

Report of the Sixth Meeting of the South-East Asia Regional Technical Advisory Group (SEAR-TAG) and SRHR Technical Subcommittee



Virtual Meeting
15-17 December 2020



REGIONAL OFFICE FOR

**World Health
Organization**
South-East Asia

**Report of the
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South-East Asia Regional Technical Advisory
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Abbreviations

BMGF	Bill and Melinda Gates Foundation
CAC	comprehensive abortion care
CEmONC	comprehensive emergency obstetric and newborn care
DG	Director-General
GBV	gender-based violence
HIV	human immunodeficiency virus
WHO HQ	WHO headquarters
HRP	high-risk pregnancy
IMNCI	Integrated Management of Newborn and Childhood Illnesses
MOH	Ministry of Health
NCD	noncommunicable diseases
NICU	Neonatal Intensive Care Unit
PHC	primary health center
POCQI	point of care quality improvement
SBA	skilled birth attendant
SDG	Sustainable Development Goals
SEA	South-East Asia
SEARO	(WHO) Regional Office for South-East Asia
SRHR	sexual reproductive health and rights
SRMNCAH	sexual, reproductive, maternal, newborn, child, adolescent health
STAG	Strategic and Technical Advisory Group
STAGE	Strategic and Technical Advisory Group of Experts
TB	tuberculosis
TAG	Technical Advisory Group
TWG	Technical Working Group
UHC	universal health coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Background

Achieving the Sustainable Development Goals and its targets related to reproductive, maternal, newborn and child health has been a robust challenge, more so in the context of the ongoing COVID-19 pandemic.

The WHO South-East Asia (SEA) Region has prioritized reproductive, maternal, newborn, child, adolescent health (RMNCAH) and declared it to be a Flagship Priority of the WHO Regional Director for South-East Asia for the period 2019–2023 to accelerate reduction of maternal, neonatal and under-five mortality along with improving universal health coverage (UHC) and emergency preparedness. The regional and country goals and targets to be achieved by 2030 related to stillbirths and neonatal mortality are shown in **Table 1** and are aligned with the global targets.

Table 1. Regional and country goals and targets to be achieved by 2030

Indicator	Regional target by 2023 Thirteenth General Programme of Work (GPW13) targets*	Country SDG target to be achieved by 2030
Stillbirth rate (SBR) (per 1000 total births)	No target set	12 or less per 1000 total births
Neonatal mortality rate (per 1000 live births)	Reduce regional newborn mortality by 30% from the 2017 value*	12 or less per 1000 live births
Source: Global SDG targets, Essential Newborn Action Plan and Ending Preventable Maternal Mortality (EPMM) *WHO General Programme of Work 13 (GPW13) 2023 targets;		

The United Nations' Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) includes stillbirths in its vision, "An end to preventable maternal, newborn, child and adolescent deaths and stillbirths", and calls for the prevention of stillbirths (SB) to be prioritized. The stillbirth rate is a sensitive indicator of quality of care in pregnancy and childbirth and reflects the inherent degree of strength of a health system. Over 40% of all stillbirths occur during the intrapartum period.

Neonatal deaths comprise 62% of all under-five deaths, most of them occurring in the first 24 hours after birth due to pre-term births, intrapartum-related causes and birth defects, thus indicating the importance of antenatal and intrapartum care. Focusing on the critical periods before and immediately following birth is essential to saving newborn lives. Securing national-level priority focus on newborn health and survival and implementation of the UNICEF and WHO-led "Every Newborn Action Plan" to prevent newborn deaths and stillbirths are critical to meet the unfinished global agenda for newborns.

Sexual Reproductive Health and Rights: Target 3.7 of the Sustainable Development Goals recommends ensuring universal access to sexual and reproductive health (SRH) care services, including family planning (FP), information and education, and the integration of reproductive health into national strategies and programmes by 2030. Target 5.6 recommends ensuring universal access to SRH and reproductive rights. Unsafe abortion is a leading cause of death among women in South Asia. The percentage of maternal deaths due to abortion for 2019 is 10% (IHMI Global Burden of Diseases). Roughly 121 million unintended pregnancies occurred each year in South Asia between 2015 and 2019. Of these unintended pregnancies, 61% ended in abortion. TAG 2019 recommended the strengthening of comprehensive care in the SEA Region through the health systems approach and within the legal parameters of Member countries.

Adolescents constitute approximately 19% of the total population of the Region. Maternal conditions are the second leading cause of death among female adolescents of the age of 15–19 years. Early marriage is common in Member States (prevalence between 26% and 59%). Approximately 10% of adolescents in the Region have begun childbearing (25%–28% of them unwanted). Contributory factors to high adolescent birth rate (ABR) in the Region are low contraceptive use, high unmet need and early marriages (particularly in Bangladesh, India and Nepal).

Access of adolescents to health services is limited in most countries of the Region due to legal, social, cultural and health system barriers, provider attitudes and issues related to privacy and confidentiality. National policies and guidelines related to adolescents in most Member States include SRH as well as FP (though restricted in the case of those unmarried in most countries).

Regional and country goals and targets 2023 and 2030 are as follows:

Indicator	Regional Target 2023 Thirteenth General Programme of Work targets*	Country SDG target to be achieved by 2030
Adolescent birth rate (ABR) (per 1000 girls of the same age: 15–19 years; 10–14 years)	Target not set (only reduction)	Target not set
Universal access to SRH: Proportion of women of reproductive age (15–49 years) who have their need for FP satisfied with modern methods	66% of women of reproductive age (15–49 years) have their need for FP satisfied with modern methods	Country SDG target
Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	68% of women aged 15–49 years make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care*	Country SDG target

Source: Global SDG targets, Essential Newborn Action Plan and Ending Preventable Maternal Mortality (EPMM)

*WHO Global Programme of Work 13 (GPW13) 2023 targets.

Objectives of the meeting

The objectives of the meeting were to:

1. review the regional progress in reduction of maternal, newborn and child mortality, stillbirths and SRHR key issues,
2. review the regional situation of delivery of SRMNCAH services during the COVID-19 pandemic,
3. provide recommendations for continuing essential services and mitigating the risks to progress towards achieving the related SDGs, and
4. recommend priority actions for reduction in newborn mortality and stillbirths and strengthen SRHR programmes.

Recommendations

COVID-19 pandemic and mitigation of risks to SRMNCAH

The SEAR-TAG took cognizance of the unprecedented direct and indirect impact of the COVID-19 pandemic on health and health systems, especially the disruption in SRMNCAH services including the consequences of closure of schools. The SEAR-TAG acknowledged the leadership of national governments and commendable support provided by WHO and partners in situation analysis, mitigation strategies and actions to restore SRMNCAH services. The emphasis must now be on preventing any further damage and support a fast and progressive recovery through concerted whole-of-government responses. Learning from the response to the pandemic in countries, governments must endeavour to build the health sector back better than what they had before the pandemic.

SRMNCAH is a significant public health issue that demands sustained attention as a core component of PHC and UHC, particularly during emergencies, both for preparedness and response.

Specific COVID-19-related recommendations

1. Support countries to strengthen overall governance of health and the functions of the National Technical Advisory Group/Technical Working Group mechanisms for SRMNCAH to advise the government on effective mitigation strategies and develop any specific technical guidelines that are required for promoting and maintaining the health and well-being of women, newborns, children and adolescents.
2. Strengthen mechanisms at national and subnational levels for tracking of health system performance, health workforce management, capacity for management of health programmes, good quality service delivery, and collection and use of data for decision-making for improved outcomes.
3. Support Member States to document implementation of effective mitigation strategies and good practices to reach the unreached and vulnerable populations such as women, children and adolescents; create opportunities to disseminate such experiences for cross learning; and building back the health system better, including effective communication with the community to reassure them about the availability and safety of health services.
4. Within the overall measures to expand and optimize the service delivery platforms for improving access and use of essential SRMNCAH services during emergencies, to consider the use of the Internet and digital health solutions with a supportive legal framework and adequate infrastructure. Digital health must ensure good quality of services by providing knowledge and skills to providers and enabling clients to take the full benefits of good experience of care. However, in order to prevent inequities in digital health, the traditional face-to-face services must be restored and sustained.
5. Provide support to Member States to strengthen the engagement of professional associations and their collaboration with the ministries of health and UN organizations for adoption and implementation of technical guidelines in the public and private sectors to increase coverage of the effective interventions.
6. Support Member States to strengthen intersectoral coordination – especially between ministries of health and ministries of education – to move towards a holistic approach in schools for promoting adolescent health and mental well-being during the pandemic and beyond.

7. Support Member States to strengthen engagement and collaboration with the private sector and civil society actors including NGOs, patient groups, women's groups, for increasing effectiveness of strategies to mitigate the risks of the pandemic and continuing essential SRMNCAH services.

Recommendations on accelerating reduction in stillbirths and newborn mortality

The TAG members noted with appreciation the gains made in reducing neonatal mortality during 2000–2019 (61% reduction in NMR compared with the global rate of reduction of 43%) and in stillbirths (50% reductions in SBR compared with the global reduction of 33%). Five Member countries have already achieved the SDG 2030 target of NMR ≤ 12 per 1000 live births and six countries have achieved the target of SBR ≤ 12 per 1000 total births.

However, it was noted that owing to less progress in neonatal mortality reduction during 2018–2019 in many countries, the Region is likely to miss the NMR target of 2030. Additionally, this estimate is based on pre-COVID data and is likely to be further affected adversely by the direct and indirect impact of the pandemic on neonatal mortality. An acceleration of efforts by all countries is required to prevent this eventuality.

The members also noted the ENAP milestones and the four coverage targets for 2020–2025. The TAG in November 2019 had made strong recommendations for stillbirth prevention that are also reflected in the A Regional Strategic Framework for accelerating universal access to sexual and reproductive health and rights in WHO South-East Asia Region, 2020–2024, however, there was a setback due to the pandemic in early 2020.

TAG endorsed the global coverage targets for 2020–2025 identified in the ENAP. The members **recommended** higher national-level and subnational targets, noting that:

- these targets are applicable to all 11 countries of the Region;
- quality of care needs to be emphasized for all services and to meet these targets;
- all population groups should be well covered with special focus on reducing inequities in coverage related to wealth, geography, education and any other contextual factors.

All Member States should achieve the following targets by 2025:

1. Target 1: Antenatal care (ANC)

Noting the recommendations made in 2019 to improve quality, contents and coverage of ANC, ensuring optimum contacts (aim for 8 contacts) the TAG recommended the following targets for SEA Region countries:

- 80% coverage of 8 ANC contacts at national level
- 90% coverage of ANC 4 plus visits at national level
- 90% coverage of ANC 4 plus visits at subnational level for all areas and all population groups.

2. Target 2: Delivery by skilled birth attendants

Noting the recommendations made in 2019 on strengthened midwifery training in the Region, good intrapartum care and respectful maternity care, TAG recommended that all deliveries by SBA should take place in health facilities.

All Member States should achieve the following targets:

- 90% coverage of delivery by SBA at national level
- At least 80% coverage of delivery by SBA at subnational level (all districts).

3. Target 3: Postnatal care (PNC)

Members noted with concern the low coverage of postnatal care for mother and baby in the Region and recommended acceleration in coverage while ensuring good quality and recommended content of care and adhering to prescribed timing of postnatal care contacts.

- SEARO to develop a roadmap for scaling up home-based postnatal care with focus on quality and contents for mothers and newborns (including PFP) and the competent providers.
- Recommend that the first postnatal care contact be within 48 hours, irrespective of the location of delivery.
- Explore the possibility of expansion of a platform with teleconsultation as an option for future consideration for contacts other than the first visit (which MUST BE in-person).

All Member States should achieve the following targets:

- 80% coverage within first 2 days of delivery at national level
- 80% coverage within first 2 days of delivery at subnational level.

Countries should have clarity on how this indicator is being recorded (site, timing of contact, etc.).^{1,2}

4. Target 4: Facility-based newborn care

TAG members found the indicator ambiguous and recommended the WHO Secretariat to:

- re-articulate the indicator in relation to population coverage (since the districts can be variable in population size and geography), level of facility, etc.
 - consider aligning with the indicator for access to CEmONC.
5. TAG supported the nine milestones of progress between 2020 and 2025 recommended by the global ENAP Framework. TAG recommended that the Member States develop a cadre of neonatal nurses to strengthen facility-based newborn care and immediately implement the following strategies while developing long-term plans for specialist neonatal nursing cadre:
- competency-based training of nurses in neonatal care,
 - retention of those trained in neonatal units.
6. TAG recommended strengthening stewardship for maternal and neonatal care at the regional/provincial/district level by posting a dedicated officer/focal point with the required managerial skills.

Recommendations on stillbirths

7. TAG reemphasized the need for urgent actions to end preventable stillbirths, reiterated their previous recommendations, and provided the following additional ones:
- Strengthen/implement bereavement management strategies.
 - Develop a communication and advocacy plan to address stigma and misconceptions related to stillbirths, including the involvement of support groups and affected families.
 - Create opportunities for sharing experiences among countries.
8. TAG appreciated the efforts of WHO-SEARO as a global leader in surveillance and prevention of birth defects. In the context of stillbirth reduction, access to prenatal diagnosis and options for elected

¹ If woman is in a facility within the first 48 hours, it should be recorded as a postnatal contact if the mother and newborn have been examined/reviewed by a health-care provider prior to discharge (include this remark and relevant definitions as footnote).

² During the COVID-19 pandemic, some visits (except the first) may be done using digital platforms during the shorter term of crisis, without compromising care in the longer term.

termination of pregnancy in case of congenital malformation incompatible with life was highlighted for further discussions.

Recommendations on comprehensive abortion care

TAG and the SRHR Subcommittee appreciated the achievements and progress on abortions by the Member States in the Region. They recognized the challenges related to cultural considerations and stigma, especially for adolescents, as well as those related to inadequate data. The need of triangulation of data from ministries, national professional associations and WHO was reinforced because of their reliability.

1. Policy and advocacy

- The WHO Regional Director to consider high-level engagement for advocacy with Member States on universal access to comprehensive abortion care in platforms such as the Regional Committee sessions and through the Heads of WHO country offices to strengthen engagement with ministries of health and professional associations to bolster legal frameworks and policies that help improve access to all women and adolescents who need and seek abortions.
- The ministries of health to ensure financial provisions, essential supplies (misoprostol and mifepristone), competent health workforce, accurate data systems and public awareness for abortion services as well as a rights-based approach.

2. Service delivery

- The ministries of health to strengthen managerial capacity at national and subnational levels by appointing dedicated programme managers for good quality comprehensive abortion care services.
- The ministries of health to strengthen engagement with private sector partners including pharmacies for expanding service provision while conforming to national quality and safety standards, and with community-based organizations to improve use of services and levels of male participation.

3. Monitoring and evaluation

- WHO to support countries to include abortion-related indicators in their health information systems, including DHS and HMIS, and closely monitor the programme against the national targets.

Elimination of cervical cancer as a public health problem

TAG and the SRHR Subcommittee appreciated the progress in the Region but urged for acceleration in efforts while acknowledging that cancer cervix is a preventable and treatable human tragedy affecting especially economically disadvantaged women. The TAG and SRHR Subcommittee emphasized that several aspects need to be addressed as recommended:

Recommendations on the prevention and management of cervical cancer

1. Countries to work towards the global targets to be achieved by 2030

The global targets were endorsed by the TAG, and included a 30% reduction of NCD including cervical cancer in 2030 and the following interim elimination targets for 2030 for the Region:

- 90% girls vaccinated by age 15 with HPV vaccine

- 70% women by age 35 and 45 years are screened for cervical cancer
- 90% of women with cervical disease and precancerous lesion receive treatment

Countries should strengthen their national cancer control plans to align with the recent WHO call for elimination of cervical cancer and the SEA Region's Implementation Framework on elimination of cervical cancer as a public health problem.

1.a. High-level advocacy

- The WHO Regional Director to advocate to the Health Ministers at the Regional Committee sessions on according priority to cervical cancer and adopting the targets, engaging with professional associations; and stakeholders of countries to advocate to national governments to give priority to prevention and management, and accelerate progress towards the global targets and observe the designated annual week on cervical cancer.

1.b. 90% target for girls to get fully vaccinated with HPV vaccine by the age of 15 years

- The members noted with concern that only Bhutan, Maldives, Myanmar, Sri Lanka and Thailand have introduced HPV vaccine nationally.
- In collaboration with the vaccine programmes, Member States that have already introduced HPV vaccination to maintain quality and coverage and others should scale up their pilot projects or subnational vaccination with strong advocacy involving community and religious leaders.
- Align with the recommendation of the Immunization TAG on pricing/procurement of HPV vaccines and the HPV programme (Regional Vaccine Action Plan).

1.c. Capacity building: 70% women between the age of 35 and 45 years screened with high precision tests and 10 years apart

- WHO-SEARO to facilitate countries to implement affordable, high-precision point-of-care diagnostics and build capacity of health workers for screening and treatment, there building quality assurance mechanisms. Use the opportunities created by COVID-19 for innovative measures such as the education of the health workforce to build back better and develop stronger skills.

1.d. 90% of women with cervical lesions receive treatment and care

- MoH of countries to ensure that screening and treatment including palliative care are part of the universal health coverage plans to make the services accessible to the marginalized and high-risk populations.

2. Health systems-related

2.a. Data systems

- WHO to support countries to develop their population-based cancer registries and undertake analysis of data at intervals to improve planning and review and monitor progress.

2.b. Implementation research

- WHO to support countries on implementation research.

COVID-19 pandemic and mitigation of risks to SRMNCAH

Inaugural session

Considering the importance and urgency of minimizing the impact of the COVID-19 pandemic on SRMNCAH programmes, the Sixth Meeting of the South East Asia Region-Technical Advisory Group and Sexual Reproductive Health and Rights Technical Subcommittee was convened virtually on 15–17 December 2020, under the leadership of Dr V.K. Paul as Chairperson and Dr Elizabeth Mason as Co-chair.

SEAR-TAG members, members of the SRHR Technical Subcommittee, UN and other partners, WHO focal points from headquarters, and regional and country offices, WHO Mitigation Project consultants and members of the WHO SEARO (Regional Office for South-East Asia) Secretariat participated in the deliberations during the three days of the meeting.

SEAR-TAG and SRH Technical Sub-committee deliberated on strategies for the mitigation of the impact of the COVID-19 pandemic and for ensuring the continuation of essential health services in the Region, with focus on preventing and reducing stillbirths and neonatal mortality. Selected technical issues, including SRHR activities with a focus on comprehensive abortion care and prevention and elimination of cervical cancer, were also discussed and recommendations obtained.



Dr Neena Raina, Senior Adviser, Reproductive, Maternal, Newborn, Child and Adolescent Health and Ageing, with WHO-SEARO, welcomed the Chair and TAG members. She outlined the formation, purpose and achievements of the TAG since 2015. The recommendations of TAG 2019 for SRHR through the health systems approach were also recalled. Her welcome address also highlighted the challenges brought about by COVID-19 in achieving the 2019 targets and the strain it has imposed on the health systems of

Member countries of the Region. The objectives of the Sixth SEAR-TAG Meeting were outlined, as well as the need to address the indirect effects of the COVID-19 pandemic on SRMNCAH and healthy ageing. to continue the services.

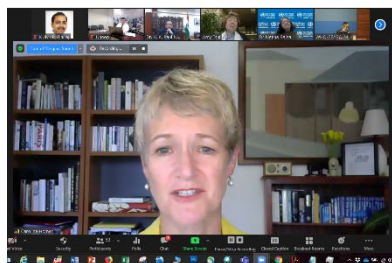


Dr Vinod K. Paul, Chair SEAR-TAG, welcomed the distinguished members of the TAG, teams from the Regional and country offices, WHO headquarters and partners. The important agenda must be taken forward despite the difficulties posed by the pandemic in 2020, he said.

In his opening address, the Chair appreciated the leadership of Dr Neena Raina and her team for the stable and lasting progress on SRMNCAH despite the COVID-19 restrictions in countries. He reminded participants that the larger agenda of “health for all” with focus on priority groups of mothers and children must continue. He appreciated the organizers for convening this event in tough times so that technical solutions and resources raised can help keep the focus firmly on achieving the goals.

The Chair expressed his gratitude to Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia, for the confidence she reposed on TAG. He acknowledged the efforts of WHO and UN fraternity and partner organizations for respecting the recommendations on Maternal Newborn Health interventions

and incorporating them in their action plans. The Chair opened the meeting formally stating that the deliberations and recommendations of this TAG will guide the larger cause of addressing the impact of COVID-19 on SRMNCAH and presented the agenda of the day.



Dr Caroline Homer, Chair of the Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent Health and Nutrition (MNCAHN), presented an overview of STAGE. Established by WHO HQ in April 2020 and having 30 members from the six WHO regions, UN and partner organizations, STAGE convened two meetings every year in April and November. The key focus areas of the work of STAGE were enumerated. The recommendations of STAGE meeting for knowledge translation relevant to this TAG were stated. These recommendations call upon WHO to support Member

countries to strengthen or implement national TAGs in countries. She expressed her interest on knowing more about the mitigation strategies adopted by the SEA Region during the COVID-19 pandemic and said she looked forward to the recommendations from this TAG to share with STAGE members.

Dr Neena Raina informed that at the national level in the Region, ministries of health have successfully established TAGs or technical advisory committees to take the agenda of SRMNCAH forward. She applauded the fact that for more than five years successful TAG meetings have been held with Dr Paul as Chair, and governments of countries of the Region taking up its recommendations for SRMNCAH.



Mr Manoj Jhalani, Director, Department of Health Systems and Development at WHO-SEARO, read the opening remarks of Dr Poonam Khetrpal Singh, Regional Director, who could not attend due to an urgent engagement. He commended the leadership of WHO and Dr Poonam Singh on maternal, newborn and child survival issues and acknowledged the quality of work by the ministries of Member countries in this area.

In her message, the Regional Director recalled the strategic response of the Region for prioritized maintenance of essential health services including for women, children and adolescents during the last one year the outbreak of the COVID-19 pandemic. She highlighted the high level of utilization of the guidance provided by WHO, UNICEF and UNFPA since April 2020 by Member States to maintain RMNCAH services. The reduction in under-five and maternal mortality and in stillbirths in the Region was stressed.

Dr Poonam Singh observed that the Regional Strategic Framework for accelerating universal access to sexual and reproductive health and rights will help sustain and accelerate achievements of SRMNCAH in the Region. Her address expressed the expectations from this meeting on mitigation of the direct impact of the pandemic on the health and well-being of MNCA health projects and reiterated the importance of providing guidance to countries on selecting technical priorities such as stillbirths, newborn mortality, cervical cancer and comprehensive abortion care.

Dr Poonam Singh urged the TAG to deliberate on specific high-impact services such as institutional deliveries, including managing complications for women and newborns during and after childbirth. She stressed the importance of focusing on perinatal care for the triple gains of reducing maternal and newborn deaths and stillbirths. She welcomed the recommendations of the TAG which will help the Region to stay on track to achieve the SDG targets on mortality reduction among newborns and mothers

as well as reduction of stillbirths. She welcomed and thanked UNICEF, UNFPA and other agencies for their continued collaboration with TAG members and wished the meeting success.

Release of publications

Dr Neena Raina requested Dr V.K. Paul, Chair of SEAR-TAG, to release two WHO-SEARO publications and briefly synopsized their contents. Dr Paul applauded the “tremendous work done by WHO and the Region” while releasing the two publications on behalf of the TAG members and participants:

- 1) *Towards Maternal and Newborn Survival in the WHO South-East Asia Region: Implementation experience of the WHO SEARO model of point-of-care quality improvement (POCQI)*
- 2) *RMNCAH Factsheets, December 2020, for all 11 Member States of the Region.*



The Chair then requested Dr Elizabeth Mason, Co-Chair of SEAR-TAG, to conduct the proceedings of Day 1. Four presentations were made as per the agenda, which is provided in Annex 1.

Dr Raina presented the regional situation of RMNCAH and its global and regional progress. The continued high burden of maternal, newborn and under-five deaths at 2.5 million per year, equivalent to 6500 deaths per day, was highlighted. She said with the distractions and disruptions in services due to the pandemic, it is likely to have a negative impact on achieving the SDG targets by 2030 for most countries.

The need for countries to expand coverage and provide financial protection for health was stressed. It was emphasized that the focus of the Region must remain on MNCH, family planning, abortion and cervical cancer. Abortion was a major contributor (9%) to maternal mortality in the Region. For sustainability, integration of newborn birth defects and stillbirth surveillance in national HMIS is ongoing in the Region.

Services for youth through technology and benefits of POCQI in improving services at facilities was emphasized. WHO's Regional Strategic Guidance to Member States and various guidelines for SRMNAH were recalled. Webinars on promoting health throughout the life-course had been conducted in the Region during the pandemic to share knowledge with emphasis on continuing services during the pandemic.

Mr Manoj Jhalani made a presentation on “Health Systems Actions for continuing essential services in the South-East Asia Region”. It dealt with the status of these services in the context of COVID-19, the priority of maintaining them, the good practices and lessons learnt.

WHO's operational guidance on maintaining essential health services in May and June 2020 provided options to countries to reorganize health-care delivery to prevent their disruption. A PULSE survey also ascertained the reasons for low outpatient volume due to people not coming to the health facilities. This was a result of disruption in public transport facilities due to lockdowns across the Region as well as financial difficulties arising from the impact on livelihood and employment.

Supply side causes, disruption of elective care, inadequate availability of PPEs and the need to mobilize health-care staff for COVID-19 patients was highlighted. The approaches adopted by most countries to overcome disruptions included telemedicine, shifting of roles and delegation of staff of non-emergency

care to the primary health care (PHC) level; dispensing of medicines through postal and courier mediums, and the like.

WHO's continuous support to the Region on responsive normative guidance, and with the Compendium on Best Practices, UHC Compendium and other WHO guidance documents, as well as with training on SRMNCAH capacity and supply of forecasting tools, and training through the WHO Academy including through mobile learning, was emphasized. The way forward with four key areas of strategic actions were emphasized as follows:

- 1) Strengthening resilient health systems for preparedness for possible pandemics and emergency situations in the future;
- 2) Strengthening evidence and building capacities to increase knowledge base to deliver services in the "new normal";
- 3) Strengthening joint responses through collaboration with key partners (WHO, UNICEF, UNFPA) for need-based country support; and
- 4) Strengthening health information systems and measuring progress in SRMNCAH.



Dr Rajesh Mehta, Regional Adviser, Child and Adolescent Health, made a presentation on the "Indirect impact of the pandemic on SRMNCAH". WHO acted early in the pandemic in March 2020 and released guidelines for countries to prioritize RMNCAH for continuity of services in mid-April, he said. Limited data from 10 of the 11 participating countries on the WHO-commissioned rapid assessment of SRMNCAH services in May 2020 were presented highlighting reduction in ANC, institutional deliveries,

newborn admissions to NICUs and in availability of services, as well as an increase in stockouts of essential supplies and commodities due to the pandemic. Concerns were raised over lack of information on women seeking childbirth care.

Information on health system factors impacting the services was presented with regard to finances for SRMNCAH, with funds having been diverted to the COVID-19 response in Bhutan, Indonesia, Sri Lanka, and additional funds for SRMNCAH provided in India, Sri Lanka and Timor-Leste. Delegation of the SRMNCAH workforce for COVID-19 work in most of the countries, training of the health workforce on IPC and PPE use and screening and management of COVID-19-positive cases that was conducted in the Region using digital platforms were highlighted.

Dr Mehta also emphasized the need for the presence of a programme manager on the national task force for monitoring services. The adverse effects of the pandemic on postnatal care for mothers and newborns, comprehensive abortion care (CAC), adolescent health, management of survivors of domestic/gender violence and community-level routine immunization of under-five children were also enumerated. Underutilization of services, unintended pregnancies and their reasons were discussed. It was emphasized that essential SRMNCAH services are yet to catch up on coverage and targets. Ongoing regional actions in this regard were outlined.



Dr Anoma Jayathilaka, Medical Officer for Maternal and Reproductive Health at WHO-SEARO, made a presentation on “Mitigation actions for SRMNACH” and continuing these services during COVID-19. Interlinked actions in three areas for four scenarios of COVID-19 transmission mitigation were emphasized. She highlighted the “PULSE survey” results for demand and supply. The effectiveness of WHO strategic guidance to countries for SRMNCAH and health systems early on during the pandemic was emphasized.

A series of experience-sharing webinars that were conducted on the subject of maintaining essential services with mitigation strategies during the COVID-19 pandemic in the Region saw good participation from Member countries. Ten countries shared their mitigation strategies specially for SRMNCAH services in one such webinar. Functional TAGs/TWGs in Sri Lanka, Timor-Leste, Myanmar and India and the active RH sub-cluster in Nepal were informed. The HQ/RO joint mitigation plan in five countries (Bangladesh, India, Myanmar, Nepal and Timor-Leste) to ensure continued access and coverage of essential SRMNCAH services was explained to participants.

Conclusions: Day 1

General

1. The TAG Chair and members noted and appreciated the leadership and support provided by WHO-SEARO to the Member States towards mitigating the direct and indirect impact of COVID-19 pandemic on sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) in the Region through guidance on maintenance of essential health services. The collaborative efforts of H6 members, particularly UNFPA and UNICEF, in supporting the country's efforts were acknowledged.
2. He emphasized that SRMNCAH should continue to be a core component of PHC and UHC, particularly during the pandemic and future emergencies.
3. The Chair highlighted the importance of reaffirming the commitment of Member States to the SDGs as decreased coverage of services will lead to setbacks in achieving the Goals, especially those for MMR and NMR, and reverse the progress achieved in reducing under-5 mortality.
4. The Chair outlined **four key areas** for the consideration of TAG members with respect to COVID mitigation efforts: i) Need for identification of missing technical guidelines for SRMNCAH if any; ii) Role of telemedicine in the maintenance of essential RMNCAH services; iii) Sharing of lessons learned within and across countries in the Region; and iv) Tracking the progress of SRMNCAH indicators. He also proposed to the TAG members to deliberate on COVID-19 vaccination, especially for high-risk groups such as pregnant women.

Specific

1. Guidelines

- 1.1. To prepare generic guidelines on emergency/pandemic preparedness and mitigation to facilitate prompt action in the future.
- 1.2. Review and modify existing interim technical guidelines in SRMNCAH areas according to the changing situation of the pandemic.
- 1.3. To work with national-level professional organizations in adapting the WHO guidelines in collaboration with the ministries of health and UN agencies and their dissemination for improved coverage with effective interventions.

2. **Telemedicine:** TAG suggested that WHO should work with governments to create a regulatory framework for telemedicine that also takes into consideration infrastructure and training needs to reduce inequity in access and assure quality of care from the perspective of both the caregiver as well as the recipient of care.

It was proposed that service delivery through telemedicine be prioritized in some areas such as contraception and abortion care, but that this should be done judiciously and with due regard to feasibility and effectiveness and measures for mitigating the possible adverse impact.

3. **Effective knowledge sharing:** WHO to continue to serve as a platform to promote effective knowledge sharing on lessons learned between the Member States, on mitigation efforts.
4. **Tracking progress:** To strengthen tracking of the performance of the health system, health worker availability, task-shifting, service delivery, utilization of data, and to bolster information gathering for decision-making for improved outcomes at national and subnational levels. Indicators used during the pre-pandemic phase (e.g. ANC 4+, PNC, institutional deliveries, etc.) should be included along with new ones used during the pandemic (e.g. mental health, child marriage, GBV). The use of dashboards was recognized to be a good way of tracking select indicators.

Other important issues discussed

- Intersectoral collaboration between ministries of health and education should be promoted, especially in areas of adolescent sexual reproductive and mental health, nutrition in schools, and vaccination.
- Support governments over their partnerships with the private sector to complement the response to COVID-19.
- Assess and optimize SRMNCAH service delivery platforms.

Accelerating reduction in stillbirths and newborn mortality

On Day 2, TAG reviewed the draft recommendations of Day 1 and the Chair outlined the agenda for Day 2, which was focused on reduction of stillbirths and newborn mortality – an unfinished agenda of the Millennium Development Goals.

Dr Jayathilaka and Dr Mehta made a joint presentation on “Regional progress in reducing newborn mortality and still births – Every Newborn Action Plan: Milestones for 2020–2025”. It was reported that the progress in implementation of the TAG recommendations from the November 2019 meeting was slow due to COVID-19 pandemic. The guidelines released in 2020 and the ENAP indicators, targets and milestones, HR guidelines recommending specialized nurses for newborn care and progress in implementation of the point of care quality improvement for MNCH (POCQI) were shared during the presentation.

Between 2000-2019, the SEA Region achieved a 50% reduction in the stillbirth rate. Six Member States (Bhutan, DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) have already achieved the 2030 national target of less than 12/1000 SBR for total births. It was emphasized that all countries of the Region except Nepal and Bangladesh will achieve the 2030 target of less than 12 stillbirths per 1000 births. (TAG target 10%). It was pointed out that to achieve the neonatal mortality target of less than 12 by 2030, India, Myanmar, Nepal and Timor-Leste must accelerate their efforts in this regard. Inclusion of stillbirth prevention in the regional strategic framework, stillbirth surveillance response and, along with UNICEF’s Regional Office for South Asia (ROSA), programmes on skill-building over perinatal death surveillance and response in 10 SEA Region countries was highlighted. SEAR-TAG 2019 recommendations related to stillbirths and neonatal mortality must continue to be followed in 2021, it was stated.

Dr Rajesh Mehta emphasized that the NMR target is achievable in the Region if a quick recovery from pandemic damage could be taken care of. Countries are implementing the previous TAG recommendations and their achievements on midwifery initiative as well as with reducing out-of-pocket expenses were highlighted. Good progress has been made by six high-priority countries in the Region that adopted and implemented the global ENAP targets.

Strategies for focusing on pre-term care at facilities and home-based care have been prioritized. The Global ENAP (Every Newborn Action Plan) 2020–2025 milestones and coverage targets for perinatal care and the status and implications for the Region were presented. TAG recommendations were sought for the national and subnational and population-based targets for the Region. TAG recommendations were sought especially on the following global ENAP milestones:

- Milestone 2: Building resilient health system for maternal and newborn care focusing on stillbirths and newborn mortality for better preparedness during emergencies.
- Milestone 5: Having the health workforce in the perinatal period focusing on midwifery and neonatal nursing cadre.
- Milestone 7: Data for action and using it for action
- Milestone 8: Research and innovation to create evidence.

The Chair summarized the discussions on the following issues:

Postnatal care: Postnatal care must be scaled up in all countries with the following considerations

- SEAR should aspire to adopt a district level target of 80% coverage for PNC – compared to 60% recommended as the global target
- PNC must include maternal and newborn components together during all these visits and contacts
- Countries to accelerate home-based newborn care with appropriate roadmap including programme and coverage indicators
- For newborns delivered in a health facility, postnatal checkup should be done daily until discharge from the hospital.
- Following discharge from hospital or in cases of home delivery early contacts for newborn care is crucial. Countries should universally implement first day visit for a home delivery baby and second visit for all babies (whether delivered at home or hospital) at 72 hours after birth.
- SOPs for the recommended interventions for each PNC contact/visits/tele-contacts should be prepared.
- Countries should consider an innovative approach for PNC programme and undertake operational / implementation research.

Facility Based Newborn Care: The Chair highlighted the importance of population-based service provision for newborn care that articulate population-level needs for all newborns in a geographic area. Population norms for required number of hospital beds and units for level 2 and level 3 newborn care should be considered by the countries. It was suggested that population norms should be considered in addition to one newborn care unit per district for the global target.

With further decline in neonatal mortality the emerging need for level 3 Neonatal Intensive Care Unit must be considered going forward. Apart from geographic coverage, ambulance and transport facilities are also important.

Stillbirths – human side and bereavement: Enhancing the provision of respectful maternity care was highlighted as a standard of care, including bereavement. It was pointed out that this be included as the sixth element in the “Call for collective action to end preventable stillbirths”. Suggestions were made that WHO continue to promote and encourage countries to adopt the WHO intrapartum guidelines in their health systems, including availability of birth companions.

Response and resilience – perinatal care during emergencies: It was explained that the required guidelines for emergency preparedness are under development by WHO. The Chair recommended that SEARO develop relevant tools and capacities etc. for this area.

Neonatal nursing cadre: The ENAP milestone on health workforce and the Roadmap on human resource to improve newborn care in health facilities in low- and middle-income countries have proposed strengthening of neonatal nursing and a specific cadre that applies to hospital care of small and sick newborns. The TAG discussed that neonatal nursing must become a discipline to provide good quality care for small and sick babies in health facilities in due course of time.

Discussion on accelerating reduction in stillbirth and newborn mortality

The TAG members deliberated on several additional issues related to regional actions for accelerating reductions in stillbirths and newborn mortality.

Disaggregated indicators on data for equity: The Chair agreed to propose equity-based indicators disaggregated by socioeconomic groups for data related to RMNCAH.

District stewardship system: Countries should consider technical programme managers at the district, state and national levels who will oversee the maternal and newborn care programmes to ensure adequate push for delivery of universal health care and accelerating reduction in mortality and morbidity.

Birth defects: It was stressed that a considerable number of stillbirths and newborn deaths are due to birth defects. The interventions for addressing birth defects were discussed, including facilities for timely prenatal diagnosis and terminating such pregnancies. Hence, country laws need to be reviewed to allow induced abortions for severe congenital malformation. The regional initiative and global lead in prevention and control of birth defects was strongly commended by the TAG.

Data collection systems: It was proposed that the WHO SEA Region develop ways to assess data collection systems in Member countries and have a ranking tool so that robust systems can be supported for reliable data.

The Chair thanked the TAG members for their significant contributions. Dr Raina requested TAG guidance for a recommendation on mandatory NICU in comprehensive emergency obstetric facilities while concluding the proceedings.

Sexual reproductive health and rights

On Day 3 of the meeting, Dr Neena Raina welcomed Dr Anshu Banerjee from WHO headquarters, Dr Caroline Homer, Global STAGE Chair, Dr Amy Tsui and the distinguished TAG members. Dr Paul outlined the agenda and the proceedings for the day.

Dr Paul informed participants about the initiation of the first collaborative steps between TAG and STAGE. He requested Dr Homer and Dr Banerjee to share the activities, scope and focus of STAGE and offer suggestions on how this TAG and STAGE could work together towards global commitments and by aligning discussions, ideas and actions.

Communications, collaboration and coordination STAGE and SEAR-TAG

Coordination of advisory mechanisms at three levels of WHO: Conversation between SEAR TAG Chair, Dr V.K. Paul, and Global STAGE Chair, Dr Caroline Homer; facilitated by Dr Anshu Banerjee

Dr Homer provided an update on STAGE, a new group established by the WHO Director-General in April 2020, that had convened two meetings in April and November 2020, the reports of which were being finalized. The role of STAGE was shared and the three main categories of topics for immediate attention were listed: (i) unintended consequences of COVID-19, indirect impact and mitigation strategies; (ii) knowledge translation and implementation of guidance and normative documents from WHO; and (iii) child health redesign and focus on the missing middle (5 -12 years) – young adolescents, malnutrition and micronutrient supplementation. It was informed that STAGE has made recommendations on these areas for COVID-19 response and knowledge management and implementation.

Dr Paul agreed about the proposed scope to work together, adding that technical think-tanks from the region and headquarters must work for widening the scope of the activity globally and vice versa. The Chair invited Dr Anshu Banerjee to share his thoughts and guidance on collaboration, cooperation and coordination between the two mechanisms and on the scope, vision and objectives.



Dr Anshu Banerjee listed the areas of collaboration with the SEAR Region, in particular (i) the life-course approach for maternal health on which STAGE is working and that extends from preconception to the age of 19 years; (ii) maternal newborn child and adolescent health and nutrition, as it is an important element for child survival and development, as well as mother, newborn and adolescent health and was elaborated on during the November 2020 STAGE meeting; (iii) formulation of ways to increase UHC with MNCAH as a core area for PHC; and (iv) strengthening national TAGs.

Dr Paul reaffirmed the presence of several complimentary areas in the two initiatives and requested further discussions on dissemination of STAGE recommendations as joint recommendations. He said that these recommendations should be disseminated in the countries of the Region, and across academia, programmes and civil societies. This was suggested as part of the continuum of global, regional and national efforts.

The Chair opened the discussion for TAG members to share ideas on issues topics of priority to be taken up for future work with STAGE. The members suggested the following topics:

1. Monitor and assess the weaknesses and strengthening of the health system performance. Health system surveillance as a concept was proposed by several TAG members.
2. Humanize birth and respectful maternity care, reducing violence and disrespect at the time of childbirth. There is evidence that it improves outcomes, reduces caesarean sections and has benefits for both mothers and newborns.
3. Harmonize the health messages. Collaboration between professionals, programmers and the civil societies needs to be emphasized to make them aware of the goals and technical details for uniform dissemination of messages for the pre-service and in-service education and patient care.
4. Initiate discussions on maternal morbidities such as obstetric fistulas, prolapse, etc. that are a common problem in this Region.
5. Integrate comprehensive SRH care – including maternal health, contraception, safe abortion, post-abortion, infections and other sexual health issues – with optimum mechanisms for their service provision. The importance of this integration in the context of the COVID-19 pandemic was emphasized.
6. Ensure communication between and coordination among regional and other TAGs horizontally and with STAGE.
7. Integrate mental health and stigma prevention along with other related areas without setting up a parallel health system. Prevention of mental disorders and addressing some social determinants of it was discussed.
8. Consider changing and promoting community norms for preventing and reducing sexual and interpersonal violence and its impact on the health and well-being of a family. There is also a need to work on changing norms about LGBT status and address the stigma attached to it, since it is associated with risk of sexual violence and exclusion from families.
9. Build capacities of teachers for providing health-related quality education.

The Chair summarized the discussions of this segment and agreed to continue collaboration with STAGE to include programmes focused on children above 5 years of age, which had been missed. Though nutrition was not a focus of this TAG it is nevertheless fundamental and critical to include some recommendations on nutrition.

The challenge of both macro and micronutrients is copious in the Region where anaemia is the commonest disease. Strengthening RMNCAH activities in the COVID-19 and post-COVID-19 phase to restore momentum for contraception, immunization, deliveries, nutrition, etc. by appropriate monitoring mechanisms is essential. Hence, immediate areas to focus on by both advisory groups are sharing of ideas and targeted discussions with key groups to achieve services such as promoting subcutaneous contraceptive devices, etc.

In the medium term, strengthening health systems is critical and it is necessary to develop a joint area of work involving the international, regional, national and subnational levels to achieve targets of SRMNCAH through collaboration between departments of health and health systems in the ministries and WHO. The

third dimension for work in the future is social determinants such as poverty, age at marriage, birth spacing, gender, equity and cost-effectiveness for STAGE and SEAR-TAG. STAGE and WHO can provide technical guidance on these interventions.

The final step on the way forward was suggested to be efficient virtual joint meetings from time-to-time, especially when STAGE has a product ready for dissemination and on any specific topic. Dr Carolyn Homer agreed to these areas of collaborative work, reiterating the importance of having a clear scope of work and avoiding duplication.

Dr Anshu informed the group that WHO has launched the new “UHC Compendium” – an online tool that highlights all the different WHO recommendations around interventions, and will have a costing tool attached to it by mid-2021 that will help countries on cost effectiveness for interventions. He acknowledged that the SEA Region is the only region with an active TAG, and that the WHO African Region has recently formed a TAG and suggested regular communication between the Secretariats of the two advisory groups to learn about SEA Region’s TAG functioning better.

Dr Raina appreciated the detailed discussions regarding the content and mechanisms and applauded the Chair, Dr Paul, under whose guidance SEAR-TAG has made considerable achievements since its inception in 2015. She informed that SEARO reports annually on the implementation status of the recommendations, and hence the TAG recommendations are shared with WHO country offices, the H6 group and ministries as one of the mechanisms.

Reactivation of national TAGs through BMGF support was emphasized, and these and the ministries participate in alternate TAGs, it was explained. It was suggested that the SEA Region TAG Chair be a member of STAGE so that some recommendations can be translated into action at the regional and country levels and through the ministries. UNICEF and UNFPA representatives attending the meeting were requested to support the implementation of the recommendations. Dr Raina also had a special word of thanks for Dr Carolyn Homer and Dr Anshu Banerjee.

The Chair invited presentations on the next items on the agenda – updates on SRHR and cervical cancer.

Regional situation and progress on SRHR - Maternal health and Abortion

Dr Meera Upadhyay, Technical Officer for Reproductive Health at WHO SEARO, made a presentation on the regional situation on SRHR as per the TAG 2019 recommendations that focused on family planning and ASRH. The presentation highlighted that only 29% of abortions in the Region are safe and providing FP commodities to women and adolescents as per their need can avert 1400 maternal deaths.

Country-wise abortion services with its disparities and challenges were discussed briefly. This included abortion facilities, methods of abortion and availability of drugs for medical abortion. Findings of the rapid assessment of medical abortion (MA) drugs in the SEA Region in 2020 were shared, which highlighted the need for inclusion of MA in the essential drugs lists with standardization of their regulatory mechanisms, cost and provision for all countries.

Despite having indicators of FP and ASRH, the availability of limited data was highlighted. In safe abortion indicators are minimal and targets are not set. Limitations in monitoring the progress and achievement of comprehensive abortion care were also discussed. The estimated impact of COVID-19, in the context of

an increase in maternal deaths by 1000 in 2020, was highlighted. Challenges in access and provision and with measuring the achievements of abortion services, especially for needy populations such as adolescents, were also emphasised with a request from TAG for guidance on these.

Discussions on SRHR – Maternal health and Abortions

The Chair requested TAG and the Subcommittee to provide inputs on challenges and reinforced the need for triangulation of data from professional associations, WHO and the ministries of health to ensure reliability. The Chair, TAG and the SRHR Subcommittee appreciated the achievements of Member countries of the Region over abortions and agreed that it was indeed a challenging area combating stigma, especially related to abortions on adolescents, with minimal and inconsistent reporting of data. The Chair acknowledged the challenges presented and assured TAG support to overcome these them. The TAG and the Subcommittee discussed the challenges in the context of the following issues:

Role of the private sector including pharmacies needs to be specified as they are sources for supplies and pharmacies and are direct-level contacts for accessing FP by young adolescents. The male perspective on FP also needs to be explored.

On abortion laws, WHO has to work with professional associations to coordinate with the ministries of health in the Region for the formulation of laws or their modifications to ensure that their scope expands from ensuring the health of women to saving the lives of women. Working at the national level for laws on issues such as sexual assault, termination of adolescent pregnancies, reducing the risks that prevent adolescents from coming forward due to fear of the police and thereby expanding access, and the like is necessary.

Reliable data is very important. Country offices need to work with and the ministries of health to provide reliable data. Relevant indicators need to be included in the DHS of Member States too.

Medication abortion as a self-manned abortion method and WHO and countries need to explore to make it safer. TAG stressed that misoprostol and mifepristone need to be made available in all countries. The policy in many facilities of informing the police about adolescents seeking abortions can restrict services and hence needs to be revisited by countries. TAG members endorsed the inclusion of MA drugs in the EMDL.

The absence of **dedicated management-level officer** for abortions in the ministries of health affects the programme, as this area overlaps with maternal health and child health. Emphasis was provided to the rights-based approach to drive the safe abortion programme. Advocacy, and strengthening supporting organizations to improve access to safe abortion was also highlighted. The importance of providing clear leadership on the part of WHO to the country representatives in consultations and in their participation for support in financing, FP commodities forecasting and supplies, and abortion drugs, was discussed. TAG highlighted that abortion services needed more support now during the pandemic than ever before.

The Chair and TAG appreciated the progress made on abortion in the Region and recognized the challenges, suggesting that this area needs to be taken up at the national level. Due to legal and ethical dimensions and the stigma related to abortions, it is sometimes not prioritized. The Chair requested the

Regional Director to take this agenda forward at high-level meetings attended by ministries and policymakers and give it a “decisive push” so that the initiative picks up the desired momentum.

Concluding the discussions on this section, the Chair suggested that WHO inform and work with the countries to improve abortion services, reduce unintended and adolescent pregnancies as per the recommendations of this TAG, which also ideally must be followed by all stakeholders in the country.

Cancer Cervix Elimination: Progress and revisiting TAG recommendation

Dr Anoma Jayathilaka, Medical Officer, Maternal Reproductive Health, presented the current status of cervical cancer elimination in the Region. Highlighted cervical cancer is a Regional Flagship Priority; all countries only have estimated data on cervical cancer mortality and incidence, and also stated currently no country in the Region has cervical cancer incidence below the global elimination target of 4/100 000 women or less. Though all countries have national screening programmes, there are hurdles and limiting factors that impede the targeted 90% coverage for screening in 2030.

Identification of most cases in the late stages and limited access to treatment and palliative care in countries of the Region was stated. She informed that work is ongoing between WHO-SEARO, the International Agency for Research on Cancer (IARC) in Lyon and the WHO Academy to develop a comprehensive training package on screening, diagnosis and management of cervical pre-cancer that is to be released in 2021.

To address challenges, WHO-SEARO needs to work with the health systems across the three programmes such as , vaccination, screening and management of precancerous lesions and advanced cervical cancers. Service disruptions due to COVID-19 affected the screening, treatment and follow-up efforts on cervical cancer in almost all countries of the Region except Bhutan, which managed to continue the services. PHC models and UHC are identified as good platforms for effective service integration, it was emphasized. There are opportunities in the life-cycle approach to overcome the challenges, it was suggested.

Discussions on cervical cancer elimination

The Chair, TAG and the SRHR Subcommittee appreciated the ongoing focus on this preventable, treatable and avoidable condition that is a disease affecting poor and marginalized women. Immediate attention is needed for the effective implementation of preventive measures. The Chair emphasized the following issues:

Data and cancer registry: The need for a cancer registry was highlighted. TAG suggested that WHO explore if gynaecologists or gynaecological/cancer societies could work together for the country estimates. TAG discussed the challenge related to the target of 70% coverage for screening and emphasised the initiation of HPV-DNA screening and HPV vaccination in the country. For SDG 3.4 targets to achieve these interim global targets of 90%, 70%, 90% by 2030 and elimination of cervical cancer by end of century was re-discussed.

A population-based cancer registry is important and needs the **leadership of a cancer institution** in the country. TAG agreed that monitoring of services is very poorly defined, and hence this needs to be standardized to improve quality and equity in cancer screening.

Screening: TAG discussed strengthening health systems for identification and capturing data through universal screening by pap and Visual Inspection with Acetic Acid may be encouraged initially while simultaneously promoting HPV-DNA testing and HPV vaccine.

IEC and demand for screening: TAG stressed the importance of mass awareness campaigns, especially for the at-risk population. Strengthening communication for health promotion in schools and educating schoolchildren on cervical cancer can be a gamechanger in the efforts towards the prevention and early diagnosis of cervical cancer.

HPV vaccine: TAG discussed the recommendations in relation to the high cost of the HPV test and vaccine and noted that costs could be brought down if volumes of HPV testing and vaccines increased in the countries. It was stressed that cervical cancer is not recognized as a **public health problem** and that a simple, cost-effective HPV vaccine is yet to be developed.

Capacity-building of health-care providers: Governments must be supported to ensure quality and benchmarking for screening and services. The SEA Region has taken this forward through capacity-building of the community health worker and awareness campaigns.

High-level interactions and annual events: It was highlighted that interfaces with ministers and ministries of health is crucial to review and discuss the lack of progress and effectiveness of programmes, and plan advocacy actions at the political level. It was suggested that WHO coordinate with countries to engage them in activities with themes focused on women and providers.

Demonstration sites for cervical cancer: TAG suggested the need to have demonstration sites for cervical cancer management, frequency of screening, surgical treatment etc. in each country to help develop competency-based training programmes. WHO was urged to support research on cervical cancer and share the outcome of such initiatives with countries of the Region.

Financial support and palliative care: Cervical cancer needs sophisticated care that should be included in the UHC package. It was noted that cervical cancer should be considered a high priority.

Closure of the meeting

The Chair, Dr V.K. Paul, concluded the meeting expressing his sincere appreciation of “the scientific inputs and the active, high-quality participation of the members” in the deliberations of the meeting. The meeting was very productive and reasonable knowledge-based outputs were provided to WHO-SEARO, he said. The Chair thanked the WHO Regional Director and the SEARO team for their hard work in organizing the meeting and the informative presentations, and WHO headquarters for their support.

Dr Raina presented the vote of thanks. She thanked the Chair, Co-Chair and TAG members for their valuable inputs on the three areas of discussion during this meeting. WHO-SEARO will work on mechanisms of communication to ensure that the recommendations made are implemented and countries are supported in these efforts, she said. On this note, the meeting was declared closed.

Annex

Annex 1: Agenda

Day 1: 15 December 2020

Opening session

- Welcome and objectives:
- Address by SEAR-TAG Chair
- Remarks by Global STAGE Chair
- Address by Regional Director
- Release of regional publications

COVID-19 pandemic and mitigation of risks to SRMNCAH

- Regional situation on SRMNCAH
- Indirect impact of the pandemic on SRMNCAH
- Mitigation actions for SRMNCAH in the SEA Region
- Health system actions for continuing essential services in the SEA Region
- Discussions and observations from TAG Members
- Synthesis by the Chair

Day 2: 16 December 2020

Accelerating reduction in stillbirths and newborn mortality

- TAG members' meet: Draft recommendations on mitigation actions
- Regional progress in reducing newborn mortality and still births
- Every Newborn Action Plan: Milestones for 2020–2025
- Observations from TAG Members
- Synthesis by the Chair
- Draft recommendations for Day-2

Sexual reproductive health and rights

- Conversation between SEAR-TAG Chair (Dr V.K. Paul) and Global STAGE Chair (Dr Caroline Homer):
Coordination of the advisory mechanisms at three levels of WHO
- Regional situation, progress on 2019 recommendations on SRHR
- Cancer cervix elimination: Progress and revisiting TAG recommendations
- Observations from TAG Members
- Draft recommendations for Day-3
- Overall recommendations of the Meeting
- Closure

Annex 2: List of participants

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