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# **CAH Progress Report 2000**



DEPARTMENT OF CHILD  
AND ADOLESCENT HEALTH  
AND DEVELOPMENT

**WORLD HEALTH ORGANIZATION**

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## Preface

The work of the Department of Child and Adolescent Health and Development (CAH) is based on the firm conviction that all children and adolescents should have the means and the opportunity to develop to their full potential. In addition to basic needs, healthy growth and development and caring human relationships are basic human rights, for children and for adolescents. They need and have the right to appropriate quality health care, and their families must have access to information and support. They need and have the right to opportunities to acquire the skills and information they need to be physically and emotionally healthy as they gain independence.

In 2000, the Department continued its efforts to realize this vision through support for high quality research and development, systematic planning and support for activities and the effective use of monitoring and evaluation. CAH has one of the largest programmes of research within WHO and has established mechanisms for rapidly translating research results into policy and practice. Emphasis is placed on developing evidence-based interventions that can be applied systematically, the process documented and lessons learnt. The appointments this year of a new Executive Director for the Family and Community Health Cluster, and a new Director for the Department, provided opportunities to reassess priorities and to ask new questions while maintaining the best of previous work.

CAH has continued to strengthen catalytic linkages with other WHO departments, UN agencies, bilateral agencies, non-governmental organizations (NGOs), private voluntary organizations and foundations. These partners play an important role in assessing the need for strategies for child and adolescent health and development and in supporting their implementation. Strong collaboration exists with a range of partners inside and outside WHO. It is through these partnerships that CAH is able to build capacity and extend the application of Integrated Management of Childhood Illness (IMCI) and adolescent health and development interventions.

This progress report provides an informative summary of the work of the Department midway through the current biennium. Chapter 1 describes the Department's global priorities in child and adolescent health, and efforts to address them. Chapters 2–4 summarize the year's work in three topic areas—promoting a safe and supportive environment, improving health service delivery, and monitoring and evaluation. The final chapter describes collaboration with partners and continuing efforts to expand capacity for sound public health programming at all levels.

A full programme report will be prepared at the close of the 2000–2001 biennium.

The CAH staff in Headquarters, in the Regional Offices and in countries invite you to read this report, make suggestions, and join us in our efforts to mobilize the global community in promoting the health of children and adolescents. In addition, we would like to take this opportunity to thank those who have provided support to our activities, both technical and financial.

## CHAPTER 1

# Focusing on global priorities in child and adolescent health and development

### HIGHLIGHTS OF 2000

■ The **United Nations General Assembly Special Session on Children**, scheduled for September 2001, will agree on an agenda for children and adolescents for the next decade. The Department has coordinated a review of progress toward World Summit for Children goals and served as the focal point within WHO for preparations for the Session.

■ The Department is leading the Organization toward a unified approach to promote and protect the health of children and adolescents. Work continued on the development of a **WHO wide strategy for child and adolescent health and development**.

■ The Department established an international forum called **FutureThink** to inform these strategy development and agenda-setting initiatives. This interdisciplinary group of experts looked forward to the challenges of the next decade, and offered guidance on public health directions.

■ Departmental efforts to use the **Convention on the Rights of the Child** as a mechanism for improving child health moved forward with the preparation of status reports on 12 countries, and capacity-building workshops for WHO staff in two Regions.

■ Based on analyses of mortality data and the global burden of disease, the Department renewed its commitment to **preventing HIV/AIDS among adolescents**, and broadened the scope of its work in the area of **neonatal health**.

### Developing a global agenda for children and adolescents

In December 1999, the United Nations General Assembly established a committee to prepare for a Special Session on Children in 2001 for follow-up to the World Summit for Children. The Preparatory Committee met once in 2000 and will meet twice in 2001 before the Special Session in September 2001. UNICEF was named as the Secretariat for the Special Session with a Bureau of the Committee constituted of representatives from seven countries.

The objectives of the Special Session are to review the implementation of the Plan of Action adopted by the 1990 World Summit for Children, identify what needs to be done to accelerate future progress for children, and agree on a global "New Agenda" for children and adolescents in the 21st century. A report to the Secretary-General reviewing the progress made on the World Summit Goals (WSG), current and future challenges and actions for the future will be discussed and an outcome document produced that describes the New Agenda.

The Department is the WHO focal point for the Special Session and has chaired the WHO inter-cluster and regional working group for the preparation of all health-related inputs. CAH, both headquarters (HQ) and the Regional Office of the Americas (AMRO), has been involved in the Preparatory Committees and the consultations organized by UNICEF.

WHO has stressed the importance of the unfinished agenda of child survival, and raised concerns about the relationship between current overall outcomes (early childhood care, quality of health care, basic education, and adolescent development) and the life course approach. There is a need to strike a balance between targeting all children and adolescents and directing activities towards those with special needs.

## Unfinished agenda in reducing child mortality

Children under five years of age account for 30% of the total burden of disease in poor countries. Among the 10.5 million children under five who died in 1999, 99% were in developing countries. Thirty-six percent of these children died in Asia, and 33% in Africa. Regional differences in under-five mortality are shown in Figure 1.

Over 50% of child deaths in developing countries are due to five communicable diseases and malnutrition. There are important differences in the threats to child health by region. In South-East Asia, for example, pneumonia and diarrhoea account for two in five child deaths, while in Africa malaria is also a major cause of death. In addition, mother-to-child transmission of HIV is eroding gains in child survival, particularly in Africa.

Global targets established by the 1990 World Summit for Children have guided the promotion of child health for the last decade. Progress toward these targets has been mixed. There has been notable success in reducing deaths due to diarrhoea and measles, and in eradicating polio. However, progress has been limited in reducing deaths from pneumonia and in achieving targets relating to child nutrition and infant mortality. Increases in exclusive breastfeeding rates are small, and little progress has been made in improving complementary feeding. Poor breastfeeding practices and nu-

tritional deficiencies are major risk factors for most child health problems.

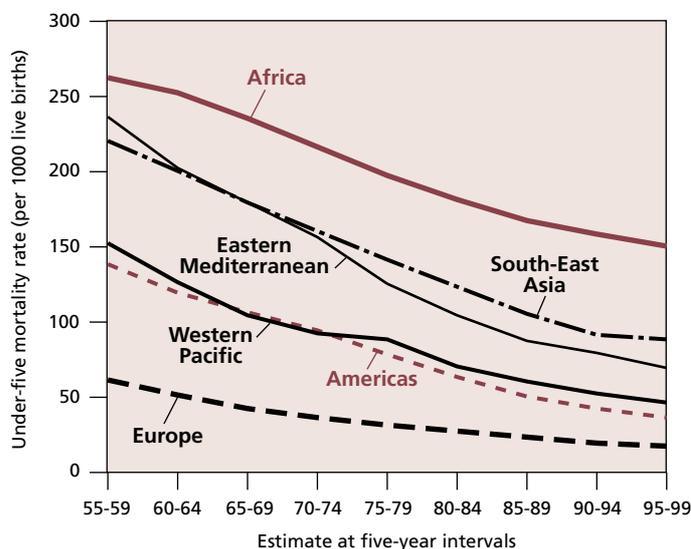
The global equity gap in health is largest among children, and is concentrated in communicable diseases. Children in poor countries are disabled and dying from causes for which we have effective and affordable interventions.

A clear focus on these problems and interventions will lead to significant gains and overall strengthening of the public health system, and push forward efforts to improve child health and development. The burden of communicable diseases in childhood can be drastically reduced through full implementation of **Integrated Management of Childhood Illness (IMCI)** and EPI Plus, which includes the traditional antigens as well as Hepatitis B, regional vaccines (such as, yellow fever and Japanese encephalitis) and Vitamin A supplementation.

Achieving full implementation, and reaching children living in poverty, will require a two-pronged strategic approach: increasing the efficiency of the health system to provide services of adequate quality, and putting in place mechanisms to better engage families and communities in preventing disease and caring for their sick children. Implementation of these interventions must address three urgent issues:

- **Achieving adequate coverage, particularly for poor populations.** Children are sick and dying because they do not have access to IMCI case management, timely immunization and Vitamin A supplementation. Concerted efforts are needed to strengthen health systems and communities, and to develop and sustain service delivery mechanisms, to reach *all* children.
- **Developing new technologies and delivery strategies.** New or improved technologies are needed in the prevention and treatment of childhood communicable diseases. Access must be increased through strengthened and innovative delivery mechanisms.
- **Sharpening the focus on family practices.** Families play a critical role in protecting and promoting child health. This role must be strengthened: to prevent and to ensure appropriate recognition, home-care and care-seeking for illness. Both

FIGURE 1  
**Regional trends in under-five mortality, 1955-1999**



information and affordable drugs and supplies must be available at family and community levels, and all families must have access to basic health services of adequate quality.

Priority research needs to include the development and improvement of technologies and interventions. For example, new vaccines and drugs are required to combat communicable diseases in children. New strategies must be developed and evaluated to slow or reduce the impact of antimicrobial resistance. The effectiveness of specific micronutrients must be evaluated, and ways to promote improved care-seeking and alternative routes of vaccination must be developed and tested. Research is also urgently needed to improve the operational effectiveness of existing strategies, interventions and technologies. Health services and behavioural research are essential to increase the chances of reaching all children.

CAH is working to develop and advocate for stronger programmes to improve child health and development.

### **Promoting child and adolescent health and development through the Convention on the Rights of the Child**

In 2000, the Department maintained its commitment to using the Convention on the Rights of the Child (CRC) as a framework for the development of strategies to improve child and adolescent health and development. The focus this year was on increasing awareness and understanding of the CRC amongst WHO staff and partners at regional and national lev-

region-specific CRC advocacy materials and future subregional and national training workshops.

Second, CAH provided commentaries on twelve country reports to the United Nations Committee on the Rights of the Child. Based on the data provided, the Committee subsequently issued health-specific recommendations to the countries under review. CAH also coordinated WHO participation in the Committee's Day of General Discussion on State Violence Against Children.

Third, initial discussions on the use of the CRC in district planning and programming for child and adolescent health were held with Healthlink Worldwide and Save the Children, UK.

Fourth, sessions on child rights were held at the SEARO Intercountry Meeting on Child and Adolescent Health, Bali, and at the EURO meeting of child and maternal health focal points, Malta. The Department conducted a workshop at the annual inter-disciplinary course on child rights sponsored by the University of Ghent, Belgium, and made a presentation to the global conference on nursing and midwifery in Manchester, UK.

In addition, CAH continued to play an active role in the ongoing development of a future WHO Strategy on Health and Human Rights.

### **WHO strategy development and future directions for child and adolescent health and development**

CAH is developing a WHO-wide strategy on

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