Reduction of child and maternal mortality in South-East Asia Region

WHO-SEARO
## Progress in MDG 4 in SEAR

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>48</td>
<td>50</td>
<td>ON TRACK</td>
<td>38</td>
<td>89</td>
</tr>
<tr>
<td>Bhutan</td>
<td>56</td>
<td>55</td>
<td>ON TRACK</td>
<td>44</td>
<td>99</td>
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<tr>
<td>DPR Korea</td>
<td>33</td>
<td>15</td>
<td>SLOW</td>
<td>26</td>
<td>98</td>
</tr>
<tr>
<td>India</td>
<td>63</td>
<td>38</td>
<td>SLOW</td>
<td>48</td>
<td>71</td>
</tr>
<tr>
<td>Indonesia</td>
<td>35</td>
<td>28</td>
<td>ON TRACK</td>
<td>27</td>
<td>82</td>
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<tr>
<td>Maldives</td>
<td>15</td>
<td>34</td>
<td>ACHIEVED</td>
<td>14</td>
<td>98</td>
</tr>
<tr>
<td>Myanmar</td>
<td>66</td>
<td>37</td>
<td>SLOW</td>
<td>50</td>
<td>87</td>
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<tr>
<td>Nepal</td>
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<td>47</td>
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<td>41</td>
<td>79</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>17</td>
<td>11</td>
<td>SLOW</td>
<td>14</td>
<td>96</td>
</tr>
<tr>
<td>Thailand</td>
<td>13</td>
<td>11</td>
<td>ON TRACK</td>
<td>11</td>
<td>98</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>55</td>
<td>56</td>
<td>ACHIEVED</td>
<td>46</td>
<td>70</td>
</tr>
</tbody>
</table>
## Progress in MDG 5 in SEAR

<table>
<thead>
<tr>
<th>Country</th>
<th>MMR 1990</th>
<th>MMR 2008</th>
<th>% reduction</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>870</td>
<td>340</td>
<td>61% (5.3% per year)</td>
<td>Making progress</td>
</tr>
<tr>
<td>Bhutan</td>
<td>940</td>
<td>200</td>
<td>79% (8.6% per year)</td>
<td>On track</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>270</td>
<td>250</td>
<td>7% (0.4% per year)</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>India</td>
<td>570</td>
<td>230/212*</td>
<td>59% (4.9% per year)</td>
<td>Making progress</td>
</tr>
<tr>
<td>Indonesia</td>
<td>620</td>
<td>240</td>
<td>62% (5.4% per year)</td>
<td>Making progress</td>
</tr>
<tr>
<td>Maldives</td>
<td>510</td>
<td>37</td>
<td>93% (14.6% per yr)</td>
<td>On track</td>
</tr>
<tr>
<td>Myanmar</td>
<td>420</td>
<td>240</td>
<td>43% (3.1% per year)</td>
<td>Making progress</td>
</tr>
<tr>
<td>Nepal</td>
<td>870</td>
<td>380</td>
<td>56% (4.6% per year)</td>
<td>Making progress</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>91</td>
<td>39</td>
<td>58% (4.8% per year)</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>50</td>
<td>48</td>
<td>4% (0.2% per year)</td>
<td></td>
</tr>
<tr>
<td>Timor Leste</td>
<td>650</td>
<td>370</td>
<td>43% (3.2% per year)</td>
<td>Making progress</td>
</tr>
</tbody>
</table>
Challenges in SEAR

- Region is not on track for achievement of MDG 4 and 5
  - Most of the maternal and child deaths are preventable
- Wide disparities exist among countries and within the countries: ‘To reach the unreached’
- Coverage and quality of evidence-based interventions needs to be quickly expanded across the life course and continuum of care
- Health system issues:
  - Low public health expenditure
  - Shortage of human resource and commodities
  - Poor governance, monitoring and supervision
- Need to address broader social and economic determinants
Interventions for MNCH are well known… but
Coverage remains low
Global Consensus MNCH interventions & Packages

Clinical

REPRODUCTIVE
- Post-abortion care, Safe Abortion where legal
- STI case management

CHILD BIRTH CARE
- Emergency obstetric care (including Ext cephalic version, AMTSL, Partogram use, antenatal steroids, antibiotics as indicated
- Skilled obstetric care and immediate newborn care (hygiene, warmth, breastfeeding) and resuscitation, Infection prevention
- PMTCT/ART for HIV

EMERGENCY NEWBORN AND CHILD CARE
- Hospital care of newborn and childhood illness including HIV care
- Extra care of preterm babies including kangaroo mother care
- Emergency care of sick newborns

Outreach/Outpatient

REPRODUCTIVE HEALTH CARE
- Family planning
- Prevention and management of STIs and HIV including ART
- Peri-conceptual folic acid

ANTENATAL CARE
- 4-visit focused package
- IPTp and bednets for malaria
- PMTCT/ART for HIV

POSTNATAL CARE
- Promotion of healthy behaviours
- Early detection of and referral for illness
- Extra care of LBW babies
- PMTCT

CHILD HEALTH CARE
- Immunisations, nutrition, e.g. Vitamin A supplementation and growth monitoring
- IPTp and bednets for malaria
- Care of children with HIV including cotrimoxazole
- First level assessment and care of childhood illness (IMCI)

Family and Community

FAMILY AND COMMUNITY
- Adolescent and pre-pregnancy nutrition
- Education
- Prevention of STIs and HIV

- Counselling and preparation for newborn care, breastfeeding, birth and emergency preparedness
- Where skilled care is not available, consider clean delivery and immediate newborn care including hygiene, warmth and early initiation of breastfeeding

Healthy home care including:
- Newborn care (hygiene, warmth)
- Nutrition including exclusive breastfeeding and appropriate complementary feeding
- Seeking appropriate preventive care
- Danger sign recognition and care seeking for illness
- Oral rehydration salts for prevention of dehydration
- Where referral is not available, consider case management for pneumonia, malaria, neonatal sepsis

Intersectoral
Improved living and working conditions – Housing, water and sanitation, and nutrition
Education and empowerment

Pre-pregnancy
Pregnancy
Birth
Newborn/postnatal
Childhood

UNESCAP Forum, New Delhi: 17 Feb 2012
But coverage is uneven...

Median national coverage levels for 19 Countdown interventions and approaches, most recent estimate since 2000
Uneven coverage patterns across interventions

- Of 18 life-saving interventions, only vaccinations are reaching 80% coverage

- Interventions able to be scheduled have higher coverage than those needing functional health systems and 24-hour service availability (24H)
Wide disparities
Disparities among countries in SEAR

Regional disparities within countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timor Leste</td>
<td>64</td>
</tr>
<tr>
<td>Thailand</td>
<td>14</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>21</td>
</tr>
<tr>
<td>Nepal</td>
<td>61</td>
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<tr>
<td>Myanmar</td>
<td>14</td>
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<tr>
<td>Maldives</td>
<td>44</td>
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<tr>
<td>Indonesia</td>
<td>74</td>
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<tr>
<td>India</td>
<td>55</td>
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<td>DPR Korea</td>
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</tr>
<tr>
<td>Bhutan</td>
<td>65</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>98</td>
</tr>
</tbody>
</table>

Under-5 mortality, Indonesia 2007

Under-5 mortality, Nepal 2006
Disparities: U5MR

Under Five Mortality Rate by Wealth Quintile


Under Five Mortality Rate by Residence

Under Five Mortality Rate by Sex
Disparities in intervention coverage
ORS for diarrhoea

### Percentage of Children (below 5 years of age) with Diarrhea Who Received ORS - by Wealth Quintile

<table>
<thead>
<tr>
<th>Country</th>
<th>Poorest</th>
<th>Richest</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>69</td>
<td>82</td>
</tr>
<tr>
<td>IND</td>
<td>43</td>
<td>32</td>
</tr>
<tr>
<td>INO</td>
<td>19</td>
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<tr>
<td>NEP</td>
<td>18</td>
<td>40</td>
</tr>
<tr>
<td>THA</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>

### Percentage of Children (below 5 years of age) with Diarrhea Who Received ORS - by Residence

<table>
<thead>
<tr>
<th>Country</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>81</td>
<td>76</td>
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<tr>
<td>IND</td>
<td>33</td>
<td>24</td>
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<td>INO</td>
<td>33</td>
<td>47</td>
</tr>
<tr>
<td>MMR</td>
<td>57</td>
<td>50</td>
</tr>
<tr>
<td>NEP</td>
<td>71</td>
<td>56</td>
</tr>
<tr>
<td>SRL</td>
<td>65</td>
<td>74</td>
</tr>
<tr>
<td>THA</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>TLS</td>
<td>74</td>
<td></td>
</tr>
</tbody>
</table>

### Percentage of Children (below 5 years of age) with Diarrhea Who Received ORS - by Mother's Education

<table>
<thead>
<tr>
<th>Country</th>
<th>No Education</th>
<th>Secondary Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>72</td>
<td>50</td>
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<tr>
<td>IND</td>
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<td>35</td>
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<tr>
<td>INO</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
<td>MMR</td>
<td>58</td>
<td>54</td>
</tr>
<tr>
<td>NEP</td>
<td>54</td>
<td>56</td>
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<tr>
<td>SRL</td>
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<tr>
<td>THA</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>TLS</td>
<td>83</td>
<td>95</td>
</tr>
</tbody>
</table>

### Percentage of Children (below 5 years of age) with Diarrhea Who Received ORS - by Sex

<table>
<thead>
<tr>
<th>Country</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>78</td>
<td>68</td>
</tr>
<tr>
<td>IND</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>INO</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>MMR</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>NEP</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>SRL</td>
<td>50</td>
<td>54</td>
</tr>
<tr>
<td>THA</td>
<td>71</td>
<td>68</td>
</tr>
<tr>
<td>TLS</td>
<td>74</td>
<td>68</td>
</tr>
</tbody>
</table>

What are we doing
Defining political agenda at Regional and National level for MNCAH

- **Build consensus:**
  - MNCAH at core of health entitlements
  - Mechanisms for predictable, increased and sustained funding
  - Coordinated partnerships
  - Better tracking of progress and resources

- **Strengthen health systems for MNCAH:**
  - Address continuum of care
  - Accelerate scale-up towards universal coverage
  - Human resource for health a national priority
  - Augment programme management capacity

- **Partnerships with civil society:**
  - to establish accountability mechanisms
  - to maintain political momentum
Support scaling up implementation of Interventions across Continuum of Care

<table>
<thead>
<tr>
<th>Home / Family Community</th>
<th>Health Facility: Outdoor</th>
<th>Health Facility: Indoor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Promotion, Help seeking, Minor T/t Referral</td>
<td>Treatment, Prevention, Promotion, Follow up Referral</td>
<td>Treatment, Follow up</td>
</tr>
<tr>
<td>CHW BCC</td>
<td>Nurse-Midwife, MO</td>
<td>MO, Specialist</td>
</tr>
</tbody>
</table>
CHW approaches: Increasing access to interventions delivered at doorstep

Care of sick child

Care of newborn

Care of healthy child

Counseling cards

Caring for the Newborn at Home: A training course for community health workers

WHO and UNICEF
CHW Approach: Care of Sick child

Nepal: Female Community Health Volunteer (FCHV): all districts: Increased coverage / utilization:
- In implementation districts nearly 70 percent of pneumonia cases were treated compared to only 30 percent in other districts.
- Nationally, 88% vitamin A and 82% deworming (NDHS 2006) and outpatient treatment to 50% of all pneumonia cases (in public health sector) were provided by FCHVs.

India: IMNCI for ANM and AWW, Module 6&7 for ASHA

Bangladesh: IMNCI for Basic Health Workers

Policy constraint:
Legal authorization of CHW to use antibiotics for pneumonia: BAN, IND, NEP
CHW Approach: Home-based Postnatal care for newborn and mother

India

IMNCI trained Anganwadi Worker (AWW):
Out of 1.1 million newborns in 99 districts 65% received home visit on day 1 and 63% were visited 3 times in 10 days

Being scaled up through ASHAs (Module 6 and 7)

Nepal

Community based Newborn Care Programme: Scaled-up to 25 districts

Bangladesh

Basic Health Workers: IMNCI training
## Interventions at First Level Health Facilities: IMCI

<table>
<thead>
<tr>
<th>Country</th>
<th>BAN</th>
<th>BHU</th>
<th>DPRK</th>
<th>IND</th>
<th>INO</th>
<th>MAV</th>
<th>MMR*</th>
<th>NEP</th>
<th>SRL</th>
<th>THA</th>
<th>TLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. (out of total) of districts covered with IMCI</td>
<td>48 / 64</td>
<td>9 / 20</td>
<td>88 / 208</td>
<td>356 / 640</td>
<td>Not Available</td>
<td>5/5 Regions</td>
<td>WCHD: 184/330 IMCI: 13/330</td>
<td>75/75</td>
<td>1/26</td>
<td>X</td>
<td>13/13</td>
</tr>
<tr>
<td>Proportion (%)</td>
<td>75</td>
<td>45</td>
<td>42</td>
<td>55</td>
<td>100</td>
<td>60</td>
<td>100</td>
<td>X</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referral Care at Hospitals

India

F-IMNCI: for sub-district hospitals

Sick Care Newborn Units: 300 units at District Hospitals

Quality of care: WHO tools and manual Assessment supported in Indonesia, Bangladesh, Nepal, India
Scale up effective interventions across life course

- Adolescent health package
- Pre-conception package
- Pregnancy and childbirth package
- Postnatal and newborn packages
- Infancy and childhood package

Working with Member States and provide guidelines, standards, tools for capacity building and monitoring
Promoting Coordinated approaches
Protect, prevent and treat strategies for pneumonia and diarrhoea

**Protect**
- Exclusive breastfeeding
- Adequate nutrition
- Zinc & Vit. A supplementation
- Hand washing
- Safe water and sanitation
- Reduce indoor air pollution

**Prevent**
- Vaccination against pertussis, measles, Hib, pneumococcus and rotavirus
- Cotrimoxazole prophylaxis for HIV-infected and exposed children

**Reduce pneumonia and diarrhoea morbidity and mortality**

**Treat**
- Improved care seeking
- Case management at the health facility and community level
- Provision of low osmolarity ORS, zinc, antibiotics & oxygen

CH Programme
Nutrition
Immunization
Water and sanitation
Environment health
Improve Planning, Review and Management Capacity

"Program management"

- Manage implementation (ongoing)
  - Advocate
  - Mobilize resources
  - Manage human, material and financial resources
  - Manage supervision
  - Monitor progress and use results

- Develop implementation plan (every 1–2 years)
  - Prepare for planning
  - Review implementation status
  - Decide on programme activities
  - Plan monitoring of implementation of activities
  - Plan for the next review of implementation status
  - Write a work plan and budget

- Prepare for review of implementation status (every 1–2 years)

- Evaluate programme coverage and health impact (every 5–10 years)
  E.g. DHS, MICS

- Develop strategic plan (every 5–10 years)

- "Short program review"

- "Strategic planning checklist"
Improve Planning, Review and Management Capacity

- **Strategic Planning Checklist:** OneHealth Tool for MNCH: Introduced in the Region
- **Short MCH Programme Review:** Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka, Maldives
- **Programme Management guidelines for MCH:** Bangladesh, India, Sri Lanka

Using Data for Reviewing Child Health Programmes (Short Programme Review)
Augment Human Resource Capacity

- Decrease dependence on doctors: Improving access to life saving treatments through CHWs
- Capacity building of different cadres:

<table>
<thead>
<tr>
<th>Pre-service IMCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Service IMCI in Medical education</td>
</tr>
<tr>
<td>BAN, DPRK, IND, INO, MMR, NEP</td>
</tr>
<tr>
<td>Pre-Service IMCI in Nursing education</td>
</tr>
<tr>
<td>BHU, DPRK, IND, INO, MMR</td>
</tr>
</tbody>
</table>

Alternate IMCI training methodology:
- Computer based: ICATT in Indonesia, India
- Distance Learning: India, Indonesia
Promoting Knowledge Networks

Regional–National Networks for Newborn Health:

• Knowledge management

• Research

• Policy advocacy

• Training and education

Standard Treatment Protocols for managing common newborn conditions in small hospitals
WHO-UNICEF Regional Strategy for Newborn and Child Health

South-East Asia Regional Strategic Framework For Improving Neonatal & Child Health

Strategic Directions:
1: Strengthening implementation of evidence based interventions along the continuum of care: Action to improve service delivery for universal coverage
2: Action to strengthen the Health System to ensure delivery of quality maternal-newborn-child health services
3: Achieving Equity
4: Improving and maintaining quality of services
5: Private Sector Participation
6: Engaging with Families and Community
7: Action beyond Health Sector: Actions to address determinants of maternal, newborn, child health and development
Opportunities

Renewed commitments:
- UNSG Strategy on Women’s and Children’s Health
- National commitments for investment in health (MDG 4 and 5)

Partnerships: PMNCH, H4+, SAARC Foundation for Health

Renewed focus on Primary Health Care and Community Health Workers
Commission on Information and Accountability for Women’s and Children’s Health:
Key accountability principles:

- focus on national leadership and ownership of results;
- strengthen countries’ capacity to monitor and evaluate;
- reduce the reporting burden by aligning efforts with the systems countries use to monitor and evaluate their national health strategies;
- strengthen and harmonize existing international mechanisms to track progress on all commitments made.

- Monitor results
- Monitor resources
Monitor the status of women’s and children’s health:

- Maternal mortality ratio (deaths per 100 000 live births);
- Under-five child mortality, with the proportion of newborn deaths (deaths per 1000 live births);
- Children under five who are stunted

Tracer set of eight coverage indicators:

1. Met need for contraception; (proportion of women aged 15-49 years who are married or in union and who have met their need for family planning
2. Antenatal care coverage
3. Antiretroviral prophylaxis and antiretroviral therapy among HIV-positive pregnant women
4. Skilled attendant at birth
5. Postnatal care for mothers and babies
6. Exclusive breastfeeding for six months
7. Three doses of the combined diphtheria, pertussis and tetanus vaccine
8. Antibiotic treatment for pneumonia
Thank you

Let us continue to work together.......