
Saving the lives of mothers and children

Executive summary

1. Maternal and child mortality remains one of the main public health concerns in the Eastern Mediterranean Region. Although the Region has made considerable efforts to reduce maternal and child deaths over the past 22 years, around 923 000 children under five years of age and 39 000 women of childbearing age still die every year as a result of common childhood diseases and pregnancy-related complications, respectively. The Region is unlikely to achieve the targets set for MDGs 4 and 5 by 2015 unless intensive and accelerated progress is made, especially in those countries contributing to the bulk of under-five and maternal deaths.

2. Several overarching factors contribute to the high magnitude of maternal and child mortality in some countries of the Region. These include lack of sustained commitment to child and maternal health; low government expenditure on health, especially maternal and child health programmes; weak alignment between the interests of national authorities and donor agencies; disasters and political instability; weak management of maternal and child health programmes; and ineffective use of already limited human and financial resources. Most countries with a high burden of maternal and child mortality have major gaps in their health systems particularly for disadvantaged and underserved populations. Insufficient numbers of health workforce and their unbalanced distribution, inadequate training and high turnover at all levels continue to be a major challenge in countries with high child and maternal mortality. Other major challenges to maternal and child health care delivery are non-functioning referral systems and the lack or poor quality of emergency care for mothers and children at the referral hospitals. Linked to the quality of services is low availability of essential medicines for maternal and child health care. Health information systems are generally weak in most countries. As well, changes in maternal and child survival over time reflect the outcome of investments made across a range of critical social determinants such as female education, women's empowerment, poverty alleviation, investments in health systems and good governance. These are clearly important in the context of the range of social sector policies and human development agenda of Member States.

3. Recognizing the need to scale up efforts of governments, partners and donors to respond to maternal and child health needs in the Region, WHO, UNICEF and UNFPA in collaboration with countries and other partners jointly embarked on a regional initiative to accelerate progress towards MDGs 4 and 5 in a regional initiative on saving lives of mothers and children. The initiative focuses on the 10 countries with a high burden of maternal and child mortality: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen. The initiative was launched in a high-level meeting in Dubai, United Arab Emirates, in January 2013, under the patronage of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice-President and Prime Minister of the United Arab Emirates and Ruler of Dubai. The meeting was hosted by Her Royal Highness Princess Haya Bint Al Hussein, United Nations Messenger of Peace and Chairperson of Dubai Healthcare City Authority, and was attended by leading figures from 22 countries of the Region, as well as key partners and stakeholders. It concluded with the Dubai Declaration, which provides a guide to the way forward for all Member States. Priority actions include: implementation of acceleration plans in the 10 countries with a high burden of maternal and child mortality; establishment of sustainable financing mechanisms; strengthening of regional solidarity and collaboration among all stakeholders and alignment of partners and donors around the acceleration plans; and taking of measurable steps to strengthen health systems and vital statistics through improving information systems and civil

registration, building a skilled workforce and improving the availability of safe and effective life-saving commodities.

Introduction

4. Considerable reductions have been achieved in maternal and child deaths at global level in the past decade. Maternal mortality and under-five mortality were reduced by 34% and 30%, respectively, between 2000 and 2010–2011, and many countries have made impressive progress towards achieving the health-related Millennium Development Goals (MDGs) (1,2). Despite this progress, the agendas of further improving women's and children's health highlighted by the United Nations Global Strategy for Women's and Children's Health and the Every Woman Every Child movement remain unfinished. The recommendations of the Commission on Information and Accountability for Women's and Children's Health and monitoring reports by the independent Expert Review Group highlight the importance of strengthening accountability among countries as well as other stakeholders (3).

5. Maternal and child mortality remain one of the main public health concerns in the Eastern Mediterranean Region. Although the Region has made considerable efforts to reduce maternal and child deaths since 1990, around 923 000 children under five years of age (1) and 39 000 women of childbearing age still die every year as a result of common childhood diseases and pregnancy-related complications, respectively (2).

6. The Eastern Mediterranean Region is unlikely to achieve the targets set for MDGs 4 and 5 by 2015 unless intensive and accelerated progress is made, especially in those countries contributing to the bulk of under-five and maternal deaths.

7. The purpose of this paper is to describe the situation of maternal and child health in the Region, the progress made and the contribution that all Member States and international and regional partners can make to accelerating the reduction of maternal and child mortality.

Maternal and child health in the Eastern Mediterranean Region

8. Between 1990 and 2011, the under-five mortality rate decreased by 41% in the Region. This level of reduction falls short of meeting the MDG target of a 66% reduction in under-five mortality by 2015 with just a little more than two years left. Neonatal mortality decreased by a lower rate of 31% in the same period. There is a wide variation among the countries in the Region in the levels of under-five mortality. According to the United Nations Interagency Group on Child Mortality Estimation (2012 report), the Region has six countries in which under-5 mortality rates are among the lowest in the world, namely Bahrain, Lebanon, Oman, Qatar, Saudi Arabia and United Arab Emirates, ranging between 7 and 10 per 1000 live births (1). Kuwait also has similarly low under-five mortality. However, the pace of progress is slow in the Region, especially in the six countries which contribute to 82% of total under-5 deaths in the Region, because of the combination of high under-five mortality and large population (Afghanistan, Pakistan, Somalia, South Sudan, Sudan and Yemen) (1).

9. The maternal mortality ratio decreased by 42% in the Region between 1990 and 2010. There is extremely wide variation among the countries of the Region in the levels of maternal mortality, from 7 per 100 000 live births up to 2054 per 100 000 live births. Seven countries in the Region have a maternal mortality ratio of less than 25 per 100 000 live births (Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Qatar, Saudi Arabia and United Arab Emirates). However, the pace of progress is slow especially in the six countries (Djibouti, Iraq, Pakistan, Somalia, South Sudan and Sudan) which contribute to over 70% of total maternal deaths in the Region (4).

10. There have been a number of success stories in the Region. For example, Egypt has reached universal coverage with the strategy of integrated management of child health and high coverage with integrated maternal health interventions, as a result of which it has already passed MDG4 (75% reduction of under-five mortality) and is on track to achieve MDG5. The Islamic Republic of Iran has

scaled up primary care for maternal, neonatal and child health, building on the successful training of community health workers, and has achieved MDG5. Morocco decreased its maternal mortality ratio by exempting deliveries, including Caesarean sections, from user fees, improving quality of hospital deliveries, increasing access to Caesarean section, and strengthening the referral system. The high health expenditure in the member states of the Gulf Cooperation Council, as well as provision of services free of charge, contributed significantly to the reduction of maternal and child mortality.

11. Among the many factors and challenges that have contributed to the current maternal and child health situation in the Region, and in particular to the lack of progress in the countries with a high burden of maternal and child mortality are the following.

- The commitment to maternal and child health is often not sustained and tends to be overly affected by every change in health leadership and by other emerging priorities.
- The low government expenditure on health, particularly in the countries with a high burden of maternal and child mortality, and the high share of out-of pocket payments remain a major challenge to the accessibility of health services for mothers and children. In general, there is insufficient financial support to maternal and child health programmes to achieve the desired level of implementation.
- Donors may have different priorities and may be promoting and supporting interventions that are different from those identified by the country. This delays implementation of the interventions identified by the country and results in more fragmented and less effective support.
- These countries are all among the twelve countries in the Region that are currently facing crisis situations, which have adversely affected the implementation and achievements of child and maternal health programmes. Moreover, although children and mothers are the population groups most vulnerable to risk in conflict and disaster, they are usually overlooked in emergency response plans.
- Integrated management and coordination structures and a holistic vision for maternal and child health are often lacking, with the result that approaches to addressing their needs are fragmented. This situation has contributed in a critical manner to the ineffective use of already limited human and financial resources and to duplication of work, sometimes with inconsistent regulations.
- While strong health systems are key to achieving improved health outcomes, including those for mothers and children, most countries with a high burden of maternal and child mortality have major gaps in their health systems, particularly with regard to services for disadvantaged and underserved populations. This includes the lack of capacity to produce a health workforce that is adequate for the services required.
 - The low accessibility of necessary essential health care services of good quality has led to the expansion of the role of the private sector which is often poorly regulated and inadequately monitored in terms of quality of services provided.
 - Another major challenge to the delivery of maternal and child health care services is the lack of well functioning referral systems and the lack or poor quality of emergency care for mothers and children at the referral hospitals; this contributes to maternal and child mortality.
 - Quality of services is also affected by the availability of essential medicines at health facilities (5). Studies in selected countries with a high burden of maternal and child mortality showed that the median availability of essential medicines in primary health care facilities ranged from 0% to 15% in the public sector and from 31% to 90% in the private sector (6). Many of these facilities were concerned with the provision of maternal and child health services.
 - Health information systems are generally weak in high-burden countries and there are major challenges with regard to civil registration and vital statistics. Only one-third of births are

recorded and the proportion of deaths recorded is even lower; this affects the ability of government to plan for the services required.

- Coverage with the package of cost-effective maternal and child health interventions is low in most of the priority countries. Even in countries that have reached high coverage there are inequities between rural and urban areas, and between the rich and the poor.

12. Changes in maternal and child survival over time reflect the outcome of investments made across a range of critical social determinants, such as female education, women's empowerment, poverty alleviation, investments in health systems and good governance. Such investments are clearly important within the context of the social sector policies and human development strategies being implemented across the Region.

Response to the situation

Maternal and child health: a regional priority

13. Considering the high burden of maternal and child mortality in the Region, maternal and child health was endorsed by the Regional Committee in 2012 as a strategic public health priority for the coming 5 years. Three strategic directions were set: 1) provision of special focus and support to countries with a high burden of maternal and child death; 2) investment in synergy and collaboration with concerned partners; and 3) strengthening of national plans of action through ensuring inclusion of the essential cost-effective interventions, particularly in underserved areas.

Regional initiative on saving the lives of mothers and children

14. Recognizing the need to scale up the efforts of governments, partners and donors to respond to maternal and child health needs in the Region, WHO, UNICEF and UNFPA, in collaboration with countries of the Region and other partners, jointly embarked on a regional initiative to accelerate progress towards MDGs 4 and 5 in a regional initiative on saving the lives of mothers and children. The initiative focuses on the 10 countries with a high burden of maternal and child ill health: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan Somalia, South Sudan, Sudan and Yemen. These countries are identified as priority countries for MDGs 4 and 5 because they account for around 95% of maternal and child mortality in the Region. Most of these countries have suffered or suffer from crises and significant population displacement which has adversely affected progress in maternal and child health and in achieving MDGs 4 and 5.

15. The three United Nations agencies concerned worked intensively with the identified countries to review the current status in reducing maternal and child mortality and to prepare a coordinated plan to intensify joint efforts and accelerate progress. The initiative was launched at a high-level meeting in Dubai, United Arab Emirates in January 2013, under the patronage of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice-President and Prime Minister of the United Arab Emirates and Ruler of Dubai. The meeting was organized by the WHO and UNICEF and attended by 150 participants, including 10 ministers of health, senior officials and leading figures from 22 countries of the Region, as well as key partners and stakeholders. The meeting was hosted by Her Royal Highness Princess Haya Bin Al Hussein, United Nations Messenger of Peace and Chairperson of Dubai Healthcare City Authority, who addressed the participants during the first day of the meeting.

16. The high-level meeting provided a platform for a leadership dialogue to:

- increase the profile and commitment to maternal, adolescent and child health (including newborns) with a focus on equity;
- facilitate policy dialogue for accelerated action towards the achievement of universal access to maternal, adolescent, newborn and child health services in the Region;

- discuss and agree on evidence-based packages for care and implementation strategies across the continuum of care.

17. Background documents for the meeting included country profiles for each of the ten high burden countries, a regional profile document, and a document on “What does it take and how many lives can be saved?” estimating the likely health impact and progress towards the MDG 4 and 5 targets of scaling up the coverage of key interventions, as well as the financial resources required.

18. The meeting concluded with the Dubai Declaration which outlined the path to increasing the commitment of leaders in the Region. Through the Dubai Declaration, countries expressed their commitment to: developing and implementing plans for maternal and child health; taking measurable steps to strengthen their health systems; and mobilizing domestic and international resources to establish sustainable financing mechanisms. All participating organizations agreed to improve coordination and accountability between all partners and to promote cooperation between countries within the Region (7).

Maternal and child health acceleration plans

19. Following the Dubai meeting, ministries of health of the 10 priority countries, with technical support from WHO, UNICEF and UNFPA (and other partners as relevant) developed maternal and child health acceleration plans for the period 2013–2015. The plans focus on increasing coverage with the key cost-effective interventions across the continuum of care while addressing inequities in maternal and child health, and call for greater intersectoral collaboration. The plans also establish the basis for work on the post-2015 development goals.

20. An analysis of the resource requirements to scale up implementation of the essential cost-effective interventions towards achievement of universal coverage with maternal, neonatal and child health care in the 10 countries with a high burden of maternal and child mortality and the potential to save more than one million lives of mothers and children by 2015 would require close to an additional US\$ 4 billion between now and 2015 (8). This would cover interventions in family planning, pregnancy care and skilled attendance at and immediately after birth, vaccines, treatment of main childhood illnesses, improving nutrition including breastfeeding, and access to clean water and sanitation.

21. The individual plans prepared by the 10 countries detail the specific immediate funding requirements, and the gap between the available and required funds. Extensive efforts in resource mobilization will be required to fully implement the plans.

Way forward

22. Through its recommendations, the Dubai Declaration provides a guide to the way forward for all Member States. Priority actions for countries and other partners are as follows:

- implementation of acceleration plans in the 10 countries with a high burden of maternal and child mortality, linked to national (or, if appropriate, subnational) multisectoral, costed plans for maternal, adolescent and child health with clear coverage targets for an agreed package of interventions across the continuum of care; this will require allocation of necessary human and financial resources to enable implementation;
- establishment of sustainable financing mechanisms; mobilization of domestic and international resources to increase budgets, through both traditional and innovative approaches, is critical to achieving better health outcomes for all mothers, adolescents and children;
- strengthening of regional commitment, solidarity and collaboration among all stakeholders and alignment of partners and donors around the acceleration plans;

- taking of measurable steps to strengthen health systems and vital statistics, improvement of information systems to assure quality of data, particularly through better civil registration, building a skilled workforce, and improving availability of safe and effective life-saving commodities with a view to removing barriers and bottlenecks and providing equitable access to maternal, adolescent, newborn and child health services; and
- monitoring of progress in implementing the regional initiative saving the lives of mothers and children, in line with the recommendations outlined in the accountability framework of the Commission on Information and Accountability for Women's and Children's Health.

23. WHO will report annually to the Regional Committee on the progress of the initiative. The outcome of the acceleration plans will be evaluated at the end of the period with the technical support of WHO, UNICEF and UNFPA and other partners. The results will be disseminated and used also as input in formulating the post-2015 development agenda for health.

24. The Regional Committee is invited to note this paper and to discuss steps needed to implement the Dubai Declaration and to scale up action to achieve MDGs 4 and 5.

References

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