Key issues in East Asia and the Pacific

In East Asia and the Pacific (EAP), more children are surviving to their fifth birthday than ever before. However, in 2017 alone, 487,120 children died before the age of 5. Of these deaths, more than 240,727 (49.4 per cent) occurred in the first 28 days of life and were concentrated in three middle income countries (China, Indonesia and the Philippines). Across the region, newborn deaths were also notably higher among the poorest, most marginalized, hard-to-reach rural and urban migrant groups. Most newborn deaths are due to preventable complications relating to prematurity or low birth weight, birth asphyxia and infection (sepsis, meningitis, pneumonia and diarrhoea).

Maternal health is still a major concern in the region. In 2015, 18,000 women died due to preventable pregnancy complications and complications during delivery. Common causes of maternal deaths include severe hemorrhaging, eclampsia, pre-eclampsia and infection.

At the end of 2017, over half (57 per cent) of pregnant women living with HIV received antiretroviral drugs to treat themselves and to protect their unborn child from mother-to-child transmission of HIV, compared to the global average of 80 per cent. While antiretroviral coverage of children living with HIV increased from 48 per cent in 2010 to 68 per cent in 2017, only 28 per cent of infants born to women living with HIV were tested for HIV within two months of birth.

By 2016, 10 of the 27 EAP countries had not reached the global target of 90 per cent coverage with three doses of diphtheria tetanus and pertussis (DTP3) vaccine, including Vanuatu (64 per cent), Papua New Guinea (72 per cent), Indonesia (79 per cent), and the Philippines (86 per cent). Indonesia is among the top five countries globally with the highest number of children who are not vaccinated with DTP3.
Driving results for children

The UNICEF Maternal, Newborn and Child Health (MNCH) programme prioritizes expansion in the coverage and quality of institutional, community and home care before, during and after birth through five strategies: (1) strengthening national and subnational health systems; (2) producing better data and evidence to enhance decision making; (3) promoting gender-responsive, integrated policies and interventions; (4) reinforcing governance and political commitment for universal health coverage; and (5) engaging in strategic partnerships and alliances.

Key programme strategies

**Systems and capacity**
- Promote gender-responsive, resilient and sustainable community systems for the delivery of services.
- Institutionalise interventions from pregnancy to adolescence by linking together nutrition, Water Sanitation and Hygiene (WASH), Early Childhood Development (ECD), education, gender and disaster risk reduction.
- Build health information systems that integrates birth registration, health/HIV, WASH, nutrition and ECD.
- Enhance government capacity to assess affordability, sustainability and economic efficiency in universal health coverage.
- Reinforce MNCH initiatives aimed at elimination of mother-to-child transmission of HIV, hepatitis B and syphilis.
- Strengthen immunization and supply chain systems. Enhance country capacity to develop risk-informed immunization and supply chain programming.

**Data, evidence and knowledge**
- Generate evidence to help understanding of the root causes of low coverage, demand and quality of essential services.
- Identify key determinants of gender-responsive community health systems for quality and equitable maternal and child survival, including adolescent pregnancy.
- Monitor and analyse public expenditure performance at sub-national level.
- Conduct systematic quality assessment of essential MNCH services.
- Collect and analyse data and information on attitudes, behaviours and practices regarding health service delivery and access among hard-to-reach, mobile, and urban poor and peri-urban populations.
- Conduct research and programme evaluations to generate evidence to inform scientific policy recommendations for MNCH.
- Develop and test effective implementation models that address inequity in health, growth and development outcomes.

**Partnerships and alliances**
- Collaborate with international financial institutions, global alliances and other key actors to leverage investments in health infrastructure, national immunization programmes, health governance and financing, information and communications technology, and public-private partnerships.
- Engage with other UN agencies in policy formulation, standard setting, monitoring implementation and coordination of joint technical support.
- Contribute to multi-stakeholder platforms and professional associations to provide peer-to-peer assistance and, knowledge sharing, facilitate learning opportunities and influence MNCH policies and programmes.
- Nurture partnerships with centres of excellence on quality health services.

**Governance, policy and budget**
- Strengthen governance of health systems to ensure equitable, quality and sustainable health services.
- Increase political awareness and advocacy for universal health coverage for children and women.

**Behaviour change**
- Strengthen capacity, particularly among community health workers, for community engagement, social mobilization, demand generation and social and individual behaviour change.