World Health Organization

SIXTIETH WORLD HEALTH ASSEMBLY **A60/17**
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Working towards universal coverage of maternal, newborn and child health interventions: biennial report

Report by the Secretariat

1. In resolution WHA58.31 on working towards universal coverage of maternal, newborn and child health interventions, the Health Assembly inter alia urged Member States to commit resources and accelerate national actions. It also requested the Director-General to strengthen WHO's work and support in this area, and to report to it biennially. This report is based on data available since 2003,[1] because two years is a short period in which to see measurable trends, and it outlines plans to increase coverage in the future.

Current trends in coverage

2. Available information remains patchy but the overall picture shows modest progress which is unequally distributed between and within countries. Data on progress in specific programmes follow.

3. Analysis of family planning services in low-income areas or countries indicates a lack of progress in their use. In many countries, particularly in Africa, fertility rates, population growth and unmet needs for family planning remain high. For example, in 20 African countries less than 10% of married women use any modern method of contraception. Continued high fertility rates and the demographic consequences of increasing numbers of births complicate attempts to improve health. Globally, more than 120 million couples still have an unmet need for family planning and 45 million unintended pregnancies are terminated each year, some 19 million of them in unsafe conditions resulting in an estimated 68 000 deaths of women each year from complications.

4. Compared with all women of child-bearing age, the proportion of fertility in 15–19-year old females increased from less than 10% to between 12% and 15% in Latin American and southern African countries in the past two decades, with no sign of any decline in the trend. Globally, unmet need for contraception is estimated to be at least 10% higher for adolescent women than for all women of reproductive age. More than 10% of all mothers are adolescents, who are twice as likely to die from pregnancy-related causes.

5. The trend towards providing professional assistance in childbirth continues in all regions except sub-Saharan Africa. In Latin America and the Caribbean, 80% of births are now assisted by skilled

[1] Figures represent national averages and do not always reflect inequalities of coverage within countries or populations.

attendants. Coverage by antenatal care services is increasing more slowly, especially in Africa where the HIV epidemics make that use crucial. Major gaps remain in the coverage of post-partum care; in some countries as many as 80% of women who give birth at home receive no such care. Serious deficiencies in service delivery remain in many countries, especially in the most deprived areas. In less deprived areas, the main problems are the poor quality of services and multiple barriers to use of services. Accurate information is still lacking on the density of the workforce in the health sector and the availability of workers therein.

6. Modest progress has been made in the care of sick children. Only seven of the 60 countries with the highest numbers of child deaths or rates of child mortality are on track to meet Target 5 of Millennium Development Goal 4: reduce by two-thirds, between 1990 and 2015, the under-five mortality rate, whereas mortality rates increased between 1990 and 2004 in 14 countries, often those affected by civil unrest or generalized epidemics of HIV. Although rates of coverage for some interventions are improving, median coverage for many others remains low. In 2006, six countries reported that rates of appropriate care-seeking for pneumonia had reached 70%, while in 12 countries this figure remained under 30%; six countries reported correct management of diarrhoea for 50% of the child population, whereas 15 countries reported less than 30%; 22 countries reported more than 30% coverage for antimalarial treatment, but only six had met the target for 2005 of 60% set in the Abuja Declaration on Roll Back Malaria in Africa (2000); and 10 countries reported that 50% or more of children under six months of age were exclusively breastfed, whereas 23 countries reported rates of 20% or less. Coverage for other life-saving interventions such as provision of insecticide-treated bednets, and prevention of mother-to-child transmission of HIV is at only 3% of the population of the 60 countries. Too few children are reached by effective care in the neonatal period, and data on postnatal visits are yet to be systematically collected and reported. (It should be noted that the above data do not cover assessments of the quality of interventions.)

7. Global immunization coverage rates, after remaining steady in the 1990s, have slowly started to increase again in recent years. This is largely due to the notable progress achieved in the African and Eastern Mediterranean regions, where vaccination coverage (using the proxy measure of the proportion of children receiving three doses of vaccine against diphtheria, tetanus and pertussis) increased between 2000 and 2005 from 54% to 67% and from 73% to 82%, respectively. On the other hand, coverage with the same vaccine in the South-East Asia Region remained at 66% between 2000 and 2005. The country averages for vaccine coverage may not reveal inequities that exist in many countries. For example, the largest number of unimmunized children in a single country is in India, where, although some states have high coverage, low coverage in a few results in a low national estimate of 59%.

8. Increases in measles vaccine coverage and provision of second opportunities for vaccination have resulted in the achievement of the goals for reduction of measles mortality.[1] Similar progress has been made with neonatal tetanus: the number of countries not having eliminated this disease decreased from 57 in 2000 to 49 in 2005, and an additional 10 countries are likely to be validated for having eliminated it as a public health problem in 2007. Through links with other programmes, supplemental vitamin A was administered during routine immunization or mass campaigns in 80 of 136 countries with a high prevalence of vitamin A deficiency.

9. The human resources crisis seriously impedes expansion of maternal, newborn and child health services in many countries. A threshold of 2.5 health-care professionals (doctors, nurses and

[1] See document A60/28, section J.

midwives) per 1000 population is essential for an adequate coverage rate (80%) for births assisted by skilled attendants or measles immunization; 57 countries do not reach this level and have a critical staff shortage.[1] Data on the in-country distribution of skilled professionals indicate that coverage rates for birth assisted by a skilled attendant in rural areas are increasing, although at slower pace than in urban areas.

ACTION TO IMPROVE COVERAGE

10. The urgent need for action to improve maternal, newborn and child health is commanding increased attention among other organizations in the United Nations system and partners, and in global forums in general. Since 2003, health journals have published numerous articles on child survival, newborn health, sexual and reproductive health and progress towards health-related Millennium Development Goals. The Partnership for Maternal, Newborn and Child Health, launched in 2005 and whose secretariat is hosted by WHO headquarters, has generated substantial funds for expanding interventions in six countries in Africa. In addition, the European Comission has contributed substantial funding for maternal and newborn health to eight countries in Africa and the Caribbean. The recommendation by the United Nations Secretary-General to the General Assembly at its sixty-first session, in September 2006,[2] "to achieve universal access to reproductive health by 2015" as a new target under Millennium Development Goal 5 should also stimulate improvement in the rates of coverage.

11. Following the endorsement by the Health Assembly in resolution WHA57.12 of the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health an implementation framework has been constructed and policy briefs prepared. Several countries are using the strategy or adapting it to national needs. The Special Session of the African Union Conference of Ministers of Health (Maputo, 18 – 22 September 2006) adopted a costed plan of action for achieving universal access to comprehensive sexual and reproductive health services. Most African countries have also drawn road maps in order to accelerate the rate of reduction of maternal and neonatal mortality and morbidity, and countries in other regions have updated their safe motherhood strategies by including skilled care at every birth and for neonates, and prevention of mother-to-child transmission of HIV.

12. Many WHO regions are developing strategies for expanding interventions, a central element of which is the continuum of care across the life course and levels of care. In 2006, the Regional Committee for Africa, at its fifty-sixth session, approved a strategy on child survival, developed jointly by WHO, UNICEF and the World Bank. The Regional Office for the Western Pacific is implementing the WHO/UNICEF Regional Child Survival Strategy, endorsed by the Regional Committee in 2005, and the Regional Office for Europe is supporting Member States to translate the European Strategy for child and adolescent health and development, adopted by the Regional Committee in 2005, into national strategies. The Regional Office for the Eastern Mediterranean has assisted nine countries to introduce the regional Child Health Policy Initiative and one country adopted a comprehensive policy and action plan in 2006. (It should be noted that newborn health may be included as part of a country's maternal health strategy, child health strategy, or both.)

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[1] *The world health report 2006: working together for health.* Geneva,World Health Organization, 2006.

[2] Document A/61/1, paragraph 24.

13. In 2006, WHO published country, regional, global estimates of neonatal and perinatal mortality and for the first time published estimates of the global, regional and national distribution of deaths in children younger than five years attributable to pneumonia, diarrhoea, malaria, measles and conditions in the first 28 days of life.[1] This information will be crucial in defining packages of effective interventions and channels for their delivery at national and subnational levels.

14. On the basis of the WHO/UNICEF joint statements on the clinical management of acute diarrhoea and management of pneumonia in community settings, numerous countries are adopting policies on zinc supplementation and local production of zinc tablets or oral solutions, and 17 have adopted policies to extend pneumonia treatment, including dispensing of antibiotics, to the community.

15. The increasing recognition of the contribution of newborn mortality to overall child mortality (about 40%) and the large number of stillbirths have led to the development of guidelines and strategies to improve maternal and newborn health. Human resource capacity is being strengthened and Member States are expected to have implemented interventions at the policy, health facility, and community levels by the time of the Director-General's next report to the Health Assembly**.**

16. In developing countries, the uptake of new vaccines, notably hepatitis B and *Haemophilus influenzae* type b (Hib) vaccines, in routine programmes has accelerated markedly. The number of national programmes offering hepatitis B vaccine has increased from 96 in 2000 to 158 in 2005. *Haemophilus influenzae* type b vaccine was offered to children in 101 countries in 2005, compared to only 26 in 1997, with advances especially in Latin America and a few countries in Africa. Rates of disease due to infection with *Haemophilus influenzae* type b, which is estimated to cause the death of nearly 500 000 children annually, have declined dramatically in countries that have introduced the vaccine. In 2008, introduction of pneumococcal and rotavirus vaccines in the world's poorest countries is planned, with support from the Global Alliance for Vaccines and Immunization.

17. Fifty-three countries, most among the least developed, have implemented aspects of the reach every district approach, with favourable results. Overall national immunization coverage has improved, and even in poorly performing districts rates have also increased, reducing inequalities among districts.

18. Official development assistance tends to go to countries with higher levels of child mortality, but there is no direct, systematic association between how serious the maternal, newborn and child health problems are in a given country and the amount of support it receives. Apart from a few donor-supported special initiatives, for example poliomyelitis eradication, there is at present no substantial increase in public investment in maternal, newborn and child health. On the contrary, three large donors have decreased their contributions to this area. If this trend continues, it will be unrealistic to expect progress towards the health-related Millennium Development Goals. Some additional resources have been generated through special mechanisms such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, but it is too soon to assess their impact.

19. After a long period out of the limelight, maternal, newborn and child health is coming back into the focus of public attention. However, increased global awareness is as yet insufficiently matched by increased funding. Future actions need to focus on mobilizing political will at country level and

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[1] *World health statistics, 2006.* Geneva, World Health Organization, 2006.

formulating, and providing resources for national and regional strategies for expanding programmes. These strategies need to give health workforce issues a high political priority and to provide organizational and political means of placing access to maternal, newborn and child health services at the core of the package of health benefits that governments guarantee for their citizens.

ACTION BY THE HEALTH ASSSEMBLY

20. The Health Assembly is invited to note the report.

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