



Seventh Asian and Pacific
Population Conference
BANGKOK, 15-17 NOVEMBER 2023



Concept note – side event on Maternal Health
Seventh Asian and Pacific Population Conference
Bangkok

17 November 2023, 12:30-13:45

Title: Harnessing Lessons Learned in the Region to Accelerate Reduction in Maternal Morbidity and Mortality: experiences from Bangladesh, Nepal, Pakistan, and Sri Lanka to achieve the Programme of Action of the International Conference on Population and Development

Background: Over the three decades since the adoption of the ICPD Programme of Action, Nepal has achieved remarkable progress in various facets of sexual and reproductive health and rights. The 2021 Census data paints a compelling picture of this journey, showcasing a substantial reduction in maternal mortality rates, with figures dropping from 186 per 100,000 live births in 2017 to 151 per 100,000 live births in 2021. Furthermore, the utilization of modern contraceptives has seen a commendable rise, surging from 26.0% in 1996 to 43.0%, while adolescent fertility rates have witnessed a significant decline from 127 to 71. The total fertility rate has also plummeted from 4.6 to 2.1 between 1996 and 2022.

Nonetheless, it is essential to acknowledge that substantial challenges persist in Nepal's journey. Tragically, two women lose their lives daily while giving birth, leaving families and communities grappling with the devastating consequences of this loss. Maternal mortality's impact extends beyond individual lives, as it bears significant economic and social ramifications, affecting the health and well-being of entire societies. These challenges underscore the imperative for continued and accelerated efforts and collaboration to overcome obstacles while Nepal is heading towards graduation to the Middle-Income Country in 2026.

Like Nepal, Bangladesh, Pakistan, and Sri Lanka have made significant progress in reducing maternal mortality. The maternal mortality ratio in Bangladesh significantly decreased from 437 deaths per 100,000 live births in 2001 to 123 deaths per 100,000 live births in 2020. In Pakistan, over 13 years, maternal deaths declined from 276 in 2006-07 to 186 in 2019. Already well below the SDG 3.1 target, Sri Lanka has impressive achievements where between 2001 and 2020, the maternal mortality ratio decreased from 55 in 2001 to 29 deaths per 100,000 live births in 2020. Currently, it remains around 36 deaths per 100,000 live births even amidst the COVID pandemic and the economic crisis that Sri Lanka was impacted by.

According to SDG 3.1 by 2030, the global maternal mortality ratio (MMR) should be reduced to less than 70 per 100,000 live births, and no country should have an MMR of more than 140 per 100,000 live births. Although the MMR dropped by about 34% worldwide between 2000 and 2020, every day in 2020, almost 800 women died from preventable causes related to pregnancy and childbirth - a maternal death occurred almost every two minutes in 2020. Almost 95% of all maternal deaths occurred in low and lower-middle-income countries in 2020. Sub-Saharan Africa and Southern Asia accounted for around 87% of the estimated global maternal deaths in 2020. Southern Asia accounted for around 16%. Overall, between 2000 and 2020, Southern Asia achieved an encouraging overall reduction in maternal mortality ratio (MMR) - a decline of 67% (from an MMR of 408 down to 134).

According to maternal mortality survey reports, especially from Nepal and Pakistan, more deaths are happening in health facilities or when women are on their way to health facilities, highlighting the need for more investments in quality of care and functional referral mechanisms. Despite the increase in health facility delivery from 62% to 78% between 2016 and 2021, according to the 2021 Nepal MMR report, about 57% of deaths occurred at health facilities, indicating delays in receiving quality health care while 26% of mothers died at home. The remaining 17% of deaths occurred while on the way to health facilities or during referrals between facilities.

Similarly, in Pakistan, the 2019 MMR report showed a significant increase in antenatal care, skilled birth attendance (69%), and delivery in a health facility (66%) over the past two decades without a sufficient corresponding decrease in maternal mortality. The report indicated the need to invest more in quality and coverage of reproductive health services especially family planning, treatment of complications through strong Emergency Obstetric and Neonatal Care (EmONC), and access to safe abortion services.

A cross-cutting challenge across countries is having a sufficient and quality health workforce, especially midwives. According to the WHO, educated and regulated midwives to the global International Confederation of Midwives (ICM) standards and who work in enabling environments could avert 40% of maternal and newborn deaths and 25% of stillbirths with just a 25% increase in coverage of midwife-led interventions. An investment in midwives could save 4.3 million lives by 2035 if there was universal coverage of midwife-led interventions. In this regard, the National Midwifery Programme of Bangladesh has made expanded and rapid progress since its inception in 2010. In total 5,705 midwives graduate every year from 61 public and 108 private midwifery colleges. Midwives conduct 87% of normal deliveries in sub-district health facilities, where they are deployed.

Other important determinants of maternal health and maternal survival include harmful practices such as child marriage, huge unmet needs for family planning, and gender inequality. Due to the unique sociocultural, geographical, and economic context and diversity of each country, specific segments of the population, especially the poor, minority, and young mothers, are the most affected.

As Nepal, Bangladesh, Pakistan, and Sri Lanka transition to a middle-income country category, it is hoped that access to universal maternal health care will improve through targeted investments focusing on the population who are left behind.

The encouraging trends should be accelerated through adequate investment in the health workforce, quality of care, and community mobilization. Most importantly, these comparable South Asian countries should share their success, challenges, and strategies with the wider regional countries to promote south-south learning.

Objective: through a high-level panel of decision-makers and experts from South Asia (Nepal, Bangladesh, Pakistan, and Sri Lanka), discuss how to achieve a global maternal mortality reduction to less than 70 maternal deaths per 100,000 live births by 2030.

Subject/Theme: Achieving Sustainable Development Goal (SDG) Target 3.1 through south-south learning.

Host: Government of Nepal in collaboration with UNFPA

Format: expert presentation followed by high-level panel discussion

Country focus:

- Nepal: evidence generation (census and MMR surveys) and systematic approaches to reducing maternal mortality including the Maternal and Perinatal Death Surveillance and Response (MPDSR) systems.

- Bangladesh: investment in the health workforce, especially midwives' education and regulation.
- Pakistan: improvement of EmONC as part of national universal health coverage program.
- Sri Lanka: key success factors for achieving maternal mortality ratio of 29 deaths per 100,000 live births and achieving last mile challenges.

Speakers:

- **Shahan Ara Banu**, Director General of Family Planning, Medical Education and Family Welfare Division, MoHFW **Bangladesh**
- **Mr. Ramesh Kumar KC**. Ministry of Health and Population **Nepal**
- **Mr. Kamal Shah** CEO Family Planning Association of Pakistan and focal person for IPPF **Pakistan**
- **Dr Asela Gunawadrena** Director General-Health Services, **Sri Lanka**
- UNFPA representatives from Bangladesh, Nepal Pakistan, and Sri Lanka.

Expected outcomes: A regional learning and support platform for accelerating the reduction of maternal mortality in the region.

Agenda and expected outcome:

Time	Session	Key messages	Responsible
5m (1230-1235)	Welcome		MoHP Nepal – Secretary
5m (1235-1240)	Brief statement		UNFPA Rep Nepal
10m (1240-1250)	PPT presentation - Status of maternal health in Bangladesh, Nepal, Pakistan, and Sri Lanka	<ul style="list-style-type: none"> Maternal health and maternal mortality trends (Bangladesh, Nepal, Pakistan, and Sri Lanka) National and international commitments and progress Key determinants of Maternal Health from a Rights-Based Approach 	Regional technical expert
30m (1250-1320)	Panel discussion: what are the key drivers of progress in Bangladesh, Nepal, Pakistan, and Sri Lanka?	<ul style="list-style-type: none"> Bangladesh: investment in the health workforce, especially midwives' education, deployment, and regulation is one of the key drivers of maternal mortality reduction through improving access to skilled birth attendants and emergency obstetric care. Nepal: partnerships for robust evidence generation (census and MMR surveys). A collaboration between the Ministry of Health and the National Statistics Office where the 2021 census enumerators, as a part of their regular work, collected data on live births and deaths of women of reproductive age. This methodology provided evidence for determining the causes and distribution of maternal mortality both at the national and sub-national levels. Using the evidence, the government of Nepal is implementing Maternal and Perinatal Death Surveillance and Response (MPDSR) targeting high-burden geographic locations to accelerate the reduction of maternal mortality. Pakistan: improvement of emergency obstetric care through conducting detailed EmONC assessment and development improvement plans as part of the national universal health coverage program targeting the most underserved districts of Pakistan. 	<p>Government representatives from Bangladesh, Nepal, Pakistan, and Sri Lanka.</p> <p>Shahan Ara Banu, Director General of Family Planning, Medical Education and Family Welfare Division, MoHFW Bangladesh</p> <p>Mr. Ramesh Kumar KC. Ministry of Health and Population Nepal</p> <p>Mr. Kamal Shah CEO Family Planning Association of Pakistan and focal person for IPPF Pakistan</p> <p>Dr Asela Gunawadrena Director of General Health Services, Sri Lanka</p>

		<ul style="list-style-type: none"> • Sri Lanka: key success factors for achieving maternal mortality ratio of 36 deaths per 100,000 live births – affordable/free and quality nationwide community and institutional health care which is well accepted and utilized by women. To reach the last mile challenges Increased national and subnational capacity is required to provide high-quality maternal health services for women, adolescents, and young women, particularly those from vulnerable groups, including persons with disabilities, in areas with the highest maternal mortality, in development and humanitarian contexts in Sri Lanka. Strengthening systems and building the capacities of health workers to address gaps in the quality of care of maternal health within the context of a comprehensive package is required. <p>Sri Lanka needs to increase investments to improve healthcare facilities and gender-responsive rights-based services to reduce pregnancy complications and high-risk pregnancies. It is also important to strengthen evidence-based interventions for maternal health in the universal health coverage package and improve the quality of maternal health financing.</p>	Facilitated by Bandana Rana CEDAW Committee Member
20m (1320-1340)	Next steps: brief statements on strengthening country-to-country and regional learning (South-South Cooperation)	<ul style="list-style-type: none"> • UNFPA's Corporate Strategy on South-South and Triangular Cooperation • Opportunities for South-South Cooperation 	UNFPA Reps of Bangladesh, Nepal, Pakistan, and Sri Lanka
5m (1340-1345)	Closing		MoHP Nepal –Ministry of Health and Population