FROM MDGs to SDGs: MATERNAL & NEWBORN HEALTH PRIORITIES.


Dr Maurice BUCAGU, MD, M. Med. Gyn-Obs, PhD.

Department of Maternal, Newborn, Child and Adolescent Health

World Health Organization
Outline of the presentation

- Context
- Global strategy for Women’s, Children’s & Adolescents’ Health.
- Scaling up of key MNH interventions in countries.
- Conclusion
EVERY YEAR:

- **6.6 million children** die before their 5th birthday
  - **3.0 million newborn** babies in the first month of life, > 1 million due to prematurity
  - 2.0 million infants aged 1 – 12 months.

- **303,000 women** die due to complications of pregnancy and childbirth (2015).
  - 2.6 million stillbirths.

Context: Maternal and newborn mortality - A major global public health problem...
Major causes of death in neonates and children under-five Global - 2015

- Pneumonia: 13%
- Prematurity: 16%
- Malaria: 5%
- Congenital anomalies: 5%
- Sepsis & other infections: 7%
- Diarrhoea: 9%
- Other neonatal: 3%
- Birth asphyxia/trauma: 11%
- Other (Group I) Conditions: 12%
- Injuries: 6%
- HIV/AIDS: 1%
- Measles: 1%
- Congenital anomalies & other NCDs: 8%
- Tetanus: 1%

45% of global under-five deaths are associated with nutrition-related factors*
Major causes of death in neonates and children under-five WHO Africa Region - 2015

- Pneumonia, 14%
- Prematurity, 10%
- Birth asphyxia/trauma, 10%
- Sepsis & other infections, 6%
- Congenital anomalies, 3%
- Other neonatal, 2%
- Diarrhoea, 10%
- Malaria, 10%
- Measles, 1%
- Other (Group I), 15%
- Other (Group II), 6%
- Injuries, 6%
- HIV/AIDS, 3%
- Tetanus, 1%
Causes of maternal deaths

- Haemorrhage: 34%
- Hypertension: 18%
- Sepsis: 11%
- Abortion: 9%
- Embolism: 8%
- Other direct: 1%
- Indirect: 1%
Inequitable risks of maternal and child deaths remain...

North America
MM - 1:4,500
U5M - 1:143

Latin America
the Caribbean &
MM - 1:520
U5M - 1:56

Europe
MM - 1:3,300
U5M - 1:83

Eastern Mediterranean
MM - 1:180
U5M - 1:18

Africa
MM - 1:40
U5M - 1:11

South East Asia
MM - 1:210
U5M - 1:21

Western Pacific
MM - 1:1,200
U5M - 1:67

Global Strategy for Women’s, Children’s, and Adolescents' Health

1. **SURVIVE**
   End preventable deaths

2. **THRIVE**
   Ensure health and well-being

3. **TRANSFORM**
   Expand enabling environments
What’s new in the Global Strategy?

- **Equity**
  Focus on reaching the most vulnerable and leaving no one behind

- **Universality:**
  For all countries, with an explicit focus on humanitarian settings

- **Adolescents**
  The “SDG generation” – a 10 year old in 2016 will be 24 in 2030

- **Life-course approach**
  Health and well-being interconnected at every age, and across generations

- **Multisector approach**
  Progress across core sectors e.g. nutrition, education, WASH
## Targets—aligned with the SDGs

### Survive

**End preventable deaths**
- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1000 live births in every country
- Reduce under-5 mortality to at least as low as 25 per 1000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by 1/3 premature mortality from NCDs and promote mental health and well-being

### Thrive

**Ensure health and well-being**
- End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good quality early childhood development
- Ensure that all girls and boys have access to sexual and reproductive health-care services (including for family planning) and rights
- Achieve universal health coverage, including financial risk protection, and access to quality essential services, medicines and vaccines

### Transform

**Expand enabling environments**
- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good quality secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development
Action and accountability

- Operational Framework – five year scope, regularly updated
- Indicators and monitoring framework
- Global Financing Facility Investment Plans – country-led with multi-stakeholder resources
- WHO Executive Board and World Health Assembly – Global Strategy implementation progress
- Independent Accountability Panel - annual report reviewed at WHA and HLPF
Scaling up of quality MNH interventions
Key effective interventions for MNH

• **Preventive interventions**
  - Family planning
  - **Antenatal care**
  - Skilled care at birth
  - Postnatal care (mother and baby)
  - Early initiation and exclusive breastfeeding for 6 months
  - Complementary feeding
  - Immunization
  - Insecticide treated bed-nets
  - Prevention of mother to child transmission of HIV (ART)

• **Treatment interventions**
  - Emergency Obstetric Care
  - Neonatal resuscitation
  - Care of LBW babies and sick newborns
  - ORT and zinc for diarrhoea
  - Antibiotics for dysentery
  - Antibiotics for pneumonia
  - **Anti-malarials (ACTs / SP-IPTp)**
  - Treatment of STIs and HIV
  - Post-abortion care.
Driving progress: The continuum of care
Universal health coverage

Universal health coverage (UHC) means that all people receive the health services they need without suffering financial hardship when paying for them. The full spectrum of essential, quality health services should be covered including health promotion, prevention and treatment, rehabilitation and palliative care.

Figure 1: The three dimensions of UHC
Care at birth gives a triple return on investments!

If interventions in pregnancy and at birth reached all families by 2015:
- 1.4 million newborn deaths averted (43%).
- 1.1 million stillbirths prevented (45%).
- 201,000 maternal deaths averted (54%).

From framework to implementation...

Quality of Care Framework

WHO Guidelines

Standards of care

Effective intervention strategies to improve QoC

Measurement indicators and methods

Research

1. Establish leadership group
2. Situation analysis / assessment
3. Adapt standards of care
4. Identify QI interventions
5. Implementation of QI interventions
6. Continuous measurement of quality & outcomes
7. Refinement of strategies

PLAN

ACT

DO

STUDY

World Health Organization
Strengthening Maternal Death Surveillance & Response system

- Surveillance
  - Identify deaths
  - Report deaths
- Response
  - Response action
  - Review deaths
- QoC improvement
- Vital registration
- MMR tracking
- QoC measurement
Why is MDPSR important?

• Maternal & neonatal mortality reduction is a global target that remains far from achievement.
• Country ownership of data (in real time).
• Makes maternal & perinatal death visible at local and national levels;
• Sensitizes communities and facility health workers;
• Provides information for action;
• Connects actions to results; part of the accountability framework.
Harness the power of families and communities

<table>
<thead>
<tr>
<th>Develop <strong>CAPACITIES</strong> to stay healthy, make healthy decisions and respond to obstetric and newborn emergencies</th>
<th>Strengthen <strong>LINKAGES</strong> for social support between women, families and communities and with health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase <strong>AWARENESS</strong> of the rights, needs and potential problems related to maternal and newborn health</td>
<td>Improve <strong>QUALITY</strong> of care, health services and interactions with women, families and communities</td>
</tr>
<tr>
<td><strong>Empowerment, increased access and use</strong></td>
<td><strong>ACCEPTABILITY</strong></td>
</tr>
</tbody>
</table>
Why it is essential to build on the linkages between MNH & Malaria programmes

Maternal mortality

Malaria global burden

Under-5 mortality
Benefits of strengthening the integrated service delivery MNH platform: selected GF examples.

<table>
<thead>
<tr>
<th>Country</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia, Mozambique, Rwanda</td>
<td>ART added to ANC</td>
<td>ART uptake doubled (meta analysis)</td>
</tr>
<tr>
<td>Kenya</td>
<td>PMTCT added to labor ward</td>
<td>70% vs. 57% uptake of NVP</td>
</tr>
<tr>
<td>South Africa</td>
<td>ART added to ANC for eligible pregnant women</td>
<td>• 33% higher ART initiation in pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Time-to-treatment initiation was reduced from a median of 56 days to 37 days</td>
</tr>
<tr>
<td>Malawi, Mozambique, Uganda</td>
<td>Family planning integrated into HIV care facilities</td>
<td>36% reduction in cost</td>
</tr>
<tr>
<td>Zambia</td>
<td>Integration of ART into ANC vs. referrals from ANC to ART</td>
<td>Percentage of treatment-eligible women initiating ART during pregnancy doubled under the integration model (32.9% vs. 14.4%)</td>
</tr>
<tr>
<td>Malawi, Mozambique, Uganda</td>
<td>PMTCT services integrated into ANC/childbirth sites</td>
<td>36% reduction in cost</td>
</tr>
</tbody>
</table>
Priority: Scaling up of quality MNH interventions

- **Survive, Thrive & Transform.**

- **National leadership & commitment** are critical (e.g. more domestic investments required).

- **Universal health coverage** (great opportunity for scaling up MNH interventions).

- **Quality of MNH care** (provision & experience of care; MPDSR…)

- **MNH & MIP: integrated responses** that strengthen health systems, including community-based services, to improve all outcomes (e.g. Updated ANC care guidelines).
THANK YOU