Maternal and Neonatal Health

in East and South-East Asia



Acknowledgements

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Maternal and Neonatal Health

in East and South-East Asia

Acronyms

AIDS Acquired immunodeficiency syndrome
AMDD Averting Maternal Death and Disability

CPR Contraceptive prevalence rate
DHS Demographic Health Survey

DPRK Democratic People's Republic of Korea

ESEA East and South-East Asia
EmOC Emergency obstetric care

FIGO The International Federation of Gynecology and Obstetrics

HIV Human Immunodeficiency Virus

ICM The International Confederation of Midwives

ICPD International Conference on Population and Development

IMR Infant mortality rate
IUD Intra-uterine device

Lao PDR Lao People's Democratic Republic MDGs Millennium Development Goals

MOH Ministry of Health

MMR Maternal mortality ratio

MYFF Multi year funding framework

NGOs Non government organizations

PMTCT Prevention of mother-to-child transmission

PPH Postpartum haemorrhage SBA Skilled birth attendant

STI Sexually transmitted infection

SWAp Sector-wide approach
TBA Traditional birth attendant

TFR Total fertility rate
UN United Nations

UNIFPA United Nations Population Fund
UNICEF United Nations Children's Fund
VCT Voluntary counselling and testing

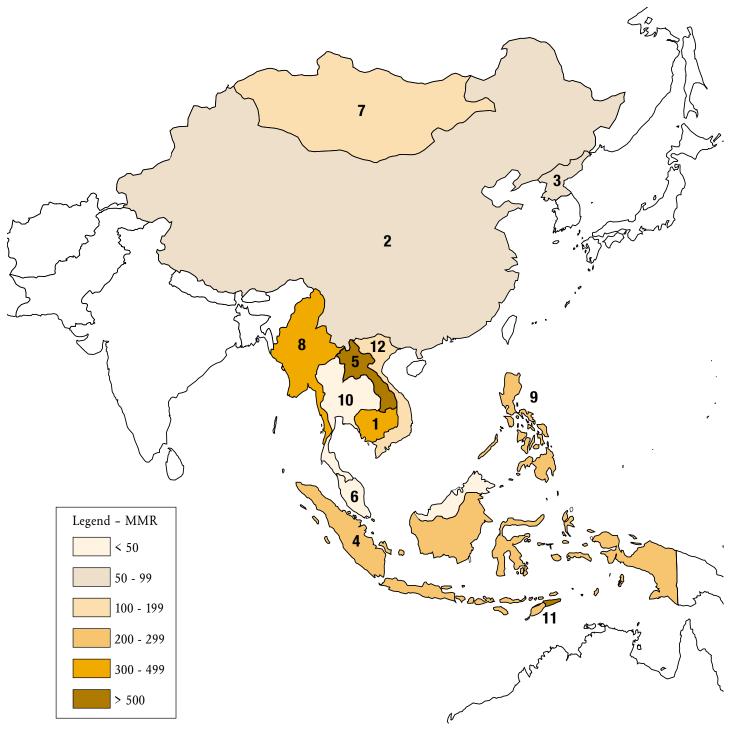
VVF Vesicovaginal fistulae

WHO World Health Organization

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The countries of East and South-East Asia (shading showing MMR)



The boundries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

- 1. Cambodia
- 3. Democratic People's Republic of Korea
- 5. Lao People's Democratic Republic
- 7. Mongolia
- 9. Philippines
- 11. Timor-Leste

- 2. China
- 4. Indonesia
- 6. Malaysia
- 8. Myanmar
- 10. Thailand
- 12. Viet Nam

Introduction

Internationally, increasing attention has been concentrated on reducing maternal and neonatal mortality, acknowledging the tragedy of not preventing these avoidable deaths, which include 36,000 women annually in the 12 countries in the region of East and South-East Asia (ESEA). Many of the 647,000 neonatal deaths annually in the region are also avoidable. The Safe Motherhood Initiative in 1987, ICPD in 1994, again in ICPD+5 and the Millennium Development Goals all focus on the need for action in reducing maternal mortality. The recent Partnership for Maternal, Newborn and Child Health¹ launched in September 2005 reinforces the link between maternal and newborn health which has been often overlooked in programmes.

Major recent policy trends in maternal health

- 1987 Safe Motherhood Initiative, Nairobi
- 1994 International Conference on Population and Development, ICPD. Cairo
- 1994 Investing in Health (World Bank) includes maternal health as "Best buy"
- 1997 Sri Lanka meeting: lessons learned in safe motherhood (10 key messages at www.safemotherhood.org)
- 2000 Millennium Summit, New York
- 2002 WHO Making Pregnancy Safer initiative
- 2004 World Health Assembly endorses WHO's first reproductive health policy
- 2005 Partnership for Maternal, Newborn and Child Health

Adapted from Liljestrand 2006.

However, in many countries, both globally and in ESEA, government commitment to maternal and newborn health has not reached the levels required to make a strong impact on mortality rates. Particularly for maternal health, many existing interventions have been found to be ineffective in preventing maternal mortality and there is an urgent need to refocus maternal health programmes.

This publication gives an overview of the situation of maternal and newborn health in the East and South-East Asia region, with a focus on mortality and the interventions required to save women's and newborn's lives. This differs in some aspects from a discussion of general maternal and newborn health programmes which may be implemented in more developed countries. In countries with limited resources, the priority has to be on averting maternal and neonatal mortality in the most cost effective way.

Chapter 1 examines progress towards the fifth Millennium Development Goal on maternal health, as measured by the indicators of maternal mortality ratio (MMR) and percentage of deliveries attended by a skilled birth attendant, for countries in the region. It also examines neonatal mortality, which is limiting progress towards the fourth MDG on child health. In Chapter 2, disparities in MMR between geographical regions or by different ethnic groups within countries are examined, and the lack of access to maternal health services experienced by the poor. In Chapter 3, lessons learned internationally about reducing maternal and neonatal mortality are discussed and the key programmatic issues to be considered in a maternal and newborn health programme in a country with limited resources. Chapters 4 examines the wider picture - looking at the political commitment and health system changes required to achieve improvements in maternal and neonatal health. Chapter 5 describes the UNFPA approach with a focus on family planning, skilled birth attendance and access to emergency obstetric care and give examples of these strategies in the context of the four countries with the highest MMRs in the region. Finally monitoring and evaluation of maternal and neonatal health programmes is discussed in Chapter 6.

A coordinated response building partnerships with donors, government and implementing agencies is essential. Large improvements are required in the quality of maternal and newborn health care available in the region. Even more pressing is the political commitment and action required at all levels, including within other sectors, to support the health system to provide skilled care at birth, and access to emergency obstetric care to all women, including the poor and marginalized.

¹ The Partnership for Maternal, Newborn and Child Health was formed by developing and donor countries, UN agencies, professional associations, academic and research institutions, foundations, and NGOs to intensify and harmonize national, regional and global progress towards the UN Millennium Development Goals 4 and 5 (reduce child mortality; improve maternal health).



Maternal and neonatal health and progress towards the MDGs

Every year there are approximately 36,000 maternal deaths in

Causes of maternal death and morbidity

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