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# Contents

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<b>Executive summary</b>	<b>1</b>
<b>Chapter 1. Responding to global needs</b>	<b>9</b>
<i>Highlights of 2002-2003</i>	9
Overview of CAH	10
Goals	10
Structure	10
Coordination and collaboration with WHO regional offices	11
Guiding principles	11
Moving child and adolescent health higher up the public health agenda	13
Global Consultation on Child and Adolescent Health and Development	14
United Nations General Assembly Special Session on Children	14
Bellagio team residency and <i>The Lancet</i> series on child survival	15
Global working group on child survival	15
Scaling up successful child health interventions	16
Reviewing the implementation of Integrated Management of Childhood Illness (IMCI)	16
Strategic directions for improving child and adolescent health and development	17
Meeting of CAH staff and regional advisers on child survival	17
Reaching the Millennium Development Goal for child survival: thriving at five	18
Reducing inequities and respecting child and adolescent rights	18
Building capacity for rights-based programming	19
Contributing to the reporting process of the Convention on the Rights of the Child	19
Analysing equity issues related to child health	19
Summarizing key issues on child health and poverty	19
Increasing awareness of child and adolescent health and development: the CAH web site	20

<b>Chapter 2. Neonatal and infant health and development</b>	<b>23</b>
<i>Highlights of 2002-2003</i>	23
Improving infant and young child feeding	24
Recommendations for appropriate infant and young child feeding practices	24
Tools to support the implementation of the global strategy for infant and young child feeding	25
Indicators for assessing infant and young child feeding	27
Research on improving infant and young child feeding	27
Research on improving micronutrient intake	28
Promoting safer feeding practices in settings of high HIV prevalence	30
Framework to assist national planning for HIV and infant feeding interventions	31
HIV and infant feeding review and guidelines	31
Tools to assist programme performance	31
Research on the prevention of mother-to-child transmission of HIV through breastfeeding	32
Promoting child development	34
Care for Development – an intervention to stimulate psychosocial development	34
An evidence-based approach to psychosocial development within child health strategies	34
The importance of integrated interventions to promote child health and development	35
Developing indicators of caregiving in the home	36
Evaluating the effects of health workers' training on the Care for Development intervention	36
Promoting improved newborn care and survival	36
Framework to assist policy-makers in developing national strategies for improving newborn survival	36
Development of estimates of cause-specific newborn mortality	37
Identification and development of effective interventions for newborn survival	37
Development and evaluation of delivery mechanisms for interventions for newborn survival	39
Development and validation of an improved verbal postmortem instrument	40
<i>Technical support to regions and countries</i>	41

<b>Chapter 3. Child health and development</b>	<b>49</b>
<i>Highlights of 2002-2003</i>	49
Improving family and community practices	50
Developing a tool for planning and implementing the community component of IMCI	51
Review of the evidence for the key family practices	51
Research on interventions	51
Community-based management of pneumonia	52
Improving the quality of child health services	53
Pre-service education on IMCI	54
Alternative approaches to in-service IMCI training	54
Primary child care	54
Improving the quality of primary health-care services for children	55
Improving the quality of child health services provided by private practitioners	55
Improving the quality of referral care	56
Emergency triage assessment and treatment	58
Strengthening health systems	58
Human resources for health	58
Availability and management of essential medicines for IMCI	59
Improving case management guidelines and standards for clinical practice	59
Case management of diarrhoea and dysentery	59
Case management of sore throat	60
Case management of pneumonia	60
Case management of meningitis	61
Clinical identification of HIV infection	61
Other issues	62
Revising and updating the IMCI guidelines	62
Addressing child health in humanitarian emergencies	64
Technical review	64
Interagency consultation on child health in complex emergencies	64
Monitoring and evaluating child health programmes	65
Contribution to the identification of standard measures and indicators	65
Monitoring child health outcomes	65
Monitoring household behaviours	66
Monitoring the delivery of child health interventions	66
Adding value to the HealthMapper software package	66
Analytic review of IMCI	67
Evaluating the effectiveness, cost and impact of IMCI	68
Strengthening child health epidemiology	69
Estimates of major causes of childhood mortality and morbidity	69
Developing models to estimate all-cause mortality, and co-morbidity	70
Improving epidemiological estimates for the older child	70
<i>Technical support to regions and countries</i>	71

<b>Chapter 4. Adolescent health and development</b>	<b>87</b>
<i>Highlights of 2002-2003</i>	87
Adolescent development	88
Supporting healthy development: examining the determinants of adolescent behaviour	88
Improving help-seeking behaviour of adolescents	89
Improving the development of adolescent boys	89
Meeting the development and participation rights of adolescent girls	90
Addressing the challenge of adolescent sexual development and health	91
Promoting the recognition that adolescent sexuality and sexual development are a public health issue	92
Focusing on adolescent sexual and reproductive health in neglected population groups	93
Strengthening the evidence base for action for adolescent sexual and reproductive health	94
Strengthening capacity for accelerated action on adolescent sexual and reproductive health in selected countries	97
Addressing the HIV/AIDS pandemic among young people	99
Increasing the attention paid to adolescents by the health sector	103
Making health services adolescent-friendly	103
Strengthening the knowledge and skills of health-care providers in adolescent health and development	106
Strategic information to support programming for adolescents	108
Monitoring action for improving adolescent health and development	109
Developing tools to support the collection and use of strategic information	109
Measuring quality, coverage and cost of adolescent-friendly health services	111
<i>Technical support to regions and countries</i>	113
 Annex A. New papers arising out of research supported by CAH in 2002–2003	 123
Annex B. New documents arising out of the work of CAH in 2002–2003	127
Acronyms and abbreviations	131

# Executive summary

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The WHO Department of Child and Adolescent Health and Development (CAH) promotes the survival, health, growth and development of children and adolescents from birth up to 19 years.

The structure of the Department, and its guiding principles, are intended to support progress towards this goal. CAH is organized into four teams, three of which address research and development across the life-course – neonatal and infant health and development, child health and development, and adolescent health and development. The fourth team provides technical support to partners, regions and countries. This structure allows the Department to apply a public health approach to health and development, within a life-course framework. CAH activities follow a well-defined cycle: research; development of strategies, tools, standards and guidelines; and support for their introduction, monitoring and evaluation in countries. The approach ensures that countries are assisted in their efforts to implement interventions and strategies proven by research, and that experience of implementation stimulates and defines research and development priorities.

This report highlights activities undertaken and progress made by CAH during the 2002–2003 biennium. It is organized according to the structure of the Department, with one chapter for each research and development team. Relevant technical support is described at the end of each chapter. Documents and articles published during the biennium are listed in the annexes.

## Challenges

Although much progress has been made over past decades, a number of important challenges still threaten the survival, health, growth and development of children and adolescents. Every minute 20 children under 5 years of age die, leading to almost 11 million deaths each year. Approximately four million of these children are under 1 month old. Every five minutes, 16 adolescents between the ages of 10 and 19 years die.

The majority of deaths among children and adolescents are in developing countries, and most are attributable to preventable or treatable causes. Malnutrition, pneumonia, diarrhoea, measles, malaria, and HIV/AIDS are the most common killers of children. Accidents, suicide, violence, pregnancy-related complications and communicable diseases are the major causes of loss of adolescent lives. Furthermore, approximately 7 out of 10 premature deaths among adults are largely a result of behaviours initiated during adolescence.

Among the children who do survive, millions suffer from under-nutrition, repeated illness, and poor growth and cognitive development. At the same time adolescents, who are generally thought to be healthy, face increasing threats to their health, particularly from HIV/AIDS. Each day, over 6500 young people aged 10 to 24 years become infected with HIV. Approximately half of all new HIV infections, and 30% of sexually transmitted infections, occur among young people.

This enormous loss of life and human capital is avoidable. For children under 5 years of age, effective, low-cost interventions are available that could prevent at least two thirds of the deaths. The challenge is to deliver these preventive and curative interventions to the children who need them most – to transfer knowledge into action. For adolescents, interventions are needed to help young people learn, form relationships, shape their identities, and acquire the social and practical skills required to become active and productive adults.

## Activities and achievements during the biennium

During the 2002–2003 biennium, CAH played a key role in raising awareness that children and adolescents bear an undue share of the global burden of disease, and in stimulating global commitment and action.

The Department organized a global consultation on child and adolescent health and development, held in Stockholm in March 2002, and made important contributions to the United Nations General Assembly Special Session on Children, held in New York in May 2002. CAH also played a key role in the publication of a series of articles on child survival in *The Lancet* in June and July 2003, and contributed to initial steps towards the development of a global child survival partnership.

CAH worked closely with WHO regional offices to develop strategies for scaling up successful child health interventions, and to adapt those strategies to the context of regions and countries. The Global Strategy for Infant and Young Child Feeding was adopted by the World Health Assembly in 2002, and the WHO-wide Strategy for Child and Adolescent Health and Development was adopted in 2003. The Department also worked to review and evaluate the implementation of Integrated Management of Childhood Illness (IMCI), and used the findings to draft a concept paper describing the role of WHO in achieving the Millennium Development Goal for child survival.

WHO's commitment to improving child and adolescent health and development requires a strong and continuing focus on equity and rights. To this end, the Department conducted training workshops on child rights and health for programme managers and decision-makers, contributed to the reporting process for the Convention on the Rights of the Child, evaluated equity issues related to child health, and developed, as part of the WHO and World Bank Working Group on Child Health and Poverty, a document entitled *Better health for poor children: a special report* (FCH/CAH/02.05), which summarizes key issues and needs related to child health and poverty.

In addition to raising global awareness and commitment, and developing strategic approaches, the Department worked to strengthen the knowledge base, normative support and technical assistance within several key areas of intervention. The Department's work

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