


Lancet SEA Philippine Launch, Aug 11, 2011



Maternal, neonatal, and child health in Southeast Asia: towards greater regional collaboration

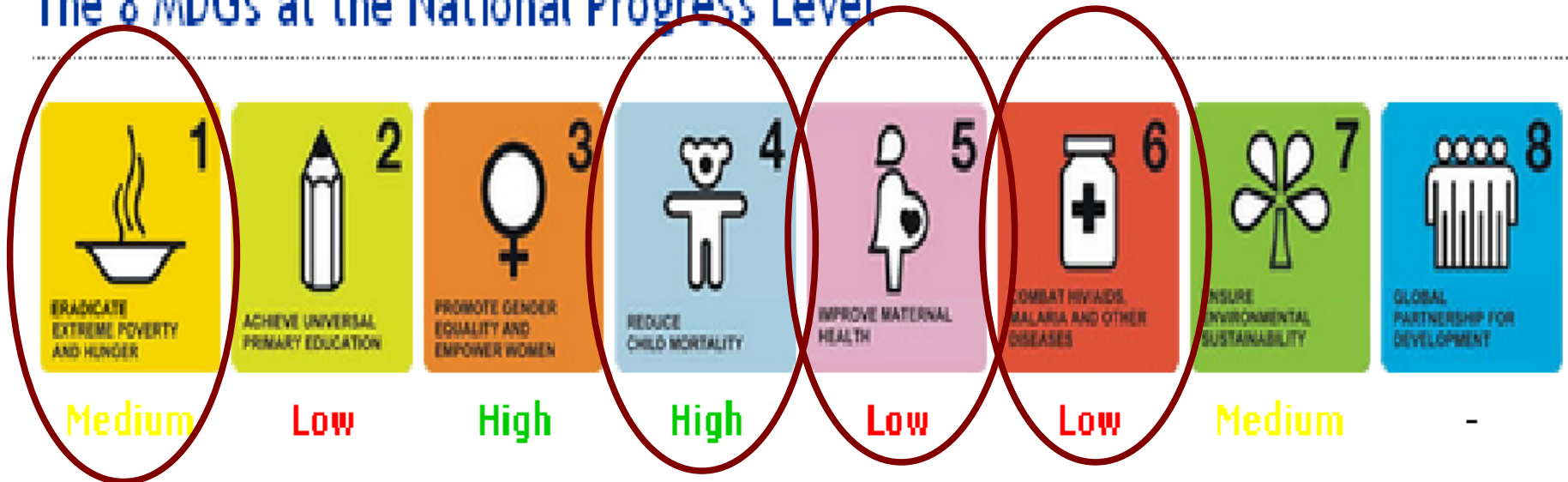
Cecilia Acuin, Geok Lin Khor, Tippawan Liabsuetrakul, Endang Achadi,
Thein Thein Htay, Rebecca Firestone, Zulfiqar Bhutta

Introduction

- Objectives:
 - To review the region's achievements in reducing maternal and child mortality;
 - To highlight key factors to explain the successes and challenges in achieving MDG 4 and MDG 5.
- Main findings
 - Patterns of mortality reduction in Southeast Asia
 - Major causes of maternal and child deaths in the context of MDG4 and MDG5
 - Two country cases in maternal mortality reduction
 - Patterns in deaths averted

Philippine MDG Performance: mixed

The 8 MDGs at the National Progress Level



Philippine MDG Watch, UNDP 2010

	Infant mortality rate per 1000 live births	26
	Under-5 mortality per 1000 live births	32
	Measles immunization % coverage	88
	Maternal mortality per 100 000 live births	94
	Skilled birth attendant % births	60
	Contraceptive use % married women aged 15–49	51
	HIV/AIDS prevalence % adults aged 15–45	<0.1
	Malaria mortality per 100 000 population	<0.1
	TB treatment success rate %	89
	Underweight % among children five years of age	21
	Water % using improved sources	91
	Sanitation % using improved facilities	76

On track

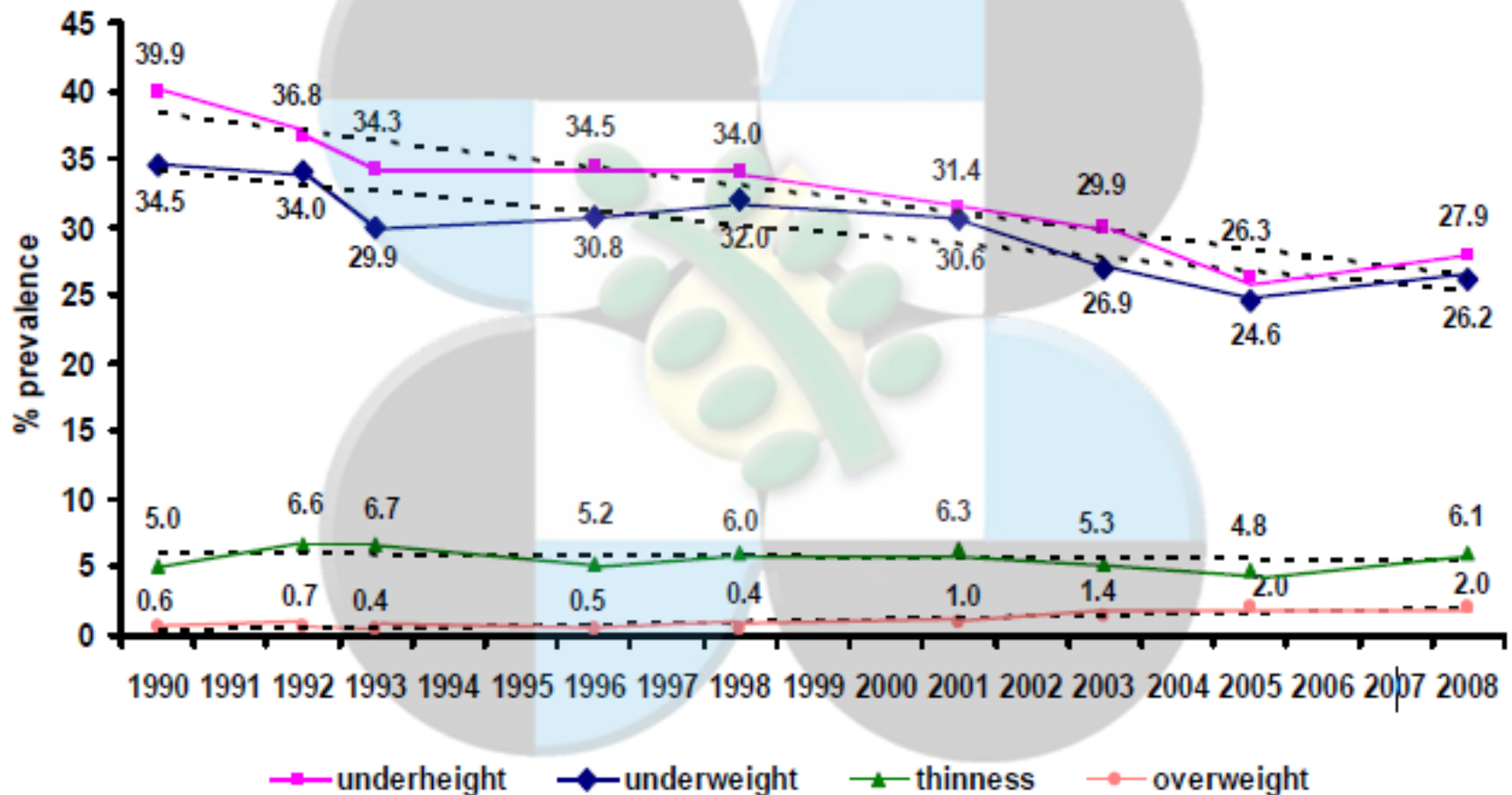
Insufficient progress

Off track

Refer to page 95 for health MDGs scorecard colour code for LMICs in the Western Pacific Region.

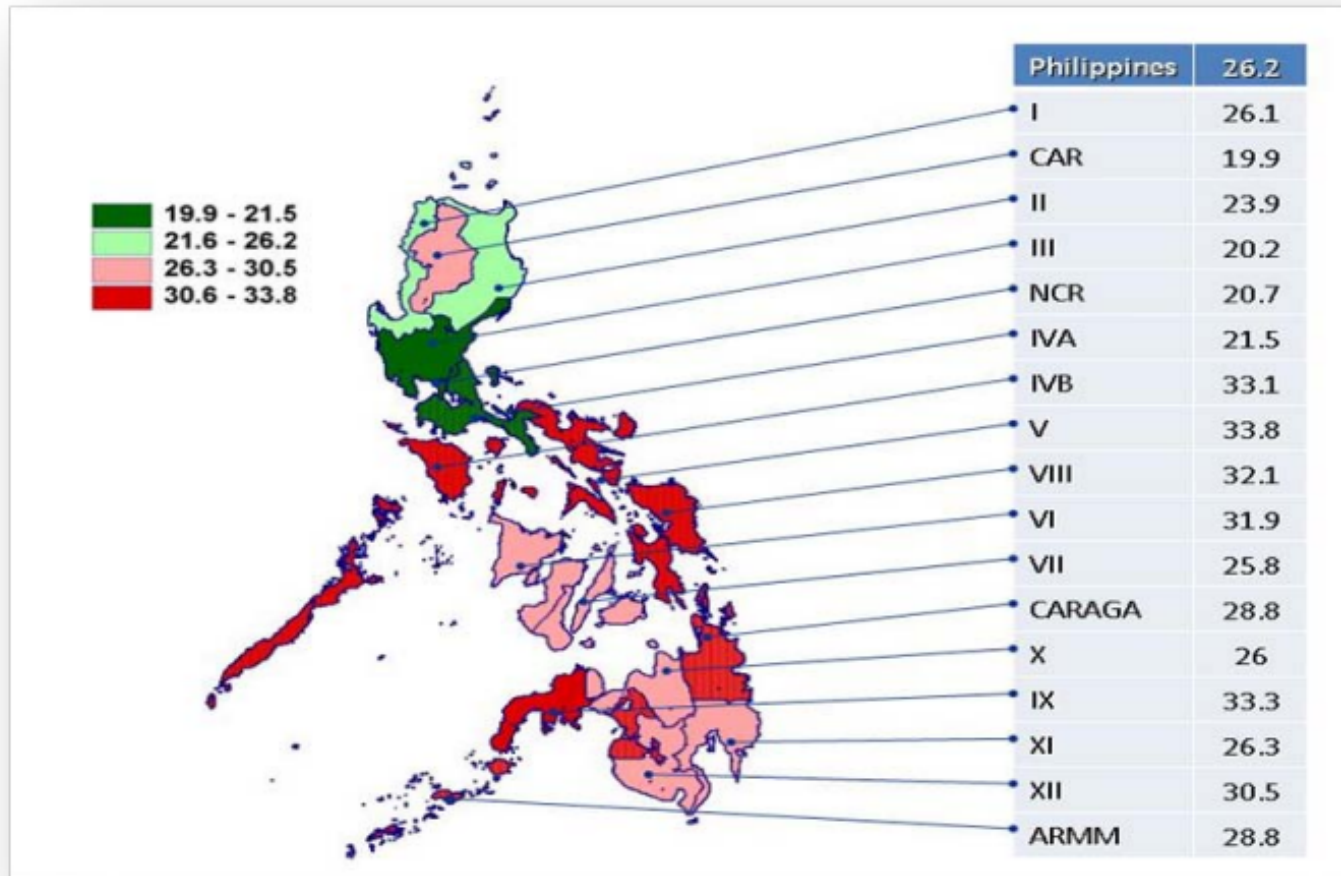
MDG 1: ↓ 50% underweight <5 yr olds

Trends in the prevalence of malnutrition among children, 0-5 years old, using NCHS/WHO IRS: 1990-2008



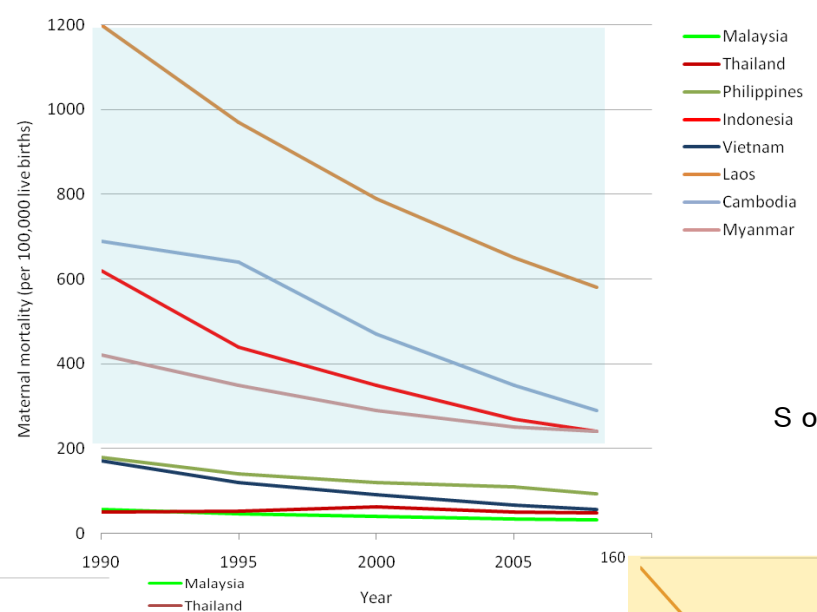
1 Eradicate extreme poverty and hunger

Proportion of underweight children 0–5 years old, 2008

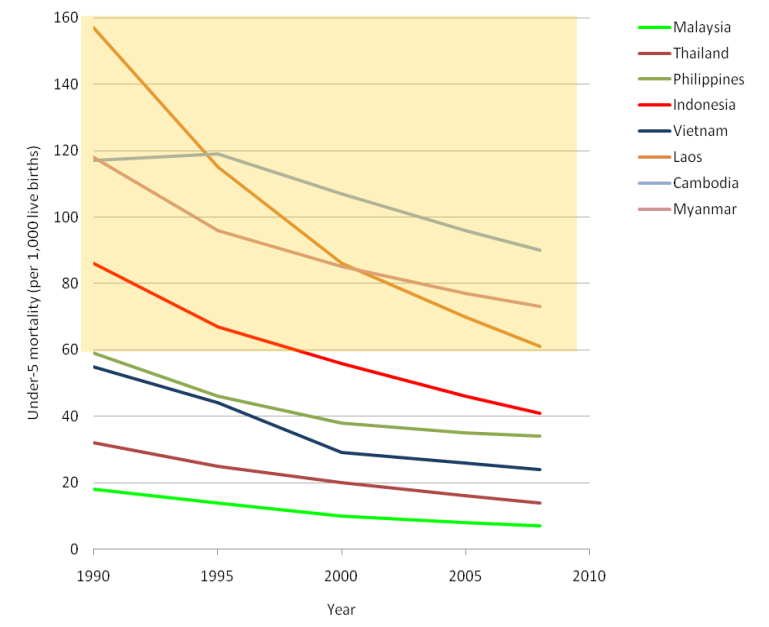
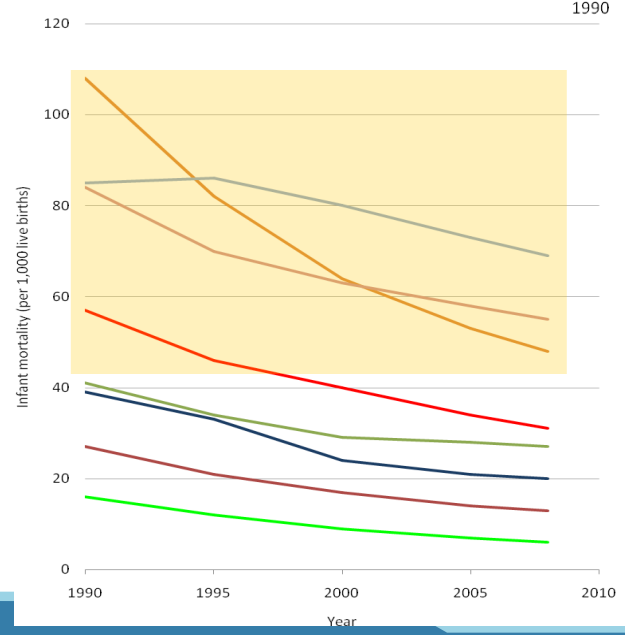


Source: NNS, FNRI

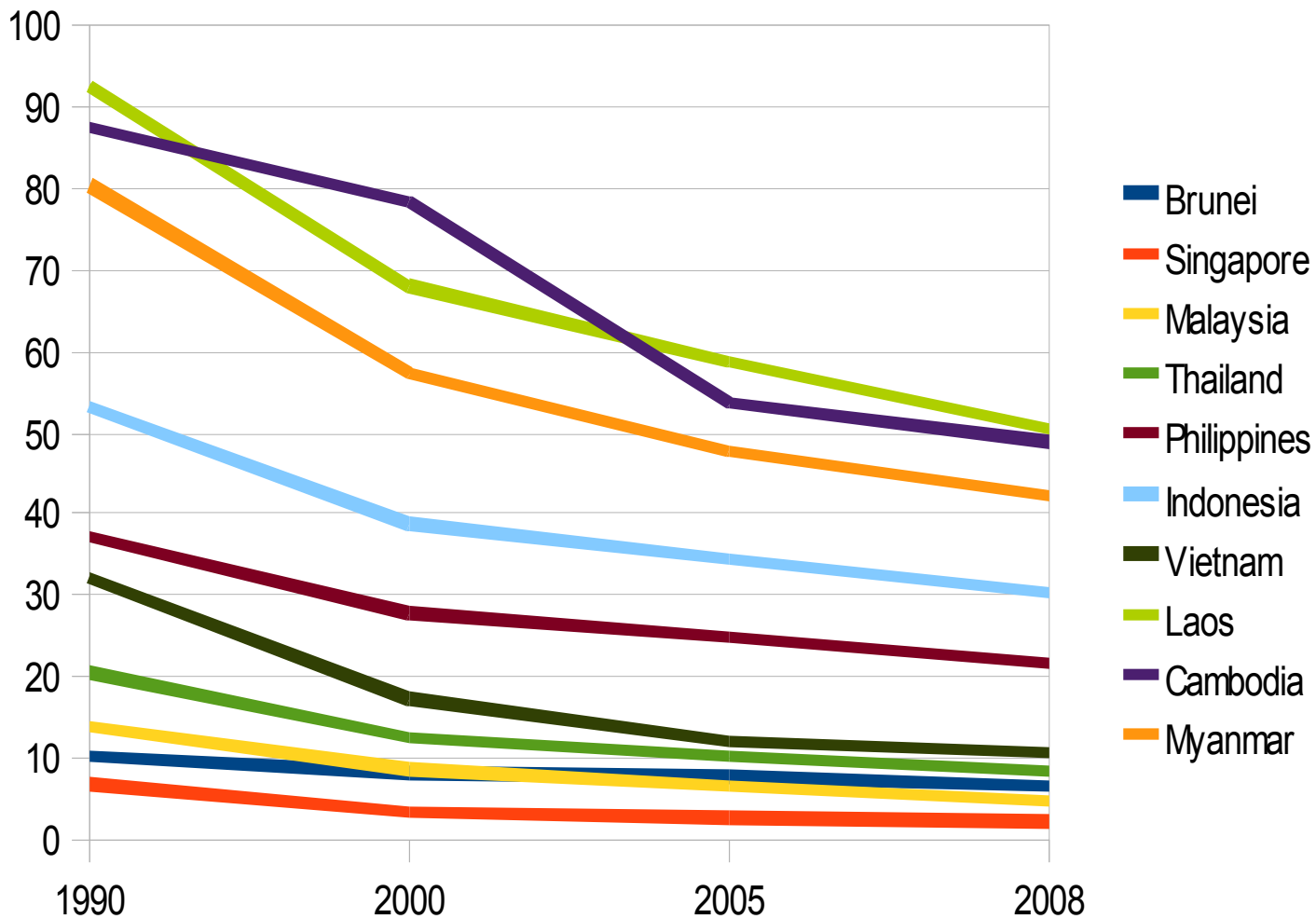
Patterns of mortality reduction in SEA, 1990-2008



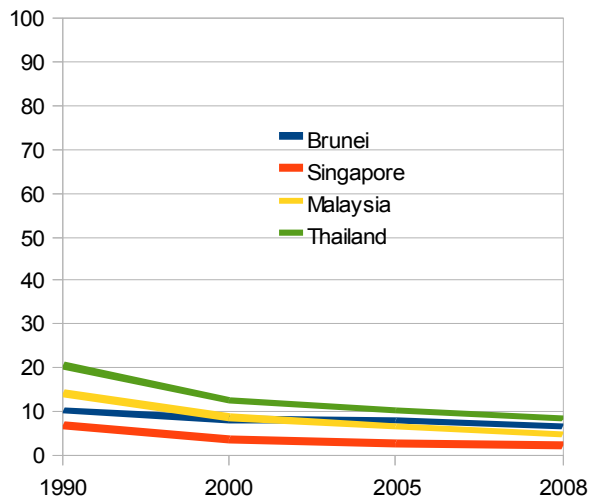
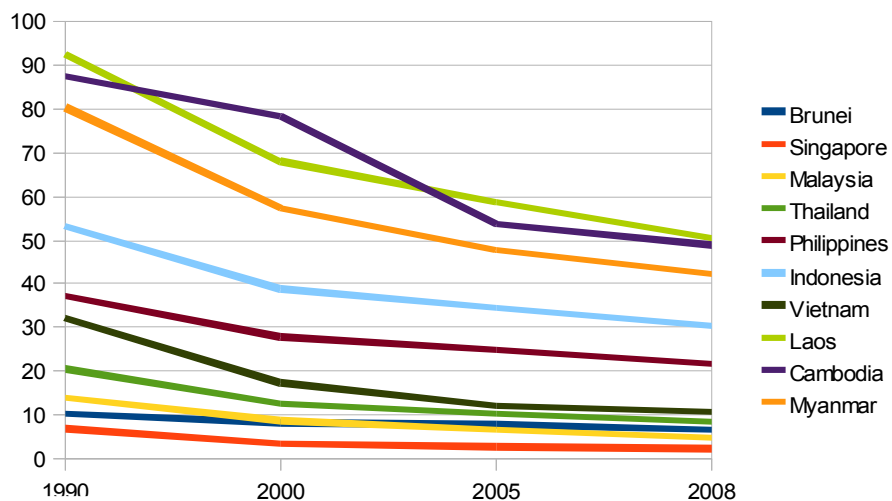
Sources: WHO and UNICEF



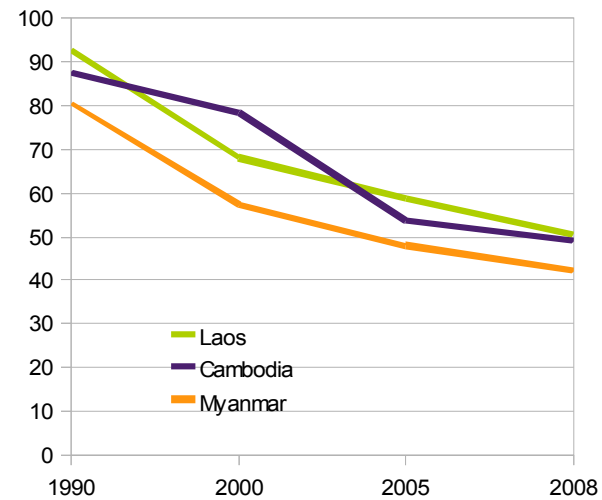
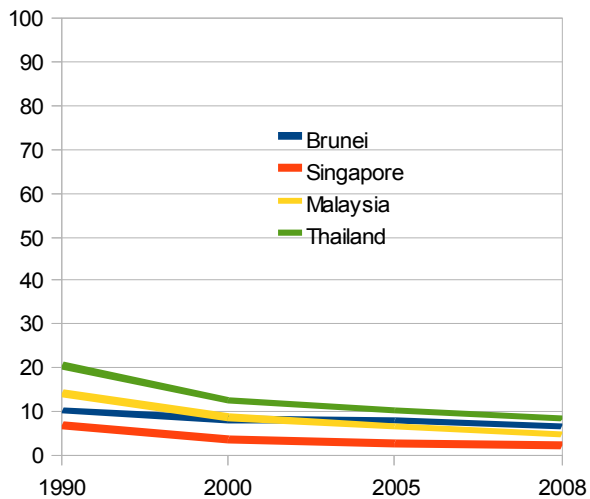
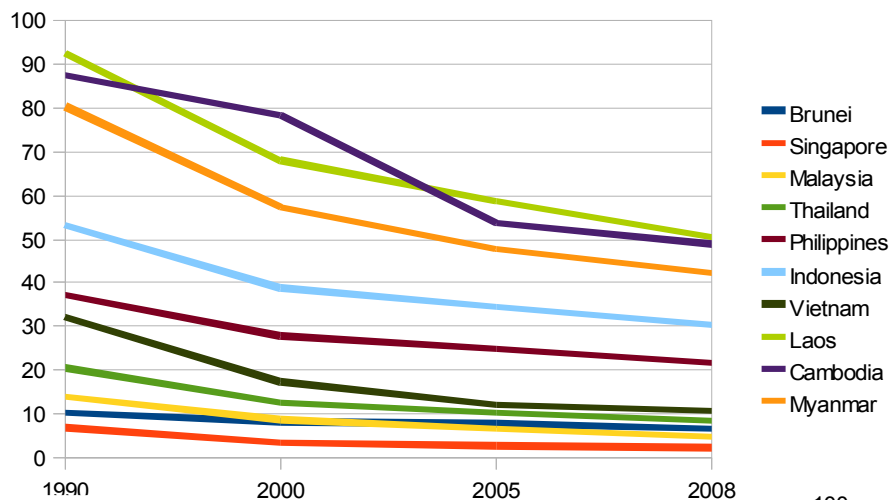
Patterns in SEA Infant Mortality, 1990-2008



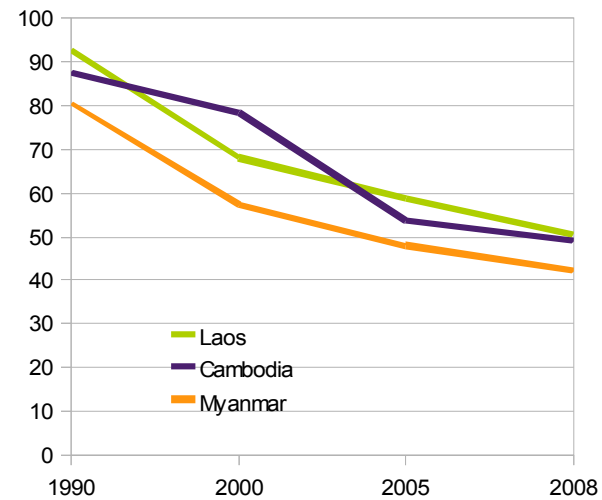
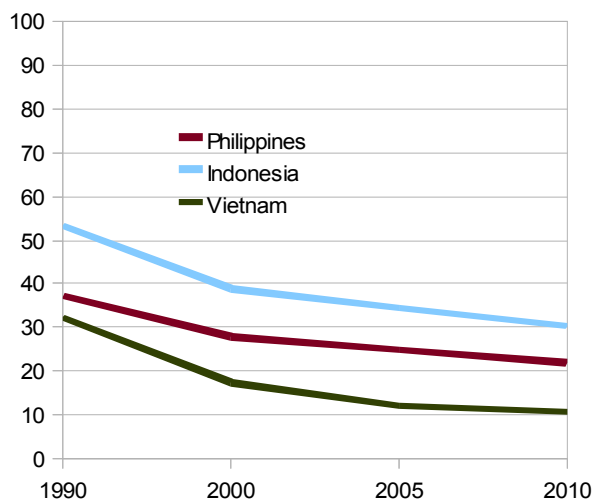
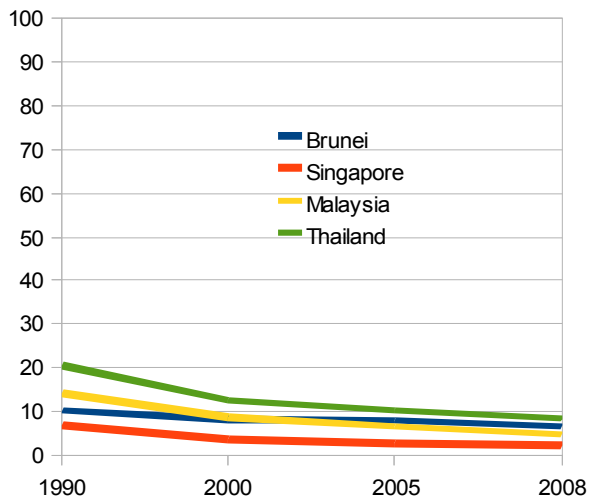
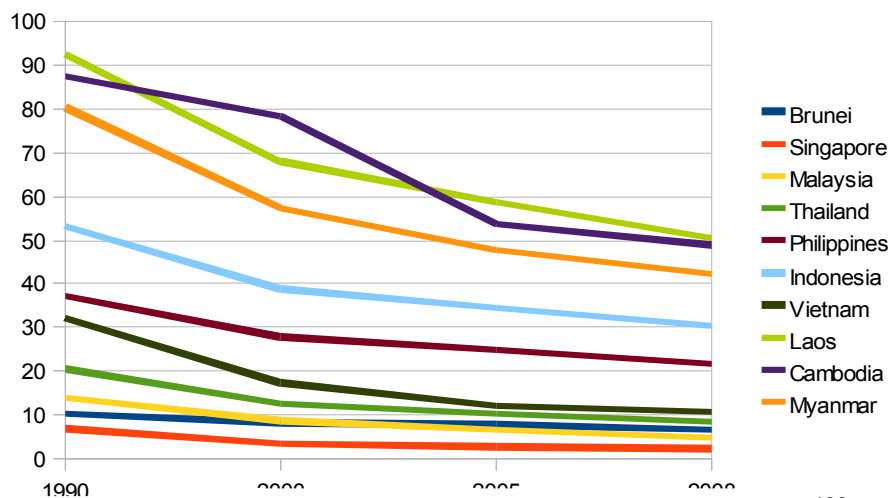
Patterns in SEA Infant Mortality, 1990-2008



Patterns in SEA Infant Mortality, 1990-2008



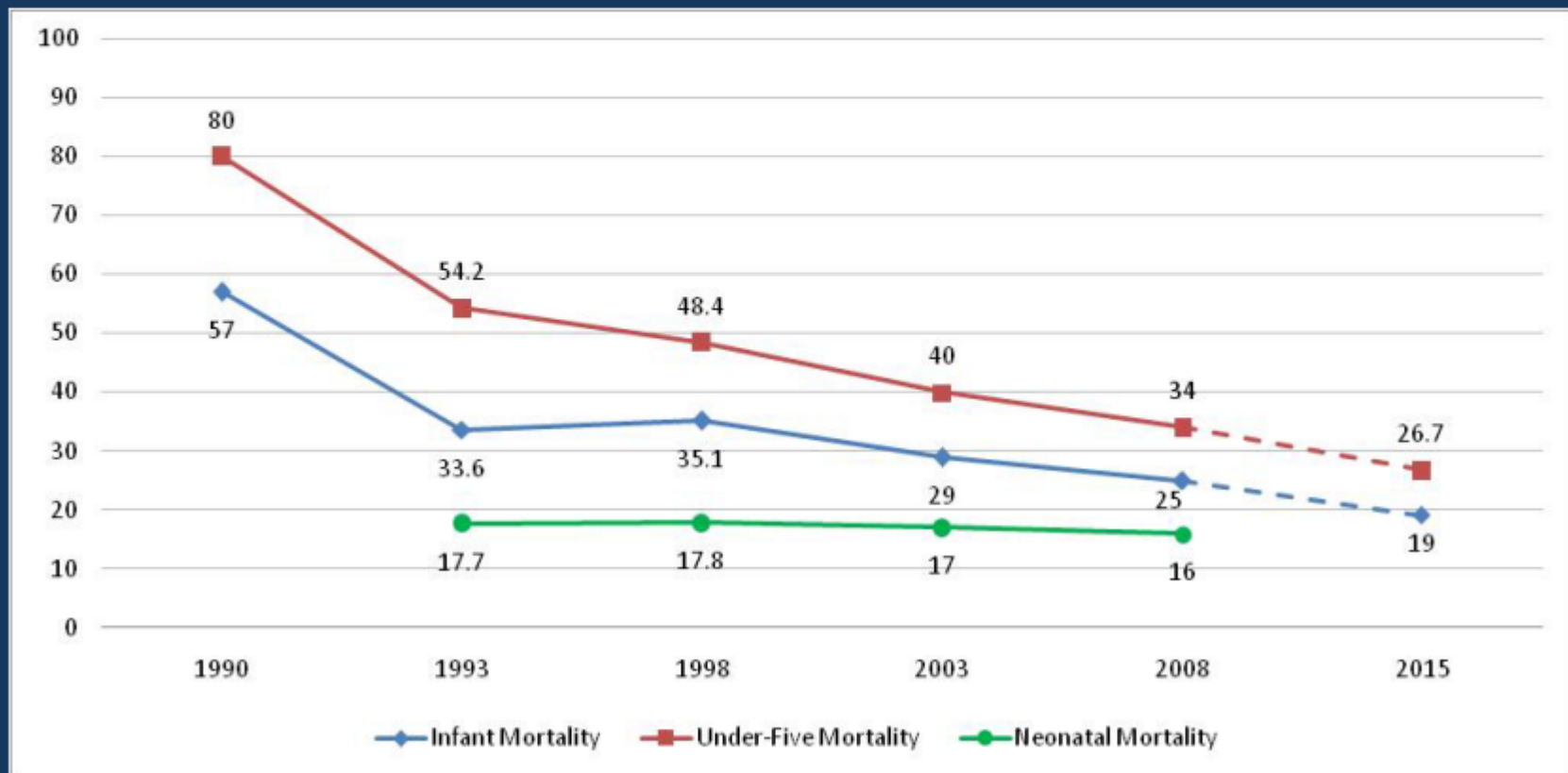
Patterns in SEA Infant Mortality, 1990-2008



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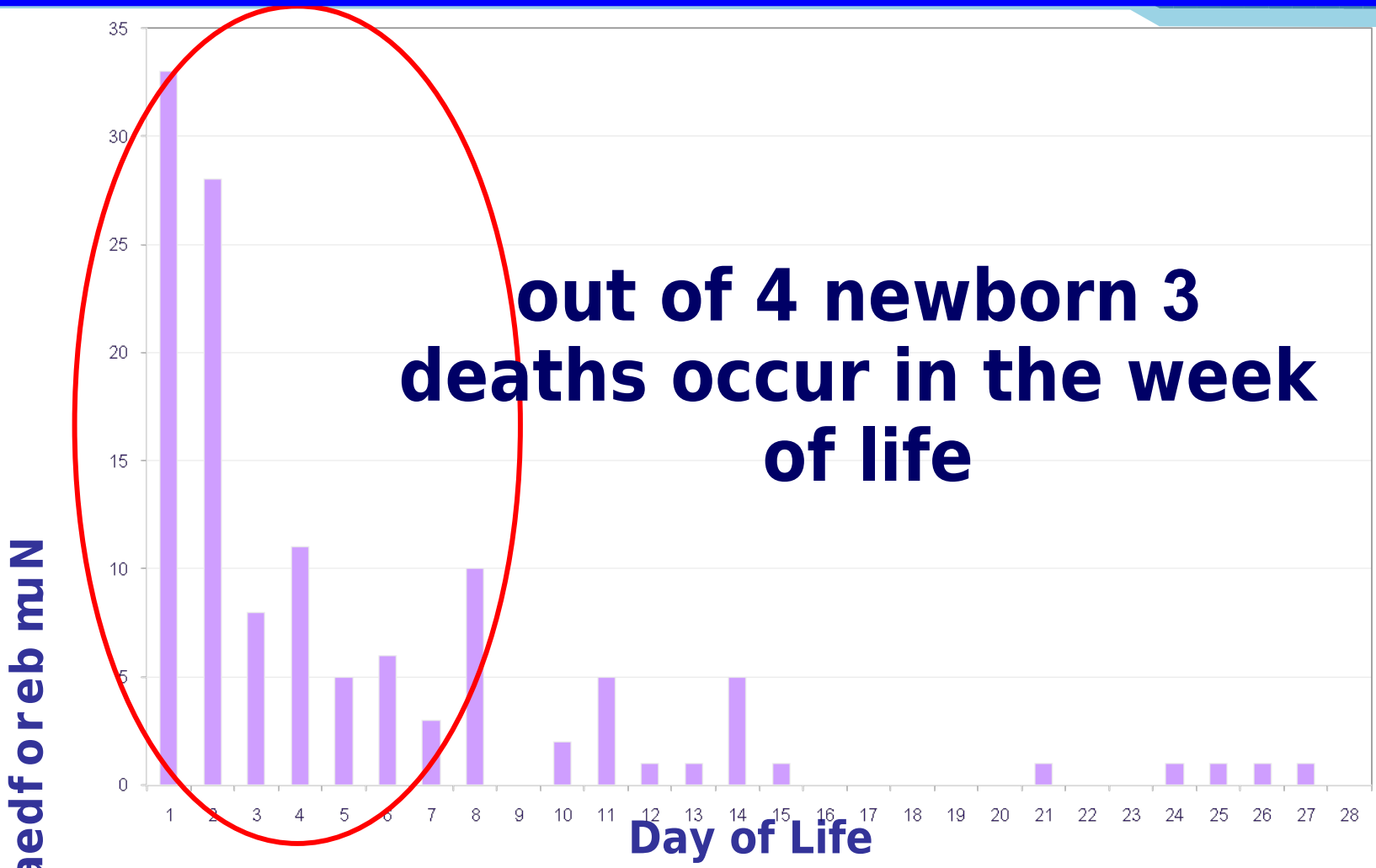
Reduce child mortality

Infant, under-five and neonatal mortality rates
(deaths per 1,000 live births)



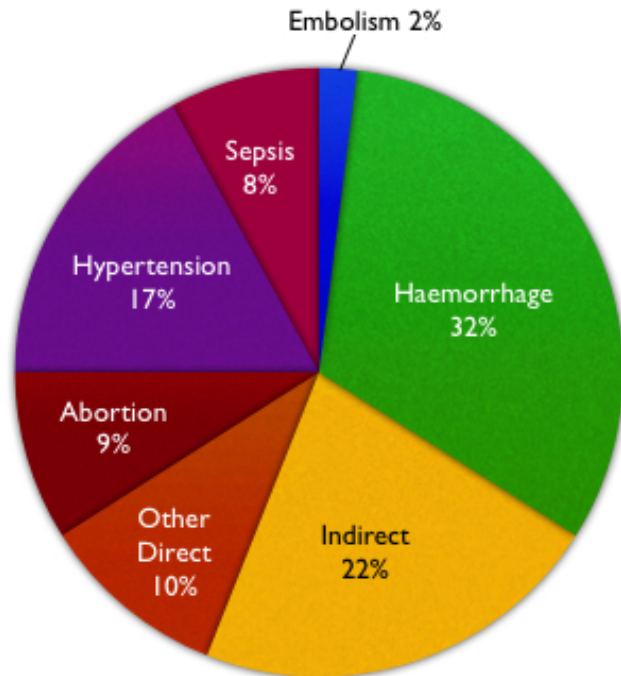
Sources: TWG-MCM, NSCB; NDHS, NSO

Majority of newborns die due to stressful events or conditions during labor, delivery and the immediate postpartum period.



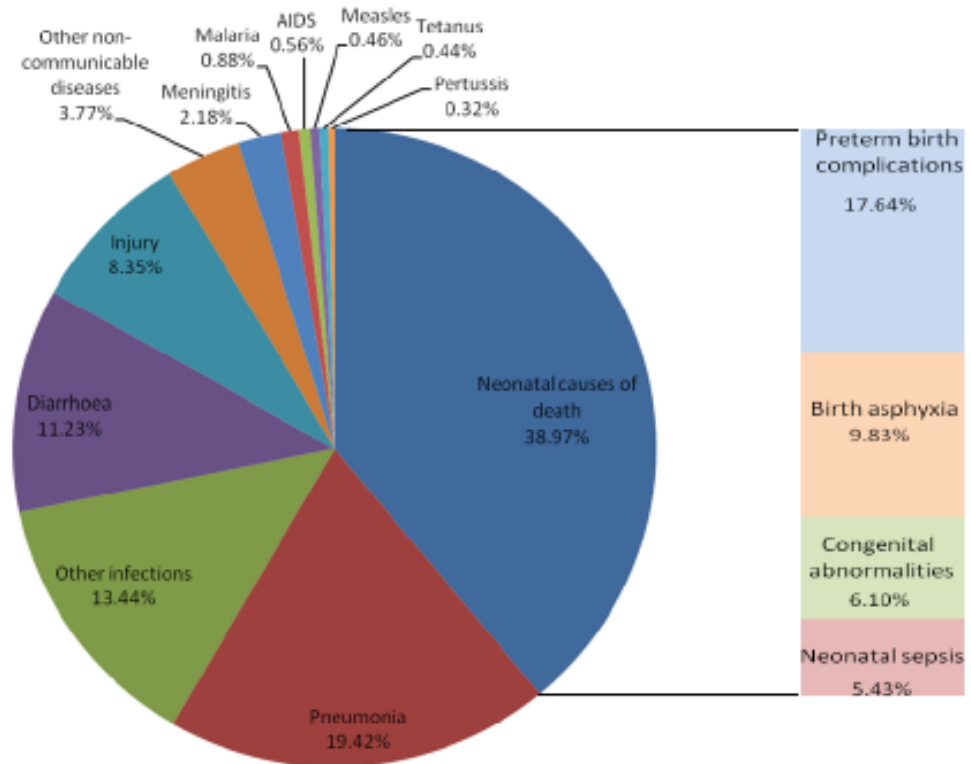
NDHS 2003, special tabulations

Major causes of mortality in SEA



Causes of maternal deaths

Source: UN MDG Southeast Asia, 2010

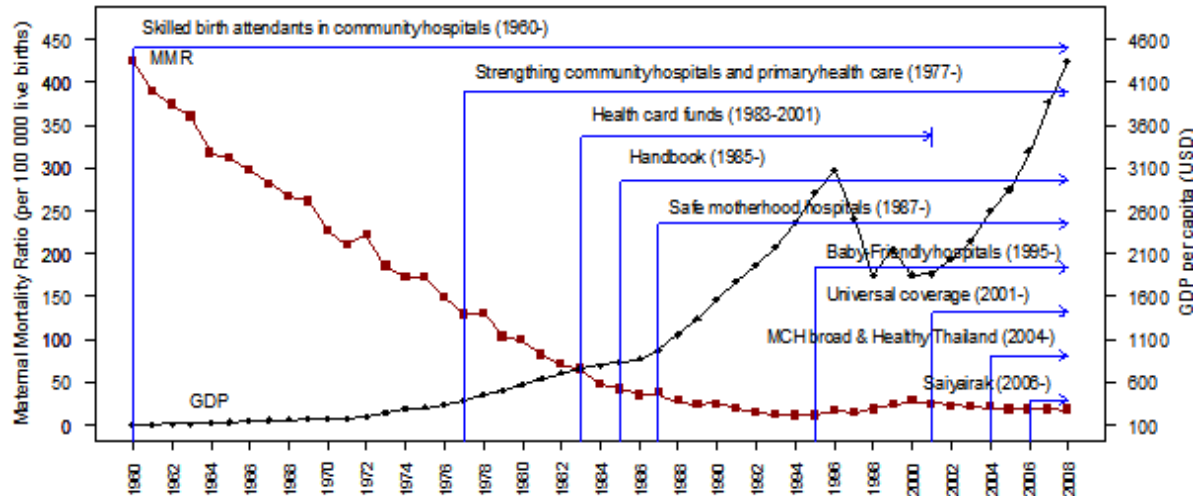


Causes of child deaths

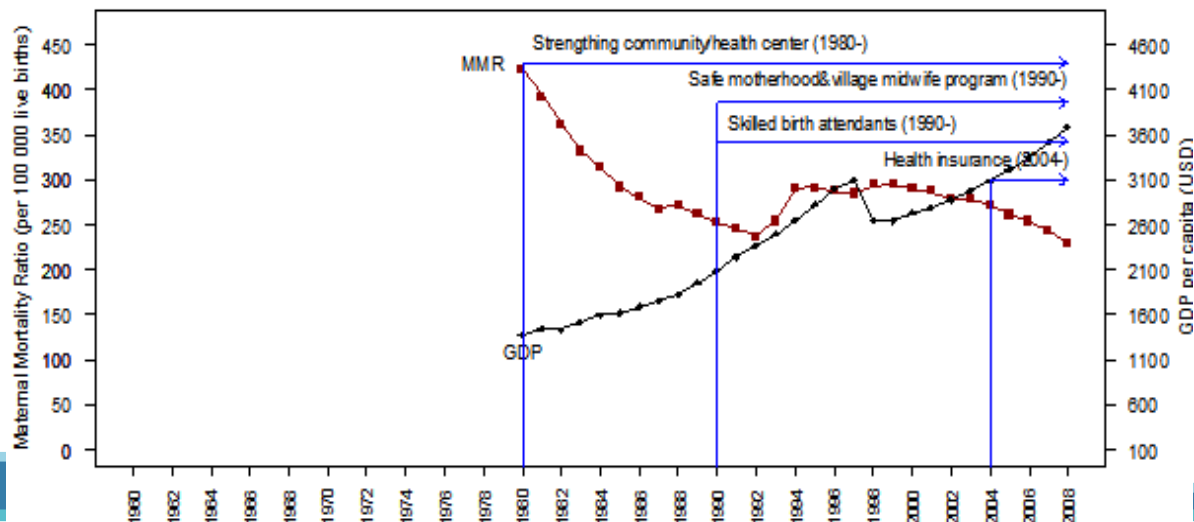
Source: Black et al, 2010

Maternal mortality reduction case studies: Thailand and Indonesia

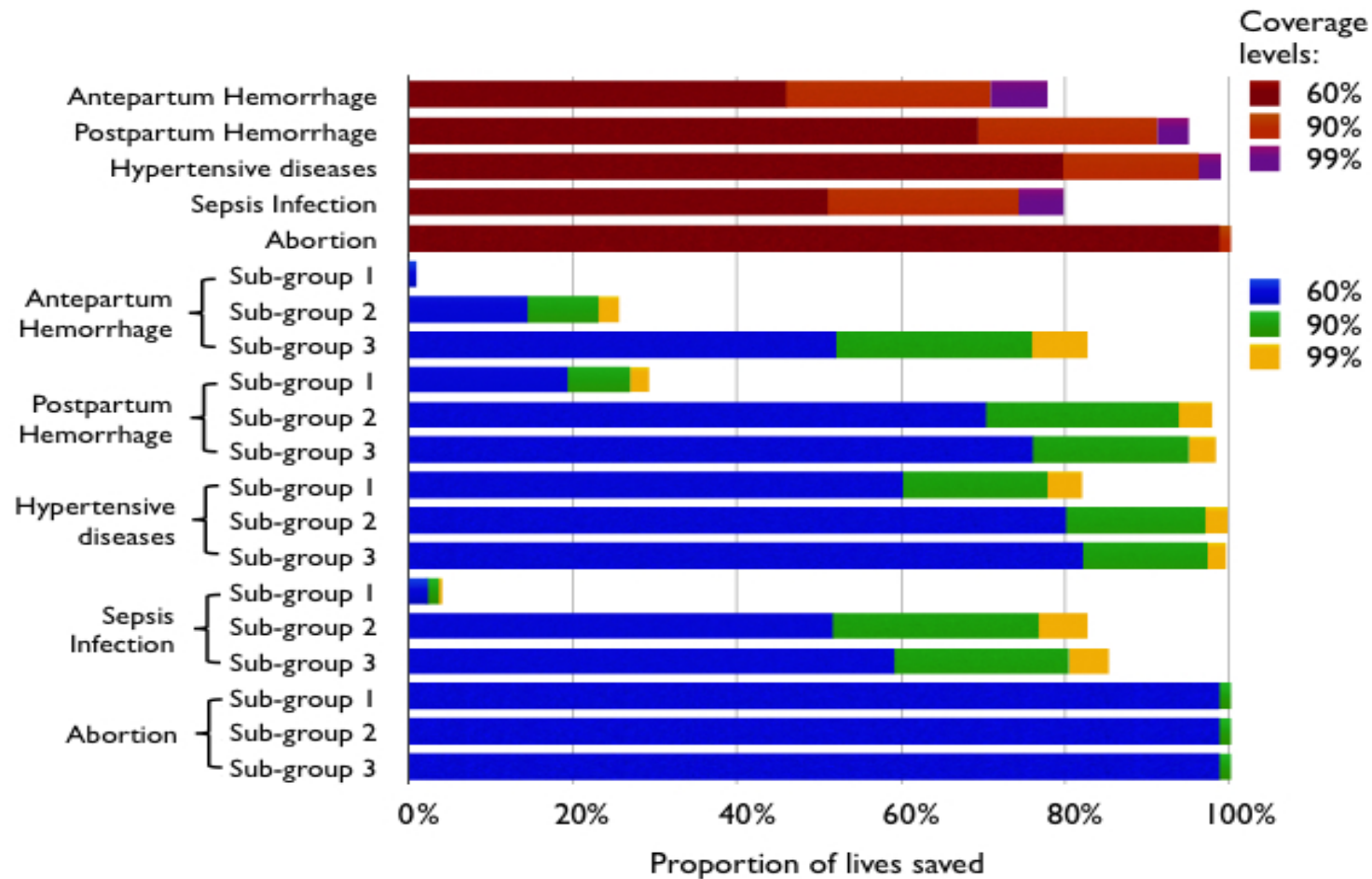
MCH programs and MMR in Thailand



MCH programs and MMR in Indonesia

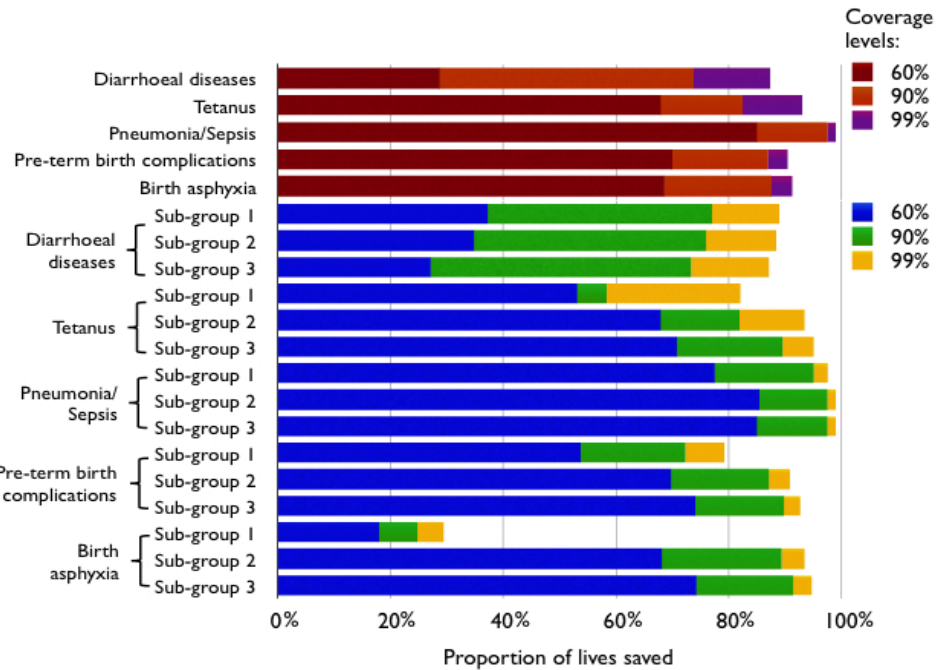


Patterns in deaths averted

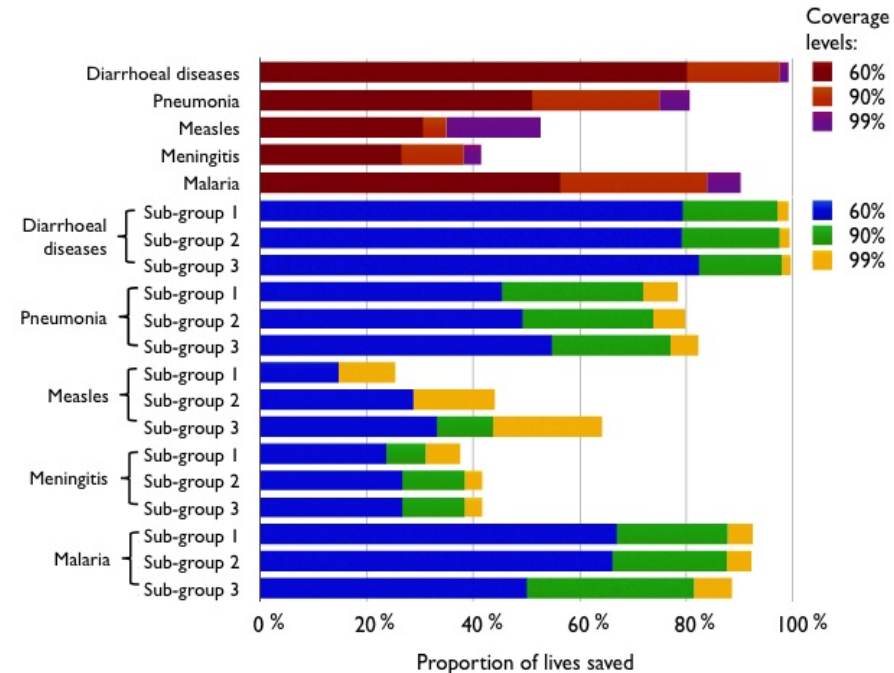


Maternal deaths averted

Patterns in deaths averted



Infant deaths averted



Child deaths averted

Conclusion

- Maternal, neonatal and child mortality: substantial reductions but uneven patterns
- Causes of death: transition in maternal deaths and persistence of neonatal causes to child deaths
- Variation in achievement in case stories: broader health system investments
- Increasing coverage of interventions to 60%: substantial effect on deaths

ASEAN Call for action on MCH

- Stronger voice for the weak
 - Mothers & children
 - Disadvantaged communities
- Learn from neighbors: policy & resources
 - Prioritize
 - Contextualize
- Expand ASEAN health agenda to include MCH
 - Build on current infectious disease interests
 - MCH leads to focus on social determinants

MEETING THE 2015 CHALLENGE

WAYS FORWARD

- Sustained economic growth
- Better population management
- Greater focus on underserved areas
- Adequate safety nets
- Improved targeting
- Improved governance and transparency

MEETING THE 2015 CHALLENGE

WAYS FORWARD

- Improved peace and security
- Equitable and efficient use of resources
- Greater advocacy and localization
- Strengthen public-private partnerships

LOCALIZING THE MDGs

- Intensify localization of MDGs to address inequity and disparity
- Local MDGs reports will be useful in local planning and budgeting
- LGUs must invest more in MDG projects (e.g. schools, RHUs, hospitals and water and sanitation projects)

MDG LOCALIZATION FRAMEWORK



The following framework, developed and implemented by the Philippine government, various stakeholders and the UN, illustrates the mechanism of translating the MDGs into local targets and action commitments by cities and municipalities as reflected in their local planning and budgeting processes:

FROM NATIONAL

...TO CITY

Naga City developed a localization toolkit for the city based on its own experience. This was also used as a template for the global toolkit developed by UN-Habitat.



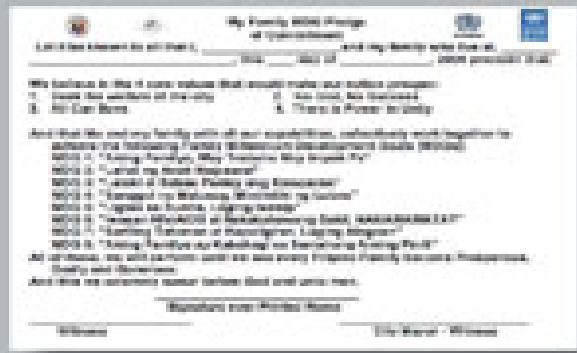
...TO COMMUNITY

In the Philippines, the *Barangay* village is at the forefront of meeting community-level targets. It is the government level closest to the communities where citizens participate most meaningfully in local governance. Butuan City developed and manualized an MDG-focused *Barangay* Development Planning process using the right-based approach. This toolkit is based on the city's actual experience and can be replicated by other local government units.



...TO FAMILY

The family is the basic social unit that ultimately works to achieve the MDGs at the most personal and ultimate level. Pasay City has developed a Family MDGs Pact that translates the MDGs into household targets.



Health in Southeast Asia 2



Maternal, neonatal, and child health in southeast Asia: towards greater regional collaboration

Cecilia S Astaia, Geok Lin Koh, Tipraswan Lichanutrakul, Endang L Achadi, Thien Thien Htay, Rebecca Finetone, Zulfiqar A Bhutta

Although maternal and child mortality are on the decline in southeast Asia, there are still major disparities, and greater equity is key to achieve the Millennium Development Goals. We used comparable cross-national data sources to document mortality trends from 1990 to 2008 and to assess major causes of maternal and child deaths. We present inequalities in intervention coverage by two common measures of wealth quintiles and rural or urban status. Case studies of reduction in mortality in Thailand and Indonesia indicate the varying essences of success and point to some factors that accelerate progress. We developed a Lives Saved Tool analysis for the region and for country subgroups to estimate deaths averted by cause and intervention. We identified three major patterns of maternal and child mortality reduction: early, rapid downward trends (Brunei, Singapore, Malaysia, and Thailand); initially high declines (sustained by Vietnam but faltering in the Philippines and Indonesia); and high initial rates with a downward trend (Laos, Cambodia, and Myanmar). Economic development seems to provide an important context that should be coupled with broader health-system interventions. Increasing coverage and consideration of the health-system context is needed, and regional support from the Association of Southeast Asian Nations can provide increased policy support to achieve maternal, neonatal, and child health goals.

Introduction

Southeast Asia has achieved substantial reductions in child and maternal mortality over the past two decades, but these achievements are unevenly distributed among and within the countries in the region. Of the ten countries in the Association of Southeast Asian Nations (ASEAN), only three have infant and child mortality rates below 100 per 1000 livebirths—Brunei, Singapore, and Malaysia. Infant and under-5 mortality in Thailand and Vietnam have declined substantially to below 15 per 1000 livebirths within the past two decades, but the Philippines and Indonesia have seen a levelling off in rates to between 30 and 50 per 1000 livebirths. Myanmar, Cambodia, and Laos still have mortality levels of 50–70 per 1000 livebirths in 2008, which are similar to the rates of their neighbours from more than two decades ago, and rank among the highest for Asia.¹

The UN estimates that every year about 350 000 women die as a result of pregnancy or childbirth,² as do nearly 9 million children younger than 5 years.³ Worldwide, in 2008, about 18 000 maternal⁴ and 400 000 child⁵ deaths were in southeast Asia. Laos and Cambodia are among seven countries with the highest maternal mortality rates

Key messages

- Southeast Asia has sustained substantial reductions in maternal, neonatal, and child mortality since 1990, but this progress has been uneven. Mortality reductions in some countries have been the result of trajectories of rapid decline that started long before the Millennium Development Goals (MDGs) were developed in 1990. Others have succeeded in improving progress since the 1990s, but some countries continue to struggle.
- Causes of death suggest a mortality transition in maternal deaths in the region. Child deaths are mainly attributable to the persistence of neonatal causes along with key preventable factors in the postneonatal period.
- Disparities in intervention coverage are most acute in countries with the lowest intervention coverage overall.
- Despite the variations in achievements, some countries are notable success stories. Suggested key factors include the ability to link maternal, neonatal, and child health interventions to broader health-system investments and to target access to rural and disadvantaged populations.
- Increasing coverage to 60% will have a substantial effect on maternal deaths caused by unsafe abortion, hypertensive

Published Online

January 25, 2011
DOI:10.1016/S0140-6736(10)62049-1

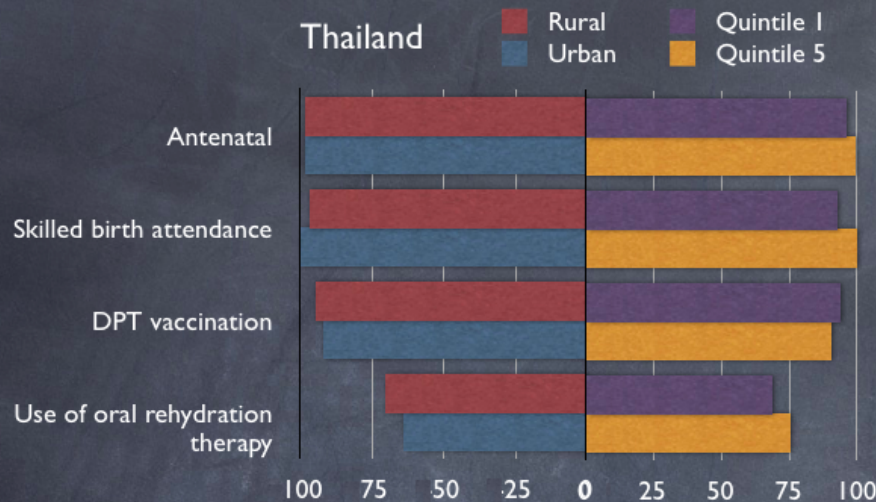
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DOI:10.1016/S0140-6736(10)62050-7
DOI:10.1016/S0140-6736(10)62051-2
DOI:10.1016/S0140-6736(10)62052-8
DOI:10.1016/S0140-6736(10)62053-5
DOI:10.1016/S0140-6736(10)62054-2
DOI:10.1016/S0140-6736(10)62055-X
DOI:10.1016/S0140-6736(10)62056-X

This is the second in a series of six papers about health in southeast Asia

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Disparities of intervention coverage among countries



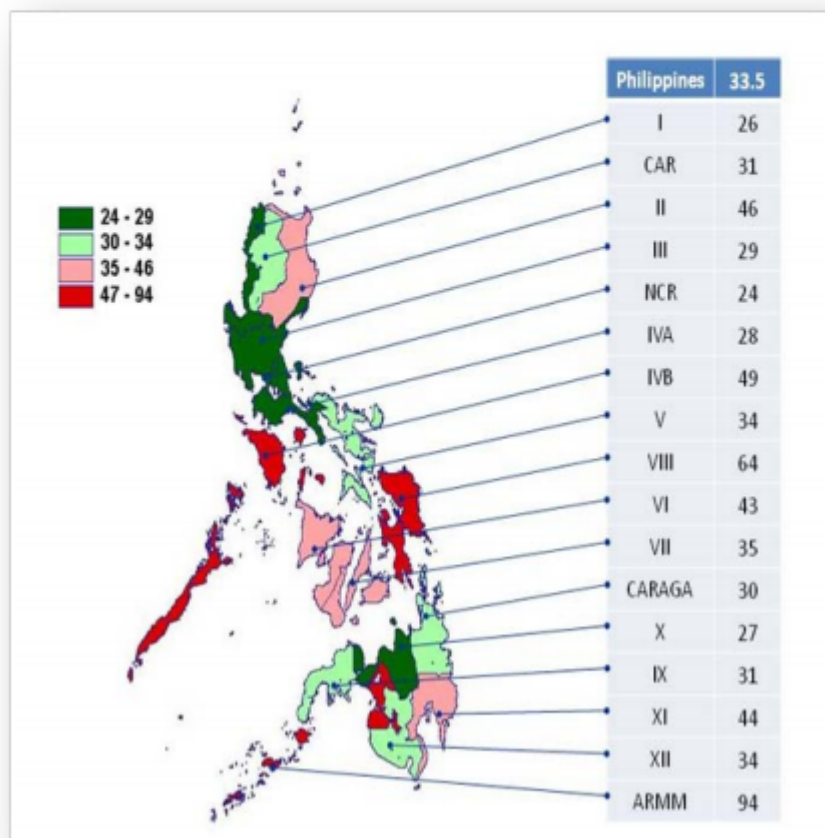
Disparities in intervention coverage are most acute in the countries with the lowest intervention coverage overall.



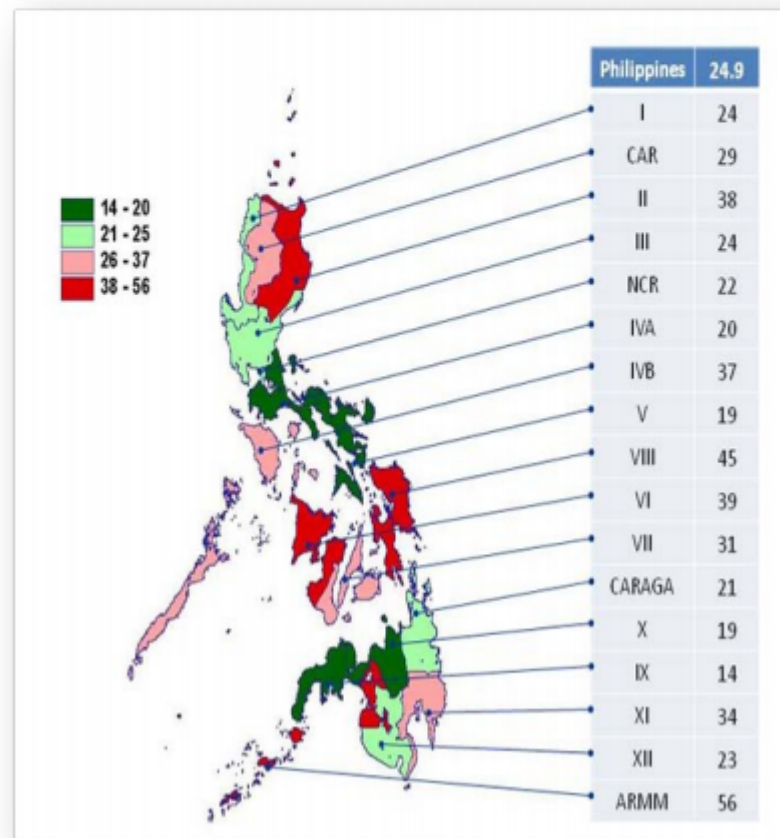
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Reduce child mortality

Under-five Mortality Rate, 2008
(deaths per 1000 live births)



Infant Mortality Rate, 2008
(deaths per 1000 live births)

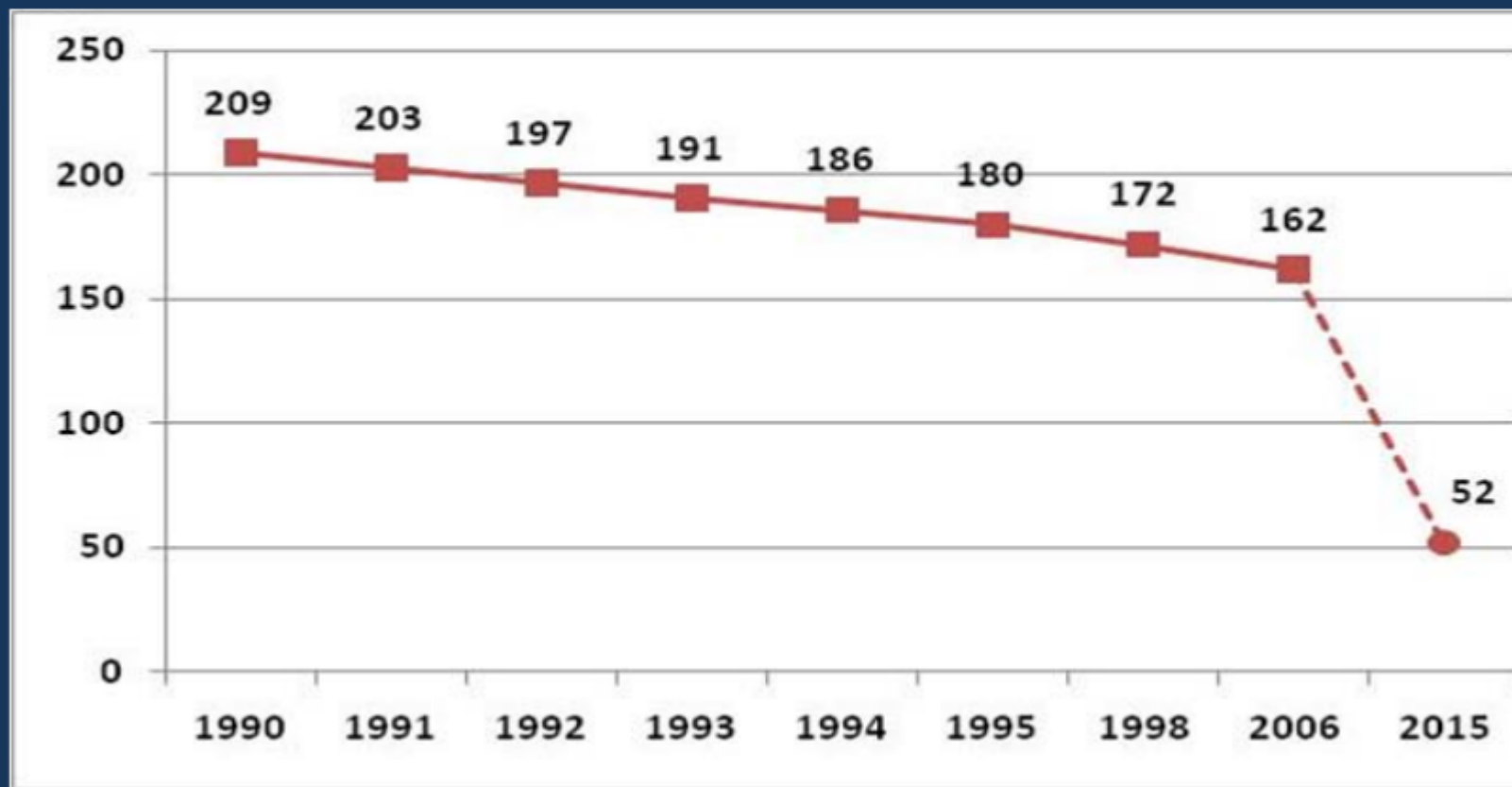


Source: NDHS, NSO

5

Improve maternal health

Maternal mortality ratio (deaths per 100,000 live births)



Sources: TWG-MCM, NSCB; NDHS, NSO; FPS, NSO