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## Progress report on the regional framework on ending preventable newborn, child and adolescent deaths and improving health and development

### Introduction

1. In October 2019, the 66th session of the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC66/R.2 endorsing the regional implementation framework for newborn, child and adolescent health, 2019–2023.
2. In the resolution, the Committee urged Member States to: (a) use the framework to develop and/or update multisectoral national newborn, child and adolescent health strategic plans and action plans; (b) implement the actions for countries shown under the three strategic action areas of the framework, as appropriate to the country context; (c) use the list of implementation milestones in the framework to inform their monitoring activities and to provide brief progress reports when needed; (d) consider the renewed focus on primary health care and universal health coverage as an opportunity to advance the survival, healthy growth and development agenda for newborns, children and adolescents in the Region; and (e) document and disseminate their experiences, best practices and lessons learned, and report on progress in achieving Sustainable Development Goal targets related to newborn, child and adolescent health.
3. The Committee also requested the Regional Director to: (a) provide technical support to Member States in developing and implementing national newborn, child and adolescent health policies and strategies using a systematic and comprehensive child-centred approach to ending preventable newborn, child and adolescent deaths and improving health and development; (b) strengthen partnership with United Nations agencies, professional associations, civil society and the private sector to support and scale up implementation across the continuum of care; and (c) report on progress made in implementing the regional framework to the 68th and 70th sessions of the Regional Committee.
4. The regional implementation framework for newborn, child and adolescent health, 2019–2023, provides a road map for translating WHO's Thirteenth General Programme of Work (GPW 13) and regional vision, *Vision 2023*, into action. It offers guidance for selecting the priority actions and most relevant interventions for a given situation.
5. To support this purpose, the framework proposes key actions under three strategic areas:
  - promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage;
  - protecting newborns, children and adolescents from the impact of health emergencies; and
  - strengthening integration of health programmes, multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents.
6. This report summarizes the progress made by WHO and Member States in implementing the framework, including challenges and the way forward.

## Progress update

7. According to the UN Inter-agency Group for Child Mortality Estimation (IGME), there has been a slight but steady reduction in under-five and neonatal mortality rates in the Region.<sup>1</sup> The under-five mortality rate reduced from 50 per 1000 live births in 2017 to 46 per 1000 live births in 2019, while the neonatal mortality rate reduced from 27 per 1000 live births in 2017 to 25 per 1000 live births in 2019. High-burden countries have shown a more significant reduction in the under-five mortality rate, such as Somalia (from 127 to 117 per 1000 live births), Pakistan (from 75 to 67 per 1000 live births), Afghanistan (from 68 to 60 per 1000 live births), Sudan (from 63 to 58 per 1000 live births) and Djibouti (from 62 to 57 per 1000 live births). However, due to the humanitarian crisis in the country, Yemen has shown an increase in under-five mortality from 55 to 58 per 1000 live births.

8. To work towards sustainable, sufficient and competent managerial capacities at country level, a regional training package on reproductive, maternal, newborn, child and adolescent health programme management has been developed to support national and subnational programme managers in planning, implementing, monitoring and evaluating activities. The package is now ready to be piloted in selected countries.

9. To strengthen community-based interventions in line with the regional framework, a regional package for integrated care at home has been developed to address the health and development needs of newborns and children. Immediately after the endorsement of the framework, the package was field-tested in Agadir, Morocco, and is being translated into Arabic to make it available for use at the local level in more Member States.

10. As stated in the first strategic area of the framework, equitable access to quality health care interventions is crucial to improving the overall health and development of newborns and children. Accordingly, the WHO Regional Office has started translating key WHO resources and guidelines into Arabic to expand their utilization among care providers in more countries so that no one is left behind. To this end, WHO's *Pocket book of hospital care for children* (2013) and *Early essential newborn care: clinical practice pocket guide* (2014) were translated into Arabic for the first time ever.

11. Member States, with support from WHO and partners, have made remarkable progress in introducing and scaling up evidence-based interventions. Libya and Somalia have developed adapted national guidelines for Integrated Management of Newborn and Childhood Illness (IMNCI). In Somalia, a core team of national facilitators was trained to take over responsibility for expansion at the subnational level, while Egypt and Iraq have updated their national IMNCI guidelines to include early childhood development. Pakistan, Palestine and Sudan have continued scaling-up early essential newborn care, with more facilities supported to improve the quality of immediate care provided to newborns, with or without complications. In Yemen, a technical planning meeting was held in early 2020 to set key priorities for newborn and child health in the country; a few months later, a detailed action plan was developed to improve newborn and child health in Yemen with a clear division of labour, timelines and cost estimates.

12. Evidence-informed planning is central to the success of the regional framework. To support Member States, country briefs<sup>2</sup> were developed for all countries/territories of the Region highlighting key newborn and child health indicators. In addition, a series of policy briefs on the status of policy and guideline availability are being developed for country use, based on the outcome of a global sexual, reproductive, maternal, newborn, child and adolescent health policy survey undertaken by WHO in 2018/2019. A monitoring scorecard is being developed to capture progress on milestones in the framework, but has been delayed as countries have prioritized the response to COVID-19.

13. Building the capacity of Member States is one of the key actions in the regional framework. Adapting to the context of the COVID-19 pandemic, an online course on adolescent sexual and reproductive health was

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<sup>1</sup> Levels and trends in child mortality: report 2018. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (<https://www.unicef.org/media/47626/file/UN-IGME-Child-Mortality-Report-2018.pdf>); and Levels and trends in child mortality: report 2020. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (<https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2020>).

<sup>2</sup> Child health and development country briefs [series]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (<http://www.emro.who.int/child-adolescent-health/information-resources/child-and-adolescent-health-profiles.html>).

held in coordination with the Geneva Foundation for Medical Education and Research, reaching over 100 participants from the Eastern Mediterranean Region.

14. The regional framework addresses the inclusion of newborns, children and adolescents in preparedness for and response to health emergencies. During the response to the COVID-19 pandemic, the WHO Regional Office supported national programme managers through the dissemination of COVID-19 guidelines and adaptation of global tools at country level. The Regional Office also worked with academic institutions to develop a comprehensive survey on the impact of COVID-19 on adolescent health. The first round of the survey has been completed in Jordan and Palestine, and policy briefs have been developed that include recommendations for countries/territories. Pakistan, Sudan and Yemen were supported using an integrated-services approach to mitigate the impact of the COVID-19 pandemic on newborn, child and adolescent health services. To strengthen policy dialogue at country level, the Regional Office collaborated with the UNICEF Middle East and North Africa Regional Office and the UNFPA Arab States Regional Office to hold a high-level advocacy meeting on maintaining essential maternal and child health services during the pandemic, attended by ministers of health from nine high-burden and emergency-affected countries/territories.

15. With the prevailing instability in the Region, and in line with the second strategic area of the regional framework, the WHO Regional Office has developed an operational guide for child and adolescent health in humanitarian settings. The guide has been used in emergency-affected states in Sudan and fills a significant gap in the programmatic approach to child and adolescent health during crises, complementing existing guidance on reproductive, maternal and newborn health in emergency situations.

### **Key gaps and challenges**

16. The COVID-19 pandemic has presented unprecedented challenges for newborn, child and adolescent health in the Region. The indirect impact of COVID-19 has been huge, with many countries/territories experiencing significant disruption of health services and changes in care-seeking behaviour. The fact that children and adolescents are among the least affected by the direct impact of COVID-19 has resulted in a shift in attention from essential newborn, child and adolescent health services.

17. The pandemic has reduced the ability of some vulnerable groups, including mothers and children with disabilities, and refugees and internally displaced people, to access newborn, child and adolescent health services due to economic and social factors such as increased rates of unemployment, resulting in an inability to bear health costs, particularly in countries with little financial health protection.

18. The pandemic has also revealed major gaps in preparedness at country level and in the required technical support. For instance, despite the great need, there is hardly any systematic guidance on specific digital solutions for maternal, newborn, child and adolescent health.

19. Increasing inequities remain a key feature of the Eastern Mediterranean Region, which is characterized by deeply rooted inequities related to socioeconomic status, gender, residency and other social determinants of health. Neonatal and under-five mortality rates vary significantly between countries and across different groups. Moreover, these inequities are further deepened for newborns, children and adolescents in areas affected by humanitarian crises as they suffer a double burden of being a vulnerable group in an emergency-affected setting.

20. National capacity to plan, implement and monitor newborn, child and adolescent health programmes is still not satisfactory, especially at the subnational level. Furthermore, the integration of relevant newborn, child and adolescent health programmes and the implementation of a multisectoral approach within and outside the health sector continue to represent major challenges in most countries/territories.

### **The way forward**

21. Member States, with support from WHO and partners, should continue to implement the regional implementation framework for newborn, child and adolescent health, 2019–2023, while taking into account the new circumstances resulting from the COVID-19 pandemic. This requires ongoing advocacy, commitment, resources and efforts from all stakeholders.

22. Member States, through their national programmes, and with the support of key partners, should continue their efforts to maintain essential health services for newborns, children and adolescents during and beyond the current pandemic. Member States should ensure continued high-level political commitment, advocacy and policy dialogue for newborn, child and adolescent health during the pandemic and the proper use of innovations, including digital health solutions.

23. WHO, in coordination with its partners, and informed by the regional framework, will launch a capacity-building initiative for national and subnational programme managers using the newly-developed regional package on reproductive, maternal, newborn, child and adolescent programme management.

24. Member States, particularly those affected by emergencies, will be supported to strengthen preparedness and response using the regional operational guide for child and adolescent health in humanitarian settings.