

Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

Draft resolution proposed by Botswana, Canada, Denmark, Djibouti, Egypt, Ethiopia, Finland, Gambia, Kenya, Kuwait, Lebanon, Monaco, Netherlands (Kingdom of the), Nigeria, Norway, Panama, Paraguay, Sierra Leone, Somalia, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States of America

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General,¹

(PP2) Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related to health and well-being, including Sustainable Development Goal targets 3.1 and 3.2 on maternal, newborn and child survival and will contribute to realizing the enjoyment of the highest attainable standard of physical and mental health and well-being and achieve a more equitable and sustainable world;²

(PP3) Recalling the global commitments to achieve by 2030 Sustainable Development Goal target 3.1 on maternal mortality: reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average and target 3.2. on newborn and child mortality: end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 deaths per 1000 live births and under-5 mortality to at least as low as 25 deaths per 1000 live births;³

¹ Document A77/4.

² United Nations. "Universal Health coverage: expanding our ambition for health and well-being in a post-COVID world". Political Declaration of the High-level Meeting on Universal Health Coverage; 21 September 2023, New York, New York. (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>).

³ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG targets 3.1 and 3.2. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

(PP4) Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;¹

(PP5) Underscoring that based on current trends it is likely that more than four out of five countries (80%) will not achieve their national maternal mortality target,^{2,3} 64 countries will miss the neonatal mortality target, and 59 countries will miss the under-five mortality target by 2030;⁴ and that focused, urgent, and coordinated course-correcting, country-led action is needed in these countries for maternal, newborn, and child survival to achieve the Sustainable Development Goals;

(PP6) Deeply concerned that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, low health literacy for young people, and the impacts of conflict, climate change, the coronavirus disease (COVID-19) pandemic as well as other social determinants of health,⁵ impeding efforts to fulfil relevant commitments made to advance the objectives and targets of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the related road maps⁶ to guide and support countries' efforts to measure and accelerate improvements in maternal, newborn and child health outcomes;

¹ Resolution WHA72.4 (2019).

² WHO Global Health Observatory. <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/maternal-and-reproductive-health#:~:text=Adolescent%20mothers%20aged%2010%E2%80%9319,as%20well%20as%20young%20mothers>.

³ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. And J. Cresswell, *Pers. Comm.* (<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>).

⁴ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2023, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2024. (www.childmortality.org).

⁵ The social determinants of health are the non-medical factors that influence health outcomes. The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways: income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict and access to affordable health services of decent quality.

⁶ These include: the Ending Preventable Maternal Mortality initiative; the 2023–2030 Roadmap to Combat Postpartum Haemorrhage, the Every Newborn Action Plan, Agenda 2030 on Immunization, the Nurturing Care Framework, the Global Accelerated Action for Health of Adolescents, the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Declaration and Platform for Action and the outcomes of its review conferences, as well as resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities; the sources and their targets are available here: <https://www.who.int/publications/m/item/wha-agenda-item-11.7---accelerate-progress-towards-reducing-maternal--newborn-and-child-mortality-in-order-to-achieve-sdg-targets-3.1-and-3.2>.

(PP7) Deeply concerned by the preventable tragedies of maternal, newborn and child deaths and cognizant of the leading direct causes of maternal mortality¹ identified as postpartum hemorrhage, eclampsia and pre-eclampsia, sepsis, embolism, and unsafe abortion,² which per the WHO definition is demonstrated to be responsible for the majority of abortion-associated maternal mortality,^{3,4} while recognizing that indirect causes of maternal death, including HIV/AIDS, anaemia, malaria, diabetes, cardiorespiratory conditions, tuberculosis, and malnutrition are steadily increasing as a proportion of maternal deaths and consequently the need to strengthen national health infrastructure and institutions and improve access to emergency care and that prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of mortality in children under 5 years; and that we will not progress towards universal health coverage by 2030 unless we provide effective interventions with quality where and when they are most needed;

(PP8) Recognizing that universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (Sustainable Development Goal target 3.7) contribute to maternal, newborn, child and adolescent survival;⁵

(PP9) Noting the SDG 5.6 target to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the International Conference on Population and Development (ICPD) Programme of Action and the Beijing Declaration and Platform for Action and the outcome documents of their review conferences;⁵

(PP10) Recalling also Sustainable Development Goal target 5.3 to eliminate child, early and forced marriage, and female genital mutilations recognizing child marriage as a driver of adolescent pregnancy and that adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions;⁶

(PP11) Recognizing that pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, addressing health-related risks factors and promoting health and well-being across the life-course;⁷

¹ The relative contribution of the different causes of maternal death can vary from country to country.

² WHO defines “unsafe abortion” as an abortion that is carried out by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. To ensure that “unsafe abortion” is correctly interpreted, we recommend always providing an explanatory note along with the definition, as follows: “The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and also depend on the duration of the pregnancy. What is considered “safe” should be interpreted in line with current WHO technical and policy guidance.”

³ WHO. Abortion factsheet: <https://www.who.int/news-room/fact-sheets/detail/abortion>.

⁴ WHO. Abortion Health topic page: <https://www.who.int/health-topics/abortion>.

⁵ United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 3.7 target. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

⁶ WHO Global Health Observatory. <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/maternal-and-reproductive-health#:~:text=Adolescent%20mothers%20aged%2010%E2%80%9319,as%20well%20as%20young%20mothers>.

⁷ Maternal and Child Nutrition Study Group, Black RE, Alderman H, Bhutta ZA, Gillespie S et al. Maternal and child nutrition: building momentum for impact. *Lancet* 2013; Vol 382, 9890; p372–375. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60988-5](https://doi.org/10.1016/S0140-6736(13)60988-5).

(PP12) Cognizant that children, and adolescents should have equitable opportunities to thrive, thereby building human capital that will effectively reduce inequities and benefit current and future generations in line with the Survive, Thrive, Transform objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030);¹

(PP13) Recognizing the critical importance of prioritizing measures to protect, promote and support breastfeeding and strengthen nutrition services² as an integral part of essential maternal, newborn and child health services and policies, given that almost half of all deaths among children under five are attributable to undernutrition, as well as the detrimental intergenerational impacts of poor maternal nutrition which contributes to low birth weight in newborns;

(PP14) Recognizing also that approximately 50%³ of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition services, should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve the Sustainable Development Goals;⁴

(PP15) Acknowledging that lack of access to essential emergency, critical, surgical, anesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves,⁵ and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in lower middle-income countries (LMICs), and that people accessing surgical care in LMICs will endure catastrophic health expenditure;⁶

(PP16) Acknowledging also the critical importance of government leadership and a whole-of-government and whole-of-society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to integrated primary health care services with strong referral linkages to high quality secondary care services with ensured legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women's, children's and adolescents' health,

¹ Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Technical Report 2023. Geneva: World Health Organization. (<https://iris.who.int/bitstream/handle/10665/366978/WHO-UHL-MCA-GS-23.01-eng.pdf?sequence=1>).

² Nutrition services cover health system based essential nutrition actions for assessing, promoting, maintaining, and improving optimal nutrition for individuals throughout the life course.

³ Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization; 2023. (<https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1>).

⁴ Zeid S, Bustreo F, Tashir Barakat M, Mauer P, and Gilmore K. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. *Lancet* vol 385, 998, p 1917–2014, e47–48. 16 May 2015. (doi: [https://doi.org/10.1016/S0140-6736\(15\)60766-8](https://doi.org/10.1016/S0140-6736(15)60766-8)).

⁵ Strong KL, Pedersen J, White Johansson E et al. Patterns and trends in causes of child and adolescent mortality 2000-2016: setting the scene for child health redesign. *BMJ Global Health*. 2021 Mar;6(3). DOI: 10.1136/bmjgh-2020-004760.

⁶ Abbas A and Samad L. Children at the heart of global surgery: children's surgery in low- and middle-income countries. *Journal of Public Health and Emergency* vol. 4, December 2020. doi: 10.21037/jphe-2020-gs-08. (<https://jphe.amegroups.org/article/view/6538/html>).

(OP)1. INVITES Member States, in accordance with national context and priorities:

- (1) to take measures to significantly reduce maternal, neonatal and child mortality and morbidity and increase access to quality health care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled health personnel¹ and adequately supplied birthing facilities;
- (2) to reorient health systems towards a primary health care approach that is supported by strong country leadership and management capacity to improve health and well-being of women, children and adolescents along the life course with adequate financial risk protection, involving communities and multisectoral collaborations such as water, sanitation and hygiene (WASH), education and nutrition;
- (3) to scale up, as appropriate, evidence-based, cost-effective interventions to achieve the current and forthcoming service coverage targets of relevant global and regional strategies and action plans needed to achieve Sustainable Development Goal targets 3.1 and 3.2, including access to quality prevention services, testing, treatment, care and support;
- (4) to promote access to affordable quality and respectful care for normal birth and obstetric complications including timely antenatal, intrapartum and postnatal care, quality labour monitoring, and access to emergency obstetric care including implementation of the postpartum hemorrhage road map by providing the required human resources, including through midwifery models of care, equipment, supplies, data systems and maternal death reviews, in order to achieve national programmatic targets;
- (5) to scale up affordable quality essential newborn care services for every newborn and invest in special care units for small and sick newborns at district level including the required human resources, equipment, supplies and data systems in order to achieve national programmatic targets;²
- (6) to consider implementing a universal newborn screening programme including comprehensive birth defect screening, including specific needs and considerations for diagnosis, management and long-term care of children with birth defects;
- (7) to scale up quality integrated child health services for every child at district, facility and community level including the required human resources, equipment, supplies and data systems in order to achieve national programmatic targets, also supporting recovery of lost gains on childhood vaccinations and achieving Immunization Agenda 2030 goals;

¹ Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. Geneva: World Health Organization; 2018. (<https://iris.who.int/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf>).

² Newborn health: draft action plan. Every newborn: an action plan to end preventable deaths. Report by the Secretariat. World Health Assembly Executive Board Report A67/21; 02 May 2014. Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_21-en.pdf).

- (8) to invest in establishing networks of care with strong referral mechanisms including supporting services such as functional national referral transportation systems and functional pre-hospital services, laboratories and blood banks;
- (9) to facilitate universal access to sexual and reproductive health care services (Sustainable Development Goal target 3.7), including for family planning, information and education, and the integration of reproductive health as contributing factors to maternal, newborn, child and adolescent survival;¹
- (10) to reinvigorate, through laws and regulations, their commitment to the Sustainable Development Goal target 5.6;
- (11) to identify and remove barriers that limit access to safe, quality and affordable sexual, reproductive, maternal, newborn, child and adolescent health care services at both health system and societal levels, such as, inter alia, mistreatment during childbirth, poverty, air pollution, lack of education and lack of access to clean water and sanitation, effects of climate events, and harmful social norms and/or inequalities in pursuit of achieving gender equality and the empowerment of all women and girls;
- (12) to invest in country led effective health information management systems, including through enhanced international cooperation in fragile settings, to support evidence-based planning and delivery of health services, monitor implementation, measure progress, and strengthen accountability towards national and subnational targets through routine monitoring of health facility and/or population-based surveys of sexual, reproductive, maternal, newborn, and adolescent health key relevant indicators;
- (13) to invest in the education, employment, regulation and retention of the health and care workforce, including midwives and nurses, that is required to provide universal access to, and coverage of, the nationally determined package of sexual, reproductive, maternal, newborn, and adolescent health care services that are aligned with the principle of decent work;
- (14) to enable access to essential safe quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated investigation, development, manufacturing, registration and supply of age-appropriate, quality assured formulations of medicines for diseases that affect mothers, newborns and children;
- (15) in view of increased availability of malaria vaccines, malaria endemic countries to consider prioritizing their introduction into routine immunization programmes as part of their comprehensive malaria control plans, as well as scaling up malaria testing and treatment and other

¹ Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. World Health Assembly Resolution 72.4; 24 May 2019, Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25).

effective interventions such as insecticide-treated nets and chemoprevention in pregnant women and children in order to reduce malaria illness and child deaths;^{1,2}

(OP)2. INVITES relevant stakeholders, as appropriate, to support, coordinate and align investments and technical assistance in support of the effective implementation of national plans and contribute to the acceleration of progress towards the Sustainable Development Goal targets 3.1 and 3.2;

(OP)3. REQUESTS the Director-General:

(1) to prioritize this unfinished agenda, upon request, and provide intensified technical support to Member States in updating sexual, reproductive, maternal, newborn, child, and adolescent health legislation, policies, strategies, and national plans as part of a primary health care approach, and promote the implementation of evidence-based health interventions to accelerate progress towards the relevant Sustainable Development Goal targets for sexual, reproductive, maternal, newborn, child and adolescent health and help mobilize resources towards their implementation to achieve Sustainable Development Goal targets 3.1 and 3.2;

(2) to develop relevant guidance to improve sexual and reproductive health care services, and maternal well-being, to prevent stillbirths, reduce low birth weight and prematurity, and to address birth defects;

(3) to provide support to Member States, upon request, on models of care, including midwifery models of care and the education, employment, regulation and retention of the health and care workforce; strengthen risk differentiated approaches to prevent child mortality; address priority health needs of children 5–9 years of age; promote well child care services for childhood development; invest in adolescent well-being through school health, school health services, and digital solutions for adolescent-responsive primary care;

(4) to enhance guidance for services to pregnant and lactating women, women of reproductive age and adolescent girls, and for infants and young children while specifically addressing the needs of underserved groups, including pregnant adolescents and adolescent mothers, to strengthen integration of nutritional services, particularly during the first 1000 days, and mental health interventions into sexual, reproductive, maternal, newborn, and adolescent health care services, and to work synergistically with the implementation of WHO's triple elimination efforts for HIV, syphilis and hepatitis B;

(5) to accelerate implementation of the workforce actions laid out in resolutions WHA69.19 (2016), WHA74.14 (2021), WHA74.15 (2021) and WHA75.17 (2022) to enhance capacity of the health workforce at all levels to deliver quality sexual, reproductive, maternal, newborn, and adolescent health care services;

(6) to accelerate implementation of the actions laid out in resolutions WHA69.20 and WHA75.8, strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for

¹ World malaria report 2022. Geneva: World Health Organization; 2022. (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>).

² WHO guidelines for malaria, 16 October 2023. Geneva: World Health Organization; 2023. <https://iris.who.int/handle/10665/373339>. License: CC BY-NC-SA 3.0 IGO. <https://www.who.int/teams/global-malaria-programme/guidelines-for-malaria>.

securing better access to medicines for children, including antiretroviral therapy for HIV and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;

(7) to provide recommended WASH, waste management and energy for health care facilities indicators to use in health systems monitoring, upon request, and to encourage countries to incorporate WASH, waste management and energy in health facilities data into health systems monitoring and regularly analyse and share data to inform planning, investment, and programming efforts;

(8) to continue to raise further awareness among legislators about sexual and reproductive, maternal, newborn, child and adolescent health, based on quality data and evidence, and fully engage them both in pursuing advocacy and in providing sustained legislative and political support towards achieving, in accordance with their national plans and priorities, the goals and targets in the Global Strategy for Women's, Children's and Adolescents' Health;

(9) to report back to the World Health Assembly on this resolution as part of the biennial substantive reporting on the Global Strategy for Women's, Children's and Adolescents' Health,¹ with a special focus on efforts to accelerate progress towards the reduction of maternal, newborn and child mortality in countries currently off-track to achieve the goals by 2030.

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¹ Resolution WHA69.2 (2016).