



Social Affairs Sector
Health and Humanitarian Aid Department



United Nations Population Fund

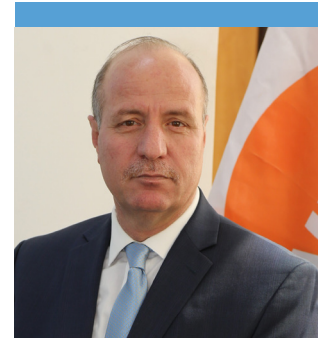
Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030



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**Multi-sectoral Arab Strategy for
Maternal, Child, and
Adolescent Health 2019-2030**



Foreword

The Arab region witnessed noticeable progress in the field of maternal health, leading to a decrease in maternal mortality ratios, and numbers, because of pregnancy complications and childbirth, from 285 deaths per 100,000 live births in 1994, to 162 deaths per 100,000 live births in 2015. In spite of this progress, Arab states still face major challenges and discrepancies between them. In some countries the ratio is as low as 4 maternal deaths only, while in other states it reaches as high as 732 deaths per 100,000 live births.

There is commitment from all the member states of the League of Arab States (LAS) and the United Nations to the agenda of the International Conference on Population and Development (ICPD), which celebrates this year the 25th anniversary of the adoption of its historic programme of action, and commitment to the 2030 Sustainable Development Goals Agenda. However, maternal, child and adolescent health has not yet received the support and attention needed.

Arab states face many common challenges standing in the way of achieving health goals. These include the weakness and fragmentation of healthcare systems; problems with access to services, especially for the groups most in need of service; and the lack of adequate human resources to provide appropriate healthcare. There are clear differences between countries and within countries in terms of health indicators. Moreover, there is the problem of funding deficits in countries with limited capabilities.

In addition, some states face pressures in relation to health systems response after the massive influx of refugees and forcibly displaced persons to such countries due to conflicts, wars and humanitarian emergencies spurred by multiple crises in the Arab region. Girls, women and children are the largest groups of the population facing many health risks, especially reproductive health risks, due to fragile conditions and instability.

Inspired by the Arab Health Ministers Council's commitment to, and continuous aspirations towards, improving the health of Arab societies, the Council's Resolution number 3 of the 45th regular session held in March 2016 called on the Technical Secretariat of the Council to prepare a multi-sectoral Arab Strategic plan. The purpose of the Strategic plans is to improve maternal, child and adolescent health in pursuit of relevant Sustainable Development Goals (SDGs).

The Strategy, beside the fact that it is dedicated to a prominent health-related issue, garners even a higher degree of importance because it targets a social group that is most affected by development. What complicates the matter further are the region's conflicts, crises, and major episodes of asylum and displacement, where women and children are the first to suffer.

The Strategy comes at an absolutely crucial timing, as a result of the partnership between the League of Arab States and the United Nations Population Fund (UNFPA), in order to join efforts and achieve better results in relation to the health of mothers, children, and adolescents.

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Executive summary

In spite of the decrease in maternal and child mortality ratios in the Arab region between 1990 and 2015 to levels below the global average (as the child mortality rate fell by 63% while maternal mortality ratio decreased by 56%), there are many challenges in the Arab region that still need more efforts and the presence of political and financial support, in order to achieve partnerships, cooperation, and knowledge sharing between Arab countries, in order to invest in enhancing the health of mothers, children, and adolescents, in higher rates, so as to achieve the SDGs.

Maternal and child health is considered a vital determinant that reflects the general health situation in societies and countries, not only as a measure of the health of mothers and children, but also as a measure of the maternal and child health *within* the context of the eight MDGs (2000-2015), that later on became among the targets of SDGs (2016-2030), in which goal 3 is concerned with health, and it became among the targets of the global strategy for maternal, child and adolescent health (Every Woman Every Child 2016 -2030) which targets the reduction of maternal mortality ratio to less than 70 deaths per 100,000 live births. It also targets the decrease in child mortality rate of children under 5 years to less than 25 per 1000 live births, while decreasing newborn mortality rate to less than 12 per 1000 live births.

The Arab region shares with other regions in the world their concern for enhancing the health of mothers, children, and adolescents, as well as sharing the inter-

national commitments to achieve SDGs (2016-2030). The region also supports the global strategy on maternal, child, and adolescent health. This concern motivated Arab Health Ministers' council's decision number 3 issued during the ordinary session 45, held 2-3 March 2016 about "enhancing maternal, child, and adolescent health in the Arab region", which stated in its third article on, "inviting the concerned technical committee to develop a multi-sectoral Arab strategy for maternal, child, and adolescent health. The strategy shall have specific goals and targets. The committee will develop an Arab database in order to draw a health map with all relevant indicators. It will investigate the possibility of supporting Arab states with limited capacities in enacting and utilizing the strategic plan, in order to achieve the relevant SDGs 2030".

There are some common challenges among the Arab states, standing in the way of fulfilling the health targets. These include the weakness and fragmentation of health systems; the low rate of accessibility to services, especially among the groups that need services the most; gaps in the availability of healthcare workforce; the presence of gaps between states and within states in terms of health indicators; the inequalities in achieving targets; and the weak financial support available in low-capacity countries.

Some states face pressures and challenges in terms of the healthcare system responsiveness to the big numbers of refugees and forcibly displaced persons, because of wars, conflicts, crises, and crisis-driven

humanitarian situations in the Arab region. Girls, women, and children constitute a big portion of the populations facing various health risks, and in particular risks related to reproductive health, because of unstable and vulnerability-inducing contexts.

The Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health adopts the vision of achieving for every mother, every child, and every adolescent, the highest attainable standard of equitable physical and psychological health and welfare. The strategy consists of nine strategic pillars: adequacy of policies; supporting healthcare systems; reviewing service packages; developing human resources; developing information management systems; conducting research; eliminating all forms of violence against women and adolescent girls; supporting the role of civil society in enhancing health awareness; supporting partnerships and cooperation between

countries; and supporting preparedness of healthcare systems in cases of emergency, armed conflicts, and wars. The strategy also adopts the targets of the global strategy for woman, child, and adolescent health (Every Woman Every Child 2016-2030).

The multi-sectoral strategy for maternal, child, and adolescent health is a reference for states, through which they can develop their national action plans, according to their unique circumstances, capabilities and challenges.

The Arab League will sustain a crucial role in following up on the implementation of the strategy, through communicating and coordinating with member states, including in order to provide for updated data, periodically, to measure progress in implementing the strategy, how far the strategy's goals are fulfilled, and to present relevant success stories from member states in relation to the strategy.



Introduction: Purpose of the strategy

The Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health is a reference framework for Arab states (“the Arab Strategy”), through which they can develop, amend, or consolidate their national action plans for enhancing maternal, child, and adolescent health. The strategy will contribute to the achievement of SDGs 2016-2030, especially SDG3 related to health and wellbeing. The strategy relies on evidence, data, and learned lessons from international and Arab reports and studies. The strategy takes into consideration the report developed by the technical committee held 11-12 October 2016, which was endorsed by the Arab Council of Health

Ministers’ decision number 10, dated 3 March 2017. The strategy also provides the opportunity for exchanging expertise and knowledge between Arab states, in fields that include: developing and updating maternal, child and adolescent health-supportive policies; bridging the human resources gap through the provision of experts, expertise, knowledge transfer and documenting success stories; helping less developed countries in achieving better rates in reducing maternal and child mortality rates; and enhancing physical and psychological health of adolescent girls through supporting healthcare systems.

The strategy takes into consideration the humanitarian crises across many Arab states. It considers the development of the healthcare system in order to enhance the system's capacity, resilience and preparedness to be responsive to the needs of mothers, children, and adolescents in cases of armed conflicts, wars, and natural disasters, as one of the pillars of the strategy.

The strategy will contribute to supporting the call for increasing national and international resources available for funding national action plans on maternal, child, and adolescent health.

Endorsing the strategy is an Arab commitment to work towards achieving the SDGs related to health, and an action in solidarity with the United Nations strategy, "Every Woman Every Child 2016-2030".



Methodology

The Multi-Sectoral Arab Strategy for Maternal, Child, and Adolescent Health was developed through the strategic planning methodology, that relies on broad participation, coordination and cooperation with all stakeholders in the General Secretariat of LAS, UNFPA, WHO, and the group of experts representing countries of the Arab region. The method relies on analyzing the situation on the ground in the Arab region, and comparing it to relevant international indicators. The development of the strategy included the following stages and steps:

Stage two: data collection and analysis

During this stage, relevant documents were collected and analyzed. These documents were the base for analyzing the current situation related to maternal, child and adolescent health, and the baseline for determining the general values and principles of the plan.

Stage one: preparing for the development of the strategic plan

During this stage, the core technical committee was formed within the General Secretariat. It became responsible for preparing the plan for developing the strategic plan; determining stakeholders, involving them in preparing the plan; choosing the consultant responsible for preparing the plan; and recruiting the team of experts.

1. Cairo Declaration on Women and the executive strategic work plan: Women Development Agenda in the Arab Region 2018.
2. Report of the third meeting for the technical committee on developing a multi-sectoral Arab Strategy on reproductive health and maternal, child, and adolescent health, with specific goals (headquarters of the League of Arab States, 4-5 May 2016).
3. Regional strategy on "Protection of Arab Women: Peace and Security" 2015.

4. Situation Analysis and ways forward after 2015, in relation to maternal, child, and adolescent health in the Arab states, prepared by the Social and Field Studies and Surveys at the LAS, in cooperation with UNFPA-ASRO.
5. UN SG's strategy on woman, child and adolescent's health (2016-2030).
6. ICPD 1994 Programme of Action.
7. UNFPA Strategic Plan (2018-2021).
8. Egypt 2030 Vision.
9. Sustainable Development Goals (2015-2030).
10. Integration of SRH Services in the Provision of PHC in the Arab States. MENA HPF - UNFPA. 2017.
11. Developmental Goals for Arab Countries report (Facing Challenges and the Way Forward, UNFPA and LAS, 2015).
12. Organization of Islamic Conference's report on maternal and child health in Islamic states.
13. Reference data on maternal, child, and adolescent health, WHO 2017.
14. International Health Data Observatory, WHO 2017.
15. Maternal Mortality data, WHO report, February 2016.
16. SDGS readiness in selected Arab countries. (UNFPA, MENA Health Policy Forum 2017).
17. Adolescents in the Arab states (AUB, 2014).
18. UNDPs report on Arab states, 2017.
19. Maternal mortality in world countries (WB, 2018).

Stage three: preparing the strategic plan's draft

During this stage, the current situation (in the Arab states and internationally) of maternal, child, and adolescent health, was analyzed. The conclusions on the current situation were used to develop the pillars of the strategy, and as such determine the elements of the strategy (vision, mission, general values and principles), the strategic goals, and the interventions & indicators matrix.

Stage four: endorsing the Multi-sectoral Arab Strategy for Maternal, Child and Adolescent Health



Situational analysis

All relevant UN and Arab documents mentioned above in the methodology section were reviewed. The following description in relation to the global and Arab situation of maternal, child, and adolescent health is the result of the review.

International situation

In spite of the decrease in poverty levels, maternal, newborn, and child mortality rate, HIV/AIDS related deaths, and unmet need for family planning on the international level in general, there are clear gaps and inequities in all aspects of development between states and within states. These inequities and gaps show through social and demographic aspects.

According to available data, between 1990 and 2015, maternal mortality ratio decreased by 44%, but there are around 830 women who die everyday from maternity-related and avoidable reasons.

Almost all maternal deaths (99%) happen in developing countries (60% of which are in vulnerable situations, including being currently in crises or in the immediate post-crisis phase). Only 50% of women in developing countries have access to the healthcare services they need, including reproductive health services.

Unmet needs for family planning still represent a big challenge, given the slowness in providing for these needs and increased demand for family planning services over time, especially in developing countries, where almost 200 million women around

the world do not have access to needed family planning services.

Moreover, with women getting access to needed family planning services, and when women and children get access to all health service they need, based on WHO's standards, this will lead to a decrease in unplanned pregnancies by 70%, and a decrease in unsafe abortions by 67%. Maternal deaths will decrease by 67% in comparison to 2014 rates, while the newborn mortality rate will decrease by 77%.

Around 6 million children die every year across the world before reaching 5 years of age. This number represents a decrease of about 58% in comparison to 1990. Four out of five deaths of children under the age of five occur in developing and least developed countries. Children born to poor families are twice as often more likely to die compared to children in wealthier families. Children born to mothers with some basic education have a better chance in life compared to children born to illiterate mothers.

Girls, adolescents and young women face the problems of marginalization, inequality and violence, increasing their vulnerability to HIV infection. In 2013, the number of adolescents living with HIV reached 2.1 million.

The demographic shifts in different regions of the world increased the age group of young adolescents and youth. This resulted in health challenges for adolescents. The United Nations considers caring for adolescent health, and providing resources for fulfilling the health needs of

this age group, a long-term investment. International statistics indicate that 1.4 million adolescents die annually across the world, and 97% of these deaths occur in middle and low-income countries due to four main reasons:

Deaths related to pregnancy, giving birth, and abortion	15%
Road accidents and injuries	14%
Violence in different forms	12%
AIDS and Tuberculosis	11%

The most substantial health problems facing adolescents are problems resulting from malnutrition (anemia, weight gain and obesity), and mental health problems (20%). The WHO estimates that two-thirds of premature deaths, and one third of the burden of disease in adulthood, is the result of diseases and behaviors forming in young age (adolescents and youth).

Child marriage, forced marriage, and teenage pregnancy have decreased. The percentage of women between 20-24 years who reported their marriage before the age of 18 decreased from 32% in 1990, to 26% in 2015. In 2015, estimates indicated the birth of 15.3 million babies to teenage mothers, and this number is expected to reach 19.2 million children by 2035.

The rise in tensions and conflicts in many areas witnessing armed conflicts and disasters around the world has led to an increase in emergency situations and humanitarian conditions, and an increase in the need for humanitarian aid for women, children and adolescents. In 2016, more than 125 million people were in need of humanitarian assistance.

FGM (female genital mutilation), also known as 'female circumcision', is one of the most common manifestations of violence

against women and girls. There are more than 200 million women and girls who have been subjected to FGM across 30 countries in Africa, the Arab region, and Asia. 3 million girls are exposed annually to this inhumane practice that violates the right of girls and women to health, security, safety and dignity. The international development agenda (SDGs) is working to eliminate this practice by 2030.

Arab situation

The Arab region extends from the Atlantic to the Indian Ocean. It includes 22 countries in Africa and West Asia. The population is approximately 350 million, 50% of which are under 25 years. UNDP data for the Arab World 2017 shows the following indicators:

- Percentage of people living on less than 1.25 USD/day is 7.4%
- Human Development Index reached 0.69
- Average life expectancy is 70.5 years
- Maternal mortality ratio is 156 for each 100,000 live birth
- 50% of the population live in rural areas

Analysis of the current situation of healthcare systems

It is well known that healthcare systems in Arab states face many challenges, usually multidimensional and complex, and this applies to most countries, regardless of the level of social, economic or healthcare development in the country. Addressing these challenges is crucial to achieving universal health coverage. Often, Arab states face problems of insufficient funding, and the presence of a higher share of direct

health out of pocket payments. These payments may become more in some low-income countries, and these are considered one of the main challenges to providing comprehensive and high-quality healthcare services and to ensure the availability of adequate health workforce, improve access to medicines and basic technology, and bridge the gaps that currently exist in health information systems. On the other hand, the need for political will and commitment at the highest levels, to move towards universal health coverage with high-quality healthcare services for the population and individuals, is the prevailing and foremost challenge for many countries.

Maternal and child health in the Arab region

According to the World Bank report released in February 2018 on maternal and child health in the MENA region, the average mortality rate in the Arab region for children decreased by 63%, while the average maternal mortality ratio decreased by 56% between 1990 and 2015. The maternal and child health situation is considered one of the indicators (determinants) that reflect the general health status of societies. Despite the noticeable decrease in maternal and child deaths in the Arab region, achieving sustained decline is a major challenge for the region in light of the economic, social and demographic changes taking place on the regional level, in addition to the humanitarian situation in territories and states witnessing instability, conflicts, or crises.

The report indicated that countries with a high per capita gross domestic product (GDP per capita) and countries with lower birth rates, are the ones that enjoy the marked decrease in child and maternal mortality.

Despite a significant improvement, over time, in the Arab region, one child out of every 40 children dies in the first year of life from preventable causes. Deaths are influenced by the health status and availability of healthcare services, nutrition, birth spacing, and access to clean drinking water and sanitation.

Newborn mortality rate (in the first year of life) is 24 per 1,000 live births, which is less than the global average (35 deaths per 1,000 live births). It is, however, higher than the average in Asia-Pacific region (17 per 1,000 live births) and Latin America and the Caribbean (16 per 1,000 live births) whereas these regions are equal to the Arab region in terms of income levels.

Around 83% of births in the Arab region received follow-up of pregnancy by professionals, which is equal to the global average, but it is less than other regions equal in income levels (East Asia and the Pacific, Latin America and the Caribbean), in which the follow-up of pregnancy by professionals exceeds 90%.

Also, birth with the help of skilled birth attendants in the Arab region (at 79%) exceeds the global average (at 68%), but it is less than the regions of Latin America and the Caribbean, and East Asia & the Pacific.

The Arab region has achieved coverage with immunizations from diphtheria, pertussis, and tetanus, of 89% of children (UNICEF, 2014) exceeding the global average (at 84%) and approaching the coverage rates in the stated above comparable regions (Latin America and the Caribbean (93%), East Asia and the Pacific (92%).

Around 18% of children in the Arab region suffer from stunting, which is lower than the global average, but higher than Latin America and the Caribbean (11%), and East Asia and the Pacific (12%).

The rate of using family planning services is less than 60% in two thirds of the Arab countries, while unmet needs reach 10% in three quarters of the Arab countries. The total fertility rate exceeds 3 children per woman in reproductive age in 42% of the countries (more than 4 children per woman in reproductive age in five countries).

Gender equality and violence against women and girls

2017 data from the UNDP in the Arab region show the following indicators:

- There is a sustained gender gap.
- Women participation in the workforce is only 22.7%.
- 37% of women faced some form of violence over their lifetime.
- 14% of girls get married under the age of 18.
- One third of women aged 20- 24 years got married before reaching 18 years. Use of family planning is lower among married adolescent girls, due to a lack of knowledge and the inability to make decisions related to their reproductive health. They are subject to complications of pregnancy and childbirth, such as bleeding, and premature birth. Neonatal fistula is widespread as a result of obstructed labor. 6.5% of women who had a neonatal fistula had it in their teens.
- The adolescent fertility rate is defined as the number of births per thousand women (by women aged 15-19 years), which stands on average at 39 births, with severe variation in this rate between countries. The highest rate in Arab states is 105 births by women aged 15-19 years per 1,000 births, which is an indicator of the prevalence of

early marriage in a substantial number of Arab countries. This phenomenon lead to health complications that result from pregnancy and childbirth in adolescence, which may lead to death, in addition to social and psychological repercussions, school dropouts and high levels of violence against women and girls. Conflicts, displacement and refugee crises that the Arab region has witnessed in recent years have contributed to increasing the burden on women and girls, increasing episodes of violence, and the difficulty in accessing reproductive health services. From this standpoint, the Cairo Declaration for Arab Women and the strategic plan for the advancement of Arab women, adopted by the League of Arab States, established mechanisms to eliminate violence against women and girls.

The practice of FGM

The percentages of women and girls who were subjected to female genital mutilation (FGM) in some Arab countries are high, and this practice is concentrated in seven Arab countries. Rates of FGM range between 8% and 98% in these countries, and exceed 80% in four of them.

Adolescents' health in the Arab countries

The age composition of the population of the Arab region is relatively young. 20% of the population are adolescents (10-19 years), while almost a third of the population is in the age group (0-14 years). The age group (15-45 years) represents one fifth of the population. Providing information about the adolescent age group (10-19 years) is a major challenge in most Arab countries, because most household surveys target

children and women of childbearing age, while surveys for youth and adolescents are of low prevalence.

Adolescent health risk factors include the following

- Malnutrition, which is more prevalent in countries with limited capabilities and countries suffering from humanitarian conditions, armed conflicts, or wars. Obesity and overweight are also common in some countries.
- Traffic accidents and violence. The Arab region has one of the highest rates compared to other regions.
- Smoking and dangerous behaviors including alcohol and drug consumption.
- Psychological health problems, at 23% in the age group (10-14 years), and 24% in the age group (15-19 years).
- Adolescent smoking and the absence of physical training. These combined are one of the risk factors threatening adolescent health.

HIV

The Arab region is considered one of the regions with an accelerated epidemic prevalence of HIV, according to the situation analysis conducted as part of the conceptual framework of the strategy to prevent infection from mother to child (2012). The coverage with Antiretroviral (ARV) treatment is still low in the Arab region, and does not exceed 13%. HIV testing for pregnant women is not generally applied, and the test coverage rate is one of the lowest compared to other regions.

The humanitarian situation in the Arab countries

58% of all refugees in the world come from Arab countries. The majority of 60% of them live inside the the Arab region.

61 million are in need of humanitarian assistance across 6 Arab countries.

The loss in GDP reached 613.8 trillion dollars for the period 2010-2017.

The readiness to achieve reproductive health-related SDGs Report (UNFPA and MENA Health Policy Forum, 2017), indicates that in a selected set of Arab states there are common challenges that hinder the achievement of health targets. These challenges include weak and fragmented health systems and the difficulty in accessing services, especially for the groups most in need for such services. There are also gaps in the health workforce and differences in health indicators between different population groups.

Although the Arab region has achieved overall progress with regard to health indicators, there are differences and inequities in achieving goals between countries and within countries. In some countries, the healthcare system is under pressure due to the response to the needs of large numbers of refugees and IDPs, due to conflict. Women and girls make up a large proportion of this population and face a higher chance of reproductive health risks as a result of these fragile and unstable conditions.



Main Challenges

By analyzing the current situation, the following challenges apparently face the Arab region in relation to reproductive maternal, child, and adolescent health:

- Although there are many strategies and plans for reproductive and maternal, newborn and child health programmes, some of them are inactive and lack coordination and complementarity, and there are not enough plans and programmes for adolescents.
- Conflicts in some countries of the region and their direct and indirect impacts on access to healthcare services provided by of required skilled cadres.
- Variation in access to service, between countries and between different segments of the population within countries.
- The difficulty of providing updated, reliable and detailed information and measuring indicators to monitor the progress made in achieving results.
- Weakness of health information systems in some member states and not being linked to various levels of healthcare services.
- Weakness of the trained and skilled workforce, combined with bad distribution, leading to obstruction of quality primary healthcare service delivery.
- Absence of sufficient budgets dedicated to the health sector.
- Weakness of healthcare systems in some countries, obstructing the provision of universal quality healthcare services inclusive of all population groups.
- Weak coordination and cooperation between various sectors, taking into consideration the social determinants of health, in order to achieve SDGs.



Vision

Every woman, child, and adolescent in the Arab region shall have their right to the highest attainable standard of physical and psychological health and welfare fulfilled equitably.



Mission

Developing and implementing quality healthcare programmes that preserve the health and lives of mothers, children, and adolescents in the Arab region, through the application of an integrated multi-

sectoral health system that provides universal access, responsiveness, and non-discrimination, with comprehensive health coverage that can promote the right to health and improve health indicators.



General strategic goal

Improve maternal, child, and adolescent health by strengthening health systems to enhance responsiveness, availability, quality and comprehensiveness, in order to support

health justice and non-discrimination, to reduce morbidity and mortality rates within the framework of the 2030 Agenda for Sustainable Development.



General principles and values for the Arab Strategy for Maternal, Child and Adolescent Health

- Respect uniqueness of every Arab country, where different systems, laws, and policies apply.
- Work on providing financial resources needed and achieve sustainability.
- Make healthcare systems responsive.
- Respecting the right to health as a human right.
- Equality and non-discrimination in the provision of healthcare services.
- Partnership and cooperation among the Arab member states.
- Humans are the focus of concern and they are at the heart of the strategy.
- Multi-sectoral interventions.
- Community participation.
- Information and knowledge sharing.
- Evidence-based decisions.
- Accountability.
- Making use of human resources, capabilities and innovations.



Strategic pillars

1. Calibrate national legislations and policies to ensure the right to health for mothers, children, and adolescents.
2. Supporting and strengthening the healthcare system to achieve sustainability and universal health coverage with quality services for maternal, child and adolescent health.
3. Identify and update components of the primary healthcare services package for maternal, child and adolescent health.
4. Building and developing the capabilities of human resources for healthcare through education, training, and developing communication skills and exchanging different experiences between the member states in the League of Arab States.
5. Strengthening and developing health information systems and encouraging conducting national and regional research, studies, and surveys, and using their results in decision-making and amending/developing policies.
6. Developing the healthcare system to improve its resilience, preparedness, and responsiveness to the health needs of mothers, children, and adolescents in emergencies, disasters and crises.
7. Confronting harmful practices and violence against women, children, and adolescents.
8. Promoting the role of civil society organizations, the media, and community representatives in raising health awareness and contributing to identifying healthcare needs for maternal, child, and adolescent health.
9. Promoting partnerships, cooperation, coordination, and integration among various relevant sectors, in order to enhance maternal, child, and adolescent health.



Strategic goals

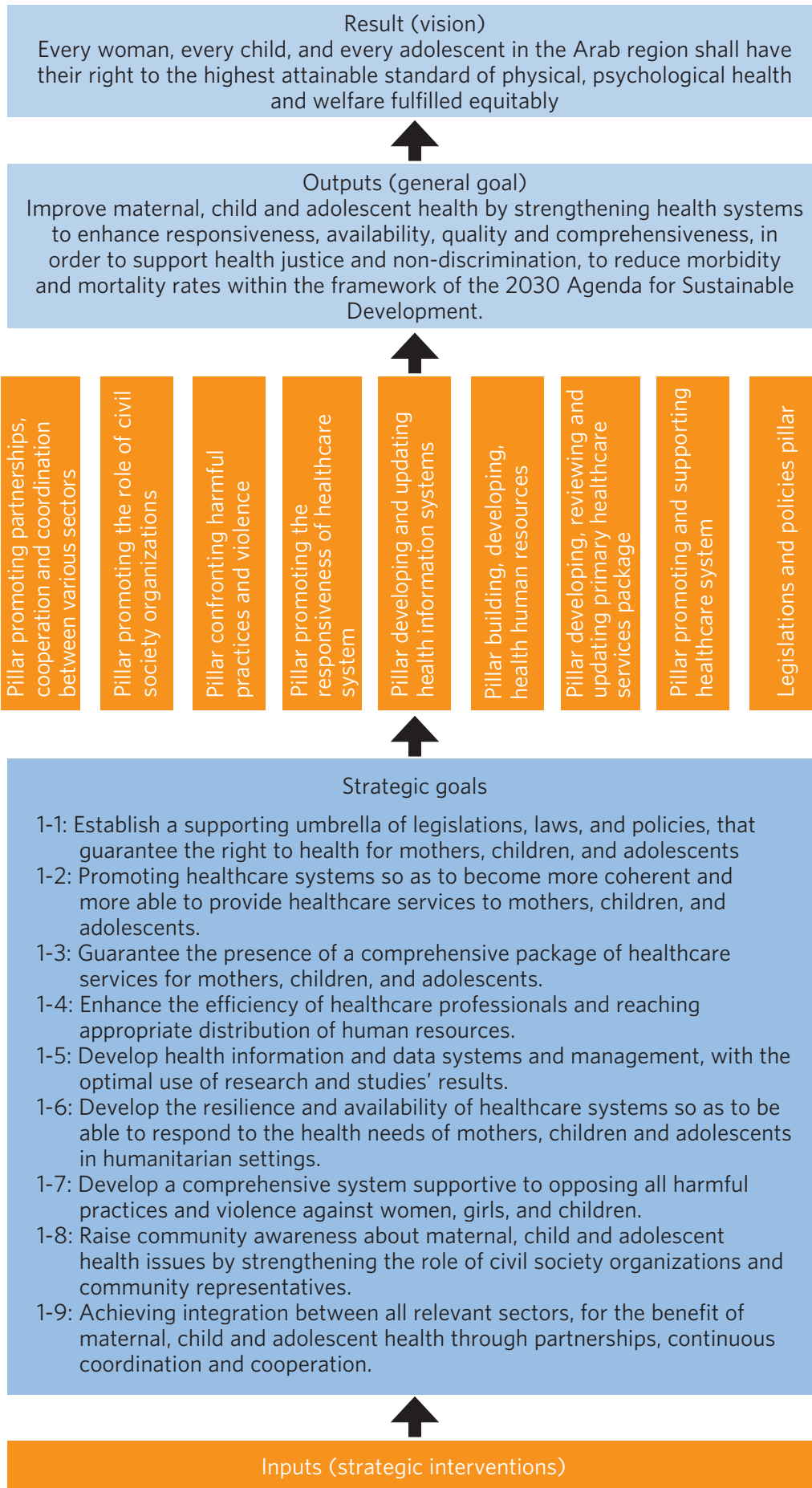
1. Establish a supporting umbrella of legislations, laws, and policies, that guarantee the right to health for mothers, children, and adolescents.
2. Promoting healthcare systems so as to become more coherent and more able to provide healthcare services to mothers, children, and adolescents.
3. Guarantee the presence of a comprehensive package of healthcare services for mothers, children, and adolescents.
4. Enhance the efficiency of healthcare professionals and reaching appropriate distribution of human resources.
5. Develop health information and data systems and management, with the optimal use of research and studies.
6. Develop the resilience and readiness of healthcare systems so as to be able to respond to the health needs of mothers, children and adolescents in humanitarian settings.
7. Develop a comprehensive system supportive to opposing all harmful practices and violence against women, girls, and children.
8. Raise community awareness about maternal, child and adolescent health issues by strengthening the role of civil society organizations and community representatives.
9. Achieving integration between all relevant sectors, for the benefit of maternal, child and adolescent health through partnerships, continuous coordination and cooperation.



Results-based conceptual framework

The conceptual network of the Multi-Sectoral Arab Strategy for Maternal, Child, and Adolescent Health, is based on the "Theory of Change". This theory explains how given results are related in the short and medium term, in preparation for reaching a long-term goal. The following figure illustrates how the Arab multi-sectoral strategy for maternal, child and adolescent health inte-

grated the general principles and values in reaching the end result or long-term goal, which also constituted the vision related to maternal, child and adolescent health in the Arab region, through the main axes where strategic interventions and relevant indicators were designed in order to reach strategic goals.



Strategic goals, strategic interventions, and indicators (the matrix)

Strategic pillar (1): Calibrate national legislations and policies to ensure the right to health for mothers, children, and adolescents

Strategic goals	Strategic interventions	Indicators
1: Establish a supporting umbrella of legislations, laws, and policies, that guarantee the right to health for women, children, and adolescents.	1-1-1: Review laws, and provide new laws supportive of right to health.	1-1-1-1: Number of laws reviewed or developed, related to right to health of women, children, and adolescents.
	1-1-2: Develop policies supportive to the right to health, consistent with international laws, treaties and conventions.	1-1-2-2: Number of supportive policies that were developed, related to the right to health of women, children, and adolescents.
	1-1-3: Develop mechanisms for the enforcement of laws.	1-1-3-3: The presence of mechanisms for the enforcement of laws.
	1-1-4: Enforcing laws related to medical professions' ethics.	1-1-4-4: The presence of systems for clinical oversight/ accountability.

Strategic pillar (2): Supporting and strengthening the healthcare system to achieve sustainability and universal health coverage with quality services for maternal, child and adolescent health

Strategic goals	Strategic interventions	Indicators
2: Promoting healthcare systems to become more coherent and more able to provide healthcare services to women, children, and adolescents.	<p>2-1-1: Developing skills of leadership and management in healthcare, across all health sectors.</p> <p>2-1-2: Work on committing to professional values and principles.</p> <p>2-1-3: Reviewing regulatory structures to guarantee the integration of maternal and child health programmes and services.</p> <p>2-1-4: Providing sufficient budget for maternal, child, and adolescent health.</p>	<p>2-1-1-1: Percentage of shortage in trained leaders/managers in maternal and child health sectors/departments.</p> <p>2-1-2-2: The presence of accountability mechanisms regarding professional violations.</p> <p>2-1-3-3: The presence of an integrated regulatory structure in the maternal, child, and adolescent health departments.</p> <p>2-1-4-4: Percentage of governmental expenditures on maternal, child, and adolescent health.</p> <p>2-1-4-5: Increase in annual budget for maternal, child, and adolescent health.</p>
2-1-5: Promote the system to guarantee minimum spending from beneficiaries on health services.		2-1-5-6: Presence of a universal coverage system that protects beneficiaries from financial burden.
2-1-6: Provision of medical supplies, medicines, and vaccines, and enhancing and managing supplies.		2-1-6-8: Percentage of growth of budget for, and purchase of supplies, medicines, and vaccines.
2-1-7: Optimization of the procurement process to guarantee the optimal use of resources.		2-1-7-9: Presence of a comprehensive procurement system that guarantees sustainability.
2-1-8: Increase quality of service through reviewing and developing standards of service, enhancing the performance of service providers, respecting rights of beneficiaries, and deploying a system for ensuring the application of standards.		2-1-8-10: Presence of quality of service provision monitoring programme.
2-1-9: Provide verification mechanisms on safety and satisfaction of service users.		2-1-9-11: Percentage of healthcare facilities that study the satisfaction of users at least once per year.
2-1-10: Promote mechanisms of governance and accountability to support healthcare systems.		2-1-9-12: Percentage of healthcare facilities that apply quality control programmes.
		2-1-10-13: Presence of a clinical audit system in place, as well as accountability mechanisms.

Strategic pillar (3): Identify and update components of the primary healthcare services package for maternal, child, and adolescent health

Strategic goals	Strategic interventions	Indicators
<p>3: Guarantee the presence of a comprehensive package of healthcare services for women, children, and adolescents.</p>	<p>3-1-1: Provide the minimum necessary services for maternal, child, and adolescent health, as part of the primary healthcare services.</p>	<p>3-1-1-1: Number of countries where healthcare centers retain the minimum necessary services package (pregnancy follow up, safe delivery, childcare, vaccines, postnatal services, family planning).</p> <p>3-1-1-2: Percentage of healthcare facilities with availability of services included in the minimum necessary services package (pregnancy follow up, safe delivery, childcare, vaccines, postnatal services, family planning).</p> <p>3-1-1-3: Percentage of deliveries by qualified birth attendants, or supervised by skilled professionals.</p> <p>3-1-1-4: Percentage of women in childbearing age (15-49 years) with satisfied need for modern contraceptives.</p>
	<p>3-1-2: Providing a referral systems between various levels of healthcare (primary, secondary, etc).</p> <p>3-1-3: Work on expanding services package to include pre-pregnancy care, pre-marital services, mental health, non-communicable diseases, and supporting nutrition programmes.</p>	<p>3-1-2-5: Presence of an efficient referral system that allows the reception of services at any of the three healthcare levels, wherever they are available.</p> <p>3-1-3-6: Presence of the updated primary services package that includes pre-pregnancy and pre-marital counseling, post-abortion services, early detection of cervical cancer and breast cancer, as well as mental health and adolescents nutrition programmes.</p> <p>3-1-3-7: Percentage of coverage by primary healthcare services.</p> <p>3-1-3-8: Maternal mortality ratio per 100,000 live births.</p>

<p>3-1-3-9: Newborn mortality rate per 1000 live births.</p> <p>3-1-3-10: Under 5 child mortality rate per 1000 live births.</p> <p>3-1-3-11: Amount of new HIV infections per 1000 uninfected population.</p>	
<p>3-1-4-12: Rate of malnutrition's prevalence.</p> <p>3-1-4-13: Rate of stunting prevalence (height to age > 2 points of standard deviation from WHO's average child development standards) among children under 5 years old.</p> <p>3-1-4-14: Rate of malnutrition (weight to height > +2 or < -2 points of standard deviation from WHO's average child development standards) among children under 5 years old, broken down by gender (wasting and overweight children).</p> <p>3-1-4-15: Percentage of anemia among children under 5 years old.</p>	<p>3-1-4: Develop programmes to end all forms of malnutrition, and provide for nutrition needs of children, women, pregnant women, and lactating women.</p>
<p>3-1-5-16: Presence of an action plan and programme, mobile clinics, and community service providers, reaching users wherever they are.</p>	<p>3-1-5: Ensure universal access to services to all mothers, children, and adolescents, wherever they are.</p>

Strategic pillar (4): Building and developing the capacities of healthcare workforce through education, training, rehabilitation, and developing communication skills and exchanging different experiences between members in the League of Arab States

Strategic goals	Strategic interventions	Indicators
4: Enhance the efficiency of healthcare professionals and reaching appropriate distribution of human resources.	<p>4-1-1: Develop an Arab vision on healthcare human resources.</p> <p>4-1-2: Support specialized training programmes on the regional level, and promote e-learning and distance learning.</p> <p>4-1-3: Update curricula and open academic specializations. Introduce specialized study programmes and certification, based on needs.</p> <p>4-1-4: Institutionalization of sustained professional training.</p> <p>4-1-5: Retention of skilled and trained cadres through financial and nonfinancial benefits and incentives, to achieve adequate distribution of workforce.</p> <p>4-1-6: Promoting cooperation and exchanging expertise between Arab states in the field of laws enactment and implementation.</p> <p>4-1-7: Supporting cooperation between relevant sectors and parliaments, towards developing evidence for drafting legislations and laws implementation.</p> <p>4-1-8: Establishing an Arab platform on skilled and experienced workers in the field of maternal, child, and adolescent health.</p> <p>4-1-9: Encourage volunteering skills.</p>	<p>4-1-1-1: Presence of a study for determining the needs for healthcare human resources.</p> <p>4-1-2-2: Presence of an Arab plan for training human resources adopting modern technologies of training and continuous medical education.</p> <p>4-1-3-3: Percentage of new specializations and specialized study programmes developed.</p> <p>4-1-4-4: Percentage of expenditures on professional training as a percentage of total training budget for healthcare sectors.</p> <p>4-1-5-5: Rate of density of specialized healthcare workers and their distribution.</p> <p>4-1-5-6: Percentage of retention of skilled cadres in each Arab state.</p> <p>4-1-6-7: Number of documented exchanges of expertise between Arab states in relation to law enforcement and implementation.</p> <p>4-1-7-8: Presence of evidence deployed in drafting and implementing legislations.</p> <p>4-1-8-9: Presence of a database (platform) on skilled and experienced Arab workers.</p> <p>4-1-9-10: Presence of programmes that promote volunteering and capacity building across healthcare sectors.</p>

Strategic pillar (5): Strengthening and developing health information systems and encouraging conducting national and regional research, studies, and surveys, and using their results in decision-making and amending/developing policies.

Strategic goals	Strategic interventions	Indicators
5: Develop health information and data systems and management, with the optimal use of research and studies.	5-1-1: Develop and launch an updated information system about maternal, child, and adolescent health, in coordination with the General Secretariat of the League of Arab States, WHO and UNFPA.	5-1-1-1: A developed regional database that includes all information resulting from surveys and studies and all monitoring processes, reports, and indicators related to the health of women, children and adolescents. The indicators include, at minimum, indicators of SDG3 and SDG5.
	5-1-2: Use of data in healthcare policy-making.	5-1-2-2: Number of countries that developed maternal, child, and adolescent health policies based on data, studies, and surveys.
	5-1-3: Issuing periodical regional reports and policy briefs about maternal, child, and adolescent health.	5-1-3-3: Number of countries that developed policies using evidence from data analysis, research and surveys.
	5-1-4: Develop a standard data collection form to be filled periodically, in order to help with the compilation of periodical regional reports/policy briefs.	5-1-4-4: Number of regional reports/policy briefs based on data collected using the standardized form.
	5-1-5: Encourage national scientific research.	5-1-5-5: Number of peer-reviewed journal articles published.
		5-1-5-6: Percentage of expenditures on scientific research to GDP in each country.

Strategic pillar (6): Developing the healthcare system to improve its resilience, preparedness, and responsiveness to the health needs of women, children, and adolescents in emergencies, armed conflicts, and wars

Strategic goals	Strategic interventions	Indicators
<p>6: Develop the resilience and preparedness of healthcare systems so as to be able to respond to the health needs of women, children and adolescents in humanitarian settings.</p>	<p>6-1-1: Evaluate preparedness of healthcare system in relation to its responsiveness to humanitarian crises (settings).</p> <p>6-1-2: Integrating plans for preparedness and responsiveness to emergencies, within national plans.</p> <p>6-1-3: Ensure smooth transitions from emergency situations to development settings.</p> <p>6-1-4: Develop and train technical and administrative cadres that can provide healthcare services to mothers, children, and adolescents in humanitarian crises, to be ready to support affected countries.</p> <p>6-1-5: Coordination and cooperation between Arab countries, and international stakeholders and organizations concerned with limiting the repercussions of humanitarian crises.</p>	<p>6-1-1-1: Availability (presence) of mechanisms for the evaluation of healthcare systems preparedness, in order to determine how efficient they are in responding to humanitarian crises (settings).</p> <p>6-1-2-2: Number of countries that developed and integrated preparedness and responsiveness plans within their national plans.</p> <p>6-1-3-3: Number of countries that developed and integrated transition plans, from emergencies to development settings, within their national healthcare plans.</p> <p>6-1-4-4: Density of specialized and skilled healthcare and administrative staff who can deploy and provide services in humanitarian settings (crises).</p> <p>6-1-5-5: Presence of standard mechanisms of coordination between all stakeholders in cases of armed conflicts and wars.</p>

Strategic pillar (7): Abandoning/Ending harmful practices and violence against women, children, and adolescents

Strategic goals	Strategic interventions	Indicators
<p>7: Develop a comprehensive system supportive to ending all harmful practices and violence against women, adolescents, and children.</p>	<p>7-1-1: Develop and review legislations and regulations for ending violence against women, children, and adolescents, and legislations and regulations that provide gender equality.</p> <p>7-1-2: Capacity building of healthcare workforce to become able to monitor and report harmful practices, and to provide support and referrals.</p> <p>7-1-3: Support preventive programmes geared against violence, harmful practices, and raising awareness about rights.</p> <p>7-1-4: Provide national data and statistics about gender inequality, extent of violence in the country, and how far various forms of violence are confronted and curtailed.</p>	<p>7-1-1-1: Number of countries that developed legislations/policies/procedures for ending violence against women, children, and adolescents, and provided for gender equality.</p> <p>7-1-2-2: Number of countries that integrated violence against women, children, and adolescents in training and educational programmes/curricula for healthcare and administrative staff.</p> <p>7-1-3-3: Integrating messages on violence and gender equality into community awareness programming.</p> <p>7-1-4-4: Percentage of women 15 years and older, who faced physical, psychological, or sexual violence.</p> <p>7-1-4-5: Percentage of women between 20-24 years who were married before 18.</p> <p>7-1-4-6: Percentage of women and girls (15-49) who were subjected to FGM.</p>

Strategic pillar (8): Promoting the role of civil society organizations, the media, and community representatives in raising health awareness and contributing to identifying healthcare needs for maternal, child and adolescent health

Strategic goals	Strategic interventions	Indicators
8: Raise community awareness about maternal, child and adolescent health issues by strengthening the role of civil society organizations and community representatives.	8-1-1: Adopt and promote evidence-based healthcare programmes. 8-1-2: Promoting healthy behavior in society. 8-1-3: Taking advantage of Arab and international success stories, and promoting exchange of expertise. 8-1-4: Promote the role of civil society, and participation of all sectors, in implementing and following up on health awareness raising programmes related to maternal, child, and adolescent health.	8-1-1-1: Number of studies and research papers whose results were used in messaging/programming of health awareness raising plans. 8-1-2-2: Presence of programmes/mechanisms for measuring behavioral change, as part of health awareness raising plans. 8-1-3-3: Number of successful experiences exchanged between the countries of the region. 8-1-4-4: Presence of a database of partners for the development and implementation of health awareness raising programmes across sectors and from the civil society.
	8-1-5: Promote the role of women, children, and adolescents in participating throughout various stages of health awareness raising programmes. 8-1-6: Support partnerships with the media, and benefit from modern technologies in raising awareness about health issues.	8-1-4-5: Number of partnerships/agreements developed and implemented between CSOs and governmental and private sector stakeholders, for implementing and following up on awareness raising programmes related to maternal, child, and adolescent health. 8-1-5-6: Percentage of participation of women and adolescents across various stages of planning and implementing health awareness raising programmes. 8-1-6-7: Number of countries that integrated health awareness raising in national media strategies.

Strategic pillar (9): Promoting partnerships, cooperation, coordination, and integration among various relevant sectors, in order to enhance maternal, child, and adolescent health

Strategic goals	Strategic interventions	Indicators
<p>9: Achieving integration between all relevant sectors, for the benefit of maternal, child and adolescent health through partnerships, continuous coordination and cooperation.</p>	<p>9-1-1: Develop a partnership framework, with various sectors (education, media, environment, social affairs, security, water, local development, etc).</p> <p>9-1-2: Provide multi-sectoral plans with specific roles for partners.</p>	<p>9-1-1-1: Presence of benchmarks determining the roles of partners in various sectors, as a first step towards preparing multi-sectoral plans.</p> <p>9-1-2-2: Presence of implementation plans with determined roles for various sectors, and coordination and follow up mechanisms, as part of the national health plans.</p>



The role of the Arab league in following up on the implementation of the strategy

The Arab Multi-sectoral Strategy for Maternal, Child and Adolescent Health constitutes a general framework for the contributions of Arab countries in improving maternal, child and adolescent health, by strengthening healthcare systems to enhance responsiveness, availability, quality and integration in a manner that supports health justice and non-discrimination in order to reduce morbidity and mortality rates within the framework of the SDGs (2030). Therefore, the role of the League

of Arab States revolves around directing and following up with the Arab countries in implementing the strategy through their approved mechanisms. This role is also about ensuring the effectiveness of interventions and programmes at the regional level. Meanwhile, Arab states shall develop national plans for implementing these interventions and monitoring their implementation and effectiveness at the national levels.

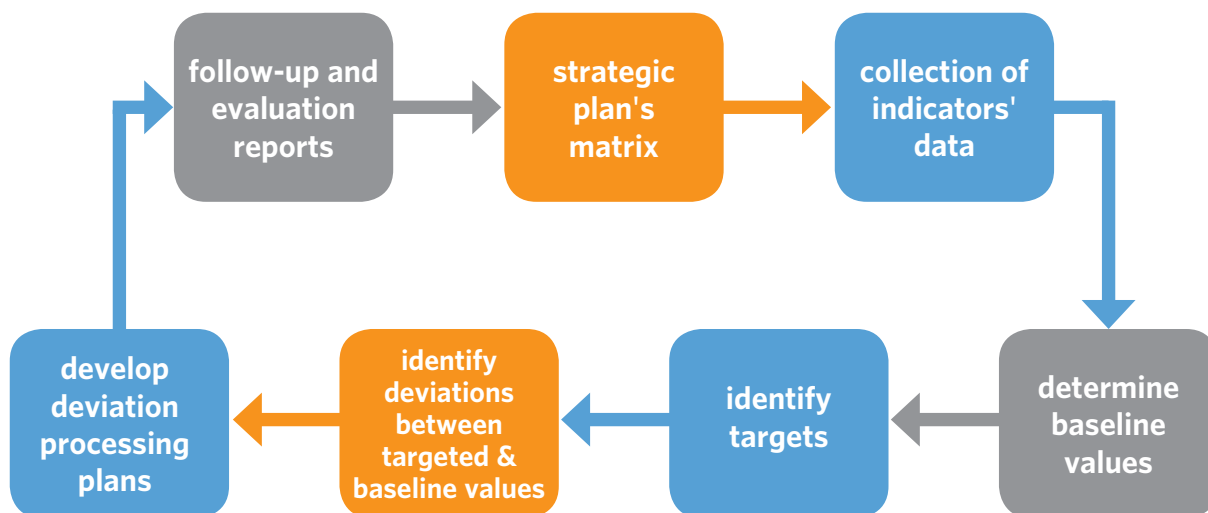


Monitoring and evaluation methodology

The monitoring and evaluation methodology of the Arab multi-sectoral Strategy for Maternal, Child and Adolescent Health has been developed so that the follow-up process can allow planners and policymakers in Arab countries to evaluate the effectiveness of the means and methods used in identifying and defining progress in achieving goals. This in turn contributes to developing and sustaining the impact of those policies and programmes and exchanging experiences between the members of the League of Arab States. The monitoring and evaluation methodology is based on the need to develop the follow-up and evaluation plan for the Arab Multi-Sectoral Strategy for Maternal, Child and Adolescent Health. This includes the classification of the list of indicators in

the strategy according to whether they are process indicators, outputs, or outcomes, and linking them to goals and defining the baseline values and targets for the period between 2019 and 2030 in a manner that ensures the achievement of the SDGs. Moreover, the follow-up and evaluation plan includes developing reference indicator cards for each indicator (Annex 1) to ensure the standardization of methods and mechanisms of data collection, as well as the adoption of standard reporting forms.

The figure below illustrates the work mechanism and steps followed in the monitoring and evaluation methodology of the Multi-Sectoral Arab Strategy for Maternal, Child, and Adolescent Health.



According to the above methodology, member Arab states will take the following steps:

1. Share the Arab Multi-Sectoral Strategy for Maternal, Child and Adolescent Health with stakeholders concerned, in preparation for implementing it.
2. Include the multi-sectoral strategy in the set of strategic plans that member states implement.
3. Collect data on targets of the multi-sectoral strategy stated in the matrix of goals, interventions, and indicators above.
4. Identify and use a standard form, as in the indicator card, for collecting all information related to the indicator.
5. Determine baseline values of indicators in each of the member states.
6. Determine targets of each member state, while taking guidance from targets in the plan, and the SDGs targets.
7. Identify the gaps between targeted values and baseline values of indicators.
8. Develop national action plans based on the strategy, and in particular, based on the matrix of goals, interventions, and indicators, so as the plan shall include the following:
 - Determine the goals and sought after results.
 - Determine outputs.
 - Determine activities.
 - Determine performance indicators.
 - Determine mandate/responsibility for measuring and how frequent.
 - Role and contribution of other sectors in implementing the national action plan.
9. Hold workshops and/or meetings to raise awareness about the new strategy, its components, and how to develop the national action plans.
10. Include national action plans among the plans of various sectors in each member state.
11. Review the national action plan periodically, and consider the need to amend interventions, and the need to know the reasons of deviations and gaps, in order to achieve the values of targeted indicators.
12. Arab member states will report to the General Secretariat of the League of Arab States about the progress achieved in the strategy, periodically, and the reports will be presented to the Council of Arab Ministers of Health.



Annex 1

Indicator card

Strategic pillar:

Strategic goal:

No.	Indicator's data	Description of data
1	Indicator's name	
	Indicator's type	<ul style="list-style-type: none"> ▪ inputs ▪ processes ▪ outputs ▪ results
	Indicator's definition	
2	Equation for calculating the indicator	
3	Unit of measurement	Unit of measurement <ul style="list-style-type: none"> ▪ percentage ▪ number ▪ rate ▪ descriptive (define it):
4	Verification method	
5	Cases included or excluded	
6	Expected risks: data precision and how to handle the risks	
7	Data source(s)/how it was collected	Data source <ul style="list-style-type: none"> ▪ reports (state them): ▪ surveys ▪ other (state them):
8	Data frequency (monthly, quarterly, annual, each five years)	Data frequency <ul style="list-style-type: none"> ▪ monthly ▪ quarterly ▪ annual ▪ each five years
9	Stakeholder responsible for providing data	



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