis, embolism and unsafe abortion are the leading direct causes of maternal mortality, and prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of child under-5 mortality; and that most of these causes are preventable and treatable;]

[(PP3) Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;]²

(PP4) Recognizing that universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (Sustainable Development Goal target 3.7) contribute to maternal, newborn, child and adolescent survival;³

[(PP5) Noting that universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences (Sustainable Development Goal target 5.6)⁴ allows women and, as appropriate, girls to make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;]

[(PP6) Recalling also Sustainable Development Goal target 5.3 to eliminate child, early and forced marriage, recognizing child marriage as a driver of adolescent pregnancy and that adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections, and that babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions;

¹ Chronic hypertension, pre-existing hypertension complicating pregnancy, childbirth or the puerperium, pre-eclampsia superimposed on chronic hypertension, gestational hypertension, pre-eclampsia and eclampsia.

² Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. World Health Assembly Resolution 72.4; 24 May 2019, Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25).

³ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 3.7 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

⁴ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.6 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

[(PP6 ALT) (ADD Noting that child, early and forced marriage, adolescent pregnancy, demographic divide, inequality, maternal related stigma are the social determinants of maternal, new]born and children mortality.)]¹

(PP7) Underscoring that based on current trends it is likely that more than 4 out of 5 countries (80%)² will not achieve their national maternal mortality target, 63 countries will miss the neonatal mortality target, and 54 countries will miss the under-five mortality target by 2030;³ and that focused, urgent, and coordinated course-correcting, country-led action is needed in these countries for maternal, newborn, and child survival to achieve the Sustainable Development Goals;

[(PP8) Recognizing that pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, addressing health-related risks factors and promoting health and wellbeing across the life-course;]⁴

(PP9) Recognizing the critical importance of prioritizing measures to promote and protect breastfeeding, and strengthen nutrition services as an integral part of essential maternal, newborn and child health services, given that almost half of all deaths among children under-five are attributable to undernutrition, as well as the detrimental intergenerational impacts of poor maternal nutrition, which contributes to low birth weight in newborns;⁵

[(PP10) Cognizant that the demographic dividend of improved maternal, newborn and child health and reduction in stillbirths can only be realized if children, and adolescents have equitable opportunities to thrive, thereby building human capital that will effectively reduce inequities and benefit current and future generations in line with the Survive, Thrive, Transform objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030);]

[(PP11) Recognizing that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene despite commitments made to of the strategic objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as well as specific road maps defined in the Ending Preventable Maternal Mortality and Every Newborn Action Plan initiatives, A Roadmap to Combat Postpartum Haemorrhage between 2023, the Nurturing Care Framework, Global Accelerated Action for Health of Adolescents, the Immunization Agenda 2030, and the ICPD Programme of Action Beijing Platform for Action and its review conferences, resolution

¹ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.3 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

² Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. And J. Cresswell, Pers. Comm. (<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>).

³ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2022, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2023. (www.childmortality.org).

⁴ Maternal and Child Nutrition Study Group, Black RE, Alderman H, Bhutta ZA, Gillespie S et al. Maternal and child nutrition: building momentum for impact. *Lancet* 2013; Vol 382, 9890; p372-375. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60988-5](https://doi.org/10.1016/S0140-6736(13)60988-5).

⁵ Resolution to the Seventy-seventh World Health Assembly on Infant and Young Child Feeding, *in preparation*.

WHA72.7 (2019) on water, sanitation and hygiene in health care facilities as per the targets set by these plans such as:

- By 2030, reach the target of fewer than 12 stillbirths per 1000 total births;¹
- By 2030, mortality among children 1–59 months at least as low as 13 deaths per 1000 children aged 28 days;²
- By 2025, 90% coverage of eight or more antenatal care contacts; with 80% of districts with at least 80% coverage;³
- By 2025, 90% births attended by skilled health personnel; 80% of districts with at least 80% of births attended by skilled health personnel;⁴
- By 2025, 80% early routine postnatal care (within 2 days); with 80% of districts with at least 80% coverage;³
- By 2025, 80% of districts with at least one Level 2 inpatient unit plus continuous positive airway pressure (CPAP);³
- By 2025, 80% of districts with at least 80% of population within 2 hours of emergency obstetric care;³
- By 2025, 25% reduction in zero-dose children for immunization lacking first dose of DTP [and p] containing vaccine) toward the 2030 goal of a 50% reduction;⁵
- By 2030, 90% of children immunized with measles containing vaccine (second dose);⁵
- By 2030, 90% of children received 3 doses of pneumococcal conjugate vaccine and rotavirus vaccine;⁵
- [(By 2030, 90% of girls receiving HPV vaccine;⁵ DEL]

¹ Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030). Technical Report 2023. Geneva: World Health Organization. (<https://iris.who.int/bitstream/handle/10665/366978/WHO-UHL-MCA-GS-23.01-eng.pdf?sequence=1>).

² Newborn health: draft action plan. Every newborn: an action plan to end preventable deaths. Report by the Secretariat. World Health Assembly Executive Board Report A67/21; 2 May 2014. Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_21-en.pdf).

³ Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization; 2023. (<https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1>).

⁴ Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. Geneva: World Health Organization; 2018. (<https://iris.who.int/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf>).

⁵ Immunization Agenda 2030: A Global Strategy to Leave No One Behind.2021. Geneva: World Health Organization. (<https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>).

- By 2030, 100% of malaria cases in children under-5 years receiving a recommended first line antimalarial drug;¹
- By 2025, 5% or less prevalence of childhood wasting;²
- [(By 2030, 50% reduction in adolescent birth rate per 1000 women in that age group compared to 2023; DEL)]
- By 2030, achieve a high level (>75%) of need for family planning satisfied by modern methods;³
- By 2030, 100% universal and equitable access to safe and affordable drinking water for all;]⁴

[(PP11 ALT) Deeply concerned that that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, and the impacts of conflict, climate change, and the COVID-19 pandemic, impeding efforts to fulfil commitments made to advance the objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) and the road maps and detailed progress indicators developed by WHO-supported global technical platforms and initiatives to guide and support countries’ efforts to track and accelerate improvements in maternal, newborn and child health outcomes, including: the Ending Preventable Maternal Mortality initiative; the 2023–2030 Roadmap to Combat Postpartum Haemorrhage, the Every Newborn Action Plan; Agenda 2030 on Immunization; the Nurturing Care Framework, the Global Accelerated Action for Health of Adolescents; and Immunization Agenda 2030, and the ICPD Programme of Action, the Beijing Platform for Action and outcomes of Review Conferences, as well as resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities;]

[(PP12) Recognizing that approximately 50%⁵ of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition care services, should be high quality, safe, comprehensive,

¹ World malaria report 2022. Geneva: World Health Organization; 2022. (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>).

² WHO/UNICEF/WFP. Global nutrition targets 2025: wasting policy brief (WHO/NMH/NHD/14.8). Geneva: World Health Organization; 2014. (https://iris.who.int/bitstream/handle/10665/149023/WHO_NMH_NHD_14.8_eng.pdf?sequence=1).

³ United Nations Population Division. SDG Indicator 3.7.1 on Contraceptive Use. Accessed 4 January 2024. (<https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use>).

⁴ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 6.1 target. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

⁵ Every Woman, Every Child. Global Strategy for Women’s, Children’s and Adolescents’ Health. Geneva: United Nations, 2018. (<https://www.who.int/docs/default-source/child-health/the-global-strategy-for-women-s-children-s-and-adolescents-health-2016-2030.pdf>).

integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve Sustainable Development Goals;]¹

[(PP13) Noting with concern that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age, and that complications in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls, especially in developing countries, and recognizing the need to address all social, economic and environment determinants of health in order to reduce the aforementioned disparities;]²

[(PP14) Acknowledging the critical importance of government leadership and a whole-of-government and whole-of society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to, integrated primary health care services with strong referral linkages to high-quality secondary care services including the full engagement of parliamentarians to ensure legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women's, children's and adolescents' health;]

[(PP15) Acknowledging that causes of maternal mortality and morbidity are diverse and those maternal health-related issues that carry stigma such as abortion, HIV infection, and obstetric violence can contribute to maternal mortality and morbidity but are likely to be deprioritized, underreported, or misclassified;]³

(PP16) Acknowledging that lack of access to essential emergency, critical surgical, anaesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves, and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in low- and middle-income countries, and that people accessing surgical care in low- and middle-income countries will endure catastrophic health expenditure.⁴

[INVITES Member States, in accordance with national context and priorities:]

[OP 1.1. to reorient an integrated climate-resilient health system based on the primary health care approach supported by strong country leadership and management capacity, by an adequately skilled, supported and safe-guarded health workforce, by ensuring availability of and access to essential quality-assured medicines and commodities, by integrating water, sanitation and hygiene (WASH) and nutrition, in order to provide people-centred, high-quality, respectful sexual, reproductive maternal, newborn, child and adolescent health care and nutrition services and to

¹ Zeid S, Bustreo F, Tashir Barakat M, Mauer P, and Gilmore K. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. *Lancet* vol 385, 998, p 1917-2014, e47-48. 16 May 2015. (doi: [https://doi.org/10.1016/S0140-6736\(15\)60766-8](https://doi.org/10.1016/S0140-6736(15)60766-8)).

² United Nations Human Rights Council. Contribution of the implementation of the objectives of the International Year of the Family and its follow-up processes in the promotion and protection of human rights. A/HRC/54/L.17/Rev.1. Adopted without a vote, 47th meeting, 12 October 2023. (<https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session54/res-dec-stat>).

³ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 June; 2(6):e323-33. doi: 10.1016/S2214-109X(14)70227-X. Epub 2014 May 5. PMID: 25103301. (doi: 10.1016/S2214-109X(14)70227-X.).

⁴ Abbas A and Samad L. Children at the heart of global surgery: children's surgery in low- and middle-income countries. *Journal of Public Health and Emergency* vol. 4, December 2020. doi: 10.21037/jphe-2020-gs-08. (<https://jphpe.amegroups.org/article/view/6538/html>).

recover lost gains on childhood vaccinations and achieving Immunization Agenda 2030 goals, including through strengthening the delivery of health and nutrition services at the community level, and through community and school-based health services and thereby to reduce preventable maternal, newborn and child mortality and morbidity, and improve health and well-being of women, children and adolescents along the life course;]

[OP 1.2. to scale up evidence-based interventions to achieve the current and forthcoming service coverage targets needed to achieve Sustainable Development Goal targets 3.1 and 3.2;]

[OP 1.3 to facilitate universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health as contributing factors to maternal, newborn, child and adolescent survival;]¹

[OP 1.4 to reinvigorate their commitment to Sustainable Development Goal target 5.6 through laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education;]²

[OP 1.5. to invest in country-led effective health information management systems, including through enhanced international cooperation in fragile settings to support evidence-based planning and delivery of health services, monitor implementation, measure progress, and strengthen accountability towards national and subnational targets through routine monitoring of health facility and/or population-based surveys of indicators for sexual, reproductive, maternal, newborn, child and adolescent health, including health workforce capacity;]

[OP 1.6. to identify and remove barriers that limit access to quality maternal, newborn and child health services, at both health system and societal levels, including harmful gender norms and/or inequalities that result in a low prioritization of the rights of women and girls, including to safe, quality and affordable sexual and reproductive health care services;]³

[OP 1.7. to enable access to essential quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated investigation, development, manufacturing, registration and supply of age-appropriate, quality-assured formulations of medicines for diseases that affect mothers, newborns and children;]

[OP 1.8. in view of increased availability of malaria vaccines, malaria-endemic countries to consider prioritizing its introduction into routine immunization programmes as part of their comprehensive malaria control plans when the level of effectiveness and safety allows it, as well

¹ Strong KL, Pedersen J, White Johansson E, et al. Patterns and trends in causes of child and adolescent mortality 2000-2016: setting the scene for child health redesign. *BMJ Global Health*. 2021 Mar;6(3). DOI: 10.1136/bmjgh-2020-004760.

² United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG Indicator 5.6.2. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

³ Maternal Mortality Fact Sheet. 30 August 2021. Copenhagen: World Health Organization; 2021. Accessed 4 January 2024. (<https://www.who.int/europe/news-room/fact-sheets/item/maternal-mortality>).

as scale up malaria treatment in pregnant women and children in order to reduce malaria illness and child deaths;]

[OP 1.9. to consider implementing a universal newborn screening programme, including specific needs and considerations for diagnosis, management, and long-term care of children with birth defects;]

[OP 1.10. to address the social determinants of maternal and child health, including multiple and intersecting forms of discrimination, poverty, gender inequality including obstetric violence, lack of education and lack of access to clean water and sanitation, through strengthening multisectoral collaboration and holistic and integrated systems approaches within the global health architecture and at national level;]

[OP. 2. INVITES relevant stakeholders, as appropriate, to support, coordinate and align investments and technical assistance in support of the effective implementation of national plans and to contribute to the acceleration of progress towards the Sustainable Development Goal targets 3.1 and 3.2;]

[OP3. REQUESTS the Director General:]

[OP 3.1. to prioritize this unfinished agenda, and provide intensified technical support to Member States in updating legislation, policies, strategies, and national plans on sexual, reproductive, maternal, newborn, child and adolescent health and promoting the implementation of evidence-based health interventions to accelerate progress towards the relevant Sustainable Development Goal targets for sexual, reproductive, maternal, newborn, child and adolescent health, using data to prioritize interventions and implementation strategies to reach persons in vulnerable situations and those hardest to reach, such as adolescent mothers, elevating the importance of and prioritizing resources towards primary health care and to help mobilize resources towards their implementation;]

[OP 3.2. to develop relevant guidance to improve preconception/pre-pregnancy care including the ability to prevent unintended pregnancies, unsafe pregnancy practices and unsafe abortions, prenatal and postnatal care; quality and respectful care during pregnancy and childbirth, and maternal well-being to prevent stillbirths, low birth weight and prematurity, and address birth defects;]

[OP 3.3. to provide technical support for the implementation of midwifery models of care in line with international standards; to strengthen risk differentiated approaches to prevent child mortality; to address priority health needs of children 5–9 years of age; to promote health care services for childhood development; and to invest in adolescent well-being through school health, school health services, and digital solutions for adolescent-responsive primary care;]

[OP 3.4. to strengthen integration of preventative and curative nutritional services with special emphasis on the nutrition needs of pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the first 1000 days and mental health interventions into sexual, reproductive, maternal, newborn, child and adolescent health care services; to enhance capacity of the health workforce at all levels to deliver quality sexual, reproductive, maternal, newborn, child and adolescent health care services, including through professional mentoring and training for midwives and neonatal nurses; foster multi-sectoral collaborations; to improve the capacity for sexual, reproductive, maternal, newborn, child

and adolescent health data collection, analysis and use, work synergistically with the implementation of WHO's triple elimination efforts for HIV, syphilis and hepatitis B; and to ensure that guidance and services address the specific needs of underserved groups, including pregnant adolescents and adolescent mothers;]

[OP 3.5. to accelerate implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022), strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for securing better access to medicines for children, and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality-assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;]

[OP 3.6. to provide recommended water, sanitation and hygiene (WASH), waste management and energy indicators for health care facilities to use in regular health systems monitoring and to encourage countries to incorporate waste and energy data into regular health systems monitoring and regularly analyse and share data to inform planning, investment, and programming efforts;]

[OP 3.7. to continue to work closely with the Inter-Parliamentary Union to raise further awareness among parliamentarians about sexual and reproductive, maternal, newborn, child and adolescent health, based on quality data and evidence, and fully engage them both in pursuing advocacy and in providing sustained legislative and political support towards achieving the goals and targets in the Global Strategy for Women's, Children's and adolescents' Health (2016–2030);]

[OP 3.8. to report back to the Health Assembly on this resolution as part of the biennial substantive reporting on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) with a special focus on the effectiveness of renewed efforts to accelerate achievement of Sustainable Development Goal targets 3.1, 3.2, 3.7 and 5.6 in the subset of countries currently off-track to achieve the Goals by 2030.]

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