Priorities for achieving Millennium Development Goals (MDGs) 4 and 5 in the European Region

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A big challenge …
Globally every year …

• **7.6 million children** die before their fifth birthday
  – 3.2 million newborn babies in the first month of life
  – 2.4 million infants between 1–12 months

• **356 000 women** die from complications of pregnancy and childbirth
  – **15 million women** develop long-term consequences due to pregnancy and childbirth

Silent tragedies that have to be prevented!
The way forward …

By 2015

• Saving the lives of 16 million women and children

• Preventing 33 million unwanted pregnancies

• Protecting 88 million children from stunting

• Protecting 120 million children from pneumonia
Targets and indicators for monitoring MDGs 4 and 5

**MDG 4. Reduce child mortality**
- Target 4A. Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate

**MDG 5. Improve maternal health**
- Target 5A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Target 5B. Achieve, by 2015, universal access to reproductive health

- Under-5 mortality rate
- Infant mortality rate
- Proportion of 1-year-old children immunized against measles
- Maternal mortality ratio
- Proportion of births attended by skilled health personnel
- Contraceptive prevalence rate
- Adolescent birth rate
- Antenatal care coverage
- Unmet need for family planning
Good progress in achieving MDG 4 in the WHO European Region

In 2009, **11 countries** achieved MDG 4.

Source: WHO European Region estimates, 2011.
Falling probability of dying before age 5 years per 1000 live births

Big discrepancies between countries, however

Source: WHO European Health for All database, 2011.
Major causes of deaths are known

Deaths among children under 5

- Neonatal deaths 50%
- Injuries (postneonatal) 5%
- Noncommunicable diseases (postneonatal) 14%
- Other 14%
- HIV/AIDS 1%
- Diarrhoeal diseases (postneonatal) 5%
- Pneumonia (postneonatal) 11%

Neonatal deaths

- Prematurity and low birth weight 35%
- Congenital anomalies 22%
- Neonatal infections 12%
- Birth asphyxia and birth trauma 15%
- Other 16%

Measles outbreaks in the Region require immediate action to meet the new target by 2015

Member States with > 50 measles cases, July 2010 – June 2011
Good progress towards achieving MDG 5 in the WHO European Region

Estimated average maternal mortality ratio

Average annual decline in the Region is 4.1%

5.5% needed to reach MDG target 5A!

Maternal deaths per 100,000 live births, 1990

Maternal deaths per 100,000 live births, latest available

European Region

25.05

< 200

15.21

< 70

Source: WHO European Health for All database, 2011.
Falling maternal deaths per 100 000 live births

Big discrepancies between countries, however

Source: WHO European Health for All database, 2011.
Health and nutrition of mother and baby are linked

- Undernutrition high
- Obesity on the rise
- Extremely poor breastfeeding and complementary feeding practices
- Lack of monitoring and surveillance

Improved infant and young child feeding begins at the onset of life and continues, by ensuring the nutritional status of women, throughout life.
Effective Interventions exist …

Expected reduction in under-5 mortality (%)

- Exclusive breastfeeding: 13%
- Insecticide treated materials: 7%
- Continued BF with complementary feeding: 6%
- Zinc: 5%
- Hib vaccine: 4%
- Clean delivery: 4%
- Water, sanitation, hygiene: 3%
- Antenatal steroids: 3%

Accelerated action taken in the European Region to achieve MDGs 4 and 5

• Clear policies and action plans developed from a life-course and multisectoral perspective
• Improved data collection, analysis and evidence-based decision-making
• Implementation of evidence-based health interventions supported and monitored
• Improved access to and quality of care; provision of trained health professionals with right skill mix
• Involvement of communities and civil society
Guidelines and tools

National policy developed in:
• Albania
• Armenia
• Denmark
• Iceland
• Georgia
• Hungary
• Kazakhstan
• Kyrgyzstan
• Slovakia
• Slovenia
• Tajikistan
• Ukraine
• United Kingdom (Scotland)
• Uzbekistan

European strategy for child and adolescent health and development (2005)

Tools for implementation

National policy being developed in:
• Azerbaijan
• Ireland
• Republic of Moldova
• Turkmenistan
Regular monitoring of implementation and reporting to the World Health Assembly (2013)

Influenced development of national policy documents in

Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Denmark, Estonia, Finland, Georgia, Latvia, Kyrgyzstan, Republic of Moldova, Romania, Spain, Switzerland, Tajikistan, Turkey, Turkmenistan, United Kingdom, Ukraine, Uzbekistan
Example: major progress in child and maternal health in Uzbekistan

- Decrease in maternal, infant and under-5 mortality
- Evidence-based national policies and strategic plans for improving child and maternal health and the quality of health care
- Implementing WHO tools and approaches

- Substantial improvement in case management
- General improvement in infrastructure, equipment, drugs and supplies
- Improved public awareness and higher satisfaction
Remaining challenges in achieving MDGs

• Maternal and child mortality is regularly **underreported**, with discrepancies between reported and estimated rates

• Maternal and child health indicators for **socially disadvantaged groups** and areas are worse than average or data are not available

• In many countries, data are lacking to monitor progress towards **target 5B**: universal access to reproductive health
To accelerate progress …

• Tackle inequities by addressing the determinants of maternal and child health through a cross-sector and gender-right-based approach

• Strengthen health systems so they provide high-quality reproductive, maternal, newborn, child and adolescent health services; and focus on prevention, primary health care, continuum of care and integration

• Strengthen health information systems: use analytical tools such as “Beyond the Numbers”

• Use new vaccines and develop strategies for immunization service delivery

• Address the links between noncommunicable diseases and MDGs
Better health for Europe: Health 2020

- Overarching policy framework to tackle public health challenges
- Working with Member States and partners to reduce inequalities in health within the Region and beyond
A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.
WHO/Europe’s work on the health-related MDGs

• Scaling up action is an Office-wide priority:
  – double burden of communicable and noncommunicable diseases
  – child and adolescent health
  – maternal, sexual and reproductive health

• Relevant know-how for tackling inequities in MDG progress is being produced through the European review on social determinants and the health divide

• WHO is leading the United Nations interagency working group to improve MDG progress for disadvantaged populations, including Roma
Sharing experiences and success stories ...
Time to act!

• The Region is in a prime position to show global leadership in scaling up progress to achieve the MDGs

**Principles**

• The eight MDGs, viewed together as a framework for tackling aspects of multidimensional poverty, addressing key determinants of health and considering equity (with a human rights approach) in all national policies

• Policy coherence for health and a comprehensive approach to links between all MDGs, fully incorporated into national development plans

• Fulfilling commitments on official development assistance by 2015, as well as improving donor and aid coordination
Thank you