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## **Progress report on saving the lives of mothers and children**

### **Introduction**

1. This report summarizes the progress in implementing resolution EM/RC60/R.6 (2013) on saving the lives of mothers and children.

### **Status and progress**

#### **Regional situation**

2. Maternal and child mortality are among the main public health concerns in the Eastern Mediterranean Region. During the period 1990–2013, the maternal mortality ratio decreased by 50% and under-five mortality rate decreased by 46% in the Region.<sup>1,2</sup> Despite these achievements, the levels of reduction fall short of meeting the targets of Millennium Development Goal (MDG) 4, a 67% reduction in under-five mortality, and of MDG 5, a 75% reduction in maternal mortality ratio, by 2015. The level of maternal mortality in the Eastern Mediterranean Region is the third highest among WHO regions, after the African and South East Asia regions, and the level of child mortality is the second highest, after the African Region. If the current trend continues, MDG 4 and MDG5 will not be achieved in the Eastern Mediterranean Region.

#### **The regional initiative**

3. To scale up efforts to improve maternal and child health in the Region, the WHO Regional Office for the Eastern Mediterranean spearheaded an initiative on Saving the lives of mothers and children. The regional initiative was launched by WHO, UNFPA and UNICEF jointly with Member States in a high-level meeting held in Dubai, United Arab Emirates, in January 2013. The meeting concluded with the Dubai declaration: Saving the lives of mothers and children: rising to the challenge. In the declaration, Member States committed to develop and implement maternal and child health acceleration plans; take measurable steps to strengthen their health systems related elements; establish sustainable financing mechanisms, mobilizing domestic and international resources through traditional and innovative approaches; and improve coordination and accountability between all partners.

4. The declaration was endorsed by the 60th session of the WHO Regional Committee for the Eastern Mediterranean in October 2013 in resolution EM/RC60/R.6. In the resolution, the Committee called on Member States to fulfil the commitment expressed in the Dubai Declaration. It also urged countries with a high burden of maternal and child mortality (Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen) to strengthen multisectoral partnership in order to implement their national acceleration plans, allocate national human and financial resources and work on mobilizing additional resources from donors, partners and development agencies. It requested the Regional Director to support the efforts of Member States implement their national acceleration plans and to report to the Regional Committee on progress in implementation of the national acceleration plans annually until 2015.

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<sup>1</sup> Levels and Trends in Child Mortality: Report 2014 Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: The United Nations Children's Fund; 2014.

<sup>2</sup> Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: World Health Organization; 2014.

**WHO/UNFPA/UNICEF partnership**

5. WHO has been supporting implementation of the regional initiative since its launch in Dubai in 2013. WHO is providing intensive day-to-day technical support to the nine high-burden countries, in close partnership with UNFPA and UNICEF, in order to implement maternal and child health acceleration plans aimed at bridging the gaps in achieving MDGs 4 and 5 in these countries.

6. WHO/UNFPA/UNICEF maintained close daily contact with the nine high-burden Member States to provide on-the-spot technical assistance while developing the maternal and child health acceleration plans.

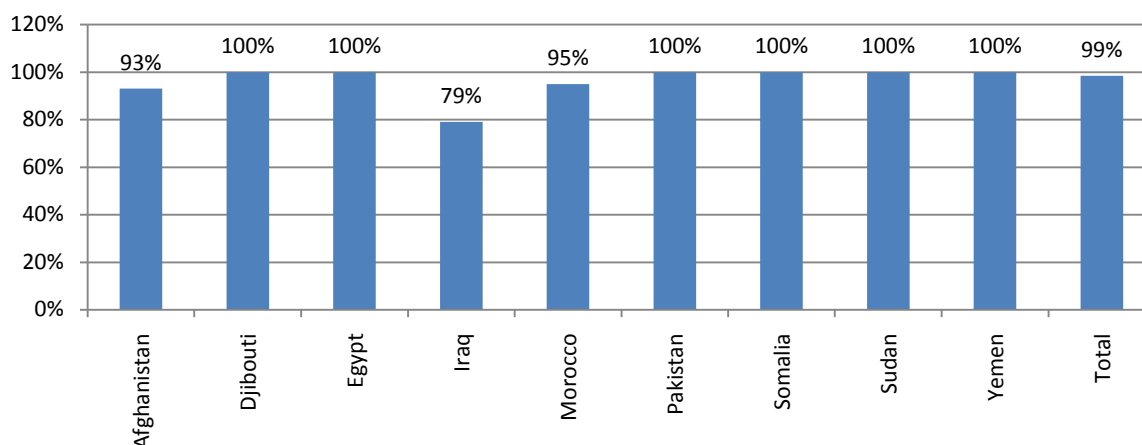
7. A technical partners' meeting was held in June 2013 to review with national programme officers the draft acceleration plans, identify and agree on required activities, building on each agency's respective strengths, and coordinate the roles and responsibilities of the three agencies in providing support to the implementation and monitoring of the plans.

8. Most countries finalized their plans after the technical partner's meeting in June 2013. The final plans are comprehensive and target disadvantaged geographical areas to ensure equity and impact on reducing maternal and child mortality. The plans address issues that are critical in reducing morbidity and mortality among mothers and children, including immunization and nutrition, using effective evidence-based interventions at community, primary health care and the first referral levels.

9. During the period from August 2013 to August 2014, six countries (Afghanistan, Egypt, Iraq, Morocco, Somalia and Sudan) officially launched the plans.

10. By January 2014, all nine eligible countries were implementing priority activities of the plans using start-up funds allocated by WHO and totalling US\$ 2 600 000. Moreover, the budget planned under the WHO/country collaborative programme for 2014–2015, totalling US\$ 7 000 000, was aligned with the acceleration plans. The national authorities of the nine high-burden countries have allocated additional funds to cover the cost of some planned activities. UNFPA and UNICEF, as well as other concerned organizations and donors have also funded some activities of the plans.

11. By end September 2014, the implementation rates of the WHO start-up funds varied among the eligible countries, reaching 100% in Djibouti, Egypt, Pakistan, Somalia, Sudan and Yemen. The overall implementation rate was 99% in the Region (Fig. 1).



**Fig. 1. Implementation rates of start-up funds for national acceleration plans, September 2014**

12. Some countries have successfully mobilized additional resources to bridge the funding gaps identified during the development of the acceleration plans. For example, by mid April 2014 the identified funding gap was reduced by 31.5% in Morocco and 26.2% in Sudan.

13. The three partner agencies (WHO/UNFPA/UNICEF) developed a donor map for the high-burden countries and identified actions to assist Member States in resource mobilization activities for funding activities of the acceleration plans and those considered for the post-2015 agenda. Audiovisual materials were developed by the Regional Office to assist the countries in relevant advocacy and resource mobilization activities.

#### **Additional technical support**

14. While implementing the acceleration plans in the nine high-burden Member States, special attention is being given to strengthening the health system-related elements of the acceleration plans. These include analysing the availability of human resources for maternal and child health services and availability of life-saving medicines and equipment in countries. Accordingly, a framework for monitoring implementation of the acceleration plans was developed and its indicators are being used to enrich the district health information system in these countries. The pilot model is being field tested in Pakistan.

15. Infection is a major killer of mothers, newborns and children under five years. In order to build national capacity in infection control, the Regional Office developed and field-tested an infection control assessment tool for use in countries with a high burden of maternal and child mortality. Training on the use of the tool is being conducted in high-burden countries. A similar tool is being developed to enable Member States to assess the quality of maternal and child health services in health centres and hospitals.

16. A knowledge gap framework addressing implementation and operational research in maternal and child health services was developed in March 2014. The framework aims to determine the improvements in maternal and child health services in each country necessary for appropriate utilization with acceptable quality. The framework was used in identifying priority research activities that aim to improve the impact of maternal and child health services delivered by the acceleration plans. For example, child emergency care seeking was identified as a priority research topic in Morocco, and barriers to primary health care approach for management of noncommunicable diseases among pregnant women in Sudan.

17. A maternal and child health education and promotion risk behaviour assessment tool was developed in March 2014 to assist countries in determining the actions required to promote lifesaving practices among mothers and their families.

18. The application of e-Health approaches, including m-Health, is being explored for promoting maternal and child health in high burden countries. The approaches are being applied in the areas of behaviour change communication, data collection and surveillance, finance and payment platforms, logistics, and service delivery. Morocco, for example, is successfully applying e-Health approaches in managing maternal and child health related emergency cases in coordination among the community, peripheral health facilities and secondary level hospitals.

19. Coordination mechanisms among all concerned parties are being strengthened, building on existing bodies at the global, regional and country levels. Some countries have established national maternal and child health coordination committees and taskforces at the national and provincial levels. The three partner agencies continue to work together in monitoring and supporting implementation of the acceleration plans in countries. A technical advisory group on maternal and child health was established to advise on addressing constraints facing implementation of the plans.

20. Missions are being organized and conducted to countries to support the implementation of the acceleration plans. The missions aim to monitor the progress of implementation and identify constraints, assess involvement of different stakeholders in supporting implementation, identify next steps and technical support needed and follow up on implementation of the roadmap of the Commission on Information and Accountability for Women's and Children's Health. As at August 2014, field missions had been conducted to Morocco, Pakistan, Somalia and Sudan, in coordination with UNFPA and UNICEF.

### **The way forward**

21. The main challenge for Member States is the need to ensure sustained commitment to maternal and child health. This will assist in addressing funding gaps, which may result in delays or deficiency in the implementation of the acceleration plans. The shortage of adequate human resources to deliver quality care and life-saving medicines and commodities, especially in remote areas, together with the quality and fragmentation of services, also need to be addressed.

22. In the coming period, Member States need to maintain high level advocacy for the maternal and child health acceleration plans in order to sustain commitment at different levels of the government and among partners, and mobilize resources to bridge funding gaps. The regular flow of funds committed to the acceleration plans to the different implementation levels needs to be ensured, as does regular availability of skilled human resources and life-saving medicines and commodities. Quality of care and the health information system up to the health district level need to be improved. The quality of implementation of acceleration plans needs to be monitored and appropriate operational research is needed.

23. WHO will support Member States to maintain high level of commitment; invest in close partnership and coordination with UNFPA and UNICEF and key stakeholders; and support resource mobilization effort to address gaps in funding of the acceleration plans. WHO will also support the strengthening of country capacity to implement the plans and will follow up on implementation, jointly with key partners to ensure smooth implementation and optimal outcome. Coordination mechanisms with partners will be further strengthened to monitor progress and address bottlenecks.

24. 2015 will soon arrive, and some of the nine high burden Member States are unlikely to achieve MDGs 4 and 5. It is critical to continue the efforts started under the acceleration plans and to ensure these issues are addressed in the post-2015 development agenda. The role of Member States is therefore essential in contributing to and driving the post 2015 agenda debate and in addressing priority issues for saving the lives of mothers and children, building on the experience already gained in the Region.