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Progress report on

Achievement of the Millennium Development Goals relating to maternal and child health

Contents

1. Introduction

Since the adoption of the United Nations Millennium Declaration by the U.N. General Assembly in September 2000, the Millennium Development Goals (MDGs) have become a guiding framework for countries of the world to undertake a comprehensive rights-based development agenda that places health at the centre of development. The eight goals were set for achievement by 2015. The health of children and their mothers was given special emphasis and represented by two of the eight goals, Goals 4 and 5, respectively (Box 1).

Guided by the MDGs, countries of the Region have taken large steps towards improving the health of children and their mothers. However, in several countries of the Region, pregnancy and childbirth are still one of the leading causes of death for women of reproductive age, and many children do not reach their fifth birthday. Despite the sustained decline of maternal and child mortality in the Eastern Mediterranean Region in the past few decades, mortality indicators in several countries of the Region remain alarmingly high. The latest estimates show that in terms of levels of maternal and child mortality, the Eastern Mediterranean Region falls directly below the African and South-East Asian regions, respectively. Every year in the Region, approximately 53 000 mothers die as a result of pregnancy-related complications and 1.5 million children under 5 years of age die as a result of common diseases of childhood. At least 10 times more become ill or are left disabled.

Box 1. Millennium Development Goals relating to maternal and child health

Goal 4: Reduce child mortality

Target:	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Indicators:	Under-five mortality rate
	Infant mortality rate
	Proportion of 1-year-old children immunized against measles

Goal 5: Improve maternal health

Target:	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
Indicators:	Maternal mortality ratio
	Proportion of births attended by skilled health personnel

2. Progress in relation to Millennium Development Goals in the Eastern Mediterranean Region

2.1 Child health

Despite the decline in under-five and infant mortality rates in the Region during the past 30 years (52%), in recent years the rate of decline has reached a plateau, with wide variation among countries. In nine countries of the Region the under-five mortality rate is unacceptably high. This is mainly due to lack of strong commitment to child health in countries, lack of clear policies on child health, lack of resource allocation (human and financial) to child health programmes, the emergence of competing priorities, focus on vertical programmes, weak health systems, lack of infrastructure, neglect of community empowerment and the difficult circumstances experienced in some countries. Around 1.5 million children in the Region still die each year due to a handful of preventable conditions (acute respiratory infections, diarrhoea, measles, malaria, malnutrition). In some countries, particularly those where the under-five mortality has been greatly reduced, perinatal conditions are the prevailing cause of death.

To address these challenges and to secure commitment to child health as a priority in the Region, the Regional Office launched a child health policy development initiative (CHPI) to assist countries in the process of developing a child health policy document. Such policy documents are important to help set clear long-term directions for protecting and promoting the health of children, and serve as a reference for all parties concerned with child health at country level.

The Regional Office is supporting countries to implement the integrated management of child health (IMCI) strategy to promote primary child health care. The strategy employs a holistic approach to child care, focusing on both preventive care and high quality curative care, and includes three key components: human resource development, improvement of related health system elements and improvement of family and community practices. Implementation of the strategy is country-specific, entailing the development of specific clinical guidelines by each country in order to address the main child health problems (including the neonatal component of child health) at primary health care level. Focus is placed on improving the child health-related elements of health system, in order to provide a suitable environment for implementing the guidelines, and on empowering families and communities to take correct decisions and play an important role in child care.

2.2 Maternal health

Maternal mortality ratio

The regional target for maternal mortality reduction, established in 1990 by the Thirty-seventh session of the Regional Committee for the Eastern Mediterranean in resolution EM/RC37/R.6, was to reduce the maternal mortality ratio by 50% between 1990 and 2000. In 2004 the average maternal mortality ratio in the Eastern Mediterranean Region was estimated at 370 per 100 000 live births, compared with 465 per 100 000 live births in 1990, a reduction of just over 20% only.

Meanwhile, there are great variations and disparities in maternal mortality levels between countries of the Region. Eight countries of the Region continue to have unacceptably high maternal mortality ratios (over 200 deaths per 100 000 live births), namely Afghanistan, Djibouti, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen. These countries constitute priority countries for achieving the Millennium Development Goals.

Proportion of births attended by skilled health personnel

Between 1990 and 2004, the percentage of pregnant women attended by skilled personnel increased by 115% (from 28% to 60.2%). Moreover, in 2004 it was estimated that some 53.3% of births in the Eastern Mediterranean Region were attended by skilled attendants, compared to 36% in 1990, a 48% increase in this proportion in the period from 1990.

However, large variations also occur in this area, and less than 50% of deliveries were attended by skilled health personnel in 2004 in four countries of the Region, namely Afghanistan, Pakistan, Somalia and Yemen, compared with six countries in this category in 2002.

3. Status of implementation of the strategies adopted to improve child and maternal health in the Region

3.1 Current strategies to improve child health

To date, 17 countries of the Region have introduced the IMCI strategy into their health systems, and 12 are implementing IMCI in the field. Twelve countries, including Afghanistan, Djibouti and Saudi Arabia in 2004, have developed national guidelines on the management of children at primary health care level that include the main child health problems in each country. Three countries are in the process of developing such guidelines. Twelve countries have worked on improving health system elements related to children including: availability of drugs, organization of work at health facilities, task distribution among different categories of health providers, upgrading nurses' roles and improving the health information system (recording and reporting tools).

During 2004, with the technical and financial support of the Regional Office, Afghanistan and Djibouti began expanding IMCI activities across the country, bringing the total number of countries in the expansion phase to nine. Jordan began implementing the IMCI strategy in a few pilot districts, making a total of five countries in the early implementation phase. Three countries are still in the introduction phase. The number of IMCI-trained health care providers caring for children at primary health care level grew to 12 907, working in 3872 health facilities in 867 districts in 12 countries.

The IMCI training courses are aimed at developing the skills of different categories of health care providers to manage children in a comprehensive integrated way, including counselling skills as an essential component to help families care for children at home. The quality of care has improved significantly, as shown by increased health services utilization and caretaker satisfaction according to surveys and evaluation visits conducted in the 12 countries implementing IMCI in the field.

The Regional Office developed Arabic training materials on counselling on child feeding (breastfeeding and complementary feeding) and trained 70 physicians and decision-makers from different countries in this important field. Guidelines were developed to assist countries to plan and implement child health-related community-based initiatives to strengthen care for children at home level.

IMCI has been introduced into the teaching curriculum (paediatric and community medicine) of 19 medical and paramedical schools in six countries with the aim of strengthening outpatient teaching in order to prepare the medical graduates to work in the existing health system, to strengthen their skills in managing children at the outpatient level and to be ready to face the reality of the field. In support of child health in the Region, the Regional Director paid an advocacy visit to health areas in Alexandria implementing IMCI and to Alexandria University medical school, which is teaching IMCI, to raise awareness on child health.

Five countries joined the CHPI and completed the first phase of the child health policy development process, the situation analysis. The situation analysis reports are being finalized for official endorsement. The Regional Office developed a guide to assist countries in conducting the situation analysis, *Development of national child health policy, Phase I: The situation analysis*.

3.2 Current strategies to improve maternal health

The launch of WHO's Making Pregnancy Safer initiative in 2000 was a significant step forward towards reducing maternal and neonatal ill health in countries. The adoption of the Making Pregnancy Safer strategy continues to accelerate the reduction of maternal morbidity and mortality through: strengthening health care delivery systems; improving knowledge and skills of health workers about early detection and management of complications in pregnancy and delivery; and educating women and their families about the risks mothers may encounter and about the appropriate actions that need to be taken should danger signals be identified.

The Regional Office has adopted the Making Pregnancy Safer strategy as a priority strategy in the Region. Technical and financial support has been maintained to develop and strengthen activities in countries of the Region, with special attention to MDG priority countries. As a result of intensified efforts by countries of the Region, the percentages of pregnant women and deliveries attended by skilled personnel increased between 1990 and 2004 by 115% and 48%, respectively.

The making pregnancy safer initiative was first introduced in Sudan in August 2001 with the signing of the Sudan Declaration for Safe Motherhood, which called for the reduction of maternal and neonatal morbidity and mortality by increasing the number of deliveries attended by skilled persons and availability of emergency obstetric care. Since then, WHO and the Federal Ministry of Health have collaborated to develop the capacity of health workers by providing basic training to health visitors and village midwives, and training in emergency obstetric care to doctors, nurses, village midwives and assistant health visitors. In addition, WHO has provided midwifery kits and other supplies to village midwives and some hospitals. The Regional Office has also supported the provision of logistic training of project managers and state level coordinators and the conduct of research on

mother and child health through academic institutions. Community awareness, an integral part of the initiative, is being promoted throughout the country through several media channels, including production of information, education and communication materials.

Since its introduction in Sudan, the Making Pregnancy Safer strategy has been implemented in 11 other countries in collaboration with the Regional Office (Afghanistan, Djibouti, Islamic Republic of Iran, Iraq, Morocco, Pakistan, Qatar, Somalia, Syrian Arab Republic, Tunisia and Yemen). Special attention has been given to countries with high levels of maternal death. At the country level, relevant national policy and strategy documents have been developed in a number of countries including: Afghanistan, Iraq, Pakistan and Sudan. The adoption of the Making Pregnancy Safer strategy is expected to accelerate the reduction of maternal and neonatal mortality and morbidity through improvement of the quality, availability, accessibility and utilization of essential maternal and neonatal health services.

More attention has been given to upgrading the technical know-how of health workers involved in making pregnancy safer services, and hence improving the quality and management of these services in countries of the Region. The Regional Office supported translation of WHO guidelines on integrated management of pregnancy and childbirth and on family planning into Arabic for dissemination to Member States. A plan of action has been set to introduce and technically backstop adaptation of these guidelines in countries with high maternal mortality levels during 2005.

WHO is collaborating closely with AGFUND, League of Arab States, UNFPA, UNICEF and other international agencies in the generation and synthesis of research data and compilation of best practices into normative guidance tools and in the application of evidence-based interventions to improve reproductive health care, with specific focus on maternal and neonatal health and family planning. The Regional Office is also developing strategic directions to accelerate reduction of maternal mortality in MDG priority countries.

4. World Health Day

The theme of World Health Day 2005 was maternal and child health, under the slogan “Make Every Mother and Child Count”. World Health Day and the accompanying release of *The World Health Report 2005: Make Every Mother and Child Count* provided an opportunity to accelerate progress towards achieving the MDGs by raising awareness among individuals, families and communities about the magnitude and major causes of maternal and child mortality. World Health Day also created an opportunity to push for action by individuals, policy-makers, the international community and civil society to learn about the issues affecting the health of women and children and to organize specific activities aimed at improving their survival, health and well-being.

5. Future challenges

The process of improving maternal and child health in the Region faces many challenges which have slowed progress in recent years.

- The strong link between maternal and child health has become less recognized over time, as manifest in separate planning, separate interventions and less coordination. A holistic approach to maternal and child health is needed in order to maximize the impact of programmes and utilization of available resources.
- Difficult circumstances experienced in some countries have tremendously affected the health of the population, especially the vulnerable groups of children and mothers. The social and health impacts of political instability, war, domestic crises and economic sanctions are well documented in several countries of the Region.
- New priorities have emerged that have shifted interest from investment and expenditure in maternal and child health to other areas.

- Clear policies and commitment to maternal and child health are needed to ensure implementation of interventions and sustainability of achievements. The impact of political commitment is an essential factor contributing towards achievement of the MDGs. Since 2000, health expenditure on maternal and child health has decreased in the Region. Furthermore, there are no clear policies on maternal and child health in most of the countries that reflect long term direction and ensure sustained commitment to this important public health area.
- The focus on vertical programmes, such as immunization against vaccine-preventable diseases or oral rehydration therapy, as opposed to a more comprehensive and broad-based set of community health programmes, has led to substitution effects in morbidity and mortality.
- Recognition of the crucial, indispensable role of the community is relatively poor, considering the fact that community awareness about life-saving practices in pregnancy, childbirth and home care for children is one of the main factors that contribute to the maternal and child health situation.
- Slow socioeconomic development in some countries leads to poverty, illiteracy and malnutrition, three conditions which are, undoubtedly, among the major underlying causes of maternal and child mortality.
- The low social status of women requires special attention. Poverty alleviation, improved feeding practices and female education are important factors in protecting and promoting maternal and child health.
- There is lack of quality care and poor organization at the peripheral level, especially in rural and remote areas, which compromises primary health care. Lack of quality services, essential supplies, qualified human resources, access to quality care, facilities for emergency transport and referral services are all contributing factors to death due to poor infrastructure.
- Reporting is inadequate and data, when available, are poorly utilized at the central, district and peripheral levels.
- Rapid and coordinated action is needed to reach every mother and child with an essential and affordable package of proven interventions. This action will require strengthened political and technical leadership, and commitment of financial resources. It will also require concentrated efforts to recruit, train and deploy sufficient numbers of skilled health care providers. Everyone is responsible for making a difference.