“Sustain, Accelerate and Innovate Strategies”
for reducing maternal, newborn, and child mortality

19–22 September 2023
Colombo, Sri Lanka

Report of the Regional Meeting
“Sustain, Accelerate and Innovate Strategies”
for reducing maternal, newborn and child mortality

19–22 September 2023
Colombo, Sri Lanka

Report of the Regional Meeting
“Sustain, Accelerate, and Innovate Strategies” for reducing maternal, newborn, and child mortality

© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo). Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).


Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in India
Contents

ABBREVIATIONS ........................................................................................................................................... 5

BACKGROUND .................................................................................................................................................. 6

OBJECTIVES .................................................................................................................................................... 7

OPENING .......................................................................................................................................................... 8
  Session 1: Progress in MNCH toward SDG-3 Targets .................................................................................. 9
  Session 2: Sustain and Accelerate: Strategies to reduce maternal deaths and Stillbirths ....................... 10
  Session 3a: Sustain and Accelerate: Strategies to improve facility care of small sick newborns ........... 12
  Session 3b: Innovate Strategies to improve facility care of small sick newborns .................................. 13
  Session 4: Sustain and Accelerate: Strategies to improve Home based Newborn Care ......................... 14
  Session 5: Joint Country Plans for maternal, newborn survival & reducing stillbirths ......................... 15
  Session 6 - Sustain and Accelerate: Unfinished agenda of Child survival ............................................. 15
  Session 7: Accelerate and Innovate: Strategies for moving beyond survival to well-being ................... 18
  Session 8a: Innovate Strategies: Tackling Emerging priorities for MNCH .............................................. 18
  Session 8b: Innovate Strategies: Tackling Emerging priorities for MNCH .............................................. 19
  Session 9: Accelerate and Innovate: Strategies for Improving Quality of Care/POCQI ......................... 20
  Session 10: Regional Strategy on Newborn Child Health (2024-2030) .................................................... 21
  Session 11: Strengthening National plans for Child Health ................................................................. 21

CLOSING SESSION ...................................................................................................................................... 22

RECOMMENDATIONS ................................................................................................................................... 22

ANNEXURES ................................................................................................................................................... 25
  ANNEXURE 1: Speech of Regional Director ............................................................................................... 26
  ANNEXURE 2: PROGRAMME OF THE MEETING ...................................................................................... 28
  ANNEXURE 3: LIST OF PARTICIPANTS ..................................................................................................... 32
  ANNEXURE: 4 Group Photograph ............................................................................................................. 36
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ANCS</td>
<td>Antenatal Corticosteroids</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>ARR</td>
<td>Annual Rate of Reduction</td>
</tr>
<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>EHO</td>
<td>Environmental Health Organization</td>
</tr>
<tr>
<td>ENAP</td>
<td>Every Newborn Action Plan</td>
</tr>
<tr>
<td>ENCC</td>
<td>Essential Newborn Care Course</td>
</tr>
<tr>
<td>EPMM</td>
<td>Ending Preventable Maternal Mortality</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification Of Diseases</td>
</tr>
<tr>
<td>IPC</td>
<td>Intrapartum Care</td>
</tr>
<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
</tr>
<tr>
<td>MO-CAH</td>
<td>Medical Officer-Newborn Child And Adolescent Health</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MO-MRH</td>
<td>Medical Officer- Maternal Health</td>
</tr>
<tr>
<td>MPDS</td>
<td>Maternal And Perinatal Death Surveillance And Response</td>
</tr>
<tr>
<td>NBBD</td>
<td>Newborn Birth Defect</td>
</tr>
<tr>
<td>NCF</td>
<td>Nurturing Care Framework</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NMR</td>
<td>Neonatal Mortality Rate</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
</tr>
<tr>
<td>PAC</td>
<td>Postabortion Care</td>
</tr>
<tr>
<td>PCV</td>
<td>Pneumococcal Conjugate Vaccine</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>POCQI</td>
<td>Point Of Care Quality Improvement</td>
</tr>
<tr>
<td>PT</td>
<td>Preterm</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
</tr>
<tr>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SEAR</td>
<td>South-East Asia Region</td>
</tr>
<tr>
<td>SNCU</td>
<td>Sick Newborn Care Unit</td>
</tr>
<tr>
<td>SSNBC</td>
<td>Small and Sick Newborn Care</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weakness, Opportunities, Threats</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
<tr>
<td>U5MR</td>
<td>Under-five Mortality Rate</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UNS</td>
<td>Universal Newborn Screening</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation, And Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
BACKGROUND

The South-East Asia Region (SEAR) accounts for 26% of the world’s population including 25% of total annual births. During the MDG era, the region had made unprecedented progress in reducing maternal, newborn and child mortality, and the efforts are being sustained to achieve the 2030 Sustainable Development Goal (SDG) targets. As per the 2020-2021 estimates:

- **Maternal Mortality Ratio**: Seven countries have achieved the global target of MMR below 140 per 100,000 live births (BAN, BHU, DPRK, IND, MAL, SRL, THA), while for national level targets (two-third reduction in MMR from the national levels), only 5 countries (BAN, BHU, MMR, NEP, TLS) will achieve the target if current ARR trend continues.

- **Neonatal Mortality Rate**: Five countries (DPR, INO, MAL, SRL, THA) have achieved the neonatal mortality rate (NMR of at least 12 per 1000 live births) target of SDG3, while another 4 countries (BAN, BHU, IND, NEP) are on track to achieve the SDG target by 2030 if the current ARR trend continues.

- **Under-5 Mortality Rate**: Similar to NMR, five countries (DPR, INO, MAL, SRL, THA) have achieved the U5MR target of SDG 3 (U5MR of at least 25 per 1000 live births) while another 4 countries (BAN, BHU, IND, NEP) are on track to achieve their target by 2030 if the current ARR trend continues.

The SEAR has also seen an increase in the average coverage of high-impact, evidence-based interventions across the maternal newborn child health life-course, but the increase has been uneven with large disparities within the countries. Nearly two-thirds of women of reproductive age receive four or more antenatal visits and 90% of births are attended by skilled birth attendants. Close to 80% of women and newborns have postnatal contact with a healthcare provider within two days after birth, but with little data on the subsequent recommended postnatal contacts. Only 45% newborns are breastfed within the first hour after birth, and there is little data on the coverage of other key essential newborn care practices like skin-to-skin contact in the first hour after birth. While more than 75% infants aged 12-23 months are fully immunized, less than two-thirds of infants less than 6 months are exclusively breastfed. The coverage of oral rehydration salts for children with diarrhoea is low while close to 61% of children with suspected pneumonia are taken to an appropriate health provider.

Since 2015, under the Regional Flagship-3 on accelerating reduction in maternal newborn and child mortality, WHO-SEARO has given due emphasis to implementation of national plans with particular focus on evidence-based actions for high returns across the maternal newborn child health continuum – these include coverage and quality of intervention packages for pre-conception and antenatal care, care around the time of childbirth (which is the most critical period with high maternal and newborn mortality as well as stillbirths), immediate newborn care, care of the small and sick newborns and young infants, and management of childhood illnesses like pneumonia. This is endorsed by the Regional Strategic Framework for Improving Newborn and Child Health (2018-2022), where strategic direction-2 prioritizes scaling up of proven effective interventions along the continuum of care while strategic direction-3 focusses on improving quality of care.

Even though the Region has seen remarkable progress, challenges remain due to variable progress in countries in terms of coverage of evidence-based interventions particularly socio-economic disparities (coverage and equity gap), quality of health services (quality gap), and availability of data for improved health outcomes (measurement gap). The Lancet commission on high quality health systems (2018) reveals that a higher number of deaths in regions like SEA occur on account of poor quality of health care services compared to non-access to health care services. Another challenge is the high burden of new and emerging
causes of mortality and morbidity (birth defects, disabilities, climate change, etc.) especially among countries which have already achieved the SDG targets.

At the half-way stage to achieve the SDG targets, it is important for the SEAR countries and the region to not only review their progress, but also adopt a differential approach to further reduce maternal newborn child mortality based on their contextual priorities and available resources. This implies countries to adopt priority strategies to 1) **Sustain** the gains made in achieving high coverage of intervention packages like SBA, immunization, etc.; 2) **Accelerate** actions to improve quality and coverage of interventions for intrapartum care, breastfeeding, care of preterm/LBW babies, birth defects prevention; and 3) Explore **innovative** solutions/mechanism to improve service delivery and reduce gaps for coverage, quality, equity and measurement.

Recently new WHO recommendations and global quality standards have been released for maternal newborn and child health (postnatal care, labour care guide, quality standards for preterm and LBW babies, etc.) that the countries need to adopt within their existing national plans to improve health services at all levels of care. Moreover, several important technical and research work is being carried out in the region (serious bacterial infections in young infants, management of pneumonia, risk stratification for childhood illnesses, birth defects surveillance system, etc.) which has to be shared with the countries.

**OBJECTIVES**

The Regional meeting on ‘Sustain, Accelerate and Innovate strategies’ for reducing maternal, newborn and child mortality was held in Colombo, Sri Lanka from 19-22 September 2023. The participants included representatives from MOH of member countries, SEAR TAG members, WHO collaborating centres, professional organizations, UNICEF, and WHO HQ, regional and country office staff. The general and specific objectives or outputs of the meeting are given below:

**General objective**

To develop ‘Sustain, Accelerate and Innovate strategies’ for reducing maternal, newborn and child mortality in SEAR countries.

**Specific objectives/outputs**

1. Global, regional and countries progress shared regarding reduction in maternal, newborn and child mortality

2. Countries oriented on the recent WHO guideline recommendations and technical updates with its relevance to SEAR countries.

3. Strategies (Sustain, Accelerate, Innovate) to strengthen national action plans of Member States discussed along with implementation challenges, and good practices shared for reducing maternal, newborn and child mortality.

4. Feedback provided by Member States on the draft regional strategic framework for improving Newborn and Child health.
OPENING

DAY 1: OPENING SESSION

The opening session of the regional meeting commenced with a warm welcome from Dr Rajesh Khanna, (MO-CAH, WHO SEARO). Following this, Dr. Alaka Singh, WHO Representative in Sri Lanka, formally opened the four-day meeting on behalf of the Regional Director (RD), WHO SEARO, and delivered the RD speech. She reiterated the commitment of the region and countries to achieve the maternal, newborn and child mortality related SDG targets. She asked the countries to adopt differential strategies (sustain, accelerate, innovate) to address disparities and emerging challenges based on their needs and contextual priorities. This was followed by opening remarks from Dr. Asheber Gaym of UNICEF ROSA and Dr. Elizabeth Mason as member of Regional Technical Advisory Group (TAG). In his speech as the Chief Guest, Dr. Asela Gunawardena, Director General of Health Services from the Ministry of Health in Sri Lanka, shared the progress, achievements, and challenges from Sri Lanka. At the end of the opening session, MO-CAH introduced the meeting objectives and the agenda to ensure all participants had a clear understanding of the context, outcomes and their role which helped lay a solid foundation for a productive and collaborative regional meeting.

PROCEEDINGS TECHNICAL SESSIONS

The technical sessions were structured to promote extensive participation and active discussion. Each session commenced with a presentation on the new global evidence and/or WHO recommendations on the relevant topic, following which the regional policy and programmatic situation (challenges, achievements) was discussed. Thereafter specific countries were asked to present their best practices and experiences to facilitate cross-learning and knowledge sharing. All the countries were encouraged to share their context-specific challenges and unique situations, which helped in collaborative brainstorming to identify evidence-based solutions.
Session 1: Progress in MNCH toward SDG-3 Targets

Global Progress in Maternal Newborn Health by Dr. Allisyn Moran (WHO HQ): The presentation highlighted global progress towards the maternal, newborn mortality and stillbirth SDG targets. Overall, the progress has plateaued post-MDGs, which underlines the need to understand country-specific interpretations. Globally, significant decline was observed from 2000 to 2015 for Maternal Mortality Ratio (MMR); however, the progress has slowed down after 2015. Every year a total of 4.5 million lives are lost if you combine maternal and newborn deaths and stillbirths. Findings from the first joint Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM) report was shared. Integrated primary healthcare for improving coverage (e.g., 4 ANC, SBA, PNC), quality, and equity of interventions was highlighted as one of the key approaches for reducing maternal and newborn mortality and stillbirths. Furthermore, five priority actions were suggested – strengthening data systems, ensuring local implementation, addressing healthcare workforce, engaging communities, and aligning data systems. Information was shared about a dashboard on the WHO MNCAH website with updated data from across the globe to track the countries progress.

Global Progress in Child Health by Dr. Were Wilson (WHO HQ): The presentation recognized South-East Asia Region’s (SEAR) substantial achievements in reducing newborn and child deaths, but noted recent plateaus in certain countries, calling for more tailored strategies to further reduce child mortality rates. Most of the child deaths occur in the first year of life, making investments in this period vital for reducing under-five mortality. Child deaths are concentrated mainly in sub-Saharan Africa and central/south Asia. SEAR countries with high MMR and NMR also grapple with elevated U5MR, suggesting interventions for MMR and NMR reduction can also impact U5MR. Investment in primary healthcare, multisectoral coordination, and initiatives like WASH and immunization were advocated. Additionally, 54 countries are off track to meet the U5MR SDG target, requiring improved treatment intervention coverage, tailored approaches, and primary healthcare emphasis. Addressing coverage disparities was emphasized, alongside significant investment in nurturing care frameworks to enhance child health and well-being outcomes in SEAR countries.

Regional Progress in MNCH by Dr. Anoma Jayathilaka and Dr Rajesh Khanna (WHO SEARO): In the joint presentation, Dr Anoma Jayathilaka (MO-MRH) covered maternal mortality and stillbirths while Dr Rajesh Khanna (MO-CAH) covered newborn and child mortality. SEAR represents 26% of the global population, and 8 out of 11 countries in the region are classified as Low and Middle-Income Countries (LMICs). The region achieved the highest reduction in maternal mortality from 2000 to 2020 compared to the other regions and the world; however it still contributes to 13% of global maternal deaths. Maternal hemorrhage remains a significant concern, but there is a noticeable rise in indirect causes of maternal mortality. Although there has been a reduction in stillbirths, the large population size in the region means that a substantial burden of stillbirths still persists with Bangladesh, India, and Indonesia major contributors to global stillbirth figures. Challenges
related to stillbirths were also highlighted, particularly issues of cross-departmental responsibility between maternal and newborn health, underscoring the need for comprehensive strategies to address these issues effectively in the SEAR context.

Dr Khanna then highlighted the region’s impressive progress in reducing neonatal and under-five mortality since 2015, with the region having the highest ARR since 2016. Five countries have achieved the SDG targets for both U5MR and NMR. Equitable coverage of essential key interventions is vital for mortality reduction, but intervention coverage for some countries have stagnated or shown decrease, like postnatal care (PNC) for mothers, early initiation of breastfeeding, oral rehydration solution (ORS) for diarrhoea, and care seeking for pneumonia treatment. Malnutrition is a significant concern, and there’s a growing contribution of birth defects as a major cause of under-five deaths in countries which have achieved the SDG target. The Nurturing Care framework (NCF) for Early Childhood Development (ECD) provides a framework for holistic development of children towards a healthy and productive adulthood. A differential approach is needed to manage the challenges and address variations between countries. Deeper understanding of mortality and morbidity epidemiology at national and sub-national level is crucial for further progress.

Discussions points

- Building partnerships, especially with academia, is important for both in-service and pre-service education. Professional associations should be engaged to address quality of care and equity for young professionals.
- It’s essential to focus more on defining and promoting the thrive agenda alongside reducing mortality.
- Most data are from the pre-COVID period, and there's a need for an impact analysis of pandemic disruptions.
- The functioning of Maternal Perinatal Death Surveillance and Response (MPDSR) and its impact on mortality should be analyzed. Just counting in the MPDSR system isn’t enough; there needs to be a response.
- When it comes to birth defects, we need to be cautious about how we approach it. We should consider what can be done to reduce some defects, such as pre-conception care, and how to enhance the quality of life for others.

Country Progress in Reducing Maternal, Newborn and Child Mortality - Poster Walk

The main objective of this session was for each country to share progress made by it in reducing maternal, newborn child mortality and stillbirth reduction, status of their MNCH policies and population-based coverage indicators, a SWOT analysis of their country’s situation in terms of policies and programmes, and priority strategies for the next 2 years. Each country was asked to present the key messages in a 2-minute oral presentation using the poster information including context specific strategies and priority actions for accelerating reduction in maternal, newborn and child mortality.

Session 2: Sustain and Accelerate: Strategies to reduce maternal deaths and Stillbirths

Regional Strategies for Maternal Mortality Ratio (MMR) Reduction by Dr. Anoma: In her presentation, MO-MRH shared that “Accelerating Reduction of Maternal, Newborn, and Child Mortality” is one of the flagship
priorities identified by the Regional Director. Efforts to reduce maternal mortality must focus on improving coverage, quality and equity of interventions, guided by the TAG. This requires strong health system support, with RMNCAH involvement. The SEAR has assisted countries in developing their national guidelines for reducing MMR, NMR and stillbirths, aligned with the WHO guidelines and global standards. Four countries are on track to achieve their national MMR target. Challenges include promoting evidence-based practices, structured MPDSR, expanding Post-Abortion Care (PAC), managing high Cesarean section rates, addressing adolescent births, and improving Contraceptive Prevalence Rate (CPR) and Family Planning (FP). Many countries lag in essential service coverage like achieving 4 Antenatal Care (ANC) visits and Postnatal Care (PNC). Efficient planning requires short program review and planning, and the path forward involves boosting ARR, addressing equity, strengthening health systems, and establishing RMNCAH TAGs in every country.

Country Experience: Nepal
Nepal's MMR is gradually decreasing, and they aim to achieve a two-third reduction of MMR by 2030. The country is emphasizing on increasing ARR, with a current ARR being 6.2%. The recent census in the country which includes a household survey to identify causes of maternal deaths via verbal autopsy, has helped to prioritize actions at the national and provincial level. Disparities were identified between provinces, and corrective measures are being taken. The non-obstetric causes contribute significantly to maternal deaths. Majority of deliveries (79%) occur in health facilities, and 80% are assisted by Skilled Birth Attendants (SBAs). The country's policy guidelines, including task shifting, support home-based PNC, and incorporate 8+ ANC visits.

Country Experience: Timor-Leste
Timor-Leste has a high MMR of 204/100,000 live births. In the country, ANC coverage is 40%, facility deliveries are only 59%, and PNC coverage is 35%. Challenges include a weak health system, geographical barriers, transportation issues, and a shortage of skilled healthcare providers. The country has introduced MPDSR with WHO's support which is helping them to identify the causes of maternal/perinatal death and plan corrective actions. Another challenge is the data discrepancies which exist between various sources.

Discussion Points
- Telemedicine was discussed as an innovative solution to improve coverage and quality, with Thailand's positive experience as an example.
- MPDSR effectiveness and its potential to replace other data sources to determine number of maternal deaths was explored.

Regional Situation of Stillbirths by Dr. Asheber Gaym (UNICEF)
The presentation highlighted the variation in stillbirth rates among countries in SEAR. Despite the absence of specific SDG targets for stillbirths, it was emphasized that addressing stillbirths can yield triple returns. Accelerating ARR is crucial to reach stillbirth reduction targets. Globally, there has been a 35% reduction in stillbirths, while SEAR has achieved an impressive 56% reduction. Pathways to prevent stillbirths include ensuring the provision of quality antenatal and delivery care and addressing bottlenecks in healthcare systems. Notably, most stillbirths occur during birth, underscoring the critical importance of delivering quality care during this period. To further efforts in stillbirth prevention, eight countries in the region are set to disseminate information regarding bottlenecks in this area.

Country Experience: Sri Lanka
Sri Lanka's stillbirth rate has shown impressive reduction as the country addressed modifiable factors with governance playing a vital role in their approach. The country emphasizes a life cycle approach, including focus on pre-conception care, ANC, delivery care, and surveillance. There is universal screening for hypertension and diabetes during the antenatal period, and provision of folic acid supplementation.
country has a robust information system but there are challenges of regional disparities and a lack of human resources for data collection. Presently the country is facing economic crisis. Future strategies for further reduction of stillbirths include structured pregnancy care, quality delivery care, regional disparity reduction, respectful care, improved healthcare infrastructure, public awareness, strengthening of monitoring and evaluation and introducing digital innovations.

**Global Initiatives for Reducing Maternal, Newborn Deaths, and Stillbirths by Dr. Allisyn (WHO HQ)**

Equity and equality has emerged as critical factors in the endeavor to reduce mortality and morbidity at the global level. Dr. Allisyn presented WHO’s recommended guidelines on ANC, positive pregnancy care, Infection Prevention and Control (IPC), Life Cycle Approach (LCG), and PNC, with a focus on Maternal Mental Health. WHO plans to release a Midwifery Model of Care next year. Furthermore, Transition Framework for Maternal Newborn Health (MNH) was introduced, and feedback was sought on how to apply it effectively in practice. Suggestions were put forth for using the framework during midterm reviews and the necessity of contextualizing.

The day concluded with a commitment to work collaboratively on regional strategies to reduce maternal, newborn, and child mortality, and stillbirths and every country was given a hard copy of “Making the strategic choices: approaches for moving to the next phase” to work in country groups.

**DAY 2: TECHNICAL SESSIONS**

**Session 3a: Sustain and Accelerate: Strategies to improve facility care of small sick newborns**

**WHO guidance on Care of Preterm & Low Birth Weight babies by Dr. Shuchita Gupta (WHO HQ)**

In her virtual presentation, Dr Shuchita shared concerns about the slow progress in achieving the global SDG target for NMR. Prematurity accounts for 36% of newborn deaths, with 13.4 million preterm births in 2020 (10% of live births) and national preterm birth rates ranging from 4% to 16%. In 2020, 35.3 million preterm, low-birth weight and small-for-gestational-age babies existed, with SEAR contributing significantly. In 2022, WHO released 25 transformative recommendations in the new guideline on care of PT/LBW babies, including on immediate Kangaroo Mother Care (KMC) and Continuous Positive Airway Pressure (CPAP) therapy. She further explained the background, the guideline development process and the key recommendations with practical implications, including points for concerns in country adaptations. Participants stressed the importance of maternal considerations, planning neonatal units, and robust monitoring for community-based KMC.

**Regional situation and challenges: Care of Small & sick newborn (SSNB) by Dr Rajesh (WHO SEARO)**

The presentation focused on the burden of preterm and LBW infants in SEAR, evidence and policies, regional progress towards ENAP target-4, and the way forward. In SEAR, 1 in 10 births is premature, with 85% between 32-37 weeks gestation, and these can be managed without high tech intensive care. All SEAR countries have the relevant SSNBC policies in place except for community KMC. Care of SSNB has the potential to reduce neonatal mortality by 30%, which underlines the importance of a comprehensive implementation model. Progress on ENAP target-4 varied across the SEAR member countries. For countries that have adopted the model (early starters), priority actions should focus on quality of care, integrating maternal and newborn health, family involvement, data systems, post-discharge follow-up, and reducing pilot-to-scale-up time lag. For other countries, important actions include national commitment, dedicated funding, technical leadership, a competent healthcare workforce, and standardized intervention designs to enhance care for preterm and LBW infants.

**Country Experience: India (Facility care of Small and sick newborn)**
India has a high burden of LBW and preterm babies (5 million LBW and 3 million preterm births out of 26 million annual births). The country has made tremendous progress in establishing level-2 Sick Newborn Care Units (SNCUs) with more than 1000 units and > 85% districts now having one functional SNCU. These units have led to various interventions in the country: MCH wings with KMC units; SNCUs with CPAPs; comprehensive Lactation Management Centers with human milk banks; Family participatory care; District early intervention centers leading to establishment of NB care complexes. India highlighted the importance of regular standard training as per the level of care which requires good HR policies to train and retain the trained HR. Development of an online HMIS/reporting system has helped to track performance and outcomes within these SNCUs regularly. The system has been further strengthened by usage of standard formats, rapid assessments, integration of QOC indicators to HMIS, and addition of post discharge/home-based follow-up/ early intervention as an extension of family participatory care. Further the importance and success of Institutional mechanisms for hand holding /mentoring was highlighted.

**Country Experience: Bangladesh (facility care of Small and sick newborn)**
Bangladesh presentation described the burden of preterm births with the country having the highest preterm birth rate in the world. Further there were challenges related to HR, quality of data and measurement. The country shared their story of how KMC was introduced in health facilities and gradually scaled up from 14 to 408 institutes between 2016-2023. Presently the challenges included low utilization, low duration of KMC stay, inadequate family support and poor post-discharge follow up

**Essential Newborn Care Course: What is new? by Dr Deepika Kainth (AIIMS WHO CC):**
Dr Deepika outlined the Essential Newborn Care Course (ENCC), stressing the need for high-quality newborn care and aligning policy with implementation. The WHO second edition, released in May 2023, integrates essential care elements, including sick newborn care and quality of care. It offers flexible learning modalities in three versions (basic, modular, combined). The basic course has two modules while the modular course has 14 modules with each module dedicated to a specific topic. The combined module offers the flexibility to combine basic course with specific module from the modular version based on the training needs.

**Session 3b: Innovate Strategies to improve facility care of small sick newborns**

**Operational guidance on Universal newborn screening: by Dr Suman Rao (WHO Consultant) Virtual**
Dr Suman Rao (WHO Consultant) presented on the process of developing the operational guidance on the recent WHO recommendations on universal newborn screening (UNS). The document includes implementation guidance for screening for hyperbilirubinemia, hearing impairment and eye abnormalities. A technical advisory group of experts from SEAR was formed, and three virtual consultations were conducted followed by feedback from the field to finalize the guidance document. The operational guidance for each condition includes rationale for screening, burden and current status, the WHO recommendations, target group of newborn, method of screening including specifications for equipment and supplies, case management and referral process, and method for setting up the program. A set of training videos have also been developed and shown.

**Country Experience: Thailand (Experience in Scaling up Universal Newborn Screening)**
Thailand presented the experience of scaling-up universal newborn screening (UNS) in the country. The screening was introduced to find children at high risk, confirm diagnosis and begin treatment before symptoms appear. Started in 1992, the programme presently covers eye abnormalities, hearing impairment, congenital heart disease, hypothyroidism, inborn errors of metabolism and hip dysplasia. The national government has recently endorsed free of cost screening for all babies born in Thailand (including foreigners). There is a national guidance for UNS and efforts are underway to improve the coverage.
Discussion Points

- As the WHO ENCC package is being finalized, there was discussion around inclusion of the UNS while performing the newborn examination.
- WHO recommended UNS for the first time in the 2021 which is the first step. Other screening tests are not part of UNS but WHO is looking into what other tests can be included based on the burden, needs, feasibility and cost-effectiveness.
- RO informed that countries could pilot the UNS implementation guidance and ask RO for support. Sri Lanka has already started. It will be helpful in translating guidance to practice.
- The need for UNS linkages to diagnostic tests, continuum of care, case management and data utilization were emphasized in the session. Another point to be considered was for the countries to be aware of the costs, for equipment, trainings and use of digital media and videos.
- There were suggestions from participants on facilitation from WHO RO regarding equipment costs and procurement processes.
- The session was concluded with remarks that the WHO recommendation from UNS can be started in countries for early identification and management of newborn conditions.

Kangaroo Mother Care: Experience of Maternal Newborn Care Units and research updates (ANCS, KMC scale-up study) by Dr Harish Chellani (WHO Consultant)

Dr Chellani (WHO Consultant) presented different studies being conducted in SEAR on MNH including the Antenatal corticosteroids (ANCS) implementation research on scaling-up, the Action III trial, and implementation research on immediate KMC in India and Ethiopia. The trial on Immediate KMC which resulted in establishment of a Maternal Newborn Care Unit (MNCU) was discussed in detail. It demonstrated reduction in newborn mortality, hypothermia and sepsis in the intervention group. MNCU provides a good opportunity for not only zero separation of babies and their care givers/mothers, but also facilitates prolonged effective KMC, early and exclusive breast feeding, family-centered developmental care, capacity building of mothers to monitor their babies and for post-discharge care and helps reduce their anxiety and stress leading to better parental satisfaction.

Session 4: Sustain and Accelerate: Strategies to improve Home based Newborn Care

Regional situation and challenges of Postnatal Care (PNC) by Dr. Anoma (WHO SEARO)

Regional situation and challenges related to PNC were presented by MO-MRH including the new WHO recommendations. The policy situation in SEAR showed that most of the member countries had adopted relevant policies (number and timing of visits including home-based visits). Countries had also started screening for postpartum depression and anxiety in postnatal contacts. There are challenges at the provider and beneficiary level mostly related to availability of HR, skills, coverage and quality of services, and linkages in continuum of care. She mentioned that there are different models of care and countries need to decide what options need to be adopted for improving PNC coverage

Country Experience: India (Home-based Postnatal Care scenario)

Dr Priyanka, WHO India shared the current scenario of HBPNC in India. The program was initiated in 2011 and operational guidelines revised in 2014 with an objective to decrease neonatal mortality and morbidity. In the country, ASHAs are mobilized for 6 PNC home visits for institutional delivery and 7 visits for home deliveries. Quarterly reports and training are ensured for monitoring the quality of services under HBPNC. However, there are challenges pertaining to capacity building, supportive supervision, community engagement, coverage in difficult to reach areas, recording and reporting, supply chain and constraints faced by ASHA. There is a reaffirmation to focus on PNC visits to mothers to address the high mortality during PNC by tracking high risk mothers, adequate follow up and monitoring.

Discussion Points
• Participants discussed the areas for quality HBPNC, and suggested standards of care by professional associations for quality accreditation. Another area of concern was the service delivery in urban slums.
• There were questions around linkages between post-delivery care in facility with post-discharge care at home by community health provider. Semi-skilled ASHAs take the women to the institution for delivery so she knows and is informed, however delivery of PNC services remains inadequate. There can be pockets where there is gap in coverage.
• Participants discussed that PNC needs to be included in discussion for PHC, UHC and pointed out there is a need to balance the resources of health care to ensure PNC. Countries also need to facilitate cross learning and have innovative ideas to increase coverage and quality of HBPNC.

Session 5: Joint Country Plans for maternal, newborn survival & reducing stillbirths

Joint Global ENAP EPMM mechanism by Dr Allisyn Moran (WHO HQ)
Dr. Allisyn Moran discussed the Joint Global ENAP and EPMM mechanism and coverage targets. She emphasized the significance of the ENAP-EPMM Joint Country Implementation Group, which plays a pivotal role in driving progress and accountability. Dr. Moran also noted that the International Maternal and Newborn Health Conference will serve as a valuable platform for accelerating progress, fostering accountability, sharing learning, sustaining efforts, and promoting innovation in this critical domain. In the SEAR, Bangladesh, Sri Lanka, and Nepal, are actively involved in this initiative, contributing to the advancement of maternal and newborn health in the region.

Country Experience: Bangladesh
Bangladesh was in the first group of six countries who were selected for the pilot. It has developed the Country Acceleration Plan followed by the priority mapping of activities and TA and resource needs, and there is a considerable distance to achieve the coverage targets outlined in ENAP-EPMM. The country shared in detail the process undertaken for the development of the joint plan including the challenges faced, and a roadmap was proposed for the way forward.

Country Experience: Sri Lanka
Sri Lanka has already achieved the majority of ENAP EPMM targets, and the country has integrated all aspects of ENAP EPMM into their national strategic plan for maternal and newborn health. They shared the process for developing the joint action plan together with the other partners, the challenges encountered, and actions taken.

Group work in Countries: Country Action Plan for ENAP-EPMM
During the group work session, countries were asked to develop their own national plans for ENAP-EPMM utilizing the findings of their country posters and incorporating new evidence to guide the prioritization of areas. This exercise was conducted to help them understand the method for country plan development. Each country engaged in discussions to identify priority actions across ten essential milestones: Policy and Plan, Quality of Care, Equity, Data, Investment, MNH Workforce, Response and Resilience, Commodities and Technologies, Accountability, Research, Innovation, and Knowledge Exchange. At the end of the exercise, countries presented their plans highlighting the strategies and commitments to improve maternal and newborn health aligned with the milestones.

DAY 3: TECHNICAL SESSIONS

Session 6 - Sustain and Accelerate: Unfinished agenda of Child survival

Global Initiatives on Child Survival by Dr. Wilson Were (WHO HQ)
While acknowledging that many countries have made progress in child survival, Dr Wilson informed that 54 countries are still off track and must accelerate their efforts to achieve the SDG target. A significant
Regional perspectives on child survival by Dr. Rajesh (WHO SEARO)

Pneumonia and diarrhea remain the leading causes of death among children under five in the region despite the availability of simple cost-effective interventions as outlined in the Protect, Prevent and Treat Framework of the Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea (GAPPD). All the SEAR countries have relevant policies in place for managing pneumonia and diarrhoea, but the challenge has been low coverage of care-seeking for pneumonia, use of antibiotics for ARI, and use of ORS in children with diarrhoea. Concern was expressed regarding further decrease in coverages of these interventions over past few years. Most of child deaths happen in disadvantaged and poor children, and these preventable deaths do not need high-tech solutions.

Country Experience on Child Death reviews: Indonesia

Child mortality trends in Indonesia have shown a gradual decline over the years. Child death review have been implemented for some time with improvement in data quality. The primary cause of infant mortality in the country is pneumonia with low birthweight (LBW) identified as a significant public health issue. Now the country is piloting MPNDSR program in selected hospitals, including at the subnational level. Additionally, a study is being conducted to assess the LBW care practices at primary health care level.

Country Experience on Child survival and development: Timor Leste

Timor Leste is witnessing a positive trend as under-five mortality rates are declining. The main causes of child deaths are pneumonia, diarrhoea, and newborn conditions. Major concern is the inequitable access to healthcare services as women and children in hard-to-reach areas and those with limited education are impacted the most. Challenges include limited access to health facilities, insufficient PNC follow-up, supply chain constraints, difficulties in data collection and monitoring, and low penetration of community-based healthcare programs. Strengths include high-level commitment demonstrated by country leadership in prioritizing MNCH initiatives and the collaborative partnerships of UN agencies.

Discussion Points from Countries

Bangladesh: Despite efforts, social marketing of ORS has not been successful in reaching its intended audience. Families often go to drug stores because they have low trust in the public health system.

Thailand: Major causes of death for under-5 children are RTA, drowning and Infection. There are national programs for pneumonia and diarrhea including provision of pneumococcal vaccines. The national policy for treatment of pneumonia and diarrhea covers the entire age group of 0 day to 18 years, and ensures early diagnosis and prompt treatment with referral of severe cases to secondary hospital.

Timor Leste: Disparities are observed in mortality data between the national and sub-national levels. The PCV vaccine has achieved nearly 100% coverage, but there is a need for improvement in the care seeking and treatment coverage of childhood illnesses. There are issues related to insufficient health workforce and need to focus on in-service training for provision of integrated services.

Myanmar: The health system of the country is disrupted due to humanitarian and political instability. The primary health care services are partly provided by public sector and partly by private, NGOs and EHOs. Pneumonia and diarrhea management are an integral part of essential health service package provided at
the community level, and policies, guidelines, and trainings are in place. All partners usually approach WHO and UNICEF for technical assistance.

**Nepal:** The country has a strong cadre of community volunteers, and they were providing treatment for childhood illnesses including provision of antibiotics since 2008, but currently this service is only available at the facility level. Diarrhea cases have decreased following COVID-19 due to health education activities, but pneumonia remains a priority health issue. Children often do not take ORS due to compliance issues, while probiotics are used mainly in the private sector.

**Bhutan:** The main causes of under-5 deaths are preterm babies and perinatal mortality. For childhood illnesses, IMNCI course is being conducted in in-service training since long time ago. There is need to review and revise the course.

**Sri Lanka:** Due to recent economic crisis, there is a pressing need to reduce the irrational use of antibiotics. While antibiotics are available at primary healthcare facilities, there is nowadays insufficiency in their supply. Out-of-pocket expenses for health services are on the rise. Health providers perceive acute ARI cases as highly important. Overall, neonatal mortality rates exceed child mortality.

**India:** Advocacy efforts have led to gains in increasing the health workforce following the COVID-19 pandemic and there are nationwide campaigns for both pneumonia and diarrhoea. The pneumococcal vaccination program is set to begin at the state level, and noticeable decrease in the usage of antibiotics is seen in SNCUs.

**Research updates (Integrating immediate kangaroo mother (iKMC) care into public health facilities with level 2 neonatal intensive care units in Bangladesh) by Dr Shams (TAG member, ICDDR,B)**

Dr. Shams discussed the integration of Kangaroo Mother Care (KMC) into existing healthcare systems, highlighting the importance of incorporating this essential intervention for preterm and LBW infants. Furthermore, he shared information about the implementation research being conducted to expand access to effective pneumonia treatment for children who need it the most. Dr. Shams reported that both the baseline and formative assessments have been successfully completed as part of the research protocol, and now it is moving into implementation.
Session 7: Accelerate and Innovate: Strategies for moving beyond survival to well-being

Nurturing Care for ECD: Findings from progress report by Dr. Bernadette and Ms Sheila (WHO HQ) virtually

Findings from the 2023 progress report on nurturing care for early childhood development were presented by Dr Bernadette and Ms Sheila. The report covered the progress made in five strategic areas (Lead and invest, focus on communities and families, strengthen services including systems, monitor progress and scale up and innovate). The period from pregnancy to age 3 is the most critical, when the brain grows faster than at any other time; children need a safe, secure, and loving environment, with the right nutrition and stimulation from their parents or caregivers for healthy brain development. Additional areas of common interest related to NCF include care of small and sick newborns, caregiver mental health, care in humanitarian contexts, and climate change. Early childhood development is also the key to upholding the right of every child to survive and thrive.

Country Experience on multi-sectoral national plan for ECD: Nepal

Status of ECD in Nepal was presented followed by information on the brief process followed for developing their multi-sectoral National Strategy for ECD led by the MOH. For ECD activities, various Ministries such as the Ministry of Health and Population, Ministry of Women Child and Senior Citizens, Ministry of Finance home affairs and various stakeholders work together. Health and nutrition services in the country are aimed at helping caregivers ensure good health and adequate nutrition for their children. Monitoring indicators have been set up for tracking. Also, roles and responsibilities have been defined at Federal, provincial, and local level to strengthen health sector responses for ECD initiatives in Nepal. This multisectoral approach with clear roles and responsibilities is expected to accelerate the ECD agenda.

Country Experience: India

In India, ECD is an integral part of the National Health Policy 2017, emphasizing a holistic approach across the life cycle and various platforms. The Integrated Child Development Services (ICDS) program, established in 1975, has been a crucial national initiative catering to children under the age of six. It provides a comprehensive package of services, including nutrition, healthcare, and preschool education. India’s adaptation of the ENAP (India Newborn Action Plan) and the Mother-Child Protection Card also incorporates ECD components. The national programme of Rashtriya Bal Swasthya Karyakram (RBSK) screens children for various health conditions (4Ds of birth defects, disabilities, deficiencies and diseases) and offers free treatment and intervention services, reducing the financial burden on families. Collaborations are being explored to integrate ECD into pediatric care in both public and private sectors.

Session 8a: Innovate Strategies: Tackling Emerging priorities for MNCH

Birth defects surveillance: Regional experience by Dr. Rajesh (WHO SEARO)

In the presentation, MO-CAH shared the growing contribution of birth defects as a cause of under-5 deaths. Under the guidance of the Regional TAG, birth defects were prioritized and now all member countries have national plans and policies. Hospitals in the region have established a dedicated birth surveillance systems for efficient data reporting known as the New Born Birth Defects (NBBD) surveillance system with more than 100 hospitals from seven countries actively contributing data. The data collected through this initiative have been instrumental in driving analyses and actionable insights. Moving forward, the partnerships beyond UN entities, including the government, private sectors and community involvement will be important. Moreover, efforts to empower families through capacity building have yielded positive outcomes. The prioritization of birth defects within existing programs is critical to ensuring the well-being of newborns and addressing birth defects comprehensively.
Data Quality and Data Analysis: Challenges related to NBBD database Dr Kabra/Dr Neerja (AIIMS) Virtual:
The presenters highlighted the importance of maintaining quality throughout every process within the surveillance system with the key elements of completeness, accuracy, and timeliness and introduction of standardized protocols. The strategies for maintaining the quality of the NBBD system were discussed, with a particular focus on the crucial role of ICD Coding. They mentioned that while photo submission for quality assurance is encouraged, it is not mandatory. The presentation was concluded with valuable lessons and way forwards, including sustaining data quality, regular data analysis, and dissemination, strengthening the referral system, and implementing remedial actions for prevention. They also stressed the importance of integrating birth defects prevention strategies into MCH, Nutrition, and other relevant programs.

Country Experience: Maldives
Following advocacy efforts, a birth defects prevention and control national plan was developed in Maldives. Further the birth defect surveillance system was established. The hospitals were provided with data officers to support the network's data-related needs, while the clinical focal points and program focal points worked closely to ensure a coordinated approach. Each hospital had a designated data officer and focal point, which included nurses, doctors, and specialists. Timely feedback on the progress of surveillance system was provided by WHO SEARO. However, the surveillance system was impacted adversely during COVID pandemic, with only one hospital continuing reporting. Maldives further shared detailed figures regarding the types of birth defects occurring from 2016-2018.

Childhood immunization: Regional situation, progress and challenges by Dr Sunil Bahl (Advisor to RD) Immunization coverage in the post-pandemic period has been a concern for the entire region, with varying levels of coverage observed among different countries. Moreover, some countries experience significant variability in coverage at subnational levels, which, coupled with immunity gaps stemming from the backlog of susceptible cohorts, poses a substantial risk of outbreaks of vaccine-preventable diseases. These challenges have raised significant concerns about the achievement of disease elimination goals and targets. Notably, there has been a concerning increase in outbreaks of measles, diphtheria, and pertussis throughout 2022, extending into 2023. It is crucial to respond effectively to these outbreaks to reduce morbidity and mortality. Additionally, the introduction of new vaccines is progressing, but there is a pressing need to focus on optimizing the availability of vaccines that have not yet been introduced or fully utilized in various countries to ensure comprehensive immunization coverage.

Session 8b: Innovate Strategies: Tackling Emerging priorities for MNCH

Impact of Climate Change on MNCH: Global perspective by Dr Francesca Conway (WHO HQ) Virtual: In 2020, one in three children lived in countries where temperatures exceeded 35°C for 83.54 or more days per year. The interplay between climate change and air pollution has emerged as a significant contributor to both mortality and morbidity, particularly affecting individuals with respiratory diseases such as asthma and lung cancer, as well as those with cardiovascular diseases and a heightened risk of stroke. Climate change also affects food security and nutrition. WHO has been actively engaged in addressing climate change’s impact on health with the current work delving into the vulnerabilities of pregnant women and newborns in the face of climate-related challenges. The development of a Conceptual Framework on Extreme Health and MNCH is among WHO’s recent initiatives to navigate these complex issues. Despite progress, many gaps in the knowledge regarding the impact of climate change on MHCH persist. A document titled "Interventions to Safeguard MNCH from Extreme Health and Air Pollution: A Mapping of the Literature," was introduced during the presentation.

Country Experience of MNCH in Humanitarian Settings: Myanmar by Dr Nilmini (WCO, MMR) Myanmar is facing a dire humanitarian situation with a substantial increase in internally displaced persons (IDPs) since February 2022, rising from 306,200 to 1,934,200. To address the healthcare needs of this
vulnerable population, a Strategic Purchasing Model has been implemented, including defining RMNCAH service packages, SOPs for RMNCAH services, virtual training, and streamlined monitoring and evaluation through unified data reporting. These efforts provide valuable lessons for improving healthcare services for vulnerable populations in humanitarian crises.

**Emerging priorities for child health: a contrarian viewpoint by Dr. Surjit Singh (PGIMER)**

Dr. Surjit Singh presented on "Emerging Priorities for Child Health," focusing on Kawasaki disease and Primary Immunodeficiency Diseases (PIDs). He highlighted Kawasaki disease’s growing prevalence as a leading cause of acquired heart disease in children and explored its epidemiology, potential links with economic growth, and clinical aspects. Dr. Surjit also discussed the challenges of PIDs in low- and middle-income countries, including awareness, diagnosis, and treatment facilities. He emphasized the feasibility of PID diagnosis and advocated for their inclusion in screening programs. Lastly, he addressed the health economics of PIDs and their global relevance, considering challenges in LMICs.

**DAY 4: TECHNICAL SESSIONS**

**Session 9: Accelerate and Innovate: Strategies for Improving Quality of Care/POCQI**

**Global Progress in Improving MNCH quality of care by Dr. Wilson (WHO HQ)**

Dr. Wilson discussed global efforts to enhance the quality of care in MNCH within the context of Universal Health Coverage (UHC). He emphasized the pivotal role of WHO’s Quality of Care Framework in emphasizing safe, evidence-based, and people-centered healthcare. The framework offers guidance on integrating quality improvement strategies into healthcare systems and encourages stakeholder and community engagement. Various tools and resources, such as MNCH implementation guidance and Point of Care Quality Improvement (POCQI), support MNCH quality improvement. Key principles include integration within the broader health system, alignment with health system building blocks, prioritization of quality improvement areas, and a focus on both care provision and patient experience. Synergy between technical programs and National Quality Policy and Strategy (NQPS) is vital. Ultimately, enhancing MNCH quality of care is integral to achieving UHC, necessitating a multifaceted approach and for utilizing resources efficiently.

**Regional strategies to improve Quality of Care in MNCH by Dr. Anoma (WHO SEARO)**

WHO’s Vision for MNCH Quality of Care aims to ensure quality care for mothers, newborns, and children throughout the healthcare continuum, with the ultimate goal of preventing avoidable mortality and morbidity. Quality planning should span the entire healthcare system and be structured around a results framework. MO-MRH outlined a programmatic approach to improving care quality through a regional framework, emphasizing leadership, standards, assessment, process improvement, documentation, and scaling-up. The Point of Care Quality Improvement (POCQI) model have been integrated into global resources, including the Global Quality of Care toolkit, Essential Newborn Care Course, Midwifery Educators Course, and Small or Sick Newborns Course.

**Country Experience: Bhutan (Bhutan’s POCQI Initiatives: Scaling Up Quality Improvement in Healthcare)**

Bhutan shared their successful journey of scaling up POCQI initiative. The first QI project was initiated in the Neonatal Unit at the National Referral Hospital (JDWNRH) in 2016 and the QI education programs for nursing and specialized certificates launched in 2020. In 2021, the training package on Total Quality Management (TQM) in Healthcare Course was developed and used for training health professionals. The courses were adapted locally and digitalized. Moving forward, the country plans to Institutionalize the QI program and integrate it through the hospital management committees. An evaluation of these initiatives is being planned to assess their impact.
Country Experience: Maldives (Scaling up POCQI Initiatives in Maldives: Challenges and Progress)

In Maldives, over 200 health professionals (15-20 from each atoll) have been trained in facility-based newborn care and POCQI since 2016, with WHO’s assistance. QI Focal points have been appointed at atoll level, and QI cells established in some hospitals, including few tertiary hospitals, with plans for expansion to regional and atoll hospitals. Ongoing initiatives target oxygen saturation in babies with respiratory distress, delays in patient management due to rejected blood samples, cord clamping practices, skin-to-skin contact post-delivery, needle stick injury reporting, and medication administration errors. A significant challenge is the high turnover of healthcare staff and dependence on expatriate workers, especially in remote atolls. Approximately 95% of doctors in atolls and 60% of nurses are expatriates.

Session 10: Regional Strategy on Newborn Child Health (2024-2030)

MO-CAH made a presentation on the draft strategic framework (2024-2030) and gave an overview of the proposed vision, mission, goal and the strategic directions (SDs) along with specific actions. Thereafter the participants were divided into four groups of two countries each as per the below table. Each group was asked to review and discuss two SDs and actions and provide their feedback. All the groups were also asked to review the vision and mission statement and the goals to see if they are aligned to the SDs and the regional needs. After discussion, each group presented their findings and suggestions on how to further strengthen the document.

<table>
<thead>
<tr>
<th>Group</th>
<th>Countries</th>
<th>Strategic Directions &amp; Actions to review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Bangladesh, Nepal</td>
<td>SD 1: Building resilient health systems&lt;br&gt;SD 2: Strengthening healthcare service delivery</td>
</tr>
<tr>
<td>Group 2</td>
<td>Bhutan, India</td>
<td>SD 3: HSS by embedding effective interventions with equity and quality along the CoC&lt;br&gt;SD 4: Ensuring quality of care</td>
</tr>
<tr>
<td>Group 3</td>
<td>Myanmar, Timor Leste</td>
<td>SD 5: Empower and engage families &amp; community&lt;br&gt;SD 6: Intersectoral coordination and fostering partnerships</td>
</tr>
<tr>
<td>Group 4</td>
<td>Maldives, Sri Lanka, Thailand</td>
<td>SD 7: Thrive and Transform - addressing vulnerabilities&lt;br&gt;SD 8: Addressing emerging priorities in newborn and child health</td>
</tr>
</tbody>
</table>

Session 11: Strengthening National plans for Child Health

In this group work session, the country teams worked together to identify and outline key priority actions for strengthening national plans for child health by using the poster contents and based on the evidence and information shared in the meeting. The presentations outlined the plan of action in the coming two years, in the following areas: Child Survival, Early Childhood Development and Emerging priorities. When the country teams set out the priority actions, they considered nine strategic directions: Policy, Quality of Care, Equity Data, Health Workforce, Partnership, Commodities and Technologies, Approaches (Integrated, Multi-sectoral), and Research/Innovation.

Each country presented their strategic priorities for Country Plan on Child Survival and Well-being based on the needs and availability of resources. The following are the main findings:

- **Timor Leste** is focussing on strengthening the Integrated Management of Neonatal and Childhood Illnesses (IMNCl) program at both the community and facility level
- **Bangladesh** is working on the implementation of universal newborn screening as per the new WHO recommendations, and also promoting IMNCl.
Bhutan has directed its efforts toward addressing fertility-related issues as a primary focus.

Maldives is aiming to strengthen preterm and low birth weight care while promoting research for ECD and multi-sectoral involvement, since burden of childhood illnesses is very low.

Myanmar is implementing refresher training for health workers in the areas of pneumonia, diarrhea, and malaria through NGOs. They are also working to strengthen the child death surveillance system and improve immunization coverage through catch-up campaigns.

India’s priorities include early detection of growth faltering and providing support for infant feeding, along with standardizing pediatric care at the subnational level.

Nepal is reviewing its IMNCI program and developing a strategic framework for child health and well-being from ages 0 to 9 years.

Thailand is encouraging childbearing and focusing on improving the quality of care from preconception to the first 2500 days of a child’s life. They are also working on enhancing the quality of data collection from both public and private hospitals.

Sri Lanka’s efforts are centered on strengthening the management of premature babies, including provision of neonatal resuscitation equipment. They are also assessing compliance with newborn guidelines and building the capacity of parents in ECD and early interventions.

CLOSING SESSION

During the closing session, the participants conveyed their expressions of positivity regarding their learnings from the meeting. The meeting had featured country-specific success stories that had left everyone inspired and motivated, and created a strong desire to replicate those learnings within their own countries. The conclusions and recommendations resulting from the collective efforts were subsequently presented, allowing for constructive feedback from all the participating countries.

Dr Anoma thanked all the participants on behalf of WHO SEARO and acknowledged their unwavering dedication and meticulous preparation, which had laid the groundwork for the meeting’s success. Participants were reminded to develop clear and actionable country level strategies for implementation, with support and guidance available from WHO and UNICEF country offices.

In conclusion, participants were encouraged to embrace the momentum gained from the meeting and commit to the tasks ahead to expedite progress towards achieving the SDGs related to maternal, newborn and child mortality and stillbirth reduction. Gratitude was expressed to WHO Country Office, Sri Lanka for hosting the meeting, and to the hotel authorities for their excellent support in organizing the meeting.

RECOMMENDATIONS

BACKGROUND

South-East Asia Region has recorded significant reduction in maternal, newborn and child mortality and stillbirths over the past two decades.

- With the acceleration in mortality reduction achieved since 2010, WHO SEA Region, as a whole, is likely to achieve the SDG targets for maternal newborn and child mortality reduction by 2030. Although prevention of stillbirths is not an SDG target, it is included as a global priority. Accelerated progress is needed to achieve global targets on preventing stillbirths by 2030. Some countries need to further accelerate mortality reduction for mothers, newborns and children, to meet their individual 2030 targets. All countries need to pay attention to inequalities in maternal, newborn and child mortality and stillbirth
reduction.

- As national targets are increasingly achieved, it is important for countries to sustain it and start focusing at their subnational and district levels in achieving the targets as National averages hide intra-country variations. This would in particular require data to identify the most vulnerable groups and communities and monitor their access to the ongoing MNCAH programmes.

- The mortality estimates have been done before Covid-19. Not all countries have fully recovered from the service disruption during COVID-19 and national mortality estimates disguises regional and inter-county differences

- EPMM and ENAP global movement leading to Integrated Maternal Newborn Health plans, and the Child Survival Agenda for children till 5 years, provides an opportunity for Member States to accelerate progress towards the SDG targets.

- Some evidence-based interventions across life-course for maternal, newborn and child health have reached high coverage, but coverage of other interventions is low and insufficient for impact on mortality reduction. In addition, it is important to recognize the wide equity disparities in coverage when stratified by economic and social parameters.

- Universal coverage and quality of institutional deliveries, high coverage of quality ANC and PNC services, strengthening management of preterm, low birth weight and sick babies, treatment of sepsis in young infants, and childhood pneumonia and diarrhea need to be recognized as high priority areas in countries that have comparatively high maternal, newborn and child mortality.

- Several streams of work in quality of care are underway, including adoption of national standards, updated clinical guidelines and trainings, patient safety and infection control guidelines, accreditation/certification of health facilities. Point of Care Quality improvement (POCQI) component has been added recently in the countries and needs to be scaled-up in an institutionalized manner.

- Community health worker led services for home-based care for maternal, newborn and child health need to be reviewed for quality and redesigned for more effective implementation. Home based care for mothers and newborns is delivered by a variety of health workers with varying skills across countries in the region which impacts its overall quality.

- Countries recognize the need to strengthen health sector’s contribution to nurturing care for early childhood development from pregnancy to first three years as part of a multisectoral approach to further improve child survival and holistic development.

- Strengthening data systems at national and sub-national level is essential to track progress toward the SDG targets, with a core set of indicators collected and reviewed on a regular basis for programme adaptation.

- Countries are at different levels of epidemiological, demographic, obstetric and neonatal transition and future strategies need to be considered for selection of context-specific effective strategies.

- Countries recognize the importance of multi-sectoral actions to address the social determinants of health and to achieve the thrive and transform agenda.

**RECOMMENDATIONS FOR COUNTRIES**

- Countries recognize that the service disruption due to COVID cannot be underestimated. It will be essential for countries to assess post-COVID recovery of MNCH services, and also learn from innovations used during the COVID pandemic.
In order to achieve the SDG targets for maternal, newborn and child mortality, countries lagging behind need to accelerate the ARR in maternal, newborn, child mortality, and prevention of stillbirths by scaling up the coverage of high-impact and life-saving interventions, ensuring quality and equity.

Countries need to recognize, measure and address the wide equity disparities in coverage when stratified by economic and social parameters. If necessary, to undertake rapid assessments to identify the gaps in programmes and prepare appropriate strategies for the under-served areas. This includes evidence-based interventions and how to organize models of care depending on the context.

Countries need to refocus on strengthening access to low-cost high impact maternal, newborn and child health interventions delivered through the primary health care platform. Monitoring and strengthening community health workers and primary health care should remain a priority focus of health system strengthening across the region and more specific for the high burden countries.

Advocate to keep MNCH at the centre of UHC to sustain the gains and accelerate progress towards SDGs and Regional Flagship targets, along with strengthening of PHC for implementing MNCH interventions through improved financing and MNH workforce including midwifery cadre.

Countries to establish and/or strengthen national TAGs to enhance policy support, provide technical guidance and monitor MNCH programmes.

Review the implementation of home-based postnatal care for mothers and newborns and strengthen the service delivery system to reach high coverage and good quality. This approach will be useful for other healthcare areas like care of sick children and implementation of ECD interventions by the community health workers.

Accelerate actions to strengthen care of small and sick newborns at health facilities ensuring incorporation of new WHO recommendations and care packages with special attention to quality integrated care and follow-up.

Strengthen management of childhood pneumonia and diarrhea closer to homes including update of the national IMNCI and other guidelines and expand coverage of implementation with good quality considering home based and primary health care.

Review the policy environment and programme for nurturing care for ECD and strengthen all its components, fostering partnerships and multi-sectoral approaches.

Countries to consider expanding their programming to include children aged 5-9 years and well care visits.

Countries consider updating their national framework for improving quality and safety in MNCH care and an action plan to implement at scale and monitor actions at national, district and point of care level as an institutionalized programme.

Countries need to focus on strengthening their data and information systems for MNCH e.g. HMIS, DHIS2 so that it can be used for planning at subnational and district levels.

Countries need to strengthen efforts towards prevention, detection and management of birth defects (including newborn screening)

RECOMMENDATIONS FOR WHO SEARO SECRETARIAT AND PARTNERS

SEARO to provide technical support to countries through advocacy, policy and strategy; sharing global guidance, facilitating cross-country learnings and monitoring progress.

As proposed by the countries, the regional strategy on Newborn Child Health (2024-2030) should be
expanded to include maternal health and children aged 5-9 years. Clear actions should be defined based on country’s progress towards SDG and health system development.

- SEARO to coordinate partnerships with UN agencies and other partners for mobilizing support and collective action towards improving maternal, newborn and child health

**ANNEXURES**

Annexure 1: Speech of Regional Director
Annexure 2: Programme/agenda of the Meeting
Annexure 3: List of Participants
Annexure 4: Group Photograph
Good morning – national programme managers and officers responsible for Maternal, Newborn Child Health from the MOH of member countries; experts from the WHOCCs (AIIMS, PGIMER, SAS, ICDDRБ) and Professional associations; colleagues from WHO country offices, HQ and Regional offices.

The South-East Asia Region (SEAR) of World Health Organization (WHO) comprising of 11 countries, accounts for 26% of the world’s population, 25% of total annual births, 25% of the under-5 population, 28% of women in the reproductive age group (15-49 years), and 28% of the adolescent population. While two countries (MAL, THA) are upper-middle income, rest of the nine countries are either lower-middle-income or low-income countries. Even though the region’s size is smaller than the other regions geographically, its strategic importance cannot be ignored.

The region had made unprecedented progress in reducing maternal, newborn and child mortality during the MDG era, and the efforts are being sustained to achieve the SDG targets. Compared to other regions of the WHO, SEAR had the maximum reduction in MMR of 78% from 525 per 100,000 live births in 1990 to 117 per 100,000 live births in 2020, followed closely by the European region (70% reduction) and Western Pacific region (61% reduction). Significant reduction was also seen for the U5MR which declined by 76% during the same period (from 119 to 29 per 1000 live births). This reduction was similar to that seen in the European region (76%) and the Western Pacific region (78%). The reduction in NMR was slower compared to that in MMR and U5MR, with 67% reduction observed from 1990 to 2021, which was notably lower than that achieved by other regions.

However, during the last decade, that is from 2010 onwards, SEAR has achieved maximum reduction in all the three mortality indicators of MMR, U5MR and NMR compared to the other WHO regions. And the reduction is nearly 1.5-2 times higher than that of the global reduction.

When you compare mortality reduction among the 11 countries, variable progress has been seen towards the SDG3 targets. As per the latest updates from UNIGME:

- Maternal Mortality Ratio: Seven countries have achieved the upper limit of national target of MMR below 140 per 100,000 live births (BAN, BHU, DPRK, IND, MAL, SRL, THA), while for national level targets (two-third reduction in MMR from the national levels), only 5 countries (BAN, BHU, MMR, NEP, TLS) will achieve the target if current ARR trend continues.

- Neonatal Mortality Rate: Five countries (DPR, INO, MAL, SRL, THA) have achieved the neonatal mortality rate (NMR of at least 12 per 1000 live births) target of SDG3, while another 4 countries (BAN, BHU, IND, NEP) are on track to achieve the SDG target by 2030 respectively if the current ARR trend continues.

- Under-5 Mortality Rate: Similar to NMR, five countries (DPR, INO, MAL, SRL, THA) have achieved the U5MR target of SDG 3 (NMR of at least 25 per 1000 live births) while another 4 are on track to achieve their target by 2030 if the current ARR trend continues.

Stillbirths have been ignored for a long time and countries often do not have processes to count them. In the SEAR, six countries (BHU, DPRK, INO, MAL, SRL, THA) have achieved the 2030 stillbirth rate (SBR) target of 12 or less per 1000 total births by 2021. Assuming that the ARR for 2010-2021 will apply to 2021-2030, SEAR is on track to achieve the SDG targets for stillbirths, though three countries (BAN, Myanmar, and TLS) will need to increase their efforts to achieve the 2030 target.

Since 2015, under the Regional Flagship-3 on accelerating reduction in maternal newborn and child mortality, WHO-SEARO has given due emphasis to implementation of national plans with particular focus on evidence-based actions for high returns across the maternal newborn child health continuum. Implementing evidence-
Based interventions in a population is the key to reducing mortality, morbidity and improve well-being.

Despite remarkable progress in mortality reduction and development and implementation of national plans, challenges remain due to variable progress in countries in terms of coverage of evidence-based interventions due to socio-economic disparities (coverage and equity gap), quality of health services (quality gap), and availability of data for improved health outcomes (measurement gap).

Regional averages for most evidence-based interventions have not reached 80%, even with the favorable policy environment in the Member States. As an example, nearly two-thirds of women (65%) have postnatal contact with a healthcare provider within two days after birth and less than half of the newborns are breastfed within the first hour of birth – both these indicators have shown no change over time. Further when you disaggregate this data from countries, significant variations are observed on comparing coverage data between the countries. While six countries have women with PNC contact within first two days of birth >65%, there are only five countries with >65% coverage of breastfeeding in the first hour of birth.

This sub-optimal intervention coverage is further exacerbated by conflicts, disasters, pandemics like COVID-19 and climate change which all adversely impact the socio-economic growth and health outcomes. Another challenge is the high burden of new and emerging causes of child mortality and morbidity (birth defects, disabilities, climate change, etc.) especially among countries which have already achieved the SDG targets.

The Sustainable Development Goals (SDGs) are bringing out a paradigm shift in the global agendas, with the focus moving beyond survival to also ensuring that women and children thrive and achieve their full potential for health and well-being. This comprehensive agenda requires countries adopting Universal Health Coverage (UHC) approach by strengthening the Primary Health Care system. UHC means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Over the past one decade, there have been concerted efforts at global and regional level by WHO and partners to reduce maternal and newborn deaths including stillbirths. Every Newborn Action Plan (ENAP) launched in 2014 and the Ending Preventable Maternal Mortality (EPMM) launched a year later, have focused on helping countries develop their country action plans aimed at achieving specific targets aligned to SDG goals. In 2019, both these initiatives joined together to form the Joint ENAP EPMM initiative co-led by WHO, UNICEF, UNFPA with a joint Governance and Management structure and Country Implementation Support mechanism. This paved the way for adoption of joint coverage targets and milestones for maternal newborn health.

Recently new WHO guidelines, global quality standards and have been released for maternal newborn and child health (postnatal care, quality standards for preterm and LBW babies, KMC, ECD progress report etc.) that the countries need to adopt within their existing national plans to improve health services at all levels of care. Moreover, several important technical and research work is being carried out in the region (place of treatment for possible serious bacterial infections in young infants, community management of childhood pneumonia, scaling-up of KMC, birth defects surveillance system, etc.) which has to be shared with the countries.

At the half-way stage to achieve the SDG targets, it is important for the SEAR countries and the region to not only review their progress, but also adopt a differential approach to further reduce maternal newborn child mortality based on their contextual priorities, available resources and the new WHO guidelines and standards.

I welcome you all for this important regional meeting on ‘Sustain, Accelerate and Innovate strategies’ for reducing maternal, newborn and child mortality. During the next 4 days, it will be critical for the countries to
adopt priority strategies to 1) Sustain the gains made in achieving high coverage of intervention packages like SBA, immunization, etc.; 2) Accelerate actions to improve quality and coverage of interventions for intrapartum care, breastfeeding, care of preterm/LBW babies, birth defects prevention; and 3) Explore innovative solutions/mechanism to improve service delivery and reduce gaps for coverage, quality, equity and measurement.

As these strategies are being developed, it will be important to also make a strategic shift to a life-course approach to programming moving beyond survival to the broader determinants of newborn and child health and well-being while continuing to focus on survival of vulnerable children like preterm, LBW, birth defects, etc. Evidence on the causes and intervention packages for the age group 5-9 years is gradually emerging, however there is unanimous agreement that this age group is an essential component of the life course approach.

**ANNEXURE 2: PROGRAMME OF THE MEETING**

**Day 1: Tuesday, 19 September 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 09:00</td>
<td>Registration</td>
<td>SEARO</td>
</tr>
<tr>
<td>09:00 – 10:00</td>
<td>Opening Session</td>
<td></td>
</tr>
<tr>
<td>09:00 – 09:05</td>
<td>Welcome remarks</td>
<td>Dr Rajesh Khanna (SEARO)</td>
</tr>
<tr>
<td>09:05 – 09:15</td>
<td>Message from Regional Director, WHO SEARO</td>
<td>Dr Alaka Singh (WR, WHO Sri Lanka)</td>
</tr>
<tr>
<td>09:15 – 09:20</td>
<td>Remarks by UNICEF ROSA</td>
<td>Dr Asheber Gaym (UNICEF ROSA)</td>
</tr>
<tr>
<td>09:20 – 09:25</td>
<td>Regional TAG member Address by Chief</td>
<td>Dr Elizabeth Mason (TAG member)</td>
</tr>
<tr>
<td>09:25 – 09:35</td>
<td>Guest</td>
<td>Dr Asela Gunawardena</td>
</tr>
<tr>
<td>09:35 – 09:50</td>
<td>Objectives of meeting and introduction</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Group Photograph &amp; Tea Break</td>
<td></td>
</tr>
<tr>
<td><strong>Session 1</strong></td>
<td>Progress in MNCH towards SDG-3 targets</td>
<td>Rapporteur: Dr Ram</td>
</tr>
<tr>
<td>10:30 – 11.00</td>
<td>Global progress in MNCH</td>
<td>Dr Allisyn/Dr Wilson (WHO HQ)</td>
</tr>
<tr>
<td>11.00 – 11.30</td>
<td>Regional progress in MNCH</td>
<td>Dr Anoma/Dr Rajesh (SEARO)</td>
</tr>
<tr>
<td>11.30 – 13.00</td>
<td>Country level progress in MNCH</td>
<td>Poster Walk</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch Break</td>
<td><strong>Moderator: Dr Rajesh</strong></td>
</tr>
<tr>
<td><strong>Session 2</strong></td>
<td>Sustain and Accelerate: Strategies to reduce maternal deaths and stillbirths</td>
<td>Rapporteur: Dr Mahbuba</td>
</tr>
<tr>
<td>14.00 – 17.30</td>
<td>Regional strategies for <strong>MMR reduction</strong></td>
<td>Dr Anoma Jayathilaka (SEARO)</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Country experiences of tackling MMR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nepal: 10-15 Min</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Timor Leste: 10-15 Min</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Presenter</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>
| 15:00 – 16:00| Regional situation of **Stillbirths**  
*Country experience of reducing Stillbirths*  
- **Sri Lanka:** 15-20 Min | Dr Asheber Gaym (UNICEF ROSA) |
| 16:00 – 16:30| Tea Break                                                                                           |                                                |
| 16:30 – 17:30| Global initiatives for reducing maternal newborn deaths, and stillbirths  
- Feedback from Countries on MNH Transition Model | Dr Allisyn Moran (WHO HQ) |
| 18.00 – 19:30| High Tea                                                                                           |                                                |

**Day 2: Wednesday, 20 September 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
</table>
| **Session 3a** 09:00 - 11:00 | **Sustain and Accelerate: Strategies to improve facility care of small & sick newborns**  
Chairs: Dr Ayudhaya (MOH, THA); Dr Shams Arifeen (TAG) | **Rapporteur:** Dr Manjula |
| 09:00 – 10:30 | **WHO recommendations on care of PT/LBW babies**  
Regional situation and challenges  
*Country experience on facility care of small and sick NBs*  
- **India:** 10-15 Min  
- **Bangladesh:** 10-15 Min | Dr Shuchita (WHO HQ) **Virtual**  
Dr Rajesh (SEARO)  
**MOH, IND**  
**MOH, BAN** |
| 10:30 – 11.00 | **Essential Newborn Care Course:** What is new? | Dr Deepika (AIIMS WHOCC) |
| **11:00 - 11:30** | Tea Break                                                                                     |                                                |
| **Session 3b** 11:30 - 13:00 | **Innovate Strategies to improve facility care of small and sick newborns**  
Chairs: Dr Ashraf Faridy (MOH, BAN); Dr S Ramji (IND) | **Rapporteur:** Dr Pooja |
| 11:30 – 12:20 | **Universal newborn screening:** Operational guidance developed by SEAR on new WHO recommendations’  
*Country experience in scaling up universal screening*  
**Thailand:** 15-20 Min | Dr Suman Rao (WHO Consultant) **Virtual**  
**MOH, THA** |
| 12:20 – 13:00 | **Kangaroo Mother Care:** New evidence, experience of Maternal Newborn Care Units  
Research updates (ANCS, KMC scale-up study) | Dr Harish Chellani (WHO Consultant) |
| **13:00 -14:00** | Lunch Break                                                                                    |                                                |
| **Session 4** 14:00 - 15:00 | **Sustain and Accelerate: Strategies to improve Home based Newborn Care**  
Chairs: Dr Ashraf Faridy (MOH, BAN); Dr S Ramji (IND) | **Rapporteur:** Dr Pooja |
| 14:00 - 15:00 | Regional situation and challenges  
*Country experience on scaling up HBPNC*  
- **India:** 10-15 Min | Dr Anoma SEARO / Dr Asheber ROSA  
**MOH, IND** |
| **Session 5** 15:00 - 17:30 | **Joint Country Plans for maternal, newborn survival and reducing stillbirths**  
Chairs: Dr Augusta Lopez (MOH, TLS); Dr Sonam Ugen (BHU)  
**Rapporteur:** Dr Hudha |                                                |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 – 15:45</td>
<td>Joint Global ENAP EPMM mechanism</td>
<td>Dr Allisyn Moran, HQ</td>
</tr>
<tr>
<td></td>
<td><em>Country experience in developing Joint plans</em></td>
<td>MOH, BAN</td>
</tr>
<tr>
<td></td>
<td>• Bangladesh</td>
<td>MOH, SRL</td>
</tr>
<tr>
<td></td>
<td>• Sri Lanka</td>
<td></td>
</tr>
<tr>
<td>15:45 – 16:15</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>16:15 – 17:00</td>
<td>Group work in Countries: Use poster content and new evidence to prioritize areas for MNH Country Acceleration Plan</td>
<td>Moderators: WHO SEARO + UNICEF ROSA</td>
</tr>
<tr>
<td>17:00 – 17:45</td>
<td>Presentation by Countries</td>
<td>Each country 5 min for presentation</td>
</tr>
</tbody>
</table>

**Day 3: Thursday, 21 September 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 6</td>
<td>Sustain and Accelerate: Unfinished agenda of Child survival</td>
<td>Rapporteur: Dr Dorji</td>
</tr>
<tr>
<td>09:00 - 11:00</td>
<td>Chairs: Dr Mariyam Jenyfa (MOH, MAL); Dr Monir Hosain (BAN)</td>
<td></td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td>Global initiatives on child survival</td>
<td>Dr Wilson Were (WHO HQ)</td>
</tr>
<tr>
<td></td>
<td>Regional perspectives</td>
<td>Dr Rajesh (SEARO)</td>
</tr>
<tr>
<td></td>
<td><em>Country experiences on child survival agenda including issues and challenges</em></td>
<td>MOH, INO</td>
</tr>
<tr>
<td></td>
<td>• Indonesia: 10-15 Min</td>
<td><em>Virtual</em></td>
</tr>
<tr>
<td></td>
<td>• Timor Leste: 10-15 min</td>
<td>MOH, TLS</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Research updates (PSBI, Childhood pneumonia)</td>
<td>Dr Shams (ICDDBB)</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>Session 7</td>
<td>Accelerate and Innovate: Strategies for moving beyond survival to well-being</td>
<td>Rapporteur: Dr Priyanka</td>
</tr>
<tr>
<td>11:30 - 13:00</td>
<td>Chairs: Dr Shams (TAG); Dr Asiri Hewamalage (SRL)</td>
<td></td>
</tr>
<tr>
<td>11:30 – 13:00</td>
<td>Nurturing Care for ECD: Findings from progress report</td>
<td>Dr Bernadette (HQ)</td>
</tr>
<tr>
<td></td>
<td>Regional perspectives</td>
<td>Dr Rajesh (SEARO)</td>
</tr>
<tr>
<td></td>
<td><em>Country experiences of promoting ECD</em></td>
<td>MOH, BHU</td>
</tr>
<tr>
<td></td>
<td>• Bhutan: 15-20 Min</td>
<td>MOH, NEP</td>
</tr>
<tr>
<td></td>
<td>• Nepal: 15-20 Min</td>
<td></td>
</tr>
<tr>
<td>13:00 -14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
<tr>
<td>Session 8a</td>
<td>Innovate Strategies: Tackling Emerging priorities for MNCH</td>
<td>Rapporteur: Dr Sithu</td>
</tr>
<tr>
<td>14:00 - 15:30</td>
<td>Chairs: Dr Tashi Tshomo (MOH, BHU); Dr Keshav Agrawal (NEP)</td>
<td></td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Birth defects surveillance: Regional NBBD experience</td>
<td>Dr Rajesh (SEARO)</td>
</tr>
<tr>
<td></td>
<td>Challenges related to NBBD database</td>
<td>Dr Kabra/Dr Neerja</td>
</tr>
<tr>
<td></td>
<td><em>Country experiences of BD</em></td>
<td>(AIIMS) Virtual</td>
</tr>
<tr>
<td></td>
<td>• Maldives: 15-20 Min</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Childhood immunization: Regional situation, progress and challenges</td>
<td>Dr Sunil Bahl</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Advisor IVD to RD, SEARO)</td>
</tr>
<tr>
<td>15:30 -16:00</td>
<td>Tea Break</td>
<td></td>
</tr>
</tbody>
</table>
Day 4: Friday, 22 September 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:30</td>
<td>Accelerate and Innovate: Strategies for Improving Quality of Care/POCQI</td>
<td>Rapporteur: Dr Deepti</td>
</tr>
<tr>
<td></td>
<td>Accelerate and Innovate: Strategies for Improving Quality of Care/POCQI</td>
<td>Dr Wilson Were HQ&lt;br&gt;Dr Anoma (SEARO)</td>
</tr>
<tr>
<td></td>
<td>Regional Strategy on Newborn Child Health (2024-2030)</td>
<td>Rapporteur: Dr Hudha</td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>Regional strategy for Newborn Child health</td>
<td>Dr Rajesh (SEARO)&lt;br&gt;Moderators: Dr Anoma/Dr Rajesh</td>
</tr>
<tr>
<td>12:30 – 15:00</td>
<td>Strengthening national plans for child health</td>
<td>Rapporteur: Dr Dorji</td>
</tr>
<tr>
<td></td>
<td>Group work in Countries: Use poster content and new guidelines to prioritise areas for strengthening national plans for child health (ECD, IMCI, pneumonia, diarrhoea, birth defects, Pediatric QOC, inclusion of 5-9 years, other emerging priorities)</td>
<td>Group Work in Country teams&lt;br&gt;Moderators: WHO SEARO + UNICEF ROSA</td>
</tr>
<tr>
<td>13:15 – 14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Presentation by Countries</td>
<td>Each country 5 min for presentation</td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>Conclusions and recommendations</td>
<td>Dr Anoma/Dr Rajesh</td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Feedback and Closing</td>
<td></td>
</tr>
<tr>
<td>16:30</td>
<td>Tea Break and dispersal</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 3: LIST OF PARTICIPANTS

Ministry of Health Officials

BANGLADESH

1. Dr Miah M Ashraf Reza Faridy
   Deputy Secretary Health Services Division (HSD) Ministry of Health and Family Welfare
   Dhaka, Bangladesh

2. Dr Mohammad Nizamuddin
   Director
   Maternal, Newborn, Child and Adolescent Health (MNC & AH)
   Directorate General of Health Services
   Ministry of Health and Family Welfare

3. Dr Md Jahurul Islam
   Program Manager
   National Newborn Health Programme (NNHP) and Integrated management of childhood illness (IMCI)
   Maternal, Newborn, Child and Adolescent Health
   Directorate General of Health Services
   Ministry of Health and Family Welfare

BHUTAN

4. Ms Tashi Tshomo
   Senior Program Officer
   Non-Communicable Diseases Division
   Department of Public Health (DoPH)

5. Ms Kezang Lhamo
   Staff Nurse II
   Non-Communicable Diseases Division
   Department of Public Health (DoPH)

DPR KOREA

No participation

INDIA

No participation

INDONESIA (Virtual)

6. Dr. Rivani Noor, MKM
   Directorate of Nutrition and Maternal and Child Health
   Ministry of Health

7. Dr Hariani Jompa, SKM, M.Kes
   Director
   Nutrition and Maternal and Child Health
   Ministry of Health

8. Dr. Muhammad Ilhamy Setyahadi, OG(K)
   Harapan Kita Mother and Child Hospital
   Ministry of Health

MALDIVES

9. Dr Mariyam Jenyfa
   Senior Medical Officer
   Health Protection Agency
   Ministry of Health

10. Ms Aishath Shuda
    Healthcare Quality and Safety Officer
    Ministry of Health

MYANMAR

No participation

NEPAL

No participation

SRI LANKA

11. Dr Chithramalee De Silva
    Director
    Maternal and Child Health
    Ministry of Health

12. Dr Hemali Jayakody
    Consultant Community Physician
    Family Health Bureau
    Ministry of Health

THAILAND
13. Dr Orada Patamasingh Na Ayudhaya  
   Medical Officer, Senior Professional Level  
   Nopparat Rajathanee Hospital  
   Department of Medical Services  
   Ministry of Public Health

14. Mrs. Penpat Sirikhantharat  
   Public Health Technical Officer  
   Senior Professional Level  
   Division of Maternal and Infant Health

**TIMOR-LESTE**

15. Dr Augusta Amaral Lopez  
   Head of the Department of Maternal and Child Health  
   Ministry of Health

16. Dr Maria Fatima de Araujo Bernardo  
   District MCH Programe Officer  
   Dili Municipal Health Services

**TAG Members**

17. Dr Elizabeth Mason  
   Honorary Professor at London School of Hygiene and Tropical Medicine  
   United Kingdom

18. Dr Kiran Regmi Ghimire  
   Professor, Gynecology and Obstetrics  
   Karnali Academy of Health Sciences  
   Ministry of Health and Population  
   Jumla, Karnali, Nepal

**Professional Associates**

19. Dr Mohammad Monir Hossain  
   President  
   Bangladesh Neonatal Forum (BNF)  
   Dhaka  
   Bangladesh

20. Dr. Sonam Ugen  
   Associate Professor  
   Faculty of Nursing and Public Health

21. Dr Siddharth Ramji  
   Ex Dean and Head of Department of Neonatology, MAMC, New Delhi  
   Immediate Past President NNF  
   India

22. Dr. Rosalina Dewi Roeslani, Sp.A(K)  
   Pediatric Neonatologist  
   Indonesia Pediatric Society  
   Jakarta  
   Indonesia

23. Dr Keshav Agrawal  
   Executive Committee Member  
   Nepal Pediatric Society (NEPAS)  
   Kathmandu  
   Nepal

24. Dr Virna Gusmao  
   Paediatrician  
   Maternidade Nossa Senhora de Fatima  
   Dili, Timor-Leste

**WHO Collaborating Centre**

25. Dr Shams El Arifeen  
   Senior Director  
   Maternal and Child Health  
   International center for Diarrhoeal Disease  
   Research, Bangladesh (ICDDR,B)  
   Dhaka, Bangladesh

26. Dr Deepika Anand  
   Assistant Professor Division of Neonatology  
   Training and Research in Newborn  
   All India Institute of Medical Sciences (AIIMS)  
   Ansari Nagar East, New Delhi, India

27. Dr Harish Chellani  
   Distinguished Scientist (Consultant)  
   Centre for Health Research and Development Society of Applied
28. Professor Surjit Singh  
   Head  
   Department of Pediatrics and Chief, Allergy Immunology Unit  
   Advanced Pediatrics Centre  
   Post Graduate Institute of Medical Education and Research (PGIMER)  
   Chandigarh, India

29. Dr Madhulika Kabra (Virtual)  
   Additional Profession  
   Genetic Subdivision of the Department of Paediatrics  
   All India Institute of Medical Science (AIIMS)  
   New Delhi, India

UNICEF Agencies

30. Dr. Asheber Gaym  
    Health Specialist  
    Maternal and Newborn Health (MNH) United Nations Children’s Fund (UNICEF)  
    Regional Office for South Asia  
    Lekhnath Marg, P.O. Box 5815 Lainchaur, Kathmandu, Nepal

31. Dr Zahid Hassan  
    Health Specialist  
    Newborn and Child Health United Nations Children’s Fund (UNICEF)  
    Dhaka, Bangladesh

32. Dr Chandralal Mongar  
    Health and Nutrition Officer  
    United Nations Children’s Fund (UNICEF)  
    Bhutan Country Office  
    Kawajangsa, Thimphu, Bhutan

33. Dr Vivek Virendra Singh  
    Health Specialist, India Country Office

34. Ms Chahana Singh  
    Programme Officer Maternal and Newborn Health (MNH) United Nations Children's Fund (UNICEF)  
    UN House, Pulchowk PO 1187 Lalitpur, Nepal

35. Dr Abner Elkan Daniel  
    Health and Nutrition Manager United Nations Children's Fund (UNICEF)  
    Colombo Sri Lanka

36. Dr Shyam Sharan Pathak  
    Health Manager United Nations Children's Fund (UNICEF)  
    Dili, Timor-Leste

WHO-HQ

37. Dr Allisyn Carol Moran  
    Unit Head Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)  
    WHO-HQ

38. Dr Wilson Milton Were  
    Medical Officer Child Health & Development Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)  
    WHO-HQ

39. Dr Bernadette Daelmans (Virtual)  
    Unit Head Child Health Development

40. Dr Shuchita Gupta (Virtual)  
    Medical Officer Newborn Health (NBH)

41. Dr Suman Rao (Virtual)  
    Consultant Newborn Health (NBH)

42. Dr Francesca Conway (Virtual)
Maternal Health (MAH)

43. Mrs Sheila Manji (Virtual)
   Contractor
   Child Health Development

Observers

44. Dr Asiri Hewamalage
   National Programme Manager
   Child Development & Special Needs Unit
   Family Health Bureau
   Ministry of Health

45. Dr Kapila Jayaratne
   National Programme Manager
   Child Morbidity and Mortality
   Family Health Bureau
   Ministry of Health

46. Dr Sandya Doluweera
   Cons. Neonatologist
   Castle Street Hospital for Women

WHO Secretariat

WCO Focal Points

47. Dr Mahbuba Khan
   National Professional Officer
   Reproduction, Maternal, Newborn, Child
   & Adolescent Health (RMNCAH)
   WCO Bangladesh

48. Dr Lobzang Dorji
   National Professional Officer
   Reproduction, Maternal, Newborn, Child
   & Adolescent Health (RMNCAH)
   WCO Bhutan

49. Dr Deepti Agarwal
   National Professional Officer
   (Newborn and Child Health)
   WCO India

50. Dr Priyanka Singh
   National Professional Officer
   (Maternal Health and Midwifery)
   WCO India

51. Ms Hudha Fathimath
   National Professional Officer

Planning & Programme Management
   WCO Maldives

52. Dr Nilmimi Hemachandra
   Technical Officer
   Reproduction, Maternal, Newborn, Child
   & Adolescent Health (RMNCAH)
   WCO Myanmar

53. Dr Sithu Swe
   National Professional Officer
   Sexual Reproductive Health
   WCO Myanmar

54. Dr Pooja Pradhan
   National Professional Officer
   Family Health, Gender and Life Course
   WCO Nepal

55. Dr Manjula Danansuriya
   National Professional Officer
   Reproductive, Maternal, Newborn Child &
   Adolescent Health
   WCO Sri Lanka

56. Dr Ram Chahar
   Technical Officer
   Reproductive Health
   WCO Timor-Leste

SEARO

57. Dr Rajesh Khanna
   Medical Officer
   Newborn, Child and Adolescent Health
   (CAH)

58. Dr Chandani Anoma Jayathilaka
   Medical Officer
   Maternal and Reproductive Health (MRH)

59. Dr Sunil Bahl
   Immunization
   Advisor to the Regional Director

60. Ms Pooja Verma
   Executive Assistant
   Child and Adolescent Health (CAH)