

Advancing Maternal and Newborn Health in Pakistan: Strengthening Collaboration and Accountability Through Enhanced Multi-Stakeholder Engagement

Understanding the ENAP and EPMM Frameworks: Foundations for Maternal and Newborn Health Progress

The Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM) frameworks were introduced in 2014 and 2015, respectively, providing guidelines and targets for reducing maternal and newborn mortality rates, including stillbirths, to support countries in achieving the Sustainable Development Goals (SDGs).

ENAP and EPMM share complementary strategic objectives, coverage targets, and milestones, which are jointly managed by a team from the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA). The recently published joint ENAP-EPMM progress report, *Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023*, is a key opportunity to evaluate progress, and to stimulate renewed, coordinated action toward achieving the targets and milestones set by both initiatives.

Key Takeaways

- 1. The Need for Accelerated Progress:** Despite significant advancements, Pakistan's progress in reducing maternal and newborn deaths and stillbirths is too slow. To accelerate improvements, investment and implementation are crucial, emphasizing high-level leadership and commitment, as well as community-level social mobilization for change.
- 2. Multi-Stakeholder Engagement:** Pakistan demonstrates strong coordination efforts among various stakeholders such as government, provincial health departments, UN agencies, civil society, and health practitioners. These collaborations contribute to the development and implementation of policies, services, and initiatives aimed at improving the health outcomes for mothers and newborns.
- 3. Financing MNH Acceleration Plans Including “Best Buys”:** Advocates and decision-makers should prioritize policy implementation, financing, and best-buy interventions including ANC, skilled birth attendance, and access to essential commodities to drive improvements in maternal and newborn health outcomes.
- 4. Take Action Now:** Complacency is the leading cause of maternal and newborn deaths and stillbirths worldwide, and the time is now to take action for the health and livelihood of mothers and babies.

Overview and Purpose of the Brief: Target Audience and Goals

This summary provides a concise analysis of progress made toward enhancing maternal and newborn health (MNH) outcomes in Pakistan, in line with the goals and milestones set by ENAP and EPMM. It offers a snapshot of the current multi-stakeholder landscape for MNH advocacy and accountability, highlighting the vital contributions of civil society, parents, and communities in developing plans, policies, and budgets, monitoring progress, and spurring action.

This brief serves as a valuable resource for governments, advocates, and other stakeholders[1] – both in Pakistan and globally – by informing the design, coordination, and evaluation of policies, services, and initiatives aimed at improving the health outcomes for mothers and newborns. It builds on existing efforts and lessons learned, pinpoints gaps and obstacles hindering progress, and underscores the necessity for a multi-sectoral approach that encompasses climate change, education, nutrition, women's rights, and other relevant factors.

Progress and Challenges in Attaining ENAP-EPMM Targets in Pakistan

Globally, we face a critical yet under-recognized crisis. Progress in this area has stagnated, resulting in 4.5 million maternal and newborn fatalities and stillbirths annually. [2] In large part, this is due to complacency, which has become the primary contributor to these tragedies.

Pakistan experiences some of the highest maternal mortality ratios (MMR), neonatal mortality rates (NMR), and stillbirth rates (SBR) both regionally and worldwide (see Box 1). While these figures exceed the global SDG targets, there has been noteworthy improvement, with an average annual rate of reduction (ARR) of 3.1% for MMR and 2.1% for NMR. This advancement can be attributed to the increased accessibility and utilization of antenatal care (ANC), postnatal care (PNC), and the presence of skilled health personnel during childbirth.

Box 1: National trends on selected MNH + stillbirth indicators in Pakistan [3]

- MMR: 387 (2000) to 154 (2020) per 100,000 live births
- NMR: 56.7 (2000) to 39.4 (2021) per 1,000 live births
- SBR: 40 (2000) to 31 (2021) per 1,000 total births
- Skilled personnel at childbirth: 39% (DHS 2007) to 74% (PMMS 2019)
- Facility births: 21 (2000) to 70 (2020)
- Private facility births: 42.6% of total facility births in 2019



Collaborative Efforts Among Stakeholders to Improve Maternal and Newborn Survival Rates

Pakistan demonstrates strong multi-stakeholder coordination efforts, warranting recognition and expansion while addressing gaps to enhance MNH accountability and action. Key initiatives, mechanisms or platforms include:

ENAP and EPMM Coordination: Pakistan adopted ENAP at the national level in 2014, followed by provincial plans. The multistakeholder National Dialogue on Ending Preventable Maternal Mortality was held in October 2019 and focused on EPMM thematic areas for maternal mortality reduction, including family planning (FP).

Technical Advisory & Accountability Group (TA&AG): Launched in 2022, TA&AG identifies policy and financing gaps toward EPMM and ENAP targets. It is Chaired by Health Services Academy (HSA) and Co-chaired by WHO, with Forum for Safe Motherhood (FSM) serving as its Secretariat. Members include government and provincial health departments, UNFPA, UNICEF, World Bank, civil society organizations (CSOs), academia, and health practitioners. The group aims to:

- Provide thought leadership for maternal, newborn, and child health (MNCH) and FP services and
- Increase alignment and engagement among MNH advocates, influencers, and decision-makers to achieve ENAP-EPMM targets.

MNH Multi-Stakeholder Consultation: Additionally, in November 2022, at the 12th Annual Public Health Conference, hosted by HSA in partnership with UNFPA, UNICEF, WHO, and other partners, a stakeholder consultation was held on accelerating maternal and newborn survival, including representatives from civil society. The draft ENAP and EPMM country report for 2022 was presented to prioritize actions on the MNH cross-sectoral collaboration and elevate community voice, in addition to key technical priorities (i.e., skilled birth attendance, small and sick newborn care, and maternal and perinatal death surveillance and response).



Policy Ecosystem for Maternal and Newborn Health Accountability

Provincial and national maternal and newborn policies and plans provide a framework to allocate resources, funding, systems, and mechanisms for tracking and achieving 2030 targets. Routine data collection enables progress tracking toward ENAP and EPMM coverage targets by 2025, but accountability and political will are crucial for implementation.

“It is important to back MNH programming by a solid advocacy movement for maternal and newborn survival as a social agenda. Maternal and newborn death or stillbirth should not be acceptable. There is a clear need to create space for CSOs and bringing community, women's, and parents' voices to the front.”

Dr. Sabina Durrani, Director General Population & RMNCAH, Ministry of National Health Services Regulation and Coordination

- The **National Vision 2016-2025 for Coordinated Priority Actions** promotes multi-stakeholder alignment around a unified reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and nutrition plan and monitoring framework. This approach enhances coordination and accountability across provincial and district levels, emphasizing health workforce, commodities, technologies, health information systems, and community empowerment through gender transformative social behavior change communication strategies.
- The (in-process) **MNH Acceleration Plan** highlights accountability including priority actions at federal and provincial levels. These include bi-annual progress reviews, interagency coordination for humanitarian response, national and provincial coordination mechanisms for FP and population, and an accountability framework for assessing progress.
- The **Maternal Survival Strategic Framework** (under development by FSM with support of WHO) and the recently finalized **Newborn Survival Strategy** and the **National Midwifery Strategic Framework** developed with the support of UNFPA, WHO, FSM and Midwifery Association of Pakistan align with the MNH Acceleration Plan. However, both budgetary and human resource constraints exist, along with the need to scale up care for small and sick newborns and the kangaroo mother care (KMC) initiative.

TA&AG contributes to progress tracking and accountability mechanisms by participating in meetings led by the Ministry of National Health Services Regulation and Coordination and UNICEF, WHO, and UNFPA on ENAP and EPMM. Provincial TA&AG chapters being established by FSM, starting with Sindh, will play a critical role in tracking progress toward coverage targets.

Box 2: Kangaroo Mother Care (KMC) is a proven cost effective intervention recommended by WHO to reduce the number of newborn deaths among the preterm and low birth weight babies. It is a breakthrough alternative to incubator care and a low-cost initiative recommended by WHO to reduce mortality and morbidity among premature and Low Birth Weight (LBW) babies. Pakistan has initiated the implementation of KMC since 2016. UNICEF is supporting 41 KMC units and about 20 units are supported by WHO and others. The People's Primary Healthcare Initiative (PPHI) has scaled up in 150 primary health care facilities in Sindh. KMC units are recommending at least 4 follow-up visits. If parents cannot visit, telephonic follow-ups are ensured.

As part of a two-year series of events and partnerships to disseminate new evidence on iKMC, the American Academy of Pediatrics (AAP) has partnered with other stakeholder organizations to disseminate the results of a iKMC study published in the New England Journal of Medicine in 2021 (footnote) through interactive “news show” format which feature global experts, healthcare advocates and leaders, members of professional associations, and patient and family advocates and in-country town halls, including Pakistan.[4]



Call to Action

FOR ADVOCATES

- **Strengthening policy implementation and financing for MNH+S (stillbirth):** Advocacy efforts should concentrate on refining policies, guidelines, and funding for MNH services. Financing gaps were identified in almost all priority actions within Pakistan's draft MNH Acceleration Plan. Emphasis should be placed on budget tracking, expenditure monitoring, and National Health Accounts for improved accountability. Advocacy should also support supply chain enhancement and funding for RMNCAH commodities. Accountability initiatives should include health facility assessments, quality improvement plans, and the utilization of RMNCAH scorecards.
- **Fostering multi-stakeholder engagement in MNH+S planning:** Advocacy should commend Pakistan's accomplishments in creating well-defined platforms and mechanisms for multi-stakeholder participation in MNH+S planning. Nonetheless, further efforts are needed to extend these mechanisms to provincial levels. Though numerous CSOs participate in Pakistan's national MNH planning and monitoring processes, engagement of civil society, community members, and parent voices remains limited, particularly at the provincial and local levels
- **Amplifying community, women's, and parent voices for change:** Emphasize community engagement and empowerment, concentrating on generating demand for MNH services and encouraging women and parents to actively participate in MNH programs, planning, monitoring, and accountability processes.
- **Collaborating with media to showcase progress and address gaps:** Engaging with the media is crucial for increasing awareness about MNH+S issues, acknowledging progress made, and emphasizing the gaps and challenges that require attention and action.

FOR POLICYMAKERS

- **High-level political commitment:** In Pakistan, robust policies, strategies, and plans are in place to support progress and multi-stakeholder action on MNH. But to effectively accelerate progress and ensure that policies are financed and implemented, leadership and visibility for MNH are needed, including commitment at the highest level, such as a prime minister's task force on MNH.
- **Provincial and district-level planning:** In alignment with the newborn and maternal survival strategies, provincial and district-level plans should be developed and implemented with adequate financing. Plans should include infrastructure, essential medicines and supplies, transportation, and communication to ensure quality of care across the continuum of care. Effective linkages between health centers and across tiers of service provision should be established for effective improvement and utilization of health facilities.
- **Financing for MNH “best buys” and policy implementation:** Health budgets and financing should be earmarked for key proven intervention areas and high-impact practices such as neonatal care and FP to ensure equitable provision and quality of care. Effective health accounting exercises at the national, provincial, and district levels should disaggregate spending on MNH in public and private sectors, to inform policies and strategies on funding and resource allocation, including to primary health care centers. Lastly, innovative public financing mechanisms should be explored along with proactive private sector engagement.



Monitoring by District Health teams and UNICEF

- **Evidence based interventions for maternal and newborn care:** Adequate funding and improved policies are needed for the implementation of FP/post-partum FP, strengthened Emergency Obstetric and Neonatal Care (EMoNC) services, as well as neonatal resuscitation, KMC, and clean delivery practices, particularly at the district level. Follow-up of babies after discharge from small and sick newborn care units must be conducted by trained health care providers to ensure timely and appropriate referral for new complications.
- **Data management:** There is a need to integrate data into national and provincial routine data systems including on birth/labor companion, eight antenatal contacts, postnatal contact in two days, and admission to small and sick newborn care units. Electronic individual patient-based data recording systems should be maintained for maternity care on uterotonic use. In addition, a mechanism to ensure that private and nongovernment facilities report core MNH data to national routine health information systems should be in place. Finally, Maternal and Perinatal Death Surveillance and Response (MPDSR) efforts need to be scaled up, including stillbirth surveillance, and stillbirths should be registered and receive a birth certificate as it is foundational for national planning and documenting the leading causes of stillbirth.
- **Community and multi-stakeholder engagement in planning and accountability:** Programs should be driven from the community level by including the voices of those being served and the health workers delivering services. Program and policy design and monitoring with cross-sectoral stakeholders will lead to enhanced results, stakeholder buy-in, and commitment to action on shared priorities.
 - Parliamentarian, CSO, and media engagement: Expand and strengthen the established parliamentary forum, a media coalition, and a civil society coalition on population and family planning to create a multipronged approach and leverage and expand the already developed accountability framework and scorecard (by UNFPA and partners) to integrate RMNCAH in the context of universal health coverage (UHC), International Conference on Population and Development (ICPD), and SDG commitments.

Acknowledgements

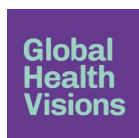
This brief was developed by a group of partners including representatives from: UNICEF Pakistan, Forum for Safe Motherhood Pakistan, Health Services Academy Pakistan, White Ribbon Alliance, and the American Academy of Pediatrics, with support from the ENAP-EPMM Advocacy and Accountability Working Group and Global Health Visions. Special thanks to contributors and reviewers: Dr. Nabila Zaka, Samia Rizwan, Dr. Amanullah Khan, Rafia Rauf, Kim Whipkey, Dr. Mariyam Sarfraz, Dr. Beena Kamath-Rayne, Dr. Yasmeen Qazi, Dr. Sabina Durrani, Dr. Qudsia Uzma, Dr. Naila Yasmin, Susannah Hurd, Mehreen Shahid, and Caitlyn Mitchell.

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1: Stakeholders include government decision-makers (national and sub-national), UN agencies, advocates and civil society, healthcare professional associations, community and parent voices, academia, and private sector

2: Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023

3: Box 1: Sources: United Nations Inter-agency Group for Child Mortality Estimation (2023); National Institute of Population Studies (NIPS) [Pakistan] and ICF (2020); NIPS and ICF (2020) Pakistan Demographic and Health Survey 2018-19. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

4: Box 2: iKMC study in 5 countries, showing a 25% mortality decrease in unstable babies who got access to immediate KMC just after birth. Among infants with a birth weight between 1.0 and 1.799 kg, those who received immediate kangaroo mother care had lower mortality at 28 days than those who received conventional care with kangaroo mother care initiated after stabilization.