

Country Panel: Lessons Learned



Bangladesh

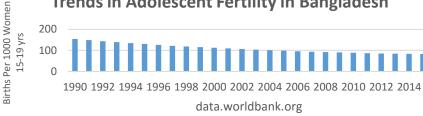
Mr. Md. Ashadul Islam

Adolescent Health in Bangladesh: Building on progress

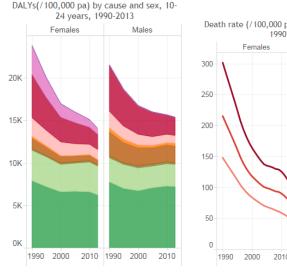
- Since 1990, we've seen a sharp decline in adolescent morbidity and mortality in Bangladesh.
- We've seen sharp decreases in infectious disease and reproductive health issues and mental and physical disorders experiencing more modest declines.

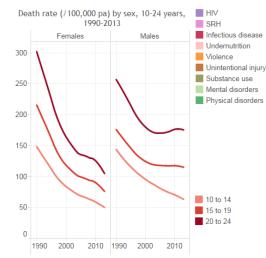
Contributing to the decline in sexual and reproductive health linked morbidity and mortality has been a reduction in adolescent fertility rates.

Trends in Adolescent Fertility in Bangladesh

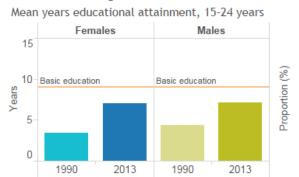


Sustained Declines in adolescent morbidity and mortality





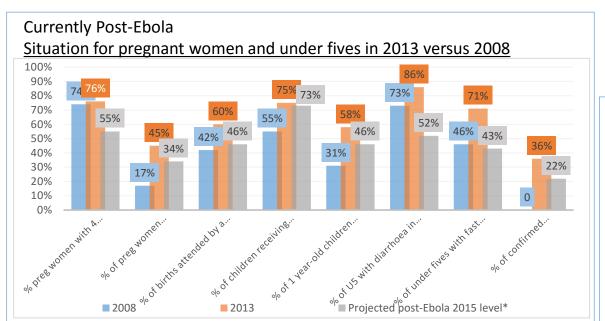
- These gains are partially attributable to success in expanding educational opportunities for girls. Average number of years of education has more than doubled since 1990.
- We will continue to invest in this pathway expanding opportunities for girls – especially poor girls- to attend school and using the school as a platform to address the range of adolescent health needs. In this way we are seeing collaboration across sectors to build our human capital with a special focus on women and girls.



Sierra Leone

Dr. Santigie Sesay

Sierra Leone's context



Situation for adolescents in 2013 DHS

- The SLDHS 2013 estimates that adolescents contribute 25% of the total maternal deaths in the country
- 28% of adolescents aged 15 to 19 had begun child bearing
- 74% of women aged 15 to 19 have undergone female genital mutilation
- 21% of adolescents have ever tested for HIV and received their test results

Strategic Objectives of the RMNCAH Strategy 2017-2021

Strategic Objective

- So 1: Strengthened health systems for effective provision of RMNCAH services
- So 2: Improved quality of RMNCAH services at all levels of service delivery
- So 3: Strengthened community systems for effective delivery of RMNCAH services
- So 4: Enhanced research, monitoring and evaluation for effective delivery of RMNCAH services

Multisectoral response in the RMNCAH Strategy

- Multisectoral approach recognised as one of the guiding principles as well as part of the technical approaches for delivering prioritized package of interventions.
- Strategy recognises non-health sectors including ministries of: education, local government, social welfare, works among others as-
 - Having impact on access to and utilization of RMNCAH interventions
 - Being entry points for implementing RMNCAH interventions, education sector for instance presents an opportunity to implement comprehensive sexuality education (CSE)
- Multisectoral response addressed under Strategy 3.4 of: Address other sector determinants to access and utilization of RMNCAH services such as education, social protection, food security and agriculture and WASH at community level. With Key actions to promote multisectoral response being
 - Establish/strengthen and promote functional multisectoral platforms for RMNCAH at community level.
 - Pilot and document promising multisectoral interventions in RMNCAH at community level.

Resilience of the health sector

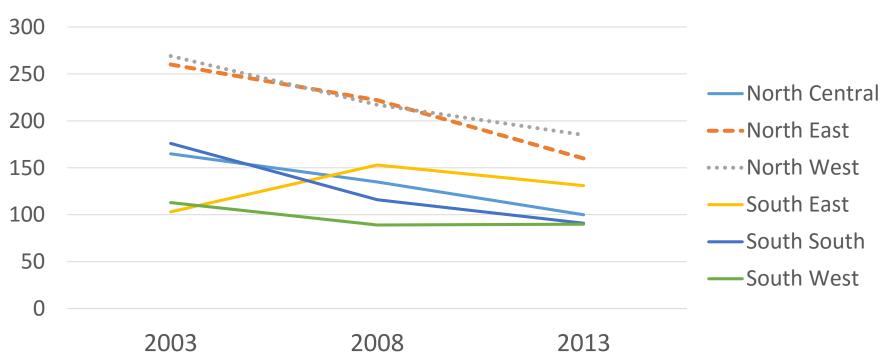
- An important area of focus for Sierra Leone's health system moving forward is to build it to withstand significant shocks, such as Ebola
- Strengthening community health interventions will be a key component of this approach, and is one of the 4 Strategic Objectives in the RMNCAH Strategy currently being developed. There is also a Community Health Worker policy and strategy in development
- One of the lessons of the Ebola crisis in Sierra Leone is that the ability of the performancebased financing mechanism to get funding to health facilities and communities contributed to bolstering the response. RMNCAH Strategy continues supporting PBF nationawide, possibly including community level
- Leadership and governance coupled with health systems strengthening approach key to resilience

Nigeria

Dr. Banji Filani

Health outcomes in the Northern part of Nigeria do not compare favorably with the southern region

Trend in Under 5 mortality rates in the six (6) geopolitical zones in Nigeria



Insurgency in the North Eastern part of Nigeria has further hindered effective health service delivery

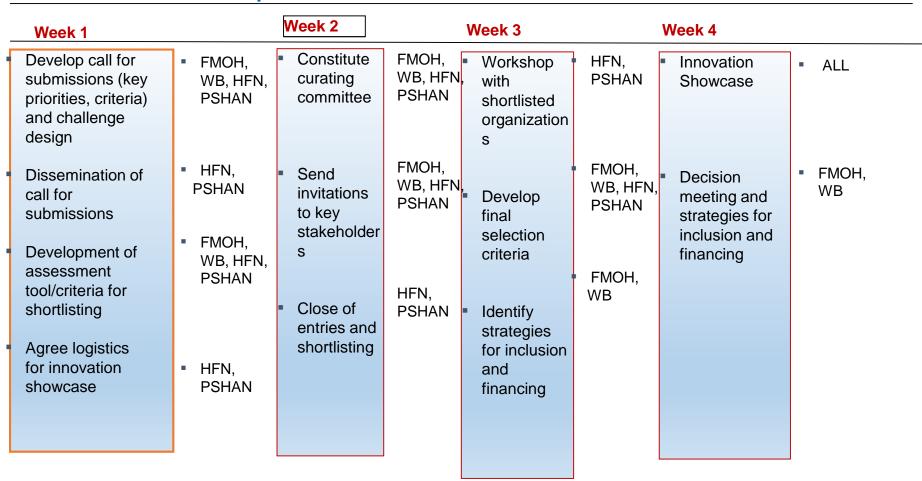
| State | Vitamin A | Penta3 | Measles | Skilled Birth Attendance | CPR (Modern) |
|--------------|-----------|--------|---------|-----------------------------|--------------|
| Adam- Awa | 33.2 | 45.4 | 61.1 | 37.8 | 22.9 |
| Bauchi | 13.6 | 14.9 | 23.8 | 25.5 | 13.1 |
| Borno | 13.8 | 32.0 | 27.9 | 29.3 | 0.7 |
| Gombe | 8.8 | 23.9 | 34.4 | 46.9 | 14.7 |
| Taraba | 8.1 | 26.0 | 50.0 | 32.7 | 21.6 |
| Yobe | 7.7 | 7.8 | 7.1 | 9.0 | 1.3 |
| National. | 41.9 | 48.8 | 50.6 | 47.3 | 20.2 |

Source: 2015 SMART Survey

Our approach to addressing this, incorporates strategy to leverage on private sector capabilities

A competitive process to accelerate the adoption of innovative health service delivery models

Initial Activities and Work plan



So far...

Program Effectiveness – All Six (6) States in the region can now draw down on funds

Setting the stage – Facilities are currently being trained on the results based approaches program expectations and deliverables

Contracting – Efforts are underway to procure the services of the CMVAs and the IVAs