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

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1. Introduction

Regional Committee resolution EM/RC51/R.4 – Moving towards the Millennium Development Goals: Investing in maternal and child health – urged Member States which had not already achieved the targets set by the Millennium Development Goals (MDGs) for improvement of maternal and child health to develop the required national policies and strategy documents and expand upon the achievements already made by other Member States. Recognizing this fact, and in line with the commitments made by the international community, including the United Nations Millennium Declaration, WHO Regional Office for the Eastern Mediterranean has been deploying extensive efforts to support Member States to develop effective policies and strategies and to achieve better coverage of maternal and child health care through cost-effective interventions. These interventions are mainly based on two WHO initiatives: making pregnancy safer (MPS) and the integrated management of child health (IMCI). However, unless unprecedented, urgent support is provided and resources are allocated, it is unlikely that, at the current rate of progress, the MDGs will be fulfilled, especially in countries where the levels of maternal and child death are still unacceptably high. While low-cost effective interventions are available and can prevent around two-thirds of under-5 deaths and four-fifths of maternal deaths, still today 1.5 million children under 5 years and 53 000 mothers are dying every year in the Eastern Mediterranean Region. Furthermore, neonatal mortality is increasingly appearing as a significant component of under-five mortality in many countries. Newborn deaths now contribute to about 40% of all deaths in children under 5 years, and more than half of infant mortality worldwide. The above figures do not include the 3.3 million stillbirths that occur every year. Data on stillbirths are even scarcer than those on neonatal deaths, as only 14% of births are registered worldwide.

2. Improving maternal and child health in relation to Millennium Development Goals in the Eastern Mediterranean Region

2.1 Make every mother and child count

2005 was a significant year for maternal and child health. It marked a standpoint for contemplation on the extent to which the Millennium Development Goals (MDGs) – especially that pertaining to improving maternal and child health – have been achieved. Concurrently, in 2005 the World celebrated World Health Day with the theme “make every mother and child count”, pushing this issue high onto the political and international agenda. Moreover, The World Health Report 2005 was dedicated to mothers and children, underpinning the importance of maternal and child health.

2.2 Maternal health

2005 was also a significant year for making pregnancy safer, as it witnessed the launch of a new department for making pregnancy safer at WHO headquarters in Geneva. The central objective of the Making Pregnancy Safer (MPS) strategy is to ensure safe pregnancy and childbirth through the availability, access and use of quality skilled care for all women and their newborns.

In January 2005, the Regional Office organized a joint workshop on using guidelines for making pregnancy safer and family planning, in Cairo, Egypt. The workshop aimed at introducing appropriate technical guidelines; sharing experiences on existing national safe motherhood programmes and strategies; and determining the technical backstopping needs of the participating countries. The workshop concluded with the formulation of nine country plans of action for introducing and applying the guidelines in local settings under the WHO/UNFPA Strategic Partnership Programme. Out of the nine plans of action drafted in the workshop, five were finalized and approved, in Afghanistan, Iraq, Morocco, Pakistan and Sudan. In order to ensure adequate technical support and follow up progress made by the participating countries in implementing their national plans of action, a network of close communication was established among the concerned staff of the Regional Office, headquarters and UNFPA Country Technical Services Teams for Arab States, and South Asia, respectively. The plans of action in the participating countries aim to reduce the maternal and neonatal mortality and morbidity by improving the quality of maternal and neonatal health care and family planning services. The

results of these plans are expected to be achieved through advocacy campaigns and orientation workshops, adapting the required technical guidelines and training of the concerned health staff. In order to facilitate the national efforts in this field, the Regional Office translated into Arabic and published two of the WHO guidelines from the Integrated Management of Pregnancy and Childbirth (IMPAC) package: *Pregnancy, childbirth, postpartum and newborn care: a guide to essential practice* and *Managing complications of pregnancy and childbirth*. Other selected IMPAC guidelines are being translated. Close technical backstopping was maintained in order to help in formulating appropriate plans for adapting and using these guidelines in maternal and neonatal health services in countries with high maternal mortality levels.

In order to technically support the national efforts aimed at improving maternal health through formulating appropriate and effective strategies in countries of the Region, the Regional Office developed a regional framework entitled *Strategic directions for accelerating the reduction of maternal mortality in the Eastern Mediterranean Region*. This regional framework underlines six priority actions, including: achieving political commitment, promoting a favourable policy and legislative environment, ensuring adequate financing, strengthening the delivery of health care services, empowering women, families and communities, and strengthening monitoring and evaluation for better decision-making. The strategic directions serve as a model guide to planning, implementing, monitoring and evaluating needs-based interventions and programmes at the country level. The document was finalized in line with the deliberations of an intercountry consultation for making pregnancy safer in the Eastern Mediterranean Region, which was organized by the Regional Office in Casablanca, Morocco, from 14 to 17 June 2005. The final document was published in Arabic, French and English in order to ensure its wide dissemination and use in countries of the Region. Close technical support and follow-up will be maintained in the years to come in order to assist Member States in adapting the regional framework and formulating their national plans aimed at accelerating the reduction of maternal deaths in their communities. The Casablanca consultation also served to discuss the existing opportunities and challenges in addressing maternal health; identify appropriate mechanisms to develop and operationalize the existing and new strategies for making pregnancy safer through multi-sectoral collaboration and translate them into action; share information and experiences on existing national programmes, strategies and approaches designed to address safe motherhood issues in countries of the Region; and identify training, programmatic and resource needs to better address maternal health in specific settings.

Recognizing the importance of the role of the media as a main source of information and education that transcends geographical barriers and boundaries to reach large sectors of populations, the Regional Office organized a workshop on media and health satellite channels, in collaboration with the Islamic Educational, Scientific and Cultural Organization (ISESCO), in Damascus, Syrian Arab Republic from 11 to 13 December 2005. Programme directors and producers from major satellite channels broadcasting in the Region participated in the workshop, in which sensitizing the public to life-saving practices in maternal and neonatal health was given special attention. The workshop underlined the need for evidence-based information that would direct and motivate the media to raise awareness among the public of issues related to making pregnancy safer. Only with the availability of such data – including in-depth analysis of the socioeconomic and cultural factors that influence maternal health – will the media be able to effectively contribute to the endeavour of improving maternal and neonatal health.

In order to develop appropriate strategies aimed at improving neonatal health in Region, two technical consultations on establishing national birth defect registries and optimizing foetal growth and development were organized by the Regional Office in collaboration with the Centres for Disease Control and Prevention (CDC), Atlanta, and WHO headquarters, in May and December 2005. The next step will be to review the strategies developed and explore the feasibility of implementing them with other maternal and child health strategies through the existing health care systems in countries of the Region.

2.3 Child health

The Regional Office played a significant role in providing technical support to Member States in the area of child health. 2005 witnessed much progress in expanding the implementation of IMCI as a cost-effective child health intervention in countries of the Region, with specific focus on MDG-priority countries.

The Child Health Policy Initiative (CHPI), developed by the Regional Office in 2003, aims at: developing national child health policy documents, which bring together into one document all key policy elements related to child health in a country; providing medium-term and long-term directions and commitments; and creating a supportive environment for child care at country level.

Initially five Member States joined the CHPI in 2003 (Egypt, Morocco, Sudan, Syrian Arab Republic and Tunisia). Four of these countries completed their situation analysis reports (first CHPI phase) and the documents were approved by the ministries of health in 2005. More recently, four more countries (Iraq, Jordan, Oman and Pakistan) have expressed interest in the initiative. As part of its support to the CHPI, the Regional Office conducted a second intercountry workshop to: review the work undertaken by the initial five countries; discuss the steps of the second phase of the CHPI; develop a plan of action to finalize the child health policy document; and share the experience with the four new countries.

The integrated management of child health (IMCI) strategy is recognized as the quality strategy to achieve MDGs in the Region. Today, 17 countries are at different phases of implementation of IMCI. These are Afghanistan, Djibouti, Egypt, Iraq, Islamic Republic of Iran, Jordan, Libyan Arab Jamahiriya, Oman, Morocco, Pakistan, Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen. In fact, both Egypt and Islamic Republic of Iran had IMCI coverage of over 70% of their health facilities by the end of 2005. Two countries (Afghanistan and Djibouti) have moved to the expansion phase, and three countries (Iraq, Jordan and Saudi Arabia) have moved to the early implementation phase. Overall, IMCI is implemented in 23 789 health facilities in 1115 districts in 12 countries. Furthermore, 64 888 health providers in 14 countries have been trained in IMCI case management skills. Results of evaluation and follow-up showed significant improvement in the performance of both health providers and health facilities in providing quality child health services. In addition, in 2005, the Regional Office supported capacity-building in the areas of case management, facilitation, planning, supervisory, and monitoring and evaluation skills of the IMCI teams in Djibouti, Egypt, Iraq, Palestine, Saudi Arabia, Sudan and Tunisia.

IMCI pre-service training, i.e. incorporating IMCI into the curricula of teaching institutions, has been regarded by the Regional Office as an approach to sustain and support child health interventions and broaden their coverage in the future. Nineteen medical schools in six countries (Egypt, Islamic Republic of Iran, Morocco, Pakistan, Sudan and Syrian Arab Republic) and two paramedical schools (Morocco and Sudan) have introduced IMCI into their teaching curricula (paediatrics and community medicine). To provide the evidence base for further expansion of the IMCI pre-service training initiative, the Regional Office established a technical committee on IMCI pre-service training evaluation, convening WHO regional and country staff working in child health and senior professionals from teaching institutions and ministries of health from countries in which IMCI pre-service training had been fully supported. A draft document describing the objectives, evaluation questions and evaluation tool on both process and outcomes of teaching was developed, and an electronic discussion group for this purpose was established. Furthermore, the Regional Office organized the third intercountry workshop on the IMCI community component. The status of implementation of the IMCI community component was reviewed and plans of actions were developed for 10 countries in the Region.

With regard to child feeding, the regional training materials in Arabic were finalized and a third regional training course to build the capacity of physicians from 10 Arab countries in this area was conducted. In addition, and in collaboration with headquarters, a briefing was given to Member States on the new updates in diarrhoea management in children under 5, namely the low osmolarity oral

rehydration solution (ORS) and zinc supplementation. Egypt adopted the new ORS and the zinc supplementation in its IMCI guidelines.

In the area of poisoning, a draft algorithm for acute exposure to hydrocarbons in children under 5 was developed and was made ready for validation in other settings. Furthermore, in the area of burns, a photographic library of case studies was developed to be used for the preparation of interactive training materials.

In order to advocate for child health, the Regional Office participated in several regional and national events. The Regional Director visited IMCI health facilities and paediatric departments in Alexandria, Egypt. The Regional Office also participated in national child health events, such as the national child health forum in Pakistan and public health days in Tunisia. A child and adolescent health website was launched as a valuable source of information and tool for advocacy.

3. Future directions

The current efforts in the so-called MDG priority countries of the Eastern Mediterranean Region are still insufficient to achieve the fourth and fifth Millennium Development Goals on improving child and maternal health. The resolution EM/RC51/R.4 underlined the main strategic directions required for improving child and maternal health in the Region. Strong commitment, intensive efforts and effective national policies and strategies are now urgently required in order to translate vision into action. Such efforts and plans should target the strengthening of health systems, expansion in the coverage of effective integrated interventions, and recognition of the essential role of individuals, families and communities in promoting the health of children and their mothers.

The strategic directions for accelerating the reduction of maternal mortality in the Eastern Mediterranean Region highlight key issues for prioritizing strategic elements of making pregnancy safer in Member States. The Regional Office will be working to support implementation of the making pregnancy safer strategy through developing and operationalizing national workplans in MDG-priority countries; provision of technical support for the implementation of MPS strategy in MDG-priority countries; upgrading, printing and producing MPS-related materials; provision of training on priority areas of MPS; and strengthening political commitment to MPS-related issues.

Efforts will be deployed to finalize national child health policy documents with the initial five countries and child health situation analysis reports in the four new countries. Priority will also be given to increasing the coverage of cost-effective child health interventions through scaling up of IMCI implementation – including its neonatal component.

Further attention will be given to supporting maternal and child health advocacy activities using all possible international, regional and national opportunities to keep this issue high on the agenda of public health and ensure continued attention and availability of required human and financial resources. Accurate, continued documentation and monitoring of progress in countries will also continue to be under specific focus to measure progress towards achieving the Millennium Development Goals.