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WHO's contribution to implementation of the strategy for child and adolescent health and development

Report by the Secretariat

1. Recognizing that children and adolescents are the basic and fundamental resources for human, social and economic development, resolution WHA56.21 welcomed the formulation of the Strategic directions for improving the health and development of children and adolescents.¹ The directions provide a basis for actions that collectively pave the way towards achieving internationally agreed health-related development goals, including those contained in the Millennium Declaration, in particular the reduction of child mortality and related goals to eradicate extreme poverty and hunger, improve maternal health, combat HIV/AIDS, malaria and other diseases, and ensure environmental sustainability, and the targets defined at the United Nations General Assembly special session on children (2002).²
2. For many countries, progress in reducing child deaths has slowed because efforts to reduce malnutrition and achieve full coverage with essential interventions have been inadequate. If trends in under-five mortality rates during the 1990s continue at the same rate until 2015, the reduction in under-five mortality worldwide over the period 1990-2015 will be about one quarter, far removed from the target of two thirds reduction.³
3. Nonetheless, the past biennium has witnessed a clear increase in global attention for maternal and child health, including adolescent health. *The world health report 2005*⁴ and the theme of World Health Day 2005, "Make every mother and child count", were major efforts by WHO to make mother and child health a priority for governments and the international community. The Report argued that sustainable improvements towards universal access require a continuum of care, throughout the lifespan and across levels of health-service delivery. The challenge remains to identify delivery strategies that strengthen national health systems' ability to provide efficient, effective, accessible and equitable health services in order to increase coverage of essential maternal, newborn and child health interventions, as envisaged in resolution WHA58.31.

¹ Document WHO/FCH/CAH/02.21 Rev.1.

² United Nations. Report of the Ad Hoc Committee of the Whole of the twenty-seventh special session of the General Assembly (A/S-27/19/Rev.1).

³ *Health and the Millennium Development Goals*. Geneva, World Health Organization, 2005.

⁴ *The world health report 2005: Make every mother and child count*. Geneva, World Health Organization, 2005.

4. WHO's regional offices have developed evidence-based regional strategies for child and/or adolescent health. For example, in 2005 Member States adopted the European strategy for child and adolescent health,¹ and endorsed the WHO/UNICEF Regional Child Survival Strategy.² The Regional Office for the Eastern Mediterranean had launched the Child Health Policy Initiative in 2003. Work has now commenced to provide support for translating global and regional policy recommendations into national strategies and plans of action.

5. WHO and concerned partners launched the Partnership for Maternal, Newborn and Child Health in September 2005, to facilitate rapid acceleration of programme implementation through improved partner coordination and coherence. WHO has helped to organize the global conference Tracking progress in child survival: countdown to 2015 (London, 13 and 14 December 2005), the first in a two-year cycle of rolling reviews to assess progress towards reducing child mortality and improving maternal health.

6. The following paragraphs describe progress made in the seven priorities for future action set out in the Strategic directions.

7. **Supporting maternal and newborn health.** Action to reduce newborn mortality needs to be intensified in order to meet the target for under-five mortality. Almost three million babies can be saved annually with low-tech, low-cost interventions, which would also help to save the lives of mothers. It is also conducting research and development work to strengthen norms and standards for newborn health, and is drawing up an integrated strategy to optimize fetal growth and development and improve the outcome of pregnancy. A stronger focus on adolescents will be important in view of rising mortality among adolescent mothers.

8. Workshops for programme managers on ways to strengthen the newborn health component of maternal and child health programmes were held in Bangkok (15-17 November 2005) and New Delhi (5-9 December 2005). A review of, and guidelines on, feeding low birth-weight babies are being finalized, together with guidance on strengthening the newborn component of the strategy for Integrated Management of Childhood Illnesses. A workshop on intervention research to improve community practices for newborn and child health resulted in research proposals from eight countries (Maputo, 17-27 October 2005). WHO continues to provide support for research on clinical management and care-seeking practices for neonates, and on community-based perinatal and newborn care.

9. **Improving nutrition.** Reducing child mortality also requires a substantial reduction in child malnutrition. In collaboration with Member States the Global strategy for infant and young child feeding is being converted into national action plans; work is under way to build capacity for implementation.³ In this context, WHO is trying to ensure that resources available for HIV also optimize nutrition support to mothers and their infants.

10. New growth standards for infants and young children currently being determined will provide a technically robust tool for assessing the nutritional well-being of infants and young children and is an important advocacy tool to promote and protect exclusive breastfeeding. Evidence for improving

¹ Resolution EUR/RC55/R6.

² Resolution WPR/RC56.R5.

³ See also documents EB117/7 and EB117/23, section A.

complementary feeding is being reviewed, and related indicators are under development. Guidelines for the management of severely malnourished children at referral facilities are being extended to include community settings. A WHO Expert Consultation on Childhood Obesity (Kobe, Japan, June 2005) underlined the urgent need for a common policy to address both under- and over-nutrition.

11. Improving the nutrition of adolescents is important to ensure that they grow and develop to their full potential. For female adolescents, improving nutritional status, and especially reducing anaemia, is crucial for improving the outcomes of pregnancy, for both mother and baby. Nutrition is being encouraged as an essential element of health-promotion initiatives in schools and in multifaceted approaches to reduce morbidity and mortality in pregnancy.

12. **Preventing and managing communicable diseases.** Immunization is among the key interventions to reduce child mortality, and outstanding progress has been made towards eradication of poliomyelitis, reduction of measles mortality, and elimination of maternal and neonatal tetanus. Worldwide, just 1255 children were paralysed by wild poliovirus in 2004 and the number of endemic countries has declined from more than 125 to six. In the period 1999 to 2003, measles deaths decreased by 39%. Maternal and neonatal tetanus has been eliminated in 12 of the 57 high-risk countries, and 13 more high-risk countries are close to achieving this goal.

13. To overcome remaining challenges, the Global Immunization Vision and Strategy, jointly developed by WHO and UNICEF, seeks to assure immunization of “hard to reach” infants and other age groups by focusing on district-level services; to use immunization contacts to deliver other key health interventions, including insecticide-treated bednets, feeding counselling, vitamin A supplements and anthelmintic drugs; and to provide new technologies and vaccines such as those against pneumococcal and rotaviral diseases.

14. With a view to tackling the major causes of child mortality, over 65 countries continued to implement the strategy for Integrated Management of Childhood Illnesses, which combines curative and preventive interventions with actions to strengthen health workers’ performance and to improve the health system and community-based services. The strategy has been adapted to include HIV prevention and care, and a complementary course is being developed to orient health-care workers towards its application.

15. The HIV pandemic is increasingly affecting children and adolescents: 6000 young people and 2000 children become infected every day. WHO and partner organizations of the United Nations system estimated that globally, in 2005, 660 000 children required antiretroviral treatment, and four million children are in need of cotrimaxazole prophylaxis. The greatest burden is in sub-Saharan Africa. Member States and organizations of the United Nations system are urged to ensure that children are included in efforts to scale up access to antiretrovirals and HIV care interventions. New recommendations on antiretroviral treatment for children are being prepared. The Secretariat has also revised guidelines for the use of antiretroviral drugs during pregnancy and is coordinating an international partnership to assess the safety and efficacy of combination antiretroviral drugs for use during pregnancy and breastfeeding.¹

¹ *Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings.* Geneva, World Health Organization, 2004.

16. Given the pivotal place of adolescents in strategies to halt the spread of HIV/AIDS, global and regional task teams are working to accelerate action on HIV/AIDS and young people in countries. A review of effective interventions to combat HIV/AIDS, malaria and other diseases is being conducted in collaboration with UNAIDS and the London School of Hygiene and Tropical Medicine. In addition to the draft global strategy for prevention and control of sexually transmitted infections, guidelines have been prepared for management of those infections, tailored to the needs of children and adolescents.¹ A range of programme support materials is being developed and promoted to improve strategic information and increase young people's access to health services.

17. Malaria accounts for one in five of all childhood deaths in Africa. Pregnant women who contract malaria are at increased risk of malaria-related anaemia, and of delivering stillborn, premature or low birth-weight babies. Strong partnerships between malaria, maternal health, immunization and child-health programmes have been forged at all levels to scale up the delivery of insecticide-treated nets to pregnant women and young children and preventive treatment during pregnancy.

18. The change in antimalarial treatment from older monotherapies to highly effective artemisinin-based combination therapies has advanced rapidly. With support from WHO, over 53 countries have adopted such therapies as first- or second-line treatment for malaria. WHO is encouraging industry to step up production of artemisinin-based combination therapies, while supporting increased agricultural production of *Artemisia annua* (the source of artemisinin) in some east African countries.

19. WHO has updated guidance for national tuberculosis programmes on management of childhood tuberculosis,² promoting the development of child-friendly anti-tuberculosis drugs, and developing an operational research agenda for childhood tuberculosis.

20. Helminth infections are intimately linked with poverty and are underlying causes of suboptimal growth and development of children and adolescents. Regular deworming throughout childhood and during pregnancy has been shown to have many beneficial functional and health consequences, including pregnancy outcome and infant survival. In settings where the burden of helminth disease is high, WHO advocates integrating anthelmintic treatment with the delivery of other interventions, such as distribution of insecticide-treated bednets, case management, immunization and school-health initiatives.

21. **Preventing and managing injuries, including those caused by violence.** It is estimated that annually, 875 000 deaths among children are caused by injuries. Work under way to help prevent child and adolescent injury includes preparation of a strategy and, in collaboration with UNICEF, drafting of a world report intended to provide policy and technical guidance to countries on preventive, evidence-based interventions.

22. **Reducing threats in the physical environment.** Environmental hazards are an important contributing factor to child and adolescent morbidity and mortality, in particular in resource-poor countries. WHO is tackling the problem in several ways. Studies are being conducted in 15 countries to examine the relationship between environmental factors, health and development; effective strategies are being identified to reduce indoor air pollution; a new International Network to Promote Household Water Treatment and Safe Storage has been established, comprising some 60 collaborating

¹ See document EB117/8.

² *TB/HIV: A clinical manual*, 2nd ed. Geneva, World Health Organization, 2004.

organizations; the Healthy Environments for Children Alliance is working in more than 10 countries to reduce environmental risks in home and school settings; and the Global Initiative on Children's Environmental Health Indicators is launching pilot projects in the Americas, Europe, and the Eastern Mediterranean. National profiles on the status of children's environmental health are available for 16 countries in Africa and the Americas.

23. **Health of adolescents.** The Secretariat has collected evidence and provided technical support to countries to promote healthy sexual development and behaviours. Interventions related to risk and protective factors have been developed on the basis of a number of country projects. In addition, national research capacity for reproductive health continues to be strengthened, and support has been provided in several countries for determining and applying national standards to make sexual and reproductive health services "adolescent-friendly".

24. **Promoting psychosocial development and mental health.** The mental well-being of children, adolescents and their caregivers is a cornerstone of effective interventions to achieve health-related Millennium Development Goals. It is the basis for achieving such results as compliance with medical treatments, avoidance of risk-taking behaviours, and reduction of youth suicide. WHO recently published guidance on framing of policies for adolescent mental health and information on resources that are intended for governments and other concerned parties elaborating programmes in this area.¹

25. At its 117th session the Executive Board members expressed concern that the Millennium Development Goals, and in particular those related to reduction of child and maternal mortality, would not be achieved without a considerable increase in allocation of resources.² In order to reach high levels of intervention coverage, the challenge remains to strengthen health systems and to ensure that they are adequately staffed and well funded.

ACTION BY THE HEALTH ASSEMBLY

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

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¹ *Mental health policy and service guidance package: child and adolescent mental health policies and plans*. Geneva, World Health Organization, 2005. *Atlas. Child and adolescent mental health resources*. Geneva, World Health Organization, 2005.

² See document EB117/2006/REC/2, summary record of the sixth meeting.