

Highlights

Progress Report 2010-2011



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Message from the WHO Assistant Director-General

The new decade has been marked by important new initiatives that focus on the health of women and children and seek to accelerate progress towards achieving the Millennium Development Goals 4 and 5. In September 2010, the UN Secretary-General Dr Ban Ki-Moon presented the Global Strategy for Women's and Children's Health. The Global Strategy that was developed by a broad range of constituencies, seeks to save 16 million lives of women and children by 2015 in the 49 poorest countries.

Efficiency and effectiveness are key words in the Global Strategy. We must invest more, but also direct our investments rightly. WHO in collaboration with the Partnership for Maternal, Newborn and Child Health summarized and published in 2011 the essential low-cost interventions, commodities and guidelines for women and children across the continuum of care. If these are implemented at scale, the global community can dramatically increase access to life-saving interventions for women, children and adolescents living in the most vulnerable populations.

Governments and the global community at large have responded overwhelmingly positively to the call for commitments and over 40 billion US\$ will be made available for the implementation of the Global Strategy. Commitments range from governments pledging to increase domestic health expenditure and expand the health work force to partners increasing access to low-cost technologies and increasing financial support.

Commitments need to translate into action and action has to generate results. The Commission on Information and Accountability for Women's and Children's Health, established by our Director-General Dr Margaret Chan in January 2011, came out with ten compelling recommendations

for tracking results and resources. Moreover, the Commission called for a mechanism of internal oversight and I am delighted that an independent Expert Review Group was appointed by the UN Secretary General in September 2011, after a transparent and open nomination process. The ERG will report on progress every year and hold stakeholders to account, in beneficiary as well as donor countries. WHO is privileged to host the Secretariat of the ERG and to facilitate access to information through its website at http://www.who.int/woman_child_accountability/en/

It is now a time of unprecedented opportunity. Never before has the global community rallied so strongly and uniformly around the cause of reproductive, maternal, child and adolescent health. WHO is determined to play its role and facilitate that indeed, investments will lead to improved access and coverage of essential interventions. The Family, Women and Children's Health Cluster is uniquely positioned to take on the charge. Its new structure permits us to act in a more coherent way and respond efficiently to the requirements for building the continuum of care. This report highlights achievements of the Department of Maternal, Newborn, Child and Adolescent Health. It pays testimony to a range of tools and actions developed and supported by our extensive network of staff in headquarter, regional and country offices. WHO cannot do it alone, but with so many committed stakeholders, I would like to convey the message that we can and will deliver on the promises made.



Flavia Bustreo, Assistant Director-General, Family, Women's and Children's Health Cluster

Message from the Director

The Department of Maternal, Newborn, Child and Adolescent Health was established from the 2010 merger of the departments of Making Pregnancy Safer and Child and Adolescent Health and Development. The merger represents a consolidation of efforts and a confirmation of WHO's commitment to investing in Millennium Development Goals 4 and 5 and ensures the application of the continuum of care from pregnancy through infancy and childhood to adolescence.

The Department provides evidence, norms and standards and supports the adoption of evidence-based policies and strategies in line with international standards of human rights, including the universal right of access to health care. It also builds capacity for high-quality, integrated health services for pregnant women, newborns, children and adolescents, and monitors and measures progress in implementation and impact. To do this, the Department works closely with other technical units at WHO's headquarters and in regional and country offices and with partners.

The process of research and development of policies, norms, standards and tools, implementation, monitoring and evaluation is not a linear one but a cyclical one. WHO has a unique mandate to play a leadership role in that process. This highlights report for 2010-11 shows examples of key achievements in the period and demonstrates that the Department has continued to be highly productive and effective throughout its reorganisation.



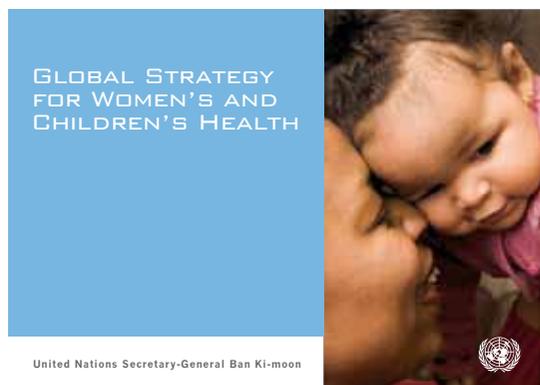
Ultimately, it is the action and outcomes at country level measure the success of the work of the Department. This report provides a good picture of the depth and diversity of our work, and can serve as an inspiration for renewed and strengthened action for the health of mothers, newborns, children and adolescents.

Elizabeth Mason, Director, Department of Maternal, Newborn, Child and Adolescent Health

Working along the continuum of care



The UN Global Strategy for Women's and Children's Health



In September 2010, the UN Secretary-General launched the Global Strategy for Women's and Children's Health as a final push towards the attainment of Millennium Development Goals 4 and 5. The Strategy was developed with the involvement of many partners and stakeholders, and generated commitments in excess of US\$ 40 billion.

Measuring results is key to the success of the Global Strategy, and in 2011 the Commission on Information and Accountability for Women's and Children's Health, set up by the WHO Director-General, was charged with this task. Chaired by President Jakaya Mrisho Kikwete of the United Republic of Tanzania and Canadian Prime Minister Stephen Harper, the Commission made 10 recommendations for tracking resources and measuring results. These recommendations form the basis of a common global work plan on accountability that focuses on the 75 countries with the highest burden of maternal and child mortality.

The work plan calls for the strengthening of vital registration of births and deaths, national health information systems, and quality-of-care assessments including maternal death surveillance and response. It recommends that countries conduct annual reviews of progress combined with advocacy. It also promotes national digital health strategies and transparent reporting on resources by both recipient and donor countries. An independent expert review group will report on progress in the implementation of the Commission's recommendations.

The Department is playing an important role in follow-up of the accountability work plan together with the other H4+ agencies (UNICEF, UNFPA, WHO, the World Bank and UNAIDS) and in partnership with development agencies, academic institutions and non-governmental organizations. It will lead the working group on quality-of-care and maternal deaths surveillance and response, and support countries in the design and implementation of a national action plan to augment accountability for results as well as resources.

From global strategy to national reality



Efforts to put the UN Global Strategy for Women's and Children's Health into action reached an important milestone in 2011. By the end of the year, all 49 of the lowest income countries that are the focus of the Global Strategy had made specific commitments to accelerating action towards the achievement of Millennium Development Goals 4 and 5.

WHO together with its partners in the H4+ inter-agency mechanism facilitated the development of national commitments. Now WHO is working with its H4+ partners to support countries to turn these national commitments into action. In countries with existing plans for maternal, newborn and child health interventions, the H4+ agencies are supporting faster implementation and linkages with national health strategies and systems strengthening efforts, as well as with monitoring progress in maternal, newborn, child and adolescent health.

In Burkina Faso, the Democratic Republic of the Congo, the Republic of Sierra Leone, the Republic of Zambia and the Republic of Zimbabwe the H4+ agencies have jointly supported the development of country plans with a specific focus on accelerating progress in maternal and newborn health under the umbrella of a grant from the Canadian International Development Agency. In addition, with support of France, the H4+ agencies work in nine francophone countries in West Africa and in Haiti to improve maternal and child health. This joint support will continue over the next five years to further reinforce the national scale-up of integrated reproductive, maternal, newborn and child health interventions, and national health systems strengthening and monitoring.

The UN Convention on the Rights of the Child: more relevant than ever



The 20th anniversary of the UN Convention on the Rights of the Child (CRC), in 2009 was an ideal opportunity to look at how the CRC can be used as a practical framework and tool for improving child and adolescent health. With that in mind, WHO, UNICEF, Save the Children International,

and World Vision International organized a technical consultation in May 2010, bringing together a diverse group of experts in the fields of child and adolescent health, human rights and law, including representatives from UN agencies, international aid organizations, academic institutions, and independent experts.

While the Convention had been extensively used to advocate for and raise awareness of children's and adolescents' health, it had not been systematically applied as a tool for strategic planning and programming. The consultation provided a unique platform to explore and discuss both opportunities and challenges in applying the Convention as an essential legal and normative framework, as well as a programmatic tool, for advancing child and adolescent health in countries.

A number of recommendations adopted at the consultation are now being implemented, including providing assistance to the UN Committee on the Rights of the Child in the development of a General Comment on children's right to health. The consultation also revealed that raising awareness of the CRC must go hand-in-hand with demonstrating its practical added value in planning and programming for child and adolescent health.

Planning informed by evidence

Having a national strategy and plan of action to increase access and coverage of effective interventions is a pre-requisite for countries to make steady progress towards the attainment of improved health outcomes of the population, including the targets of the health-related MDGs.

The Department is providing guidance on strategy development that involves identification of high impact interventions to address the burden of disease according to context, and costing of the resulting action plan. To this effect, a new tool is now available to guide the national dialogue. The United Nations OneHealth Costing Tool developed by UN agencies can be used to ensure that national strategies and plans for maternal, newborn and child health are appropriately prioritized and realistically costed. The tool covers multiple public health areas (such as immunization, HIV and tuberculosis) as well as health system functions such as human resources and medicines, supplies and equipment. It thus has potential to consider the health sector's absorptive capacity and simplify and harmonise national planning and costing processes under one unified platform.

Experts in health systems and maternal and child health programmes from nine countries in the Western Pacific Region attended a training workshop on using the OneHealth tool. At the end of the workshop, participants were able to cost health-related interventions in different country contexts and generate basic costing projections for their maternal and child health programmes. They could also perform a strategic assessment of a health system's performance and capacity for key maternal and child health interventions. Additionally they could use the tool to compare alternative scenarios for scale-up, examining the financial implications and the expected reduction in disease burden.

One key aspect of OneHealth is the Lives Saved Tool (LiST), which is used for estimating intervention impact of different intervention packages and coverage levels for countries. In the Region of the Americas, an intercountry training was held on LiST in the Republic of Peru. This brought together government officials and academics in the fields of health care planning, health economics and health care financing from six countries, together with technical staff from WHO country offices in the Republic of Honduras and Peru. The workshop resulted in each country developing a plan of action to scale-up LiST with the ministries of health and other institutions. In 2012, Honduras will host a Central American Sub-regional LiST Workshop for an additional seven countries. Meanwhile, the Republic of Haiti is considering LiST for the development of its new 10-year National Health Strategic Plan.

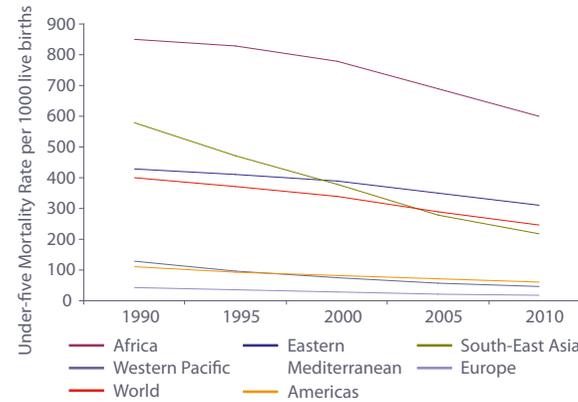
Reducing maternal mortality

Millennium Development Goal 5, to improve maternal health, is one goal that seems unlikely to be achieved under the current state of affairs. At 2.3%, the annual rate of reduction in estimated maternal mortality ratios over the past two decades (1990-2008) remains well below 5.5%, the rate required to reach MDG5 (Figure 1).

Maternal deaths are mostly concentrated in the African and South-East Asia regions (Figure 2). These two regions contribute to more than three-quarters of all maternal deaths worldwide and the African Region continues to have the highest maternal mortality ratio. At 620 per 100000 live births, it is more than 44 times the average in more developed regions.

In three WHO regions—Western Pacific, South-East Asia and Europe—the estimated maternal mortality ratio has fallen by 50% or more. Several factors may have contributed to the decline in estimated maternal mortality rates, ranging from health systems strengthening to increasing female literacy. Improved vital registration and notification of maternal deaths are urgently needed for better understanding of and response to improve maternal health.

Figure 1 Trends in Maternal Mortality Ratios 1990 - 2008*



* with extrapolation to 2010

Figure 2 Maternal Mortality Ratios by country - 2008

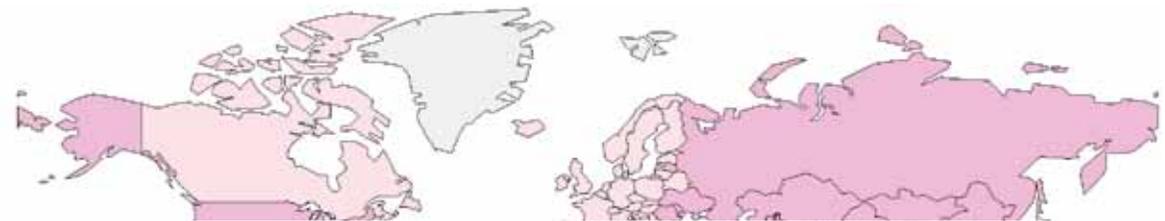
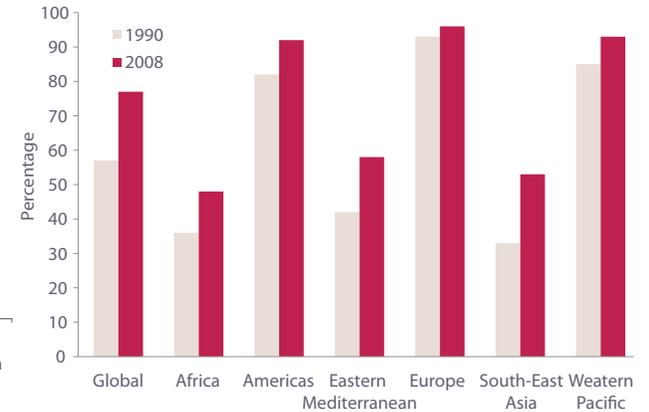


Figure 3 Trends in the proportion of births by skilled health personnel 1990-2008



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