THE WAY FORWARD

SUSTAIN
- Sustain high-level commitment of Member States RMNCAH and their accountability.
- Improve the quality of care and emphasis on under-focused areas.

ACCELERATE
- Mobilize domestic health spending to achieve UHC for RMNCAH services.
- Make efforts to factor in the changing epidemiology and emerging priorities such as birth defects, injuries in children, prevention of disabilities, indirect causes of maternal mortality and focus on neglected sexual and reproductive health issues.
- Strengthen health system actions to improve service delivery for RMNCAH, and especially augment the health workforce and financing.

INNOVATE
- Make effective use of information and communication technology (ICT) and digital health options for improving demand-side and supply-side interventions as well as better measurement of progress in RMNCAH programmes.
- Explore multidimensional approaches and intersectoral collaboration for addressing the social determinants of health to improve the health of mothers, newborns and children.
- Encourage horizontal collaboration among countries/South-to-South collaboration for capacity building, technology transfer and learning.

IMPACT OF ACHIEVING FLAGSHIP TARGET
- By 2016, the MDG 4 targets had already been achieved. This has further ensured that the Region is well placed to achieve the SDG target of under-five mortality by 2030.
- Reaching the GPW 13 target of reducing the MMR and preventable deaths of newborns and children under 5 years of age by 30% by 2023 would mean roughly about 20,000 additional lives of mothers saved compared to 2015 and 110,000 additional newborn lives saved compared to 2017.
BACKGROUND
The flagship Priority Areas on the unlinked MDGs agenda: ending preventable maternal, newborn and child deaths with a focus on neonatal deaths, identified in 2010 and updated in 2016, is well aligned with global priorities such as the SDGs and the MDGs. The SDG 3 targets to end preventable mortality of newborns and children under 5 years of age and reduce maternal mortality. This Priority Area will also significantly contribute to these targets and to GPW 13 to achieve the goals for women, children and adolescents under the Strategic Objective of 1 billion more people benefiting from universal health coverage (UHC) and 1 billion more people enjoying better health and well-being.

PROGRESS
Status of maternal, newborn and child mortality and stillbirths in the WHO South-East Asia Region

<table>
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<tr>
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<tr>
<td>SEA Region</td>
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</tr>
</tbody>
</table>


ACHIEVEMENTS
Under-five mortality in the Region has declined by nearly 70% compared to the baseline of 1990.7 The Region has also achieved the MDG target of two thirds reduction in under-five mortality by the baseline of 1990. Five countries in the Region – DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand – have reached an under-five mortality rate below the 2030 SDG target of about 25 per 1000 live births.

Neonatal mortality declined by 60% in the Region from 1980 to 2017.

The maternal mortality ratio in the Region declined by 60% between 1990 and 2015; this was the largest reduction among the WHO regions. Out of the nine countries that achieved MDG target 5A globally, three are from the SEA Region: India reported a steep reduction in the MMR in 2016 (50 per 100 000 live births) and are the first two countries potentially bringing the Region below its 2015 MDG target.3

Progress in mortality reduction in the Region can be related to an increase in the coverage of some life-saving interventions across the RMNCAH life-course. For example, the proportion of institutional deliveries has increased by 70% in the Region over the past decade. Demand for family planning with modern methods has reached 70% in the Region.

CHALLENGES
- Covariance of several evidence-based life-saving interventions across the RMNCAH life-course has been low and uneven. Countries need to progressively scale up the coverage of all interventions to a high level of 95% to end preventable mortality among women, newborns and children.

- There are wide disparities in mortality and coverage of interventions based on rural–urban residence, gender and socioeconomic status. Some populations remain unachieved, signifying the equity gap and the importance of addressing the social determinants of health such as poverty, illiteracy and gender issues.

- The quality of care is inadequate, which reduces the effectiveness of evidence-based life-saving interventions, especially at the time of birth and during the newborn period.

- There are persistent health system constraints such as financial resources for RMNCAH, lack of skilled birth attendants (midwives, doctors, etc.), access to essential medicines and life-saving equipment, weak service delivery and weak civil registration systems.

Note: MMR is the maternal mortality ratio (deaths per 100 000 live births). MAPB is the Multiple Aids Program/Birthright (MDM/MDG). ENAP is Every Newborn Action Plan; EPMM is Ending Preventable Maternal Mortality; SRS is Sample Registration System. MDG is Millennium Development Goal; SDG is Sustainable Development Goal; RMD is Regional Mortality Database; RMNCAH is Reproductive, Maternal, Newborn, Child and Adolescent Health.

Global Targets
SDG targets a reduction in neonatal mortality to at least 12 per 1000 live births, under 5 mortality to 25 per 1000 live births, and maternal mortality ratio (MMR) to a global level of 70 per 100 000 live births by 2030. GPW 13 targets is a reduction in the global MMR by 50% and in preventable deaths of newborns and children under 5 years of age by 50% by 2025.

Regional Targets

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Key Performance Indicator</th>
<th>2013</th>
<th>2019</th>
<th>Target 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of countries that have costed national plans for RMNCAH care</td>
<td>1</td>
<td>10</td>
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<tr>
<td>2</td>
<td>Number of countries that have a national quality improvement framework</td>
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<td>7</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Number of countries implementing MEDEH and MESSA</td>
<td>2</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

MDSR is maternal death surveilliance and response; MESSA is maternal and perinatal death surveillance and response; RMNCAH is reproductive, maternal, newborn, child and adolescent health.
TARGETS

Global Targets
SDG targets a reduction in maternal mortality to no more than 70 per 100 000 live births, and neonatal mortality (neonatal mortality rate (NMR)) to 12 per 1000 live births by 2030. In 2015, the WHO Global Strategy for Women’s, Children’s and Adolescents’ Health (Every Newborn Action Plan (ENAP)) was launched. The Regional Strategic Plan for Maternal, Newborn, Child and Adolescent Health (MND 2016–2025) is linked to the ENAP Global Strategic Plan 2016–2023, with the same number of goals and indicators for the region.

Regional Targets
The WHO South-East Asia Region (SEA) has achieved the MDG target of reducing maternal mortality to half of the 1990 baseline. The Region has also met the MDG target of reducing under-five mortality to a quarter of the 1990 baseline.

PROGRESS

Status of maternal, neonatal and child mortality and stillbirths in the WHO South-East Asia Region

BACKGROUND
The Flagship Priority Areas on the unmet MDG agenda: Ending preventable maternal, newborn and child deaths with a focus on neonatal deaths, identified in 2014 (and updated in 2016), was aligned with global priorities such as the SDGs and the 17th General Programme of Work (GPW 13) of WHO. The SDG 3 targets aim to end preventable deaths of newborns and children under 5 years of age and reduce maternal mortality. This Flagship Area will also significantly contribute to these targets and to GPW 10 to achieve the goals for women, children and adolescents under the Strategic Objective #1: provide opportunities for individuals, help improve health outcomes, and promote well-being.

ACHIEVEMENTS

There has been a significant reduction in maternal, neonatal and perinatal mortality in the Region over the past decade. Demand for family planning with modern methods has reached 70% in the Region.

CHALLENGES

- There are widespread disparities in mortality and coverage of interventions based on rural-urban residence, gender and socioeconomic status. Some populations remain unreached, signifying the equity gap and the importance of addressing the social determinants of health such as poverty, illiteracy and gender issues.
- The quality of care is inadequate, which reduces the effectiveness of evidence-based life-saving interventions, especially at the time of childbirth and during the newborn period.
- There are persistent health system constraints such as financial resources for RMNCAH, lack of skilled birth attendants (midwives, doctors, etc.), access to essential medicines and life-saving equipment, weak service delivery and weak civil registration systems.


**хThis is true only for the global target. Each country has different target for the MMR SDG target. Countries need to achieve a two third reduction from the 2010 baseline of MMR and no country should have an MMR of more than 140.
TGTARGTS

Global Targets
SDG target is a reduction in maternal mortality to at least 70 per 100 000 live births, under 5 mortality to 11 per 1000 live births, and under-5 mortality rate (U5MR) to a global level of 25 per 1000 live births by 2030. GDP 11 targets is a target in the global MMR by 2050, and in preventable deaths of newborns and children under 5 years of age by 2050.

Regional Targets

S. No. | Key Performance Indicator | 2013 | 2017 | Target 2020
--- | --- | --- | --- | ---
1 | Number of countries that have costed national plans for RMNCCHH care | 10 | 11 | 11
2 | Number of countries that have a national quality improvement framework | 0 | 7 | 11
3 | Number of countries implementing MEGA MASSA | 2 | 11 | 11

BACKGROUND

The Flagship Priority Areas on the unfaired MDGs agenda. Ending preventable maternal, newborn and child deaths with a focus on neonatal deaths, identified in 2014 and updated in 2016, is well aligned with global priorities such as the SDGs and the 17 General Programmes of Work (GPW) of the WHO. The SDG 3 targets to end preventable deaths of newborns and children under 5 years of age and reduce maternal mortality. This Region has also significantly contribute to these targets and to GDP 11 to achieve the goal for women, children, and adolescents under the Strategic Objective 1 of Global: more people benefiting from universal health coverage (UHC) and a billion more people enjoying better health and well-being.

There are persistent health system constraints such as financial resources for RMNCAH, lack of skilled birth attendants (midwives, doctors, etc.), access to essential medicines and life-saving equipment, weak service delivery, and weak civil registration systems. At the current rate of progress, the SEA Region is likely to achieve the SDG target of under-five mortality reduction, however, for achieving the targets of neonatal mortality and maternal mortality, countries must significantly accelerate actions.

ACHIEVEMENTS

Under-fives mortality in the Region has declined by nearly 70% compared to the baseline of 1990.

Challenges

- Coverage of several evidence-based life-saving interventions across the RMNCAH life-course has been low and uneven. Countries need to progressively scale up the coverage of all interventions to a high level of 95% to end preventable mortality among women, newborns, and children.
- There are wide disparities in mortality and coverage of interventions based on rural–urban residence, gender and socioeconomic status. Some populations remain unengaged, signalling the equity gap and the importance of addressing the social determinants of health such as poverty, illiteracy and gender issues.
- The quality of care is inadequate, which reduces the effectiveness of evidence-based life-saving interventions, especially at the time of childbirth and during the newborn period.
- There are persistent health system constraints such as financial resources for RMNCAH, lack of skilled birth attendants (midwives, doctors, etc.), access to essential medicines and life-saving equipment, weak service delivery and weak civil registration systems.

Progress

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<table>
<thead>
<tr>
<th>Country</th>
<th>Maternal mortality ratio (deaths per 100 000 live births)</th>
<th>Neonatal mortality rate (deaths per 1000 live births)</th>
<th>Under-five mortality rate (deaths per 1000 live births)</th>
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THE WAY FORWARD

SUSTAIN
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UNMIT/Bernardino Soares
Shamila Sharma
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