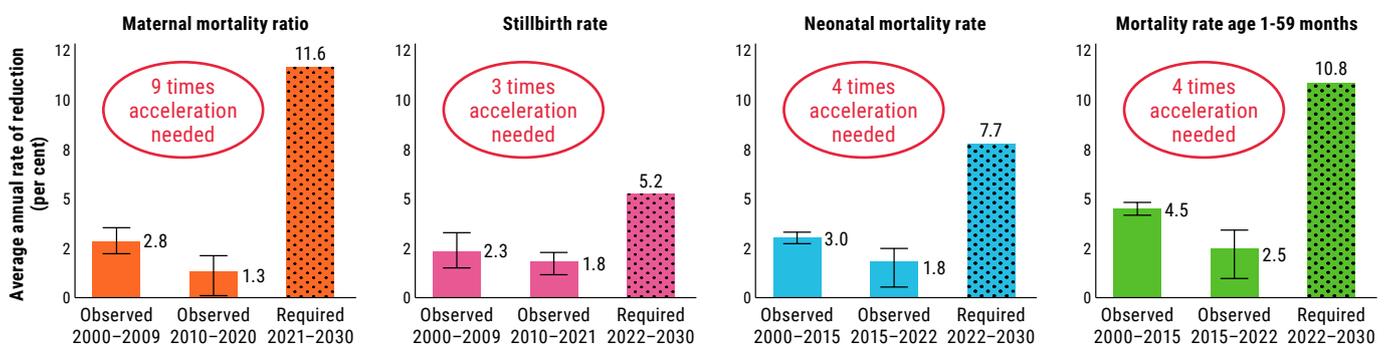


# Six years to the SDG deadline: Six actions to reduce unacceptably high maternal, newborn and child deaths and stillbirths

WHA Agenda Item 11.7 calls for Acceleration towards the Sustainable Development Goals Target for maternal newborn and child mortality (MNCH) by accelerated action and investment in equitable coverage of effective interventions, and quality of care in order to meet our collective commitment to achieve the Sustainable Development Goals (SDGs) and Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) targets (see Figure 2). Unfortunately, women, stillborns, newborns and children under-5 had larger survival gains from 2000 to 2015 compared to 2016-2022 (1,2,3). Globally, actions are needed to accelerate progress nine-fold to reduce maternal mortality, three-fold for stillbirths, four-fold for newborn mortality and four-fold for children aged 1-59 months (see Figure 1). The quality of health leadership can be defined by having the courage and vision to transform health systems to deliver quality MNCH care and improve access to health care for all women, including adolescent girls, newborns and children.

Figure 1. The Average rates of reduction (ARR) since 2000 and the ARR required 2021/2022 - 2030 to meet global targets



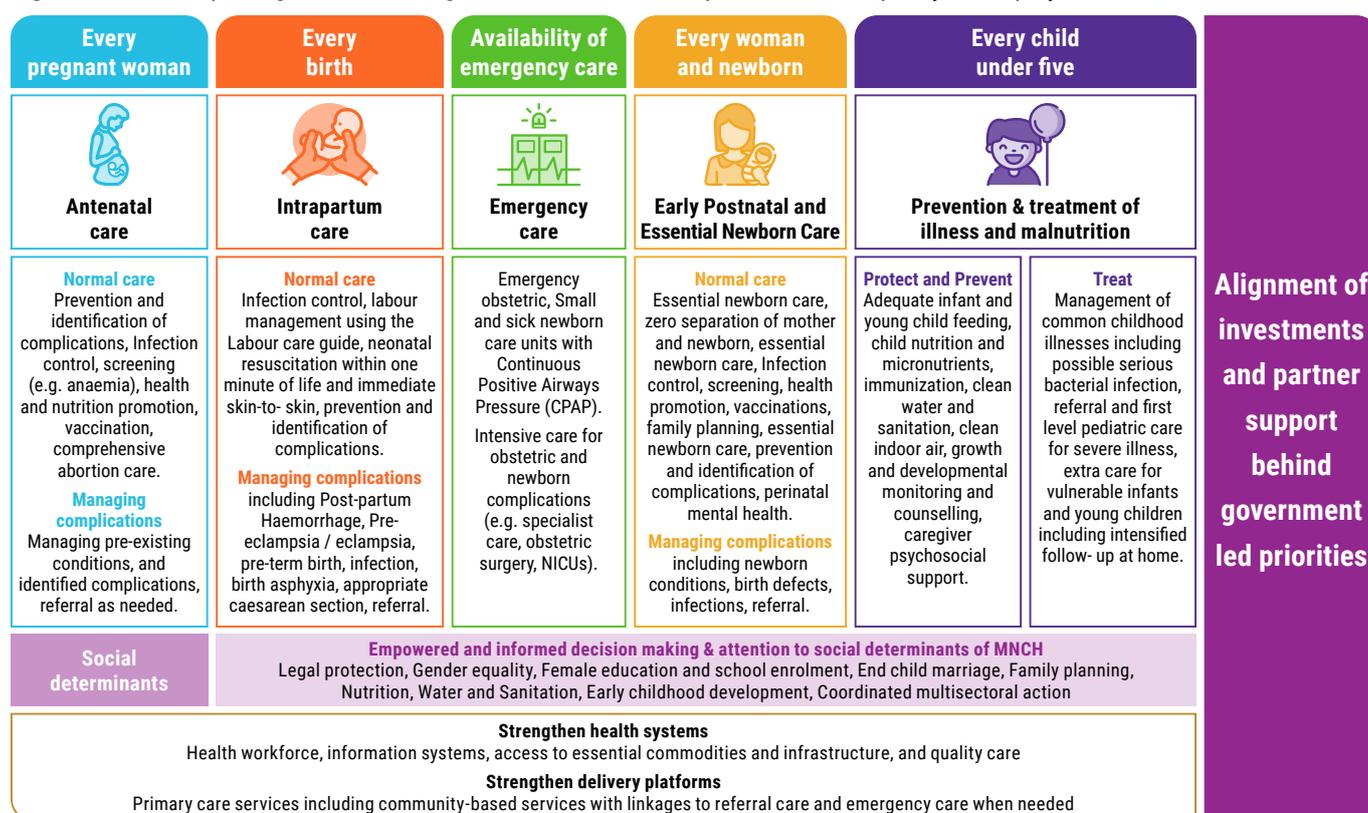
## Six actions to accelerate progress for MNCH care

- Match SDG commitments with investments. Strong leadership that is backed by adequate resources and strong partnerships drives progress for women and children.** Several low-and lower-middle-income countries, including Malawi and Rwanda, outperformed global averages, reducing newborn and child mortality rates by more than two thirds since 2000, demonstrating that it is feasible to accelerate progress when political will is matched by policy, resources and focused action (1).
- Invest in all stages of the life course.** All investments in the health of women and children build human capital, and contribute to long-term wellbeing, thereby reducing the overall burden on national health systems. A newborn's and child's survival, growth and development is directly linked to maternal health and wellbeing. Optimal care for all newborns, particularly small and sick, sets them on a trajectory to achieve their optimal development outcomes and reduces their risk of lifelong vulnerability (4). Infants and young children who receive nurturing care are also more resilient to common illnesses.
- Make strategic choices and sustained investment in effective health care packages delivered with quality and equity.** At least 70% of all maternal deaths are due to direct obstetric causes (5). For newborns and children under-5, prematurity, birth asphyxia and trauma, acute respiratory infections, malaria and diarrhoea are the leading causes of death, often compounded by malnutrition (4). Based on each country's context and critical gaps, strategic choices should be made about packages of interventions to be delivered with quality and equity by a competent, well-trained and equipped workforce including nurses, midwives, community health workers, and allied professionals. Effective interventions can be feasibly implemented at scale, even in resource-constrained settings to enable universal access, including those in hard-to-reach areas, and without financial hardship. The foundation of care should be primary health care (PHC) with an emphasis on community-based services and linkages to referral care (see Figure 3).
- Facilitate subnational planning, budgeting and implementation monitoring. This includes involving women, families and communities in defining priorities and monitoring MNCH services and responding to their rights and needs.** Political commitments must adequately recognise and address underlying social determinants of health to overcome inequalities.
- Prioritize, standardize and improve data flow.** Use national and subnational data for policy and programmatic decisions to improve the quality of health care delivered, and to reduce inequities and drive local change. Ensure synergies across different data sets to avoid duplication of efforts to reduce burden on health workers and health systems.
- Galvanize collaborative and multisectoral partnerships that work across all stakeholders** including private sector, professional bodies, communities, and allied health sectors such as Sexual and Reproductive Health and Rights (SRHR), Water, Sanitation and Hygiene (WASH), nutrition, immunization and malaria. Align partners' investments behind country priorities.

**Figure 2: SDG and Every Woman Every Child Global Strategy targets (2015-2030)**

Pregnancy	Birth	Postnatal	Infancy	Child Under-5 years
<b>SDG Target 3.1: End preventable maternal mortality</b> By 2030, reduce the global maternal mortality ratio (MMR) to less than 70 maternal deaths per 100,000 total births. No country should have an MMR greater than 140 deaths per 100 000 live births or an MMR of more than one third from the 2010 value				
<b>Global Strategy Target: End preventable stillbirths</b> By 2030, all countries reach 12 or fewer stillbirths per 1000 total births		<b>SDG Target 3.2.1: End preventable newborn and child deaths</b> By 2030, end preventable deaths of newborns and children under 5 years of age to at least as low as 25 per 1000 live births		
		<b>SDG target 3.2.2: End newborn mortality</b> By 2030, all countries reduce newborn mortality to at least 12 newborn deaths per 1,000 live births	By 2030, all countries reduce mortality among children aged 1-59 months to at least as low as 13 deaths per 1,000 child more than 28 days old	
<b>SDG Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights</b>				

**Figure 3: Effective packages of care along the life course to be implemented with quality and equity**



The goal of both The Every Newborn Action Plan & Ending Preventable Maternal Mortality (ENAP EPMM), chaired by WHO, UNICEF and UNFPA, & the Child Survival Action (CSA) Initiative, is to support countries to accelerate progress to reduce preventable maternal, newborn and child deaths and stillbirths by aligning partners to support the six actions on Page 1.

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