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3 **Wakeup Call: Is Pakistan Ready for the Stillbirths Count Down 2030?**

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10 Worldwide, around 2 million births annually ended in stillbirths (1). Sub-Saharan Africa
11 and South Asia are sharing 80% of the burden, with 44% of events being contributed by
12 only six countries i.e., India, Pakistan, Nigeria, the Democratic Republic of the Congo,
13 China, and Ethiopia (1). Considering the public health burden of significance, even now
14 stillbirths are the most neglected in country-level attention and low priority is given to
15 mitigate the risk factors of stillbirths. (2)

16 The consequence of stillbirth is huge, both systemwide as well at the level of the
17 household. The impact is grossly linked with both economic broadly and psychological
18 and physical well-being at the individual level (3). Furthermore, at the individual level,
19 the social and cultural taboo attached with stillbirth as an outcome is severe and hinders
20 correct reporting at the country level (3). The problem of under or misreporting is
21 grossly an issue in low-and middle-income countries (LMICs); socio-cultural barriers
22 are most prevalent in these countries (3).

23 Nearly 40% of stillbirths are attributable to preventable causes, usually happening
24 during the intrapartum period, which can easily be averted through better health
25 interventions and quality of care (1). Further, the rest of the leading causes are pertaining
26 to antepartum complications (1) The distribution of causes of stillbirths are continuing
27 to remain stagnant since last few years, and remedial interventions so far at the country

28 level are not on track to gain the reduction in stillbirth rates as per criteria for the count
29 down 2030 (4-5).

30 To track the country-level progress, a robust mechanism of reporting and identifying
31 stillbirth events and accuracy is needed to assign the cause of stillbirth, which is
32 currently deficient in LMICs (4). Every Newborn Action plan was endorsed by 194
33 countries at the World Health Assembly asked every country to develop and implement
34 a plan to improve maternal, neonatal and child survival programs in 2014 to end
35 preventable stillbirths, after strenuous efforts, only 29 out of 90 countries implemented
36 and set reduction of stillbirth less than 10 stillbirths per 1000 total births by 2030 (4-5).

37 Pakistan is the second most contributor to the global burden of stillbirths; at the highest
38 stillbirth rate of 43 per 1000 births, translating into 0.25 million stillbirths are annually
39 (6). Pakistan's pledge to stillbirth countdown 2030, the country is lagging far behind.

40 The slow progress is stemmed from many factors, which exist both at the community
41 level as well as related to the overall health system approach. At the community level,
42 the socio-cultural aspects are hindering the accurate reporting on the burden and poor
43 health-seeking behaviors. From the health system viewpoint, the system is still not able
44 to avert the preventable causes and the system failed to provide optimal care to those
45 who need it the most. Lack of innovation in the care and poor services in low resource
46 settings is a huge problem (7). Besides, stillbirths are not reported accurately to hide the
47 errors in a health care setting. Unfortunately, Pakistan is one of the states where no
48 population-based surveillance exists, leading to under-studied, underreported, and
49 poorly implemented initiatives (7). Political commitment to address the issue of the
50 burden of stillbirths is not visible; many country-led reports missed out on the stillbirth
51 rate as a key indicator, and even if added, the targets are missing. Therefore, Pakistan is
52 not fully ready for stillbirths count down 2030.

53 There are a lot of actions required in Pakistan to move in a positive direction. The
54 solution is embedded in integrated approaches to address the root causes both
55 community-related as well as health system-related, data accuracy, and continuous
56 tracking of the progress. Applying new tools to deliver better care to pregnant women

57 in vulnerable communities in Pakistan is crucial. This may involve digital innovation in
58 care during antenatal care and intrapartum care, better decision support to the health
59 worker, strengthening community-based midwifery system and better use of data is
60 integral. Further, continuous sensitization of the community is also needed to create
61 better awareness of the issue is also important. This pathway if chosen has great
62 potential for Pakistan to set a better trajectory to reduce the number of stillbirths by
63 2030.

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