KEY ASKS TO MEMBER STATES FOR THE 77TH WORLD HEALTH ASSEMBLY DRAFT RESOLUTION
Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality
(based on draft as of 2nd February)

In pursuit of accelerating progress towards reducing maternal, newborn, and child mortality, urgent and sustainable investment in primary health services is imperative. A continuum of care must be ensured for women and children across the life course. This includes the promotion and protection of sexual and reproductive health and rights are inherent to the prevention of maternal mortality and morbidity. Accessible and affordable skilled delivery at birth, quality postnatal care, specialized care for small and sick newborns, promotion of breastfeeding and good nutrition, as well as accessible immunization and timely diagnosis and treatment of diseases, are among the critical interventions that will prevent deaths among women, newborn and children.

At the heart of this endeavor lies the indispensable role of a well-trained and educated health and care workforce. Midwives, nurses, obstetrician-gynaecologists, and community health workers are pivotal in achieving the health-related targets set forth by the Sustainable Development Goals (SDGs) and must operate within supportive and respectful environments that foster collaboration, mutual respect and shared decision-making. They serve as guardians of patient safety, mitigating avoidable risks and harm. Their influence also extends beyond clinical expertise to promoting healthy behaviors and guiding appropriate health-seeking practices, essential for the survival and flourishing of women, children, and adolescents.

In light of these principles, and recognizing the urgency of the matter, we urge Member States to consider the below suggested inputs for the inclusion of comprehensive language on women’s, children’s, and adolescents’ health in the forthcoming resolution, “Accelerate progress towards reducing maternal, newborn, and child mortality to achieve SDG targets 3.1 and 3.2” considered for adoption at the 77th World Health Assembly. Such inclusion not only reaffirms Member States’ commitment to achieving global health goals but also sets the stage for equitable and comprehensive health systems for generations to come.

We congratulate Somalia for its leadership in preparing and leading negotiations on the resolution “Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2”. We welcome this initiative as a way to call attention to the gaps that urgently need to be addressed, and importantly, to reach consensus among Member States on the means to be implemented so that all countries reach the Sustainable Development Goals targets related to maternal and child health and wellbeing by 2030. More effective coordination and implementation of existing strategies, policies and investment is critical to end preventable maternal and child deaths.

Sexual and reproductive health and rights
- We welcome references to SDG targets 3.7, 5.6 and 5.3 (PP8-10). Universal access to sexual and reproductive health and rights are inherent to the prevention of maternal mortality and morbidity.
- We suggest building language of former PP15 on stigma and underreporting into current PP6. “Deeply concerned by the preventable tragedies of maternal, newborn and child deaths and cognizant that postpartum hemorrhage, eclampsia and pre-eclampsia, sepsis, embolism and unsafe abortion are the leading direct causes of maternal mortality, and prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of child under-5 mortality; and that unless we provide effective interventions for the causes where they are most needed and address social stigma associated with maternal health-related issues such as abortion, HIV infection and obstetric violence, we will not progress towards UHC by 2030.”
- We suggest removing the qualifier “normal” before birth in OP1.4 as it can be discriminatory. We also suggest removing “15 years and older” in OP1.10 as evidence shows that adolescent girls below age 15 become pregnant and are at highest risk of morbidity and mortality.
Health and care workforce
- We are concerned that the shortage of a competent and skilled health and care workforce, including obstetrician-gynaecologists, midwives, nurses and neonatal trained nurses, and community health workers, are not acknowledged in the preambular section of the resolution. Midwives, nurses and community health care workers, if integrated in and supported by interdisciplinary and multi-professional teams, can provide most of the sexual, reproductive, maternal, newborn, child and adolescent health care services needed. However, by 2030, there will be an estimated shortage of 750 000 midwives.
- We welcome the proposed actions to strengthen the health and care workers included in OP1.13, OP3.3 and OP3.4.

Nutrition
- We welcome the recognition that breastfeeding, and nutrition services are an integral part of essential maternal, newborn and child health services and should be strengthened and integrated into essential services packages (PP13, PP15, OP3.4)

Climate change
- We recommend the inclusion of language to protect women, children, and adolescents from the far-reaching impacts of climate change in OP1.16, evidence shows that pregnant and lactating women, newborns, children, and adolescents are particularly vulnerable to climate change due to their unique stages in the life course.
- We suggest the following text in the current OP1.16
  “[…] address the social and environmental determinants of maternal and child health […] poverty, air pollution, effects of climate events, gender inequality […] by building climate resilient and low carbon health systems and integrating women’s, children’s and adolescents’ health and well-being in climate policies and budgets by implementing climate finance actions.

Whole of society and whole of government approach
- We welcome the call for a whole of government, whole of society approach (PP17) and the involvement of communities and multisectoral collaboration (OP1.2, OP1.16)
- We suggest incorporating language on environmental determinants of health in OP1.16: “Address the social and environmental determinants […]”
- We suggest incorporating language on social participation in PP17 to acknowledge that women, children and adolescents should participate in decisions that affect their health and wellbeing:
  “Acknowledging the critical importance of government leadership and a whole-of-government and whole-of-society approaches, including through enhanced social participation, in improving maternal, newborn and child health expanding the coverage of, and equitable access to integrated primary health care services with strong […]”

This document has been jointly prepared by partners of the Partnership for Maternal, Newborn & Child Health (PMNCH) belonging to the non-governmental organizations (NGO) and the health-care professionals associations (HCPA) constituencies, holding official relations status with WHO. The organizations who collectively contributed to this document are (in alphabetical order) Council of International Neonatal Nursing (COINN), International Confederation of Midwives (ICM), International Council of Nurses (ICN), International Federation of Gynecology and Obstetrics (FIGO), International Federation of Medical Students Associations (IFMSA), International Pediatric Association (IPA), International Pharmaceutical Students Federation (IPSF), International Planned Parenthood Federation (IPPF), Save the Children, and World Vision International.