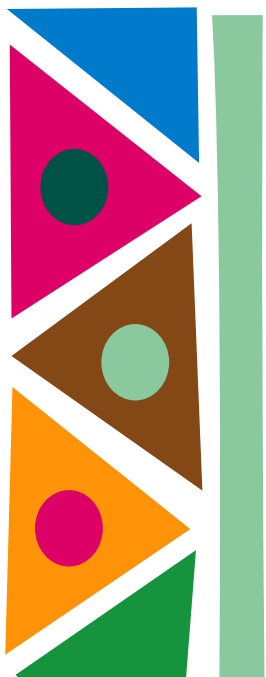


Message from Dr Hussein A. Gezairy, Regional Director, WHO Eastern Mediterranean Region



*Dr Hussein A. Gezairy
WHO Regional Director
for the Eastern Mediterranean*



In the Name of God, the Compassionate, the Merciful

The theme of World Health Day this year, 2005, touches every heart. It is a plea for everyone to make use of every event, every voice, every occasion, to make every mother and child count. In several of the 22 countries of the Eastern Mediterranean Region, pregnancy and childbirth are among the leading causes of death for women of childbearing age, and many children do not even reach their fifth birthday. What happens to these women and children is a question we should all ask ourselves. This year's slogan, "Make Every Mother and Child Count" reflects the reality that today, governments—including those in this Region—and the international community need to make the health of women and children a higher priority. Healthy mothers and children are the key to healthy, prosperous societies.

Women play a critical role in the promotive and preventive fields of health, being charged with maintaining and promoting the health of the family. It is the woman who is in control of the selection of food for her family and its preparation in line with health standards, who trains her family in matters of personal hygiene and solid waste disposal, and who decides whether she or anyone in her family needs help from health services. It is critical that women are educated, allowed access to resources and involved in decision-making in order to carry out the priceless services they

provide. In fact educational attainment has been found to be the single most influential factor in reducing child morbidity. Education results in greater autonomy for women in directing family matters, less fatalistic attitudes in responding to child illness, and more awareness of health risks and behaviours that reinforce health.

Each year 53 000 mothers in the Region die in childbirth and 1.5 million children under the age of five years die from a handful of preventable and treatable conditions. Up to three-quarters of deaths during the first month and at least 30% to 40% of all infant deaths could be avoided through improved maternal health, adequate nutrition during pregnancy, appropriate management of deliveries, appropriate care of newborn infants and birth spacing.

A woman in poverty is not able to access the educational opportunities of her wealthier counterparts in society and therefore does not have the necessary knowledge to attend to the health needs of herself or her family. She may not realize the significance of immunization, and what impact it has on her children, or understand the health hazards of improper waste disposal, or be able to secure the nutritional needs of her family. Without the knowledge and resources to ensure the health and strength, and therefore the productivity,

of her family, the family becomes embroiled in a vicious cycle of poverty and outside intervention is needed to break the cycle.

There is a need to strengthen political and technical leadership and commit financial resources to reach every mother and child with an essential and affordable package of proven interventions. Concentrated efforts are needed to recruit, train and deploy sufficient numbers of skilled health care providers. The process of improving maternal and child health in the Region faces many challenges that have slowed progress in recent years, such as the difficult circumstances of conflict experienced in some countries, which have tremendously affected the health of the population, especially the vulnerable groups of children and mothers. World Health Day is an occasion to stimulate action; we need all of you to help galvanize national governments, international donors, nongovernmental organizations, the private sector, the media, community-based groups, and each other to learn about, plan for and undertake sustainable activities that aim to save lives and improve the health and well-being of mothers and children.

Let us all join together in celebrating healthy mothers and children—the real wealth of societies—on 7 April 2005.



Why make every mother and child count?

World Health Day is celebrated every year on 7 April. The theme of World Health Day 2005 is healthy mothers and children. This is also the subject of The World Health Report 2005, which will be launched on World Health Day.

In several countries of the Region, pregnancy and childbirth are one of the leading causes of death for women of reproductive age, and many children do not reach their fifth birthday. Yet, the fate of these women and children is often not fully recognized. The slogan for World Health Day 2005 "Make Every Mother and Child Count" reflects the reality that today, governments and the international community need to make the health of women and children a higher priority. The well-being of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, the societies in which they live prosper.

Too many mothers and children in the world are dying or suffering from the effects of ill-health, poor nutrition and inadequate health care. Each year more than half a million mothers die in childbirth. At the same time, 10.6 million children under the age of five years die from a handful of preventable and treatable conditions. A significant proportion of these deaths take place in the Eastern Mediterranean Region. The latest estimates show that in terms of the levels of maternal and child mortality, the Eastern Mediterranean Region falls directly below the African and South-East Asian regions, respectively. Every year in the Region, approximately 53 000 mothers die as a result

of pregnancy-related complications and 1.5 million children under 5 years of age die as a result of common diseases of childhood. Many more become ill or are left disabled. Many of these deaths could be prevented using existing knowledge and affordable tools.

World Health Day 2005 is a unique opportunity to raise awareness of this needless tragedy, and of the efforts needed by all to ensure life and good health among these precious members of society. It is also an opportunity to galvanize national authorities, the international community, civil society and individuals alike into learning about,

planning for and undertaking sustainable activities that aim to improve the survival, health and well-being of mothers and children.



Activities for World Health Day 2005

On World Health Day 2005, WHO anticipates that yours will be one of hundreds of organizations around the world hosting events related to the survival, health and well-being of mothers and children.

WHO itself is planning global, regional and national events to mark World Health Day 2005. At global level, WHO will launch *The World Health Report 2005*, which will focus on healthy mothers and children. WHO will also organize high-level meetings at the global, regional and country levels in conjunction with this launch, and will collaborate with Member States to celebrate this important event.

Every year, *The World Health Report* takes a fresh and expert look at global health. Using the latest data gathered and validated by WHO, the report paints a picture of the changing world of health and shows how, if recent lessons are understood and acted upon, precious health gains can be achieved. *The World Health Report 2005* will take stock of the uneven progress made in maternal and child health thus far, and set out the strategies needed for the accelerated improvements that we know are possible. The report will show how we can mobilize the energy and commitment that will be necessary to make those improvements. It will come at a time when we have a decade left to achieve the Millennium Development Goals. These goals underline the importance of health as part of development, and the centrality of mothers and children to the world's health. Efforts towards reaching these goals, even where these goals may not be fully achieved, will

have the potential to transform the lives of millions of mothers, children, and families.

On World Health Day, the Partnership for Safe Motherhood and Newborn Health, the Healthy Newborn Partnership and the Child Survival Partnership plan to highlight maternal, newborn and child health at a high-level meeting, scheduled to take place in New Delhi, India. The purpose of this meeting will be to heighten the profile of and obtain political commitment for maternal, newborn and child health, building on the momentum created by World Health Day and *The World Health Report 2005*. One of the main objectives of the meeting is to attempt to redress the fact that maternal, newborn and child health messages and technical achievements in the field are not reaching high-level policy-makers.



Messages for World Health Day 2005

The overall message for World Health Day 2005 is one of hope for all mothers and children. The future will be healthier and more productive for all societies if we act now to make every mother and child count.

Globally coherent messages will have the greatest impact. So, whatever form of event you are planning to host on World Health Day 2005, please orient your activities around the following key messages:

1. Too many mothers and children are suffering and dying each year.
2. Healthy mothers and children are the real wealth of societies.
3. Millions of lives could be saved using knowledge we have today. The challenge is to transform this knowledge into action.
4. In order to make a difference, we must all join forces and act. Together we can do it. Each one of us has a role to play.

Some background information to each of these messages is given below. You may decide to emphasize particular aspects that are especially relevant to the context of your activities.

Message 1:

Too many mothers and children are suffering and dying each year.

Despite the sustained decline of maternal and under five mortality in the Eastern Mediterranean Region in the past few decades,

mortality indicators in several countries of the Region remain alarmingly high. Over one and a half million mothers and children in the Region are still dying each year in pregnancy, childbirth and early childhood (WHO/EMRO, 2004). Even more are suffering from ill-health and undernutrition. Newborn babies (0 to 28 days) are at the highest risk of death. Within each country, mothers and children from the poorest families are the most likely to die (Victora et al., 2003; Graham et al., 2004). Just a handful of preventable and treatable conditions are to blame.

- Around the world, every minute, a woman dies from complications in pregnancy and childbirth. That means 1400 women die every day – more than half a million women die every year (WHO, 2004a). Many millions more suffer disabilities. In the Eastern Mediterranean Region, 145 women die from complications in pregnancy and childbirth every day, and more than 53 000 women die of these causes every year (WHO/EMRO, 2004).
- Some 80% of all maternal deaths are caused by just five factors: haemorrhage, infection, unsafe abortion, high blood pressure and obstructed labour. Nevertheless, poverty, social exclusion,

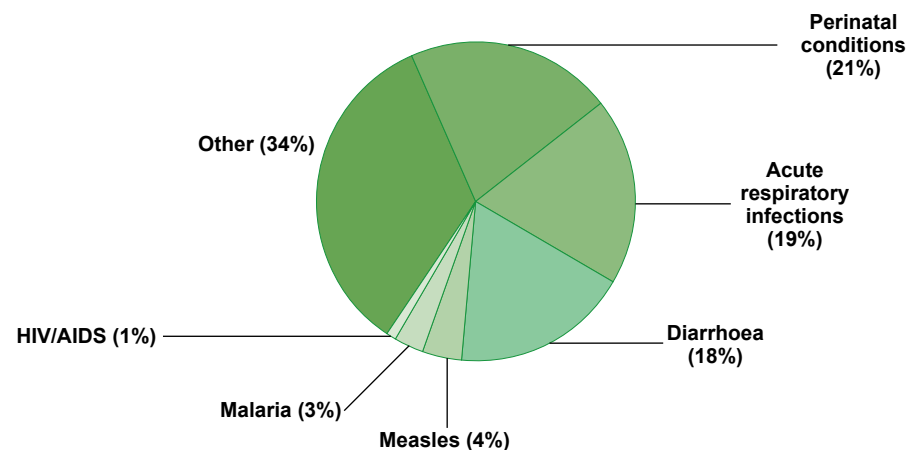
low levels of education, and violence against women are powerful underlying causes of maternal death and disability. Women who become pregnant very young, who give birth many times, who suffer from infectious diseases such as malaria, tuberculosis and HIV/AIDS, and who are malnourished or anaemic, are more likely to die.

- Every minute worldwide, 20 children under the age of five years die. Around 3 out of these 20 are from the Eastern Mediterranean Region (WHO/EMRO, 2004). Moreover, out of the 10.6 million deaths that occur among children each year (Black, Morris and Bryce, 2003), 1.5 million take place in the Region (WHO/EMRO, 2004). About 1.1 million (73%) of these deaths in the Region are among infants. Many more children are suffering from ill health and undernutrition. Newborn babies less than one month old are at greatest risk.
- A handful of preventable and treatable conditions are responsible for a significant portion of all child deaths in the Region. They are perinatal conditions, acute respiratory infections, diarrhoea, measles, malaria and HIV/AIDS. Although it is rarely listed as a direct cause, malnutrition



Messages for World Health Day 2005

contributes significantly to childhood deaths by increasing a child's risk of dying. In some countries in the Eastern Mediterranean Region, however, this pattern is shifting towards that observed in industrialized countries. Injuries are important causes of mortality in some countries, especially in children 1 to 4 years old. Conditions arising in the perinatal period, including birth asphyxia, birth trauma and low birth weight, are currently among the leading causes of death. Consequently, causes of death in children aged under five years and their proportional distribution to total mortality differ from one country to another, a matter that highlights the need to expand understanding of child health epidemiology at the country level. Furthermore, several environmental factors and risk behaviours are contributing to child deaths, including unhygienic and unsafe environments (e.g. lack of access to safe water and sanitation, poor housing and indoor pollution) and inadequate feeding and breastfeeding practices.



Causes of death among children under five in the Eastern Mediterranean Region, 2002

Source: United Nations Statistic Division, Millennium Indicators database

- Six countries in the Region have particularly high under-five mortality rates (over 100 deaths per 1000 live births), namely Afghanistan, Djibouti, Iraq, Pakistan, Somalia and Yemen. These countries, along with Morocco and Sudan, also have high maternal mortality ratios (over 200 deaths per 100 000 live births). Together, these 8 countries are considered priority countries for achieving the Millennium Development Goals (WHO/EMRO, 2004). However, maternal and child health is a high priority that should be of concern in all countries of the Region.

Message 2:

Healthy mothers and children are the real wealth of societies.

The survival and well-being of mothers and children are not only important in their own right, but are also central to solving much broader economic, social and developmental challenges. When mothers and children die or are sick, their families, communities and nations suffer as well. Improving the survival and well-being of mothers and children will not only increase the health of societies, it will also decrease inequity and poverty.



Messages for World Health Day 2005

- Ill-health is one of the principal reasons why households become poor and remain poor (Narayan et al., 2000). Sick mothers and children require increased family expenditure. Fees and other out-of-pocket costs are a significant deterrent for families seeking health care, leading to dangerous delays in seeking help outside the household – particularly for children and pregnant women (OECD and WHO, 2003).
- When a mother is sick or dies, her productive contribution to the home, workforce, economy and society is lost, and the survival and education of her children are jeopardized. Every year, an estimated one million young children die worldwide as a result of the death of their mother (WHO, 2003a). In households where a mother has died during the previous 12 months, children spend significantly less time in school as compared with children from households where the mother has not died.
- Good child health is imperative for economic and social development (World Bank, 1993). This is especially relevant to the Eastern Mediterranean Region, which is considered a young region, where children and adolescents make up half the population and children under five years of age constitute about 14% of the population. Children are the future of the

nations and they are at the core of their development. Healthy children will grow and develop better and will have higher educational achievement, as well as higher productivity and work capacity in later life. Frequent illness and malnutrition negatively affect health, growth and development of young children. When children are sick or die, nations suffer.



Message 3:

Millions of lives could be saved using knowledge we have today. The challenge is to transform this knowledge into action.

Effective knowledge and tools exist to reduce suffering and death. However, to make a real difference they must reach all mothers and children who need them. Experience has shown that known interventions are affordable and can be delivered, even in the poorest parts of the Region. At the same time, international agreements such as the United Nations

Millennium Declaration and the Convention on the Rights of the Child have paved the way for removing important obstacles to the widespread delivery of life-saving knowledge and tools.

- More than 189 nations – including the countries of the Region – have committed themselves to the Millennium Declaration and the ensuing targets of the Millennium Development Goals. The Millennium Development Goals acknowledge the importance of healthy mothers and children for social and economic development. They also show that simultaneous action is needed across many different fronts in order to achieve results.
- Not enough mothers and children are receiving existing and affordable life-saving interventions. For example, globally, just 61% of births are assisted by a skilled attendant (WHO, 2004c). In 2003, it was estimated that some 52.5% of births in the Eastern Mediterranean Region were attended by skilled attendants, compared to 36% in 1990, reflecting a 46% increase during this period (WHO/EMRO, 2004). To reduce maternal deaths dramatically, all women need access to high-quality delivery care with at least three key elements: skilled care at birth, emergency obstetric care in case of complications, and a functioning referral system which ensures access to emergency care if

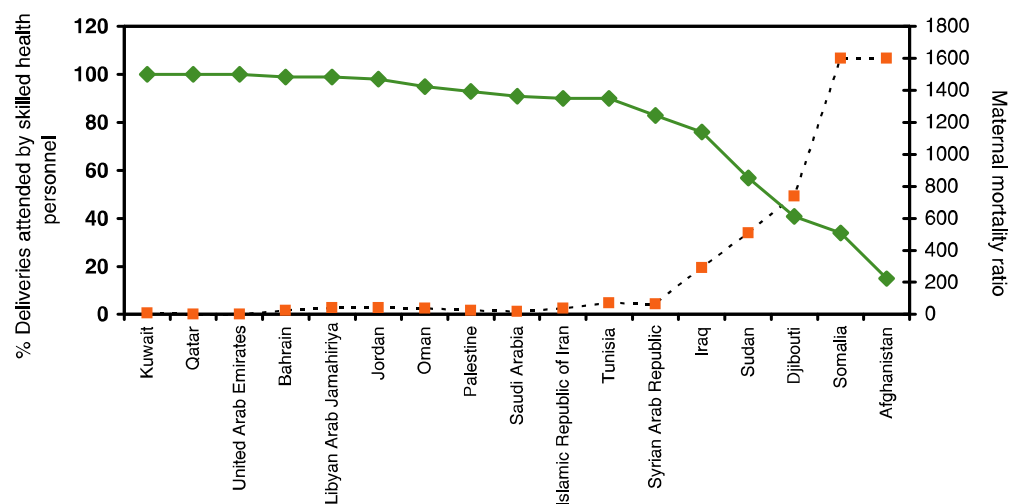


Messages for World Health Day 2005

needed. There are sound medical reasons why governments should invest in skilled birth attendants, especially for the time of birth. Most maternal and newborn deaths occur around the time of delivery or shortly thereafter. These deaths could be prevented or managed if women had access to a skilled attendant with necessary back-up and support. In fact, there is a reverse correlation between the percentage of births attended by skilled health personnel and maternal mortality ratio in countries of the Region.

- The Regional Office has adopted the Safe Motherhood Initiative as a priority strategy to protect and promote maternal health in countries of the Region. As a result, maternal health care delivery indicators have improved significantly. Between 1990 and 2003, the percentages of pregnant women and deliveries attended by skilled personnel increased by 114% (from 28% to 60%) and 46% (from 36% to 52.5%), respectively (WHO/EMRO, 2004). Nevertheless, if current trends continue, countries will not

be able to achieve the targets of the MDGs, and therefore concerted acceleration efforts are urgently needed, particularly in priority countries. The launch of WHO's Making Pregnancy Safer (MPS) initiative in 2000 was a significant step forward towards reducing maternal and neonatal ill health in Member States. The adoption of the MPS strategy is expected to accelerate the reduction of maternal morbidity and mortality through: strengthening health care delivery systems; improving knowledge and skills of health workers about early detection and management of complications in pregnancy and delivery; and educating women and their families about the risks mothers may encounter and about the appropriate actions that need to be taken should danger signals be identified.



Correlation between the percentage of births attended by skilled health personnel and maternal mortality ratio in countries of the Region, 2002

Source: (WHO/EMRO, 2003)

- For children to survive, they must first be given the necessary care to grow healthy and, thus, less susceptible to illness. Based on this principle, the WHO Regional Office for the Eastern Mediterranean is continuing to support the scaling up of the Integrated Management of Child Health (IMCI) strategy in countries as an approach to improve the quality of care provided to children both in health facilities and at home. IMCI is recognized as a key strategy for achieving the MDGs and helping to save the lives of the 1.5 million children under five years of age who currently die every year in the Region.



Messages for World Health Day 2005

Effective health facility interventions under the IMCI umbrella

Preventive interventions

- Appropriate feeding in sickness and health.
- Micronutrient supplementation.
- Checking vaccination status.
- Management of healthy children (prevention of accidents, oral hygiene, personal hygiene, psychomotor development etc).

Curative interventions

- Treatment of infections (antibiotics).
- Treatment of malaria (antimalarials).
- Oral rehydration therapy.
- Management of malnutrition.

Home care practices under the umbrella of IMCI

- Optimal feeding practices, such as exclusive breastfeeding for the first 6 months of life and introduction of optimal complementary feeding thereafter.
- Use of insecticide treated bed nets.
- Appropriate home treatment for infections.
- Appropriate home care for sick child.
- Timely care-seeking from an appropriate health provider.

- Special efforts, including intensified coordination between safe motherhood initiatives and child survival programmes, are needed to increase the number of newborn babies (0 to 28 days) who receive critical, life-saving care. In fact, up to 75% of perinatal deaths and at least 30% to 40% of infant deaths could be avoided with improved maternal health, adequate nutrition during pregnancy, appropriate management of deliveries and appropriate care of newborn infants (WHO/EMRO, 2004).
- Schooling for girls results in healthier, better-educated children, fewer maternal and child deaths, greater economic opportunities and enhanced well-being of families. While the situation in the Region is improving, enrolment rates for boys are still higher than those for girls in most countries, with overall literacy rates of 54% for women as compared to 72% for men (WHO/EMRO, 2003).
- The Convention on the Rights of the Child, which has almost universal ratification, promotes holistic approaches to child health through its core principles of non-discrimination, participation, the best interests of the child, and the survival, protection and development of the child.



Messages for World Health Day 2005

Proven and effective interventions for reducing maternal and newborn disability and death

- Social support should be available for women during labour and birth.
- Breastfeeding should start within one hour after birth.
- Every newborn should have a safe and clean birth and be immediately dried and kept warm to protect against hypothermia; the umbilical cord should be cut using a safe technique, and should be kept clean and dry.
- The WHO antenatal care package should be used for all pregnant women.
- Magnesium sulfate should be used to treat severe pre-eclampsia and eclampsia.
- A partogram should be used to identify obstructed labour.
- Oxytocin should be used for all women as part of the active management of the third stage of labour.
- Antibiotic prophylaxis should be used for women undergoing caesarean delivery.
- Manual vacuum aspiration (MVA) should be used for management of incomplete abortion and induced abortion.
- Kangaroo-mother-care should be used for all low birth weight babies.
- Assisted delivery (including caesarean section) should be performed in cases of obstructed labour.
- Iron and folate supplements should be given routinely during pregnancy to prevent maternal anaemia.



Critical actions for increasing child survival

Skilled care during pregnancy and birth

- Safe and clean delivery at birth
- Care of the newborn at birth

Appropriate feeding in sickness and health

- Exclusive breastfeeding for the first six months of life
- Starting at six months of age, appropriate complementary feeding with continued breastfeeding up to 2 years of age and beyond
- Micronutrient supplementation (at least vitamin A)

Prevention of illness

- Vaccination
- Insecticide-treated materials
- Water, sanitation and hygiene

Prevention of mother-to-child transmission of HIV

- Antiretrovirals
- Safer infant feeding practices

Treatment of illness

- Oral rehydration therapy to prevent and treat dehydration resulting from diarrhoea
- Zinc to reduce the duration and severity of diarrhoea
- Antibiotics for sepsis, pneumonia and dysentery
- Antimalarials

Messages for World Health Day 2005

The Millennium Development Goals

The Millennium Development Goals identify the actions needed across many different fronts (e.g. education, health, transport, agriculture, housing, energy, water, sanitation, legislation and social welfare) for social and economic development.

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/AIDS, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.

Of direct relevance to the World Health Day theme this year are Goals 4 and 5:

4. Reduce child mortality

Target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

For this target, three indicators have been selected to help track progress: under-five mortality rate; infant mortality rate; and proportion of 1-year-old children immunized against measles.

Other targets of key importance to child health with specific indicators for children under 5 years relate to “halving the proportion of people who suffer from hunger” (target 2 of goal 1), “have halted by 2015, and begun to reverse, the spread of HIV/AIDS” and “halting and

beginning to reverse the incidence of malaria and other major diseases” (targets 7 and 8 of goal 6).

5. Improve maternal health

Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

For this target, two indicators have been selected to help track progress: maternal mortality ratio; and proportion of births attended by skilled health personnel.

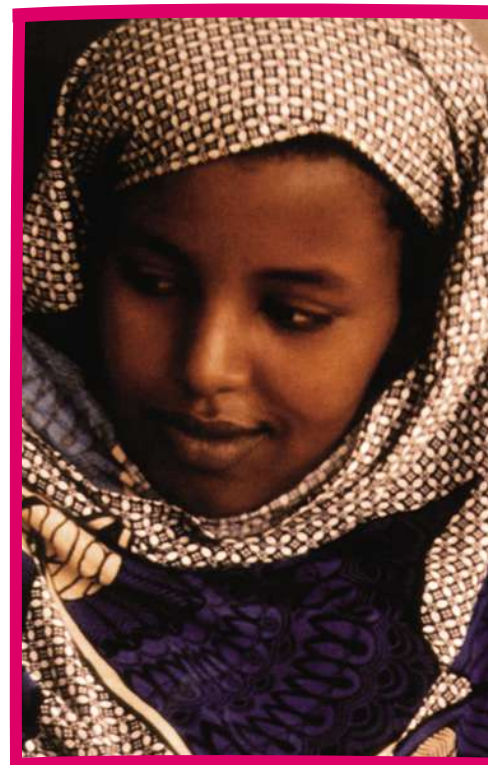
This goal and its associated targets are closely linked to other MDGs and targets, including those of reducing under-five mortality (20%–25% of which are due to perinatal causes), of halting the spread of HIV/AIDS, of controlling malaria, of promoting gender equality and empowerment of women, and of eradicating extreme poverty.

- The regional target, established in 1990 by the Thirty-seventh Session of the Regional Committee for the Eastern Mediterranean, was to reduce maternal mortality ratio by 50% between 1990 and 2000. However, the average maternal mortality ratio in the Region in 2002 was estimated at 377 per 100 000 live births, compared to 465 per 100 000 live births in 1990, a reduction of only around 20% between 1990 and 2002 (WHO/EMRO, 2004).

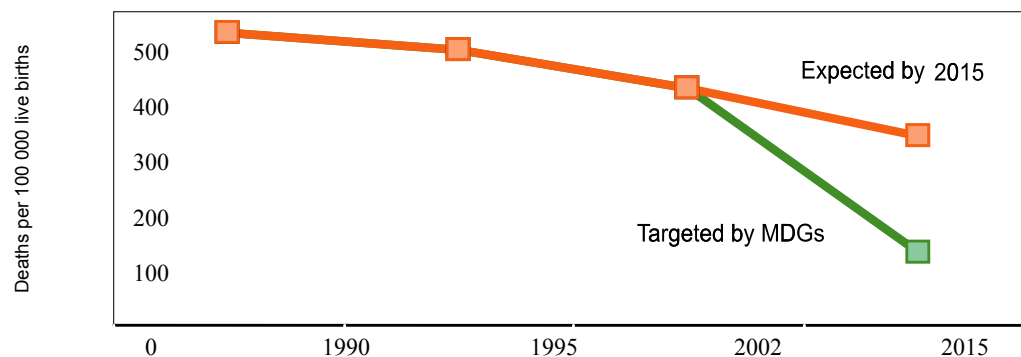
Message 4:

In order to make a difference, we must all join forces and act. Together we can do it. Each one of us has a role to play.

Even though we know what to do and what approaches and initiatives work, global progress in improving the survival and well-being of mothers and children has slowed.

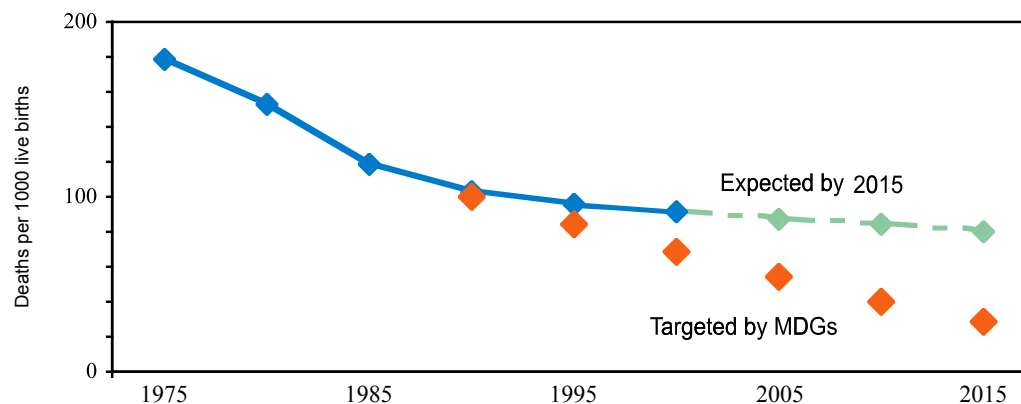


Messages for World Health Day 2005



Regional trend in reduction of maternal mortality 1990–2002, with projections to 2015

Source: (WHO/EMRO, 1976–2003)



Regional trend in under-five mortality 1975–2000, with projections to 2015

Source: (WHO/EMRO, 1976–2003)

- There has been a sustained decline in under-five mortality in the Eastern Mediterranean Region in the past few decades, with the under-five mortality rate declining by 52% from about 167 per 1000 live births in 1970 to 92 per 1000 live births in 2002 (WHO/EMRO, 2004). However, the rate of decline has almost reached a plateau or stagnant phase in recent years.
- At the current pace, it is unlikely that the Millennium Development Goals of reducing under-five mortality and improving maternal health will be achieved in the Region by the year 2015.

The process of improving maternal and child health in the Region faces many challenges which have slowed progress in recent years.

- Difficult circumstances experienced in some countries have tremendously affected the health of the population, especially the vulnerable groups of children and mothers. The social and health impacts of political instability, war, domestic crises and economic sanctions are well documented in several countries of the Region.
- New priorities have emerged that have shifted interest from investment and expenditure in maternal and child health to other areas.

Messages for World Health Day 2005

- Clear policies on and commitment to maternal and child health are needed to ensure implementation of interventions and sustainability of achievements.
 - The focus on vertical programmes, such as immunization against vaccine-preventable diseases or oral rehydration therapy, as opposed to a more comprehensive and broad-based set of community health programmes, has led to substitution effects in morbidity and mortality.
 - Recognition of the crucial, indispensable role of the community is relatively poor, considering the fact that community awareness about life-saving practices in pregnancy childbirth and home care for children is one of the main factors that contribute to the maternal and child health situation.
 - Slow socioeconomic development in some countries leads to poverty, illiteracy and malnutrition, three conditions which are, undoubtedly, among the major underlying causes of maternal and child mortality.
 - The low social status of women requires special attention. Poverty alleviation, improved feeding practices and female education are important factors in protecting and promoting maternal and child health.
 - Lack of qualified human resources for maternal and child health interventions and programmes adds to the magnitude of the problem.
 - There is lack of quality care and poor organization at the peripheral level, especially in rural and remote areas.
 - Reporting is inadequate and data, when available, are poorly utilized at the central, district and peripheral levels.
- Rapid and coordinated action is needed to reach every mother and child with an essential and affordable package of proven interventions. This action will require strengthened political and technical leadership, and commitment of financial resources. It will also require concentrated efforts to recruit, train and deploy sufficient numbers of skilled health care providers. Everyone is responsible for making a difference.
- The global community.** International aid and global health policy must support coordinated action across different programmes and sectors. This can be done by working in global partnerships around commonly agreed principles and goals, maximizing the allocation and use of available resources, addressing the growing crisis in the lack of trained health workers, and strengthening the implementation of programmes. The global community can also promote the sharing of knowledge, skills

and experience within and between countries, as well as support South-to-South collaboration. The close linkages between maternal and child health should be emphasized to improve coordination in planning and intervention in the two areas. The need for a holistic approach to maternal and child health must be recognized in order to maximize the impact of programmes and utilization of available resources.

Other concerned parties. Nongovernmental organizations, including community-based groups, health professional bodies, academic institutions, commercial enterprises and the mass media have crucial and complementary roles to play. These include health service delivery, recruitment and training of health personnel, health education, resource generation, and sensitizing governments and the international community to the health needs of mothers and children. The private sector, including both health and non-health related businesses and entities, comprises not only potential donors, but also potential providers of entitlements and services to their employees and communities.



Messages for World Health Day 2005

Regional efforts to improve child health related behaviour

Given the low rates of exclusive breastfeeding in the Region and poor complementary feeding practices, the Regional Office has developed child feeding counselling training materials in Arabic, to assist countries in improving the skills and knowledge of health providers in order to strengthen their role in counselling mothers with regard to healthy feeding practices.

Governments. Strong political commitment is crucial in moving forward. Provision of primary health care and effective referral services to mothers and their children, particularly where they are most needed, is a prerequisite to reduction of morbidity and mortality among these vulnerable groups. National authorities can develop comprehensive policies, strategies and plans for ensuring universal access to appropriate and effective health-promoting and life-saving interventions. These strategies should include ways to mobilize national partnerships, involving all appropriate sectors (e.g. education, health, legislation, social welfare), that aim to bring health services closer to communities, as well as strengthen both home care practices and health-seeking behaviour. They should include a particular focus on meeting needs for skilled health care providers, as well as generating and ensuring long-term commitment and investment, and monitoring progress.

Adoption of the Making Pregnancy Safer Initiative

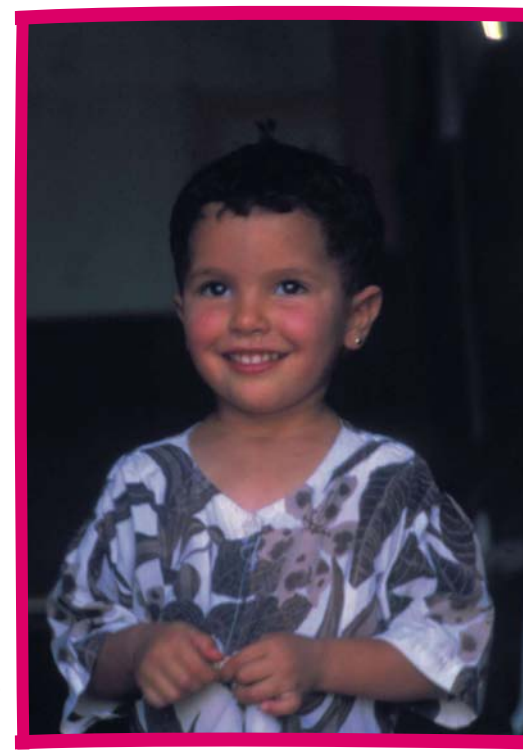
The launch of WHO's Making Pregnancy Safer (MPS) initiative in 2000 was a significant step forward towards reducing maternal and neonatal ill health in Member States. The initiative was first applied in Sudan. Since then 11 more countries have embarked on initiating the necessary steps to implement the strategy in collaboration with the Regional Office (Afghanistan, Djibouti, Islamic Republic of Iran, Iraq, Morocco, Pakistan, Qatar, Somalia, Syrian Arab Republic, Tunisia and Yemen). Special attention is being given to countries with high levels of maternal death.

Child Health Policy Initiative

A national child health policy document helps ensure a country's commitment to child health, brings together all national child health elements, guides allocation of the required resources and serves as a reference for all partners. In recognition of the importance of developing national child health policy documents, the Regional Office launched the Child Health Policy Initiative in 2003 and has been working with 5 countries in the first phase of the initiative, namely Egypt, Morocco, Sudan, Syrian Arab Republic and Tunisia.

Individuals. Individuals can inform themselves of their rights and responsibilities, participate in community-level activities, and practise behaviours that ensure the health and survival of their families. Practising key health

behaviours, such as eating more and healthier foods during pregnancy, breastfeeding, taking children for vaccinations, and using appropriate health services for sick children and during pregnancy can save lives (WHO, 2003b, 2004d). Men, as decision-makers, household heads and, above all, partners, have a key role to play in promoting the health of women and children.



Success Stories

Reduction of maternal mortality in Djibouti

In order to accelerate efforts towards achieving the Millennium Development Goals, the Ministry of Health in Djibouti, in collaboration with WHO and other organizations, adopted the Making Pregnancy Safer (MPS) strategy in 2001. MPS is a health sector strategy which focuses on strengthening health care delivery systems, improving knowledge and skills of health workers and educating women and their families about the risks mothers may encounter. Since this strategy has been employed, the number of pregnancy-related deaths occurring in hospitals has decreased. For example, eclampsia, once the leading cause of maternal mortality in hospitals, where it was responsible for 40% of deaths, had fallen by end 2003 to being third among causes of hospital deaths. Activities undertaken through the initiative have included improving the training of midwives, developing specific guidelines for decision making and intervention, using evidence-based interventions, and making necessary supplies and equipment available for providing quality health care (Ministry of Health Djibouti, 2004).

Improving maternal health through birth spacing in Oman

Recognizing the importance of birth spacing in reducing maternal and neonatal mortality, the Ministry of Health of Oman launched a

birth spacing project in 1994. The project aimed to provide public information about the importance of birth spacing and included staff training and human resource development, developing materials for advocacy and communication, and making birth spacing methods available. The public information covered aspects such as: the concept of birth spacing, with an emphasis on its role in protecting and promoting the health of mothers and children, and consequently that of the whole family; the various methods of birth spacing, as well as the availability of these methods; and the potential side effects of each method. This project has had a significant impact on the way people view family planning and has played an important role in reducing the number of children per mother, which has declined from 10–11 to 5–6. In one decade (1995–2004), the maternal mortality ratio was reduced by 70%, from 120 to 37 per 100 000 live births (WHO/Oman, 2005).

Improving child health through the IMCI strategy in Egypt and Sudan

The Integrated Management of Child Health (IMCI) strategy was introduced in Egypt in December 1999 in three governorates. By April 2005, the strategy had been expanded to 22 out of 27 governorates, and a Global IMCI Review had singled out the Egyptian experience as an example of high quality IMCI implementation. The IMCI strategy uses a

holistic approach to address child health and aims to improve the quality of health services provided to children. In Egypt, activities carried out under the umbrella of IMCI have resulted in strengthening the performance of health providers in caring for children, rationalizing the use of antibiotics and integration of the strategy into medical curricula of universities. The successful implementation of IMCI in Egypt is based on several key factors: careful selection of initial implementation areas, strong multisectoral involvement, and focus on the health system and the community.

In Sudan, the Federal Ministry of Health has worked closely with medical and paramedical schools to introduce the IMCI strategy into paediatric and community medicine teaching curricula. Seven medical schools and a school for medical assistants have now integrated IMCI into their curricula, an important step that will facilitate the entry of new medical and paramedical graduates into the existing health system, increase their adherence to protocols at primary health care level, and help address the problem of high turnover of trained staff.



Key sources for preparing World Health Day 2005 materials and activities

Key WHO documents on maternal and newborn health

Global action for skilled attendants for pregnant women. Geneva, World Health Organization, 2004.

Reproductive health strategy: to accelerate progress towards the attainment of international development goals and targets. Geneva, World Health Organization, 2004.

Making pregnancy safer: strategic direction for the accelerated reduction of maternal and perinatal mortality and morbidity. Geneva, World Health Organization, 2004.

Maternal mortality in 2000: estimates developed by WHO, UNICEF and UNFPA. Geneva, World Health Organization 2004.

Making pregnancy safer: the critical role of the skilled attendant. Geneva, World Health Organization, 2004.

Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice. Geneva, World Health Organization, 2003.

Skilled attendant at birth - 2004 global estimates. Geneva, World Health Organization, 2004. Website: http://www.who.int/reproductive-health/global_monitoring/skilled-attendant.html (accessed 20 September 2004).

Fact sheet on making pregnancy safer. Geneva, World Health Organization, 2004. Website: <http://www.who.int/mediacentre/factsheets/fs276/en/> (accessed 20 September 2004).

Key WHO documents on child health and development

Family and community practices that promote child survival, growth and development: review of the evidence. Geneva, World Health Organization, 2004.

Strategic directions for improving the health and development of children and adolescents. Geneva, World Health Organization, 2002.

Global strategy for infant and young child feeding. Geneva, World Health Organization, 2003. HIV and infant feeding: framework for priority action. Geneva, World Health Organization, 2003.

World health report 2003: shaping the future. Geneva, World Health Organization, 2003.

Useful web sites

World Health Day 2005: www.who.int/world-health-day/; www.emro.who.int/whd2005

WHO headquarters: www.who.int

Department of Child and Adolescent Health and Development: www.who.int/child-adolescent-health

Department of Reproductive Health and Research: www.who.int/reproductive-health

WHO Regional Office for the Eastern Mediterranean: www.emro.who.int

Child and Adolescent Health Unit: www.emro.who.int/cah

Global partnerships

Child Survival Partnership: www.childsurvivalpartnership.org

Partnership for Safe Motherhood & Newborn Health: www.safemotherhood.org

Healthy Newborn Partnership: www.healthynewborns.org

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