



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

Executive summary

1. In the Eastern Mediterranean Region of the World Health Organization (WHO), children under 5 years of age represent 12% of the total population, while adolescents (10–19 years old) constitute about 20%. Despite the remarkable achievement of a 51% reduction in under-5 mortality between 1990 and 2017, more than 800 000 children still died in the Region before their fifth birthday in 2017. The Region has the highest mortality rate for newborns (first 28 days after birth) together with the African Region, and the second highest under-5 and adolescent mortality rates after the African Region.

2. The Region is characterized by wide variations among Member States in many areas – mortality burden, income level, health system development and epidemiology. Furthermore, several strategies and global action plans on newborn, child and adolescent health have been developed in the past decade, and countries of the Region require guidance on implementing these initiatives to address their newborn, child and adolescent health and development priorities. The newborn, child and adolescent health implementation framework for the Eastern Mediterranean Region, 2019–2023, takes these issues into consideration and provides country actions that can be adopted and adapted to the local context.

3. The implementation framework is intended to provide a road map for translating WHO's Thirteenth General Programme of Work (GPW 13) and its vision for the Region, Vision 2023, into action. It provides guidance on selecting priority actions and interventions most relevant to a given situation. The framework is intended to help countries of the Region to enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in line with GPW 13 and Vision 2023. Key actions are proposed in three strategic areas: (i) promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage; (ii) protecting newborns, children and adolescents from the impact of health emergencies; and (iii) strengthening the integration of health programmes, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents.

4. Member States are urged to implement actions for countries that are proposed in the framework's section on strategic areas. Countries are also expected to use the implementation framework as a guide for developing or updating their national strategic plans and road maps for action on newborn, child and adolescent health, and to use the list of implementation milestones to monitor their activities and provide brief progress reports when needed.

Introduction

5. Over the past decade, an unprecedented number of strategies and global action plans on newborn, child and adolescent health have been developed. These initiatives include the Global Action Plan for Pneumonia and Diarrhoea (GAPPD) (1), Global Vaccine Action Plan: 2011–2020 (2), Every Newborn Action Plan (ENAP) (3), the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (4) and the Global Accelerated Action for the Health of Adolescents (AA-HA!) (5). The Sustainable Development Goals (SDGs), which aim to achieve global economic, social and environmental sustainable development by 2030, will not be realized without investment in newborn, child and adolescent health and well-being.

6. The Eastern Mediterranean Region of the World Health Organization (WHO) has the highest mortality rate among newborns together with the African Region, and the second highest child and adolescent mortality rates after the African Region (6). The Region is characterized by wide variations among Member States in many areas, including mortality burden, income level, health system development and disease

epidemiology. Because of this diversity, each group of countries in the Region requires separate comprehensive guidance on how to manage their newborn, child and adolescent health priorities.

7. Furthermore, vertical approaches to health care and the fragmentation of health services are common in the Region, particularly in child and adolescent health programming. This fragmentation has often led to ineffective and inefficient programming at country level, and most activities and interventions have become programme-driven rather than child-focused. Multisectoral collaboration is another area that needs more attention in the Region. Almost half of all deaths among children aged under 5 years could be prevented through implementation of interventions outside the health sector such as education, water and sanitation, and infrastructure.

8. In addition, significant changes have taken place at the regional level in the past decade because of a substantial increase in political instability and armed conflicts. More than half the Region's countries are directly or indirectly affected by acute and protracted emergencies (7). Women, children and adolescents have been among the worst affected in these countries.

9. In May 2018, the Seventy-first World Health Assembly approved WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13) (8). GPW 13 identifies three strategic priorities for the Organization and sets ambitious public health goals for 2023. At its 65th session in October 2018, the WHO Regional Committee for the Eastern Mediterranean discussed the regional implementation of GPW 13 and noted with appreciation WHO's new vision for the Region, Vision 2023, which highlights regional strategic priorities and approaches for achieving health for all, by all so that everyone in the Region can enjoy a better quality of life (9). Newborn, child and adolescent health and development are integral components of GPW 13 and Vision 2023.

10. The regional implementation framework for newborn, child and adolescent health, 2019–2023 has been developed in response to the aforementioned situation and challenges. The framework was developed by technical units at the WHO Regional Office in consultation with Member States and relevant stakeholders. The overall goal of the implementation framework is to end preventable newborn, child and adolescent deaths and improve health and development in countries of the Region. It sets out strategic areas and age-specific interventions along the continuum of care. The broad objective is to guide and assist countries and partners to strengthen integrated, multisectoral national strategies and plans for scaling up evidence-based interventions for newborn, child and adolescent health.

Overview of newborn, child and adolescent health

Global overview

11. Over the past two decades, substantial progress has been made in reducing deaths in children aged under 5 years. Yet in 2017, an estimated 5.4 million children under 5 years died, mostly from preventable causes, with 2.5 million deaths occurring in the first month of life (6). About 7000 newborns die every day, accounting for 46% of all deaths in children under the age of 5 years (6). Preterm birth, intrapartum complications and infections cause most newborn deaths, while the main causes of death in the post-neonatal period (1–59 months) are pneumonia, diarrhoea and malaria (10). Malnutrition is an important underlying contributing factor, making children more vulnerable to severe diseases. The death rate in older children aged 5–9 years declined from 158 deaths per 100 000 population in 2000 to 96 in 2016, a 39% reduction (11).

12. There are about 1.2 billion adolescents in the world today, representing over 16% of the global population (12). Globally, the mortality rate in young adolescents (10–14 years) declined from 83 deaths per 100 000 population in 2000 to 66 in 2016. In older adolescents, (15–19 years) the rate declined from 146 deaths per 100 000 population in 2000 to 119 in 2016, which was the slowest reduction across all age groups under 20 years of age (19%) (11). In addition to survival issues, a focus on morbidity and well-being is indispensable to understand the status of the world's adolescents. The non-fatal disease burden is

measured as years of healthy life lost due to disability (YLDs). The most important causes of YLDs vary greatly across modified WHO regions and country income groups.¹ Low- and middle-income countries in the African, South-East Asian and Eastern Mediterranean regions, and low- and lower middle-income countries in general, have a high burden caused by nutritional deficiencies and infectious diseases. On the other hand, mental health and substance use disorders in adolescents (10–19 years) are more important in low- and middle-income countries in the American, European and Western Pacific regions, as well as in upper-middle and high-income countries generally (11).

Regional overview and challenges

13. The Eastern Mediterranean Region is a diverse region of 22 countries at different stages of development and health achievement. It is home to over 650 million people who have very different socioeconomic and geopolitical environments. Children under 5 years of age represent 12% of the total population of the Region while adolescents constitute about 20% (12). Between 1990 and 2017, the under-5 mortality rate decreased by 51% in the Region, from 102 deaths per 1000 live births to 50 per 1000 live births. In 2017, more than 800 000 children died in the Region before their fifth birthday. However, these regional figures mask wide variations among countries as more than 95% of the under-5 deaths occurred in nine countries only. Moreover, the gap is further widened when we compare low-income countries to high-income countries of the Region, with a range reaching as high as 119 (6).

14. The reduction in the under-5 mortality rate in the Region was achieved through the implementation of evidence-based strategies. The WHO Regional Office supported Member States in implementing and scaling up evidence-based interventions across the life course and continuum of care. The strategies include appropriate home care and timely treatment of complications for newborns, Integrated Management of Childhood Illness for all children under 5 years of age, implementation of the Expanded Programme on Immunization and infant and young child feeding. More than 2.5 million lives were saved through measles vaccination between 2000 and 2017 (13).

15. The reduction in the neonatal mortality rate has been much slower than the reduction in under-5 mortality. The neonatal mortality rate has declined by only 35% since 1990, leaving the Eastern Mediterranean Region, together with the African Region, with the highest neonatal mortality rate among all WHO regions. More than 450 000 newborns died in 2017 in the Region, accounting for more than 54% of all deaths in children under 5 years. The share of newborn deaths varies considerably between countries. In countries like Morocco and Pakistan, newborn deaths account for more than 60% of total deaths in children under 5 years, while in Somalia this figure is 30% as most under-5 mortality is due to post-neonatal causes such as pneumonia and diarrhoea (6).

16. Examining the under-5 and neonatal mortality rates in the Region against the SDG targets shows that at the end of 2017, seven of the 22 Member States of the Region had an under-5 mortality rate higher than the global target for 2030 (25 deaths per 1000 live births) and eight had a neonatal mortality rate higher than the global target for 2030 (12 deaths per 1000 live births) (6).

17. The leading causes of deaths in children under 5 years in the Region include prematurity (20%), pneumonia (15%), birth asphyxia (13%), sepsis (9%), diarrhoea (8%) and congenital anomalies (8%) (10). In countries with low under-5 mortality rates, the main causes of death are prematurity and congenital anomalies, while in countries with high under-5 mortality, pneumonia, diarrhoea and birth asphyxia are still major killers.

¹ Analysis by modified WHO region was used in the Global Accelerated Action for the Health of Adolescents (AA-HAI). To construct the seven modified WHO regions, all high-income countries were extracted from each of the six WHO regions into a separate group of high-income countries. Data were then analysed for that group, as well as for the remaining low- and middle-income countries grouped in each of the six WHO regions.

18. In addition to the traditional focus on survival, countries are now also prioritizing activities to enable children to thrive with focus on early childhood development. The strong political commitment to the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health is creating unprecedented momentum for early childhood development. The average percentage of children who are on track to achieve their full development potential is 34% in low- and middle-income countries of the Region (based on a composite indicator of under-5 stunting and poverty), ranging from 15% to 78% (14).

19. Coverage of most of the essential interventions for neonatal and child health is still below the desired targets. Only two thirds of births in the Region are attended by skilled attendants, leaving a substantial number of newborns at risk of early neonatal death. Evidence-based interventions related to pneumonia and diarrhoea are also very low in some countries; only half the children under 5 years with pneumonia receive antibiotics (15). In addition, more than 90% of the children who had not received the third dose of the diphtheria, pertussis and tetanus (DPT3) vaccine in the Region in 2017 were from six countries which have high child mortality rates. Furthermore, about two thirds of the children born in the Region are from countries that do not offer the pneumococcal conjugate vaccine or the rotavirus vaccine. Most of these countries are middle-income countries (13). A significant proportion of the population of the Region does not have access to water and sanitation services (16). The regional average for exclusive breastfeeding is low (34%) with a range of 10% to 58% (16). Integrated Management of Childhood Illness (IMCI) is the main strategy for child health in primary health care in 16 countries, with large variations in coverage ranging from 29% to 100% (17).

20. As in many other parts of the world, the health needs of children aged 5–9 years in the Region have been overlooked for a long time. In 2016, the mortality rate in children aged 5–9 years in low- and middle-income countries of the Region was 109 per 100 000 population (10). However, between 2000 and 2016, the Region showed the slowest rate of reduction in mortality in this age group – 14% compared with 47% in the African Region, 61% in the South-East Asian Region and 54% in the European Region (10). Collective violence and legal intervention is still the leading cause of death among children aged 5–9 years, followed by road traffic injuries, lower respiratory infections, congenital abnormalities, diarrhoeal diseases and drowning (11).

21. Adolescents make up about one fifth of the population of the Region (129 million) (12). The Eastern Mediterranean Region is the only WHO region to show an increase in the young adolescent (10–14 years) mortality rate, from 76 deaths per 100 000 population in 2000 to 89 deaths in 2016. This increase was mainly due to rising mortality from collective violence and legal intervention (11). The top five causes of death among young adolescents are: collective violence and legal intervention, road injury, drowning lower respiratory infections, and inter-personal violence. As for older adolescents (15–19 years old), the Region has the second highest mortality rate after the African region (134 deaths/100 000 population). The leading causes of death among older adolescent males are collective violence and legal intervention, road injuries, interpersonal violence, drowning and self-harm. The leading causes of death among females are collective violence and legal intervention, maternal conditions, road injuries, tuberculosis and self-harm (11).

22. The leading causes of YLDs in adolescents in the Region are mental illnesses and substance abuse, nutritional deficiencies, skin diseases and congenital abnormalities (13). Iron-deficiency anaemia is the top cause of YLDs among younger adolescents (10–14 years) while depressive disorders ranks first for older adolescents (15–19 years), for both males and females (11).

23. In emergency settings, children under 18 years old constituted around half the population in need of humanitarian assistance in the Region in 2017 (18). The prevailing humanitarian crises in the Region impact morbidity and mortality indicators in the affected countries as well as indicators of service coverage. Under-5 and newborn mortality rates for the Syrian Arab Republic and Yemen increased substantially from 2011 to 2016. In the Syrian Arab Republic, for instance, about 5.5 million children and 6.7 million women had been affected by the conflict and become internally displaced or refugees in neighbouring countries by the end of 2017 (18). Children in Iraq, Libya, Somalia and Yemen are also directly affected by ongoing conflicts

while Afghanistan, Pakistan, Palestine and Sudan still suffer the long-term effects of protracted emergencies. Neighbouring countries (e.g. Djibouti, Islamic Republic of Iran, Jordan, Lebanon and Tunisia) are also affected by the continuing armed conflicts and political instability in the Region.

24. Several challenges hinder progress of the newborn, child and adolescent health agenda in the Region. Security issues and instability are still key challenges in a number of countries. In addition, poor health system performance is a challenge because of problems with the health workforce, life-saving commodities, health information systems and quality of care. A lack of financial resources for newborn, child and adolescent health, particularly from domestic funds, has been reported as a main constraint, particularly in low- and middle-income countries, which are increasingly dependent on donor support. National capacity to implement and monitor newborn, child and adolescent health programmes is not satisfactory, especially at the subnational level. Furthermore, the integration of relevant newborn, child and adolescent health programmes and implementation of a multisectoral approach within and outside the health sector are still major challenges in most countries. In all countries of the Region, the role of the private sector is expanding considerably, which has resulted in an increasing financial burden on care seekers. This situation is aggravated by weak regulatory systems at country level and limited control over the private sector.

WHO response in collaboration with Member States and partners

25. Since the start of the SDG era, the WHO Regional Office, together with key partners, has taken steps to support countries to prioritize activities to achieve their goals in reducing neonatal and child and adolescent mortality and morbidity. Countries have been assisted to develop costed national strategic plans for reproductive, maternal, newborn, child and adolescent health and development aligned with the Global Strategy for Women's, Children's and Adolescents' Health and using WHO guidance documents such as Accelerated Action for Health of Adolescents: implementation guidance.

26. WHO has led efforts to introduce and scale up evidence-based neonatal, child and adolescent health interventions across the Region. Extensive support has been provided to Member States to ensure the adoption of the latest WHO recommendations on newborn, child and adolescent health and development. Early essential newborn care has been introduced in several countries to improve the quality of care for newborns, including small sick newborns, with the aim of reducing early neonatal death. To support the adoption of WHO recommendations for newborn and child health, the Regional Office translated the Hospital Care for Children and Early Essential Newborn Care Guidelines into Arabic.

27. The Regional Office has responded to the needs of populations in humanitarian emergencies by developing the Child and Adolescent Health in Humanitarian Settings Operational Guide: A holistic approach for programme managers. It provides step-by-step practical actions to help individuals and teams to confidently plan, implement, manage, monitor and evaluate child and adolescent health interventions in emergencies. It integrates globally recognized standards, strategies and frameworks into a simple, practical guide that complements existing newborn, and sexual and reproductive health guides. The operational guide has been adopted by Libya, Sudan and Syrian Arab Republic. WHO has also developed a guide on vaccination in acute humanitarian emergencies (19).

28. WHO has supported building national capacities and skills, targeting national programme managers and health care providers at the community and health facility levels. A regional pool of facilitators is now available to support countries to introduce early childhood development interventions. Together with other United Nations (UN) agencies, WHO helped selected countries build their national capacity in relation to the Accelerated Actions for the Health of Adolescents (5) and supported Member States in identifying national health priorities for adolescents and selecting relevant interventions accordingly. The Eastern Mediterranean Region was the first region globally to translate the Accelerated Actions for the Health of Adolescents into practice. Competency-based training has been adopted by countries aiming to improve their quality of care, such as coaching in early essential newborn care and care for child development. In addition, innovative approaches have been used to overcome challenges in human and financial resources,

such as an Integrated Management of Childhood Illness computerized training tool. To strengthen the role of community-based interventions and respond to the priority areas of Vision 2023, the Regional Office developed a training package on the promotion of health and development of newborns, infants and children up to 5 years at home for community health promoters.

Newborn, child and adolescent health implementation framework for the Eastern Mediterranean Region, 2019–2023

Purpose, goal and objectives

29. The Regional implementation framework is intended to provide a road map for translating GPW 13 and Vision 2023 into action. It provides guidance on selecting priority interventions and actions most relevant to a given situation. It urges countries to prioritize actions across the continuum of care and addresses the additional health risks faced in emergencies. In pursuit of UHC, it recognizes the fundamental need for integrated interventions across the life course and the continuum of service provision, and multisectoral action and partnerships. The framework is underpinned by the SDGs, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), GPW 13 and Vision 2023 (4,8,9). It builds on and takes forward previously developed and/or ongoing regional strategies. It ensures special attention for the promotion of equity and human rights, and reaching vulnerable populations.

30. Following the principles of equity, the Region is committed to leaving no one behind. The implementation framework gives increased attention to newborns, and promotes child development as a crucial aspect of health. The age group 5–9 years has been added, and the focus on adolescents has been considerably strengthened. New technical areas include violence, injuries and child disabilities, and the specific difficulties facing underserved populations and people in humanitarian emergencies have been recognized. To pave the way for implementing the strategic areas, the framework pays attention to the challenges of collaboration and coordination within and across sectors and promotes innovations in the delivery of integrated services.

31. The goal of the framework is to improve the survival, health and development of newborns, children and adolescents in countries of the Eastern Mediterranean Region. It sets out strategic areas, country actions and age-specific interventions for promoting newborn, child and adolescent health and development in countries of the Region. Its broad objective is to guide and assist countries and partners to strengthen integrated, multisectoral national strategies and plans to scale up evidence-based interventions for newborn, child and adolescent health and development by:

- harmonizing integrated approaches to implementing service packages based on the best available information;
- proposing specific country-level actions and milestones for measuring progress;
- encouraging additional attention to populations experiencing conflict and humanitarian emergencies; and
- promoting partnerships and intersectoral collaboration.

Strategic areas of the regional implementation framework

32. The framework is intended to help countries of the Region enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in line with GPW 13 and Vision 2023. To support this purpose, key actions are proposed under three strategic areas:

- promoting equitable access to quality newborn, child and adolescent health services in the context of UHC;
- protecting newborns, children and adolescents from the impact of health emergencies; and
- strengthening the integration of health programmes, and multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents.

Strategic area 1: Promoting equitable access to quality newborn, child and adolescent health services in the context of UHC

33. Inequities in access to and financing of health care services, both within and between countries, are common throughout the Region. Inequities in the accessibility of health care services across the life course are rooted in the circumstances in which people are born, grow, live, work and age (i.e. the social, economic and environmental determinants of health). Evidence has shown that much morbidity and disability and many deaths of newborns and children could be prevented by effective, scalable and sustainable improvements in the quality of care.

34. To support countries to strengthen their work in this strategic area, two sets of actions are proposed that cover access to and quality of care. Actions to promote access to newborn, child and adolescent health services include: review existing policies to ensure equity, quality and gender-responsive programming; define/update the essential health service package for newborns, children and adolescents to be delivered at each level of the health system (community, primary health care, referral) and make sure that this package is part of the national UHC package and is protected financially; build national capacity for the provision of integrated, evidence-based newborn, child and adolescent health care services; strengthen and expand community-based platforms, including schools, for service delivery to reach underserved populations; and invest in components of the health system including financing, health information systems, health workforce, medicines and commodities.

35. Actions to improve and ensure the quality of care for newborns, children and adolescents include: institutionalize quality improvement for newborn, child and adolescent health in communities and health facilities; build partnerships and establish accountability mechanisms to oversee implementation; update/develop and implement national policies, norms and standards for reproductive, maternal, newborn, child and adolescent health and development based on WHO standards; adopt competency-based curricula for health workers involved in newborn, child and adolescent care; strengthen national and subnational monitoring and supervisory systems, including clinical mentoring and coaching; develop national strategies and approaches to engage private sector health providers in quality improvement plans; and strengthen community engagement and oversight of the quality of newborn, child and adolescent health by raising public awareness and increasing civil society engagement including young people.

Strategic area 2: Protecting newborns, children and adolescents from the impact of health emergencies

36. Managing the needs of the most vulnerable groups in humanitarian emergencies is one of the most important priorities for the Region. It will require ensuring the availability of essential life-saving health services, as well as services for health protection and promotion, disease prevention, mental health and psychosocial support, nutrition and early childhood development. The framework is supported by a key regional resource in this area which is being developed by WHO's Regional Office: Child and Adolescent Health in Humanitarian Settings: an operational guide for a holistic approach for programme managers.

37. The regional implementation framework suggests the following actions to strengthen newborn, child and adolescent health interventions in humanitarian settings: ensure proper representation of newborn, child and adolescent health programmes in emergency preparedness, response and coordination mechanisms and establish a working group for maternal, newborn, child and adolescent health within the health cluster for humanitarian emergencies; obtain and review data on newborn, child and adolescent health in emergencies and use these data to prioritize actions; identify essential packages of services for newborn, child and adolescent health in humanitarian settings and ensure the inclusion of these packages in country preparedness and response plans with appropriate methods of service delivery; and include specific newborn, child and adolescent health indicators in all phases of risk prevention and detection, emergency preparedness, response and recovery.

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

38. Within the health sector, there are several health programme areas where linkages are crucial for newborn, child and adolescent health, including but not limited to nutrition, maternal health, reproductive health, immunization, violence and injuries, mental health, HIV/tuberculosis/malaria and noncommunicable diseases. It is also essential to ensure links to health system components. At the same time, key determinants of newborn, child and adolescent health often lie outside the health sector and therefore actions to reduce mortality and promote well-being and development need to have a whole-of-government and whole-of-society approach.

39. Key actions proposed under the third strategic area include: conduct comprehensive mapping of newborn, child and adolescent health stakeholders; establish a coordination mechanism involving all relevant health programmes with the aim of integrating delivery of newborn, child and adolescent health services at the point of service; establish mechanisms for formal engagement of related sectors and stakeholders with a clear governance structure and a strong representation of community actors including adolescents and youth; 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 directly affect newborn, child and adolescent health and development; promote stronger engagement of the private sector, academia, professional associations and community organizations (for example, civil society organizations and young people and parent groups); and engage UN agencies, development partners and humanitarian actors in planning, implementing and monitoring joint activities.

Newborn, child and adolescent health interventions along the life course

40. The implementation framework provides guidance on selecting the essential interventions that are most relevant to a given situation. Countries are urged to prioritize interventions across the life course as well as across the continuum of service provision. For this reason, newborn, child and adolescent health interventions are categorized into four age groups: first month of life, 1–59 months, 5–9 years and 10–19 years. These interventions are presented in the framework as essential health service packages. The interventions can be expanded depending on country-specific needs and resources. The long-term aim is for all countries to respond fully to the needs of their populations.

Monitoring and evaluation

Regional goals, targets and indicators

41. The SDGs, GPW 13 and Vision 2023 (8,9) include appropriate indicators and targets for newborn, child and adolescent health, while the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) uses a specific monitoring framework to track global progress (4). In line with the global approach, the regional implementation framework will help countries, including those in humanitarian emergencies, to achieve their own specifically defined goals and targets. The global target for reduction in under-5 and neonatal mortality is a 30% reduction by 2023 (8). However, countries in the Region need to take into account the necessary annual rate of reduction when planning. Between 2010 and 2015, as countries accelerated action towards the Millennium Development Goals, some countries achieved a 10% annual rate of reduction in child mortality (6).

42. Acknowledging the need to minimize the country reporting burden, the implementation framework coordinates ongoing monitoring efforts at the global and regional levels. Guided by the SDG indicators and the monitoring framework of the Global Strategy (20), the implementation framework includes indicators for newborns, children and adolescents across the survive, thrive and transform areas. A set of recommended indicators is listed in the framework, and countries are encouraged to promote the collection, analysis and dissemination of those indicators. They can also add more indicators depending on their context.

Implementation milestones

43. In addition to targets and indicators, there are a number of implementation-related and process-oriented milestones that all countries are expected to reach. The Regional Office will use these milestones to monitor implementation progress. The milestones are based on the three strategic areas for action (Table 1).

Table 1. Implementation milestones for the three strategic areas of actions

Strategic area	Implementation milestone
Strategic area 1: Promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage	Countries have equity-driven national plans on newborn, child and adolescent health that are costed and budgeted.
	Countries have health service packages for newborn, child and adolescent health included in their universal health coverage package.
	Countries have at least 50% of facilities with health personnel trained in the newborn, child and adolescent health packages.
	Countries are implementing up-to-date newborn, child and adolescent health standards and protocols.
	Countries are conducting periodic quality assessments of newborn, child and adolescent health care in health facilities.
	Countries have an established regulatory body for quality of care, including quality of newborn, child and adolescent health care.
	Country national plans include explicit focus on the age group 5–9 years.
Strategic area 2: Protecting newborns, children and adolescents from the impact of health emergencies	Countries have introduced and applied Child and Adolescent Health in Humanitarian Settings: an operational guide for a holistic approach for programme managers.
	Countries have incorporated newborn, child and adolescent health interventions in their emergency preparedness and response plans.
	Countries have a maternal, newborn, child and adolescent health coordination subgroup within their emergency coordination mechanisms.
	Countries have newborn, child and adolescent health indicators integrated into humanitarian assessment, monitoring and evaluation tools.
Strategic area 3: Strengthening the integration of health programmes, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents	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 the Global Accelerated Action for the Health of Adolescents (AA-HAI): guidance to support country implementation (5).

Recommendations and way forward

Member States are encouraged to:

44. Implement the actions for countries that are proposed in the framework's section on strategic areas. Countries are expected to use the framework as guidance for developing or updating their national strategic plans and road maps for action.

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

46. Consider the renewed focus on primary health care and UHC as an opportunity to advance the survival, healthy growth and development agenda for newborns, children and adolescents in the Region. They should ensure coordination of interventions and approaches to facilitate sustainability and expansion.

47. Document and disseminate their experiences, best practices and lessons learned, and report on progress in achieving SDG targets.

WHO and partners will:

48. Provide technical assistance to countries to adapt and implement the regional newborn, child and adolescent health implementation framework.

49. Build national capacity for the implementation of integrated, evidence-based newborn, child and adolescent health and development interventions.

50. Strengthen partnership with UN agencies, professional associations, civil society and the private sector to support and scale up implementation across the continuum of care.

51. Monitor progress, and promote and facilitate South–South learning and dissemination of best practices among countries.

The Regional Committee is:

52. Kindly invited to endorse the framework and to pass a resolution urging Member States to implement the above-mentioned recommendations.

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Annex 1. Newborn, child and adolescent health implementation framework for the Eastern Mediterranean Region, 2019–2023

Strategic area	Key actions	Progress indicators
Strategic area 1: Promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage	<p>Actions to promote access to newborn, child and adolescent health services in the context of universal health coverage</p> <ul style="list-style-type: none"> • Review policies to ensure equity, quality, gender-responsive programming, and child- and adolescent-friendly services • Define the essential health service package for newborns, children and adolescents to be delivered at each level of the health system (community, primary health care and referral) • Conduct a situation analysis to map the current delivery of packages, gaps and coverage of interventions • Update the essential package of interventions for newborns, children and adolescents • Ensure inclusion of the essential package of services in the national universal health coverage package • Ensure that interventions for newborns, children and adolescents are included in financial risk protection measures • Ensure the availability of a specific budget for implementation • Build national capacity for the provision of integrated evidence-based neonatal, child and adolescent health care services • Strengthen the availability of age- and sex-disaggregated data to track coverage and the cost of newborn, child and adolescent health interventions, and target equity to address disparities between the different population groups • Ensure adequate numbers and distribution of health workers who are skilled and competent to multitask • Ensure appropriate access to affordable and quality-assured medicines, vaccines, health products, diagnostics and equipment for newborns, children and adolescents • Strengthen and expand community-based platforms, including schools, for service delivery to reach underserved populations • Adopt innovative approaches for improving access to quality services <p>Actions to improve and ensure the quality of care for newborns, children and adolescents</p> <ul style="list-style-type: none"> • Institutionalize quality improvement in newborn, child and adolescent care in health facilities, build partnerships and establish an accountability mechanism to oversee implementation • Update/develop national policies, norms and standards for maternal, newborn, child and adolescent health and development using WHO standards • Implement WHO standards of care for newborns, children and adolescents at health facilities • Adopt competency-based curricula for health workers dealing with newborns, children and adolescents • Build national capacity for implementation of quality of care along the life course and continuum of care • Ensure the availability and quality of essential commodities for mothers, newborns, children and adolescents at all levels • Strengthen national and subnational monitoring and supervisory systems including clinical mentoring and coaching • Develop national strategies and approaches to engage private sector providers in quality improvement plans • Promote the use of innovations and technology to improve the quality of care • Strengthen community engagement and oversight of the quality of newborn, child and adolescent health by raising public awareness and increasing civil society engagement • Monitor patient experiences as a key indicator to ascertain improvement in the quality of care • Conduct evaluation activities including implementation research at national and subnational levels 	<ul style="list-style-type: none"> • Countries have equity-driven national plans on newborn, child and adolescent health that are costed and budgeted • Countries have newborn, child and adolescent health services packages included in their universal health coverage package • Countries have at least 50% of facilities with health personnel trained on newborn, child and adolescent health care packages • Countries are implementing up-to-date newborn, child and adolescent health standards and protocols • Countries conduct periodic quality assessments of newborn, child and adolescent care in health facilities • Countries have an established regulatory body for quality of care including quality of newborn, child and adolescent health care • Country national plans include explicit focus on the age group 5–9 years

Strategic area	Key actions	Progress indicators
Strategic area 2: Protecting newborns, children and adolescents from the impact of health emergencies	<p style="text-align: center;">Actions to protect newborns, children and adolescents from the impact of health emergencies</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<p style="text-align: center;">Actions to strengthen programme linkages, multisectoral coordination and partnerships</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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!