Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development

The Regional Committee,

Having reviewed the technical paper on the regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development;¹

Being aware that newborns, children and adolescents make up around 40% of the population of the Region; that most of the causes of mortality and morbidity in these age groups are preventable or treatable; and that opting to prioritize these age groups will significantly reduce the burden on health and promote human capital;

Recognizing that the highest rates of newborn, child and adolescent mortality occur in settings of conflict and fragility;

Building on the momentum created by the Sustainable Development Goals (SDGs), the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030, the Thirteenth General Programme of Work of WHO 2019–2023 and Vision 2023;

Recalling the efforts of Member States to implement actions stated in resolution EM/RC62/R.1 (which inter alia urged Member States to develop or update national reproductive, maternal, neonatal, child health strategic plans in accordance with the United Nations global strategy on women’s, children’s and adolescents’ health) and EM/RC64/R.4 on operationalization of the adolescent health component of the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030;

1. **URGES** Member States to:

   1.1 Use the framework (which is annexed to this resolution) to develop and/or update multisectoral national newborn, child and adolescent health strategic plans and action plans;

   1.2 Implement the actions for countries shown under the three strategic action areas of the framework, as appropriate to the country context;

   1.3 Use the list of implementation milestones in the framework to inform their monitoring activities and to provide brief progress reports when needed;

¹ EM/RC66/3.
1.4 Consider the renewed focus on primary health care and universal health coverage as an opportunity to advance the survival, healthy growth and development agenda for newborns, children and adolescents in the Region;

1.5 Document and disseminate their experiences, best practices and lessons learnt, and report on progress in achieving SDG targets related to newborn, child and adolescent health;

2. **REQUESTS** the Regional Director to:

2.1 Provide technical support to Member States in developing and implementing national newborn, child and adolescent health policies and strategies using a systematic and comprehensive child-centred approach to ending preventable newborn, child and adolescent deaths and improving health and development;

2.2 Strengthen partnership with United Nations agencies, professional associations, civil society and the private sector to support and scale up implementation across the continuum of care;

2.3 Report on progress made in implementing the regional framework to the 68th and 70th sessions of the Regional Committee.

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<td>Strategic area 1: Promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage</td>
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<td>Actions to improve and ensure the quality of care for newborns, children and adolescents</td>
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<td>• Institutionalize quality improvement in newborn, child and adolescent care in health facilities, build partnerships and establish an accountability mechanism to oversee implementation</td>
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<td>• Countries have equity-driven national plans on newborn, child and adolescent health that are costed and budgeted</td>
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<td>• Update/develop national policies, norms and standards for maternal, newborn, child and adolescent health and development using WHO standards</td>
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<td>• Countries have newborn, child and adolescent health services packages included in their universal health coverage package</td>
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<td>• Implement WHO standards of care for newborns, children and adolescents at health facilities</td>
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<td>• Countries have at least 50% of facilities with health personnel trained on newborn, child and adolescent health care packages</td>
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<td>• Adopt competency-based curricula for health workers dealing with newborns, children and adolescents</td>
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<td>• Countries are implementing up-to-date newborn, child and adolescent health standards and protocols</td>
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<td>• Build national capacity for implementation of quality of care along the life course and continuum of care</td>
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<td>• Countries conduct periodic quality assessments of newborn, child and adolescent care in health facilities</td>
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<td>• Ensure the availability and quality of essential commodities for mothers, newborns, children and adolescents at all levels</td>
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<td>• Countries have an established regulatory body for quality of care including quality of newborn, child and adolescent health care</td>
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<td>• Strengthen national and subnational monitoring and supervisory systems including clinical mentoring and coaching</td>
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<td>• Country national plans include explicit focus on the age group 5–9 years</td>
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<td>• Develop national strategies and approaches to engage private sector providers in quality improvement plans</td>
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<td>• Promote the use of innovations and technology to improve the quality of care</td>
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<td>• Strengthen community engagement and oversight of the quality of newborn, child and adolescent health by raising public awareness and increasing civil society engagement</td>
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<td>• Monitor patient experiences as a key indicator to ascertain improvement in the quality of care</td>
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<td>• Conduct evaluation activities including implementation research at national and subnational levels</td>
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### Strategic area 2: Protecting newborns, children and adolescents from the impact of health emergencies

#### Key actions
- Ensure proper representation of newborn, child and adolescent health needs in humanitarian response and preparedness actions and in coordination mechanisms
- Establish a working group for maternal, newborn, child and adolescent health within the health cluster for humanitarian emergencies
- Ensure that early detection and risk assessment measures across all phases of risk prevention and detection, emergency preparedness, response and recovery include specific needs for newborn, child and adolescent health
- Obtain and review data on newborn, child and adolescent health and use data to prioritize actions
- Plan and act on a coordinated set of activities that address the child and adolescent health priorities identified
- Identify essential packages of services for newborn, child and adolescent health in humanitarian emergencies
- Ensure the inclusion of newborn, child and adolescent health service packages in country preparedness and response plans with appropriate methods of service delivery
- Include specific newborn, child and adolescent health indicators when measuring the impact of the emergency response
- Strengthen the capacity of national authorities and local communities to manage newborn, child and adolescent health in emergencies

#### Progress indicators
- Countries have introduced and applied the Child and Adolescent Health in Humanitarian Settings Operational Guide
- Countries have incorporated newborn, child and adolescent health interventions in emergency response and preparedness plans
- Countries have a maternal, newborn, child and adolescent health coordination subgroup within the emergency coordination mechanism (health cluster)
- Countries have newborn, child and adolescent health indicators integrated in assessment, monitoring and evaluation tools for humanitarian emergencies

### Strategic area 3: Strengthening the integration of health programmes, and multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents

#### Key actions
- Conduct comprehensive mapping of newborn, child and adolescent health stakeholders
- Establish a coordination mechanism involving all relevant health programmes with the aim of delivering integrated newborn, child and adolescent health services at the point of service
- Establish mechanisms for the formal engagement of related sectors and stakeholders with a clear governance structure and a strong representation of community actors, including adolescents and youth
- Build the capacity and skills of stakeholders through a multisectoral approach and partnerships
- Promote and ensure Health in All Policies by working with relevant government sectors to develop evidence-based policies, guidelines and recommendations on areas of the sector’s mandate that have a direct impact on newborn, child and adolescent health
- Implement the Nurturing Care Framework for Early Child Development and the Accelerated Action for the Health of Adolescents (AA-HA!) through integration and multisectoral coordination to help children and adolescents survive and thrive to transform health and human potential
- Promote stronger engagement of the private sector, academia, professional associations and community organizations (for example, civil society organizations and young people and parent groups)
- Build the capacity of the private sector and nongovernmental organizations in service delivery
- Engage United Nations agencies, development partners and humanitarian actors in planning, implementing and monitoring joint activities

#### Progress indicators
- Countries have an active coordination mechanism for newborn, child and adolescent health within the ministry of health
- Countries have a comprehensive map of newborn, child and adolescent health stakeholders
- Countries have an established structure/mechanism for coordination with the private sector, civil society, and nongovernmental and community organizations
- Countries have a multisectoral coordination mechanism, and newborn, child and adolescent health programmes are well represented within it
- Countries have a national multisectoral adolescent health plan aligned with AA-HA!