

The Ottawa and Bangkok Charters : from principles to action

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# Global Strategy for Child and Adolescent Health

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Health

# Presentation outline

- The health of the world's children: an overview of the situation and its causes
- The Global MNCAH Strategy : principles, strategic directions and implementation challenges

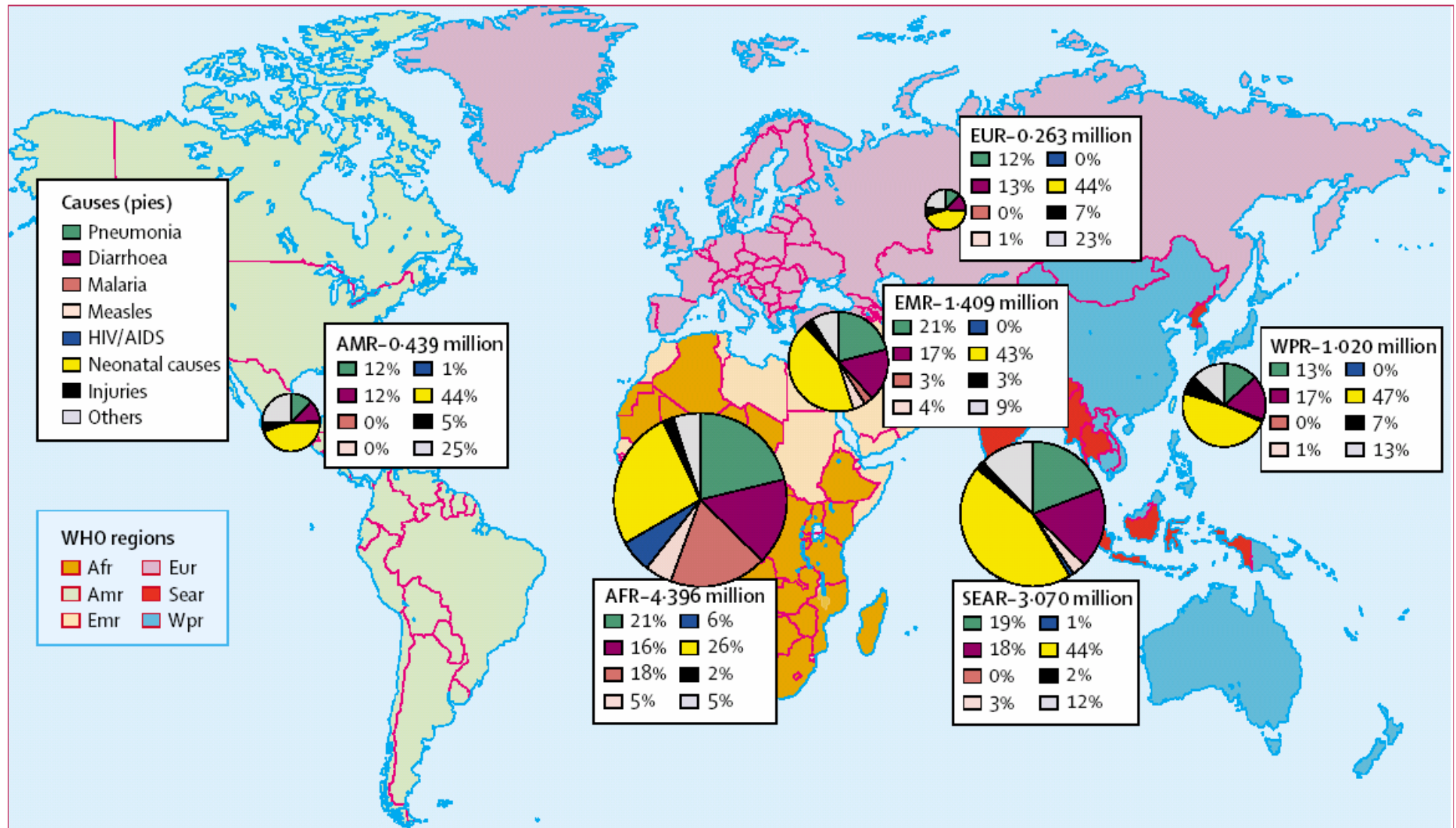
## This year...

- almost 11 million children under 5 will die, mostly from preventable causes.
- 4 million babies will die within 28 days of birth.
- 3.3 million babies will be stillborn.
- ½ million women will die in pregnancy, during childbirth or soon afterwards

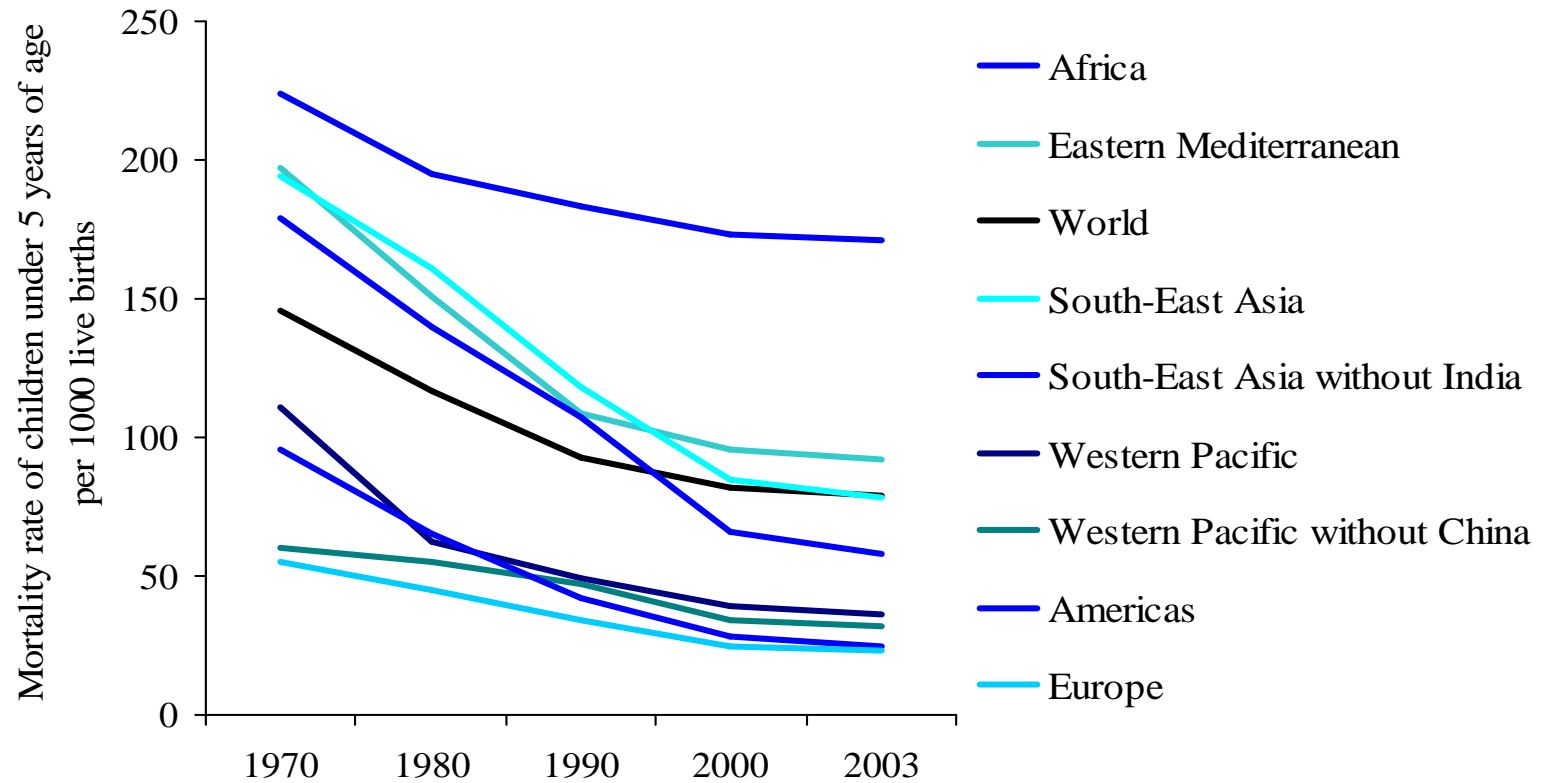


# Where and why children die

(Lancet, 2003 and 2005)

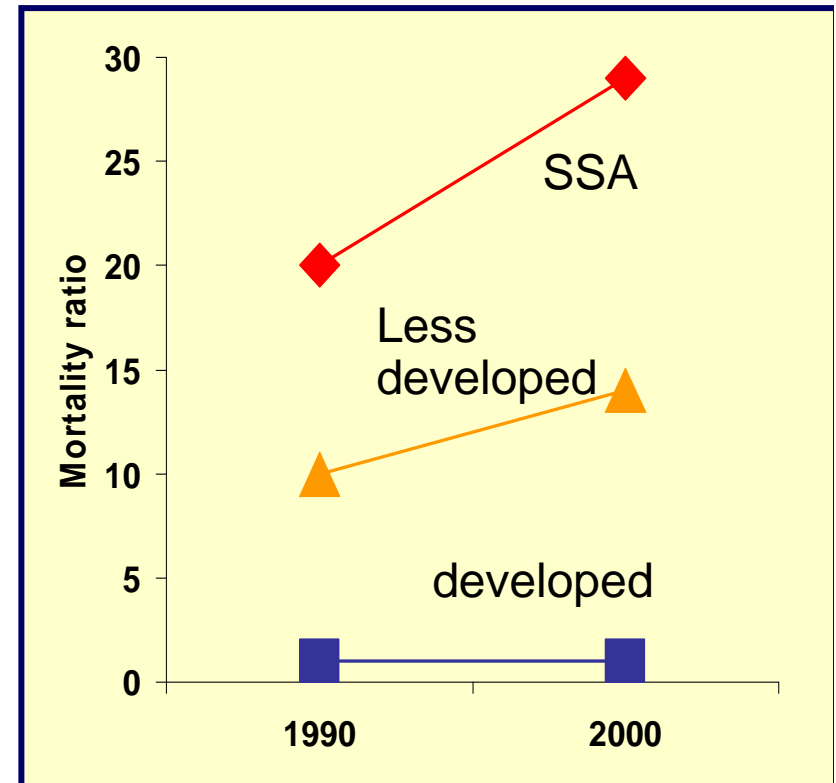


# Progress is slowing down ...



... and is unequally distributed across and within countries

- Child mortality
  - 93 countries (40% of world's population): on track towards 2/3 reduction by 2015 (MDG4).
  - 51 countries (48%): slow progress.
  - 43 countries (12%): stagnation or reversal



## effective interventions exist

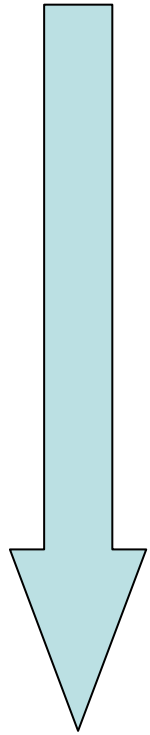
63% of all child deaths can be prevented by reaching universal coverage with 23 low cost interventions:

- Immunizations
- Skilled assistance at birth
- ORT
- Breastfeeding promotion
- Insecticide treated bed nets
- Antibiotics for pneumonia  
etc.

# The situation

- Effective interventions to prevent and cure the most common causes of mortality and morbidity exist, but many mothers, newborns and children remain excluded from health care
- Progress is too slow and patchy
- Growing inequities

# The structural causes



1. Poor economic and social policies (nutrition, education, environment, social protection, etc.)
2. Weak health systems
3. Poor investments in MNCAH
4. Insufficient focus on the poorest population groups
5. Poor coordination of efforts

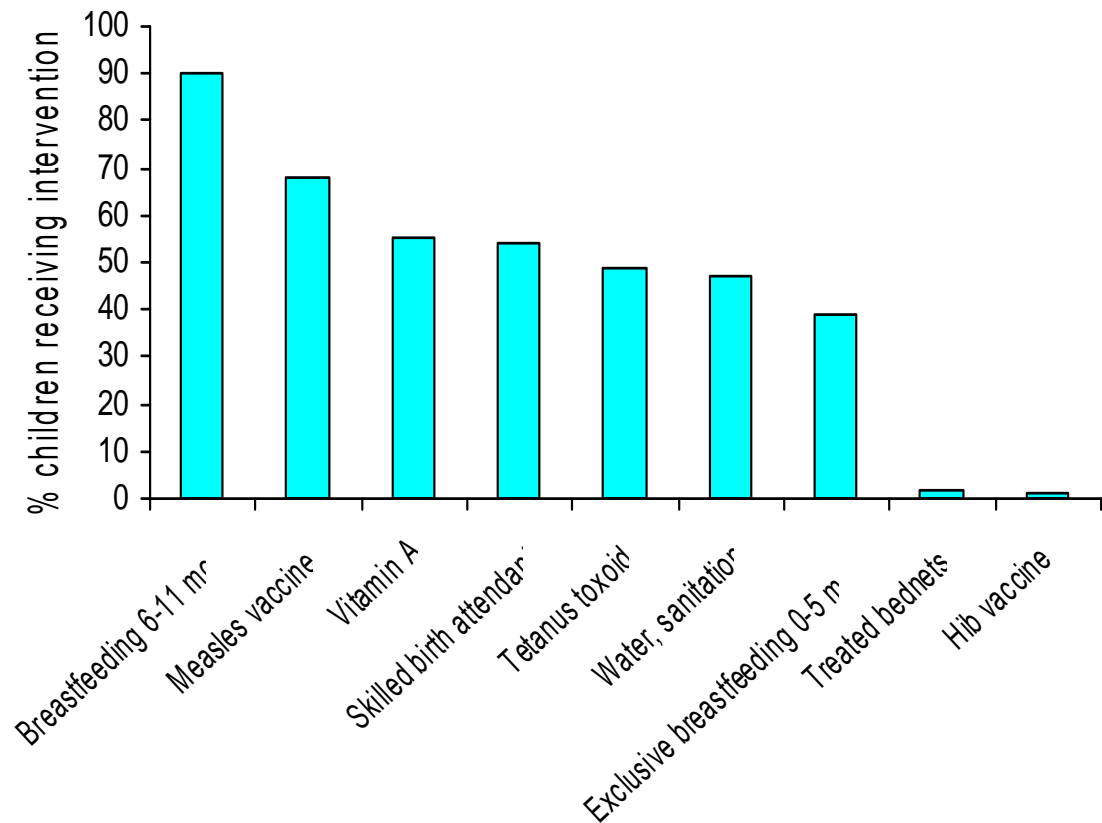
## 1. Poor economic and social policies (nutrition, education, environment, social protection, etc.)

"Between the early '60s and the early '80s child mortality fell 20 % in Bangladesh but 65 % in Sri Lanka, and 10 % in Haiti but nearly 80 % in Costa Rica depending on factors such as income gains for the poor, schooling, food security and water and sanitation, i.e. exactly the same factors that allowed a sustained decrease in child mortality in the UK earlier in the 20th century"

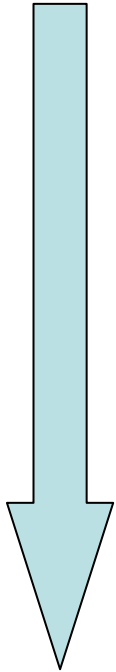
(from The Lancet, 2005, quoting WDR 1993 data)

## 2. weak health systems

current coverage of effective interventions is low or very low in most countries with high child mortality



## causes of low coverage



Very low health expenditure levels

Lack of human resources

Lack of managerial capacity

Lack of integration of interventions

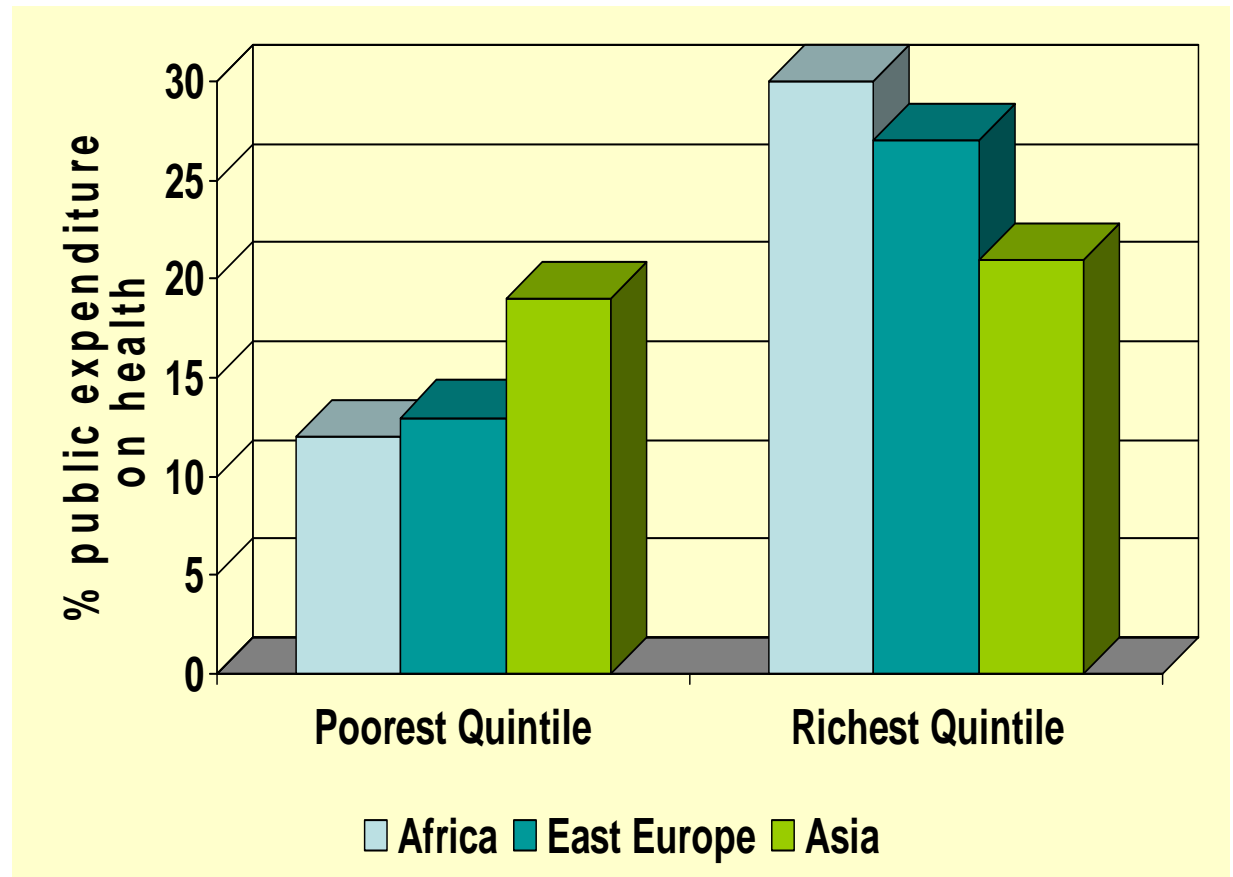
Lack of appropriate delivery  
strategies

### 3. Poor investments in Maternal and Child Health

- Lack of policy level focus and commitment to prioritize MNCH
  - ▶ MNCH not well addressed by sector plans, budgets and financial instruments, and human resources development plans
- Poor tracking of MNCH progress at country level
  - ▶ Mortality estimates are inaccurate and country level data are often not available to drive strategies, measure progress and impact of interventions

## 4. Insufficient focus on the poorest (the “inverse care law”)

Governments  
spend more  
with the rich  
than with the  
poor



## 5. Poor coordination

- At international level (e.g. IMF/WB policies, international agencies, donors, etc.)
- At national level (among sectors, agencies, NGOs, health programmes, etc.)

# The key messages

- more must be done by
  - Promote an enabling policy environment
  - Refocusing priorities on effective MNCAH interventions
  - Strengthening health systems to ensure access and effective delivery
  - Adopt an equity lens in prioritizing policies and interventions
  - Coordinating efforts
  - Monitoring results

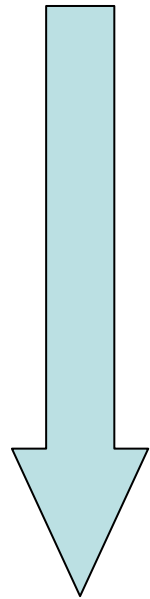
# Promote an enabling policy environment

- Integrate investments in MNCAH in instruments such as multisector development plans, mid-term expenditure plans, poverty reduction strategies
- Consider all the implications of health policies. For example, improving skilled assistance to delivery requires:
  1. Recruiting and training female HWs
  2. Improving women's education and status
  3. Improving housing for HWs and transport for referral
  4. Improving the opportunity cost of health care and education

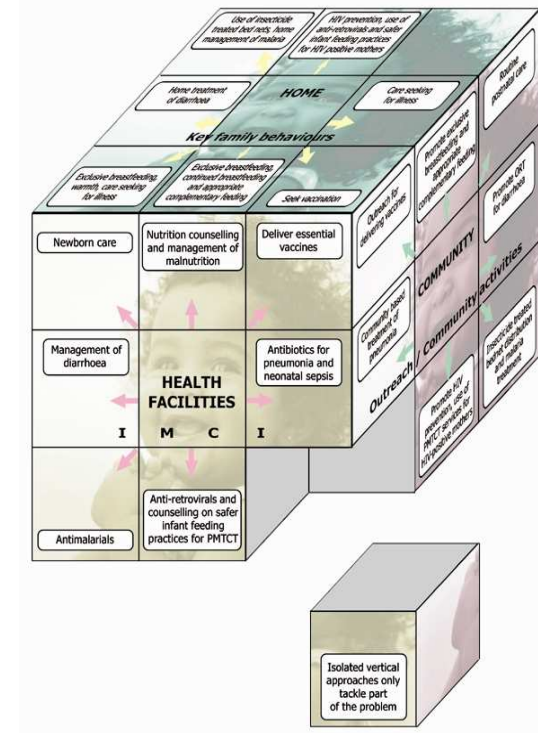
# Refocusing priorities on effective MNCAH interventions

- Home care for the mother and newborn at community level
- Integrated Management of Childhood Illness in first-level facilities
- Immunization, impregnated bed-nets, Vitamin A, through outreach
- Improving quality of care in first-level referral facilities

# Ensuring continuum of care throughout all levels of health care

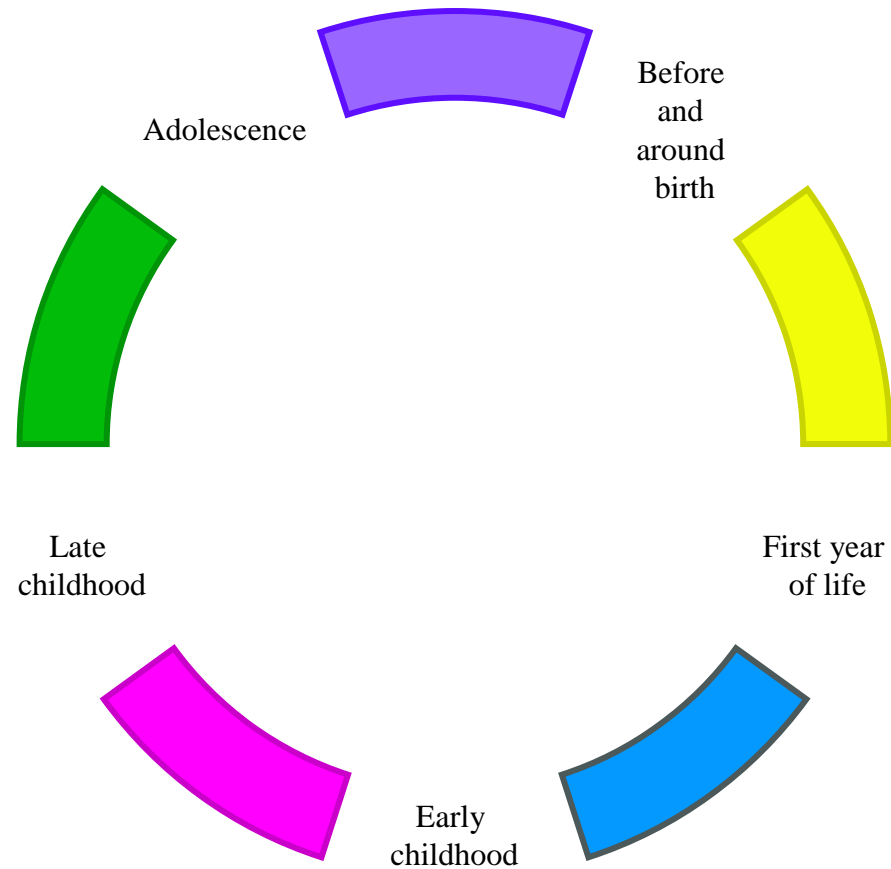


- Home
- Community
- Outreach
- First Level Health Facility
- Referral Facility



# And along the life course

Need for continuity and consistency of strategies and action plans from pregnancy to adolescence to maximize effectiveness and ensure sustainable results (learn from past experience)

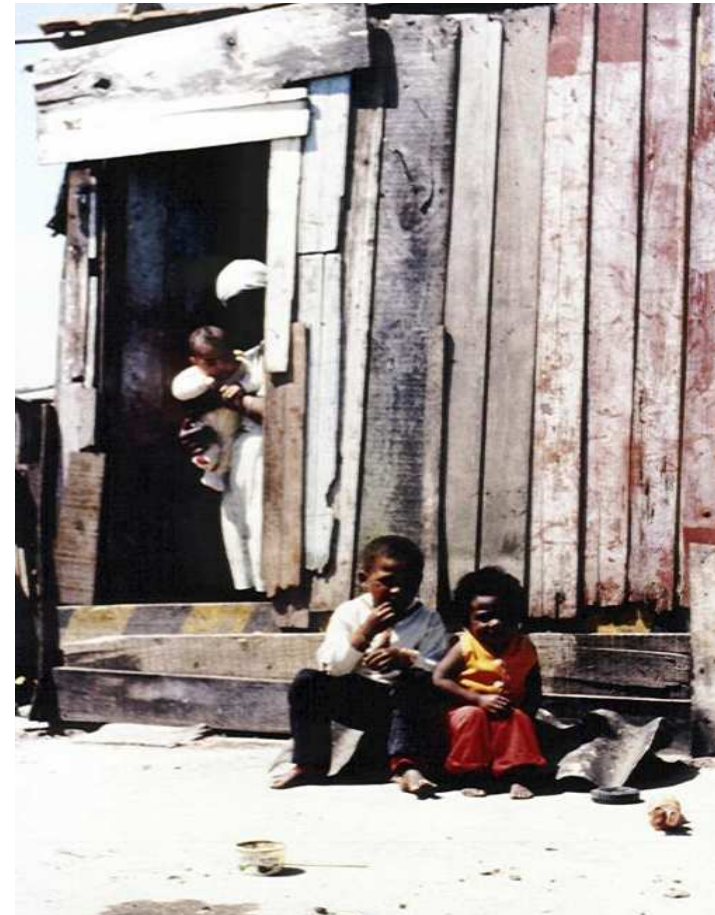


# Strengthening health systems to ensure access and effective delivery

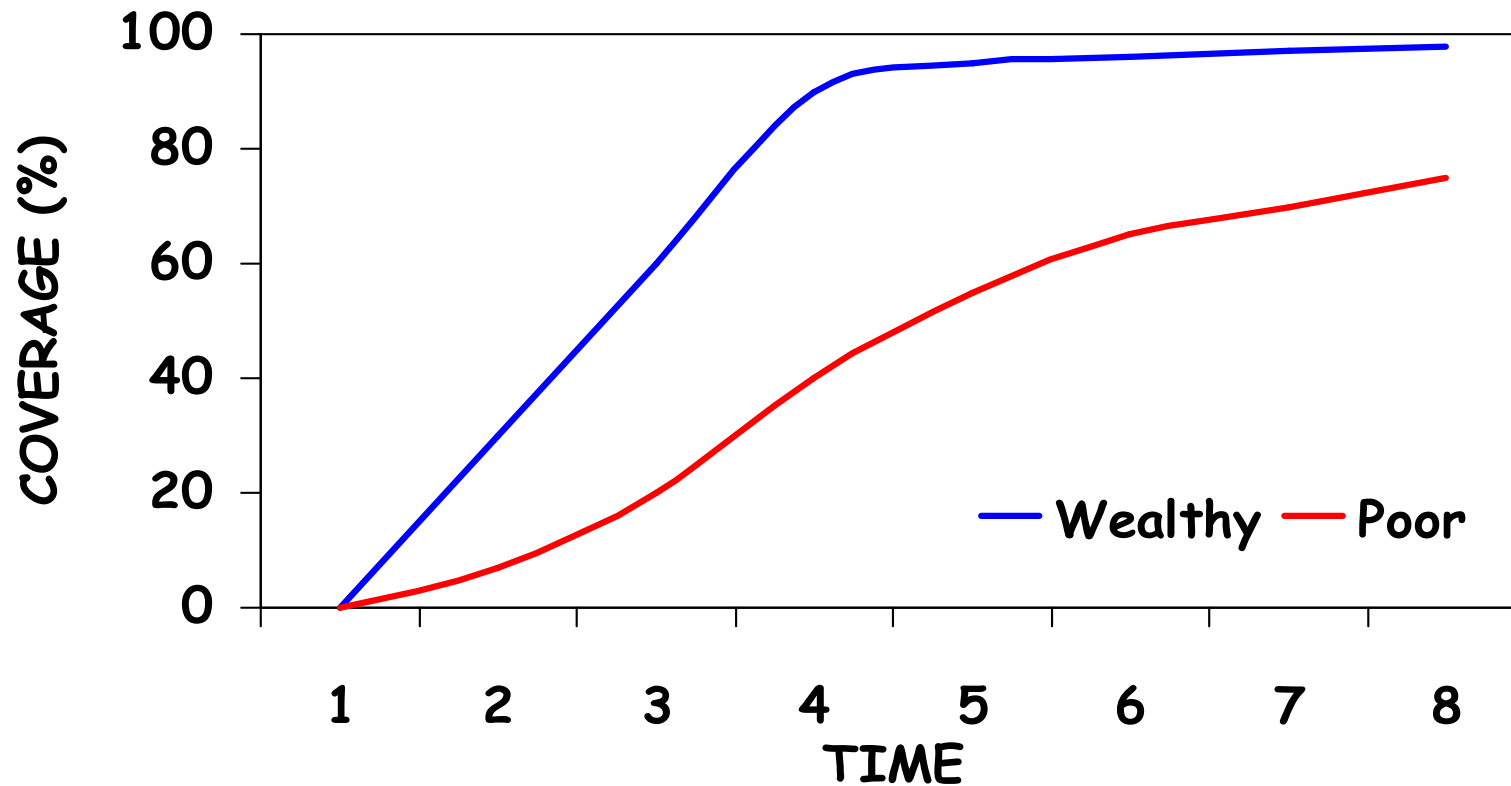
- Through integration in health sector development (SWAPs) of financial inputs from donors and global initiatives (GFATM, GAVI, etc.)
- Through health sector plans focusing on:
  - Adequate staffing (human resource planning)
  - Integration of interventions
  - Delivery strategies to ensure universal access

# adopt an equity lens

- Benefit incidence (program focus)
- Proportion of the program outputs that reach the poorest quintile (population focus)
- Appropriate targeting of health issues and population groups to improve equity



# changes in coverage of a new intervention (the inverse equity)



(Victora, 2003)

# Coordinating efforts at Regional and country level

- one plan
- one coordinating mechanism
- one monitoring strategy

# One plan: the WHO/UNICEF/AU CS strategy

Priority interventions for MDG4 and their potential impact on neonatal and under-five mortality, grouped in illustrative service delivery modes

Interventions which contribute to MDG 5  
Interventions which contribute to MDG 4  
Interventions which contribute to MDG 6  
Interventions which contribute to MDG 7

*Maternal, newborn, child continuum*

*Service delivery continuum*

Service Delivery Modes	Pre-conceptual, Antenatal and Delivery Care	Neonatal and postnatal Care	Potential NNMR impact *	Child (post neonatal) Care	Potential U5MR impact	
Preventive	Schedulable outreach services	Antenatal Care: Tetanus immunization Intermittent presumptive malaria treatment Screening & management of: HIV Syphilis Micronutrients Iodine Iron Calcium	Vitamin A supplements Post-partum	8% (6-9%)	Childhood Immunization, especially measles and Hib Vitamin A supplements Zinc supplements	12%
		Promotional	Family/Community Care	Clean cord care Thermal care Clean Delivery	Early diagnosis & management of pneumonia in newborns	24% (15-32%)
Curative	Clinical Care Referral			Primary	Early diagnosis & management of pneumonia in newborns	28%
		Subtotal impact	Subtotal impact	28% (18-37%)	Subtotal impact	50%
Curative	Clinical Care Referral	Primary	Skilled maternal and immediate Neonatal care	37% (23-50%)		14%
		Emergency Obstetrical Care	Emergency Neonatal Care	48% (31-61%)	Total Impact	60%

\* neonatal mortality rate

# One coordinating mechanism



*To intensify and harmonize national, regional,  
and global action to improve maternal,  
newborn & child health.*

IMPROVING HEALTH. SAVING LIVES.

# One monitoring system

## Cambodia Child Survival Score Card

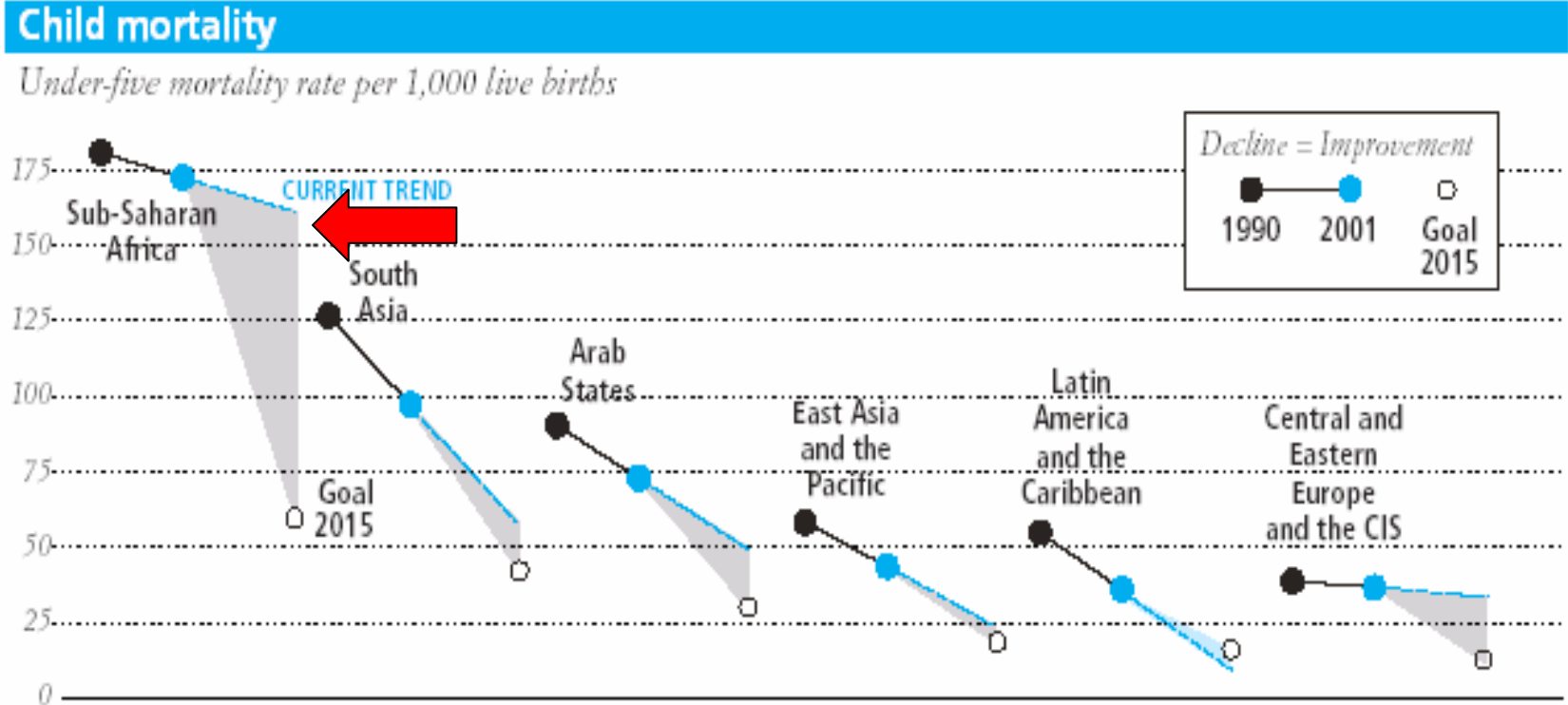
<b>Intervention</b>	<b>2000 Coverage</b>	<b>2007 Target as in Health Sector Strategic Plan</b>	<b>Gap towards Universal Coverage</b>
<b>Improved Infant and Young Children Feeding</b>			
Initiation of Breastfeeding <sup>1)</sup>	11%	35%	79%
Exclusive Breastfeeding	11%	25%	79%
Complementary Feeding	71%	95%	28%
Oral Rehydration Therapy (ORT)	74%	80%	25%
Antibiotic for Pneumonia	35%	50%	64%
Insecticide Treated Nets	12%	100%	87%
Malaria Treatment	62% (2%)	100%	37%
Vit. A	47-70%	80%	52-29%
Measles vaccine	41%	80%	58%
Tetanus toxoid	30%	70%	69%
Skilled birth attendance	32%	60%	67%

# Adapting the strategy to diverse situations

## Regional strategies

- SSA (focus on child survival – WHO/UNICEF/AU)
- East Asia and Pacific (focus on child survival - UNICEF/ WHO)
- Europe (addresses child and adolescent health + making pregnancy safer)

# Achieving MDGs - Most countries in Sub-Saharan Africa are completely out of track



# Key issues and priorities in the AFRO Region

- high impact, low cost interventions that need to be implemented at scale immediately in all of Sub-Saharan Africa.
- Newborn care
- Infant and young child feeding
- Immunization and vit A
- Malaria (treatment and ITNs)
- Prevention of Mother to Child Transmission of HIV
- Integrated Management of Childhood Illnesses

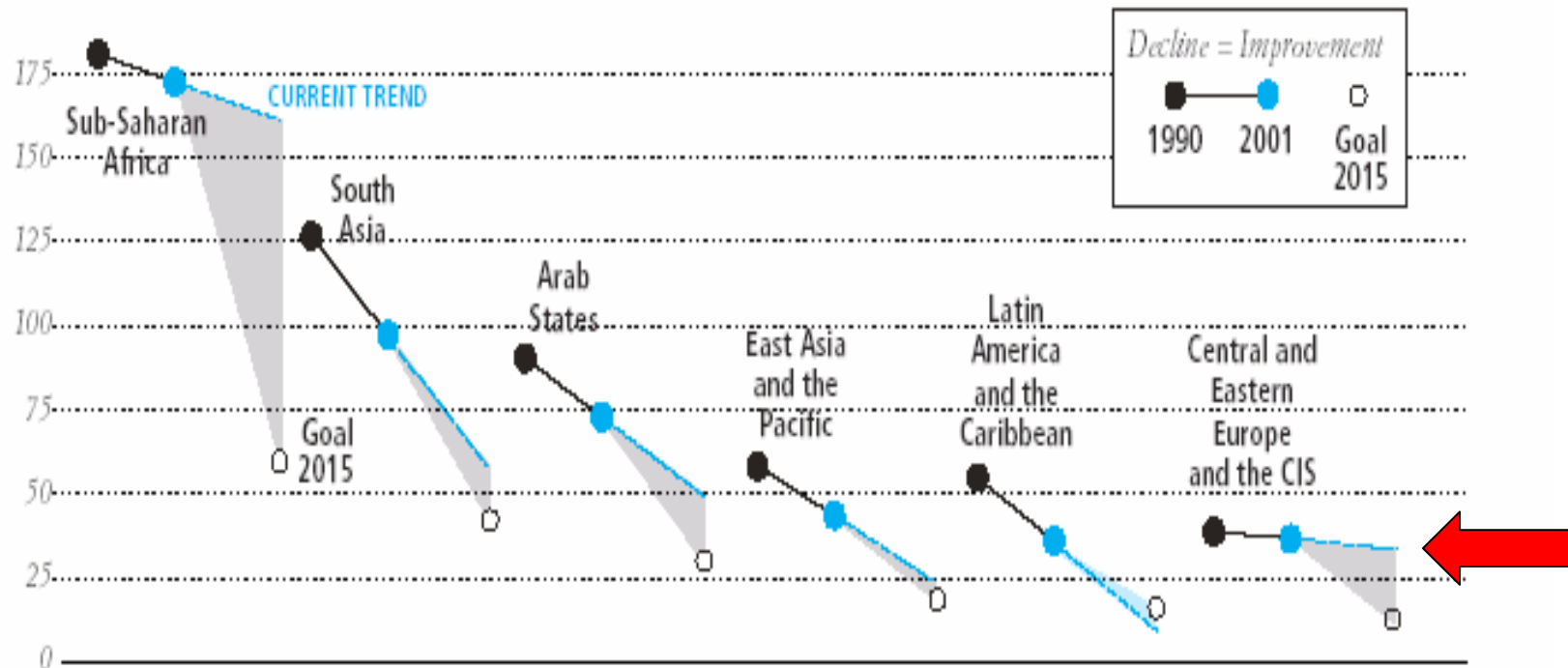
# What do we need to implement all these interventions ?

- Promoting an enabling policy environment
- Strengthening health systems to ensure access and effective delivery
- Prioritizing policies and interventions
- Coordinating efforts
- Monitoring results

# Achieving MDGs – no room for complacency in the European Region

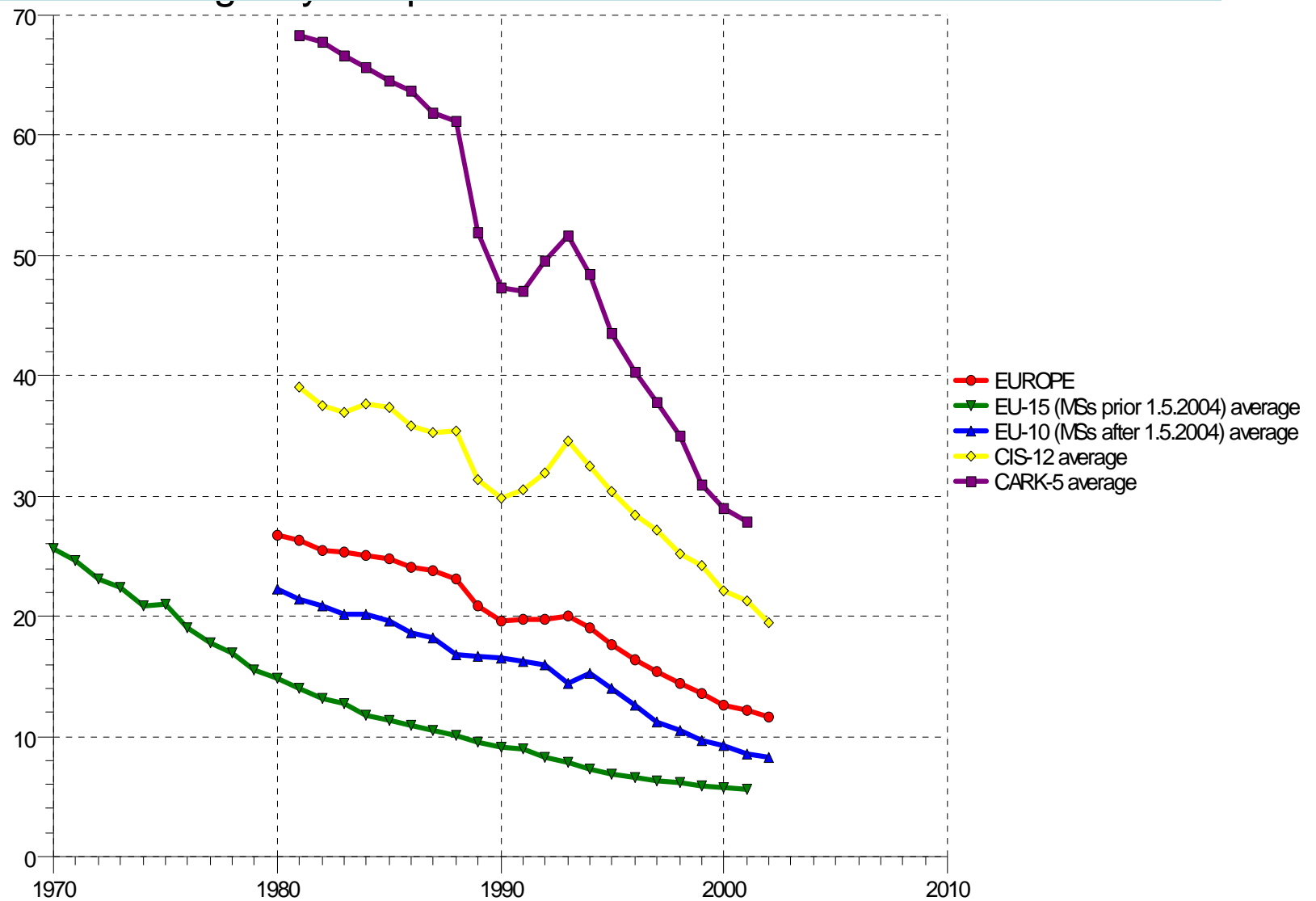
## Child mortality

Under-five mortality rate per 1,000 live births

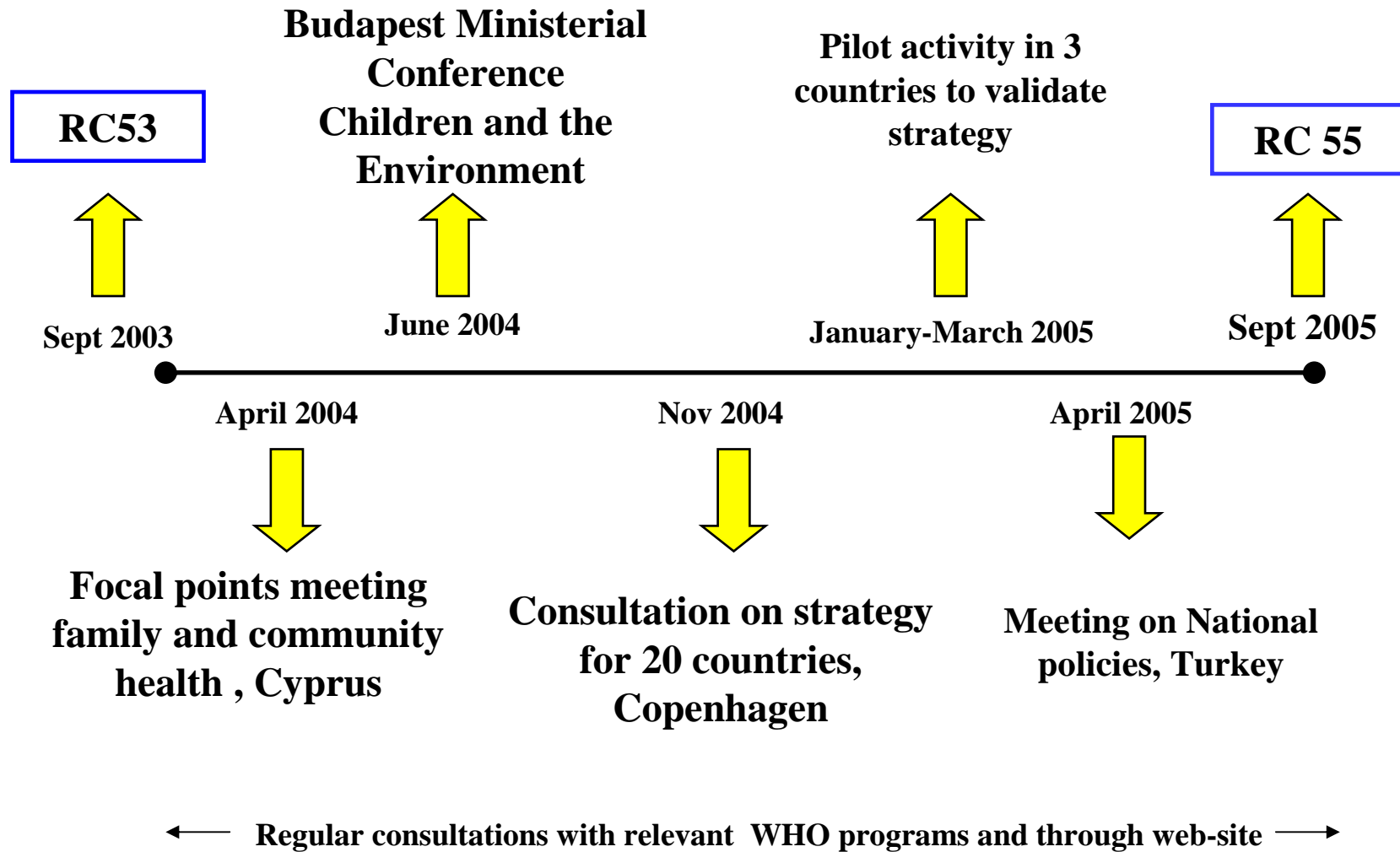


# Under five mortality

## Differences across the European Region



# EURO Process of CAH Strategy Development

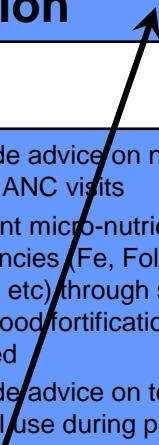
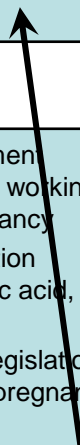


# key issues and priorities in the European region

1. Mothers and neonates
2. Nutrition
3. Communicable diseases
4. Injuries and violence
5. Physical environment
6. Adolescent health
7. Psychosocial development and mental health

	Cross Sector Action	Health System Action	Health Service Action	
<b>1. Mother and Neonates</b>				
	<ul style="list-style-type: none"> <li>•Improve and implement legislation to support working women during pregnancy</li> <li>•Set up food fortification programs of iron, folic acid, iodine</li> <li>•Revise and adjust legislation to allow termination of pregnancy in selected cases</li> <li>•Set up IEC1 programs on healthy motherhood prevention of congenital anomalies</li> </ul>	<ul style="list-style-type: none"> <li>•Provide adequate provision and equitable access to ANC services</li> <li>•Set up national guidelines for quality ANC</li> <li>•Ensure quality improvement and continuous education of ANC staff</li> <li>•Provide the relevant technologies for prenatal</li> </ul>	<ul style="list-style-type: none"> <li>•Provide advice on nutrition during ANC visits</li> <li>•Prevent micro-nutrient deficiencies (Fe, Folic acid, Iodine, etc) through supplements when food fortification is not ensured</li> <li>•Provide advice on tobacco and alcohol use during pregnancy</li> <li>•Ensure universal screening and counselling of locally prevalent infectious diseases (HIV, Syphilis, CMV, HBV, etc)</li> <li>•Make genetic counselling available and affordable for the most prevalent genetic diseases</li> </ul>	
		<ul style="list-style-type: none"> <li>•Identify and implement an appropriate referral system for at risk pregnancies and deliveries</li> <li>•Ensure transportation for obstetric emergencies to maternities</li> </ul>	<ul style="list-style-type: none"> <li>•Prepare and book for birth at appropriate level of care according to risk</li> <li>•Apply principles and methods for essential care of pregnancy and childbirth</li> </ul>	
	<ul style="list-style-type: none"> <li>•Ensure immediate and proper birth registration for all new born babies</li> </ul>	<ul style="list-style-type: none"> <li>•Ensure that professionals involved in obstetric and neonatal care are properly trained in evidence based practices and humanised holistic birth care</li> </ul>	<ul style="list-style-type: none"> <li>•Ensure essential new-born care to all babies, including resuscitation, thermal control, early bonding and initiation of breastfeeding</li> <li>•Provide mother and baby friendly environment and practice maternities</li> </ul>	

**3 levels of intervention**



# the global strategy for MNCAH

Needs to be in accordance with the 4 WHO strategic directions:

- **SD 1 Reduce the Burden of Disease** (through effective interventions, priorities according to country needs and resources)
- **SD 2 Reduce Risk Factors** (poor nutrition, environmental degradation, low education, etc.)
- **SD 3 Develop Health System** (provision, financing, manpower, stewardship)
- **SD 4 Enabling policies** (health dimension of social and economic policies)