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Progress report on
**Achievement of the Millennium Development Goals relating
to maternal and child health**

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1. Introduction

Improving maternal and child health has been endorsed as a key development target by countries. It has been the central focus of several international conferences, including: the World Summit for Children in 1990, the International Conference on Population and Development in 1994, the Fourth World Conference on Women in 1995, the Millennium Summit in 2000 and the United Nations General Assembly Special Session on Children in 2002. The Fifty-first session of the Regional Committee for the Eastern Mediterranean in 2004 passed resolution EM/RC51/R.4 – Moving towards the Millennium Development Goals: investing in maternal and child health, which urged Member States that had not already achieved the targets set by the Millennium Development Goals (MDGs) for improvement of maternal and child health to *inter alia* develop the required national policy documents and strategies and to expand upon the achievements already made.

Most maternal and child deaths occur in countries that suffer from lack of national policies, political instability, inadequate financial and human resources, restrictive regulations, poor socioeconomic conditions and gender-based discrimination, poor access to and utilization of maternal and child health services, and lack of health-related data and the information necessary to plan, monitor and evaluate maternal and child health needs and the health services provided in the community. In the Eastern Mediterranean Region, 53 000 mothers and 1.5 million children under-five, 610 000 in the first four weeks of life, die every year for reasons such as these.

Many countries in the Region are on track to achieve the Millennium Development Goals, while in others the Goals are unlikely to be achieved unless major efforts are made. Some countries have made efforts to measure the current situation in relation to the Goals. Strong political commitment, strategic partnerships and acceleration in action have all been identified as essential to achieving the Millennium Development Goals relating to maternal and child health. The adoption of the Making Pregnancy Safer (MPS) and Integrated Management of Child Health (IMCI) strategies, and their implementation in countries where maternal and child deaths are still high, will strengthen the efforts being made by Member States. Specific attention is being given to: 1) strengthening health systems, 2) improving knowledge and skills of health workers about early detection and management of complications in pregnancy, delivery and childhood, and 3) raising the awareness of individuals, families and communities about emergency preparedness and life saving practices. Critical analysis of the situation at country level, particularly in those countries with high levels of maternal and child mortality, along with the use of available knowledge and technology, needs to be maintained in order to identify and address strategic gaps.

This report describes the efforts and activities undertaken in the past year in support of achieving the Millennium Development Goals. It does not attempt to measure the current progress towards the target indicators. In September 2007 the UN will publish its mid-term report on achieving the Goals, to which WHO is contributing.

2. Actions towards achieving the Millennium Development Goals

2.1 Maternal health

As a result of intense efforts by Member States, in collaboration with WHO and other concerned agencies, maternal health care delivery indicators have improved significantly since 1990. In the period 1990–2005, the proportion of pregnancies and deliveries attended by skilled health personnel increased by 114% and 50%, respectively. However, it is estimated that 40% of pregnant women and 46% of deliveries are still unattended by skilled health personnel; 60% of maternal deaths take place in two countries and 95% of this problem occurs in seven countries in the Region.

In 2006, the implementation of making pregnancy safer programmes and activities was expanded, from Sudan, which was the only MPS “spotlight” country in the Region in 2001, to 12 other countries, Afghanistan, Djibouti, Egypt, Iraq, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Saudi Arabia, Somalia and Yemen. In response to the urgent need to further support national programmes and activities on making pregnancy safer, and in order to build on the ever growing

national commitment and the corresponding international and UN efforts for achieving the Millennium Development Goals with specific focus on goal no. 5 (for improving maternal health), the Regional Office held in February 2006 a joint planning and coordination exercise for making pregnancy safer in the Eastern Mediterranean Region. The purpose of this exercise was to share information and experiences on existing national strategies for making pregnancy safer; review workplans for 2006-2007 and identify areas that can be further strengthened through closer coordination at all WHO levels; and determine programmatic and resource needs, including collaboration with other relevant programmes, in order to better address maternal and neonatal health in specific settings. The exercise resulted in formulation of complementary workplans to further support national programmes in the participating countries.

Recognizing the need to introduce the regional framework entitled *Strategic directions for accelerating the reduction of maternal mortality in the Eastern Mediterranean Region* to the concerned national staff, and in order to identify appropriate mechanisms to operationalize the existing national strategies for making pregnancy safer in line with the regional framework, the Regional Office held an intercountry meeting of the national managers of making pregnancy safer programmes in the Region in Sana'a, Yemen, in November 2006. The meeting was attended by 40 participants from Member States: Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen, WHO and other interested organizations, including Basic Health Services Project of Pathfinders, International Planned Parenthood Federation, Pan-Arab Project for Family Health of the League of Arab States, Royal Netherlands Embassy, USAID, UNICEF, UNFPA, Yemen-German Reproductive Health Programme and Yemeni Midwives' Association. The meeting concluded with clear, action-oriented recommendations that were used as the basis for follow-up workplans formulated at the regional and country levels, with specific focus on countries with unfavourable health indicators. The Regional Office has also embarked on updating the MPS network linking WHO and national counterparts, and compiling data on relevant national policies, strategies and programmes in countries of the Region. This is expected to further strengthen the exchange of information and encourage communication between Member States, in order to facilitate building on evidence reported in successful experiences at the country, regional and global levels.

Increased attention was addressed to the need to upgrade the technical know-how of reproductive health care workers, and hence to improve the quality and management of services. A UNFPA/WHO strategic partnership programme was initiated in 2003 in order to contribute to transferring evidence-based and consensus-driven guidance from the international level to regions and countries, a step towards improving reproductive health care, with specific focus on maternal and neonatal health, family planning and control and management of sexually transmitted infections, including HIV/AIDS. In the first phase of the implementation of the partnership-related activities in 2005, WHO's guidelines on integrated management of pregnancy and childbirth (IMPAC) and other up-to-date standards on family planning were introduced to Member States, with specific focus on countries with unfavourable health indicators. Country workplans on maternal and neonatal health and family planning were developed and implementation was technically and financially supported in Afghanistan, Iraq, Morocco, Pakistan, Somalia and Sudan. In March 2006, a UNFPA/WHO joint intercountry workshop was held to examine progress made in the implementation of the strategic partnership programme in the participating countries and to develop a framework for action to further support the implementation of this programme. Also, in March 2006, the Regional Office organized an intercountry workshop to introduce the WHO guidelines on sexually transmitted infections, including HIV/AIDS. Subsequently, country workplans on maternal and neonatal health, family planning and sexually transmitted infections were developed. Technical and financial support was made available for this in 2006 to Afghanistan, Egypt, Pakistan, Morocco, Somalia, Sudan and Tunisia.

In order to support national efforts in adapting the technical and managerial guidelines, the Regional Office translated a number of key WHO publications on evidence-based guidance for family planning into Arabic: *Medical eligibility criteria for contraceptive use*, which provides guidance regarding who can use contraceptive methods safely; *Selected practice recommendations for contraceptive use*, which provides guidance on how to safely and effectively use a contraceptive method once it is deemed to be

medically appropriate; and *Decision-making tool for family planning clients and providers*. Close collaboration and technical support were maintained throughout the year to help the implementation of the country workplans, in close coordination with WHO headquarters, UNFPA Country Technical Services Teams for Arab States, and South Asia, respectively, and WHO Representative's Offices in the participating countries.

The Regional Office initiated a dialogue with WHO headquarters to examine implementation in some countries of the Integrated Health Technology Package. The package comprises a database for general health planning and will help countries to identify their needs for strengthening neonatal and maternal health programmes.

2.2 Child health

Member States have confirmed their commitment to child health as a priority for action and intense efforts are being made around the Region to improve child health indicators. In response to regional committee resolutions EM/RC50/R.14 and EM/RC51/R.4 and countries' need to move forward the child health agenda in the Region, the Regional Office worked with Member States to develop the child health policy initiative, launched in October 2003. This initiative identifies three phases for development of a national child health policy document: child health situation analysis, development of a national child health policy document and obtaining the official adoption of the policy at the highest possible political level in a country. The aim of the initiative is to bring together in one document all child health related elements, to coordinate between concerned partners and to commit financial and human resources to child health.

Tunisia was the first country in the Region to finalize a national child health policy document, in 2006, within the framework of the initiative. The policy document was officially launched by the Minister of Health of Tunisia in a formal ceremony during the inaugural session of the third intercountry workshop on the child health policy initiative, held in Tunis, in December 2006. Egypt, Morocco and Sudan are currently in the second phase of the initiative, while the Islamic Republic of Iran, Iraq, Jordan, Oman, Pakistan, Palestine, Syrian Arab Republic and Yemen are in the first phase.

The Regional Office continued to provide technical support to Member States to implement cost-effective interventions under the umbrella of the IMCI strategy, which is seen by the Regional Office as child primary health care and has been adopted to achieve Millennium Development Goal no. 4. IMCI aims at developing human resources concerned with child health care at all levels, improving related health system elements and family and community practices. The IMCI strategy provides an adaptable set of interventions for both healthy and sick children that can be adapted to each country's context based on the common child health problems, existing policies and the health system. Currently, 17 countries are at various phases of IMCI implementation, with 27 640 primary health care facilities in 1337 districts implementing IMCI and 78 608 health providers (physicians, nurses and medical assistants) trained in IMCI skills.

The Regional Office continued its efforts in capacity-building of health staff at all levels in skills such as policy development, planning, supervision, monitoring and management. Different monitoring and evaluation activities conducted in the Region have clearly shown an improvement in the quality of health services delivered to children under 5 years of age at primary health care level where IMCI is implemented. Three countries are on their way to reach universal coverage (100% coverage) with the interventions packaged under the IMCI strategy: Islamic Republic of Iran (95% health facility coverage), Egypt (78%) and Djibouti (60%). Two countries have started the early implementation phase, namely Saudi Arabia and Jordan. Introduction of IMCI into the paediatric and community medicine teaching curricula received substantial focus from the Regional Office as an approach for IMCI sustainability.

As it was felt necessary to evaluate the regional experience in IMCI pre-service training at this stage, an evaluation guide was drafted by a regional technical committee composed of resource experts from academia and ministries of health. The guide was field tested in Egypt (Alexandria University) and Sudan (Khartoum University). The results revealed the usefulness of the guide for evaluating the

quality of IMCI teaching and its outcome and also demonstrated the positive results of IMCI teaching, in the two medical schools. To date, 26 medical schools in seven countries and 200 allied schools in three countries have introduced IMCI into their teaching curricula. A draft regional strategy for IMCI pre-service training was also developed and both the evaluation guide and regional strategy were discussed during the second regional consultation on IMCI pre-service training, Cairo, August 2006, attended by representatives of 26 medical schools and ministries of health in 11 countries.

The Regional Office is placing child feeding at the core of child health. Feeding practices in Member States are suboptimal as demonstrated by unacceptably low indicators, particularly those related to exclusive breastfeeding and complementary feeding, which have been identified by most countries in the Region as two priority key family practices. Efforts were made to improve those practices through the training in the IMCI guidelines and the community component. In addition, regional training materials on counselling on infant and young child feeding were produced in Arabic after being field tested in three regional courses. These materials aim at improving physicians' knowledge in the area of breastfeeding and complementary feeding as well as improving their counselling skills in this area. These materials were used for the first time at national level in 2006, Sudan being the first country in the Region to use them to train health providers at peripheral and central level.

3. Future directions

The cost-effective interventions currently being applied, such as MPS and IMCI, can save thousands of maternal and child deaths in the Eastern Mediterranean Region. The Regional Office advocates continued emphasis on the following areas:

- Development of comprehensive maternal and child health policies in the context of existing national health policies that will indicate future directions towards maternal and child health.
- Translation of the political commitment expressed to maternal and child health into actual investment of resources in priority areas and universal coverage with the package of cost-effective interventions.
- Completeness of maternal and child health information in order to establish a national database against which progress towards achieving the Millennium Development Goals can be measured.
- Operational research and capacity-building in managerial skills as integral components of national maternal and child health programmes.
- At national and sub-national levels, partnerships that encourage the effective and coordinated involvement of civil society, the private sector, donors, international organizations and UN agencies in the promotion of maternal and child health.
- Establishing, or making use of existing community-based activities to promote the role of the community in maternal and child health, and providing the necessary support through evidence-based interventions.
- Guidance and coordination of donor inputs in maternal and child health in accordance with national plans and strategies, in order to avoid duplication of efforts and ensure optimal utilization of available resources.
- Sharing of success stories and emerging challenges with other countries and interested parties and for advocacy purposes.
- Regular reporting on the maternal and child health outcome indicators provided by the Regional Office.