Summary report on the

Consultative meeting on redesigning the integrated approach to child health in line with the United Nations Sustainable Development Goals and other related global initiatives

WHO-EM/CAH/203/E

Cairo, Egypt
24–26 September 2017

World Health Organization
Regional Office for the Eastern Mediterranean

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1. Introduction

The consultative meeting on redesigning the integrated approach to child health in line with the United Nations Sustainable Development Goals and other related global initiatives was held in Cairo, Egypt, from 24 to 26 September 2017. A total of 28 participants, from ministries of health and academia as well as regional and global experts and participants from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), attended the meeting.

This consultative meeting aimed to discuss and agree on future directions and a clear framework for action for newborn, child and adolescent health in the Region. The objectives of the meeting were to: analyse the implications of the findings of the integrated management of childhood illness global strategic review in countries of the Region, and determine necessary action to be included in the draft of the proposed regional framework for child and adolescent health and development 2018–2025; review the draft regional framework for child and adolescent health and development, taking into account new emerging newborn and child health issues, and propose mechanisms of alignment with existing platforms, including the integrated management of child illness; propose concrete guidance on child health programming in humanitarian contexts, and suggest practical steps to operationalize it.

The inaugural speech of Dr Mahmoud Fikri, WHO Regional Director for the Eastern Mediterranean, was presented on his behalf by Dr Maha Eladawy, Director, Health Protection and Promotion. In his opening remarks, Dr Fikri stated that the proposed regional framework for child and adolescent health and development 2018–2025 represented a unique platform to bring together all related programmes and concerned sectors along with United Nations agencies and nongovernmental organizations

with a set of coordinated actions aimed at ensuring that countries meet the global and regional targets for child health.

Dr Anirban Chatterjee, Regional Adviser, Health and Nutrition, UNICEF Middle East and North Africa Regional Office (MENARO) reiterated UNICEF's commitment to advancing the issues of child and adolescent health in coordination with WHO and other partners.

2. Summary of discussions

Global and regional overviews of the current status of child and adolescent health were presented by WHO headquarters and the Regional Office respectively. This was followed by presentations on the outcomes of the WHO global child survival and health strategic review, and on the implications of this review for the Region.

The subsequent discussions on the review identified key lessons learnt over the two decades since the integrated management of child illness platform was first implemented, as follows: there has been a lack of institutionalization and unsustained commitment on the part of all partners; regional governments and partners faced difficulties in engaging the private sector in the implementation of the platform; there has been a focus on training of health care providers only, and investment in supervision has been inadequate; not enough emphasis has been placed on community care; and country level health systems have not been responsive to integrated management of child illness implementation needs.

To address these key lessons learnt, participants proposed the following priority actions: advocate and reorient at the highest level in countries on the redesigned package of child health services within the regional framework – governments and partners should commit to a one

programme/one plan/one budget approach; identify the package of services for children under 5 years to be included in the pre- and in-service training of health providers; agree on the multisectoral scope and roles of stakeholders; revitalize/establish national child health steering committees; include the integrated management of childhood illness platform as part of country-level mandatory continuous professional development and care-provider re-licensing; engage professional associations in integrated management of childhood illness training courses/evaluation/curricula updates; include the integrated management of childhood illness platform in national health insurance packages; and use integrated supervisory checklists at country level.

In the light of the draft WHO global conceptual framework to redesign child health in line with the United Nations Sustainable Development Goals, participants then discussed the proposed regional framework for child and adolescent health and development 2018–2025, along with regional child and adolescent health goals, targets and milestones with respect to the Sustainable Development Goals, the United Nations Global Strategy for Women's, Children's and Adolescent Health 2016–2030, and the *Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021*.

Participants then identified the following sets of priority newborn, child and adolescent health intervention packages across the continuum of care, aimed at enhancing country-level child health programmes: maternal and newborn care; care for children under 5; care for children from 5 to 9 years old; and adolescent care.

Participants then discussed key programmatic actions related to linkages with other programme areas and multisectoral collaboration, and agreed that: the work of the Regional Office has links to the key health sector programme areas of nutrition, maternal health, immunization, violence

and injuries, mental health, HIV/tuberculosis/malaria and noncommunicable diseases; integration across relevant programmes can be partially achieved via overarching maternal, newborn and child health plans that align well with vertical programme plans (for example, the Sudan experience). These should further be aligned with national health plans (for example, the Ethiopia and Rwanda experiences); as governance and leadership at country level plays a major role in programme integration and multisectoral collaboration, it is necessary to identify current shortfalls in this regard to convince the leadership of countries to adopt integrated approaches; and monitoring indicators are needed at country level to measure the extent to which work being carried out to ensure programme integration.

Discussions then addressed the current gaps in addressing maternal, newborn, child and adolescent health in humanitarian crisis settings, and the role of the Regional Office in these settings, and concluded that health programme integration is vital in emergency settings; an essential package of services should be defined for maternal, newborn child and adolescent health, and health kits should be developed for emergency settings; an inter-agency working group is needed to support partnership and alignment: an initial global group should lead to the establishment of regional groups; there is a major gap in health interventions for children aged between 6 and 9 years in humanitarian settings; child and adolescent health indicators must classify information according to age and sex, and this should also be applied to all existing assessment tools; during emergencies, countries should make every attempt to maintain existing health systems, but if this is not possible, they should then simplify the health indicators; and it is necessary to build upon the successful experience of the nutrition cluster in relation to emergency situations, and the WHO Expanded Programme on Immunization experience of developing a decision-makers' tool and programme implementation guidelines.

Discussions focusing on regional milestones and intermediate targets related to government, WHO and partner accountability, monitoring and evaluation of child and adolescent health concluded that intermediate targets are not needed at regional level, but countries will be assisted in the development of their own intermediate targets; countries need to consider equity when reporting baseline and target figures (that is, geographical pockets of persons at different levels of risk, vulnerable groups); most national adolescent health packages address issues that lie beyond the health sector – for example, issues relating to education – and hence proxy indicators may be needed; an indicator to monitor progress on joint planning is needed; milestones on coverage of key packages of interventions should be included in order to take into account equity issues at country level; health system milestones need to be adjusted to measure programme management areas such as human resources and financing that support child and adolescent health programming; humanitarian interventions in child and adolescent health plans need to be monitored; and current regional milestones do not address quality of care in emergencies.

The following were then proposed as potential entry points within health systems for interventions on early childhood development and nurturing care: sick-child and well-baby visits at health facilities; community health worker visits (using the WHO/UNICEF *Caring for the Child's Healthy Growth and Development* training package); paediatric wards; mothers' groups; maternity wards; neonatal intensive care units; child development services for children with disabilities (both at clinics and child's home); play corners at health clinics; families with children affected by HIV (at clinics and paediatric wards, and during home visits); and indigenous health services.

Participants then agreed that the proposed regional child and adolescent health framework should: be aligned with the United Nations

Sustainable Development Goals and the United Nations Every Woman Every Child movement's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030; identify 2021 for the midterm review for the framework; incorporate the regional status of adolescent health; emphasize the importance of the role of child and adolescent immunization; focus on the community level and its deliverables; emphasize that neonatal, child and adolescent health service packages need to be included in ongoing work on universal health coverage, and that national child and adolescent health managers need to be involved in the discussion on universal health coverage; reinforce the engagement of the private sector in both service delivery and reporting; focus on special groups, for example, children with disabilities, at the three levels of care; and focus on the empowerment of child health managers to enable them to be actively engaged with emergency teams at country level.

3. Next steps

- Incorporate comments and feedback of participants in the draft framework in October 2017.
- Share the updated draft framework with participants and related programmes in November 2017.
- UNICEF MENARO will share the draft framework with country offices.
- Finalize the regional child and adolescent health framework by December 2017.
- Orient high-level policy makers at country level.
- Explore the feasibility of presenting the framework at the Sixty-fifth Session of the Regional Committee for the Eastern Mediterranean in 2018.

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int