

Guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health



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Introduction

The purpose of this guide is to assist countries in planning and managing an integrated review of maternal, newborn, child and adolescent health (MNCAH) programmes. It can also assist countries in reviewing the status of progress towards achieving the targets of the Global Strategy for Women's, Children's and Adolescents' Health (1) and related MNCAH initiatives, such as Ending Preventable Maternal Mortality (EPMM) (2), the Every Newborn Action Plan (ENAP) (3), the Nurturing Care Framework for Early Childhood Development (4), Child Survival Action (5), and Global Accelerated Action for the Health of Adolescents (AA-HA!) (6).

This guide provides a recommended approach for conducting MNCAH programme reviews. It is not intended to be prescriptive, however, and the processes should be adapted to suit the needs of the country or programme.¹

The guide helps to assess the results that MNCAH programmes have achieved, identify gaps in intervention implementation, and provide recommendations and solutions to improve the health status of women, newborns, children and adolescents.

The main audience for the guide includes:

- national and subnational programme managers and officers from reproductive and MNCAH involved in planning, implementing and monitoring programmes within a ministry of health;
- programme managers and officers in related programmes in a ministry of health or other ministry;
- nongovernmental, private-sector and international partners involved in planning, implementing and funding MNCAH programmes.

A facilitator's guide and a data tool complement this document.

Approach for development of this guide

This guide builds on experiences emerging from implementation of programmatic reviews for MNCAH. Building on the 2009 WHO Guide on Managing Programmes to Improve Child Health (7), in 2017 the WHO Department of Maternal, Newborn, Child and Adolescent Health, developed materials to support countries in implementing integrated MNCAH programme reviews. These materials were intended to better reflect the expanded agenda of country programmes covering MNCAH and to support the cross-cutting nature of the Global Strategy for Women's, Children's and Adolescents' Health (1). To improve ease of use, instead of presenting a long

¹ Throughout this guide, we use the term MNCAH to reflect the programme areas covering pre-pregnancy, pregnancy, childbirth, newborn, childhood, adolescence and post-reproductive stages. As country ministries of health are structured uniquely, however, the programmes and departments involved in a review of MNCAH may be arranged differently or include or cover additional areas not explicitly listed under this term (e.g. sexual and reproductive health, immunization, or nutrition).

document with content, facilitation tips, and information gathering tables interspersed throughout, this guide focuses on the process for conducting programme review for MNCAH and is accompanied by a facilitator guide that provides practical suggestions for planning and facilitating a programme review for MNCAH and a data tool that allows for a more readily analysable view of data and information from relevant sources.

In 2017, the unpublished guide and accompanying materials were piloted by the Department of Maternal, Newborn, Child and Adolescent Health and Ageing and the WHO Regional Office for the Eastern Mediterranean to support the national programme review in Egypt. Feedback from this pilot was then incorporated into the materials, which were further tested with the WHO Regional Office for Africa in support of the programme review for Zanzibar and with the WHO Regional Office for Europe for the programme review in Turkmenistan. These experiences helped to further refine the guide and accompanying materials, with feedback from the testing incorporated into revisions. In 2023, to reflect new WHO guidelines related to MNCAH published since 2018, global initiatives related to reducing MNCAH mortality, and their associated monitoring frameworks, a review of the unpublished guide and accompanying materials was undertaken by the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing to ensure alignment with these initiatives and frameworks in preparation for publication of the materials.

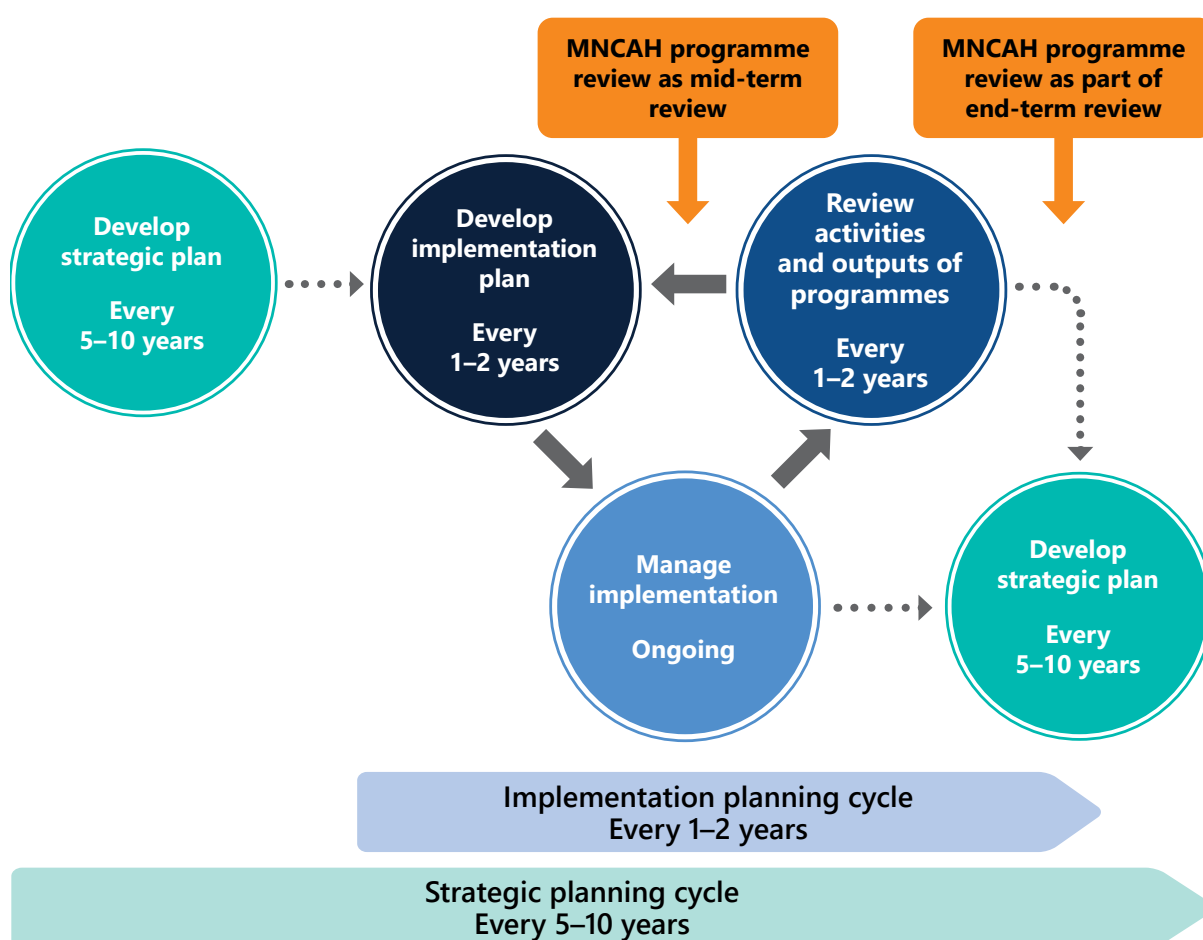


What is an MNCAH programme review?

The MNCAH programme review is a process for assessing mid- or end-term country progress in improving the health of women, newborns, children and adolescents. A programme review is conducted every 2–3 years at the national or subnational level as part of the regular MNCAH programme planning and implementation cycle.

The programme review is most useful if it is coordinated with other ongoing health-sector review and planning activities, such as strategic planning, annual reviews of country accountability frameworks, and annual or biannual district reviews and planning exercises (Figure 1).

Figure 1. Where does the MNCAH programme review fit into planning and management cycles?



Objectives of MNCAH programme review

The purpose of the MNCAH programme review is to assess progress towards the goals and objectives of the MNCAH programme. Objectives may include:

- assessing how well a national or subnational MNCAH programme has implemented its plans, and identifying successes, lessons and good practices;
- identifying problems, gaps, facilitating factors, emerging issues, opportunities, lessons and threats to determine solutions;
- aligning the programme priorities and guidelines with the Sustainable Development Goals (SDGs), the Global Strategy for Women's, Children's and Adolescents' Health, and other regional and global priorities;
- developing recommendations, including priority actions to be taken, resources needed, and responsible people and organizations needed to implement them in order to improve implementation;
- deciding on the next steps for implementing the recommendations, including utilisation in revision and development of strategic plans.

Scope of MNCAH programme review

The programme review process is developed based on the following principles:

- Focus on proven, effective, high-impact interventions.
- Address all the target populations of MNCAH, including women of reproductive age during pregnancy, childbirth and postnatal periods, newborns, children aged up to 9 years of age, and adolescents aged 10–19 years of age; and cross-cutting and multisectoral areas such as nutrition, water, sanitation and hygiene.
- Use a continuum of care approach:
 - life stages – pre-pregnancy, pregnancy, childbirth, newborn, childhood, adolescence, post-reproductive;
 - health-system levels – household and community, first-level health facilities, referral facilities.
- Use the action areas of the Global Strategy for Women's, Children's and Adolescents' Health and related initiatives (See Annex).



Preparation for MNCAH programme review

Planning for a programme review in advance is key to its success. Preparation includes defining the scope of the review, selecting facilitators and participants, securing funding, and preparing the content and logistics. Once resources are secured, it is important to align with other planning events that are ongoing in a country. Ideally, relevant MNCAH data collection processes should be completed before the programme review.

Key factors for a successful programme review include:

- strong commitment from the ministry of health and partners to conducting the MNCAH programme review;
- existence of reliable data and information on MNCAH intervention coverage and activity outputs;
- full support of the ministry of health and partners, including willingness to release staff and adequate funding to cover costs for all steps of the review process.

Who is involved in the programme review?

The programme review process can benefit from the selection of a programme review coordinator from the ministry of health to initiate and follow through on conducting the process. The coordinator brings together other MNCAH stakeholders in the country to create a programme review committee or taskforce.

Ideally, committee members include professionals from the ministry of health and partner organizations who are familiar with MNCAH issues in the country and are able to devote the time needed for the review process. The committee undertakes preparations for all stages of the programme review process. Committee members can also serve as facilitators during the review workshop. Where applicable, members of an existing technical working group can take up the roles of the programme review committee.

The programme review workshop brings together a wider group of MNCAH stakeholders, including different cross-cutting and multisectoral departments of the ministry of health, non-health ministries, nongovernmental organizations, community organizations, professional associations, academia, private providers and donors.

Responsibilities of the MNCAH programme review committee include:

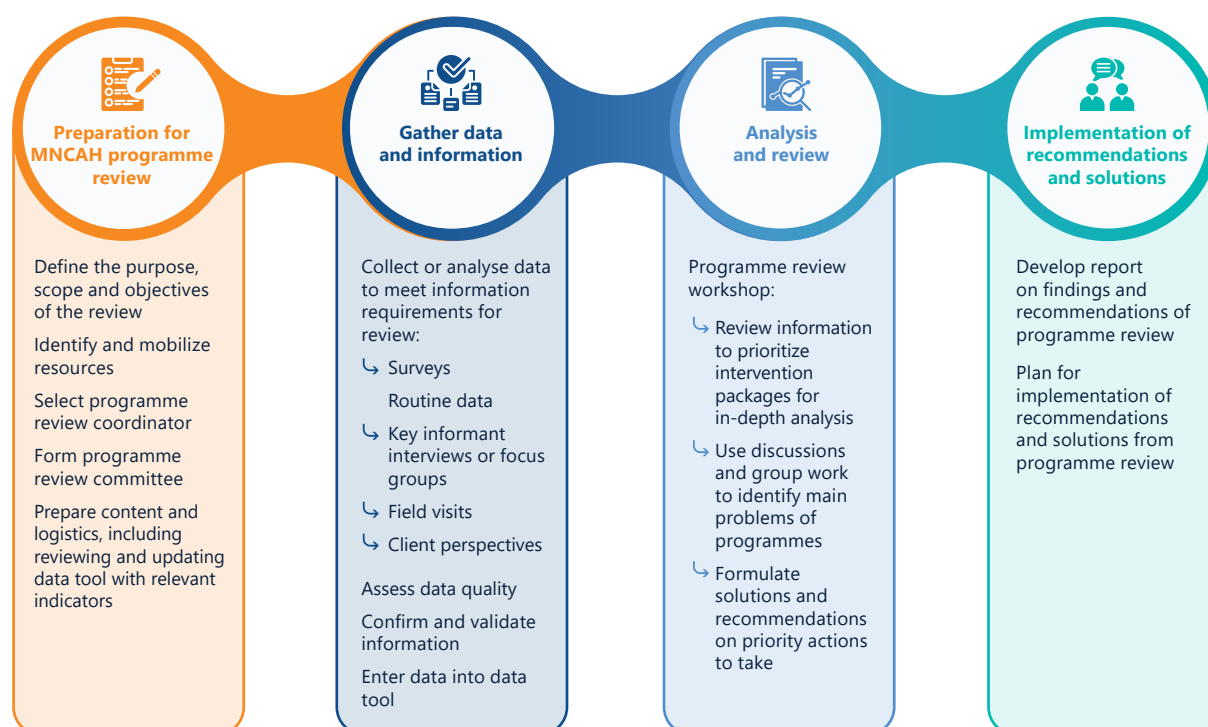
- preparing for the programme review, including defining the scope of the review, selecting the facilitators and participants, and preparing the content and logistics;
- organizing the review workshop;

- documenting the review's findings and recommendations;
- presenting the findings and recommendations of the review to senior representatives from the ministry of health and other partners and stakeholders during or immediately after the workshop.

Schedule of activities

Preparing for the MNCAH programme review is an important first step during which the scope, objectives and timeline for the process must be well defined (Figure 2). Clarification on who will carry out the review, what information is needed to conduct the review, and how the information will be collected and analysed is necessary to inform how the outcomes of the review will be reported and how the recommendations will be implemented. The amount of time necessary to complete the activities in preparing for and conducting a programme review will vary based on the country context.

Figure 2. Suggested activity flow for MNCAH programme review



Information requirements

Information gathered for the MNCAH programme review is essential for informing programmes on how they are performing against subnational, national, regional and global MNCAH goals and objectives. This information will show the extent to which the MNCAH programme has improved the health status of women, newborns, children and adolescents. It is important to select relevant indicators and use data that reflect service delivery and health status during the current period under review. The information should be presented clearly and easy to understand.

Gathering data and information

Data and information for the MNCAH programme review come from a variety of sources (Table 1). Subnational, national and global reference documents are necessary to review existing goals and objectives. These should be used together with the most recent quantitative data and qualitative narratives to assess intervention coverage and equity, and identify disparities and the most critical needs of women, newborns, children and adolescents. See Annex for key indicators from the Global Strategy for Women's, Children's and Adolescents' Health and related MNCAH initiatives.

Table 1. Examples of reference documents and data sources for MNCAH programme review

Reference documents
National and subnational documents <ul style="list-style-type: none">Health strategiesPolicies or policy statements on MNCAHGuidelines or operational guidance on MNCAHMost recent operational plans or workplans (from all levels and for related initiatives)Previous MNCAH programme review reportsAnnual training summaries
Global and regional strategic documents and monitoring frameworks – See Annex
Data sources
Routine monitoring data <ul style="list-style-type: none">Health management information systemLogistics management information systemHuman resources information systemCommunity health information systemNational health accounts
Survey data <ul style="list-style-type: none">Population or household surveysHealth facility assessments
Qualitative data <ul style="list-style-type: none">Key informant interviews or focus groupsField visitsClient perspectives

Priority indicators for MNCAH vary by country. Inclusion of the key indicators from the Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (8) and related initiatives (See Annex) is important for consideration in the MNCAH programme review.

Data quality

Programme reviews rely on existing data sources, but they can be complemented by key informant interviews, focus groups, field visits and client perspectives. These can additionally serve to confirm or complement what is found in the quantitative data. The information used must be as reliable and accurate as possible, which usually depends on the quality of the information systems.

Key questions to consider for data quality include:

- Have data quality assessments been conducted?
- Are routine data quality audits being done?
- Have the data been validated by national stakeholders?

Availability and quality of data are themselves important findings of the review process.

MNCAH programme review data tool

Data and information collected for the programme review should be entered into the MNCAH programme review data tool in advance of the review workshop. This Excel-based tool is flexible for country-specific adaptation and linkages to health-sector strategic plans, specific MNCAH initiatives, and health monitoring and evaluation plans. It includes space for optional information for analysis and review, such as baseline values, targets and subnational data.

The data tool is prepopulated with suggested MNCAH indicators, but these should be reviewed and adapted to match national or subnational priorities. Indicators that are not relevant may be modified or deleted, and other indicators may be added.

Using the data tool, the following steps should be conducted before the programme review workshop:

- Adapt interventions (packages) and indicators to the context.
- Gather relevant data and information.
- Populate with available data and information.
- Determine the progress or status of indicators (individual interventions or as part of packages of interventions).
- Prioritize interventions (packages) for in-depth review.

See the MNCAH programme review data tool for a detailed explanation of these steps.

Review and analysis of findings

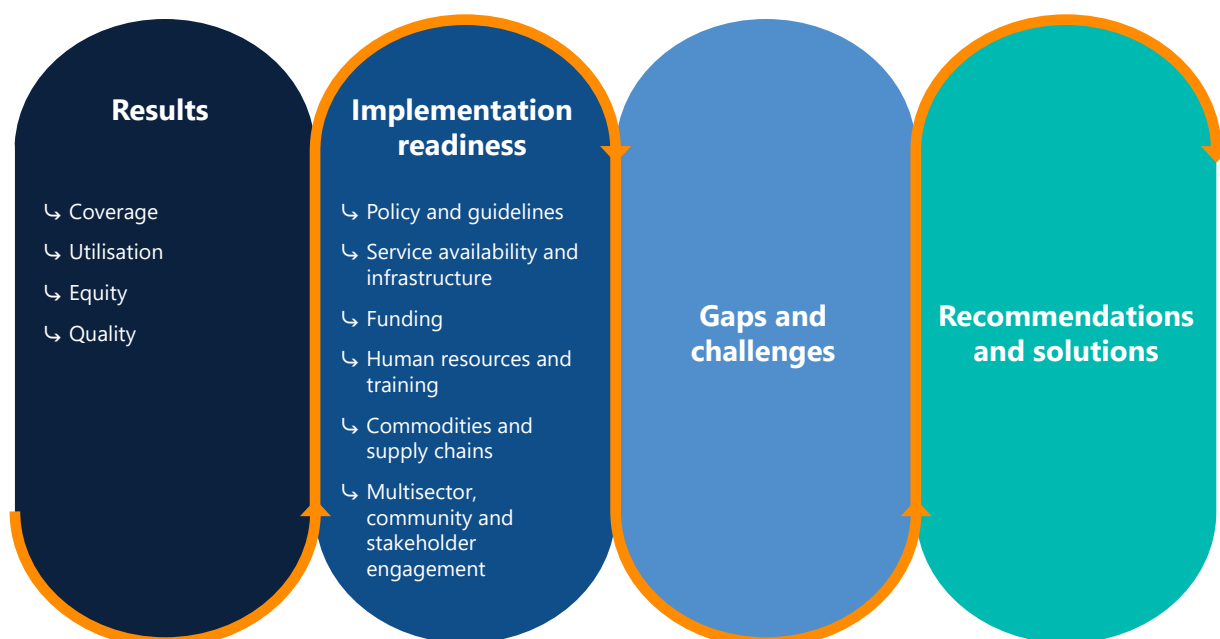
The objective of analysing the information collected and presented in the data tool for the programme review is to understand the performance of the MNCAH programme and make recommendations for progressing. Review and analysis will help to answer the following questions:

- Which MNCAH interventions were implemented, and where? How well were they implemented?
- What inputs, outputs, outcomes, impacts and mechanisms are in place for intervention implementation over the planning and implementation cycle period?
- What are the most important problems causing gaps in implementation of MNCAH programmes?

Analytical framework

Review of the information organized in the data tool will help to identify the relative performance of high-impact interventions. Underperforming and other high-priority interventions should be analysed in depth to identify gaps and bottlenecks and to formulate solutions through a well-defined analytical framework (Figure 3).

Figure 3. Suggested analytical framework for MNCAH programme review



Methodology for analysis and recommendations

During the programme review workshop, the facilitators guide the participants in reviewing the information collected and presented in the data tool. High-priority interventions (e.g. high impact with poor performance) are analysed in subgroups under the lens of the defined analytical framework for review.

These groups may be split to match how the various programmes that make up MNCAH are organized within the ministry of health, such as maternal and newborn health, child health, adolescent health, and sexual and reproductive health.

During the course of the workshop, the groups can be reorganized to facilitate discussions on cross-cutting issues, such as:

- policy and guidelines;
- service availability and infrastructure;
- funding;
- human resources and training;
- commodities and supply chains;
- multisector, community and stakeholder engagement.

To start, groups review the available quantitative and qualitative indicators across the respective determinants (e.g. policy, availability, financial access) across interventions. Emphasis should be placed on indicators with outstanding gaps. The data tool may not include all necessary information, but it acts as a starting point for discussion.

The expertise within each group is critical for synthesis and interpretation of data and feasibility in current health system settings. Based on the available data, experience and existing implementation challenges, groups develop feasible recommendations (short- and medium-term) for strengthening each of the high-priority interventions.

The groups discuss their findings in plenary sessions, where other groups may ask questions and contribute to forming recommendations. Plenary sessions offer an opportunity to analyse cross-cutting and multisectoral issues.

Programme review workshop overview

Principles

The MNCAH programme review workshop:

- reviews progress in order to identify important problems, bottlenecks and gaps, and to formulate solutions to address these at all levels;
- uses available data on health status, intervention coverage and programme outputs at all levels;
- is a multistakeholder process that actively involves participants in making assessments and recommendations for all levels.

Participants

Participants include stakeholders from all levels of the health system involved in MNCAH programmes, such as cross-cutting and multisectoral departments of the ministry of health, non-health ministries, nongovernmental organizations, community organizations, professional associations, academia, multilateral and bilateral partners, private providers and donors.

Ideally, a mix of experts from reproductive and MNCAH and broader health systems at all levels is represented in each working group.

Content and process

Participants review and analyse progress on the health status of women, newborns, children and adolescents; intervention coverage at all levels; and programme implementation at all levels of the health system.

Facilitators lead participants through a structured process to review documents and analyse data (collected and entered into the data tool before the workshop) to identify progress made and areas that need to be strengthened.

Outcomes

Facilitated plenary discussions and structured group work are used to identify the main problems in the programme, suggest solutions, and formulate recommendations on actions to take at all levels of the health system. These solutions and recommendations are synthesized into the programme review report.

For details of preparation and facilitation of workshop, see *Facilitators' guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health*.

Programme review workshop process

The programme review committee and workshop facilitators agree a detailed agenda for the programme review workshop. Figure 4 shows the elements to should be addressed throughout the workshop, but the agenda should be adapted to the structure and needs of the programme.

Early on in the workshop, each working group reviews data organized in the data tool and other information collected in advance to prioritize interventions for in-depth analysis.

For each step, the workshop facilitators introduce the content in plenary and then move the participants to group work sessions. Following the group work, findings are shared in plenary.

At the end of the workshop, participants formulate solutions and recommendations on actions to take that will be documented and presented to senior representatives from the ministry of health during or soon after the workshop.

Reporting on the findings of the programme review is a key step to ensuring the recommendations are implemented. Actions taken from the review should be high-impact, evidence-based,

concrete, specific, realistic, time-bound and achievable. They should be prioritized, grouped and sequenced in a logical and feasible plan. Using the findings of the programme review to inform action requires the report to be endorsed and disseminated by the ministry of health and shared with wider MNCAH health stakeholders.

Figure 4. MNCAH programme review workshop: key steps



Findings and recommendations

Reporting on the findings of the programme review is a key step to ensuring the recommendations are implemented. Actions taken from the review should be high-impact, evidence-based, concrete, specific, realistic, time-bound and achievable. They should also be prioritized, grouped and sequenced in a logical and feasible plan. Using the findings of the programme review to inform action requires the report to be endorsed and disseminated by the ministry of health and shared with wider MNCAH stakeholders.

Presenting findings and recommendations

A presentation on the findings and recommendations of the programme review should be planned by the programme review committee and scheduled at the end of or soon after the workshop. This presentation should bring together ministry of health representatives, partners and other MNCAH stakeholders.

The programme review committee works with ministry of health senior management to finalize recommendations and debrief the minister of health. The directors of the MNCAH programme(s) may need to explain the need for the review.

The programme review committee, headed by the multistakeholder team, prepares a summary to debrief each stakeholder group. The programme review committee organizes a debriefing for all stakeholder groups to gain consensus on final recommendations.

The presentation should highlight the next steps to be taken to incorporate steps of the plan of action into work plans and to implement the recommendations. It is helpful if attendees, including representatives from the ministry of health, other ministries and partners, make a statement of endorsement of the recommendations.

Documenting the findings and recommendations

Soon after the presentation, the programme review committee, workshop facilitators, and key programme staff, partners or stakeholders who have been identified and invited during the review work together to document the analytical findings and recommendations of the review into a programme review report.

The report can be drafted as an aide-memoir that documents the key findings and actions discussed and endorsed by the ministry of health or subnational health authorities and MNCAH stakeholders. This can be presented during the workshop or in smaller meetings afterwards. The discussion ensures consensus and buy-in by all MNCAH stakeholders for the suggested recommendations. The report should include specific timelines for reviewing and documenting implementation of the recommendations, and should be shared with all stakeholders.

Dissemination of final report by ministry of health or subnational health authorities

Representatives of the ministry of health or subnational health authorities meet to develop a plan of action based on the recommendations from the workshop included in the report. The plan should include concrete, specific, realistic, time-bound and achievable actions to be taken, grouped and sequenced in a logical and feasible plan.

When the report is complete, the ministry of health or subnational health authorities distribute it to key stakeholders in the MNCAH programme and related programmes and other stakeholders involved with the review or implementation of the recommendations, such as other ministries, partners and civil society. A media event may be planned as part of dissemination of the results.

Use of findings and recommendations

The purpose of the MNCAH programme review is to assess progress towards the goals and objectives of the MNCAH programme and improve performance. The findings and recommendations should lead to clear actions for follow-up (Figure 5).

Figure 5. How does the MNCAH programme review fit into planning and management activities?

Review type	Purpose of review	Timing of activity	Role of MNCAH programme review
Annual review	Adjust ongoing implementation activities of programme	Annually	Improve ongoing implementation of the programme through immediate adjustments to service delivery and addressing bottlenecks to scaling up services
Mid-term review	Review progress towards meeting objectives of programme and reprogramme if necessary	Mid-point of programme cycle	Assess whether programme is on track to achieve objectives through outputs and outcomes Redirect programming or reallocate resources where necessary
End-term review	Review performance of programme and develop new strategic plan	Before the end of the programme cycle	Contribute to assessing what the programme has achieved by reviewing outcomes and impact measures, along with other evaluation activities required for developing next strategic plan

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Annex: Initiatives to reduce MNCAH mortality and improve health and well-being

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

The vision of the Global Strategy is, by 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

Nine action areas have been identified as key to achieving the objectives of the Global Strategy (Figure A1.1). The details of each action differ based on the country setting, but the MNCAH programme review should aim to include these action areas in its scope.

Figure A1.1. Action areas of the Global Strategy for Women's, Children's and Adolescents' Health



The Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) recommends 60 indicators to help countries promote accountability in ending preventable deaths ("Survive"), ensuring health and well-being ("Thrive"), and expanding enabling environments ("Transform"). Of these 60 indicators, 16 were selected as a minimum subset to monitor progress of the Global Strategy (Table A1.1).

Table A1.1. Key indicators from the Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health

Objective	Key indicators
Survive: end preventable deaths	Maternal mortality ratio (SDG 3.1.1) Under-5 mortality rate (SDG 3.2.1) Neonatal mortality rate (SDG 3.2.2) Stillbirth rate Adolescent mortality rate
Thrive: ensure health and well-being	Prevalence of stunting among children under 5 years of age (SDG 2.2.1) Adolescent birth rate (10–14 years, 15–19 years) per 1000 women in that age group (SDG 3.7.2) Coverage index of essential health services, including for infectious diseases, noncommunicable diseases, and reproductive, maternal, newborn, child and adolescent health (RMNCAH; family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, treatment of childhood illnesses) (SDGs 3.1.2, 3.7.1 and 3.8.1) Out-of-pocket health expenditure as a percentage of total health expenditure Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources Number of countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education (SDG 5.6.2) Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)
Transform: expand enabling environments	Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1) Proportion of children and young people in schools with proficiency in reading and mathematics (SDG 4.1.1) Proportion of women, children and adolescents subjected to violence (SDGs 5.2.1 and 16.2.3) Percentage of population using safely managed sanitation services, including a handwashing facility with soap and water (SDG 6.2.1)

SDG: Sustainable Development Goal.

Ending Preventable Maternal Mortality (EPMM)

In 2021, an estimated 1.9 million stillbirths occurred. Almost half of these deaths happened during labour. The deaths and disabilities that occur during pregnancy and childbirth have far-reaching effects on women and newborns. Many countries have made significant advancements, but significant disparities in equitable coverage of essential maternal and perinatal health interventions remain as barriers in many settings.

In 2015, EPMM, a global multi-partner initiative, outlined broad strategies for maternal health programmes. EPMM aims to improve maternal health and well-being and achieve the SDG target for maternal mortality. Reaching the SDG targets is grounded in a holistic, human rights-based approach to sexual, reproductive, maternal and newborn health, and rests on the foundation of health system strengthening that supports effective implementation for universal health coverage.

Every Newborn Action Plan (ENAP)

ENAP is based on the latest epidemiology, evidence and global and country learning. It supports the United Nations Secretary-General's Every Woman Every Child movement. The preparation was guided by the advice of experts and partners, led by the World Health Organization and the United Nations Children's Fund, the outcome of several multistakeholder consultations, and a web-based consultation with more than 300 comments.

ENAP was discussed at the 67th World Health Assembly. Member States endorsed the document and made firm commitments to put in practice recommended actions. The Director General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030.



Box A1.1. EPMM and ENAP targets

EPMM and ENAP shared targets:

- Target 1: 90% coverage of four or more antenatal care contacts (ANC4)
 - Subnational target: 80% of districts with >70% coverage of ANC4
- Target 2: 90% of births attended by skilled health personnel (SBA)
 - Subnational target: 80% of districts with >80% coverage of SBA
- Target 3: 80% coverage of early routine postnatal care (PNC) (within 2 days)
 - Subnational target: 80% of districts with >60% coverage of early PNC

EPMM targets:

- Target 4: >50% of the population able to physically access an emergency obstetric care (EmOC) health facility within 2 hours of travel time
 - Subnational target: 80% of districts with >50% of the population within 2 hours of EmOC
- Target 5: >50% of women making their own informed and empowered decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1)
 - Subnational target: 80% of districts with >50% of women making their own informed, empowered decisions

ENAP target:

- Target 4: national implementation plan for inpatient units and subnational inpatient unit (level 2 plus continuous positive airway pressure) (CPAP)
 - Subnational target: 80% of districts with at least one level 2 inpatient unit plus CPAP

Box A1.2. EPMM and ENAP shared milestones

- | | | |
|----------------------|---------------------------|--|
| • Policies and plans | • Investment | • Medical products and commodities |
| • Quality of care | • Health workforce | • Accountability |
| • Equity | • Response and resilience | • Research, innovation and knowledge translation |
| • Data for action | | |

Child Survival Action

This initiative is a renewed call to all partners – national governments, civic and traditional leaders, communities, and regional and global stakeholders – to end preventable child deaths. The initiative urges partners to join to address the programmatic and health system challenges that hamper progress in child survival, especially in countries not on track to meet their 2030 targets. Addressing these barriers requires energizing national and subnational leadership, expanding strategic investments in primary health care and multisectoral actions, mobilizing partnerships across stakeholders, and aligning funding and other initiatives. The initiative identifies opportunities that exist and lays out the steps that partners need to take to reach all children with lifesaving interventions.

Global Accelerated Action for the Health of Adolescents (AA-HA!)

This document offers insights into the current health and well-being landscape of the world's over 1.2 billion adolescents, underlining evidence-based solutions and presenting strategies for priority setting, planning, implementing, and evaluating health and well-being programmes. The inclusion of key implementation strategies and real-world case studies make this guide a practical tool for governments in designing and implementing a new generation of adolescent health and well-being programmes.



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