Improving the health and development of newborns, children and adolescents in the Eastern Mediterranean Region

The regional implementation framework for newborn, child and adolescent health, 2019–2023

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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Foreword

Child health has improved significantly in recent years, both globally and in the Eastern Mediterranean Region. Mortality among those aged under 5 is estimated to have fallen by about 51% in our Region between 1990 and 2017. Yet this progress masks huge discrepancies in child mortality between countries. Countries that have achieved significant progress, have prioritized interventions recommended in WHO guidance, including Integrated Management of Neonatal and Childhood Illness (IMNCI), Essential Newborn Care (ENC), Early Child Development (ECD), Accelerated Action for Health of Adolescents (AA-HA) and community-based neonatal and child health interventions.

More than ever before, child health needs are evolving, driven not only by changing landscapes and emerging concerns, but also by the transformed global architecture framed in the Sustainable Development Goals (SDGs) and the *Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030*. This new architecture mandates an integrated, child-centred approach which builds on multiple global initiatives. The focus is no longer only on reducing mortality; countries must expand their efforts to address the "thrive" and "transform" components of the global strategy. WHO must redesign its guidance on child health to align it with these emerging needs and priorities, transforming its vision for the health and development of newborns, children and adolescents.

Member States in the Eastern Mediterranean Region have risen to that challenge. At the 66th session of the Regional Committee for the Eastern Mediterranean, held in October 2019, Member States endorsed the new regional newborn, child and adolescent health implementation framework 2019–2023. The new framework provides a solid foundation for action to reduce preventable deaths among newborns, children and adolescents, improve their health and ensure their development. It offers a flexible menu of policy options and cost-effective interventions, so that each country in the Region can develop its own approach. These unique country approaches are developed to suit each country's specific context, while also aligning with *WHO's Global Strategy for Women's, Children's and Adolescents' Health, WHO's Thirteenth General Programme of Work* (GPW 13), and our vision for the Region, Vision 2023.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean

This short publication introduces the framework and explains how it harmonizes with WHO's other technical programmes. I would like to acknowledge the dedicated work of Dr Elizabeth Mason and Dr Samira Aboubakr, who served as consultants to support WHO's regional Child and Adolescent Health team in developing the framework. The development process included extensive consultation with Member States, experts and partners, including the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), and we are extremely grateful for their input.

WHO has pledged to support countries in implementing the framework as part of efforts to meet our global and regional strategic goals. I look forward to moving ahead with this important work.

1. Introduction

The Global strategy for women's, children's and adolescents' health (2016–2030) acts as a platform to accelerate action to end preventable maternal, newborn, child and adolescent deaths.

1.1 Background

The United Nations (UN) Secretary-General's *Global strategy for women's, children's and adolescents' health (2016–2030)* (*1*) and the adoption of the United Nations Sustainable Development Goals (SDGs) (*2*) provided new impetus and increased attention to improving the health of mothers, children and adolescents. With universal health coverage (UHC) at its heart, the aim of SDG 3[1] is to ensure that no one is left behind. Recognizing that the health of mothers, children and adolescents is a regional priority, the Dubai Declaration of 2013 urged countries to accelerate action to reduce maternal and child mortality, strengthen health systems, mobilize resources and improve accountability mechanisms (*3*).

In September 2017, the World Health Organization's (WHO) Regional Office for the Eastern Mediterranean published the *Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021* which identified five priorities for action – emergencies and health security; communicable diseases; noncommunicable diseases; maternal, newborn, child and adolescent health; and health system strengthening (*4*).

The roadmap highlighted the enabling factors to be promoted within the Region. These factors included, among others, advocating for Health in All Policies (HiAP), building capacity of public health management and leadership, expanding partnerships, adopting multisectoral and risk management approaches, and tackling social and environmental determinants of health.

In May 2018, the Seventy-first World Health Assembly approved *WHO's Thirteenth General Programme of Work 2019–2023* (GPW 13) (*5*). GPW 13 identified three strategic priorities for the Organization and set ambitious goals for 2023 to keep the health-related SDGs on track and provide guidance for the Organization's work for the coming years. In October 2018, the Sixty-fifth WHO Regional Committee for the Eastern Mediterranean adopted GPW 13 and formulated the 2019–2023 regional vision – Vision 2023 – which highlights the regional strategic priorities and approaches to achieve health for all, by all and with all so that everyone in the Region can enjoy a better quality of life (*6*). Vision 2023 is anchored in and contributes towards implementation of GPW 13 and the 2030 Sustainable Development Agenda (*7*) to achieve the SDGs.

1.2 Regional context

The WHO Eastern Mediterranean Region is a diverse region of 22 countries at different stages of development and health achievements. It is home to almost 679 million people with very different socioeconomic and geopolitical environments.

The Region has experienced emergencies on an unprecedented scale with more than half the countries of the Region suffering from acute or protracted emergencies, including armed conflicts, political instability and humanitarian crises. The Region has a greater proportion of people in need of humanitarian assistance than any other WHO region. Nine out of 22 countries of the Region continued to respond to emergencies in 2018 (Grade 3, as per WHO's grading: Somalia, Syrian Arab Republic and Yemen; Grade 2: Iraq, Libya, Palestine and Sudan; Grade 1: Afghanistan and Pakistan). Saudi Arabia has been at Grade 2 for Middle East respiratory syndrome coronavirus (MERS-CoV) since 2012. An additional seven countries of the Region were directly or indirectly affected by emergencies: Djibouti, Egypt, Jordan, Kuwait, Lebanon, Oman and United Arab Emirates (*8*).

Children under 5 years of age represent 12% of the total population of the Region while adolescents (10–19 years) constitute about 20% (*9*).

1.3 Health status in the Region

Between 1990 and 2018, the under-5 mortality rate decreased by 54% in the Region, from 103 deaths per 1000 live births to 47 per 1000 live births (*10*). Still, in 2018, more than 800 000 children died in the Region before their fifth birthday. These regional figures mask wide variations between countries as more than 95% of the deaths in children under 5 years 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.

The reduction in the neonatal mortality rate has been much slower than the reduction in under-5 mortality. The neonatal mortality rate declined by only 40% from 1990 to 2018, leaving the Eastern Mediterranean Region with the second highest rate after the WHO African Region (*10*). More than 450 000 newborns died in 2018 in the Region,

[1] SDG 3: Ensure healthy lives and promote well-being for all at all ages.

accounting for more than 56% 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, while in Somalia, this figure is 33% because most under-5 mortality is due to post-neonatal causes such as pneumonia and diarrhoea.

The leading causes of deaths in children under 5 in the Region include prematurity (20%), pneumonia (15%), birth asphyxia (13%), sepsis (9%), diarrhoea (8%) and congenital anomalies (8%) (*11*). 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 the main causes of death.

Malnutrition contributes to 45.0% of all deaths in children under 5 in low- and middle-income countries, and stunting affects 25.6% (*12*). For those children who survive, malnutrition, particularly before 2 years of age, adversely affects growth and cognitive development. This in turn translates into reduced learning, economic productivity and propensity for social interaction within a community. Factors that put children at risk of suboptimal development include undernutrition, poverty, violence and injuries in the home and community, and low maternal education. Many of these factors are found in countries of the Region, particularly those countries that are experiencing conflict and humanitarian emergencies. 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%. Noncommunicable diseases and congenital anomalies also need to be considered as they are responsible for 5.3% and 2.9% of deaths of children under 5, respectively (*13*).

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 (*11*). 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 (*11*). Collective violence (e.g. coups, rebellions and revolutions) and legal intervention (injuries inflicted by the police or other law-enforcement agents in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and other legal action) is still the leading cause of death in children aged 5–9 years, followed by road traffic injuries, lower respiratory infections, congenital abnormalities, diarrhoeal diseases and drowning (*14*).

Adolescents make up about one fifth of the population of the Region (129 million) (*15*). The Eastern Mediterranean Region is the only WHO region to show an increase in the mortality rate in young adolescents (10–14 years), from 76 deaths per 100 000 population in 2000 to 89 deaths per 100 000 population in 2016. This increase was mainly due to rising mortality from collective violence and legal intervention (*14*). The top five causes of death in young adolescents are: collective violence and legal intervention, road injury, drowning, lower respiratory infections and interpersonal violence. As for older adolescents (15–19 years), the Region has the second highest mortality rate (134

deaths per 100 000 population) after the African Region. The leading causes of death in older adolescent males are collective violence and legal intervention, road injuries, interpersonal violence, drowning and self-harm. The leading causes of death in females are collective violence and legal intervention, maternal conditions, road injuries, tuberculosis and self-harm (*14*). The leading causes of years lost due to disability in adolescents in the Region are mental illnesses and substance abuse, nutritional deficiencies, skin diseases and congenital abnormalities (*14*). Iron-deficiency anaemia is the top cause of years lost due to disability in younger adolescents (10–14 years), while depressive disorders are the main cause for older adolescents (15–19 years), for both males and females (*14*).

In emergency settings, children under 18 years constituted about half the population in need of humanitarian assistance in the Region in 2017 (*16*). The prevailing humanitarian crises in the Region have an impact on morbidity and mortality indicators in the affected countries as well as on indicators of service coverage.

The Region also has the second highest maternal mortality rate of all WHO regions. The contraceptive prevalence rate remains at 46%, which is the lowest of WHO regions after the African Region. The unmet need for family planning is 18%, the second highest worldwide (*17*).

1.4 Health equity in the Region

There remain huge disparities in child survival between countries and within countries, and important gains in child survival have been reversed by insecurity, war and displacement. Nowhere are women, children and adolescents more at risk of being left behind than in situations of conflict and humanitarian crises.

Countries of the Region continue to suffer from the double burden of communicable and noncommunicable diseases, Furthermore, the transition to unhealthy diets and sedentary lifestyles that has occurred in the Region and has led to the large increase in obesity affecting people of all ages. The environment also affects the health and well-being of the people of the Region, from preconception, pregnancy, child birth, infancy, childhood and adolescence through to adulthood and older age.

Inequities in health across the life course are rooted in the circumstances in which people are born, grow, live, work and age (that is, the social, economic and environmental determinants of health), and the health systems that manage illness and disease. Inequities in access to and financing of health care services, both within and between countries, are common throughout the Region.

A young boy from Pakistan shows off his finger marking after receiving polio vaccine

2. Implementation framework for newborn, child and adolescent health

2.1 Rationale

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) (*18*), *Global Vaccine Action Plan: 2011–2020* (*19*), *Every Newborn Action Plan* (ENAP) (*20*), *the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)* (*1*) and the Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation (*21*). The SDGs, which aim to achieve sustainable global economic, social and environmental development by 2030, will not be realized without investment in newborn, child and adolescent health and well-being.

The 2030 Agenda for Sustainable Development addresses lifelong well-being as does the *Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030*, Vision 2023 and GPW 13, all of which provide the foundation for a focus on early life as a way to help people attain a long, productive and healthy life, including through the prevention of adult noncommunicable diseases.

In addition, the SDGs call for countries to reduce under-5 mortality to at least as low as 25 deaths per 1000 live births and newborn mortality to at least as low as 12 deaths per 1000 live births. Vision 2023, which is anchored in GPW 13 and the 2030 Agenda for Sustainable Development, calls for strategic regional priorities and approaches to achieve UHC – access for all to quality health services without financial hardship – in order for everyone in the Region to enjoy a better quality of life. This better quality of life, however, can only be achieved if a concerted effort is made to improve coordination and integration between programmes and sectors to deliver quality care across the life course.

Vertical approaches to health care and fragmentation of health services are common in the Region, particularly in child and adolescent health programmes. This fragmentation has often led to ineffective and inefficient programming at the 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. A substantial proportion of childhood morbidities and mortality could be averted by strengthening interventions that are outside the health sector such as improving water, sanitation and air quality (*20*).

The regional implementation framework is intended to provide a roadmap for translating Vision 2023 into action. It gives 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 caused by emergencies. In pursuit of UHC, the framework recognizes the fundamental need for: interventions across the life course and a continuum of

service provision; the integration and convergence of interventions; 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 (*1,2,5,6*). It builds on and takes forward previously developed and/or ongoing regional strategies. It ensures special attention to the promotion of equity and human rights, and to reaching key vulnerable populations.

The framework aims to support Member States to implement cost-effective, evidence-based newborn, child and adolescent health and development interventions in the context of UHC and humanitarian action. It promotes the engagement of non-health sectors in order to reduce the risk of developing noncommunicable diseases and other conditions, especially in children and adolescents so as to influence their lifelong health and well-being, and their future social and economic development.

The framework is generic and countries are expected to adapt and expand actions as needed in line with their national context.

2.2 Goal

The goal of the implementation framework is to improve the survival, health and development of newborns, children and adolescents in countries of the WHO Eastern Mediterranean Region.

2.3 Objectives

This implementation framework sets out the strategic areas, country actions and age-specific interventions for promoting newborn, child and adolescent health and development in the countries of the Eastern Mediterranean Region. Its 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 and development by:

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

2.4 What is new about the framework?

The framework presupposes intervention areas that cut across all population groups and all strategic areas, with UHC at the centre, which requires health system strengthening, including financial protection and human resources, and engagement of the private sector. Areas of action that are focused on in the framework include: developing workforce capacity; promoting good family practices; partnering with other health programmes including, but not limited to, immunization and nutrition; and strengthening quality of care, patient safety, civil registration and vital statistics systems, and health information systems. The framework also takes into account the need for strong partnerships and intersectoral collaboration.

In line with the principles of equity and leaving no one behind, the framework gives increased attention to newborns, and promotes child development as a crucial aspect of health. The age group 5 to 9 years has been added to the framework, and the focus on adolescents has been substantially strengthened. New technical areas include injuries and child disabilities, and the problems specific to underserved populations and to areas experiencing humanitarian emergencies. To pave the way for implementing the strategies, the framework considers the challenges of collaboration and coordination within and across sectors, and promotes innovations in the delivery of integrated services.

The regional implementation framework:

- is based on **equity and universal health coverage**
- emphasizes **newborn health**
- recognizes **child development** as a crucial aspect of health
- addresses needs of **children aged 5–9 years**
- increases focus on **adolescent health and development**
- expands to new areas, for example injuries and disability
- provides guidance for countries experiencing **humanitarian crisis or conflict**
- stresses **integration, coordination, partnerships and multisectoral approaches**
- promotes **innovations**.

3. Strategic areas for action on newborn, child and adolescent health in the Region

Countries are expected to use the framework to enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in alignment with GPW 13 and Vision 2023 and with particular attention to three strategic areas (see Box 1): 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 integration, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents.

Box 1 –
Newborn, child and adolescent health: strategic areas

1. **Promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage**
2. **Protecting, newborns, children and adolescents from the impact of health emergencies**
3. **Strengthening integration of health programmes, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents**

3.1 Strategic area 1: Promoting equitable access

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

UHC ensures that all people and communities can access and use the promotive, preventive, curative, rehabilitative and palliative health services they need that are of sufficient quality to be effective, while also ensuring that the use of these services does not expose them to financial hardship. UHC is about a strong and resilient people-centred health system. It cuts across the health-related SDGs and affects many other SDG targets.

According to the regional UHC service index, 53% of the people in the Region have access to essential health services (*22*). This coverage is below the global (population weighted) coverage of 64%. Looking at tracer indicators to measure progress towards UHC, the prevalence rates for contraceptive use and antenatal care coverage in the Region range from 11.7% to 58.6% and from 3.3% to 100%, respectively (*22*). This inequitable service coverage leads to a high regional maternal mortality ratio.

In 2017, 80% of infants in the Region received three doses of the diphtheria, pertussis and tetanus (DPT) vaccine (*23*). Of the 3.2 million infants who did not receive this vaccine, more than 90% were in countries affected by emergencies. In 2018, more than 800 000 children under 5 died in the Region. About 15% of these deaths were due to pneumonia (*10*). However, only 62% of children under 5 with an acute respiratory infection were taken to an appropriate health care provider and only 50% with suspected pneumonia received antibiotics (*17*).

Key challenges to accessing quality reproductive, maternal, newborn, child and adolescent health services in the Region include: vertical and fragmented programmes for disease prevention and control; low involvement of subnational teams for reproductive, maternal, newborn, child and adolescent health services in strategic planning; weak or non-existent referral/counter-referral protocols; inadequate attention to the health of 5–9-year-olds and adolescents; lack of integrated packages for reproductive, maternal, newborn, child and adolescent health services; shortage of qualified health workers, uneven geographical distribution of health workers and absence of effective task sharing (giving certain tasks of more highly qualified health professionals, such as doctors, to paramedical staff, such as nurses and midwives); and inadequate health information disaggregated by age and sex, including inadequate surveillance of maternal and perinatal deaths. These challenges are greater in remote areas and during humanitarian emergencies.

Advancing UHC for newborns, children and adolescents in the Region will require interventions to ensure equitable access to essential health service packages.

Increase access to essential health service packages

A number of essential packages are available to ensure that individuals in the different population groups can survive and thrive. These packages and the interventions they contain may only be available to certain groups in the population because of resource constraints, competing priorities or geographic distance. Therefore, planning and management departments must focus on making sure that the essential services are well defined and that they can be accessed even in the most remote or poorest areas of a country, and by all population groups.

Fig. 1 shows the packages of services across the life course for newborns, children and adolescents under the umbrella of the three strategic areas of the framework. A detailed list of essential interventions with the level of

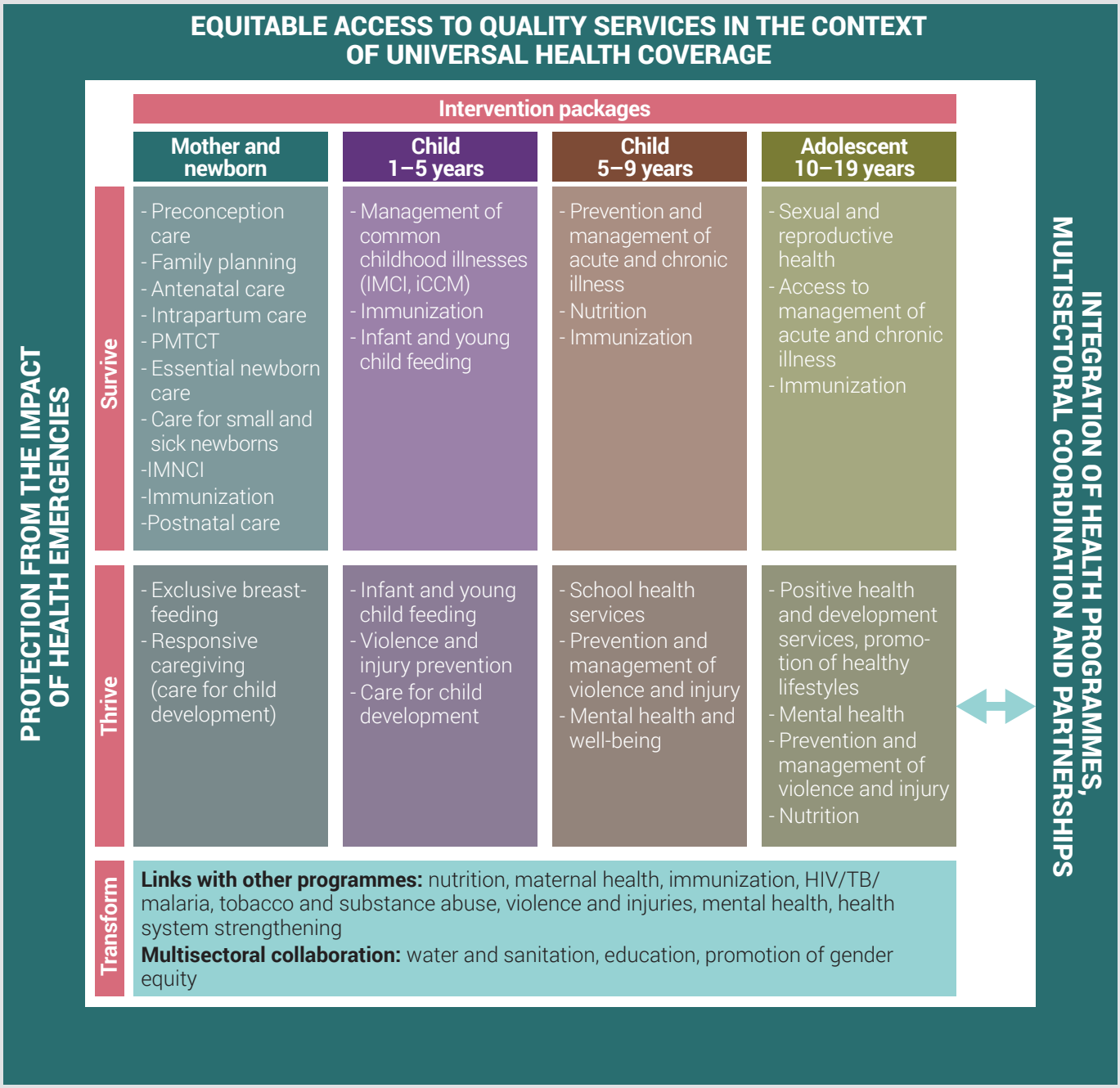

Fig. 1 Packages of services across the life course

care and the minimum qualifications required for the care provider has been developed and is available at: http://www.emro.who.int/uhc-pbp/types-of-packages/index.html. The list is a draft which may be adapted at country level depending on each country's context and priority benefit package for universal health coverage.

Promote equity

Equity is the absence of avoidable or remediable differences between groups of people, whether those groups are defined socially, economically, demographically or geographically. Inequities adversely affect the health outcomes of women, children and adolescents, especially those who are marginalized, excluded from society, affected by discrimination or living in underserved communities. Inequities particularly affect the poorest and least educated people, and those living in remote areas and in places experiencing humanitarian emergencies. In alignment with the Global strategy for women's, children's and adolescents' health (2016–2030) (*1*), GPW 13 (*5*) and Vision 2023 (*6*), countries must advocate for policies and programmes that are equity-driven, gender-responsive, child- and adolescent-friendly, and human rights-based.

Promoting equity involves addressing the determinants of health, such as nutrition, and water and sanitation. Equity means better access to the resources needed to improve and maintain health or health outcomes, and overcoming inequalities that infringe human rights norms. Ensuring equity implies learning and understanding why different groups may be disenfranchised. Examples of issues to explore include whether women or adolescents or specific ethnic groups are able to visit health facilities, whether they

are accepted by health workers, whether communication between the health worker and the person seeking care is hindered by language, class or other factors, and whether there is discrimination in treatment.

Box 2 –
Actions to promote access to newborn, child and adolescent services in the context of UHC

- **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, referral).**
- **Conduct a situation analysis to map out current delivery of health packages and coverage of interventions, and gaps in delivery and coverage.**
- **Update the essential package of interventions for newborns, children and adolescents.**
- **Ensure inclusion of the essential package of services in the national UHC package.**
- **Ensure that interventions for newborns, children and adolescents are included in financial risk-protection measures.**
- **Ensure availability of a specific budget for implementation of the essential health service package.**
- **Build national capacity for provision of integrated, evidence-based newborn, child and adolescent health care services.**
- **Strengthen the availability of age- and sex-disaggregated data to track coverage of and expenditure on interventions for newborn, child and adolescent health, and target equity to address disparities between different population groups.**
- **Ensure adequate numbers and distribution of multitasked, skilled and competent health workers.**
- **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.**

Address key components of newborn, child and adolescent health within UHC

UHC is the umbrella under which actions to strengthen health systems are promoted. Key actions to promote access to newborn, child and adolescent health services in the context of UHC are described in Box 2.

The implementation framework will continue to be updated based on the needs of Member States and remains a guide providing technical support and monitoring progress. This aligns with the milestones of GPW 13 and UHC for countries implementing the global strategy for women's, children's and adolescents' health (*24*). The framework provides guidance on: setting directions to meet global targets, conducting annual health sector reviews, delivering integrated funding to cover the continuum of care in fragile settings, developing a health financing strategy, and aligning civil registration and vital statistics systems with international standards.

Deployment and equitable distribution of appropriately skilled and qualified health workers (doctors, nurses, midwives and community health workers) is a prerequisite for UHC and essential for improving access to quality essential services. None of the countries of the Region with high maternal and child mortality meets the minimum WHO standard of 23 health workers per 10 000 population. Furthermore and importantly, trained health workers are being lost through migration caused by humanitarian crises. Strategies to increase the numbers of health workers, including midwives, paediatric nurses and community health workers, through training and retention are thus crucial, in alignment with the *Global strategy on human resources for health: workforce 2030 (25) and the Framework for health workforce development in the Eastern Mediterranean Region 2017–2030 (26).*

Improve and ensure quality of care across the life course and the continuum of care

Poor-quality care is a barrier to reducing mortality. Today nearly six in 10 deaths from conditions that are responsive to care are because of poor quality of care (*27*). Countries must ensure the availability of quality services for newborns, children and adolescents.

The WHO vision for quality of care is based on a conceptual framework that encompasses both the provision of care (that is, the actions of the health system and health worker) and the experience of care (that is, the perceptions of the patient). Quality of care is embedded within the functions of health systems and builds on the basic principle that care given to newborns, children and adolescents is evidence-based, safe, effective, timely and efficient, and that interventions are scalable and sustainable.

In line with the implementation guidance developed for improving the quality of care for maternal, newborn, child and adolescent health, Box 3 gives key actions for

improving quality of care for newborns, children and adolescents. Leadership and commitment at the highest level are key for institutionalization and sustainability of strategies to improve quality of care.

Box 3 –
Actions to improve and ensure quality of care for newborns, children and adolescents

- Institutionalize quality improvement for newborn, child and adolescent health within health facilities; build coalitions with all partners, departments, the private sector and other sectors involved in health services provision, and establish accountability mechanisms to oversee implementation.
- Update/develop national policies, norms and standards for maternal, newborn, child and adolescent health and development based on WHO standards.
- Implement WHO standards of care for newborns, children and adolescents in health facilities.
- Adopt competence-based curricula for health workers dealing with newborn, children and adolescents.
- Build national capacities for implementation of quality of care throughout the life course and continuum of care.
- Ensure availability and quality of essential commodities for the health of mothers, newborns, children and adolescents at all levels.
- Strengthen national and subnational monitoring of quality of care and supervisory systems for the implementation of interventions, including clinical mentoring and coaching.
- Develop national strategies and approaches to engage private-sector providers in plans for quality improvement.
- Promote the use of innovations and technology to improve quality of care.
- Strengthen community engagement and oversight of the quality of newborn, child and adolescent health services by raising public awareness and increasing the engagement of civil society.
- Monitor patient experience as a key indicator for ascertaining improvement and quality of care.
- Conduct evaluations of the implementation of activities to deliver newborn, child and adolescent health interventions, including implementation research at national and subnational levels.

3.2 Strategic area 2: Protecting people from the impact of health emergencies

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

Emergencies disrupt health systems and affect access to care for women, newborns, children and adolescents. About half of the global burden of maternal, newborn and child mortality is among people living in areas experiencing humanitarian crises or in fragile settings. Millions of women, newborns, children and adolescents living in such settings also face substantially increased risks of morbidity because of unsafe environments, violence and the effects of poor nutrition and mental health problems. However, most development assistance is directed towards countries and populations in relatively stable conditions (*24*).

Of the 131.7 million in need of aid globally in 2018, 70.2 million (53.3%) lived in the Region (*8*). The Region also faced increased population movement due to forced displacement and migration. At the end of 2018, 70.8 million people were forcibly displaced worldwide – including refugees and internally displaced persons. Of these, 32 million (45.3%) originated from the Region, while 25.4 million continued to reside in the Region (*8*). Routine immunization coverage in several conflict-affected countries of the Region is low. Over 90% of the children in the Region who have not received with third dose of the DPT vaccine live in countries experiencing humanitarian emergencies (Afghanistan, Iraq, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen) (*8*).

The health systems in countries of the Region affected by emergencies are often weak and unable to cope with the increased demands. Often specific issues related to maternal, newborn, child and adolescent health are neglected. Capacity for emergency preparedness and response may also be limited.

Box 4 –
Actions to protect newborns, children and adolescents from the effects of health emergencies

- Ensure proper representation of newborn, child and adolescent health in the emergency coordination mechanisms.
- Establish a working group for maternal, newborn, child and adolescent health within the health cluster for humanitarian emergencies.
- Ensure that measures for risk assessment in all phases of risk prevention and detection, and emergency preparedness, response and recovery include the specific needs of newborn, child and adolescent health.
- Obtain and review data on newborn, child and adolescent health and use these data to prioritize actions.

Box 4 — (continued)

- 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 effect of the emergency response.
- Strengthen the capacity of national authorities and local communities to manage newborn, child and adolescent health in emergencies.

Providing for the needs of the most vulnerable in humanitarian emergencies is therefore one of the most important priorities for the Region. It will require ensuring the availability of essential life-saving health services, including health protection, health promotion, disease prevention, mental health and psychosocial support and nutrition services, including support for infant and young child feeding.

Resources, such as the *Child and adolescent health in humanitarian settings: an operational guide for a holistic approach for programme managers* (*28*) developed by the Regional Office, are available to guide the provision of care in emergencies. The operational guide uses a life-cycle approach to cover the full spectrum of child health from birth to adolescence, and an all-hazard approach to address natural disasters, armed conflict and political instability, and all phases from preparedness, response and recovery. The primary purpose of the guide is to ensure that the needs of all newborns, children and adolescents are fully considered in the humanitarian action.

Box 4 describes the key actions to protect newborns, children and adolescents from the effects of health emergencies.

3.3 Strategic area 3: Strengthening integration, multisectoral coordination and partnerships

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

Promotion of reproductive, maternal, newborn, child and adolescent health requires an integrated and multisectoral approach that addresses health determinants. It also requires leadership and commitment at the highest level of government. Key determinants of health often lie outside the health sector and thus actions aimed at achieving the SDGs and a healthier population need a "whole of government" and "whole of society" approach.

Linkages and coordination are based on the principles of country ownership, collaboration within the health sector and between other sectors, partnerships between agencies and institutions as well as the private sector, and community engagement, participation and accountability. Key programmes that influence the life course of women, newborns, children and adolescents may be the responsibility of different departments within the health sector. In such cases, ensuring coverage of interventions requires strengthened links between the key programmes related to maternal, newborn, child and adolescent health across the life course and along the continuum of care. As described in the WHO discussion paper on intersectoral action on health, strengthening links and involvement requires engaging the health sector systematically across different levels of government and with other sectors to include health dimensions in each of their activities (29). This must be followed by the establishment of institutionalized processes that value cross-sectoral problem-solving and deal with power imbalances between different sectors.

The engagement of non-health sectors needs to be enhanced in order to reduce the risk of children and adolescents developing noncommunicable diseases and other conditions and ensure their life-long health and well-being and future social and economic development.

Box 5 —
Actions to strengthen programme links, multisectoral coordination and partnerships

- **Conduct comprehensive mapping of the stakeholders concerned with newborn, child and adolescent health.**
- **Establish mechanisms for coordination with involvement of relevant health programmes with the aim of achieving integrated newborn, child and adolescent health services at the point of service delivery.**
- **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 young people.**
- **Build capacities and skills of stakeholders to work with different sectors and in partnership.**
- **Promote and ensure Health in All Policies by working with relevant government sectors to develop evidence-based policies, guidelines and recommendations on areas that have a direct impact on newborn, child and adolescent health.**
- **Implement the framework for nurturing care for early child development (30) and the Global accelerated action for the health of adolescents (AA-HA!) (20) through integration and multisectoral coordination to help children and adolescents survive and thrive and to transform health and human potential.**
- **Promote stronger engagement of the private sector, academia, professional associations and community organizations (e.g. civil society organizations, young people and parents' 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.**

The roles and responsibilities of sectors outside the health sector must be defined and agreed upon. Formal mechanisms of coordination may be the best way to reduce overlap and ensure actions complement each other when implementing national and subnational policies. Box 5 gives the key actions needed to improve cooperation and coordination for newborn, child and adolescent health.

According to the 2017 Joint WHO/World Bank Group Monitoring report on UHC, almost half of the Region's population does not have access to 16 essential health services (*22*). An assessment of the private health sector in 2013 showed that 90% of health facilities were private in some countries of the Region (*31*). Therefore, the private sector can play an important role in increasing access to essential health services and UHC packages using strategic purchasing options and financial protection arrangements.

Civil society actors are also uniquely placed to represent and reach target populations. They are actively engaged in delivering services to vulnerable and hard-to-reach populations in the Region, particularly at the community level. A stronger partnership and collaboration with civil society organizations is the way forward for advancing UHC in the Region.

4. Links with other health programmes and sectors

Health programme areas with which links are crucial for newborn, child and adolescent health include, but are 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, such as governance, health financing, health information systems,medicines and technologies (Fig. 2).

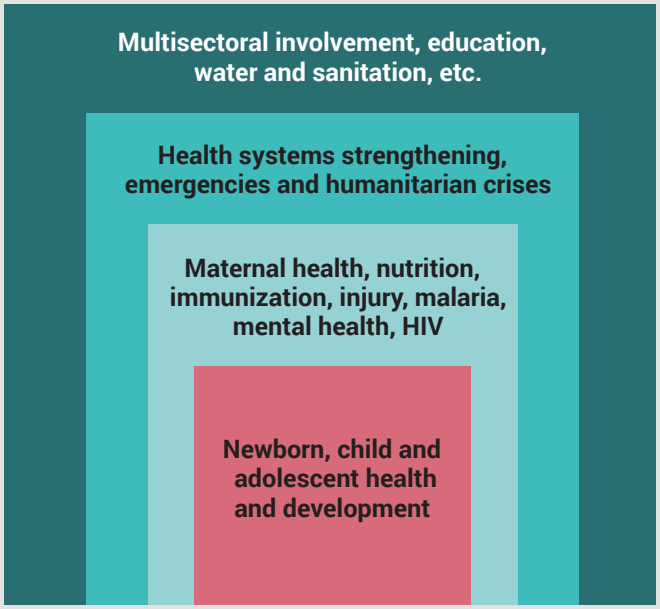

Fig. 2 Packages of services across the life course

4.1 Nutrition

Good nutrition is central to child survival, growth and development and to adolescent well-being. Good nutrition is also essential to prevent noncommunicable diseases early on in life, especially given the increase in childhood obesity which has a direct and negative effect on mental and emotional well-being, peer relations, learning, and opportunities to participate in education and recreation.

Malnutrition contributes to about 45% of the deaths of children under 5 years. It also contributes to impaired cognitive and mental development. In some countries, more than 40% of school-aged children suffer from anaemia, which reduces their ability to concentrate and their overall school attainment. Iron-deficiency anaemia and malnutrition in adolescents, particularly adolescent girls, contributes to mortality from early pregnancy-related causes. At the other end of the scale, overnutrition is a risk factor for diabetes and heart disease in adult life, and is rapidly increasing in countries of the Region, even in children under 5 (*32*).

Breastfeeding provides the best start in life, but only 29% of newborns in the Region are exclusively breastfed to 6 months (*32*). Seventeen countries of the Region have legislation on the International Code of Marketing of Breast-milk Substitutes (*33*), and are currently working to strengthen the provisions of the code within their countries.

In addition, on average in the Region, 19% of children are born with low birth weight, and 28% of children under 5 are stunted, 9% are wasted and 18% are underweight. Furthermore, 7–88% of children under 5 years in the Region are anaemic (*34*).

The regional nutrition strategy 2010–2019, updated with key targets for 2030, sets out the principal strategies for reducing this double burden of under- and overnutrition, and encourages countries to develop relevant nutrition strategies and action plans (*35*).

4.2 Maternal health

Good quality of care before and during pregnancy, around the time of birth and after delivery is essential for maternal health as well as for positive pregnancy outcomes, newborn survival and the prevention of stillbirths. While all high-income countries have almost 100% coverage of antenatal care and skilled attendance at birth, with corresponding low maternal and neonatal mortality rates, low-income countries have low rates of one antenatal care visit and even lower rates of four antenatal visits. Skilled attendance at birth is also low in poorer countries, with fewer than 60% of women having a skilled attendant present at childbirth.

The principal link between the regional nutrition strategy and newborn, child and adolescent health is promoting and protecting the nutritional well-being of women, newborns, children and adolescents, and ensuring good nutrition throughout the life course for all age groups. Incorporating key nutrition messages and actions into preconception advice, antenatal care, childbirth, essential newborn care, integrated management of neonatal and childhood illness, and school health and adolescent programmes is crucial to improving newborn, child and adolescent health.

This is reflected in the high rates of maternal mortality, neonatal mortality and stillbirths. Because it is most often the same health worker who cares for the mother and baby, close collaboration between maternal and child health programmes is essential to ensure harmonized approaches that will improve access to and quality of care at childbirth. Maternal and perinatal death surveillance and response is being implemented in most countries of the Region, although the perinatal component still needs to be strengthened.

Adolescent pregnancy rates are high in many countries of the Region, usually because of child marriage, and complications of pregnancy and childbirth are one of the leading causes of death in adolescent girls.

A strong maternal health programme, with universal access to quality care before and during pregnancy, childbirth and after delivery is essential for improving newborn survival and preventing stillbirths. The promotion of care around birth including early essential newborn care (EENC) aims to ensure that health providers have the skills and knowledge to provide appropriate care at the most vulnerable period in a baby's life. In addition, adolescent health programmes that promote delayed pregnancy in adolescent girls and preconception care are important to improving health and well-being during pregnancy and childbirth.

4.3 Immunization

The focus of national immunization programmes in vulnerable countries (those with high child mortality and low immunization coverage) has mainly been on increasing coverage and introducing new vaccines for children under 1 year. However, in line with global and regional vaccine action plans, the benefits of immunization need to reach all population groups, and vaccines should be provided through the life course. In the Eastern Mediterranean Region, 16 of the 22 countries have expanded their national immunization programmes beyond infancy. Booster doses of vaccines, especially DPT and tetanus–diphtheria (Td) vaccines, are being provided to school-aged children. All countries now use the pentavalent vaccine. Regional immunization coverage, measured as a third dose of the DPT vaccine, was 81% in 2017, although 14 countries have coverage of 90% and higher (*23*). In efforts to reduce child pneumonia and diarrhoea, 17 countries have introduced the pneumococcal conjugate vaccine and 14 have introduced rotavirus vaccine. More emphasis should be directed towards introducing and increasing coverage of the birth dose of the hepatitis B vaccine, which has been introduced in 17 countries of the Region.

Coordination between child health and immunization programmes is critical for strengthening immunization provided to newborns, during infancy and early childhood to minimize missed opportunities for vaccination, and during adolescence and beyond in order to reach the target of universal access to vaccines.

Libya and the United Arab Emirates have introduced the human papilloma virus vaccine for prevention of cervical cancer. Although data on cancer of the cervix are incomplete in the Region, several countries have a significant burden of cancer of the cervix (*36*).

4.4 Violence and injuries

The top five causes of death in adolescents aged 10–19 years are collective violence and legal intervention, road traffic injury, drowning, interpersonal violence and lower respiratory infections. In the Eastern Mediterranean Region, interpersonal and collective violence has steadily risen since 2010 and became the leading cause of death in older children and adolescents in 2016 (*21*). Programmes to prevent violence and injury, promote regulations for road safety and prevent violence against women and girls are often not specific to adolescents.

Links with newborn, child and adolescent health programming, through the Integrated Management of Neonatal and Childhood Illness strategy and other implementation strategies can reduce missed opportunities and increase vaccination coverage at primary health care and community levels.

Close collaboration between adolescent health and immunization programmes could facilitate the introduction of the human papilloma virus vaccine and strengthen the adolescent health programme. In addition, coordination between maternal and child health programmes and immunization programmes is essential to introduce and expand coverage of doses of polio, Bacillus Calmette–Guérin and hepatitis B vaccines within 24 hours of birth.

Of all health interventions, immunization has the highest coverage. As such, it provides an excellent opportunity and platform for provision of other health interventions and expanding UHC.

According to the global status report on road safety in 2018, road traffic injuries are the leading cause of death in children aged 5–14 years and young adults aged 15–29 years (*37*). The Region has the third highest rate of road traffic deaths with 16.9 deaths per 100 000 population. Enacting and enforcing legislation on key behavioural risk factors, including speed limits, drink driving, and failure to use motorcycle helmets, seat belts and child restraints, are important elements of an integrated strategy to prevent road traffic deaths.

Links between programmes can be enhanced to include specific targets for children and adolescents, and ensure that prevention of violence and injuries is a key component of child and adolescent health programmes.

4.5 Mental health

The main causes of adolescent disability-adjusted life years in the Region include depressive and anxiety disorders and childhood behavioural disorders. Depressive and anxiety disorders are particularly common in adolescents in humanitarian emergencies and fragile settings. The regional framework to scale up action on mental health highlights the need to include mental health and psychosocial support in national emergency preparedness plans, and specifically refers to early childhood development activities (*38*). Good mental health is also effectively promoted through school programmes that teach life skills.

Implementing evidence-based interventions on mental health requires links with early childhood development, school health programmes, adolescent health programmes and emergency preparedness planning.

4.6 HIV, tuberculosis and malaria

Malaria is endemic in six countries of the Region (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen). Access to treatment and the use of rapid diagnostic tests have been scaled up, and integrated community case management is being implemented in five of the six countries (*39*). The humanitarian crises in countries of the Region, particularly Yemen, have led to programme disruption and continued high rates of malaria.

Overall, the burden of HIV is low in the Region, with HIV epidemics concentrated in injecting drug users in Afghanistan, Egypt, Islamic Republic of Iran, Libya and Pakistan. The estimated number of people living with HIV in the Region in 2016 was 360 000, including 12 000 children under the age of 14 years. Most of the people living with HIV (70%) live in just three countries: Islamic Republic of Iran, Pakistan and Sudan (*40*). Programmes for the prevention of mother-to-child transmission of HIV are being implemented in six countries but coverage is low, as is coverage of antiretroviral therapy and paediatric HIV treatment.

Links between the malaria programme and newborn, child and adolescent health programmes are crucial to ensure that case management and prevention guidelines, including integrated management of neonatal and childhood illness and integrated community case management, are updated in line with current global and national policies.

Links between the HIV and newborn, child and adolescent health programmes, with a focus on increasing coverage of services for prevention of mother-to-child transmission and treatment of paediatric HIV, and on strengthening adolescent health programmes, will lead to better prevention of HIV and access to treatment.

In 2016, the estimated number of incident cases of tuberculosis in the Region was 766 000, or about 114 per 100 000 population. This accounts for 7% of the global tuberculosis burden (*41*). Young children are at higher risk of developing a severe form of tuberculosis with increased risk of death, particularly children under 2 years. Tuberculosis in children is usually underdiagnosed because of the difficulty in obtaining sputum samples. However with the expanding scope and use of the GeneXpert test, children can more easily be diagnosed. The Roadmap towards ending TB in children and adolescents provides detailed guidance on specific country actions (*42*).

4.7 Rheumatic heart disease

Rheumatic heart disease is the leading cause of preventable cardiac death in people under the age of 25 years. It is an significant ongoing public health burden in the Eastern Mediterranean Region. A regional framework for action on acute rheumatic fever and rheumatic heart disease is being developed and will provide guidance to countries on the prevention and control of rheumatic heart disease.

A comprehensive approach that includes prevention and treatment is key for the control of rheumatic heart disease. Where appropriate, Integrated Management of Childhood Illness guidelines can be adapted to include the prevention of streptococcus A infection in children and management of the illness in children with the infection.

4.8 Noncommunicable diseases

Unhealthy lifestyle behaviours, including unhealthy diet, tobacco use and physical inactivity, are often adopted at a young age. These behaviours are important underlying causes of noncommunicable diseases that contribute to 62% of all deaths in the Region (*43*). Physical inactivity and childhood obesity are on the rise, as are asthma, diabetes and childhood cancers.

Although most of the deaths from noncommunicable diseases occur in adulthood, many originate in early life, even as early as preconception. Early interventions to prevent noncommunicable diseases, including the promotion of healthy lifestyles through schools and other platforms, are essential to the health of newborns, children, adolescents and adults.

Marketing of foods and beverages high in fat, sugar and salt is common in the Region. Over 86% of adolescents are physically inactive and 18% of children under 5 in the Region are overweight (*44*). Overweight can precipitate the development of diabetes and the Region has the highest prevalence of diabetes (14%) globally. An important risk factor for noncommunicable diseases is tobacco use. The Region has the highest prevalence of waterpipe use in the world, especially among young people (*45*). Current adolescent tobacco users consume other tobacco products (15%) three times more than cigarettes (5%) in the Region.

Actions being implemented in the countries of the Region under the WHO Framework Convention on Tobacco Control are mainly limited to legislation (*46*).

4.9 Programmes outside the health sector

Vision 2023 promotes Health in All Policies and whole-of-government approaches. It emphasizes the importance of intersectoral collaboration to address the determinants of health and to ensure the health of newborns, children and adolescents including in humanitarian emergencies.

A number of diseases and conditions affecting newborns, children and adolescents are partly caused by the environment. In a 2012 study, it was estimated that 26% of deaths in children under 5 and 25% of the total disease burden in children under 5 could be prevented through a reduction of environmental risks such as air pollution, unsafe water, inadequate sanitation and hygiene, and chemicals (*47*). Poor water, sanitation and hygiene (WASH) is associated with poor child outcomes. Interventions that improve WASH practices and facilities are associated with improved child outcomes, including child cognition and development. The monitoring framework of the Global Action Plan for Pneumonia and Diarrhoea provides guidance for an integrated and coordinated approach to ending preventable child deaths from pneumonia and diarrhoea by 2025 (*48*).

The reduction of environmental risks requires integrated approaches to interventions and cross-sectoral collaboration. The SDGs provide the needed platforms for intersectoral actions by countries. Reducing mortality and morbidity from injuries including road traffic injuries requires integrated and coordinated action in collaboration with the police, the transport services and other related sectors.

Nurturing care especially from pregnancy to 3 years promotes healthy growth and development, and protects children from the worst effects of adversity. To provide countries with a roadmap for action, WHO, United Nations Children's Fund (UNICEF) and partners developed the Nurturing Care Framework that was endorsed by the World Health Assembly in 2018 (*30*). Implementation of the framework is only possible with strong collaboration with other sectors such as education, social protection, child welfare, agriculture, labour, finance, and water and sanitation. Investment in the early years of life is critical for human development and to reduce inequities in health and economic development.

The 2017 Global Accelerated Action for the Health of Adolescents (AA-HA!) highlights the importance of effective multisectoral and intersectoral coordination and collaboration in order to meet the needs of adolescents (*21*). Ministries responsible for education, youth and sport, the interior, and social protection as well as youth organizations are key bodies needed to support adolescent health and development.

4.10 Partnerships

Achieving and maintaining improved health and development for newborns, children and adolescents require integrated actions over the long term. This in turn requires strong partnerships and tireless commitment from many stakeholders, including policy-makers from health and other ministries, implementing agencies and teams, civil society groups, research institutions, the private sector, and families and communities, including young people. Such commitment must be created, sustained and strengthened over time, and expressed commitments must be translated into action.

4.11 Integration at point of delivery

The integration of services is critical to achieve UHC. People-centred, integrated care is focused on and organized around the health needs and expectations of people and communities, rather than on diseases.

Integration is defined as "The management and delivery of health services so that clients receive a continuum of preventive, promotive, curative, rehabilitative and palliative health services according to their needs over time and across different levels of the health system" (*49*). An integrated service has a greater chance of ensuring more equitable access to care for priority conditions than a series of services that handle single issues only (such as pneumonia or diarrhoea). As most services are delivered by the same health care provider using the same facilities and the same system, integration contributes to efficiency and cost savings.

"According to their needs over time" (*49*): given the obvious links between maternal health, newborn and child survival and health and adolescent health (for themselves now,

[5] Djibouti, Islamic Republic of Iran, Morocco, Pakistan, Somalia and Sudan.

their future adult lives and for the next generation), the integration of care and interventions across the life course and continuum of care is essential.

"Across different levels of the health system" (*49*): A balance of services and clear communication and feedback procedures between the various levels of the health system strengthens the system considerably and ensures that patients are followed up as they move between one level and another. Such a system also helps ensure that treatments are complementary and that advice is consistent, which will result in better cure rates and a higher level of confidence among the population.

Countries will need to assess their health system delivery to put in place the appropriate balance of services. This will vary from country to country according to the type and strength of the health system. Financing and the numbers and types of health workers needed at different levels of the health system may need to be reviewed. In addition, countries should have a preparedness plan in place in case of a humanitarian emergency to allow for a speedy transition to the emergency operation if required.

5. Implementation enablers

Given the particular features of the Region and the substantial variation between countries, countries fall into three categories: countries with high child mortality, countries with low child mortality, and countries with humanitarian emergencies.

The main enablers of implementation of the actions of the framework for all countries, irrespective of category, are political commitment and leadership to enact and support policies that promote equity and access to quality services in the context of UHC. These policies need to ensure a continuum of care across the life course and across the levels of the health system, integration of services at the point of delivery, adequate financial and human resources, advocacy, visibility and communication.

Nonetheless, each category of country will have its own focus. For example, countries in humanitarian emergencies may need to put greater emphasis on organization of services and supply management and on how best to meet the urgent needs of the most vulnerable people in each population group. These countries also need to make sure that, as well as providing the traditional and necessary services of immunization and nutrition, they also cover prevention and management of newborn and childhood illness, violence and injuries, promotion of child development, mental health support and adolescent health and development.

5.1 Policy and legislation

To ensure that all mothers, newborns, children and adolescents have the opportunity to achieve the highest standards of health and well-being, appropriate policies must be put in place. Both health-specific and multisectoral policies are required so as to establish the legal and technical basis on which interventions for maternal, newborn, child and adolescent health are delivered, how they are delivered, and who is eligible to receive them.

Countries must advocate for Health in all Policies with a focus on social and environmental determinants of health. Government ownership and leadership is critical to achieve desired outcomes. Countries should review their policies and legislation to make sure that policies support the implementation of evidence-based interventions and actions, and that they do not contradict one another. Examples of policies to increase access to quality health services and promote equity include (*50*):

- Elimination of financial barriers: Such policies specify that out-of-pocket expenditure should be minimized for all essential maternal, newborn, child and adolescent health services. It should be noted that adolescent care and intensive care for newborns are often excluded from such policies.

- Authorization of service provision and task shifting: Such policies specify what services each workforce within each level of the health system is authorized to provide. Often midwives are not allowed to provide the full range of life-saving interventions. For example, in many settings, they and lay community health workers may need to be specifically authorized to provide antibiotics.
- Essential medicines including vaccines, supplies and equipment list: Such policies specify which medicines, supplies and equipment are the minimum needed to provide essential interventions for newborn, child and adolescent health, by level of service provision. This list needs to be updated on a regular basis.
- Gender equality: Such policies set out regulations and strategies to enforce legislation that prevents and responds to violence against women and girls, prevents discrimination against girls in education, and guarantees the rights of all patients to adequate care.
- Freedom from violence and abuse: Such policies set out strategies and measures to prevent discrimination and all forms of violence and abuse, particularly all forms of violence against women and children in the family and general community, including in conflict and post-conflict situations.
- Prevention of violence and injuries: Such policies address bullying and road traffic injuries.
- Public–private partnership. Such policies set out appropriate regulatory mechanisms to address quality, safety and cost of such partnerships.
- Birth registration: Such policies specify that all births must be registered, to ensure every one counts.
- Marriage: Such policies specify the legal age of marriage to prevent child marriage and adolescent pregnancy and its complications.
- Resources: Such policies to ensure adequate resources to sustain all newborn, child and adolescent health programmes. As much as possible, these resources should be domestic.
- Innovations and implementation research: Such policies address the need for implementation research and innovations to refine delivery strategies and facilitate expansion of programmes for newborn, child and adolescent health.

5.2 Advocacy, communication, visibility and partnership

Advocacy, communication, visibility and partnership are interlinked means of developing and maintaining the needed commitment to improve newborn, child and adolescent health. Advocacy can keep maternal, newborn, child and adolescent health at the top of the agendas of policy-makers, and can help parliamentarians and ministerial programme directors understand how best to ensure appropriate policies are in place and sufficient budgeting and staffing are available. Communication implies a two-way conversation, whereby health personnel and local administrators can express concerns, ask questions and learn about existing health policies and how to improve their work on maternal, newborn, child and adolescent health. At the programme level, communication is a tool to help individuals and communities, including young people, to better care for themselves and demand good care from providers. Visibility is one of the objectives of advocacy and communication: keeping maternal, newborn, child and adolescent health in the minds of the public and the government will help ensure attention and accountability. Partnerships ensure harmonization, sustainability and expansion of programmes for maternal, newborn, child and adolescent health.

Advocacy and communication are also important as a means to involve the private sector, especially in countries where the private sector provides a substantial proportion of services. Private providers need to be informed of and orientated to new approaches to addressing newborn, child and adolescent health issues. They also need to be involved in quality of care and included in monitoring the provision of services. Advocacy and communication messages should cover specific roles and responsibilities of the private sector. This sector can be reached through professional associations and private sector facilities.

6. Accountability, monitoring and evaluation

6.1 Regional goals and targets

The *Global strategy for women's, children's and adolescents' health (2016–2030)*, the SDGs, GPW 13 and Vision 2023 contain indicators and targets for newborn child and adolescent health, and the Global Strategy uses a specific monitoring framework to track global progress in women, children and adolescent health indicators. In line with global movements, the implementation framework for newborn, child and adolescent health will help countries, including those in humanitarian crises, to move towards their own defined goals and targets. The global target for under-5 and neonatal mortality is a 30% reduction by 2023. However, countries of the Region need to take into account the necessary annual rate of reduction when planning newborn, child and adolescent health services at the country level. To assess their progress towards the SDGs, countries should set intermediate targets for 2020 and 2025. Countries experiencing humanitarian emergencies will need to pay particular attention to displaced populations to avoid a reversal in achievements. In addition to mortality targets, countries need to set their targets for the thrive agenda, including child development and nutrition, as well as targets for service coverage (see Annex 1).

6.2 Indicators

Acknowledging the need to minimize the country reporting burden, the implementation framework harmonizes the on going monitoring efforts at the global and regional level. Guided by the SDG indicators and the monitoring framework of the *Global strategy for women's, children's and adolescents' health (2016–2030)* (*1*), the implementation framework compiles indicators for newborns, children and adolescents in line with the survive, thrive and transform objectives. A set of recommended indicators is given in Annex 2. Countries are encouraged to promote collection, analysis and dissemination of these indicators, and are free to add more indicators depending on their context.

6.3 Milestones

In addition to targets and indicators, there are a number of process milestones related to implementation of actions on newborn, child and adolescent health that countries are expected to achieve. The Regional Office will use these milestones to help countries monitor their progress on improving newborn, child and adolescent health. The milestones are categorized based on the three strategic areas of actions.

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

Implementation milestones

- Countries have equity-driven national plans on newborn, child and adolescent health that are costed and budgeted.
- Countries have services packages for newborn, child and adolescent health included in their UHC package.
- Countries have at least 50% of health facilities with health personnel trained on the packages for newborn, child and adolescent health.
- Countries are implementing up-to-date standards and protocols on newborn, child and adolescent health.
- 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 5–9 years age group.

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

Implementation milestones

- Countries have introduced and applied the *Child and adolescent health in humanitarian settings: an operational guide for a holistic approach for programme managers* (*28*).

- Countries have incorporated interventions on newborn, child and adolescent health in emergency preparedness and response plans.
- Countries have a subgroup on coordination of maternal, newborn, child and adolescent health within the emergency coordination mechanism in the health cluster.
- Countries have newborn, child and adolescent health indicators integrated within humanitarian emergency assessment, monitoring and evaluation tools.

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

Implementation milestones

- Countries have an active coordination mechanism for newborn, child and adolescent health within the ministry of health.
- Countries have a comprehensive mapping of newborn, child and adolescent health stakeholders.
- Countries have an established structure/mechanism for coordination with the private sector, civil society and nongovernmental organizations and community organizations.
- Countries have a multisectoral coordination mechanism with newborn, child and adolescent health programmes well represented.
- Countries have a national multisectoral adolescent health plan in alignment with the Global accelerated action for the health of adolescents (AA-HA!) (*21*).

6.4 Strengthening monitoring and evaluation capacity at the country level

In order to measure the above-mentioned targets, indicators and milestones, the regional implementation framework for newborn, child and adolescent health sets the following broad action areas to strengthen national capacity to collect, analyse and disseminate data on newborn, child and adolescent health and development.

- Strengthen and invest in civil registration and vital statistics systems.
- Ensure the integration/incorporation of key indicators mentioned in the framework into planned national monitoring and evaluation activities.
- Improve community- and facility-based information systems, including District Health Information Software 2 (DHIS 2) and web-based systems of routine reporting and feedback, and conduct regular facility surveys.
- Focus on disaggregated data to address equity and human rights so that no one is left behind, including in humanitarian emergencies and fragile settings.
- Strengthen country capacity for assessment, analysis, communication and use of monitoring data.
- Improve monitoring of health system resources such as financing, health workforce and access to medicines, with a focus on newborn, child and adolescent health.
- Advocate for and invest in research and innovations for better measurement and monitoring of newborn, child and adolescent health interventions and their impact.

7. Role of partners, stakeholders and WHO

The Regional Office and its partners, the UN, bilateral donor agencies and the private sector have important roles to play in the application and monitoring of newborn, child and adolescent health implementation framework. These roles include developing plans with joint activities and joint funding, particularly when providing technical support to countries. The roles also include joint advocacy for an integrated, holistic approach to newborn, child and adolescent health, an increase in national budgets for newborn, child and adolescent health, and financial support. Joint monitoring of progress in the coverage and impact of interventions across the different population groups will be essential. In 2021, WHO and partners will conduct a mid-term review of the implementation of actions described in the framework. WHO and partners will also support countries to document their experiences, in particular countries with innovative approaches and those experiencing humanitarian emergencies.

With the move towards UHC, the private sector is increasingly involved in service provision. In some countries this extends to health insurance schemes as well as to the production and supply of medicines and commodities. Collaboration with the private sector, with an emphasis on service provision, is vital so that updated knowledge of and adherence to new guidelines for newborn, child and adolescent health are ensured.

To support countries deliver on newborn, child and adolescent health through the implementation framework, WHO will:

- provide technical support to countries to adapt the regional implementation framework on newborn, child and adolescent health to their context and implement it;
- help build capacity within countries for implementation of integrated evidence-based interventions for newborn, child and adolescent health and development;
- provide guidance to enable countries in humanitarian emergencies to address their needs for newborn, child and adolescent health, and develop an implementation guide of options for priority actions and interventions;
- develop indicators for quality of care, and link quality of care standards for newborn, child and adolescent health with those for quality improvement in health systems;
- strengthen partnership with UN agencies, professional associations, civil society and the private sector to support and scale up implementation of the framework; and
- monitor progress, promote and facilitate south–south learning among countries of the Region and other regions, and disseminate best practices.

8. Role of countries

A number of actions for countries are proposed in section 3 on the strategic areas in the framework. Countries are expected to use the framework as guide for developing or updating their national roadmaps for action on newborn, child and adolescent health.

Countries should use the renewed focus on primary health care and UHC as an opportunity to advance the healthy growth and development agenda of newborns, children and adolescents in the Region. They should ensure harmonization of interventions and approaches to facilitate their sustainability and expansion.

Countries should document and disseminate experiences, best practices and lessons learnt and report on progress towards the achievement of SDG targets.

References

1. Global strategy for women's, children's and adolescents' health (2016–2030). New York: Every Woman Every Child; 2015 (https://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf, accessed 20 January 2020).

2. Sustainable Development Goals [website]. New York: United Nations; 2015 (https://www.un.org/sustainabledevelopment/, accessed 20 January 2020).

3. Dubai declaration. In: Summary report on the High-level meeting on saving the lives of mothers and children: rising to the challenge in the Eastern Mediterranean Region, Dubai, United Arab Emirates, 29–30 January 2013. Cairo: WHO Regional Office for the Eastern Mediterranean: 2013: 11–13 (http://applications.emro.who.int/docs/IC_Meet_Rep_2013_EN_14862.pdf?ua=1, accessed 4 May 2020).

4. Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 (https://apps.who.int/iris/bitstream/handle/10665/258986/EMROPUB_2017_19695_EN.pdf?sequence=1&isAllowed=y, accessed 20 January 2020).

5. Thirteenth General Programme of Work 2019–2030. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf, accessed 20 January 2020).

6. Vision 2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (http://applications.emro.who.int/docs/RD_Vision_2018_20675_en.pdf, accessed 20 January 2020).

7. The 2030 Agenda for Sustainable Development [website]. New York: United Nations; 2015 (https://www.un.org/sustainabledevelopment/development-agenda/, accessed 20 January 2020).

8. The work of WHO in the Eastern Mediterranean Region. Annual report of the Regional Director. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (http://applications.emro.who.int/docs/9789290222781-2019-en.pdf?ua=1, accessed 4 May 2020).

9. World population trends. New York: United Nations Population Fund (https://www.unfpa.org/world-population-trends, accessed 20 January 2020).

10. Levels & trends in child mortality. Report 2019. New York: United Nations Children's Fund; 2019 (https://childmortality.org/wp-content/uploads/2019/10/UN-IGME-Child-Mortality-Report-2019.pdf, accessed 20 January 2020).

11. Global Health Observatory. Causes of child mortality, 2017. Geneva: World Health Organization; 2019 (https://www.who.int/gho/child_health/mortality/causes/en/, accessed 11 July 2019).

12. Global Health Observatory data repository. Child malnutrition. World Health Organization; 2016 (http://apps.who.int/gho/data/node.main.1094?lang=en, accessed 20 January 2020).

13. Countdown to 2030: country profiles on early childhood development. United Nations Children's Fund (UNICEF); 2019 (https://data.unicef.org/resources/countdown-to-2030-ecd-country-profiles/, accessed 20 January 2020).

14. Health statistics and mortality estimates. Disease burden and mortality estimates. Geneva: World Health Organization, 2019 (https://www.who.int/healthinfo/global_burden_disease/estimates/en/, accessed 17 September 2019).

15. United Nations. Department of Economic and Social Affairs. Population trends (https://www.un.org/en/development/desa/population/theme/trends/index.asp, accessed 17 September 2019).

16. Global humanitarian overview 2018. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2018 (https://www.unocha.org/sites/unocha/files/GHO2018.PDF, accessed 11 July 2019).

17. World health statistics 2015. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/bitstream/handle/10665/170250/9789240694439_eng.pdf?sequence=1, accessed 20 January 2020).

18. World Health Organization and United Nations Children's Fund. Ending preventable child deaths from pneumonia and diarrhoea by 2025: the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD). Geneva: World Health Organization; 2013 (https://apps.who.int/iris/bitstream/handle/10665/79200/9789241505239_eng.pdf?sequence=1, accessed 20 January 2020).

19. Global Vaccine Action Plan: 2011–2020. Geneva: World Health Organization; 2013 (https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/, accessed 11 July 2019).

20. World Health Organization and United Nations Children's Fund. Every newborn: an action plan to end preventable deaths. Geneva: World Health Organization; 2014 (http://www.healthynewbornnetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf, accessed 11 July 2019).

21. Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Geneva: World Health Organization; 2017 (https://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/, accessed 11 July 2019).

22. Tracking universal health coverage: 2017 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 20 January 2020).

23. WHO-UNICEF estimates of DTP3 coverage. 2017. World Health Organization (https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html, accessed 20 January 2020).

24. Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health. Report by the Secretariat. Geneva: World Health Organization; 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_16-en.pdf, accessed 20 January 2020).

25. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1, accessed 20 January 2020).

26. Framework for action for health workforce development in the Eastern Mediterranean Region 2017–2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (http://applications.emro.who.int/docs/EMROPub_2018_EN_20314.pdf, accessed 20 January 2020).

27. Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health. 2018;6(11):e1196–e1252. doi: 10.1016/S2214-109X(18)30386-3

28. Child and adolescent health in humanitarian settings: an operational guide for a holistic approach for programme managers. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020.

29. Intersectoral action on health: a path for policy-makers to implement effective and sustainable intersectoral action on health. Discussion paper presented at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, Moscow, 2–29 April 2011. (http://www.who.int/nmh/publications/ncds_policy_makers_to_implement_intersectoral_action.pdf?ua=1, accessed 20 January 2020).

30. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf, accessed 20 January 2020)

31. Analysis of the private health sector in countries of the Eastern Mediterranean. Exploring unfamiliar territory. Cairo: WHO Regional Office for the Eastern Mediterranean 2014 (http://applications.emro.who.int/dsaf/EMROPUB_2014_EN_1790.pdf?ua=1, accessed 20 January 2020).

32. Strategy on nutrition for the Eastern Mediterranean Region 2020–2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (https://apps.who.int/iris/bitstream/handle/10665/330059/9789290222996-eng.pdf?sequence=1&isAllowed=y, accessed 20 January 2020).

33. International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization: 1981 (https://www.who.int/nutrition/publications/code_english.pdf, accessed 20 January 2020).

34. Nasreddine L, Ayoub JJ, Al Jawaldeh A. Review of the nutrition situation in the Eastern Mediterranean Region. East Mediterr Health J. 2018;24(1):77–91 (http://applications.emro.who.int/emhj/v24/01/EMHJ_2018_24_01_77_91.pdf?ua=1, accessed 20 January 2020).

35. Strategy on nutrition for the Eastern Mediterranean Region, 2020–2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019. (http://applications.emro.who.int/docs/9789290222996-eng.pdf?ua=1, accessed 20 January 2020).

36. Cancer. Cancer country profiles 2014. World Health Organization; 2014 (https://www.who.int/cancer/country-profiles/en/, accessed 20 January 2020).

37. Global status report on road safety 2018. Geneva: World Health Organization; 2018 (https://www.who.int/violence_injury_prevention/road_safety_status/2018/en/, accessed 20 January 2020).

38. Regional framework to scale up action on mental health Eastern Mediterranean Region 2016. Cairo: WHO Regional Office for the Eastern Mediterranean; 2016 (http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf, accessed 20 January 2020).

39. World malaria report 2017. Geneva: World Health Organization; 2017. (https://apps.who.int/iris/bitstream/handle/10665/259492/9789241565523-eng.pdf?sequence=1, accessed 20 January 2020).

40. The work of WHO in the Eastern Mediterranean Region: annual report of the Regional Director 2016. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 (http://applications.emro.who.int/docs/RD_Annual_Rep_2017_20004_en.pdf, accessed 20 January 2020).

41. Global tuberculosis report 2019. Geneva: World Health Organization; 2019 (http://www.who.int/tb/publications/global_report/en, accessed 20 January 2020).

42. Roadmap towards ending TB in children and adolescents, second edition. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/275422/9789241514798-eng.pdf, accessed 20 January 2020).

43. Slama S, Hammerich A, Mandil A, Sibai AM, Tuomilehto J, Wickramasinghe K, et al. The integration and management of noncommunicable diseases in primary health care. East Mediterr Health J. 2018;24(1):5–6. https://doi.org/10.26719/2018.1.5

44. Promoting health and well-being. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (EM/RC65/6 Rev.1; http://applications.emro.who.int/docs/RC_Technical_Papers_2018_6_20540_EN.pdf, accessed 20 January 2020).

45. Advisory note: waterpipe tobacco smoking: health effects, research needs and recommended actions by regulators – 2nd ed. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/bitstream/handle/10665/161991/9789241508469_eng.pdf?sequence=1, accessed 20 January 2020).

46. Tobacco Free initiative. The WHO FCTC. Cairo: WHO Regional Office for the Eastern Mediterranean [webpage] (http://www.emro.who.int/tfi/who-fctc/index.html, accessed 20 January 2020).

47. Preventing disease through healthy environment: a global assessment of the environmental burden of disease from environmental risks. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/204585/9789241565196_eng.pdf?sequence=1, accessed 20 January 2020).

48. Maternal, newborn, child and adolescent health. Global Action Plan for Pneumonia and Diarrhoea (GAPPD) monitoring framework. Geneva: World Health Organization; 2013 (https://www.who.int/maternal_child_adolescent/epidemiology/pneumonia-diarrhoea-monitoring/en/, accessed 20 January 2020).

49. Integrated health services – what and why? Geneva: World Health Organization; 2008 (Technical Brief No. 1, 2008; http://www.who.int/healthsystems/service_delivery_techbrief1.pdf, accessed 20 January 2020).

50. A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH). A multisectoral policy compendium for RMNCH. Geneva: World Health Organization; 2014 (https://apps.who.int/iris/bitstream/handle/10665/111544/9789241506854_eng.pdf?sequence=1&isAllowed=y, accessed 20 January 2020).

Annex 1. Targets related to newborn, child and adolescent health in WHO's Thirteenth General Programme of Work (GPW 13)

Outcome	Targets
B1: 1 billion more people benefiting from universal health coverage	
Outcome 1.1. Improve access to quality essential services	Reduce neonatal and under-five mortality by 30%
	Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) for newborns, children and adolescents
	Increase coverage of human papillomavirus (HPV) vaccine among adolescents by 50%
	Increase coverage of measles vaccine to 90%
	Reduce malaria and tuberculosis deaths by 50%
B2: 1 billion more people better protected from health emergencies	
Outcome 2.3. Health emergencies rapidly detected and responded to	Increase the number of vulnerable newborns, children and adolescents in fragile settings provided with essential health services to at least 80%
B3: 1 billion more people enjoying better health and well-being	
Outcome 3.1. Determinants of health addressed	Reduce mortality from air pollution by 5%
	Access to safe drinking water for 1 billion people or more
	Access to safe sanitation for 800 million people or more
	Stunted children reduced by 30%
	Wasted children reduced by 5%
	Children developmentally on track increased to 80%
	Reduce percentage of children subjected to violence by 20%
Outcome 3.2. Risk factors reduced through multisectoral action	Reduce current adolescent tobacco use by 25%
	Harmful use of alcohol among adolescents reduced by 7%
	Halt and begin to reverse the rise of childhood overweight and obesity
	Reduce insufficient physical activity by 7%
	Reduce road traffic accidents among children and adolescents by 20%

Annex 2. Proposed set of indicators for newborn, child and adolescent health across survive, thrive and transform, based on the monitoring framework of the *Global strategy for women's, children's and adolescents' health, 2016–2030*

Domain	Indicator
Key indicators	
Survive	Under-5 mortality rate (SDG 3.2.1)
	Neonatal mortality rate (SDG 3.2.2)
	Stillbirth rate
	Adolescent mortality rate
Thrive	Prevalence of stunting among children under 5 years of age (SDG 2.2.1)
	Adolescent birth rate (10-14, 15-19) per 1000 women in that age group (SDG 3.7.2)
	Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing, by sex (4.2.1)
	Coverage of family planning, antenatal care, skilled birth attendance, breastfeeding, immunization and treatment of childhood illnesses treatment (SDG 3.1.2, 3.7.1, 3.8.1)
	Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)
Transform	Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)
	Proportion of children and young people in schools with proficiency in reading and mathematics (SDG 4.1.1)
	Proportion of children and adolescents subjected to violence (SDG 5.2.1, 16.2.3)
	Percentage of population using safely managed drinking water services (SDG 6.1.1)
	Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)
Expanded list of indicators	
Survive	Proportion of births attended by skilled personnel (3.1.2)
	Proportion of infants who were breastfed within the first hour of birth
	Proportion of newborns who have postnatal contact with a health provider within 2 days of delivery
	Percentage of children with diarrhoea receiving oral rehydration salts (ORS)
	Proportion of children with suspected pneumonia taken to an appropriate health provider
	Percentage of infants <6 months who are fed exclusively with breast milk
	Percentage of children fully immunized
	Use of insecticide-treated nets (ITNs) in children under 5 (% of children)
	Percentage of children under 5 who have use of an insecticide-treated bednet
Thrive	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight) (2.2.2)
	Prevalence of insufficient physical activity among adolescents
	Prevalence of anaemia in girls aged 15-19, disaggregated by pregnancy status
	Proportion of children aged 6-23 months who receive a minimum acceptable diet.
	Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights.
	Current country health expenditure per capita (including specifically on neonatal, child and adolescent health) financed from domestic sources
Transform	Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting, by age (5.3.2)
	Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100% birth

Improving the health and development of newborns, children and adolescents in the Eastern Mediterranean Region: regional implementation framework for newborn, child and adolescent health, 2019–2023 aims to support Member States to implement cost-effective, evidence-based health and development interventions to improve the health and development of newborns, children and adolescents in the context of universal health coverage (UHC) and humanitarian action. It sets out strategic areas, country actions and age-specific interventions and pays particular attention to: 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 integration, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents. Countries are expected to use the framework to enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in line with WHO's T*hirteenth General Programme of Work* and *Vision 2023: Health for All by All, a call for solidarity and action.*

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