

Media Update

19 September 2019

UNODC

PRESS RELEASE

Operationalization of the Rule of Law Roadmap for Sindh

KARACHI, 19 September 2019 – Sindh’s criminal justice system took a momentous step forward by agreeing specific targets designed to deliver real change for people. A Rule of Law Roadmap Steering Committee (SC), comprising government, police and judicial leads agreed on Thursday to collectively focus Sindh’s reform energies on reducing the “in prison overcrowding” & Increase in conviction rate of street crimes” Data, which informed the broad diagnostic Roadmap exercise endorsed by Cabinet earlier in the year, will be used to track delivery against these targets, to hold institutions to account for implementation of their own sub-targets, and to show the public where reforms are succeeding or not. Attended by senior officials, including the Home Secretary, IG Police Sindh, IG Prisons and the Prosecutor General, the Committee was chaired by the Advisor to CM on Law, Environment, Climate Change and Costal Development (Spokesperson to Government) Mr. Murtaza Wahab Siddiqui.

Mr. Abdul Kabir Kazi, Secretary Home, welcomed the visiting delegation comprising the United Nations Office on Drugs and Crime (UNODC) as lead Roadmap implementer, and the British High Commission (BHC), who financial contribution made it possible.

The Committee also approved a ‘Sindh Action Plan under the Roadmap’, which sets out what each institution needs to do in order for the province to hit its lofty targets. Secretary Home commended the dedicated interest of all criminal justice institutions in embracing their role to deliver change and committing to work together to unblock obstacles to change. Mr. Kabir Kazi emphasised the new methods the Roadmap approach introduces to deliver change, including a new governance framework for rule of law reforms, saying that ‘we have to start using data, technology and other modern tools in order to improve service delivery and performance management’.



While presenting the Action Plan, UNODC's new Country Representative to Pakistan, Mr Jeremy Milsom, applauded the efforts of all institutions representing the Criminal Justice System (CJS) for agreeing targets which enable the provincial leadership to track progress, prescribe corrective action where necessary, and reward results.

Speaking on the occasion, Ms. Jouhaida Hanano, UNODC's Criminal Justice Advisor, emphasised the crucial role the Home Department is playing in driving the reform agenda in line with the National Action Plan objectives. She emphasised the need to invest in building the capability of the Delivery Unit resources and to vest it with the relevant Delivery Information Management System (DIMS) to drive the reform agenda.

Representing the BHC delegation, Mr. Simon Charters congratulated Sindh for its strong leadership in focussing on real criminal justice results for people. He shared Sindh's optimism that by identifying a few strategic targets, and using data and stronger governance to drive progress, the government and judiciary is demonstrating a genuine commitment to create a fairer criminal justice system for all. Sindh is on course for a good news story on criminal justice reform, which will challenge other provinces – who also have Rule of Law Roadmaps developed with UK support – to demonstrate similarly strong progress.

Mr. Murtaza Wahab Siddiqui, the Advisor to CM on Law, Environment, Climate Change and Costal Development (Spokesperson to Government) thanked and recognized the long-standing support and technical assistance provided by the United Nations Office on Drugs and Crime (UNODC) and the UK Government for their continued support in establishing a workable model that will demonstrate results and accentuate service delivery. He further assured partners of the continued support from the Government of Sindh, and its commitment to show that this new governance model will deliver worthy results in the foreseeable future.

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UNICEF-WHO

PRESS RELEASE

More women and children survive today than ever before – UN report

Despite progress, a pregnant woman or newborn dies somewhere in the world every 11 seconds

NEW YORK/ GENEVA, 19 September 2019: More women and their children are surviving today than ever before, according to new child and maternal mortality estimates released today by United Nations groups* led by UNICEF and the World Health Organization (WHO).

Since 2000, child deaths have reduced by nearly half and maternal deaths by over one-third, mostly due to improved access to affordable, quality health services.

“In countries that provide everyone with safe, affordable, high-quality health services, women and babies survive and thrive,” said Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. “This is the power of universal health coverage.”

Still, the new estimates reveal that 6.2 million children under 15 years died in 2018, and over 290 000 women died due to complications during pregnancy and childbirth in 2017. Of the total child deaths, 5.3 million occurred in the first 5 years, with almost half of these in the first month of life.

Women and newborns are most vulnerable during and immediately after childbirth. An estimated 2.8 million pregnant women and newborns die every year, or 1 every 11 seconds, mostly of preventable causes, the new estimates say.

Children face the highest risk of dying in the first month, especially if they are born too soon or too small, have complications during birth, congenital defects, or contract infections. About a third of these deaths occur within the first day and nearly three quarters in the first week alone.



“Around the world, birth is a joyous occasion. Yet, every 11 seconds, a birth is a family tragedy,” said Henrietta Fore, UNICEF Executive Director. “A skilled pair of hands to help mothers and newborns around the time of birth, along with clean water, adequate nutrition, basic medicines and vaccines, can make the difference between life and death. We must do all it takes to invest in universal health coverage to save these precious lives.”

Vast inequalities worldwide

The estimates also show vast inequalities worldwide, with women and children in sub-Saharan Africa facing a substantially higher risk of death than in all other regions.

Level of maternal deaths are nearly 50 times higher for women in sub-Saharan Africa and their babies are 10 times more likely to die in their first month of life, compared to high-income countries.

In 2018, 1 in 13 children in sub-Saharan Africa died before their fifth birthday—this is 15 times higher than the risk a child faces in Europe, where just 1 in 196 children aged less than 5 die.

Women in sub-Saharan Africa face a 1 in 37 lifetime risk of dying during pregnancy or childbirth. By comparison, the lifetime risk for a woman in Europe is 1 in 6500. Sub-Saharan Africa and Southern Asia account for around 80% of global maternal and child deaths.

Countries in conflict or humanitarian crisis often have weak health systems that mean women and children cannot access essential lifesaving care. Women face the highest risk of dying during pregnancy or childbirth in South Sudan, Chad, Sierra Leone, Nigeria, Central African Republic and Somalia.

Progress linked to universal health coverage

The world has made substantial progress in reducing child and maternal mortality. Since 1990, there has been a 56% reduction in deaths of children under 15 years from 14.2 million deaths to 6.2 million in 2018. Countries in Eastern and South-Eastern Asia have made the most progress, with an 80% decline in under-five deaths.

And from 2000 to 2017, the maternal mortality ratio declined by 38%. Central and Southern Asia* have made the greatest improvements in maternal survival with a 60% reduction in the maternal mortality ratio since 2000.

Belarus, Bangladesh, Cambodia, Kazakhstan, Malawi, Morocco, Mongolia, Rwanda, Timor-Leste and Zambia are some of the countries that have shown substantial progress in reducing child or maternal mortality. Success has been due to political will to improve access to quality health care by investing in the health workforce, introducing free care for pregnant women and children and supporting family planning. Many of these countries focus on primary health care and universal health coverage.

Note to editors

For children who survive the first month, infectious diseases such as pneumonia, diarrhea and malaria account for the most deaths globally. In older children, injuries, including road traffic injuries and drowning become important causes of death and disability.

Maternal deaths are caused by obstetric complications such as high blood pressure during pregnancy and severe bleeding or infections during or after childbirth; and increasingly due to an existing disease or condition aggravated by the effects of pregnancy.

Global targets:

The global target for ending preventable maternal mortality (SDG target 3.1) is to reduce global maternal mortality ratio (MMR) to less than 70 per 100 000 live births by 2030. The world will fall short of this target by more than 1 million lives if the current pace of progress continues.

The SDG target (3.2) for ending preventable deaths of newborns and children under age 5 is to reduce neonatal mortality to at least 12 per 1000 live births and under-5 mortality to at least 25 per 1000 live births. In 2018, 121 countries had already achieved this under-five mortality rate. Among the remaining 74, 53 countries will need to accelerate progress to reach the SDG target on child survival by 2030.

Download photos and broil [here](#). Note that regions named in this release are the [United Nations SDG Regions](#).



*These estimates are from two UN reports as outlined below:

[About the child mortality estimates](#)

Levels and trends in child mortality: Report 2019

The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) is led by UNICEF and includes WHO, the World Bank Group and the United Nations Population Division.

UN IGME was formed in 2004 to share data on child mortality improve methods for child mortality estimation, report on progress towards child survival goals and enhance country capacity to produce timely and properly assessed estimates of child mortality. For more information visit:

<http://www.childmortality.org/>

[About the maternal mortality estimates](#)

Trends in maternal mortality: 2000 to 2017

The Maternal Mortality Estimation Inter-Agency Group (MMEIG) is led by WHO and includes UNICEF, UNFPA, World Bank Group and the United Nations Population Division. It was established to advance the work on monitoring progress towards UN Development Goals on maternal mortality. Together, the MMEIG and its Technical Advisory Group have collective expertise in maternal health, epidemiology, statistics, demography, and data collection. We are dedicated to producing the most reliable estimates possible in the most transparent and well-documented way. The MMEIG has produced 9 peer-reviewed sets of maternal mortality. Each set of estimates has progressively built on the previous methodology. For more information visit: www.who.int/reproductivehealth/publications/maternal-mortality-2017/en/

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Quotes from the partner agencies:

Agency	
UN Population Division	<p>These new reports highlight the remarkable progress of recent years in reducing maternal and child mortality” said the United Nations Under-Secretary-General for Economic and Social Affairs, Mr. LIU Zhenmin. “Despite this progress, large disparities in maternal and child survival still exist. Reducing inequalities and assisting the most vulnerable newborns, children and mothers will be essential for achieving SDG targets on ending preventable maternal and child deaths.”</p>
World Bank Group	<p>“Maternal and child health care is one of the most important investments a country can make to build human capital and boost economic growth,” said Muhammad Pate, Global Director for Health, Nutrition and Population at the World Bank Group and Director for Global Financing Facility. “Though progress has been made in reducing both child and maternal mortality, it’s also clear that stark inequities persist based on geography, gender, and ethnicity. We must support countries as they move toward universal health coverage to ensure that all women and children get the care they need through functional quality primary health care systems.”</p>