



Unfinished Agenda

Improving Maternal and Child Health

**By Dr. Surya Chandra Surapaty
Head of BKKBN – Indonesia's National Population and Family
Planning Board**



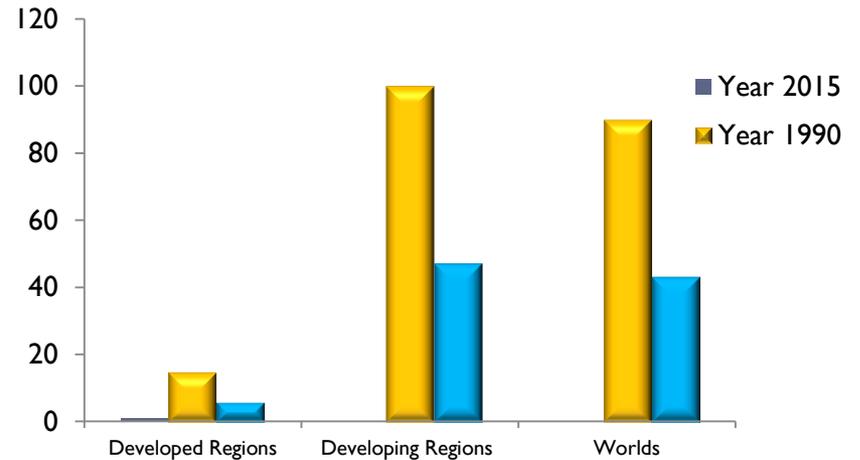
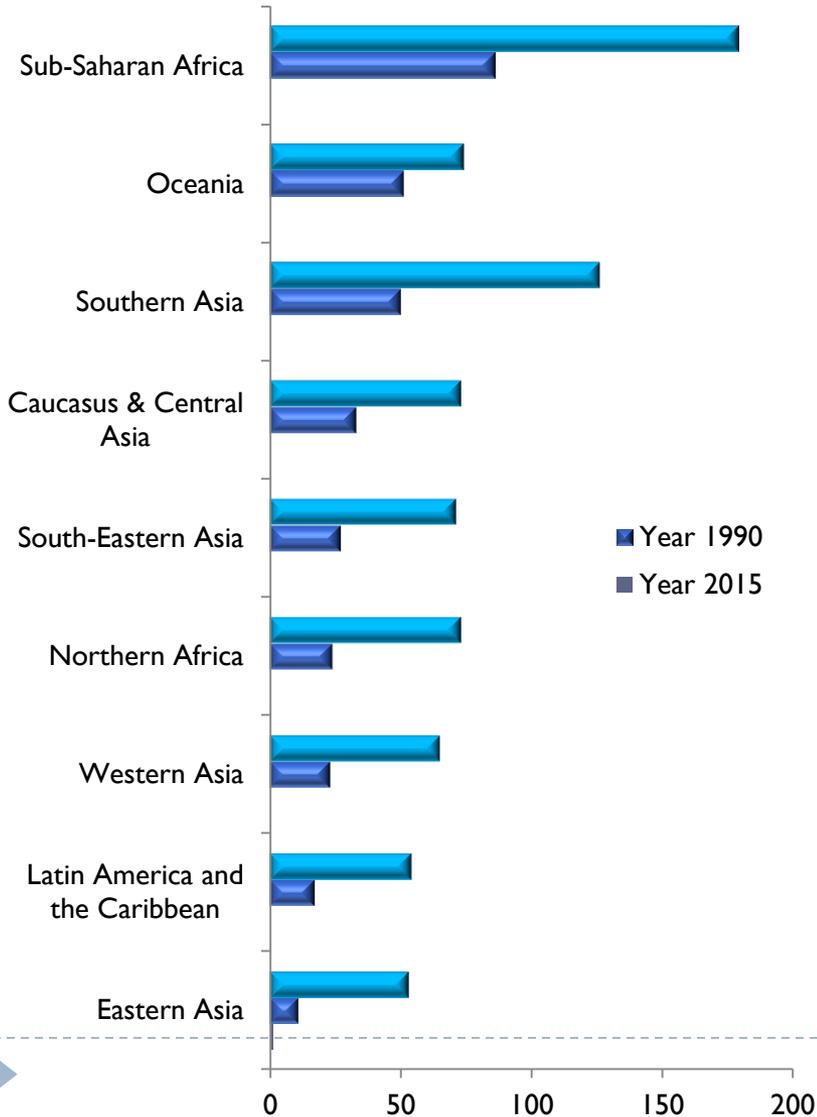
**13th International Inter-Ministerial Conference
Dakar, Senegal**

Target on Child Mortality and Maternal Health

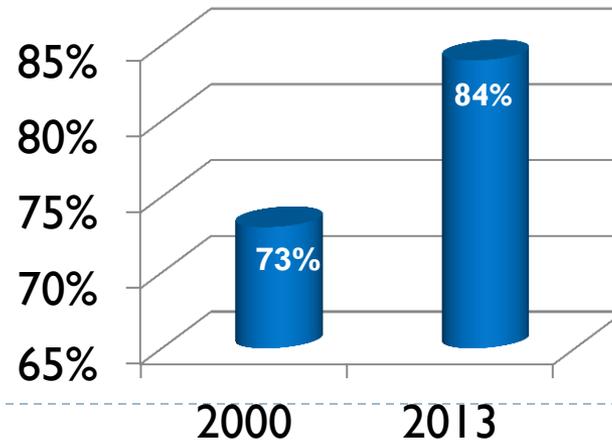
- ▶ **Reduce child mortality rates**
- ▶ **Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**
 - ▶ *Under-five mortality rate*
 - ▶ *Infant (under 1) mortality rate*
 - ▶ *Proportion of 1-year-old children immunized against measles*
- ▶ **Improve maternal health**
- ▶ **Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**
 - ▶ *Maternal mortality ratio*
 - ▶ *Proportion of births attended by skilled health personnel*
- ▶ **Achieve, by 2015, universal access to reproductive health**
 - ▶ *Contraceptive prevalence rate*
 - ▶ *Adolescent birth rate*
 - ▶ *Antenatal care coverage*
 - ▶ *Unmet need for family planning*



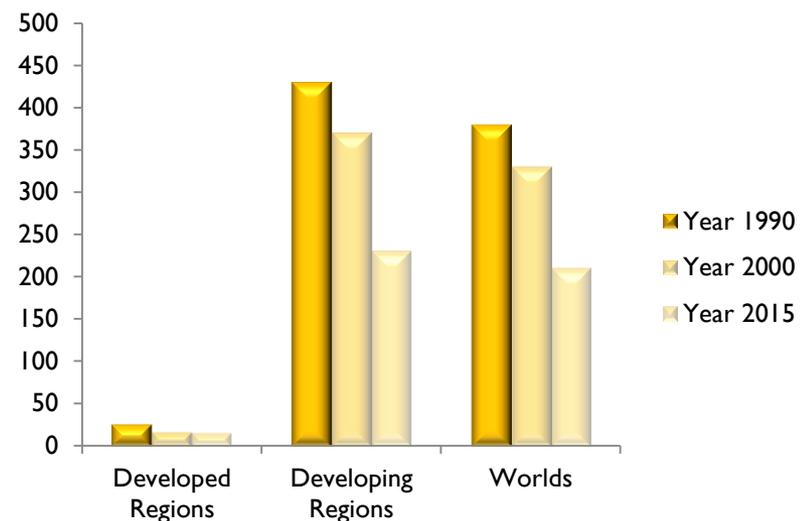
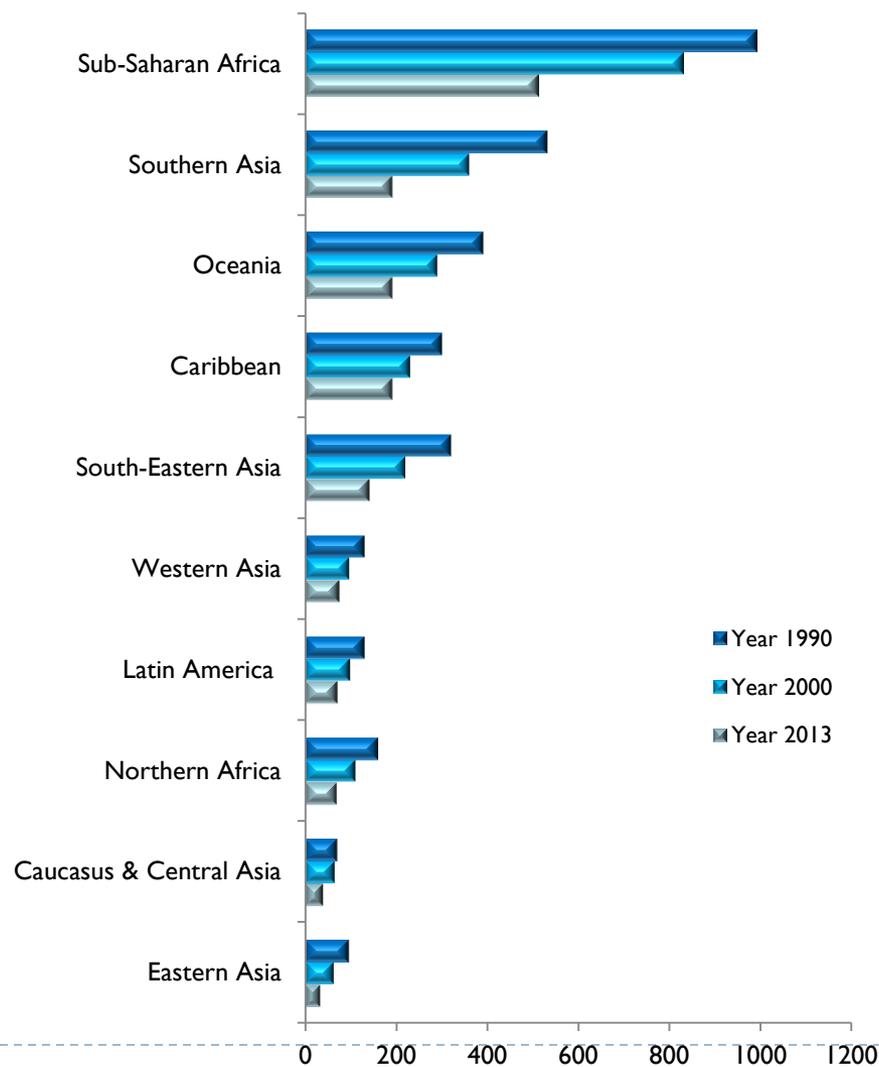
Achievements on Improving child Health



Global measles vaccine coverage



Achievements on Improving maternal health

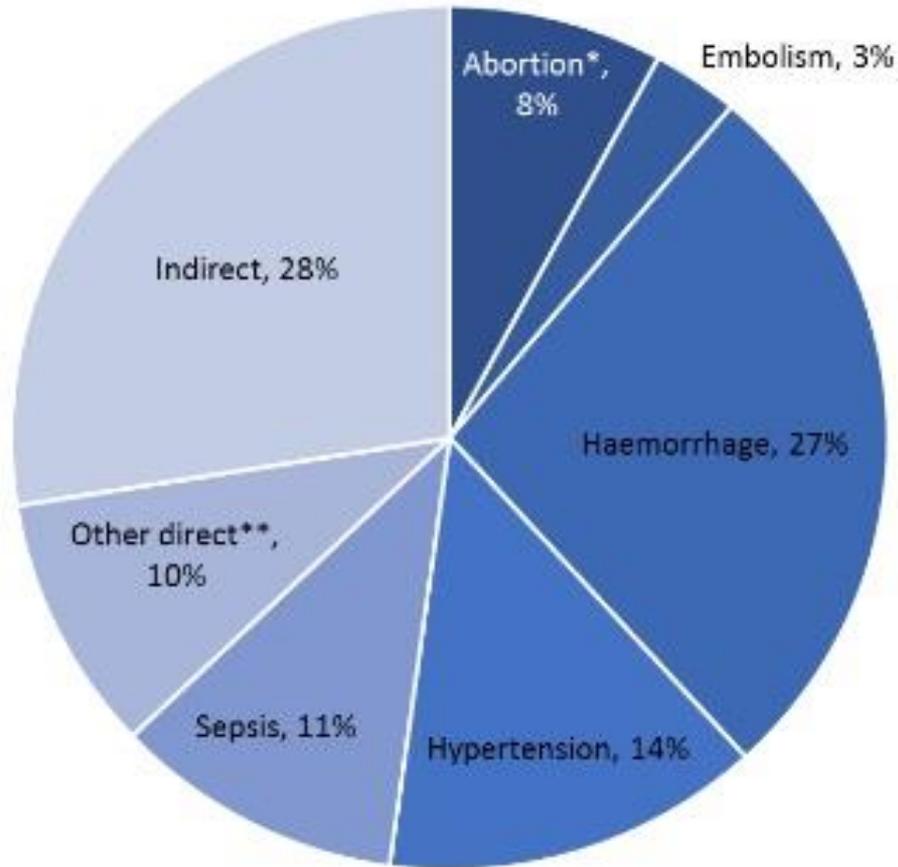


Current Conditions

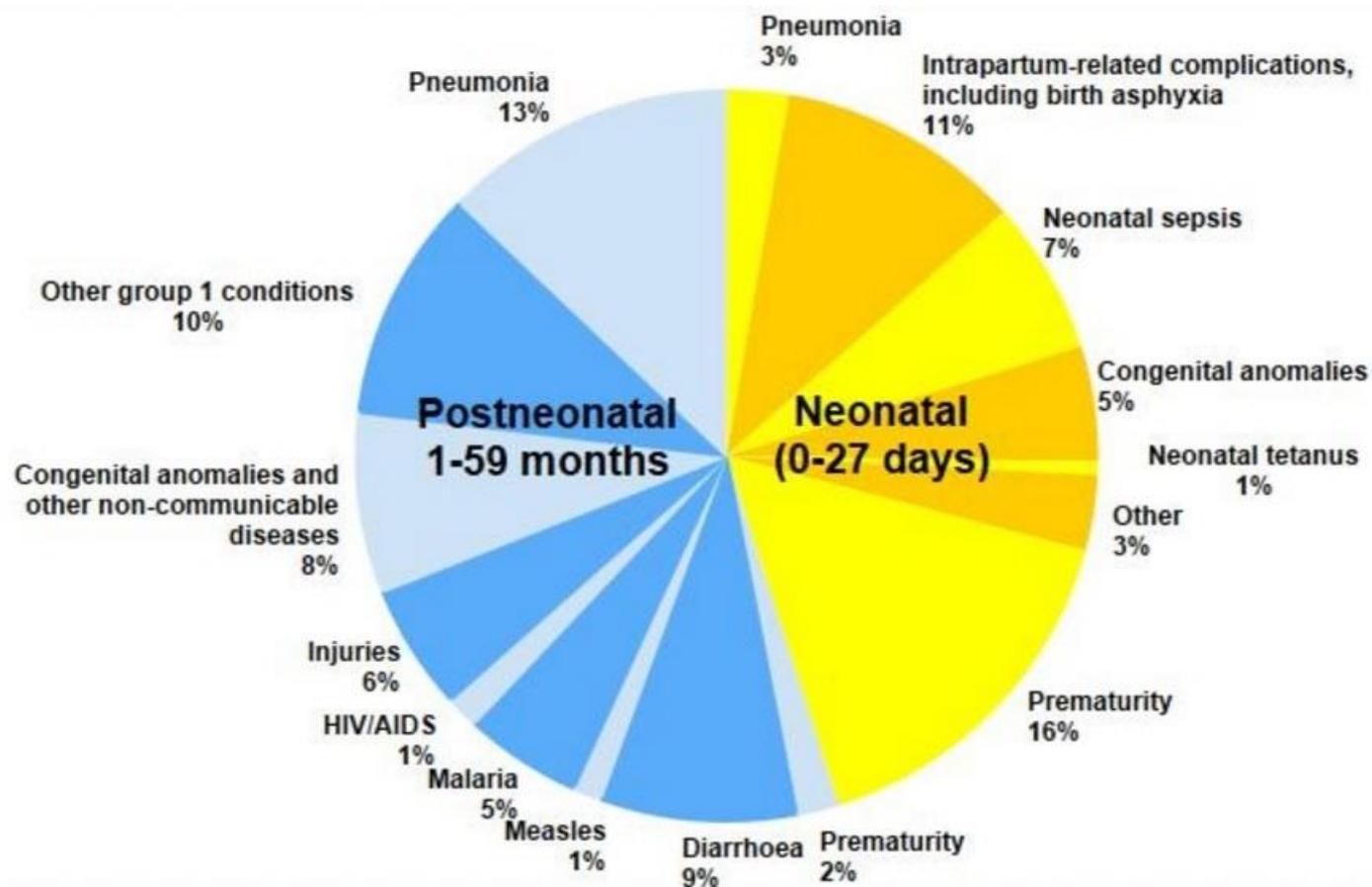
- ▶ About 830 Women are still dying each day because of pregnancy or childbirth-related complications
- ▶ Millions of births are not assisted by a midwife, a doctor or a trained nurse.
- ▶ Only 40 per cent of all pregnant women have the recommended antenatal care visits.
- ▶ Maternal mortality is the leading cause of death among adolescent girls in developing countries
- ▶ 99 per cent of all maternal deaths occur in developing countries.
- ▶ More than 225 million women have an unmet need for contraception.
- ▶ Approximately 16,000 children under five continue to die every day
- ▶ More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.



Causes of Maternal Death



Causes of Death Among Children Under 5 Years



Source: WHO-MCEE methods and data sources for child causes of death 2000-2015
(Global Health Estimates Technical Paper WHO/HIS/IER/GHE/2016.1)



1 MDG Target 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger



4 MDG Target 4

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

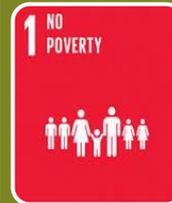


MDG Target 5.A

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

MDG Target 5.B

Achieve, by 2015, Universal access to reproductive health



SDG Target 2.2

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescents girls, pregnant and lactating woman and older persons

SDG Target 3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100.000 live births

SDG Target 3.2

By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under five mortality to at least as low as 25 per 1000 live births



SDG Target 3.7

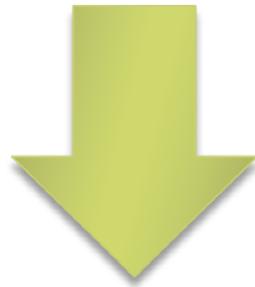
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Majority of maternal and child deaths and disabilities are preventable.

- ▶ Insufficient care during pregnancy and delivery
- ▶ Lack skilled birth attendance with emergency backup such as doctors, nurses and midwives who have the skills to manage normal deliveries and recognize the onset of complications
- ▶ Lack of Emergency obstetric care
- ▶ Out of date of the health system, including provision of antenatal and delivery services at community level in rural areas
- ▶ Postnatal care which is the six weeks following delivery
- ▶ Unsafe abortion
- ▶ Low numbers of skilled health workers



**IMPROVE MATERNAL
AND CHILD HEALTH**



**SOUTH-SOUTH
COOPERATION**



Sharing knowledge, best practice and experience, leveraging technologies, building professional and institutional capacities, and serving as a platform for advocacy and strategic policy dialogue

The expected collaboration from SSC member countries would be the sharing of lessons learnt and best practices, especially among PPD countries



Knowledge exchange:

Exchange of ideas and expertise for health development

Information exchange:

Exchange of facts and/or evidence related to human health

Skills exchange:

Exchange of technical know-how in the health sector

Improve health care delivery, health commodities and technology, (including policy development on and management of essential medicines), monitoring and evaluation (including health information management) and human resource development.



10 Fast-Track Southern Countries for improving woman and child health:

1. Bangladesh
2. Cambodia
3. China
4. Egypt
5. Ethiopia
6. Lao PDR
7. Nepal
8. Peru
9. Rwanda
10. Viet Nam

Ten low- and middle-income “fast-track” countries (LMICs) have seen significant progress in their efforts to save the lives of women and children.

- ▶ Invested in high-impact health interventions such as quality care at birth, immunization and family planning.
- ▶ Made significant progress across multiple health-enhancing sectors, including for education, women’s political and economic participation, access to clean water and sanitation, poverty reduction and economic growth.
- ▶ Good governance and partnerships across society underpinned progress overall. These are some summary statistics that set the stage for the policy and programme highlights discussed in this publication.



Initiative South-South Cooperation in Maternal and Child Health

International Training on Strengthening District Health Planning in the Era of Decentralization for Improvement of the Health Status of Children and Mothers Asia (ASEAN)/Pacific	Indonesia through Ministry of Health have shared lessons learnt to other countries (Afghanistan, Bangladesh, Laos, Palestine, Morocco, Timor-Leste and Vietnam)
Thailand International Cooperation Agency teamed up with UNFPA to implement a South-South cooperation initiative that enabled Thailand to share its maternal health successes with neighbouring countries.	Thailand's knowledge, experience and good practices in safe motherhood in order to improve women's and girls' health and well-being and to reduce the maternal mortality rate to neighboring countries (Bhutan, Lao PDR and Myanmar. The project sought to do this by improving the capacity of the country's health institutions and personnel in dealing with emergency obstetric care, referral services, and prenatal and postnatal care and services
Kollo Project	Cooperation between France, Tunisia and Niger aimed to contribute to the reduction of mortality, maternal and neonatal morbidity rates in the health district of Kollo. Its purpose was also to initiate, support and evaluate the first south-south-north cooperation project between these countries and document best practices in the process.
Laço Sul-Sul' (or Southern Ties Network Initiative)	The initiative targets seven Lusophone nations and Latin American neighbours (countries within Brazil natural sphere of influence) committed to fighting the disease. In this way, the Brazilian Government seeks to contribute to the strengthening of other nation's domestic public and national efforts to support the universal access to antiretrovirals (ARVs) and their increased utilization, with a focus on pregnant women, adolescents, and children.

ASEAN's Regional Action Plan on Healthy Lifestyles

The Regional Action Plan on Healthy Lifestyles was created to strengthen ASEAN cooperation among Member Countries to promote healthy ASEAN lifestyles, focusing specifically on the following priority areas: accident and injury prevention; alcohol consumption; communicable disease control; healthy ageing; mental health; Non communicable disease prevention; nutrition; physical activity; substance abuse; tobacco control; women's and children's health.



Recommendations

- ▶ Sharing strategies, unique approaches: lessons learned from fast-track countries to other Southern Countries
 - ▶ Strong political will from all Southern Countries to improve maternal and child health
 - ▶ Need to establish a specific program in order to improve maternal and child health among Southern Countries especially PPD member countries
 - ▶ Provides documentation, dissemination and information of innovative projects and experiences in South-South and triangular cooperation related to maternal and child health
 - ▶ Advocate the Southern Institution to provide and increase funding for South-South cooperation to improve maternal and child health
 - ▶ Active participation in the process from government, public and private sector actors, academia, institutions, non-governmental organizations (NGOs) amongst others, especially UN bodies.
 - ▶ Increase financial and technical support, and expertise of multilateral and/or developed-country partners in the course of assisting other developing countries
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Thank You