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## **Progress report on implementing 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 a 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 since 2021 in implementing the framework, including challenges and the way forward.

## Progress update

7. Since the endorsement of resolution EM/RC66/R.2 in 2019, there has been a steady reduction in under-5 and neonatal mortality rates in the Region. According to the UN Inter-agency Group for Child Mortality Estimation (2022), the under-5 mortality rate declined from 50 deaths per 1000 live births in 2018 to 45 deaths per 1000 live births in 2021. There has been a smaller reduction in the neonatal mortality rate, from 27 deaths per 1000 live births in 2018 to 25 deaths per 1000 live births in 2021. During the same period, high-burden countries have shown a more significant reduction in the under-5 mortality rate, including Somalia (from 127 to 112 deaths per 1000 live births), Pakistan (from 75 to 63 deaths per 1000 live births), Afghanistan (from 68 to 56 deaths per 1000 live births), Sudan (from 63 to 55 deaths per 1000 live births) and Djibouti (from 62 to 54 deaths per 1000 live births). Unfortunately, due to the ongoing humanitarian crisis in the country, Yemen has shown a significant increase in the under-5 mortality rate from 55 to 62 deaths per 1000 live births.

8. Mortality rates among adolescents (10–19 years) in the Middle East and North Africa have shown a small decrease from 6.2 deaths per 1000 children aged 10 years in 2018 to 5.6 deaths per 1000 children aged 10 in 2021. Huge variations are seen across countries in terms of mortality rates; however, the percentage of reduction remains comparable. For instance, in Somalia the adolescent mortality rate declined by around 7% from 27.7 deaths per 1000 children aged 10 years in 2018 to 25.9 deaths in 2021. In Bahrain the rate also decreased by 7%, but from a much lower baseline: from 2.84 deaths per 1000 children aged 10 years in 2018 to 2.62 deaths per 1000 children aged 10 in 2021.

9. WHO has conducted an extensive monitoring exercise to summarize country achievements in implementing the regional implementation framework. In order to fulfil this task, a monitoring tool was designed to address the milestones for each strategic area of the framework. Interviews were performed with 15 country teams to ensure consensus on the data provided. This was followed by data entry and presentation in the form of “traffic light scorecards”, which provide an easy way to interpret and analyse the current situation. Below is a summary of the key milestones achieved per strategic area.

10. Strategic area 1 (Access and quality of care): All the 15 assessed countries/territories of the Region have a focal point for newborn, child and adolescent health at the health ministry level and 80% also have focal points at the subnational level, with technical working group meetings on a regular basis to discuss health interventions targeting newborns, children and adolescents. A total of 10 of the 15 assessed countries/territories have developed national strategic action plans on newborn, child and adolescent health and two countries are in the process of finalizing their plans. Of these 10, only four have given special focus to the 5–9 years age group. Nearly all the assessed countries/territories are implementing up-to-date standards and protocols.

11. Strategic area 2 (Protecting newborns, children and adolescents in humanitarian settings): All 15 assessed countries/territories have national emergency preparedness and response plans. Although only nine report applying WHO’s regional operational guide on child and adolescent health in humanitarian settings,<sup>1</sup> they have all included interventions targeting these age groups in their plans. Moreover, seven have indicators for newborn, child and adolescent health integrated within their national monitoring mechanisms for emergency preparedness and response.

12. Strategic area 3 (Integration and cross-sectoral collaboration): Eight of the 15 assessed countries/territories have an active coordination mechanism for newborn, child and adolescent health within

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<sup>1</sup> Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<https://apps.who.int/iris/handle/10665/351255>, accessed 12 April 2023).

the different programmes of the health ministry, out of which only five have a comprehensive mechanism for newborn, child and adolescent health stakeholders. A multisectoral coordination protocol/strategy for newborn, child and adolescent health programmes is established in only two of the assessed countries/territories.

13. A key objective of the framework is to build sustainable, sufficient and competent managerial capacities at the country level. In this regard, a regional training package on reproductive, maternal, newborn, child and adolescent health programme management was finalized and field-tested to support national and subnational programme managers in planning, implementing, monitoring and evaluating activities. The package was piloted in Somalia in 2022 and is now ready for scale-up in other countries.

14. Over the reporting period, WHO has focused on improving the quality of care in high-burden countries, namely Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen. In 2021 and 2022, the quality of care of newborn and child health services was assessed and next steps identified for the six countries. Early essential newborn care (EENC) and integrated management of childhood illness at primary health care and hospital level have been scaled up in all targeted countries, with a focus on Pakistan, Somalia, Sudan and Yemen. In July–August 2023, Yemen, as one of the top priority countries, was also supported to thoroughly review the child and adolescent health situation and develop the country’s first-ever national strategy for child and adolescent health.

15. In line with the second strategic area of the framework, and to ensure children and adolescents are visible in humanitarian settings, the regional *Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers* was launched in 2022 at a high-level event in the presence of the Regional Director, health ministers and senior officials from 11 emergency-affected countries. All participating countries/territories have shown a strong commitment to prioritizing children and adolescents in crisis settings and to using the operational guide to address their needs. Furthermore, to promote the “thrive agenda” in humanitarian settings, early childhood development was advocated for in emergency-affected countries/territories and the *Nurturing care for children living in humanitarian settings* brief<sup>1</sup> integrated in the national plans of Jordan, Iraq, Palestine and the Syrian Arab Republic in 2021, while a report on advancing nurturing care in humanitarian settings in Arab countries was launched in November 2022.

16. Aiming to maximize WHO’s impact in the area of child health at the country level, the Regional Director established the regional Child Health Working Group in 2022, with the participation of all relevant units in the Regional Office. The working group will strengthen collaboration on child and adolescent health and harmonize WHO’s regional efforts towards a coordinated scale-up of newborn, child and adolescent health interventions at country level. Guided by the Sustainable Development Goals, the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030, *Vision 2023*, GPW 13 and the regional implementation framework for newborn, child and adolescent health and development, the Child Health Working Group will provide a collaborative platform to consolidate WHO technical support to child and adolescent health interventions across different technical areas for improved efficiency and joint support. The working group will also advocate for prioritizing the child health agenda and promote WHO’s leadership role among partners and within Member States.

17. To foster WHO’s work on promoting intersectoral collaboration under the third strategic area of the framework, WHO and countries worked together to build the capacity of national programme managers and stakeholders from various sectors in 19 countries on adolescent health programming, with a focus on adolescent sexual and reproductive health, throughout 2021 and 2022. In the same strategic area, global

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<sup>1</sup> Nurturing care for children living in humanitarian settings. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240016132>).

standards, including the *WHO guideline on school health services*, were disseminated in countries, with next steps identified for implementation targeting the ministries of education and health and other key stakeholders.

### **The way forward**

18. With support from WHO and partners, countries and territories in the Region should continue to implement the regional implementation framework for newborn, child and adolescent health to cover the period until 2030. This requires ongoing advocacy, commitment, resources and efforts from all stakeholders. Necessary adaptations will be made to the current framework to serve this purpose.

19. Member States should continue their efforts to maintain essential health services for newborns, children and adolescents through their national programmes, with the support of key partners, particularly in high-burden and emergency-affected countries.

20. The “thrive agenda”, emphasizing early childhood development, adolescent health and school health, should be an ongoing priority for all countries and territories.

21. The Child Health Working Group is expected to facilitate and harmonize WHO’s work at regional and country level in the future.