

# Child and Adolescent Health and Development



Progress Report 2006



World Health  
Organization

## **WHO Library Cataloguing-in-Publication Data**

World Health Organization. Dept. of Child and Adolescent Health and Development.  
Child and adolescent health and development: progress report 2006.

1. World Health Organization. Dept. of Child and Adolescent Health and Development. 2. Child health services. 3. Adolescent health services. 4. Infant nutrition. 5. Program evaluation. 6. Program development. I. Title. II. Title: Progress report 2006 : child and adolescent health and development.

ISBN 978 92 4 159538 4

(NLM classification: WA 330)

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Design and layout: L'IV Com Sàrl, Morges, Switzerland.

Printed in France.

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# Executive summary

The Department of Child and Adolescent Health and Development (CAH) of the World Health Organization (WHO) works with countries, regions and a wide range of partners to reduce the high death toll among newborns and children under five, and to ensure that adolescents have access to health services tailored to their needs. This work is pivotal to the achievement of the Millennium Development Goals (MDGs) and other international health and development goals.

The stakes are high. Every year, over 10 million children die before their fifth birthday – including an estimated four million who die during the first month of life. Most under-five deaths are due to infectious diseases and neonatal causes – often exacerbated by poverty, malnutrition, and poor or delayed care-seeking. Those children who survive need attention to their healthy physical and psychosocial development. The recent series on child development published in *The Lancet* estimates the lost potential in the lives of more than 200 million children if they cannot be reached with effective care.

In addition, HIV continues to exert a heavy toll. In some of the worst affected countries in sub-Saharan Africa, over 50% of all deaths among children under five are now HIV-related. Worldwide, an estimated 4 000–5 000 young people (aged 15–24) are newly infected with HIV every day.

In order for countries to meet these urgent needs, WHO supports regions and countries to strategize and plan based on the best available information, apply tools and guidelines that incorporate the most up-to-date research findings, and monitor and evaluate process and impact in order to refine approaches. WHO uses recognized international instruments as an opportunity to incorporate health into other political fora and thus maintain a high position on international and national agendas. This includes building the capacity of WHO staff and national counterparts to apply the United Nations Convention on the Rights of

the Child (CRC) in planning and programming, and supporting the reporting process of the UN Committee on the Rights of the Child.

## Improving the health and development of children

To harmonize inputs and increase coverage of effective interventions, WHO is working with countries to develop national strategies and implementation plans for child survival, in partnership with all relevant stakeholders. To facilitate this process, most regions have developed strategies which serve as a platform for national action. Following the earlier adoption of newborn and child health strategies in the European, South-East Asia and Western Pacific Regions, the African Regional Committee adopted *Child Survival: A Strategy for the African Region* in September 2006.

National strategies and plans of action must be guided by local epidemiology and promote evidence-based, high impact interventions, tailored to national and sub-national levels. WHO is rapidly expanding its activities to support planning and management at country level, through the development of tools and by building capacity for their implementation. Achievements in 2006 include:

- **EPIDEMIOLOGY:** For the first time, WHO published country-specific estimates of causes of deaths in children under five years of age. The Department also began generating country profiles on newborn and child health, summarizing recent trends in mortality and coverage of interventions. These are crucial sources of information to guide planning and implementation.
- **NEWBORN HEALTH:** The Department led the development of guidelines to build capacity of programme staff to strengthen the newborn health component in maternal and child health programmes. With WHO/Making Pregnancy Safer and partners, inter-country workshops were held in Burkina Faso, Myanmar and Zimbabwe that led to national action plans.



- **PROGRAMME MANAGEMENT:** A field test of the Child Health Programme Managers course, conducted in Harare, confirmed the need for two components: strategic planning and operational programme management. A revised version of the materials will be finalized in 2007.
- **INFANT AND YOUNG CHILD FEEDING:** A planning guide to assist countries to translate the Global Strategy for Infant and Young Child Feeding into national action plans was finalized, based on experiences from the application of a working version in many countries. For the 25<sup>th</sup> celebration of the adoption of the International Code of Marketing of Breast-milk Substitutes by the World Health Assembly in 1981, WHO developed a booklet on Frequently Asked Questions on the Code and launched this during the 59<sup>th</sup> WHA.

Improved care for newborns and children in first-level facilities is a foundation of the continuum of levels of care. Recent research and development have led to the strengthening and updating of tools to improve the skills of health workers and strengthen system supports.

- **IMCI TECHNICAL UPDATES:** technical updates to the Integrated Management of Childhood Illness (IMCI) strategy were introduced in several regions and countries.
- **IMCI IN HIGH HIV SETTINGS:** IMCI guidelines were updated to incorporate clinical signs for identifying, and ways of managing, children infected with HIV. The *IMCI Complementary course for high HIV settings* became available in June and two intercountry workshops were held to introduce it in the African Region (AFR).
- **NEWBORN HEALTH:** Based on results of a multi-country study, the IMCI guidelines were updated to include the first week of life; the clinical assessment of children 0-2 months of age was simplified.
- **MANAGEMENT OF CHILDHOOD ILLNESS:** Implementation of the new treatment strategy for acute diarrhoea (reduced-osmolarity Oral Rehydration Salts (ORS) solution, combined with zinc supplements) was facilitated by the release of Guidelines for Policymakers and Programme Managers in four languages. The Department also supported countries in their application, through country visits and intercountry workshops.

- **MICRONUTRIENTS:** WHO published updated recommendations on the use of iron supplements for infants and young children in malaria-endemic areas, as well as a statement on the efficacy and safety of zinc supplementation in young children.
- **HIV AND INFANT FEEDING:** A review of new evidence and experiences resulted in a consensus statement on the prevention of HIV infection through infant feeding. While the general principles underpinning earlier recommendations were endorsed, a range of issues were agreed to refine and strengthen the operational guidance.
- **INFANT AND YOUNG CHILD FEEDING:** The Department was central to the finalization and application of the 5-day integrated course on infant and young child feeding (IYCF), to increase the number of staff skilled in counselling on breastfeeding, complementary feeding and HIV and infant feeding.

The quality of care in hospitals is critical for the survival of those at greatest risk; nonetheless it is a weak link in many settings. Progress was made in strengthening the evidence base and tools for improving hospital care in addition to building a network of concerned partners.

- **PLANNING:** a framework for planning hospital improvement was developed and supporting tools identified.
- **ASSESSMENT:** a tool to assess the quality of paediatric care in hospitals was finalized and introduced in several countries to initiate the quality improvement cycle.
- **EMERGENCY TRIAGE AND TREATMENT:** A four-day training course in how to prioritize emergency treatment for new admissions was finalized and introduced in a number of countries.
- **CLINICAL GUIDELINES:** The pocket book on hospital care for children continued to be in high demand and is now available in more than 15 languages.

Many children die with no prior contact with the health system. Strengthening community-based support for newborn and child health and delivery of essential health services is imperative to reducing child mortality in high burden countries. Achievements to advance this work include:

- **INDOOR AIR POLLUTION:** results from a WHO supported trial in Guatemala showed a 40% reduction in incidence of severe pneumonia with the lowering of indoor air pollution levels, strengthening the evidence base for WHO's efforts in environmental health.
- **NEWBORN HEALTH:** The Department is supporting three large-scale studies in Ghana, India and Pakistan to assess the feasibility and effectiveness of home visits on newborn health outcomes. Preliminary results from Pakistan show a 28% reduction in neonatal mortality.
- **MANAGEMENT OF CHILDHOOD ILLNESS:** The Department is supporting research to assess whether severe pneumonia can be safely treated with oral antibiotics at home, thus exploring ways to reduce the use of injectables, increase access to treatment and reduce costs.
- **MANAGEMENT OF SEVERE MALNUTRITION:** Building on a landmark consensus on community-based management of severe malnutrition, the Department initiated work on a field manual and the related adaptation of the IMCI guidelines.
- **COMMUNITY HEALTH WORKER TRAINING:** To respond to a need perceived in many countries, the Department started the development of training materials for community health workers, building on the IMCI approach. The package will include materials for managing sick children, home visitation in the newborn period, and promotion of good care practices.

Monitoring and evaluation is vital to assessing progress in programme implementation as well as to sustaining commitment and resources. The Department is strengthening its role by developing new tools and participating in global efforts to track progress towards achieving the health-related MDGs.

- **FRAMEWORK:** A framework for monitoring and evaluation was developed to determine measurement needs, map ongoing efforts by WHO and partners, and identify gaps that could be filled by the Department.
- **SURVEYS:** To complement existing tools for health facility and household surveys, the Department developed a rapid household survey to assess coverage of key maternal and child

health interventions, that is now being finalized for field-testing.

- **GLOBAL MONITORING:** The Countdown to 2015 was launched in 2005 as a two-yearly effort to track progress towards achieving MDG 4 in 60 high-burden countries. The 2005 findings on intervention coverage and financial flows were published and planning for the next round of tracking has started with partners.

### Improving the health and development of adolescents

WHO promotes a comprehensive, multisectoral approach to improving the health and development of adolescents. Using HIV and maternal mortality as entry points, the Department supports countries to apply evidence-based interventions through a four-pronged ("4-S") approach to strengthening the health sector contribution to adolescent health and development:

- developing **S**upportive evidence-based policies;
- gathering and using **S**trategic information;
- scaling up health **S**ervice provision and utilization;
- **S**trengthening action in other sectors.

In the area of supportive evidence-based policies, WHO synthesized and disseminated the evidence required for policy formulation and strategy development on the prevention of HIV and maternal mortality in adolescents and young people.

- **HIV PREVENTION IN YOUNG PEOPLE:** A systematic review and a series of policy briefs were completed and launched at the International AIDS Conference in Toronto, Canada.
- **ADOLESCENT PREGNANCY:** A literature review *Unmet Needs, Undone Deeds* highlighted the scale of the problem and noted the actions that would directly affect global efforts to meet MDGs 4 and 5. The related advocacy document *Pregnant adolescents: Delivering on global promises of hope* was made available.
- **PLANNING HIV/RH PROGRAMMES:** A training course for public health programme managers on planning effective HIV/reproductive health programmes for young people was developed and tested.

In the area of strategic information, WHO:

- **reviewed the current state of ADOLESCENT EPIDEMIOLOGY**, to update its fact sheet on adolescent health. It did this through a systematic review of available multi-national databases to identify relevant indicators and related data for the key public health problems in adolescents.
- **identified 12 INDICATORS** for which comparable data are available in several countries.

WHO also finalized methods and tools to monitor health service provision to adolescents:

- **Tools to ASSESS THE QUALITY OF HEALTH SERVICES** were completed; others to assess the costs of delivering quality health services to adolescents were tested.
- **Indicators and tools to ASSESS THE COVERAGE OF HEALTH SERVICES** for young people, with a particular focus on HIV, were identified and developed for testing.

In order to scale up health service provision and utilization, WHO generated evidence and developed tools for country-level use.

- **YOUNG PEOPLE LIVING WITH HIV:** The Department organized a global consultation on strengthening the health sector's response to care, support, treatment and prevention among young people living with HIV/AIDS.
- **CONSENT AND CONFIDENTIALITY FOR ASRH:** A consultation was held in the South-East Asia Region (SEAR) to define procedures for providing health services to adolescents for their sexual and reproductive health needs.
- **HEALTH WORKER PRACTICE AND ATTITUDES TOWARDS YOUNG PEOPLE:** Additional modules

revised materials for the development of national standards and sub-national operational plans.

In the area of strengthening action in other sectors and civil society, the evidence base was strengthened and work began on developing tools to enable important figures in adolescents' lives to contribute meaningfully to their growth and development.

- **PARENTING AND ADOLESCENTS:** A review was completed of country initiatives to support parents to promote the health and development of adolescents, and a technical consultation organized to agree conclusions and recommendations for programmes.
- **FOOTBALL COACHES AND YOUNG MALE ATTITUDES:** The effect of building the capacity of football coaches to sensitize young boys on issues including gender, sexuality and violence was evaluated.

### On the global front

In 2006 WHO continued to work closely with key partners including UNFPA, UNICEF and the World Bank. Collaboration on newborn and child health has expanded to an ever-widening range of partners through the newly-established Partnership for Maternal Newborn and Child Health (PMNCH), housed in WHO. Collaboration on adolescent health has been strengthened through the Strategic Partnership Programme with UNFPA.

Now is a time of many opportunities in the area of

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