28 November 2015

To Whom It May Concern:

**We strongly urge that the stillbirth rate be added as an indicator in the Operational Framework in order to monitor progress toward (a) reduction of stillbirth rates, (b) improved access to and quality of healthcare, and (c) increased equity of healthcare systems.**

***What important themes are missing from the document?***

Stillbirth is missing and must be included via the addition of the stillbirth rate as an indicator of progress toward (a) reduction of stillbirth rates, (b) improved access to and quality of healthcare, and (c) increased equity of healthcare systems. Here is why:

In 2011 The Lancet published a [landmark series](http://www.thelancet.com/series/stillbirth) showing that about 2.7 million women a year endure pregnancies that end in stillbirth in late pregnancy (after 28 weeks’ gestation, as per the WHO definition). Moreover, these numbers would roughly double if the lower gestational age definitions used in most high-income country settings were used (definitions vary both across and within high-income countries).

* Stillbirth is a major contributor to global deaths, and is therefore of great importance for global public health.

1.2 million of these late pregnancy stillbirths occur during labour, just hours or minutes before birth. Hence, interventions to make childbirth safer—which are generally aimed at reducing neonatal deaths—can also greatly reduce stillbirth numbers.

* Stillbirth, though sometimes seen as “inevitable”, is in fact a public health issue with many known solutions which are already being employed for other purposes.

While 98% of stillbirths occur in low-income and middle-income countries, stillbirths are also a major unaddressed public health issue in high-income settings, with around 1 in every 320 babies stillborn in these settings.

* Stillbirth affects families, healthcare systems, and societies in every country in the world.

Stillbirth rates have shown very little improvement relative to maternal and newborn deaths. Many other health issues with a similar or even much lower death toll receive higher recognition. For instance, in the United States, which accounts for a large proportion of high-income country stillbirths, there are ten times as many stillbirths as there are deaths from Sudden Infant Death Syndrome (SIDS), but SIDS is much better-known and resourced. There are more stillbirths globally than all under-five deaths in India and Nigeria combined.

* Stillbirth remains largely invisible on the global stage. The Operational Framework should acknowledge that stillbirth exists within, and is best addressed within, the maternal, newborn, child and adolescent health continuum.

Stillbirth has many direct, indirect and intangible costs, affecting women, their partners and their extended families, as well as the health professionals who care for them, governments and society at large. Richard Horton, Lancet editor-in-chief, recently underlined this impact by quoting ISA board member Jessica Ruidiaz who spoke at the Global Maternal Newborn Health Conference in Mexico City: “A child is irreplaceable. Parents grieve a lifetime.” An upcoming new Lancet series on stillbirth (due for publication in early 2016) will highlight and quantify, to the extent possible, the physical, psychosocial and economic impacts that follow on from stillbirth.

* Stillbirth often has a long-lasting impact on women and their families as well as on caregivers, with negative effects on health and emotional wellbeing, often resulting in or compounded by stigma, social isolation and disenfranchised grief.

***What types of guidance, tools, and other resources are most important and useful to national governments and development partners as they work to align national programmes and strategies with the Global Strategy’s goals and targets?***

A suggested tool:

* The stillbirth rate can be a useful tool for national governments and development partners seeking to align their work with the Global Strategy. This is because the stillbirth rate is a sensitive measure of equity in and quality of women’s healthcare, and because measures to monitor and prevent stillbirth will help countries to reach Sustainable Development Goals 3 (Good health and wellbeing), 5 (Gender equality) and 10 (Reduced inequalities).

Suggested guidance:

* Recognizing the resource limitations of many low-income countries, we also recommend that the Operational Framework describe the “triple return” that countries and donors can reap from investments in stillbirth reduction. Many interventions used to reduce the risk of stillbirth overlap with interventions to improve outcomes for mothers and newborns (for instance, 80% of newborn deaths are associated with low birthweight due to prematurity or fetal growth restriction, and 40% of maternal deaths are a result of pre-eclampsia); tackling some of the risk factors for stillbirth (e.g., socioeconomic, obesity) has the potential not only to prevent many of these but also to improve maternal and child health for a lifetime. Interventions to reduce stillbirth can therefore have a positive effect in lowering the risk of all three types of death—maternal, newborn, and stillbirth—which is known as the “triple return” on investment.

***How can regional and global development agencies work together to best support nationally-led efforts to accelerate maternal, child and adolescent health?***

* By supporting the introduction of the stillbirth rate as an indicator of access to and quality of healthcare. The World Health Organization has recognized the stillbirth rate as an important indicator of global health and just this year, the UN Inter-agency Group for Child Mortality Estimation’s monitoring programme has taken on regular global stillbirth rate reporting. Countries should be supported to facilitate stillbirth rate tracking.
* By recognizing and supporting national efforts to track and reduce stillbirth rates. For instance, stillbirths in India account for about 22% of the global stillbirth toll, but India, although a middle-income country facing resource challenges, is emerging as a leader among low and middle-income countries in terms of prioritizing stillbirth monitoring and reduction. Such national country examples should be recognized, celebrated, and supported.

In summary, the continued invisibility on the global agenda of 2.7 million deaths each year is unjust and must urgently be addressed. Stillbirth, maternal and neonatal mortality are linked. They all exist on the maternal, neonatal, child, and adolescent health continuum. Interventions to reduce one have a “triple return” on the other types of deaths. Stillbirths also have a follow-on cost economically and psychosocially that must be recognized. Stillbirths must be made visible and counted just as neonatal and maternal deaths have been made visible and are being counted. This is critical to achieving our collective aim of increasing equity in healthcare.

**We therefore strongly urge that the stillbirth rate be added as an indicator in the Operational Framework in order to monitor progress toward (a) reduction of stillbirth rates, (b) improved access to and quality of healthcare, and (c) increased equity of healthcare systems.**

We sincerely hope that our recommendation is included in the final document,

We thank you again for this opportunity to provide feedback.

Yours sincerely,

Comments to be submitted to

gutaylor@unicef.org , with the title ‘OF feedback’ in the subject line. For feedback to be considered for the next version of the Operational Framework, all comments must be received by the **1st of December 2015**.

Comments will be shared with the Operational Framework’s writing group and will inform the final drafting of this important document, which is expected to be completed and disseminated in early 2016. The Global Strategy and the Operational Framework will also inform discussions by Member States at the 2016 World Health Assembly on what they require to implement action on women’s, children’s and adolescents’ health.

See more at: http://everywomaneverychild.org/news-events/news/1170-draft-consultation-operational-framework-for-the-global-strategy-for-women-s-children-s-adolescents-health#sthash.Y4Vn6zc0.dpuf