



World Health  
Organization

SEXUAL, REPRODUCTIVE, MATERNAL,  
NEWBORN, CHILD AND ADOLESCENT HEALTH  
POLICY SURVEY, 2018–2019:  
**summary report**



ISBN 978-92-4-000409-2 (electronic version)

ISBN 978-92-4-000410-8 (print version)

© **World Health Organization 2020**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Sexual, reproductive, maternal, newborn, child and adolescent health policy survey, 2018-2019: summary report. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design, layout and proofreading: Green Ink, United Kingdom ([greenink.co.uk](http://greenink.co.uk))



SEXUAL, REPRODUCTIVE, MATERNAL,  
NEWBORN, CHILD AND ADOLESCENT HEALTH  
POLICY SURVEY, 2018–2019:  
**summary report**



The World Health Organization's 2018–2019 survey finds that a great majority of countries worldwide have policies on sexual and reproductive health, maternal health and the health of infants, children and adolescents. On average, countries have policies addressing 13 of the 16 key policies that the survey covered.

## Introduction

Under the Sustainable Development Goals (SDGs) and the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), all Member States of the World Health Organization (WHO) have committed to improving the health of women, children and adolescents by accelerating the coverage and improving the quality of health services. Achieving these goals requires adopting and implementing strong, evidence-informed and equity-focused policies spanning the continuum of care for sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH).

To track country progress in adopting WHO recommendations, the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) and the Department of Sexual and Reproductive Health and Research (SRH) conducted the global SRMNCAH policy survey in 2018–2019. This survey is the fifth such survey on maternal, newborn, child and adolescent health since 2009–2010, and it is the first to include sexual and reproductive health and to align with the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health.

The key objective of the survey was to track countries' progress in adopting WHO recommendations through national health legislation, policies, strategies and guidelines. The survey is part of WHO's efforts to inspire greater global and national policy dialogue, to stimulate the development of country plans for investment in SRMNCAH and to mobilize accountability for accelerated progress towards the goals and targets of the Global Strategy. By undertaking these activities, WHO seeks to provide useful information to governments, partners and communities on the challenging path to implementing the Global Strategy.



## Methods

WHO's MCA and SRH departments developed the survey questionnaire with input from a Policy Reference Group established for the purpose, other SRMNCAH experts, regional WHO SRMNCAH advisors, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). In the process, the departments reviewed 30 other sources of information and streamlined the questionnaire to minimize duplication.

The SRMNCAH policy survey questionnaire, consisting of several modules (cross-cutting, maternal and newborn health, child health, adolescent health, reproductive health and gender-based violence), was programmed into an online platform. This survey was developed to be administered in a modular approach, to allow specific respondents to complete the module(s) in their area(s) of expertise. The survey and all training materials were made available in all six United Nations languages (Arabic, Chinese, English, French, Russian and Spanish) and in Portuguese.

In each country the WHO country officer or another assigned country focal point was responsible for coordinating with the ministry of health and/or other United Nations agencies to complete the survey.

- **Response rate.** The global SRMNCAH policy survey was distributed to all 194 WHO Member States. Of these, 150 completed the survey, for a response rate of 77%. Regionally, response rates ranged from 52% in the Western Pacific Region to 100% in the South-East Asia Region (Table 1).

### 16 national policy areas covered in the 2018–2019 SRMNCAH policy survey

- Family planning/contraception
- Diagnosis, treatment and counselling for sexually transmitted infections (STIs)
- Comprehensive national cervical cancer prevention
- Antenatal care (ANC)
- Childbirth
- Postnatal care for mothers and newborns
- Management of low birth weight and preterm newborns
- Child health and development of children
- Early childhood development
- Integrated management of childhood illness
- Management of childhood pneumonia
- Management of childhood diarrhoea
- Management of malaria with appropriate recommendations for children (in malaria-endemic countries)
- Management of acute malnutrition in children
- Policies/guidelines specifically addressing people ages 10–19
- Multisectoral plans of action and policies/guidelines for the health system response to violence against women.

**Table 1.** Response rate of WHO Member States to the 2018–2019 global SRMNCAH policy survey

WHO Region	Number of Member States	Number responding to the survey	Response rate (%)
African Region	47	42	89
Eastern Mediterranean Region	21	15	71
European Region	53	39	74
Region of the Americas	35	29	83
South-East Asia Region	11	11	100
Western Pacific Region	27	14	52
<b>Global</b>	<b>194</b>	<b>150</b>	<b>77</b>

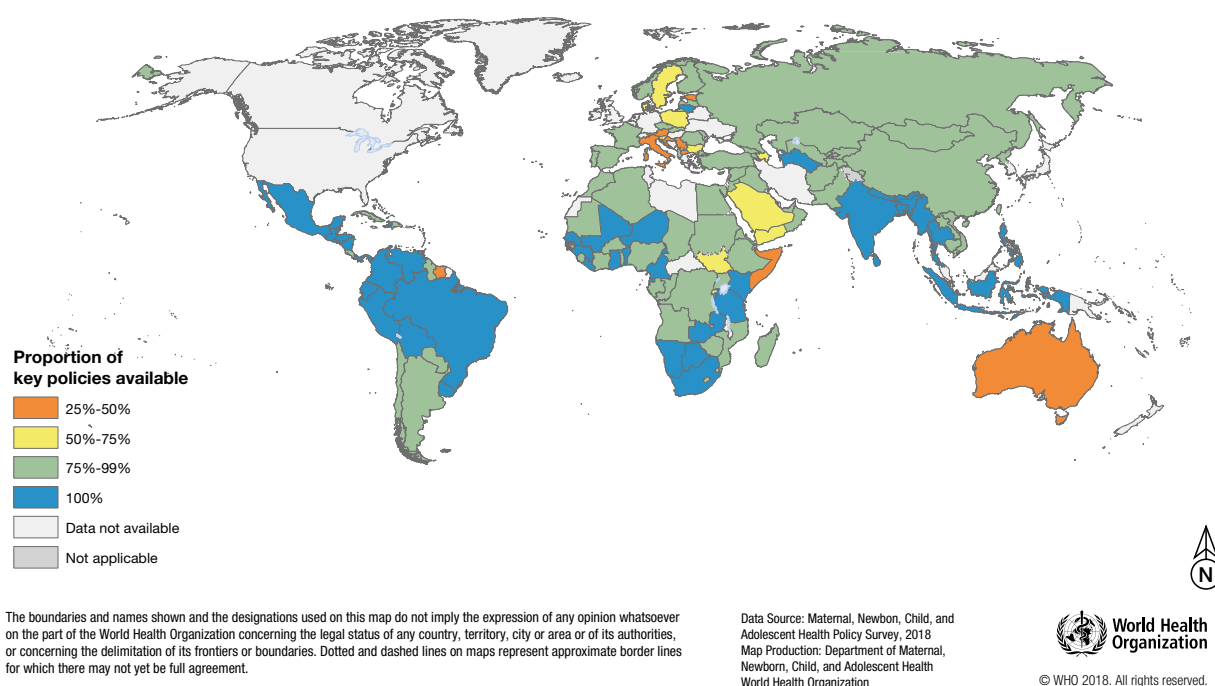
■ **Scope and further publication.** The findings of this short report and the full version, published separately as *Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey: Global Report 2018–2019*, reflect the responses of the 150 Member States that completed the survey. Additional publications will be prepared that will cover in depth questions related to specific health service areas. Regional reports will also be made available and may include data from the five non-Member States that responded to the survey. Further, all legislation-related responses will be reported separately, as the relevant data are undergoing a critical validation process. Publications and further information will be available at: <https://www.who.int/data/maternal-newborn-child-adolescent/national-policies?>

## Overview

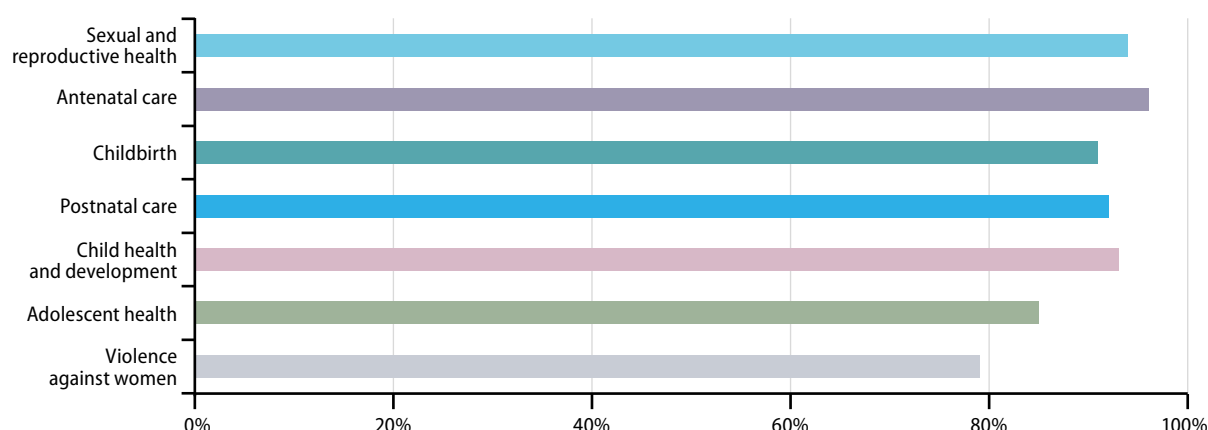
The Member States' responses to the survey show that, globally, countries have policies on an average of 13 of the 16 key areas (83%). While most countries have at least 75% of the key policies, 16 of the 150 countries fall below the 50% mark (Fig. 1). Availability of policies in all 16 key areas varies by region. At one end of the scale, 95% of responding countries in the South-East Asia Region have national policies on all 16 areas. At the other end of the scale, 69% of responding countries in the Western Pacific Region have national policies on all 16 areas.

More than 90% of countries have policies or guidelines on sexual and reproductive health, antenatal care (ANC), childbirth, postnatal care for mother and child, and child health and development. Only in the categories of adolescent health and violence against women do fewer than 90% of countries have policies/guidelines (Fig. 2).

**Figure 1.** National availability of policies in 16 key SRMNCAH areas



**Figure 2.** Percentage of countries with policies/guidelines in various SRMNCAH areas



## Sexual and reproductive health

- **Existence of national policies.** National policies/guidelines on reproductive health care are almost universal: 94% of countries report that they have national policies or guidelines for reproductive health (RH).
- **Policy topics.** RH policies/guidelines vary in their inclusion of specific topics. Almost all countries (93%) include family planning/contraception in national RH policies. Fewer include topics related to preconception care (71%) and menopause (55%).
- **Contraceptives.** Globally, national essential medicines lists typically include contraceptive pills (83%), intrauterine devices (81%), injectables (78%), male condoms (74%), emergency contraceptives pills (67%) and implants (67%). Less often included are female condoms (50%) and vaginal rings (26%). Only 14% of countries include all eight of these contraceptives on their essential medicines lists.
- **Sexually transmitted infections (STIs).** Nearly 9 of every 10 countries (88%) have a national policy or guideline on STI diagnosis, treatment and counselling. Three quarters of countries (75%) have national policies/guidelines on STIs that recommend integration of HIV and STI testing. Most national STI policies/guidelines (70%) include a target for reduction of congenital syphilis, and about half (52%) have a target for reduction of *Neisseria gonorrhoeae* infection.

- **Cervical cancer.** Four of every five countries (80%) have national policies/guidelines on comprehensive cervical cancer prevention and control. About three quarters of these policies address diagnosis (77%), screening for precancerous lesions (77%), treatment of precancerous lesions (76%) and treatment of cervical cancer (73%). Policies in three of every five countries (60%) have provisions for a human papillomavirus vaccination (HPV) programme.

## Antenatal care

- **Existence of national policies.** Almost all countries report having national policies/guidelines on ANC (96%). More countries have policies/guidelines on ANC than on any other SRMNCAH category (Fig. 2).
- **Number and timing of ANC visits.** Policies in just over half of countries (52%) recommend at least four ANC contacts, while 39% of countries call for at least eight ANC contacts during a normal pregnancy, as WHO currently recommends. Europe (56%) and the African Region (48%) are the regions where country policies are most likely to recommend eight visits or more.
- **ANC interventions.** For pregnant women, national ANC policies/guidelines generally specify provision of iron and folic acid (93%), nutrition (90%), screening for STIs (91%), prevention and treatment of syphilis (89%),

prevention and treatment of HIV (87%), birth preparedness and complications readiness (89%) and immunization (87%). Also, nearly four of every five countries (79%) recommend ultrasound examination before 24 weeks' gestation.

## Childbirth

- **Existence of national policies.** Nine of every 10 countries (91%) have national policies/guidelines on childbirth.
- **Delivery care.** A large majority of countries (87%) have national policies/guidelines on women's right to skilled care at childbirth. The most common components of policies on delivery care include prevention and treatment of postpartum haemorrhage (87%) and the use of magnesium sulfate to prevent and treat eclampsia (86%). Fewer countries include guidance on the presence of a companion of choice during labour and delivery (59%) or a recommendation to allow the woman to choose the birthing position (46%).
- **Death notification and review.** Roughly four of every five countries (81%) have national policies/guidelines/laws requiring all maternal deaths to be notified to a central authority within 24 hours, and 84% of countries require review of all maternal deaths. It is less common to require review of stillbirths (43% of countries) or neonatal deaths (0–28 days) (67%).
- **Essential medicines.** The great majority of countries include on their national essential medicines lists magnesium sulfate (91%),

## Postnatal care for mothers and newborns

- **Postnatal care.** More than 9 of every 10 countries (92%) have national policies/guidelines on postnatal care, and nearly all of these recommend assessment of both mother and newborn.
- **Low birth weight and preterm newborns.** A large majority of countries (85%) have a national policy/guideline on the management of low birth weight and preterm newborns. Also, most national policies/guidelines recommend feeding breast milk to low birth weight and preterm newborns (81%) and kangaroo mother care or skin-to-skin contact for clinically stable newborns weighing 2000 g or less at birth (71%).
- **Sick newborns.** More than four of every five countries (83%) have national standards for the management of newborn infants with severe illness, with 77% of countries specifying the availability of special newborn care units (SNCUs) and 77% specifying newborn intensive care units (NICUs). Globally, 54% of countries have a national policy/guideline for the treatment of sick newborns with possible serious bacterial infection at primary health care facilities when referral is not possible.

## Child health

- **Existence of national policies.** Globally, 93% of countries have a national policy/guideline on child health and development of children. Policies in 55% of countries cover children ages

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_24781](https://www.yunbaogao.cn/report/index/report?reportId=5_24781)

